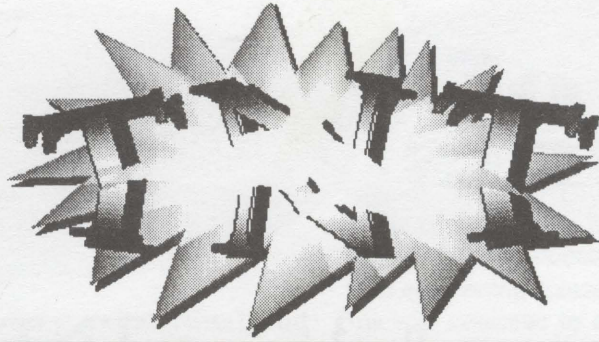


\$3.50

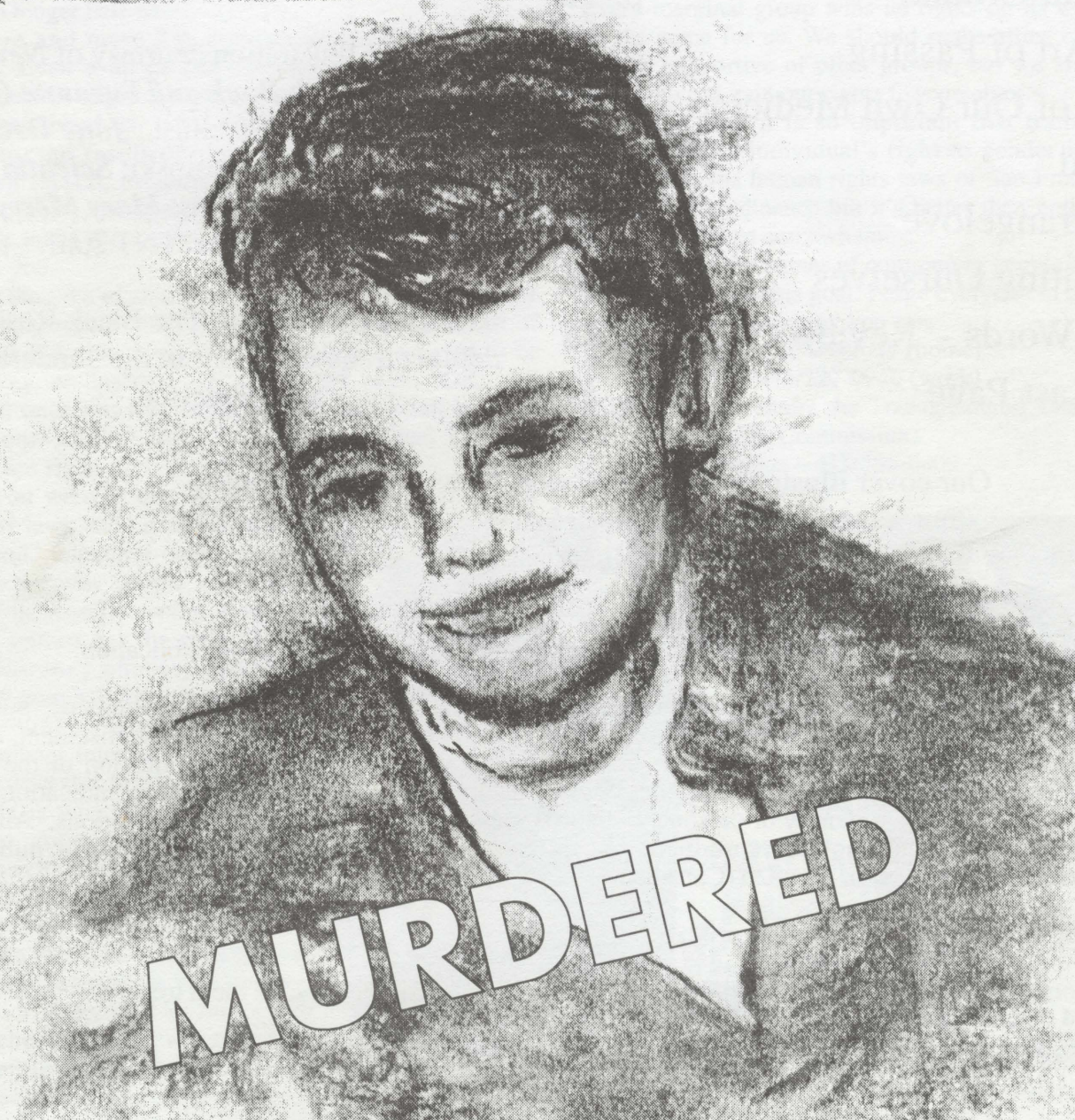


Winter '94

**Arts**

**TRANSSEXUAL • NEWS • TELEGRAPH**

**Politics**



**MURDERED**

**Brandon Teena**

# Table of Contents

Editorial	p. 3
Letters	p. 4
News on the March	p. 6
Neutral Ground	p. 10
The Art of Passing	p. 12
Taste of Our Own Medicine	p. 14
T-Bird	p. 16
Dr. Strangelove	p. 20
Inhabiting Ourselves	p. 25
Only Words - Review	p. 28
The Last Page	p. 31

## TNT STAFF

*Publisher* :Anne Ogborn  
*Editor* :Gail Sondegaard  
*Art Direction* :Stafford  
*Cover Art* :Genderella

G-Spot Illustration courtesy of *New Woman's Health Book and Suzanne Gage*.  
Inhabiting Ourselves illust.: *Jane* [REDACTED]  
Photo of Jerzy Kosinski: *Scientia*  
The Art of Passing photos: *Mary* [REDACTED]  
All other photos: TNT staff.

Back Cover Photo of The Black Rose, a defunct transsexual bar in the Tenderloin, San Francisco.

Our cover illustration is of Brandon Teena, an FTM recently murdered in Nebraska. A brief story appears on page 6. More on this story will appear in our next issue.

Copyright © 1994 by TNT. All reprints and rights revert to individual authors upon publication.

Opinions expressed or advertisement contained herein do not necessarily reflect the opinions of publisher and editor. Transsexual News Telegraph reserves the right to refuse publication of any advertisement, article, letter or other submission which it considers contrary to its goals and purposes. Publication of the name, photography or likeness of any person, business or organization is not be construed as any indication of the sexual orientation, gender identity or personal beliefs of such persons, businesses or organizations. All rights reserved. Contents may not be reproduced except for personal use without permission of publisher. Subscription rates: \$15.00 (USA) \$20 (Canadian).

Blessed be those who send us stuff to print.

We welcome your letters, articles, poems, stories and photographs. Please send them to:  
TNT, 584 Castro Street, Suite 288, San Francisco, CA 94114-2588  
Telephone no.: 415/703-7161.

# Editorial

There's a lot of hope among transsexual and transgendered people these days that our gender and sexual orientations are genetically determined. The reasoning goes that once science has shown that we have no control over our desires — that they are biologically programmed — then people will like us, or at the very least, stop discriminating against us, grant us our rights and no longer hate us.

More and more I'm coming to see that as a pipe dream. Even if all gender orientation was shown to be biological in origin, people are not going to be any more tolerant toward us. Skin color and national origin are genetic, the result of happenstance, but that hasn't stopped racism, prejudice or discrimination. This is a racist planet. Just because a trait is biological in origin doesn't mean the majority in any society will or has to accept you.

For the sake of argument, though, let's assume it's true that being transsexual or transgendered is the result of biology, but only a small fraction of us are found to be this way, or "natural". Society then says, "OK, you natural ones can live in the gender you want, but you other ones can't." The good T's and the bad T's. One group has rights and the other one doesn't.

If you were in the "good" natural group, you might support laws and emotions against the "bad" unnatural ones, because that is the way people are. But it would be morally wrong to do so. Every citizen has the right to live any way they choose. American society nominally guarantees every individual freedom from government interference and laws that restrict that freedom.

This is why I believe a much better course of action for transsexuals and transgendered people is to insist that we have rights like everyone else. This includes the right to live exactly as we want regardless whether our behavior is decided by biology or free choice. Since we are often deliberately excluded from civil rights laws, this is a very

difficult path for us. But it is only by insisting and demanding our rights that we will ever have any at all.

It is correctly pointed out that gaining equality under the law doesn't change the human heart. That's true. It's not easy being transsexual in this world. People who hate us will continue to do so. But laws that protect us mean that people who hate us can be punished if they act on their emotions. Without that restraint we are prey to anyone.

Transsexuals often complain that no one stands up for us. Unfortunately, that's the way it is. Most whites did not fight for black rights, or men for the rights of women. Every marginal group wins its rights on its own. It will be the same for us. We should make allies everywhere and be supportive of other groups, but we are the only ones who can gain our rights for ourselves.

This is why it is so important that transgendered people and an individual's right to gender identity be included in the human rights laws of San Francisco. It's only a local ordinance but it's better than nothing at all. You have to start somewhere.

Below are the names of community people and groups working towards this goal. I urge everyone to contact and work with them any way you can.

Kiki Whitlock - 415/ [REDACTED] (home)

415/ [REDACTED] (work)

(Kiki Whitlock chairs the Transgendered Task Force of the Human Rights Commission)

Transgender Nation - 415/586-6409



*Protesting the firing of MAC makeup artist Juliet White outside Nordstrom's*

# Letters

## REPLY TO CHRISTINE TAYLEUR

In Christine Tayleur's article, "Yes — Surgery On Demand," (TNT #1) the author expresses her beliefs on that controversial subject. I have been personally acquainted with Ms. Tayleur. She has done good, much needed work as a counselor at San Francisco's Tenderloin Self-Help Center. However, the rhetoric she uses in supporting her argument includes an attack on an "unnamed" city program. Attacks of this nature have become all too common as well as a detriment to the entire transsexual community.

Ms. Tayleur states, "The only city program in San Francisco that provides medical services requires that an individual be, first of all, a San Francisco resident. Second, its waiting list is several months long. Finally, when an individual gets in to see someone it takes six months to get hormones."

As that Gender Identity Program's Program Associate and community liaison, I would like to point out several facts the author and others frequently overlook when criticizing the clinic's program and staff members. First and most importantly this is the only program of its kind providing psychotherapy, support and medical services to gender identity clients within the city mental health system.

The majority of clients using this city resource have reduced incomes and would have no place else to turn for help with gender identity and parallel issues. Ms. Tayleur describes the program as a "medical service" when in fact it provides combined psychotherapy/medical resources to individuals who, aside from gender issues, commonly suffer the parallel effects of victimization, depression and other mental health difficulties.

What those who attack this clinic fail to realize is, this essential transsexual resource is under constant threat of elimination as each city mental health budget slashes funding year after year. At this venture, continual criticism regarding a program's "inadequacy" simply serves as ammunition for a city government already unsympathetic to transsexual needs. The Department of Mental Health would be happy to reduce or completely eliminate a service they perceive as a "problem" to the public.

These "critical" individuals might better serve the transgender community by redirecting their energies into lobbying for funding and building up this essential

resource. Increased funding might not only "save" the program, but perhaps also provide opportunity to expand services so that more transsexual and transgendered individuals are served.

Also, I would like to point out that the program's "wait list" is not a result of staff incompetency, but rather a clear lack of funding. Perhaps the transsexual community might come together and petition the Board of Supervisors to create a mandate requiring more mental health dollars be directed toward serving transsexual needs, rather than having clients suffer under long waiting lists.

Although Ms. Tayleur did not directly state so, her article's rhetoric suggests she may advocate a "hormones-on-demand" position in addition to surgery-on-demand. If this be the case, her position and those who endorse it appear to be willing to put at risk individuals for whom the protective waiting period was designed. While indeed there are a good proportion of transsexual individuals who have the capacity to make informed judgments affecting their health and well-being, there are others, transsexual and non-transsexual alike, who clearly are unable to do so. These individuals include those who may have severe difficulty in functioning on a day-to-day basis as a result of "parallel" mental health issues. There are also those who have difficulty monitoring other medications, are involved in chemical abuse or are simply immature. If surgery or hormones "on demand" is a difficult life-decision for the mentally healthy and capable consumer, imagine the atrocities which may take place if those having extreme difficulties are left to their own ill-equipped decision making processes.

In her article, Ms. Tayleur specifically references the six-month waiting period implemented by the gender program. That policy not only protects the individual who is unable to make important decisions, but also protects the clinic from costly litigation while at the same time providing opportunity for the acceptance of Medi-Cal. Without a professional structure there would be no city funding, no Medi-Cal, no clinic and no gender program.

The final point I would like to address is the frenzy of therapy and therapist-bashing that has become "politically correct" as the transsexual community and our supporters lobby to depathologize transsexuality within the APA and Statistical Manual for Mental Disorders (DSM). There cannot be justice enough for those transsexual individuals who have suffered victimization at the hands of some professionals. However, this does not make "all" psychotherapists and

psychiatrists maniacal villains. There are many hardworking transsexual and non-transsexual professionals who endeavor on behalf of the community.

As a transgendered woman I encourage every transsexual to look at the actual work and philosophies a professional embraces long before entering a counseling or psychotherapy support situation with that individual.

*Gianna Eveling Israel is the Western Regional Director for the American Educational Gender Information Services.*

## **TRANSSEXUAL LAWSUIT BEFORE SUPREME COURT**

(The following letter was sent to the Supreme Court regarding the case of Dee Farmer. See page 8 for more information):

While the deputy solicitor general of the United States may have sought to confuse the justices of the Supreme Court on whether a transgendered woman should be referred to as she or he in hearing on January 12, there is no reason for your newspaper to do so as well. Your article about the case referred to Miss Farmer in terms ("a man who dressed like a woman," for example) that further cloud a debate that I and thousands of other people in this country who battle transgender handicaps fervently hope will someday be laid to rest.

Transgendered women are not "men who dress like women." We are psychologically female, with a female identity present from earliest childhood that withstands all the socialization and nurturing in the male role that parents and society can and do throw at us. While we can only await the results of a human genome project or some similar undertaking to come up with the kind of hard evidence so beloved of our pseudo-scientific society, you can take the word of myself and other transgendered women and men with astonishingly similar life experiences in countries and cultures across the planet. We are not the product of disease nor of misdirected "nurturing" nor of a desire to "fool" people around us for some obscure and self-destructive purpose. Rather, we live with a rare yet naturally occurring sexual trait that is both birthright and burden.

I am not trying to take political correctness to ever more ridiculous extremes. As your own article shows all too well, correct gender treatment for transgendered women and men has real consequences in our society, which is almost phobic in its denial of any gray zone between two sexes. I am not talking hurt feelings. I am

talking job discrimination, social ostracization, physical assault, murder. And, in Miss Farmer's case, rape. The refusal of the prison system and, apparently, the U.S. government to treat her as the predominantly female person she is led directly to placing a person with a female identity and a feminized body into a maximum security prison for hardened male criminals. What kind of brutal nonsense is this?

Your article perpetuates another misunderstanding. It implies that Miss Farmer is still "male" because she has not yet received gender reassignment surgery. Increasingly this seems to be the standard used not only by the law but by the mass media itself in deciding how to treat transgendered women and men. It ignores the obvious fact that surgery is not the cause of the transgendered state, but only a means of smoothing the social adjustment of already transgendered people in our gender-polarized society.

It is less obvious, but nonetheless true, that surgery is not available on demand. Doctors require transgendered men and women to live on a trial basis in the psychological gender, regardless of physical handicaps, for years before providing the procedure. Moreover, the enormous cost of quality surgery means that many transgendered women like Miss Farmer, trapped by poverty and in some cases race, education, and unequal access to medical services, will never be able to afford this "passport" to social respectability available to well off professionals like myself.

Is Miss Farmer to be denied equal treatment under the law and placed in obvious physical danger simply because she is poor? Enough of this! At least the press should have the decency to treat her right, if society at large will not.

*Name Withheld By Request--Washington, D.C.*

### **GENDER SEXUALITY COMMUNICATION RELATIONSHIP SOCIAL ISSUES**

**GIANNA EVELING ISRAEL**  
SLIDING SCALE/EVENING & SATURDAY APPTS. AVAILABLE

**Building wholeness through safe exploration  
and self discovery**

**415.558.8058**

# NEWS ON THE MARCH

## FTM MURDERED IN NEBRASKA

Brandon Teena, an FTM living in Humboldt, Nebraska was murdered along with two friends on December 31, 1993, allegedly by two men. One of the two men accused of the crime was the ex-boyfriend of the woman Brandon had been dating. Brandon had been living in the town for three months when he was arrested for writing a bad check. Once in jail, his birth gender was soon discovered. Word spread quickly. Events after that are sketchy, but Brandon was beaten up and raped by the same two alleged murderers on December 25, 1993 — a week before the murder. The hayseed Humboldt police force did nothing about the battery and rape despite collecting over 100 pages of evidence and statements (they were probably too busy fucking the cows). A week later, Brandon and two friends, Lisa Lambert and Phillip DeVine, were murdered.

As a final insult both the straight and queer press kept referring to Brandon as “she” and as a “crossdressing lesbian”. The straight press we can overlook, but we had hoped for better from the queer press. An article in Washington D.C.’s *Blade*, for example, quoted Brandon’s mother as saying Brandon never identified as a lesbian and hated being female (sound familiar?) but kept calling him “she.”

The two men accused of the murders, John Lotter and Marvin Nissen, have been bound over to the District Court and will be arraigned on March 17. Each faces three counts of first degree murder, as well as separate counts of rape, assault with a deadly weapon, kidnap, and habitual criminals. TNT will be following this story over the coming months.

## CONCORD TRANSSEXUAL MURDER

A transsexual living in an adult board and care home in Concord, California was stabbed to death the day after New Year’s by another woman resident of the same facility. Johanna Langer was stabbed 120 times by Susan Mehuron. Mehuron, who has been diagnosed as a paranoid schizophrenic, felt threatened by Langer’s transsexuality and kept insisting that Langer was a man. The police, who had been called to the home earlier in the day by Mehuron, were called back later that evening by other residents when Mehuron began stabbing Langer. They arrived to find at least two knives sticking out of Langer and Mehuron standing in a pool of blood. Mehuron had been raped several years ago and felt threatened by Langer’s transsexuality.

## WHAT DO TONYA HARDING, BOB PACKWOOD AND IFGE HAVE IN COMMON?

Portland, of course! IFGE is having its Eighth Annual Convention in Portland from March 17-20th, 1994. Hosted by the Northwest Gender Alliance of Portland and Emerald City of Seattle, it features a number of transsexual programs and a special two-day program for FTMs. The convention will be held at the Portland Hilton in downtown Portland. Three day registration costs \$375 for couples or \$225 for individuals; the two day registration cost is \$160 per person and Saturday-only registration is \$95. Registrations paid in full by March 1 receive a 5% discount. Registration forms can be obtained from: IFGE, P.O. Box 367, Wayland, MA 01778, USA. Ph #617/899-2212.

## PENNSYLVANIA PROBLEMS

Four women in Wilkinsburg, Pennsylvania were arraigned recently on charges of physically assaulting a transsexual who wouldn’t reveal her true gender to the man who was dating her. “We tried to end the charade,” one woman told reporters at the courthouse. The women bound, handcuffed and stripped the transsexual before parading her before the boyfriend, whom they had summoned to the house. After the boyfriend left, they beat the transsexual with whips, a paddle and a baseball bat so severely that she was in the hospital for nine days. The black transsexual (whom the newspaper, with predictable contempt, kept referring to as ‘he’) shared the same house with the women. Somehow, we know there’s more to this story than meets the eye.

## MICHIGAN AGAIN

In case you’ve been off the planet for the last year or so, a number of transsexual womyn were once again thrown out of the 1993 Michigan Women’s Music Festival. The festival still doesn’t specifically ban transsexuals but does limit entrance only to “womyn-born-womyn”. Our understanding of the Festival’s policy is that no transsexuals are allowed in and if an MTFtranssexual comes into the festival, her safety can’t be guaranteed and she will be asked to leave. But maybe not, since it’s up to the individual security guard who may let her stay, or maybe not, depending. So this year a number of transsexual womyn, who made it clear from the moment they entered the Festival they were transsexual, were allowed entrance to the Festival in clear violation of it’s own rules. They were there for over 24 hours before leaving, because no one could guarantee their safety. They left a number of pamphlets and buttons at tables in the festival grounds. These pamphlets and

buttons were later tossed in the latrines, which promptly became clogged and had to be shut down. (Instant Karma!) To make matters even more confusing, FTM transsexuals, who are filled with more testosterone than MTFs, are allowed in.

What's so sad about all this is that when the queer community discriminates for any reason, it pulls everyone down. It's hard to not feel doomed after hearing about experiences like the ones the transsexual womyn experienced at Michigan Womyn's Music Festival.

### NEW BORNSTEIN PLAY

Kate Bornstein will preview her latest work-in-progress at Josie's Cabaret in March. Titled "Virtually Yours", it is from the point of view of an MTF transsexual partner of an FTM in transition. It is a multi-character play and will be running from March 2-20. Josie's is located at Noe and Market Streets in San Francisco, California. Reservations can be made by calling 415/861-7933.

### LIN FRASER TRANSSEXUAL SEMINAR

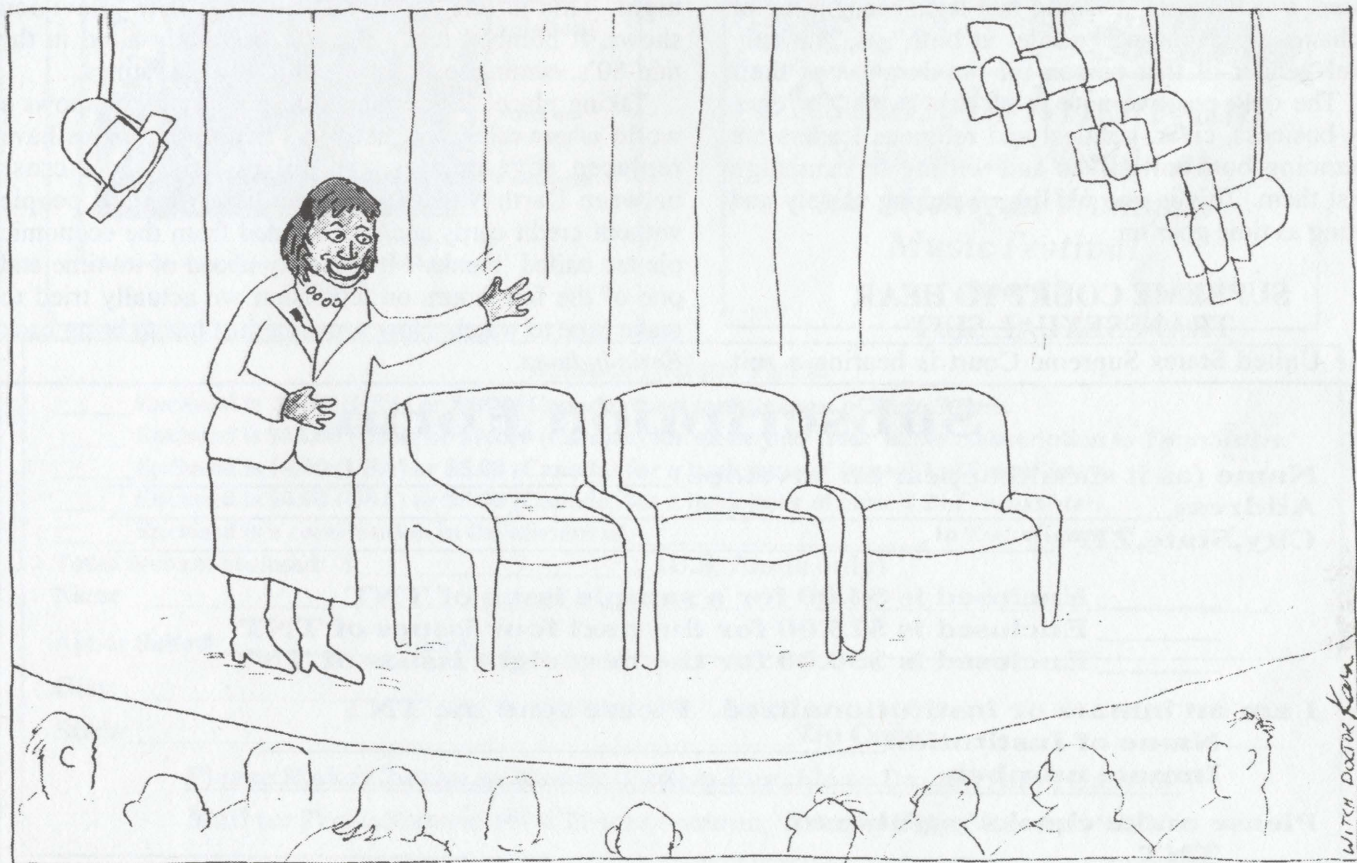
Dr. Lin Fraser will speak about transsexuals and transgendered individuals at Kimo's at Polk and Pine in San Francisco at 3:00 p.m. on Sunday, February 27. Free.

### FIFTEEN MINUTES OF FAME

An undisclosed future of *Mother Jones* is said to have an article on FTMs and rumor has it that the *New Yorker* will soon feature an article about FTMs by Amy Bloom. Keep watching for these articles.

### CLINTON HEALTH CARE PLAN MEETS TRANSGENDER NATION

Gender reassignment surgery and hormones prescribed for transsexuals are not included in the proposed Clinton health plan. They would be included in a single-payer plan. The effort now is to see that gender reassignment surgery and hormones are included in the Clinton plan. Transgender Nation members are working with Congresswoman Nancy Pelosi's office to try to get



**On the next Oprah--Transsexuals who won't appear on television!**

## News on the March *continued*

us covered in the Clinton plan. The Transgender Nation phone number is: 415/586-6409. Nancy Pelosi's address and phone number in Washington is: 240 Cannon Office Building, Washington, DC 20515-0505, 202/225-4965; in San Francisco it is: 450 Golden Gate Avenue, Rm. 145378, San Francisco, California, 94102-3460, 415/556-4862.

### **BAD POLITICS FROM WASHINGTON STATE**

The Washington Public Affairs Council and Citizens Alliance of Washington are respectively trying to place two initiatives on the ballot in November, 1994. The first, called "the equal rights, not special rights act" (which means "no rights — not now, not ever") would stop state and local government from enacting policies "whereby any homosexual, bisexual, transsexual or transvestite" is the basis for "any special classification, privilege, minority status...."

The second is called the "minority status and child protection act". It would do all of the above, plus require library books on the above subjects be restricted to adults only, as well as ban homosexuals, et al. from adopting children. Worst of all, it would ban legal recognition of sex change by declaring "gender at birth" as "the only natural gender of that person for the duration of their life." The only positive note in all this is that for once many business, civic, political and religious leaders are denouncing both initiatives and willing to campaign against them. This is one we'll be watching closely and updating as time goes on.

### **SUPREME COURT TO HEAR TRANSSEXUAL SUIT**

The United States Supreme Court is hearing a suit

brought by a transsexual inmate, Dee Farmer, against prison officials for failing to protect her from cruel and unusual punishment by transferring her to a maximum security facility for men where she was raped. The suit charges that since her transsexual status was known to prison officials, deliberate indifference was shown for her safety by the prison transfer. Ms. Farmer has had breast implants, is on hormones and is feminine in appearance and demeanor.

We don't think Ms. Farmer is going to prevail, but that doesn't necessarily indicate transphobia. Many other cases involving assaults on prisoners common sense says should have been anticipated haven't prevailed, either. It is very hard to win a case like this. TNT salutes Elizabeth Alexander, an attorney with the National Prison Project of the American Civil Liberties Union, for being willing to go all the way with this case, and Dee Farmer, the transsexual woman, for starting it.

### **AND...**

*Max Headroom* has returned to the airwaves and is now being shown on the Bravo cable channel on Sunday night. This is one of our all-time favorite television shows. It bombed badly when it originally aired in the mid-80's, coming in almost dead last in the ratings.

Taking place "20 minutes into the future", it shows a world where television networks and corporations have replaced governments, the police look like a cross between Darth Vader and storm troopers, and people without credit cards and/or excluded from the economic pie are called 'blanks'. It was way ahead of its time and one of the few hours on television we actually tried to make time to watch. Now someone just has to bring back *Eerie Indiana*.

## **Subscription Form**

**Name** (as it should appear on envelope) \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

\_\_\_\_\_ **Enclosed is \$4.00 for a sample issue of TNT**

\_\_\_\_\_ **Enclosed is \$15.00 for the next four issues of TNT**

\_\_\_\_\_ **Enclosed is \$30.00 for the next eight issues of TNT**

**I am an inmate or institutionalized. Please send me TNT**

**Name of Institution** \_\_\_\_\_

**Inmate number** \_\_\_\_\_

**Please make checks payable to:**

**TNT**

**584 Castro Street, Suite 288**

**San Francisco, CA 94114-2588**

# Subscribe to *TransSisters*

*The Journal of Transsexual Feminism*


One year (four issues):  
\$12.00 (U.S.A.); \$16.00 (Canada)  
Sample issue: \$3.00 (U.S.A.); \$4.00 (Canada)  
Back issues still available:  
# 1: **The Life and Times of a Gender Outlaw:**  
an Interview with Leslie Feinberg  
#2: **Mission to Michigan:**  
Transsexual Womyn at the Michigan  
Womyn's Music Festival  
\$4.00 ea. (U.S.A.) \$5.00 ea. (Canada)

\$3.00 (U.S.A.); \$4.00 (Canada)

## *TransSisters*

*The Journal of Transsexual Feminism*

Issue # 1      September - October 1993



The Life and Times of a Gender Outlaw: An Interview with Leslie Feinberg

also:

March on Washington Trans Contingent

Leslie Feinberg      photo: by Arde Van

Issue # 1

\$3.00 (U.S.A.); \$4.00 (Canada)

## *TransSisters*

*The Journal of Transsexual Feminism*

Issue # 2      November - December 1993



**Mission to Michigan:**  
*Transsexual Womyn at the Michigan Womyn's Music Festival*

Issue # 2

### Subscription Form

- \_\_\_\_\_ Enclosed is \$3.00 (USA) or \$4.00 (Canada) for a sample issue of *TransSisters*.
- \_\_\_\_\_ Enclosed is \$12.00 (USA) or \$16.00 (Canada) for a one year (four issues) subscription to *TransSisters*.
- \_\_\_\_\_ Enclosed is \$4.00 (USA) or \$5.00 (Canada) for a back issue of issue # 1 of *TransSisters*.
- \_\_\_\_\_ Enclosed is \$4.00 (USA) or \$5.00 (Canada) for a back issue of issue # 2 of *TransSisters*.
- \_\_\_\_\_ Enclosed is a contribution in the amount of \_\_\_\_\_ to *TransSisters*.

Total amount enclosed: \$ \_\_\_\_\_ . (U.S. funds only)

Name \_\_\_\_\_

Apt or Suite # \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please Make Checks or Money Orders Payable to Davina Anne Gabriel**

**Mail to: *TransSisters*; [REDACTED]; Kansas City, Missouri 64110**

# Neutral Ground

## Transgender Tuesday at the Tom Waddell Clinic

by Gail Sondegaard

The Tom Waddell Clinic on the second floor at 50 Ivy Street is busy. The waiting room is filled with transsexuals and transgendered people waiting to see the clinic's doctors and providers for medical services. These are the ones never served by the medical system. There's a variety of reasons for this but the main one is because they are poor.

I've heard about this clinic. I've come down to interview people on the staff and am waiting for a lull in the activity so I can ask someone some questions about the clinic. I can see it's going to be a long wait, so I sit in a chair in the back of the waiting room and watch the scene around me.

I'm a middle-class white girl and I do the middle-class provider game. This isn't my scene. The clients are black, white, asian, hispanic. The talk is of tricks, hormones, surgery and false bravado. I eavesdrop on conversations about a way of life I know nothing about.

"Those girls, they only get \$60 from him. I just laugh. Those bitches just don't know how to work him."

"How'd you get into those pants, girl? Did you sew them on?"

"I done every drug known to man to get this body."

Transgendered Tuesday is only for the indigent transgendered population of the Tenderloin and South of Market areas. Started a mere two months ago (on November 29, 1993), the word has already spread so quickly through the grapevine that the clinic is backlogged and strained to capacity.

The clinic staff remains serene and calm in this whirlpool of too many patients and not enough time. Consisting of eight people: two physicians, one family nurse practitioner, one outreach worker, one social worker, one case manager, one intern, and one data entry/intake/general mother.

It's impressive watching them work. They never lose their professional courtesy and are generous with hugs, touching people and saying hello to everyone. They even apologize to people for the frequently long wait before being seen by a doctor. In my limited experience, most social workers barely tolerate the poor and especially not the transgendered ones. The staff at Tom Waddell

genuinely tries to make every client feel like a human being and go out of their way to be courteous to people who most of the time are treated like dirt. I watch for more than an hour while the staff deals patiently and kindly with each individual, giving each one their full attention.

Finally, after an hour and half wait, I meet with Tony Patchell, the case manager for the clinic. His office is a tiny cubicle in the back of the clinic and sparsely furnished. Budget cutbacks have taken their toll. The drafting lamp over his desk had seen better days; it sagged over the desk, unable to stay in position. At least he has bookends.

Tony is a tall, husky-looking man with shoulder-length thinning hair wearing a khaki shirt and bluejeans. His eyes show compassion and weariness behind gold wire-rimmed glasses. There is a faded tattoo of an eagle and the initials 'U.S.A.F.' on his right arm. He is talking with

an intern, a sociology student. After she leaves he leans back in his chair.

"How did Transgendered Tuesday come about?" is my first question.

"I guess it started germinating one and a half years ago, in mid '92," he said. "We realized there was a large transgendered population that wasn't being served by the public health system. There was a crying

need to address the medical and psycho-social needs of these people, and we wanted to do it. Mark Freeman had a lot to do with getting this clinic off the ground."

"Was it difficult getting this funded?"

"Surprisingly, no."

"That's hard to believe."

"Well, I don't know if it's true or not, but that's what I heard." I got the impression he didn't particularly care, either. As long as the money was there that was all that he cared about.

Tony continued. "We wanted input from transgendered people about what was needed, so we talked to a number of different people." He named several people prominent in the community. "We learned very quickly that people had strong beliefs, were very opinionated and had very different approaches about how this clinic should be run. The transgender community is not a united front. So we sifted through all this information and came up with what we hope is a good program with the emphasis on comprehensive primary care."

"What does comprehensive primary care entail?"

**"How'd you get into those pants, girl? Did you sew them on?"**

“The goal of the program is comprehensive medical care and psycho-social support. That includes lab work, blood tests, hormones, psycho-social work and helping people with adjustment issues. Other issues for transgendered people include being victims of assault, sometimes committing assaults, depression, alcohol and drug abuse, social isolation and social ostracism.”

He shook his head. “I’m amazed at the amount of hostility transgender people receive every day. I don’t understand it — I mean, what’s the big deal? For some reason, when people see a transgendered person walking down the street they become defensive and hostile and strike out either physically or verbally. Being transgendered punches a lot of buttons.”

How true that is. In many ways we’re the most nothing of social groups, yet we seem to attract the most destructive and hostile attention. It is rare to hear someone not transsexual show awareness, let alone understanding of this.

“Being transgendered means people have complex psychological and physiological issues that we take seriously,” Tony went on. “We label these ‘transition issues’, and we try to help clients with these issues. One of our goals is to provide consistency in comprehensive primary care, and we see the clinic as a place where transgendered people can come and get the care they can’t get elsewhere. This clinic is for people with no other resources.”

“What about FTMs?”

“FTMs are welcome here. In many ways, FTMs are even more isolated than MTFs. The feedback I’ve gotten so far is that the FTMs who have come here have said this is a place that they feel welcome. They didn’t feel excluded here. I was real happy to hear that. We try hard to make this clinic a neutral ground where everyone who needs it who has no other resources can come.”

“Do you ever refer people to other services?”

He frowned. “Not really. It’s difficult, basically because other services are as overwhelmed as we are.

“This is very intense work with people who have multiple problems. We all want this program to be a different experience than most poor people have with



Entrance to Tom Waddell Clinic

public health, which is usually ‘too little, too late and don’t stick around too long.’ We try to hang with people as long as we can. So we do street outreach. We go to hotels and shelters to meet clients. We’ll even meet you on the street corner.”

“Have you?”

“Sometimes, yeah.”

I was curious about Tony’s background and asked him about it..

“Oh, long and varied,” he said. “I was in the Air Force, got a masters degree in clinical psychology...” He shrugged. “Now I do this.”

I thought of all the work the clinic was doing and trying to do. There was no way they could accomplish all of it. Even with twice the number of staff, there weren’t enough hours in the day to do all that had to be done. I told him this, then blurted out, “So what keeps you

going?”

“Individual acts of courage,” he said without hesitation. “Every day I see people who have lived for twenty, 30, even 40 years with all the problems of being transgendered, still keeping on. That’s what sustains me.”

“You sound like you work almost 60-70 hours a week.”

He laughed. “No. My wife told me she didn’t want to join a support group for women who never see their husbands, so I make sure the 40 hour work week doesn’t become 50. If I work 10 hours one day, I’ll take a long lunch the next. But I’ll tell you one thing. You couldn’t do this kind of work for long if you didn’t get more out of it than what you put in.”

It was nearly 8:00 p.m. The clinic would be closing soon. I thanked Tony for his time and left his office. The waiting room was almost empty. The staff was seeing the last few clients as I left the building for the night.

*Transgender Tuesday happens every Tuesday from 5:00 p.m. to 8:00 p.m. on the second floor of the Tom Waddell Clinic at 50 Ivy Street in San Francisco. The phone number is 554-2940. It is restricted to transgendered people who cannot afford any other services, so please don’t show up at the clinic if you can afford regular care. The clinic is already strained to capacity.*

# The Art of Passing



Sometimes I think back to the thirty-odd years I lived as a woman, and marvel at how clear-cut everything seemed then. Although not really comfortable with my female gender identity, I had a marvelous frame of reference with which to view the world - specifically, the knowledge that men were all a bunch of sexist pigs. I could see that they oppressed their female victims routinely and without forethought or remorse. This view was shared by women across the board (regardless if they were lesbian, heterosexual, teenaged, or post-menopausal), so I had lots of company in my 'oppressed' state. When I began a lengthy period of cross-living in 1987, however, this comfortable perspective began to spring leaks.

My first passing experience occurred while waiting for the 26 Valencia bus in the Mission district of San Francisco. I was approached by a male in his early 30's, considerably drunk, wanting to do male bonding - you know, tell me about his girlfriend troubles, how he wasn't getting enough, and so on. I felt terrified - both at his lack of boundaries, and because at any moment he might figure out that I wasn't really a guy. I remember trying to make eye contact with women who were also waiting for the bus, and seeing a newfound iciness, a suspicion which implied that I had no good reason to be looking in their direction. If my eyes dropped, I might be a "boob" man. On the other hand, if they remained steady, I might be concealing a weapon. I realized at that moment that I could no longer count on these women, and that men were not going to take up the slack. I felt utterly and irreconcilably alone, as though the internal male feelings I experienced had no bearing whatever on the male social role.

I felt as though I had moved to a foreign country which was big on team sports, and that I had come unprepared, not bringing the correct equipment for either team.

After several more experiences like this one, I began to pull inside more, to rely on what are known as "inner resources". I felt as though I had moved to a foreign country which was big on team sports, and that I had come unprepared, not bringing the correct equipment for either team. I began observing the rules of the game, hoping to learn a few survival techniques. I learned that it was not a good idea to ask for directions or talk too long on the telephone; unacceptable to ask a female friend to do all the ordering at a restaurant. And dangerous to verbally challenge any male you weren't able to knock the shit out of. Male bonding was an important part of the game, and the way it went was that I was expected to side with them (men) against women without necessarily agreeing. If I didn't, the guys were more than a little unpleasant to me. But if I went along with their rules, I felt cruddy inside, a traitor and a bully. Siding with women alienated other men, and didn't gain any ground with women, who are equally suspicious of any guy who breaks the rules. On one occasion, I was sharing a taxi with a woman who was loudly berating the driver, accusing him of not knowing exactly where he was heading. My sadistic instincts, awakened by this woman's obvious enjoyment, caused me to seize the sporting opportunity. So I began heckling the driver alongside the woman, saying things like, "Shouldn't you have turned left on Myrtle Avenue?" and "I believe that was a 4-way stop, wasn't it?" The guy turned around, beet red, and gave me the old 'you are pond scum' stare: "Who's side are you on, anyway?" he said.

Realizing that the game itself had rather low stakes, I began carrying a book with me everywhere so I could avoid unnecessary involvement. A newspaper wasn't as good because a guy would invariably ask me about sports scores, or say something like, "Hey, what about that fantastic play by Joe Montana?" Relating to men on a peer level requires an ability to bluff, a good sense of humor, and a knack for diverting the conversation to sex ("Yeah, well, Montana is having an average season this year... know any good dirty jokes?") Few women will switch the topic to sex, but it's a fair assumption that (some) guys would rather talk about sex than sports.

Unfortunately, the better I passed, the worse I got along with women. Social interactions took on a me Tarzan/you Jane quality which the women themselves instigated. I knew I was the same me I had always been,

but suddenly women were making demands that I not just talk, but also flirt, protect, know how to fix assorted mechanical gadgets, and lift pianos. If we were at their house, they would sometimes even hand me the keys and expect me to open their door.

The fact was that women now seemed to want something from me, and I could never figure out just what that might be. Airline stewardesses began pinching my cheek, saying how much I looked like Wally (or sometimes 'The Beave') from Leave it to Beaver.

They perceived me as a teenager and were comfortable enough to brush against my shoulders and flush if I smiled at them. I realized that carrying a book had outlived its usefulness, but still didn't have a clue as to how to get these women to leave me alone. I knew that at any moment they were going to brush up against the wrong body part, and and realize that "the Beave" had 38D breasts. Eventually I stopped worrying so much about every little thing. I was passing most of the time, and the hyper-paranoia subsided. I realized, also, that some women feel more comfortable around shy men. Therefore, if I wanted them to not flirt, I had to act more aggressive - ask them for a phone number, or mention my likeness to the local axe murderer.

I took a computer programming class in the summer of '87 at City College San Francisco, and passed as a guy for the first half of the class. I got to pull the door open for the voluptuous instructor. She even flirted with me in a way that felt more natural, and gave me more pleasure, than it had before. I developed a crush on this brilliant woman who could talk computers backwards and forwards. I followed her around after class asking as many questions as I could think of about computers. Towards the end of the class, I made friends with a gay man who instantly 'read' me and he, ironically, 'outed' me to the instructor and many of the students as well. In spite of his lack of tact, it was a relief to have somebody I could talk with honestly. However, things with the teacher were never quite the same once she realized that I was a girl.

'Passing' became an art -- a collection of details which could be minted into a unique male gestalt. I have no doubt that the hormones (1 cc testosterone enanthate every 3 weeks) are what gave me this ability to pass, however marginally, as a male. One of the biggest factors was that my voice dropped. Before starting hormones, my voice was so high that there was no way anybody would think I was a guy. I even sang soprano in

If I wanted them to not flirt, I had to act more aggressive - ask them for a phone number, or mention my likeness to the local axe murderer.

women's choruses. Now my voice took on a nasal, adolescent texture. In spite of being chubby and having an hourglass figure, I managed to conceal my breasts by wearing a jog-bra and a binder. I wore an undershirt over that, and finally a loose-fitting man's shirt which covered up any remaining bulges. I bought the shirts at the Big and Tall shops, and was careful to get ones with an even hem all the way around. If somebody actually poked me in the chest, it was all over - but otherwise it worked fine.

For the longest time, I felt embarrassed about my hands. They are delicate and small, not the best for a guy to have. I tried to avoid shaking hands or otherwise drawing attention to them, and even wondered if that was enough of a reason not to cross-live. Over time I simply stopped worrying so much about them, and this seemed to enable me to pass even better, since so much of being a man in our culture is about self-confidence. However, the biggest change for me came after I began to give other guys the benefit of the doubt. I forgave them for the way they treated women, because I could see that it mostly came from peer pressure, and not from any intentional slight. From here on, I gradually got more comfortable relating to men as a man. Around this time, too, I decided that it was ok to let go of the remnants of femininity I'd been clinging to. I stopped attending lesbian events because I was no longer welcome. If women were hostile toward me, I learned to shoulder the hurt. I wished that I could feel comfortable at gay men's events, but the reality was that these guys had telescopic eyes. I didn't want to chance that kind of scrutiny.

Relations with my parents were never quite the same after I began crossliving. My mother, who had always -

*continued on page 19*



# A Taste of Our Own Medicine: The Health Law Project

by Susan Stryker

The transgender liberation movement's assertion that transsexuality is not a disease raises a complicated question. How can transsexuals claim to need medical services if we're not really sick? The Health Law Project represents an effort on the part of some transsexuals to answer this question and to develop a pragmatic plan to implement new health care policies that better serve transsexual interests.

## ICTLEP

The Health Law Project, under the direction of Washington, D. C.-based attorney Martine Rothblatt, is part of the International Conference on Transgender Law and Employment Policy, an innovative gathering of transsexuals and legal professionals that meets every August in Houston, Texas and sponsors a number of regional mini-conferences throughout the year. Unlike many conferences where most participants passively listen to presentations and have a limited opportunity to ask questions, ICTLEP gives participants a chance to roll up their sleeves and actually do the work of formulating policies they can take out of the conference and back into the world. It's an effective way to encourage activism in that it alerts activists to particular problems that can be immediately addressed, helps them develop practical approaches for dealing with the issues, and puts them in touch with other people from different parts of the country working along similar lines. The conference consists of different working groups, each of which focuses on a specific area of concern such as family law, employment discrimination, change of identification procedures, incarceration-related issues, human rights, or civil disobedience; the health law project is one of these working groups. The way the projects work is that each project director offers an initial report on the "state of the issues," and conference participants then collectively decide how best to advance a transsexual agenda in this situation.

As Health Law director Martine Rothblatt noted in her most recent report to ICTLEP participants, transsexuality exists within a "largely ad hoc health law regime;" there is little positive law that establishes exactly what legal rights and obligations transsexuals have when involved with medical treatment, and even less legal theory delineating the principles according to which

transsexuals are entitled to medical services specifically related to their gender projects, such as hormones and SRS. The de facto situation is that 1) transsexualism is defined by the psychiatric community as an emotional disorder susceptible to differential diagnosis, 2) a set of "standards of care" has been developed by an association of some of the providers of medical services to transsexuals, and 3) there is a small body of court decisions that recognize various aspects of these diagnostic criteria and treatment guidelines. Rothblatt called on participants to "redefine transsexual health care in more populist terms," and to assert that transsexuals have a right to make informed decisions about their own bodies without having to label themselves as mentally ill.

The assumption guiding the Health Law Project's work during the first two conferences has been that transsexuality is "amenable to medical treatment without the intervention of mental health professionals." The result of the project's work has been the development of a set of standards of care that represent transsexual

interests better than the ones currently endorsed by the Harry Benjamin Association. The Health Law Project Standards of Care are based on five principles:

1) Transgendering is an ancient and persistent part of human cultures and is not in itself a medical illness or

emotional disorder. It is a deeply felt need to change the expression of one's gendered identity. 2) Persons have the right to express their identity through non-coercive behavior and through changes in their physical appearance, including the use of hormones and reconstructive surgery. 3) Persons denied this right to exercise control over their own embodiment may suffer extraordinary mental and physical hardships and experience a diminished capacity to function socially, economically, and sexually. 4) Providers of health care services to transsexuals have a right to charge reasonable fees, to be paid in advance, and to require a waiver of all tort liability except negligence. 5) It is unethical to discriminate in the provision of medical sex reassignment services based on the sexual orientation, marital status, or physical appearance of a patient.

The Health Law Standards of Care recommend that hormones be available on demand, subject only to 1) the physician's reasonable belief that hormones will not

The focus of activism should be to insure that we have access to health care based on our unique needs as transsexual people, and not because we have some illness requiring treatment.

aggravate a pre-existing health condition, 2) the patient's compliance with regular blood chemistry checks to ensure continued good health, and 3) the patient's signature of an informed consent and waiver of liability form. They also recommend that SRS be available on demand after a year of hormonal use, subject only to the same conditions outlined above. In addition, they recommend that surgeons and endocrinologists providing services to transsexuals collect and publish on an annual basis statistics on the quantity and quality of services provided, including the number and general nature of any complications or complaints.

Perhaps the most significant feature of the new standards is that they don't require a psychiatric diagnosis as the basis for medical treatment. This concerned some conference participants who considered it unrealistic and politically naive to expect that transsexual health care needs would be covered by medical insurance unless transsexuality were considered a legitimate illness; they worried that SRS would be dismissed, as it often already is, as a medically unnecessary cosmetic procedure. The prevailing opinion, however, was that transsexuals decide to change their sex because they're healthy, not because they're sick, and that mental health professionals should not have the power to grant or deny access to transsexual medical services based on their claimed ability to diagnose "gender dysphoria." The focus of activism should be to insure that we have access to health care based on our unique needs as transsexual people, and not because we have some illness requiring treatment. A good analogy would be to argue that biologically reproductive women need access to obstetric or abortion services because of their unique human needs, and not because they suffer from a pathological condition known as "pregnancy."

### **An Activist Strategy to Improve Transsexual Health Care**

Members of the Health Law Project have been working throughout the fall of 1993 to promote these new standards of care for transsexuals. Martine Rothblatt was denied the opportunity to present her work at the Benjamin Association Conference in New York this past October, but she was able to attend the meeting and speak individually with a number of surgeons, to whom she gave copies of the new standards. Many of the surgeons she talked with expressed some dissatisfaction with the Benjamin standards, but

generally abided by them as their best protection against liability from unhappy patients. They were interested in a set of standards that offered them the same assurance of protection, while simultaneously allowing them more autonomy in how they dealt with their patients. This development alone represents an important step forward. As one transgender activist commented at the Benjamin Conference, "It only takes two people to make a transsexual—one to identify as such and the other to

We need to collectively insist upon better surgical techniques...greater attention to sexual and erotic functioning...Most of all, we need to insist that we be treated as fully rational beings making an informed choice about our own bodies.

work the knife. The shrinks need to be taken out of the loop." In January, 1994 the Health Law Project sent out a medical advisory letter to members of the Benjamin Association outlining its rationale for drafting a new set of health care standards. And at its annual board meeting, ICTLEP decided

to expand its conference format to include presentations by medical practitioners, in order to provide doctors with a transgender-sponsored venue in which to discuss their work; it will send out a formal call for papers sometime this spring.

Transsexuals approaching doctors directly and working with them to get the kinds of service we want is part of a pattern of consumer activism that has been emerging in the transgender community for several years. It is as consumers of medical services that we exercise real power over how these services are provided. No one forces us to change sex; doctors can't make their money off us without our compliance. We need to collectively insist upon better surgical techniques, more information about the quality of services, greater attention to sexual and erotic functioning in reconstructed genitals, and a host of other issues. Most of all, we need to insist that we be treated as fully rational beings making an informed choice about our own bodies. One way to make this happen is to launch initiatives like the Health Law Project to persuade doctors that it's not necessary or desirable to pathologize transsexuality. Transsexuals have traditionally been unwilling to confront doctors about any injustices in the current manner of treating transsexuality because we have not wanted to risk losing access to services we need. As a result, however, some of us have gotten bad health care, and all of us have to contend with a system that treats us as sick children. We need to find the courage to stand up for our rights, both individually and as a community, and not be willing to settle for treatment that is anything less than we deserve.

# T-BIRD

**Jerzy Kosinski's Peculiar Literary Fascination  
With Transsexual Women**

by Dallas Denny

Jerzy Kosinski had an interesting and in many ways very difficult life. He spent his early years as an abandoned child in Eastern Europe during World War II, and ended his life by his own hand in 1991 because of illness. Somewhere in between, he immigrated to the United States and became a best-selling author. Kosinski was the friend of Polish immigrant Wojciech "Voytek" Frykowski, and through him met director Roman Polanski, who was the husband of the ill-fated Sharon Tate. He was a sometime visitor to 10050 Cielo Drive, the scene of the Manson murders, and was reportedly scheduled to have been there on that fateful night when Tate, hairdresser Jay Sebring, Stephen Earl Parent, Voytek, and his companion, coffee heiress Abigail Folger (who were introduced to each other by Kosinski), were shot, stabbed, and bludgeoned to death by the followers of Charles Manson.

Because it was made into a very funny movie with Peter Sellers, Kosinski is perhaps best known as the author of Being There, the story of Chance the Gardener, who was an absolute dunce, but who said things which other people thought were extremely wise—you know—sort of like Ronald Reagan. But Kosinski wrote other novels, most of them far darker, perhaps as a reflection of his troubled life. The Painted Bird, for example, tells of the awful experiences of a young boy orphaned in central Europe during World War II, as he wanders about being exploited and abused in every imaginable way by people whose primary reason for misusing him seems to be that they can get away with it. Cockpit is the story of a man with a malevolent streak—to put it mildly—which causes him at various times to spy on people making love, set up innocent victims for persecution and torture by the secret police in his Eastern bloc home nation, and fatally irradiate a woman who had been so thoughtless as to annoy him. Blind Date is about a man who seems to be equally comfortable with blowing up a cable car full of people and with brutally teasing a young girl by insisting that she is really a boy. Passion Play tells of a man who wanders about in a motor home, keeping peripheral to the horse set and habitually using false identification, like a Dick Francis character gone wrong.

Most of Kosinski's books—the ones I've read,

anyway, and I've read most of them—are not novels in the same way that Thomas Wolfe's works are not really novels and Robert Altman's films are not really movies, but rather loosely joined vignettes which are more character study than plot. Perhaps it is this unusual approach which caused him to reap a variety of literary awards for his work, beginning with Steps, a collection of short stories which first appeared in 1957, and for which he won the National Book Award in fiction. Because of the way his works are structured, it is sometimes difficult to say what they are "about." But there are a number of themes which keep reoccurring, and one of them is male-to-female transsexualism.

Kosinski's treatment of transsexual women is entirely sexual in nature, with his protagonists invariably having sexual trysts with a usually beautiful and quite feminine transsexual person. Unfortunately, the reader does not get a sympathetic description of the transsexual character, as in John Irving's treatment of ex-football pro Roberta Muldoon. What character

development there is serves only to emphasize the underlying sexuality of the character.

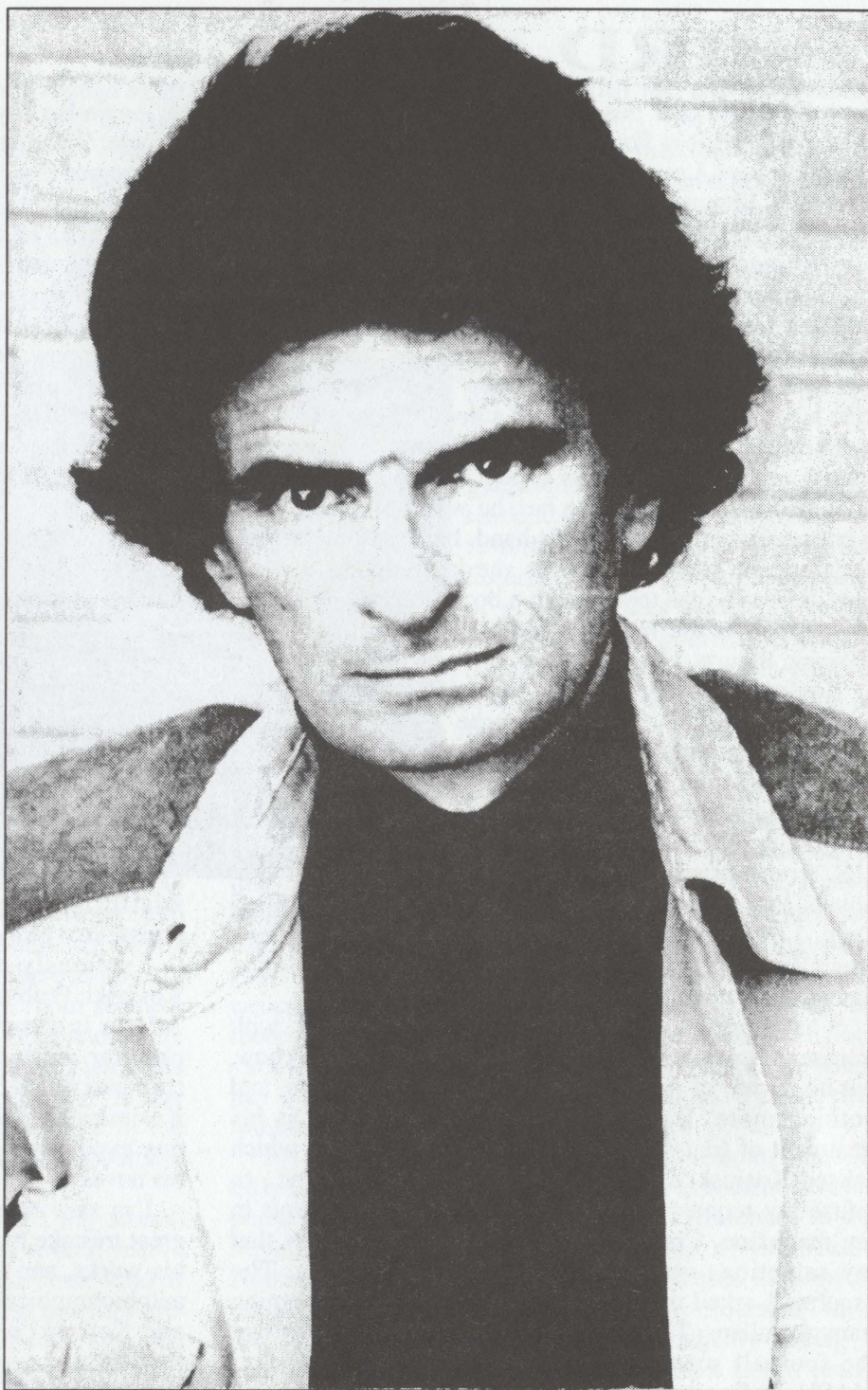
It is in Steps that we see the beginnings of this one-dimensional preoccupation with transsexualism, as Kosinski's unnamed protagonist rather naively picks up a heavily made-up woman for sexual purposes; she turns out not to be a woman at all, but a rather clumsily disguised man. One gathers that "she" could easily have been a member of the pre-sex-test East German Olympic Team, but the sexual liaison is completed. By the time of 1977's Blind Date, Kosinski's protagonist is considerably more sophisticated, and his transsexual character is considerably more passable. George Levanter rescues "Foxy Lady," (named after her t-shirt), a beautiful Middle Eastern woman who is stranded in the no-man's land between Switzerland and France. They quickly develop a sexual relationship, but she will not have intercourse, claiming that she recently had an operation for removal of a uterine tumor. When her bandages come off and they finally do the big dirty, Levanter is disturbed by the fact that she is fantastically skilled at pleasing him—more so than any other woman. "He felt possessive of her beauty; still her sexuality was ambiguous to him. He

The sexual escapades of Kosinski's characters with transsexual people are not exactly Mom & Apple Pie, but neither is blowing up a cable car full of people. What's the difference?

could not pin down exactly what she wanted from their lovemaking, yet she seemed to understand everything he wanted. Whereas other women had at times responded as if his urgings were odd, she accepted his needs as if they were to be expected... In a sensual vigil over his flesh, she monitored every detail of his release, anxious to know the duration and intensity of each spasm." (p. 131). Finally, a "friend" of Foxy Lady tells him the exact nature of her "tumor."

After explaining to Levanter the reasons for her change, Foxy Lady takes Levanter to a New York night club, where she shows him an upstairs room where all the old queens go, as if, having lost their sexual attractiveness, they were good for nothing. "Under the thick make-up, their skin was coarse and wrinkled, their dyed hair was thin and scanty with balding patches, which some tried to cover with wigs... Their artificially overblown breasts had become soft, and flapped like pancakes on their barrel chests. Their hands, covered with brown spots, were unnaturally broad, nearly square; their fingers, the nails bright with polish, seemed uniformly thick." (p. 138). 'Their only salvation is that the club owner remembers them as foxy ladies, young and fresh and lovely, and gives them dinner every night without charge,' Foxy Lady tells Levanter, adding that she expects to eventually end up upstairs, too (p. 138).

In 1979's Passion Play, the protagonist, Fabian, sets up Stephen Gordon-Smith, an unsuspecting acquaintance, with Diana, a beautiful (of course!) postoperative woman. Gordon-Smith falls in love with her. Fabian then tells him, "She's a transsexual, a man." (p. 113). To Fabian, Diana, while desirable as a sex toy, is not suitable for the long-term relationship that Gordon-Smith has in mind. Fabian simultaneously assures Gordon-Smith that Diana is a source of great potential embarrassment, but that he (Gordon-Smith) is not homosexual for having enjoyed himself with her.



Fabian himself is sexually active with transsexual women. He regularly brings Manuela, a voluptuous and beautiful Mexican-American non-operative woman (she is afraid that sex reassignment surgery will destroy her sex drive), to his motor home, where they mutually seduce other women. Fabian then watches the two women make love to each other, eventually joining in. Kosinski's characters see transsexual women, no matter

## T-BIRD *continued*

how beautiful and passable on the surface, as altered men. Whether it is Foxy Lady's uncanny ability to know what pleases Levanter, or the male sexuality which underlies Manuela's zaftig exterior, there is a sense of underlying masculinity in his transsexual characters, at least as seen by his protagonists.

This perception of transsexual women as men is a well-known attraction for some men — a fascination which drives the pornography industry, causing the production of countless "she-male" books and videos. "He hovered over her, in awe of a body that had no fault, that seemed to incarnate the secret of who he was: at her mouth and breast, he was a boy necking with a girl; entwined with her, entering her, he was a man taking his woman; arousing her with his hand, he was a boy at play with a man; straddling her as she lay helpless beneath him, he was a man toying with a boy; pinioned by her, he was a man at the mercy of a boy."

(*Passion Play*, p. 119.)

Kosinski's works have a semi-autobiographical ring to them: he was an abandoned child in World-War II Europe; he wrote a novel about an abandoned child in World-War II Europe. He immigrated to the U.S. from Eastern Europe; he wrote novels about immigrants from Eastern Europe. In *Blind Date*, Levanter fantasizes about the Manson killings; Kosinski doesn't even bother not to use the actual first names of the victims.

What Jerzy Kosinski's actual experiences, if any, with transsexual women were, we can of course never know, but his vision of them as objects for sexual pleasure, and nothing more, leads one to wonder. Perhaps it is his treatment of transsexual women as sexual objects which caused Kosinski's publisher, Scientia—Factum, Inc., to refuse my request to reprint excerpts from his novels in my magazine, *Chrysalis Quarterly*, on the grounds that my selections were "not typical" of his works. The excerpts I asked to publish were the sections concerning transsexualism. They were not typical in the sense that the football scene is not typical of Robert Altman's *MASH*, or Eugene Gant's hanging out at the drugstore in downtown Altamont is not typical of Wolfe's *Look Homeward Angel*. All of *MASH* is not about football, nor is all of *LHA*, as those in the Thomas Wolfe Society refer to it, about drugstores, but those scenes are part of the fabric of Altman's and Wolfe's works, just as Kosinski's treatment of transsexualism is part of the tapestry of his work. The sexual escapades of Kosinski's characters with transsexual people are not exactly Mom

& Apple Pie, but neither is blowing up a cable car full of people. What's the difference?

I regret that the publisher has continued to refuse the right to reprint. The treatment of transsexualism is rare in literature, and Kosinski's writing, although it is disturbing and sexual in nature, is of high quality, and worthy of sharing. And who knows — it might even have helped sales. I would have quoted him more extensively in this review, but I am wary of lawsuits. So I can't quote you more from *Blind Date* or *Passion Play*; you'll just have to read them yourself.

I will close with a vignette of my own. Kosinski's hawk-faced profile appears on the back of his books; it is a distinctive face. Several years ago, I happened to be in Lipstix, a drag bar in Atlanta (now closed), and found myself sitting next to a cross-dressed man. He had a middle-European accent and the slight build my mind's eye had envisioned for Kosinski. And he had the same hawk-like face—the sharp nose, the dark, piercing eyes, the heavy brows, the forehead lines, the square chin that no amount of makeup could hide. He was cruising the transsexual women in the bar. "So you know all of the pretty girls," he said to me

wistfully, as he looked lustily after an obviously transsexual blonde who had greeted me.

I seriously doubt that I was sitting next to Jerzy Kosinski. Probably he never crossdressed in his life. Still, Atlanta is a popular place to be, not unreasonable for a popular writer who repeatedly writes of beautiful transsexual women. And it occurred to me that if Kosinski was himself a crossdresser, then that would be one explanation for the recurrence of transsexualism in his novels.

I'm sure he wasn't transgendered, mind you. It's a great mistake to hazard guesses about an author based on his works, and in particular, to treat fiction as if it were autobiographical. It's just that I have a suspicious nature, and Kosinski's characters are so blatantly sociopathic that they scare me and lead my mind in dangerous directions. I've always wondered, for instance, why he picked that particular night to miss the party at Sharon Tate's house (and there was definitely a party that night). Was he listening to an inner voice, or was he more like the dark characters in his books than his publisher would like to admit?

*Dallas Denny's most recent book, Gender Dysphoria, a Guide to Research, was published in February 1994 by Garland Press.*

Kosinski's characters are so blatantly sociopathic that they scare me and lead my mind in dangerous directions.

and with clocklike regularity - asked me if I wanted to go to the ladies room whenever we were out, still insisted on doing this. If I said no, she acted hurt, so I found myself traipsing on in with the other 'ladies.' On one occasion, Dad and I were standing in the lobby of the Lumiere Theater, waiting for her to come out of the bathroom, and he impatiently asked, "Will you go in there and see what's taking her so damn long?" I flung open the bathroom door, and tried to search for mother amidst the other women. I couldn't find her, and I was too uncomfortable to actually go in, so I turned around and went back over to stand next to Dad. One of the women who'd been in the bathroom came over to us and said, "well, you two got quite a peek, didn't you?"

The biggest stumbling block for me was still the men's bathroom, and my first trips in there had been devastating. Women, I noted, gave each other a great deal of privacy. Men seemed to have a natural envelope of privacy around their bodies. They stood together in a row, sticking their dicks out into respective urinals- yet nobody actually *looked*. I walked past them as quickly as I could, and headed for the stall, where I crouched over the toilet like some kind of criminal. I pretended to be holding my dick down with one hand and was careful not to take too much toilet paper. I hardly ever washed my hands afterwards because I wanted to get out of there as quickly as possible. However difficult the men's room seemed, the women's bathroom was no longer a completely safe haven for someone who looked as masculine as me. The truth was, I had given up my "female privilege" in one bathroom yet didn't feel that I really belonged in the other one. So I searched for the occasional unmarked bathroom that anybody can use.

The testosterone level I was on raised my sexual arousal level considerably, and for the first several years I went a little overboard. I began to feel like some kind of animal, a wild boar or wolf, or one of those testosterone-poisoned creatures that live for sex, that breathe it in and out, and whose every movement undulates with it. I began thinking about sex all day long, and masturbating in the men's bathroom at work. I found that I was suddenly attracted to these gross-looking guys that I had avoided before. It didn't take much. Just listening to them breathe, or hearing a dirty joke, or touching shoulders by accident; each incident would build into a high peak of sexual arousal. My fantasies, always kinky, broadened in scope. I found that male friends would

share their sexual fantasies with me and only rarely would they make me feel weird. The simple act of sitting on the 26 Valencia bus had a different meaning for me on a full dose of testosterone. If somebody sat next to me on the bus, I became aroused, and immediately thought about seducing that person. It could have been an animal, a teenager, or Barney the dinosaur sitting there. Within a few minutes whoever it was would give me a strange look and change seats.

Guys like this are definitely around, but never in my wildest dreams did I plan on becoming this kind of guy

As a man, my life has evened out but I've had to accept the drawbacks: I'm now a short, fat transsexual; a guy with gynecomastia who stutters and has a tendency to pursue employment in female-dominated fields like librarianship and nursing. The kind of guy who likes graveyard shifts, keeps a sloppy apartment, laughs

loudly at inappropriate humor, and guzzles beer at parties. Guys like this are definitely around, but never in my wildest dreams did I plan on becoming this kind of guy. When the subject of male privilege comes up, I usually laugh. I had more privilege as a female than I do now. But that's just a statement about the male pecking order (on which I am close to the bottom). I must admit that there is some male privilege...for instance, I get a quicker, more polite response whenever I make business calls on the telephone; I feel safer on the street; guys in gas stations allow me to pump my own gas. It's also easier to take a leadership role, because people take me more seriously. Overall, male privilege seems intangible - something that you can't quite put your finger on. Men pay a high price for these privileges, and I think that transsexual men pay an even higher price.

I'm glad to have had the experience of both sides. It helps seeing that these two roles are unnaturally polarized, and yet spring from real differences in the hormonal and physiological makeup of the sexes. Nothing can compare with these experiences in terms of taking a private "inner" sense of gender "outside" for a reality check. Because of that, I am gradually finding a sense of groundedness and power which is not really based on maleness or femaleness. And it is with a sense of celebration that I conjure these early "passing" years!

---

*This article is the first in a series about passing —pro, con, and otherwise. Watch for upcoming stories in TNT.*

*Kevin Horwitz is a Bay Area freelance writer and cartoonist who contributes regularly to gender-related publications.*

# DR. STRANGELOVE

(Or, How I Stopped Worrying and Learned to Love the Dong)

by Mustang Sally

So, there was a catch after all. Flattered by her interest in making me a sexual partner as well as a friend, and having developed quite a case of the hots for her, I had eagerly accepted her invitation of an afternoon in the sack. Now, saying she got off on deep penetration, the woman was handing me a rather large dildo, asking me to strap it on and fuck her silly. I was less worried about disappointing her by saying “no” than flipping myself out by saying “yes.”

I went with Rule for Survival No. 3 (“When in doubt, act totally casual”), praying silently for no nasty flashbacks. I was soon caught up in paying attention to the motions and rhythms that most particularly drove her wild, my own enjoyment of the pleasure I was bringing her, and the amusing irony of my apparent skill in employing the silicone version of an organ I’d severed from my body over 15 years before. The closest thing to distress I felt the entire afternoon was a moment of sadness when I gazed upon her vulva and felt the weight of the dildo hanging from my own. It reminded me of my transition days, of feeling so terribly inadequate when I compared my body to those of my woman lovers and friends. As a repeat engagement was, without question, on both our minds, I knew that before long I would have to look at, and deal with, my feelings about having and using — even temporarily and for fun — a dick.

I was not and never thought of myself as any kind of “stud” prior to transition. But, even with the same prescribed dosage of Premarin then as now, my penis kept on functioning right up to my Stanford retrofit job. That I was dating women exclusively spared me from having to deal with “trannie hawks”, but not from having to make decisions whether to be genitally involved in lovemaking or not. Fortunately for my state of mind, nearly all of the women interested in me assured me they couldn’t think of me as anything but a woman; mostly, we ignored my genitals (but not my breasts, thank Goddess!).

A few of my lovers, however, preferred not having any parts of my body off-limits. They either wanted to be able to give me the pleasure of orgasm despite my genital configuration, or didn’t care what genitals I had because they wanted to get it on with me regardless.

This was problematic: I was extremely dysphoric, and penile stimulation was threatening to my sense of self not only as a woman but also as a lesbian. Nonetheless, I was hungry for the love and affection my lovers offered, and

sexual pleasure was one of the few bright spots in my young, precarious life. While with some of these lovers I was expected to be enthusiastic (but not too enthusiastic) about genital sex, most of them tried to get me to loosen up, accept my body as it was during transition and have a good time.

In hindsight, I could have, and arguably should have, been more open to sexual experimentation; it would have been relaxing and healing. At the time, however, I had understandably high anxiety over whether I would be able to hold myself together until I got approval for surgery and whether I’d be able to pay for it when I did. Moreover, this was the seventies: at that time it was inconceivable that a “real” transsexual would choose to live in a transgendered state (or enjoy it while in transition). Nineteen years later, I love my body, my

sexuality and my experience of them: surgery as soon as I could get it was unquestionably the right choice for me.

There was a tradeoff for timely relief, however. The state-of-the-art surgery at the time wasn’t really strong on functioning clitorises. While I have been able to have satisfying sexual relations,

masturbating to orgasm has been problematic, as has been receiving oral sex. It seems that clitoral arousal comes and goes for me. After reaching a certain point, the sensation diffuses. Penetration gives very satisfying stimulation, which can reach a level that gets me thrashing around and clenching with my vaginal muscles. This is even more effective with the stimulus of physical contact with a partner who turns me on. Rather than merely being grateful for completing transition, though, I have continued to explore possibilities for improving my erogenous responses. And, within the past two years, I’ve struck paydirt—thanks to a truly oddball amalgamation of feminism, ’90s queer sex radicalism and transgender liberation.

Very soon after surgery, I found that the lesbian lovemaking to which I’d been looking forward brought me exquisite pleasure to the point of total distraction. I was having orgasms that were waves of intense pleasure. But what was lacking was the totally involuntary spasming after a build-up of increasing sensation and tension, that physical feeling of passing a physical point of no return. As time went on, I found there was only one situation in which I had this latter kind of orgasm: in the

My body was smart enough to have gotten the hang of vaginal lubrication immediately; why couldn’t my brain connect this orgasmic reflex to clitoral stimulation?

process of waking from an erotic dream.

These dreams were very troubling: all involved some kind of temporary possession of a penis. Sometimes it was something I just “sprouted” in the process of becoming aroused in the dream scenario; sometimes it was a prosthesis I’d



put on top of my clitoris to get enough sensation for orgasm. When I awoke without remembering the particulars of the dream, I could note that the sensation was internal, within the genital region. As encouraging as this was, it was frustrating to be unable to stroke myself to orgasm—and more frustrating to achieve it only through some kind of penile “phantom limb” phenomenon. My body was smart enough to have gotten the hang of vaginal lubrication immediately; why couldn’t my brain connect this orgasmic reflex to clitoral stimulation?

Trance work did nothing to reconnect this reflex; extensive work/play with vibrators did nothing, either. Now having a physical shortcoming to go with the sense of inferiority I’d developed while attempting transition in the lesbian community added to my feeling of being “damaged goods.” Ironically, this kind of psychic icon — the sense of having something about me that makes me different from XX-female women (in a negative, isolating way) — has had a tendency to get smashed as I’ve gotten on with my life. And it was one of these wall-razing experiences that gave me the key to better sexual responses.

By the late 1980s, I was double digits in post-op years and fairly well settled in my social identity, having realized that a full, rich life was there for me to enjoy if I stopped looking backwards and looked ahead to the future. At this time, while I was getting over obsessing on the intricacies of my growing up, academic feminists on the East Coast were deconstructing models of child development based on boys’ experiences. They were

searching for an alternative to child development models that pretty much assumed it was best for girls to have their wings clipped in the name of “femininity” when they entered adolescence.

One psychologist involved in this work, Emily Hancock, wanted to know how girls could go from self-esteem and a

strong sense of self at 9 to timidity and low self-esteem by 13. She found that her most assured, self-actualized clients were those who had a vivid picture of who they were from nine to eleven—when they were old enough to have some amount of independence and mastery over their environment in addition to a strong moral sense not yet toned down by the demands of a patriarchal society. Hancock found that when her clients got back in touch with who they were at that age, they could overcome self-doubt and feelings of inferiority, and become the strong, confident women they’d had every right to grow up to be.

Hancock described her discoveries in a wonderfully inspiring book, *The Girl Within*, and I had the opportunity to hear her lecture on her work. Someone else asked the question that was on my mind: what if you can’t remember the little girl you were at eleven? Hancock responded that this didn’t matter; a blank picture of yourself was still an effective place to begin reclaiming. Encouraged at not being precluded from rediscovering my little girl self by her having been hidden in a boy’s body and life, I began to find two things.

One was a history of myself from “one alternate universe over,” a history in which I’d been born physically female. I’d already had a number of spontaneous visions or daydreams in which this history had “bled through” as “memories” which felt real even though I knew they were not factually accurate. I had also concluded, a number of years previously, that I would have ended up very much the same person no

## Strangelove *continued*

matter into which body I'd been born, because there were enough analogous experiences that could have made an XX-female turn out like me. Finding "the girl within" confirmed that this had been a positive process, not an attempt to explain away my transgender background.

The other thing I found was a history of my transgendered life in which I had spent my childhood and adolescence not as a geeky, effeminate male but as a girl who had tried her best to do what she was told to do: be a boy. From this point of view, I could see myself less as a freak and more as a very clever girl who'd done an admirable job of playing boy. This released an immense amount of shame carried not only from transition days but perhaps all my life. Now I could extend this new point of view in the other direction, into my years as a young adult, as a woman in transition.

With that sense of being "damaged goods" gone from my life, I had a hunch I could look back on my pre-opp sexuality without feeling threatened. I was so tired, at this point, of being unable to have a "dream" orgasm of my own volition that I was ready to go ahead and lie on my stomach in bed and thrust with my pelvis as though I still had a penis, just to see if I could get off. I decided that all my sexual experiences were for me to use as I saw fit, and that I was the one who got to say what they meant. Taking the recovery of the "girl within" into the recovery of the young woman within, I decided I could see myself as I was during transition not as a freak, but as a very clever young woman making the best of a tricky situation. Not only that, I could now see my transgendered/hermaphroditic young woman self as *sexy*.

The first time I ever saw a piece of "transy porn," some ten years previously, it had thoroughly repulsed and frightened me. While physically intersexed, I had felt myself a kind of grotesquerie; to enjoy being intersexed, or to be a sexual object for leering men in that state, was a horrifying thought. Quite possibly, some of this feeling involved guilt at having enjoyed using my penis from time to time so I could have an orgasm—and perhaps for having dared to think that a woman could have a penis and be sexually desirable. Using the concept that the personal is political, I decided that, because some women do grow up with penises, having done so was part of my experience as a woman, not a "pre-woman" experience.

Exploring what that meant, its affect on my sexuality, and how I could use the experience to liberate my woman's sexuality, would be a feminist act, because it meant claiming my history and finding meaning in it instead of dismissing it out of shame.

Once I had made this act of resolve, other resources came to hand to make the task of reclaiming all my orgasmic capability less threatening and more fun. Learning a sense of the perverse from Lee, the lover who

wanted me to use a dildo on her, helped greatly—as did a seemingly innocuous bit of sex play between us.

One afternoon, after making love, we were resting on my bed, with me lying on my stomach and her lying on top of me. In one of those "penny for your thoughts" situations, she off-handedly mentioned that one

day she'd really like to fuck me up the ass. Finding that a pleasant idea, I started improvising an appropriate fantasy aloud. This got her turned on, and very soon she was thrusting her pelvis against my butt in a very phallic way. Before too long, she was coming—not in vaginal waves but with strong thrusts, as though she were ejaculating inside me. I was stunned. Here was an XX-female having an orgasm she had never been capable of experiencing physically. I could only conclude that this was something wired into the human brain below the threshold of sexual dimorphism—which meant it was there for me to claim as a human capability, not a remnant of male physiology.

Not long thereafter, we read an article on the G-spot in *on our backs*, female ejaculation and contemporary discoveries about the internal structures of the clitoris. That the tip of the clitoris at the top of the vulva stands erect has been publicized for a few years now. This article diagrammed how deeply it extends above the vaginal wall, hence the sensitive "G-spot" whose mythological

nature may have been the result of its being obscured by the usual positioning of a speculum. Indeed, the body of engorgeable tissue is as extensive as an erect penis but is located inside rather than outside—retracted, as it were. Moreover, there are "legs" that straddle the vaginal opening and fluid-producing tissue that surrounds the urethra all the way up to the bladder.

Shades of my surgeon saying I'd have enough urethral tissue left for sexual sensation! I don't know whether it

Perhaps for having dared to think that a woman could have a penis and be sexually desirable.

Before too long, she was coming—not in vaginal waves but with strong thrusts, as though she were ejaculating inside me.

was prostate gland stimulation or more acclimation to female genital function by my altered body (which had begun with its learning to produce vaginal lubrication upon arousal), but “G-spot” stimulation had always been the most effective way for me to reach orgasm. This article suggested I wouldn’t be patching together a hybrid system to achieve orgasm by thrusting, but doing something consistent with normal female sexual physiology and response. Hella cool!

Thus, knowing mental gymnastics around physiology were unnecessary for going for the biggest “O” I could get, I volunteered to strap one on the next time Lee and I were in bed—much to her delight. Fearlessly, I called up what experience at intercourse I’d ever had from the inserter side to maximize both her pleasure and mine. While holding her close and moving inside her, I was overwhelmed with the knowledge that there was something primal about this act that transcended any male/female-or butch/femme-type dynamics. I didn’t know whether I was deconstructing a heterosexual imperative or becoming at-one with a cosmic truth—all I knew was that I was feeling myself inside her and we were getting off.

When I came, it was positively tantric: while feeling my breasts against hers, I also felt myself spasming inside her; I felt the dildo pressing on my clit and the weight of it moving in her vagina. My mind could not handle the seeming contradiction, and my consciousness rose up my spine and flew out the top of my head. “Overwhelming” doesn’t begin to describe it.

Whereas the first time I strapped on a dildo for Lee I felt awkward, reminded of the intersexed period of my life, now I had a whimsical sense of its possibilities as a virtual reality toy. I felt completely in control of the experience of having a dick, whether a silicon one hanging from a harness or the memory of being with a lover during transition. It even felt good to have a sense of competence with a dildo from once having had the real thing. Had anyone told me right after transition (or even but a year ago) what I’d be doing, I’d have stared at them as though they were from another planet.

Once I’d learned to come with a dildo during sex, I found I could successfully masturbate by lying in bed on my stomach and thrusting and grinding. It did take recalling how it felt to have a penis inside someone, even though the location of sensation during orgasm was clitoral or clitoral/vaginal. As I got used to it, I could recognize how the tissue in which I was experiencing the orgasm (and which exhibited residual engorgement) corresponded with what would be internal clitoral structure. I haven’t managed yet to hook up this wiring

with direct clitoral touch, and the farthest I’ve gotten fantasy-wise is visualizing being on the receiving end of penetration.

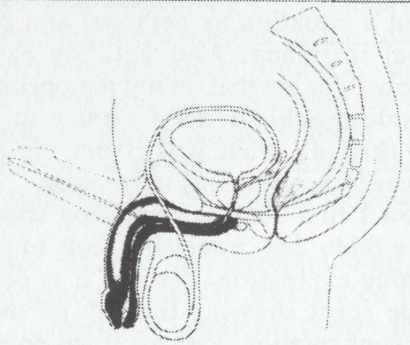
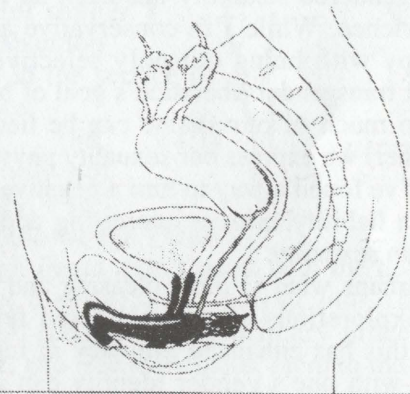
I’ve been trying lately to focus on the erogenous sensation itself. The operative feeling (no pun intended) is one of a bulb of engorged erogenous flesh having pressure applied to it by moist flesh. The erogenous tissue in my clitoral zone, by seemingly not being right on the surface, is that bulb getting that stimulation. And my brain seems at the very least to be getting clear on the concept that that’s what eventually triggers orgasm; I seem to be needing less fantasy/replaying old orgasm processes during masturbation to get off, and when I do, I feel the orgasmic spasms at the top of my vulva and on either side of my vagina (i.e., where the normal clitoris is).

The result of this entire process is that it feels less urgent to get my orgasm wiring connected to surface clitoral stimulation. I continue to hope that will eventually happen, but have the comfort of knowing I can enjoy some

very satisfying orgasms along the way. In the meantime, there’s something rather thrilling about being able to play sex and gender mix-and-match to the point of orgasm. When I had “nasty thoughts” as a child, there was an element of gender anarchy to my fantasies I couldn’t quite comprehend. Nonetheless, that element was quite exciting, and now I can re-experience that feeling of a secret, forbidden thrill,

## The Clitoris Compared to the Penis

The dotted lines show the position when erectile tissues are filled with blood.



## more **Strangelove**

only wading out into the gender middle from the female shore this time.

The range of fantasy imagery that works when I masturbate by lying on my tummy and moving my pelvis around recapitulates the entire history of my transgender awareness. I have accessed and used for my pleasure all the images of self I ever constructed in my attempts to explore, understand and assimilate the feelings of femaleness I had growing up -- and then some. Images of being back at prep school, this time in a girls' dorm, and being very popular after lights out because "Sally has this great trick she can do with her clit" (a twist on having imagined myself, very covertly, as being the "class girl"). Images of being a kind of (kept) girl-boy reminiscent of the days when I thought the answer was being a very feminine bisexual male. Images of being pre-op and doing the unthinkable: being sexual with a pre-op sister, even posing together for transy porn. Images of being a woman with the power of configuring her genitals any way she chooses for her pleasure. And all of it is happy stuff -- none of it hurts any more.

That, of course, is the rub (pun intended): it's easy for me to talk, because I've been post-op for nearly twenty years. I'm accustomed, to the point of taking for granted, to living in and being sexual with a female body; that's a very safe and secure place from which to explore transgender sexuality. Nonetheless, playing with transgendered sexuality has been an incredibly healing experience. While I'm conservative as transsexuals go (happy with being out only selectively), I'm thrilled about transgender liberation's goal of healing our shame. As so much of our shame can be tied up in how (and whether) we express our sexuality physically, I'm thrilled that I've found a way to turn a negative into a positive, to turn a liability into an interesting addition to my basic lesbian sexuality.

Perhaps what is most pleasing and comforting about my explorations of transgendered female sexuality is how this has enhanced intimacy in my life. Genitals at odds with one's gender identity can inauthenticize the self in a situation as personal and body-intensive as sexual intimacy. And yet, my explorations have confirmed for me that, in my pre-operative lovemaking, I did indeed achieve deep woman-to-woman intimacy even through what was, from the point of view of mechanics, heterosexual intercourse.

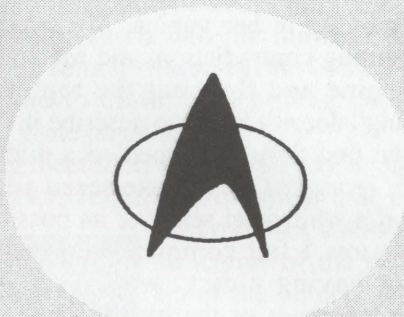
Now I find there is something about replicating that with a dildo that, ironically, feels to me to be a deeply feminine expression. Perhaps it is confirmation of the female spirit showing through all the possibilities of body configuration. Perhaps it has something to do with

taking something so primal and instinctual and making it an act of female bonding (subverting the heterosexual imperative in the process). It's not a "butch" thing for me; it feels as intensely female as being penetrated myself or mutual cunnilingus.

At this point, I really don't know what all this means or where it comes from: transgender space, sexual adventurousness and/or some new category of feminist exploration. I suspect a great deal of it is some kind of transgendered lesbian feminist discourse for which there has yet to be space or acknowledgment in the lesbian feminist world. Part of it is transgender liberation, as in transsexuals daring to explore and articulate our reality. The bottom line is that it's made me much more of a sexually fulfilled woman—it just flat-out seems to work.

So now I own two dildoes of my own, each of them with a realistic glans ridge. I can strap one on and feel the erect dick wagging around as I crawl across the bed to a waiting lover. I can stick it in her and thrust till we both come. Then I can take it off and toss it back in a drawer, and she can make me spread my legs for her dick, or fingers, as we feel how wet I am.

It's got a great beat, and you can dance to it. I'd give it a 98, Dick.



If you are going, or have gone, where few have gone before, transport up to the **U.S.S. Harry Benjamin** and explore new worlds that were once thought unreachable.

The **U.S.S. Harry Benjamin** is the Star Trek club for the gender community. As a correspondence vessel, we have no meetings. Our main activity is writing for our magazine, *Where Few Have Gone Before*.

**For more information, write USSHB,**  
[redacted] **San Francisco, CA**  
**94114-2588, or call 415/** [redacted]

# Inhabiting Ourselves

## *an approach to dance therapy*

By Marsha [REDACTED] MFCC, CET

What is dance therapy and what does it have to do with transsexuals? Also known as movement therapy, dance/movement therapy, body therapy and movement psychology, it encompasses a variety of different styles, theories and proponents, and evolves from a wide range of predecessors. I will first discuss some of the many influences in the field and talk about what I think dance therapy is and how I use it in individual and group

therapy. I will then talk about ways it could be a very powerful resource for healing and integration within the transgender community.

For the purpose of this article, I will begin with Deldon Anne McNeely's definition, which is "...a process occurring between a person and a therapist who use bodily focus and movement to achieve their mutual goal: the discovery of heretofore unrecognized aspects of the psyche.

The therapist uses bodily focus in addition to traditional attention to psychic processes in order to enhance the dialogue between conscious and unconscious." (1987, p. 13)

For me, the combination of and connection between the physical and psychic are key in dance therapy. Goals of therapy include helping people expand their movement repertoires by developing a wider range of movement possibilities. Since our physical and emotional lives are intertwined, it's possible that by working with the body to move in new ways, we open our consciousness to the infinite possibilities of emotional expression and experience, i. e. to stretch past the habitual physically and emotionally. The other part of the definition addresses the psychic changes, the deep emotional healing and integration which are essential to this process. In my work, our attention alternates between having an expressive experience in movement (which often includes voice), and then talking about the meaning of the experience, both in terms of present life and early family conditioning.

Shamanism is perhaps the oldest and most pervasive influence on movement psychology. Having roots in virtually all parts of the world, shamanism is an ancient form of healing, that has been used in many forms. Healing happens for individuals, and communities, and takes place on both the psychological and physical planes. Shamanism takes the ordinary problems of life out of the arena of the everyday, creates a charged and ritualized environment for transforming the issue, and

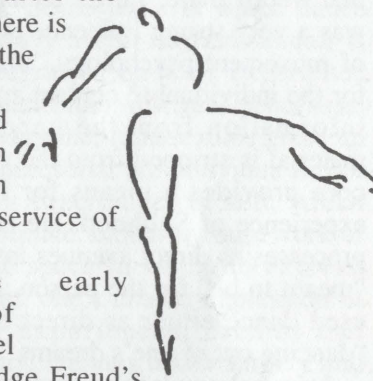
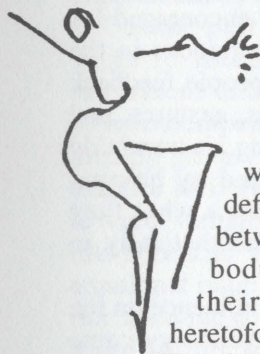
allows those involved in the healing a chance to contact the divine. In many ways, this feels like a direct ancestor of all therapies, particularly transpersonal forms. In dance therapy, particularly group therapy sessions, the parallels to shamanistic rituals are very striking. In both, a safe space is created, and much of the action happens within the ancient sacred format of a circle.

Another common theme of shamanistic healing and dance therapy, is the emphasis on having the experience in the present, without emphasis on creating a product, i.e. a performable dance. As McNiff notes, shamanism has a "...process-oriented, here and now focus..." (p. 9), as does dance therapy. Both shamanism and movement therapy deal primarily in images, metaphors, symbols and dreams. Much of the power of their healings come, it seems, from a leap of faith and trust in the healer, and in the process. It is an experience of pieces coming together to form new wholes, often by-passing analytical thought. The reconnecting of disoriented or disconnected parts of the self often occurs symbolically, through enactment, ritual, movement, chanting, and dreamwork. Often in dance therapy the processing, analyzing, and integrating of the experience comes after the emotional release. In both, there is a losing of one's self during the encounter.

It's as if we are plugged into a source greater than ourselves, and we abandon our need for control in the service of being in the experience.

In exploring the early psychoanalytic roots of movement psychology, I feel it is necessary to acknowledge Freud's contribution. Although Freud didn't work with the body per se, and, in fact discouraged "acting out", his exploration of the id, recognition of primary process thinking, dream work, and free association seem to me to be foundations of movement psychology. His exploration of the unconscious through these various means leads directly to the world of personal imagery and imagination, which is the source of all unresolved feelings and the material for dance therapy sessions. The access to this world in dance therapy is through body movement instead of verbalization, but ultimately it leads to the same place.

Jung added his own theories and understanding to Freud's work on the unconscious. He formulated the notion of complexes, "...repressed emotional themes that can cause constant psychological disturbances or even, in



## Ourselves *continued*

many cases, the symptoms of a neurosis.”(Jung, 1964, p.11) He felt that in order for a complex to be resolved, it had to be made conscious, understood, and emotionally assimilated into the psyche. This is very much in harmony with ways in which dance therapists work. Movement is used as a medium for exploration and access to unconscious material, and once the image or memory has been fully expressed emotionally and understood intellectually, it can become integrated into the psyche in a new and conscious way. Jung became less enthusiastic about free association as a way of getting access to people’s complexes and began to explore the symbols that people selected unconsciously to express their unresolved issues in dreams. He felt that while certain symbols might be sexual symbols, they might also have special meanings to the dreamer and the dream that were not sexual.

This gives more credit and power to the individual in that it leaves space for personal imagery, in addition to archetypal symbols that we all share. Jung’s technique of active imagination was a very strong influence in the eventual development of movement psychology. “Jung believed that it is vital for the individual to contact and understand the symbolic information from the unconscious. Once personal material is stripped from the complexes, their archetypal core provides a means for individualization and the experience of Selfhood. He utilized dreams and artistic processes as direct avenues into understanding what was “meant to be” for the person. For this purpose, Jung had used dance either as direct expression or through the “dancing out of one’s dreams.” (Bernstein, 1979, p. 5)

Jung acknowledged that individuals had preferences for experiencing images through visual, auditory, or kinesthetic modes. This was another way that his work laid the groundwork for movement therapy.

One of the most important predecessors of movement psychology was Wilhelm Reich. He originated the notion that there is a direct correlation between emotional fixations or blocks, and physical blocks or armoring, which are often experienced as tension, pain or inhibition. He worked directly with the patient’s body to help them release the physical tension in each of seven areas of the body as ways of accessing and releasing corresponding emotional blocks. The belief that the body stores all of its experiences, and that these memories, images and feelings can be accessed and worked through by tapping into the body’s armoring, was a major shift in therapeutic theory, which had a direct bearing on the

foundations of movement psychology. Instead of accessing the unconscious through verbal and analytic modes, Reich introduced a basis for putting awareness in the body and listening to what it is telling us. This then applies to somatic symptoms, and the understanding that the pains, injuries or illnesses our bodies experience can also be seen as expressions of unresolved issues in our psyches.

Fritz Perls was another important figure in the evolution of movement psychology. He believed that psychoanalysis was too intellectual, and encouraged his clients to focus their awareness on experiences in the present moment. He did this by giving people feedback on their body postures, gestures, and facial expressions, using his own body to express himself, and by helping clients get in touch with what they were experiencing kinesthetically in the “here and now.”

Another branch of influence on the field of movement psychology came from the world of dance. Isadora Duncan had a revolutionary effect on the world of modern dance early in this century. She rebelled against the stylization that was prevalent at the time, and introduced the use of spontaneity, and emotional expressiveness in dance. Her explorations in public of personal expression, set the stage for the unfolding of movement improvisation in studios and therapy sessions.

Three other grandmothers of dance therapy were Mary Starks Whitehouse, Marian Chace, and Trudi Schoop. All three began as dancers who noticed through their work on themselves, and with their students, that when people move, feelings get released. Whitehouse’s “...style focuses on experiencing polarities that are inherently present in the pattern of movement, on active imagination, and on helping the client to find his or her ‘authentic movement’.”(McNeely, 1987, p. 47)

Chace evolved her dance therapy work in St. Elizabeth’s Hospital in Washington, D.C. after World War II. She worked with withdrawn and psychotic patients, and believed that the symbolic use of movement could communicate emotions, sometimes more effectively than words. She used the circle as her group meeting structure, and made extensive use of rhythmic activity as a means of uniting people non-verbally into a community during sessions. Schoop evolved her approach intuitively, and her goals include helping people integrate transpersonal and earthbound experience, as well as mind and body interaction.

My work as a dance therapist has evolved over a

**For a complex to be resolved, it had to be made conscious, understood, and emotionally assimilated into the psyche**

number of years originating from my experience as a teacher and performer of improvisational dance. As is true for many dance therapists, I have been dancer/mover myself, as well as witness to my students. I have felt the power of movement imagery which transports us into previously unknown parts of ourselves. At times, this is surprising, fun and exciting. Sometimes it is scary and disorienting. My interest grew in how our bodies store memories that we often have no words for, and the ways in which we can sometimes reclaim and integrate those experiences by creating a safe space.

For the past several years, I have been developing ways to integrate my training and awareness of movement and body expression, with my work as a psychotherapist. I have been doing this both in dance therapy groups and in individual therapy in my private practice in Berkeley. I have found it particularly useful to view virtually every movement structure as holding the potential to be worked with symbolically as an emotional issue that we can make use of by bringing our awareness to it and applying what we learn to our lives and relationships. For example, in a group, when people walk around the space, a whole new experience is created when I ask that we be aware of what it feels like in our bodies when we move toward or away from others, to notice where our eyes are focused or to notice our breath.

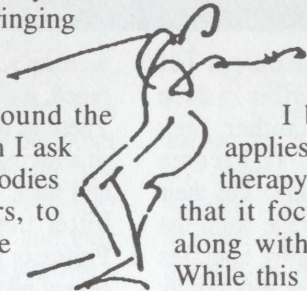
A simple walking exercise like this, can evoke a whole range of feelings and memories. One can feel afraid of being rejected or experienced as intrusive if we approach. Some feel afraid of others approaching or looking at them. Some wish people would come closer but feel concern about showing their need or desire to connect. Some cover up their fears by taking action that appears confident. Each person brings all their history to such an experience and what becomes important is to notice the emotions, sensations, memories and images that arise and then find ways to begin to talk and make sense of them.

Other examples of seemingly simple movement structures that have particular meanings for each person are: exploring ways to move that alternate between open and closed (which can bring up desires to be seen, fears of taking up "too much" space, feelings of vulnerability and wanting to curl up and hide), tall, medium and low to the ground (in which we can experience ourselves looking up at or down at others who are at other levels), fast and slow or seeing and being seen. I use explorations like these as warm-ups in my groups, always focusing on what is personally important.

After a warm-up in my groups, which helps people get present with their bodies, the space, their feelings and images, most of the time is spent working with whatever issues people bring in. Often, these have to do with relationships in the present and/or the past, and each person finds their own way to "move" or "dance" what they're wanting to know more about. Sometimes this is very kinesthetic and body oriented. At other times it's dramatic, with characters that are other people or parts of oneself. There may be sounds, words or silence. The possibilities are infinite and unique to each person.

In both individual and group therapy, one aspect that is crucial is the experience of being *witnessed*, by me and by the group in group therapy. Being watched closely is a very intimate experience and often brings up a mixture of feelings: both wanting to be the focus of that kind of attention and being afraid of what may follow if we allow another to see us in our vulnerability. Since we work with whatever arises, this gives us an opportunity to look deeply into desires and fears of judgment or abuse and where these feelings originate.

I believe all of what I've described so far applies to transsexuals. Some ways in which dance therapy may be particularly useful for transsexuals is that it focuses on the integration of body experience along with emotional, mental and spiritual processes. While this has value for everyone, transsexuals grow up in a world and often in families that are oblivious and/or hostile to their developing experiences of self, which don't fit in to the male or female, either/or framework of our culture. Having a safe space in which to express, explore and experiment with one's unique expression of selfhood, gender, body experiences, dreams and fantasies, relationships, fears, feelings about surgery and cross-living issues is crucial to transsexuals being all of who they are.



*Marsha Hiller has a dance-therapy practice in the East Bay.*

References: Bernstein, Penny, ed. *Eight Theoretical Approaches in Dance Movement*. Dubuque, Iowa: Kendall-Hunt Publishing Co., 1979

Jung, Carl G., ed. *Man And His Symbols*. New York, New York, Dell Publishing Co., Inc., 1964

McNeely, Deldon Anne, *Touching: Body Therapy and Depth Psychology*. Toronto, Canada, Inner City Books, 1987

McNiff, Shaun, *The Arts And Psychotherapy*, Springfield, Illinois, Charles C Thomas Publisher, 1981

# ONLY WORDS

Catharine A. MacKinnon

Harvard University Press

## Reviewed by Gail Sondegaard

*Only Words* is a small but important work by one of America's foremost legal theorists. The book consists of three thematically linked essays: Defamation and Discrimination, Racial and Sexual Harassment and Equality and Speech. Professor MacKinnon traces the development of First Amendment law as it refers to pornography, as well as speech, libel, defamation and equality.

MacKinnon defines pornography as "graphic sexually explicit materials that subordinate women through pictures or words." [p. 22] Because pornography expresses ideas of women as people to be sexually degraded, abused and humiliated, it discriminates against women as a class. Therefore, it is not protected as free speech.

For MacKinnon, pornography is more than just words and pictures. Pornography is almost a living thing that compels a course of action against women. "Sooner or later, the consumers [of pornography] want to live out the pornography further in three dimensions. Sooner or later, in one way or another, they do....As pornography consumers, teachers may become epistemically incapable of seeing their women students as their potential equals and unconsciously teach about rape from the viewpoint of the accused...." [p. 19] "Pornography contains ideas... But the way it works is not as a thought or through its ideas as such...Its place in abuse requires understanding it more in active than in passive terms, as constructing and performative rather than as merely referential or connotative." [p. 21]

Pornography not only initiates a course against women by its very existence, it even becomes experience: "Pornography does not simply express or interpret experience; it substitutes for it. Beyond bringing a message from reality, it stands in for reality; it is existentially being there." [p. 25] Pornography changes the sexual relations between men and women more and more into the ones described in pornography: that is, one of abuse, objectification, degradation, rape and humiliation.

MacKinnon discusses how First Amendment law has come to view verbal expressions of racial and sexual harassment as discrimination, not protected free speech. "Die, nigger" or "Hey babe, wanna fuck?" are, in the workplace and elsewhere, expressions of harassment and abuse, not free speech. It is only in pornography that free and protected speech runs up against equality as mandated by law and equality protections. Where speech versus equality has been contested, the courts usually find for equality, except in the case of pornography.

In the final chapter, "Equality and Speech", MacKinnon discusses how the rights of free speech and the rights of

equality are increasingly in conflict and outlines some of the developing legal issues that will have to be addressed one day, especially on censorship. MacKinnon says that because pornography discriminates against women, the laws of equality are to be given precedence over the laws of free speech.

She concludes the book by saying that giving precedence to the laws of equality and restricting pornography will lead "To a new model for freedom of expression in which the free speech position no longer supports social dominance...[p. 109]" and a society that supports equality as a fact will find words of abuse and assault nonsensical and as extinct as dinosaurs.

There are actually two themes in this book. One is MacKinnon's legal arguments and theories on speech and equality. The other is her view of women's sexuality and sexual experiences. After I finished reading the book I understood better why MacKinnon infuriates so many people and why it's easy to make the assumption that she hates men.

Whenever she writes about a woman's sexual experiences, the woman is always being raped, tortured, humiliated, berated and hurt by a man or men. There is not a single instance or even suggestion in this book of a loving, caring or non-abusive relationship between women and men. Her view of women's sexuality is so one-sided and bitter that it's disturbing. For someone as articulate as Professor MacKinnon, it's odd that she never describes a good sexual relationship except in vague and fuzzy ways.

Further, MacKinnon makes no distinction between pornography and erotic material — that is, words and images meant to excite sensual and sexual desires as opposed to ones meant to subordinate women. The only time the word 'erotic' comes up is in a curious reference towards the end of the book when MacKinnon quotes a man who says that imposing "erotic materials" on someone against their own will is like a physical assault. Well, of course — being coerced to do anything is an assault. But men (and women) usually watch erotic material of their own free will. I don't think she sees any difference between erotic material and pornography.

Given her views on how all women experience sex, I can see why she is so afraid of sado-masochism. The reality that some women find sado-masochistic relationships pleasurable and willingly seek them out destroys her view of women as the always-unwilling sexual victims of men, or that pleasure can be found in activities that appear to be abusive, but aren't. (To be fair, Professor MacKinnon may be worried that once it's allowed that a woman may consent to being handcuffed for pleasure, then it's a short leap to saying a woman consented to being raped for pleasure.)

A friend of mine calls MacKinnon 'MacNutcase'. That seriously underestimates her. Nut cases do not publish articles

Her view of women's sexuality is so one-sided and bitter that it's disturbing

in the Harvard and Yale Law Reviews and they don't win court decisions. You don't have to agree with MacKinnon's views on pornography to accept her argument that competing rights have to be balanced against each other and that laws mandating equality are in conflict with laws mandating free speech. Her views on speech and equality are not farfetched. Corporate domination of advertising and television, for example, can effectively prohibit new ideas from being heard and act as censorship. Or in a political election, the point of view with a lot of money can buy up almost all the ads, billboards, print and other media as the opposing viewpoint, thereby effectively denying that voice to be heard. These and similar issues will have to be addressed one day. What MacKinnon does is yoke her insights into free speech and the laws of equality into means of restricting pornography.

The worst thing about MacKinnon's critics is that everyone talks about her sexual views and no one talks about her legal theories. It is her legal theories which will carry the day, not her warped notion of women's sexuality. Her critics remind me of those people on 'The People's Court' who come before Judge Wapner and say that because the other person is unpleasant and disagreeable, he or she is wrong. The judge always says, 'That's nice, but where's your evidence? What's your legal argument?' They never have any and they always lose. It is distressing that no one has come up yet with a serious answer to MacKinnon's arguments.

So far Canada is the only country where MacKinnon's views on pornography, free speech and equality have been adopted in the Canadian Supreme Court decision Butler v. Regina. While it's still too early to tell yet if this will improve the condition of women, it hasn't stopped pornography. What it has done is allow the Canadian government to harass bookstores catering to sexual minorities while a truly foul magazine like *Hustler* remains freely available throughout the provinces.

I think this is ultimately why there will continue to be so many problems with laws attempting to restrict pornography. Unless a government tries to restrict all material it deems pornographic and targets all distributors of this material at the same time, enforcement of any law will be haphazard, arbitrary and ultimately discriminatory. I have some sympathy with Professor MacKinnon's views on pornography, but it's very hard to ban certain sexual words and images without banning others, and not have that ban be used to suppress non-erotic speech. It may even be impossible.

Catharine MacKinnon is not known as a friend of transsexuals. In fact, it's widely agreed that she hates us. Yet I became very encouraged while reading this book because it much of what she was saying about equality could easily lay

the groundwork for a support of transsexual rights. A brief selection of quotes will show what I mean.

"Together with all its material supports, authoritatively saying someone is inferior is largely how structures of status and differential treatment are demarcated and actualized. Words and images are how people are placed in hierarchies, how social stratification is made to seem inevitable and right, how feelings of inferiority and superiority are engendered, and how indifference to violence against those on the bottom is rationalized and normalized." [p. 31]

"When equality is recognized as a constitutional value and mandate, the idea that some people are inferior to others on the basis of group membership is authoritatively rejected as the basis for public policy. This does not mean that ideas to the contrary cannot be debated or expressed. It should mean, however, that social inferiority cannot be imposed through any means, including expressive ones." [p. 106]

"Social inequality is substantially created and enforced — that is, done — through words and images. Social hierarchy cannot and does not exist without being embodied in meanings and expressed in communications....Segregation cannot happen without someone saying "get out" or "you don't belong here" at some point. Elevation and denigration are all accomplished through meaningful symbols and communicative acts in which saying it is doing it." [p.13]

"Equality is a 'compelling state interest' that can already outweigh First Amendment rights in certain settings. In other words, expressive means of practicing inequality can be prohibited." [p. 107]

I think that somebody who knew what they were doing could build an argument from these and similar statements to stop attempts to classify transsexuals as 'neither men nor women' or as a third sex. Such attempts are inherently unequal because our society does not have three genders and to be 'neither man nor woman' means not being human at all. To be classified as such means discrimination. All the words to the contrary won't change that.

Not that MacKinnon had transsexuals in mind when she wrote those passages about equality. You can find out how she still thinks about us in a footnote about her Model Ordinance on Pornography on page 121-122. She concludes a long list of pictures and/or descriptions of women the Ordinance would restrict with this qualification: "In this definition, the use of 'men, children, or transsexuals in the place of women' is also pornography."

And dogs and small rodents, too, I suppose. She probably just forgot to add them.

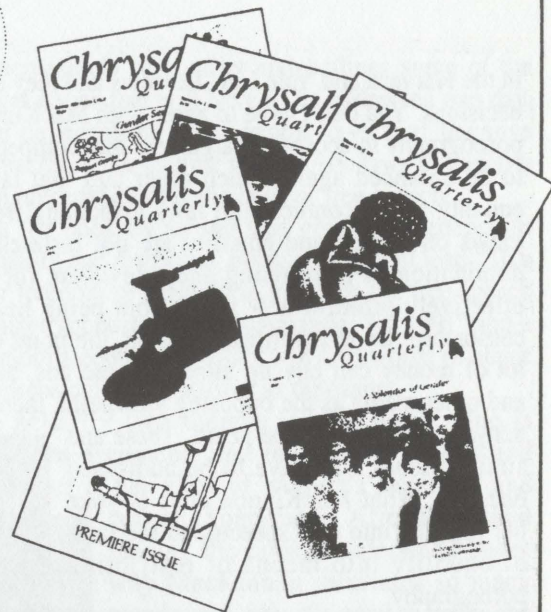
**Our society doesn't have three genders. To be 'neither man nor woman' means discrimination.**

# Chrysalis Quarterly

*The intelligent, theme-oriented gender magazine for consumers and caregivers*

*From AEGIS – Who Else?*

© 1993 by The American Educational Gender Information Service, Inc.  
A 501(c)(3) nonprofit corporation.



*CQ – The Gender Magazine That Dares to Compare!*

	CQ	Those Other Gender Magazines
<i>Insightful, Theme-Oriented Issues</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Recaptioned Cartoons</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Attractive Design</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Stylized Drawings of Women &amp; Men</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>"First-Time Out" Stories</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Strong Stances on Controversial Issues</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Tacky Personal Ads</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>"Girl-in-the-Mirror" Poems</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Strong Self-Empowerment Message</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>"Let's All Be Girls Together" Photo Spreads</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Subtle Sense of Humor</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Yes! I want to help AEGIS rid the world of recaptioned cartoons!  
I'm sending \$36 for four exciting, feature-packed issues of Chrysalis Quarterly.*

**Ship to:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

- Start me with the current exciting issue!*  
 *Start me with the next wonderful issue!*

*Send your check or money order for \$36 (\$46 outside the US) to CQ, P.O. Box 33724, Decatur, GA 30033-0724*

## **THE TOP TEN WARNING SIGNALS YOU'RE THINKING LIKE A MAN**

*by Kevin Horwitz*

10. You find yourself wondering what lesbians really do in bed.
9. You see the positives in George Bush.
8. You ask 'heavy breather' callers to leave their phone number on your answering machine.
7. Your Honda Accord seems too frou-frou, so you trade it in for a truck with great big tires.
6. You get upset if you miss an issue of Guns & Ammo.
5. When you are stressed out, you're first impulse is to masturbate.
4. You join the Hair Club for Men.
3. You exaggerate the size of your penis (it's really 1<sup>1</sup>/<sub>2</sub>" but you say it's 3").
2. Your eyes glaze over with satisfaction when metal hits metal on the freeway.
1. Since women won't talk to you much any more, you find yourself chatting up the Iranian falafel maker on the corner, who turns out to be an all right guy.

*Kevin Horwitz still drives a Toyota Corolla.*

