metamorphosis

VOL.2, NO.6 METAMORPHOSIS MEDICAL RESEARCH FOUNDATION DECEMBER 1983

GENDER SYMPOSIUM

There were 24 professional papers presented at the Eighth International Symposium on Gender Dysphoria, which took place in Bordeaux, France from Sept. 16-19, 1983.

One of the papers, "ROLE PLAYING AND SIMULATION EXERCISES IN THE TREATMENT OF THE GENDER DYSPHORIC" was delivered by Susan C. Huxford, B.A., B.Ed., a Co-Director of the MMRF. This paper dealt with the application of the principles of group dynamics in the course of group therapy for the purpose of bringing out hidden aspects of individual personalities, and, for the purposes of replacing fantasy by reality, and, removing inhibitions and developing self-confidence by means of involvement.
Three of the remaining papers dealt with female-to-male transsexualism. The proposals to these three papers are presented below:

"FURTHER OBSERVATIONS ON SURGICAL REASSIGNMENT OF FEMALE TRANSSEXUALS" Milton Edgerton, M.D.; Jay Gillenwater, M.D.; John Kenney, M.D.; Margaretha Langman, Ps. dra.

Eight generations of surgical techniques have been used by the authors to reconstruct the male genitalia in over 30 patients. Emphasis has been placed on obtaining results that will 1) allow the patient to stand to void, 2) permit sexual intercourse, 3) provide a presentable male appearance, and 4) be accomplished in a minimum number of operative steps. Methods, early and long term results, and complications will be illustrated--leading to our present surgical technique. The selection of the appropriate female transsexual for surgery continues to be a challenge and the psychologic factors considered in this group of...

(cont'd. on p.9)

MMRF NOTES

The second Directors' meeting of the MMRF took place on December 4-th in Toronto.

We are currently in the process of applying to Revenue Canada for tax-exempt status as a registered charity. Once charitable status has been officially registered, tax-exempt receipts will be issued to charitable donors.("Donors" do not include either foundation members or newsletter subscribers).

The 1983 membership cards and certificates are being mailed out with this issue of the newsletter to all paid-up members for 1983. (We wish to apologize for the long delay).

Both memberships and newsletter subscriptions expire as of December 31, 1983 and are now renewable (by either cheque or money order). The membership fee for 1984 is still only $25. (The 16-page information packet on female-to-male transsexualism is now $5). The newsletter subscription rate for 1984 is still only $15 (for six issues).

The newest member to join the MMRF's Board of Professional Advisors is Dr. Lenard M. Hughes--a general practitioner in private practice in Pennsylvania who is planning to train in genitourinary reconstructive surgery in a Urology residency. We warmly welcome the "good doctor".

The Executive Director (Rupert Raj) wishes to express his sincere appreciation to all of the following persons who have helped to support the efforts of the MMRF in 1983: my 3 founding co-directors, our 12 professional advisors, our special research assistant, our 28 foundation members, our 12 newsletter subscri-

(cont'd. on p.2)

MMRF NOTES (cont'd. from p.1)

bers, our 5 charitable donors, and, all those persons who submitted information, referrals, newsclippings, research papers, articles, letters, poems, cartoons, photos, personal profiles, book reviews, ads, completed questionnaires and personal listings in the contacts directory. And, my special thanks to Dr. John Money for sending me several of his research papers, and also, to Dr. Leo Wollman for submitting numerous articles from newspapers, magazines and professional journals. Thank you one and all and I look forward to your continuing support in 1984.

IN THE NEWS

TRANSSEXUALS TREAD A PATH FRAUGHT WITH DOUBT, PAIN, by John Fitzgerald, The Toronto Globe and Mail, Oct. 27, 1983. (Features Susan C. Huxford, Exec. Dir., FACT, Dir., GenderServe, and Co-Dir., MMRF; and, Rupert Raj, Exec. Dir., MMRF).

STORIES OF SEX CHANGE, by Jeanie MacFarlane, The Toronto Sunday Sun, Dec. 4, 1983. (Features Susan C. Huxford, Rupert Raj and Len Clemmensen, Co-ordinator, Gender Identity Clinic, Clarke Institute of Psychiatry).

POLICE NOT SURE OF SUSPECT'S SEX (Kingston, Ontario), The Kitchener-Waterloo Record, Nov. ?, 1983. (A transsexual charged with committing two robberies, one as a man, the other as a woman, was sent back to the all-male Joyceville prison from which he/she was on parole).

TRANSSEXUAL SUED FOR WEDDING LICENSE (Fort Worth, Texas), source/date unknown. (A marriage license issued to a woman and a female-to-male transsexual is being challenged because blood tests showed the transsexual is still a female, despite surgery and a legal name change).

FEMALE-TO-MALE TRANSSEXUALISM: in Canada, order from: Oxford University Press, 70 Wynford Dr., Don Mills, Ontario M3C 1J9. (In U.S.A., see p.7)

PENIS RE-ATTACHED

Doctors reattached the penis of a man who virtually severed the organ with a circular saw and he was reported in good condition. He was taken to Bridgeport Hospital in New Haven, Conn., where doctors said his organ had been "hanging by a shred of skin." He was immediately transferred to Yale New Haven Hospital which has a microsurgery replant team. Dr. Charles Cuono, who headed the 8-hour operation, said the victim also had "multiple lacerations of the scrotum and irreparable damage to one testicle." Dr. Cuono and Dr. Fivos Gahhos, a resident in plastic surgery, had to remove the damaged testicle as well as reattach the penis. The 32-year-old patient, who is married, was in intensive care for 24 hours after surgery. Dr. Cuono believes there is "at least a 50-50 chance his sexual function will be restored." The patient should be discharged in 7-10 days. About a dozen such operations have been performed worldwide since the first one in Japan in 1977. (Toronto Star, October 13, 1983).

DEAR RUPERT

I enjoy your newsletters. It is a relief to find out others are out there who are like myself and I can get answers to a lot of questions. Plus share with them also. I would like to know if any of your readers has heard of, or has had plastic surgery (phalloplasty) performed by Dr. Richard D. Murray of Ohio. Another doctor told me I was too heavy to undergo surgery and he would not touch me. He said that he is doing phalloplastic surgery using blood vessels and skin from the stomach as there is more feeling this way.

--C.E., Columbus, Ohio

I thought this last issue of the newsletter was one of your best yet --lots of variety and readers' comments. Just out of curiosity, what determines your choice of "QUOTABLE QUOTES"? I did find them interesting.

--J.B.("My choice is determined by: interest, relevancy, availability.)

I noted from your brochure your keen interest and inquiry into the "human spirit". I refer you to the work of Bhagwan Shree Rajneesh, in particular, his book, SECRETS OF SECRETS, Vol.I, Chap.5, which has a wondrous section on transsexualism.

--Parivarto, Director, IMMORTALS, LTD.

I thought that you might like to see or let other TSs see the enclosed slide of my recent chest operation. It might help, in your organization, to give other inquiring FTMs an idea of what they might expect.

--Emmon [redacted] Orinda, California (Thank you! Your thoughtful consideration and willingness to help others is highly commendable! Photos/slides of mastectomies and phalloplasties are most welcome).

Congratulations on the incorporation of the MMRF. I have enclosed a donation. Best wishes for MMRF's success.

--Daniel Herzog, M.S.W., Professional Advisor (MMRF), Newark, N.J.

I enjoyed the latest issue of METAMORPHOSIS, especially the article about Radclyffe Hall. I had the same feeling about THE WELL OF LONELINESS when I read it 4 years ago.

I heard that I'm not the first F-MTS for the business forms manufacturer I work for. If you are the one I was told about who got tired of the Tulsa, Oklahoma "rednecks" at our plant there, several years ago, please write. I'm anxious to share experiences with you.

--Scott [redacted] P.O. Box 3512, Anaheim, California 92803

(cont'd. on p.5)

QUESTION OF THE MONTH

DID YOU HAVE ANY COMPLICATIONS SUBSEQUENT TO: a) THE MASTECTOMY?

"Hypertrophic scars."

"Revision done for sides--underarms --permanent numbness."

"Scar tissue developed more than expected."

"Infection and muscle spasms."

"They thought the grafts hadn't taken--but they had (thank God)."

"They placed the nipples almost to the armpits and left them too large. This was later corrected but then left additional scars and the left nipple is now totally flat."

"Mastectomy not a complete success. Position of chest is a bit too low--perhaps a more radical technique would have been better in order to bring nipple areas up to correct positioning on pectoral muscles. Also, not quite enough tissue was removed from the bottom part beneath the nipples. The overall effect is of two well-flattened breasts."

b) THE HYSTERECTOMY?

"Adhesions, part of abdominal muscle lost its nerve supply."

February's Question: DID YOU HAVE ANY NEGATIVE REACTIONS TO THE MALE SEX HORMONES (TESTOSTERONE)?

* * * * * * *

MERRY CHRISTMAS AND HAPPY NEW YEAR!

GENDER OR SEX DYSPHORIA?

At the outset it is necessary to clarify the meaning of certain rather loosely applied words and to establish some definitions.

The word "dysphoria" is Greek in origin. The Oxford English Dictionary tells us that "phoria" indicates feeling. "Euphoria" is therefore the feeling of well-being; "dysphoria" is the feeling of discomfort, of uneasiness ("dis-ease").

It follows that:

*sex dysphoria is a feeling of uneasiness with one's sex.

*gender dysphoria is a feeling of uneasiness with one's gender.

"Sex" is one's physical and organic attributes (chromosomal, hormonal, anatomical) which react upon the senses.

"Gender" is one's sex role, ie. the part that society expects one to play as a result of one's sex.

If these definitions are correct (ie. semantically, sex v. gender), then the homosexual and the transvestite are at variance with society over their sex role. The homosexual desires sexual relations with members of his/her sex and the transvestite wants to dress as the other sex. Both of these desires are anti-social, ie. society disapproves. This is gender dysphoria, ie. dissatisfaction with the sex role society expects them to play. It is a cultural phenomenon; some cultures do not disapprove of homosexuality or of cross-dressing.

The transsexual is dissatisfied not with his/her sex role exclusively, but with his/her physical sex. The sex role is a mere adjunct to the physical dysphoria. This is sex dysphoria, not gender dysphoria.

The Harry Benjamin International Gender Dysphoria Association states that:

"Gender dysphoria refers to that psychological state whereby a person demonstrates dissatisfaction with their (correction: his/her) sex of birth and the sex role, as socially defined, which applies to that sex, and who requests hormonal and surgical reassignment."

That is, the definition confuses sex and gender.

The confusion arises because the psychologist observing the transsexual applies society's norms: "Here is a physical male (female) acting the sex role of the opposite sex. He/she should be acting differently." Since sex role is, by definiton, gender, the person is accordingly gender dysphoric according to the psychologist.

BUT the sex role-playing is only the outward manifestation of a much deeper-seated dysphoria. The "true transseuxal" is dissatisfied and uncomfortable with his/her physical sex. Since a given sex automatically presupposes a socially-acceptable sex role, the person who is in a state of dysphoria with his/her physical sex manifests this discomfort by acting out the role of the preferred sex. The clinician observing this manifestation sees an incongruous sex role (ie. by definition, gender) and therefore says that the person is gender dysphoric.

Reductio ad absurdum: Since it is the sex role (or gender) that is dysphoric, therapy should be applied to make gender coincide with sex. Ergo, the homosexual should become heterosexual under therapy and the transvestite should be systematically desensitized to the attraction of female clothing.

Research at present indicates that this is not effective in the case of the transsexual, and not always effective in the case of the homosexual or the transvestite either.

It is true that the core gender is dissonant with the physical sex (anatomical, hormonal, chromosomal) sex, but it is that same physical sex that the transsexual is dissatisfied with and not the core gender, and he/she wants to change the physical sex so that the two are in...

(cont'd. on p.5)

GENDER OR SEX DYSPHORIA? (cont'd.)

harmony, and not vice versa.

In the case of the true transsexual it is being found that the only known effective therapy is to make the physical sex coincide with the manifested sex role, ie. with gender. Such can only be attained by hormonal and surgical intervention and the patient is sex dysphoric, not gender dysphoric.

There should be no confusion between "sex dysphoria" and "sexual dysfunction". The former has now been defined, the latter signifies a malfunction of the sexual organs--impotence, lack of arousal, failure to orgasm, etc.

--Susan C. Huxford, GENDER REVIEW--A Publication of FACT, Vol.2, No. 4, Sept. 1983; reprinted by permission.

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DEAR RUPERT (cont'd. from p.3)

I'm enclosing a bookreview I wrote for METAMORPHOSIS. I always wish for MORE MORE MORE when I get your newsletter in the mail, then I realize it's really up to all of us readers to make it a really good publication. You can provide the vehicle for us to exchange information. Re: Radclyffe Hall--I was somewhat disappointed in THE WELL OF LONELINESS. Hall's descriptions of the child/youth Stephen were very transsexual but when Stephen grew up it seemed we read only of her girlfriends and very little about how she (Stephen) felt. It could be that Hall was simply a "butch" lesbian. As we all know, the butch/fem relationships were the only way to go in early lesbian ("out" lesbian) history. Hall would better be analyzed through Troubridge's biography.

--Louis Sullivan, San Francisco, CA

Thank you so much for all the effort you put into your newsletters. They are very informative and encouraging and help show that there is "light at the end of the tunnel". I agree that THE WELL OF LONELINESS is definitely without question about a transsexual, not a lesbian. From beginning to end and throughout the book, she talks of her desires to be male. Sexual preference for women has nothing to do with it. They probably had no distinction in those days between being gay or TS. That book was so incredibly sad. I want to thank you very very much for the information on the phalloplasty. I really appreciate it a lot. My one year waiting period on Prudential health insurance is up so I can use the policy anytime now. I should've lost at least 50 lbs. in preparation for this but instead, I've gained weight. I'm finding it very difficult to psyche myself into the pain that lies ahead. Phalloplasty is something I want and need very badly but I can't face having to go through all the agony. I just wish it were all behind me. I have a very low pain tolerance level. I know the...

(cont'd. on p.8)

TO MY BROTHERS-

I want to share my experience with you in the hopes of easing some of the fear and paranoia that is so inherent to our lives as transsexuals.
When I initially began my "transition", I had everything all planned. But as the saying goes, "The best-laid plans of mice and men often go awry." I had been with a good firm, a printing company, for about 1½ years when I began hormones. I had acquired enough new skills to make the goal of changing jobs a realistic one. Unfortunately, the economy fell and I not only lost the hope of finding another job but feared a possible lay-off at my present one. Yet, the main concern I had was that if I lost my income I couldn't afford hormones or the surgeries I needed. Fortunately, the lay-off never came and the economy began to pick up slowly but surely.

By this past summer, I had been at my job 3½ years and had become third in seniority in my department and had been described as "one of the key people in the department" by my boss. My drive to keep my income to acquire hormones, etc. had made me work hard so I would be invaluable to my company.

At work I was still "Sue" although I dressed in jeans and flannel shirts. I had my mastectomy last year and returned to work a week later wearing larger, loose-fitting shirts since no-one knew about it. My voice had changed (attribute to "scarring of my vocal chords from laryngitis"--or so I said!) And, I shaved closely. Because the change was gradual, no-one noticed much. On the outside, I was totally"Scott" --even my records and I.D. had been changed. It was rough living such a double life. I had told a few close friends at work and their support helped ease the stress. One of the friends was promoted to become my immediate supervisor. New employees always went through a period of confusion when they were corrected for referring to me as "he". It had its moments of humor, of course.

Well, after working so hard to gain the respect and recognition of my company, I finally decided that I wanted to stay. So, the next question was--how to tell them?

In July, another TS friend of mine came out to visit from Arizona. He had left his camera in my car so he had to come down to my plant one morning. I asked my boss if I could give him a tour and made sure I introduced him to everyone. When he left, I took my friend (who became my supervisor) and went to the boss. I said (after 5 minutes of "uhs" and "ers") "The guy I introduced you to is a transsexual, and so am I." I then gave him a summary of the past 22 months. He sat very still with his arms folded and listened. Finally, he remarked, "Well, I can't say I'm surprised." He said it didn't matter because it didn't affect my work and that this was the 1980s so it shouldn't matter to other people wither. He later told my friend (supervisor) that he kept thinking of the song, "A Boy Named Sue" and "how do they do 'that'?"
Over the next two weeks, I met privately with the others in my own department. Finally, the day came and I told my boss to go ahead and inform everyone else. Two supervisors toook their respective staffs aside and told them in a meeting. It was a day I'll never forget! I tried very hard to concentrate on my work and let whatever was happening occur around me. Then, my boss sent me out to pick up some supplies in his car (probably to give me a "break" from the strain). Somehow I managed to break the mechanism in his car door so it wouldn't close. What a day!

As the weeks passed by, my co-workers and the management have changed the pronoun that they referred to me by to "he" and now call me "Scott" exclusively (except for an occasional slip). I recently found out that another "brother" had done the same thing at our Oklahoma plant but had left the company after only a week...

(cont'd. on p.7)

TO MY BROTHERS (cont'd. from p.6)

(due to the "rednecks" I suppose).

I have a close friend who is a post-operative male-to-female transsexual. She lost friends and family through their reaction to her (including a daughter she previously fathered). And, I have another female-to-male friend who has had almost as good luck as I have had in his acceptance by others.
A lot of it is luck but I believe it's also "timing". I was very careful and deliberate in how and when I told people. Even when it meant two years of leading a double life with its hassles and hurts. My first inclination was to tell everyone immediately so that I could change immediately. Well, as I found out, the change is a long, slow process, so, it paid off for me to wait. I was able to work to gain respect at my job and log enough time behind me so that they could see I was serious and that since the change had been already accomplished, they might as well deal with it.

Each individual must decide for himself what will work best for him. Just slow down enough to examine all of your options. Good luck!

--Scott [redacted] *(Anaheim, Calif.)*

TRANSSEXUALISMO

(DO HOMEM A MULHER NORMAL ATRAVES DOS ESTADOS DE INTERSEXUALIDADE E DAS PARAFILIAS), Sao Paulo, Brasil, 1982, by Prof. Dr. Roberto Farina--a Brazilian plastic surgeon who has published many books on plastic surgery and has been performing surgery on transsexuals since 1970.

This comprehensive medical reference contains chapters on: sex, parafilias, homosexuality, hermaphroditism and transsexualism--including information (and photographs) on its history, etiology, genetics, embryology, hormones and surgery (including phalloplasty). The book is written in Portugese and was presented to Mr. Raj (Exec. Dir.) by Dr. Farina with his compliments.

FEMALE-TO-MALE TRANSSEXUALISM

Historical/Clinical/Theoretical Issues

Routledge & Kegan Paul (9 Park St., Boston, Mass. 02108), Oct. 1983, by Leslie Martin Lothstein, Ph.D.--an Assoc. Prof. of Psychology in the Dept. of Psychiatry, Case Western Reserve University, Cleveland, Ohio, who has published many scholarly papers on the evaluation and treatment of gender identity disorders, as well as in the area of group psychotherapy.

This book is the first study ever published that is devoted entirely to this subject area that has been characterized by a lack of knowledge and damaging misconceptions. With sensititvity and compassion, Lothstein traces some of the remarkable case histories of women he treated in a clinical setting. Drawing on evidence from his work, the author refutes some commonly held notions about transsexuals--that they are all psychotic, that they are suffering only from a physiological disorder, that sex reassignment is the remedy for all their troubles.

This text brings out the historical evidence that this is not a new phenomenon, but rather has its roots in ancient civilization. Lothstein..

(cont'd. on p.8)

FEMALE-TO-MALE TRANSSEXUALISM (cont)

integrates the various psychoanalytic theories that have been introduced in the past as he presents a new hypothesis regarding the core disturbance in female transsexuals. Psychological, nor surgical considerations, he argues, should be the focus in formulating treatment plans for this disorder which arises from a complex mix of factors, including chaotic family dynamics. This is a ground-breaking work that succeeds in dispelling some of the myths and misunderstandings that surround the female transsexual's struggle with her "incongruity of identity and anatomy".

ODE TO THE BOOB

Upon this much awaited day
I enter these hallowed halls
Concealed behind my much worn shirt
Two lumps not on a log.

The papers awaiting signature
"Conditionally admitted" they say
Down payment must be made today
Before the Take Away.

Papers signed, down payment made
Down the halls we go
To the second floor I'm taken
Where I'll spend my days.

Room 233 I'll not forget
For there I met my fate
Questioned by a team of Them
They knew not what to think.

Poked and probed and blood they got
I ate my evening meal
Left alone to think about
The future and events.

I slept the night before the day
I really don't know how
Told, "By noon there's no more choice
You'll be on your way."

Shots been given, cart awaiting
I climb upon the mat
One thought's running through my mind
Doctor please don't an addition make.

--Todd [redacted]

DEAR RUPERT (cont'd. from p.5)

end will justify the means but I'm still scared out of my mind. Also, when I think about all the future surgeries, I feel resentment and fall back into the "Why me?" self pity syndrome. I don't subscribe to the "PHOENIX Monthly International" anymore as I find it to be a trashy newsletter. I agree with much of what you said in your August article therein, "WOMAN OR 'QUEEN'" but the editor's note following your article was negative. Did you get a lot of negative feedback on it?*

--J.L. "None so far. In fact, I received a letter from Enid Shaw "appreciating (my) presentation very much".

I enjoyed the latest issue of METAMORPHOSIS, especially the article about Radclyffe Hall. I had the same feeling about THE WELL OF LONELINESS when I read it 4 years ago. My endocrinologist threatend me with high blood pressure medication if I didn't lose weight. I believe the high blood pressure is attributable to the male hormones since I

(cont'd. on p.10)

patients will be summarized. In general, the female transsexual has been found to be a compliant patient and satisfactory results are correlated with the technical success of the surgical procedures. As patients have become increasingly aware of Gender Identity programs, we have seen an enlarging spectrum of subgroups of patients with gender dysphorias. A classification of these will be suggested.

* * *

"VALUATION OF FEMALE-TO-MALE TRANSSEXUAL PATIENTS UNDERGOING TOTAL MALE GENITALIA CONSTRUCTION USING THE GROIN SKIN FLAP AND THE HYDRAULIC INFLATABLE PENILE IMPLANT", Charles Puckett, M.D.; Joseph Montie M.D.; Joseph Lambertie, M.D.; P.L. Wells, R.N.

During the past 6 years, 15 patients have had surgery for total male genitalia construction at the University of Missouri Health Sciences Center. Despite a number of complications predominately related to the use of the hydraulic inflatable penile implant (HIPI) patient satisfaction with this technique has been excellent and patient psychological stability has been good.

The surgical procedures have included: construction of the penile shaft using the groin flap; sculpturing to create a glans; clitoroplasty, to reposition the clitoris at the base of the penile shaft; scrotoplasty, using the labia majora and testicular implants; and insertion of the HIPI. The groin flap has been transferred in a staged manner in 12 patients and in one operation in three patients (two as a microsurgical free flap and one as a pull-through procedure). Elapsed time from the first surgery to the last has averaged 6 months in the staged patients and 3 months in those done with the free flap. Technical details and refinements will be illustrated with slides. Complications have been predominantly associated with the use of the HIPI and have occurred in all patients. Most have been cylinder... ruptures and pump malfunctions which have necessitated re-operation for repair. One patient had a late infection and two patients have had flap necrosis sufficient to require ancillary surgery. Desite a uniform occurrence of complications with the HIPI, patients have been pleased with its functional potential. No patient had opted for an alternative method of achieving erection. All completed patients have indicated good aesthetic satisfaction and all have had successful achievement of orgasm with intercourse. These patients have routinely returned to productive positions in society and psychological stability appears to have been enhanced by surgery. We believe the high degree of satisfaction in these patients, despite a high complication rate, is related to careful preoperative screening by the psychiatry-gender dysphoria group. Only strongly motivated patients with a stable recent past and realistic preoperative expectations were selected. All had had at least one previous sex reassignment surgery (either mastectomy or hysterectomy). The groin flap remains our choice for donor tissue because of its proximity, good quality of the skin, and the excellent concealment of the donor scar. The free flap transfer of the tissue significantly shortens the total period of disability of the patient and will probably be used more in the future.

* * *

"TRANSSEXUALISM AND HOMOSEXUALITY IN A MONOZYGOTIC TWIN PAIR", Lawrence Martin, M.D.

This paper will report on identical twin sisters, one of whom is homosexual and the other transsexual.

The transsexual patient had been referred for treatment after seeking endocrine evaluation for contrasex hormone therapy. She was seen intensively over a two-year period with sporadic contacts over the next 3½ years. She received psychological testing and a thorough general physical examination, including pelvic examination, endocrine evaluation...

(cont'd. on p.10)

GENDER DYSPHORIA SYMPOSIUM (cont'd.)

and laboratory studies. She had undergone mastectomy and has passed as a man for the past 6½ years with the aid of testosterone injections. She hopes eventually to complete the surgical sex reassignment.

The homosexual patient was seen approximately 40 times over a two-year period in dyadic psychotherapy sessions. Follow-up indicates continued conflict over sexual orientation with no indication of gender dysphoria. Monozygosity was established by HLA typing and red cell typing. Both patients had a normal 46 XX karyotype. The parents of the twins were interviewed in one 1½-hour session. Frequent collaboration between the therapist provided the opportunity to cross-validate the historical and current material reported separately by the twins.

Overt joint parental encouragement and approval of masculinity emerged early in the developmental history of the twins, eventuating in an extreme degree of tomboyish behavior in later childhood. Mother was irritable, depressed and unable to cope when the twins were small. She found mothering to be a draining, unenjoyable experience. Father assisted with many "mothering" functions and each twin formed a strong identification with father. Mother is characterologically narcissistic, dominating and opinionated. Father is quiet, schizoid and obsessive, but definitely masculine.

Both twins would appear to have been developing a contrasex gender identity during early childhood. At age 4½ years, however, the pre-homosexual twin developed an illness which resulted in her receiving much more attention from mother. It is postulated that the illness allowed mother's latent maternal behavior to emerge and prevented the consolidation of a contrasex gender in the pre-homosexual twin. This developmental discordance from age 4½ is discussed in light of other theories regarding etiology of female TSism.

* * *

DEAR RUPERT (cont'd. from p.8)

have never had such problems in the past at similar weights. Incidentally, I lost weight in male proportions, ie., more in my hips and less in my shoulders as compared to other times of weight loss prior to my "transition".

--*Scott* [redacted] *Anaheim, Calif.*

THE SPIRIT OF GOODWILL

I seek to love, not to hate.
I seek to serve
and not exact due service.
I seek to heal, not to hurt.

WANTED!!!

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