



THE **INGERSOLL** **MESSAGE**

INGERSOLL GENDER CENTER — SEATTLE, WASHINGTON

APRIL, 1996 □ VOL. TWO □ NO. 2 □ PRICE: \$1.00/EA □ \$15.00/YR SUBSCRIPTION

(Recently, Marsha Botzer, founder of Ingersoll Center, wrote a column in which she asked a series of probing questions about gender, transgender people and the struggle they go through on their journey through life. Here is a response from we received from a woman in Europe. ed.)

ANOTHER VIEW

What would I consider as an adequate proof of a biological basis for my transsexualism -- or for transgender identity? From what I have picked up in the last couple of years, I would say physical differences in sections of the brain most likely are caused by external influences on brain development during pregnancy. On the other hand, maybe there were no external influences at all, but the simple uniqueness of the child produced by the mother's and father's DNA combination. The only "proof" I can imagine might be physical variances from the "norm" in sections of the brain controlling gender identity and sexual orientation. It would be interesting to see studies done on how transsexual brains function in comparison to non-transsexual brains. Research has already been done showing that female brains work out problems/situations totally differently than do male brains. For example, when women are given verbal/language tasks, both sides of their brains light up scans, but only one side lights up in the male's brain. What do transsexual brains do? Do both sides light up or only one side? I do not know, nor does the emotional side of me want to know.

Why would I emotionally not want to know? Quite simply, as you noted, this knowledge would enable me to "graduate" to the ranks of a *true* transsexual or to feel inferior or a *dropout* if I did not "graduate". If one were not to "graduate" the resulting self-doubts about *just what am I?* would be devastating. Imagine if I had built a rewarding life for myself in my chosen gender only to find out that I was a "fraud"!

I also fear this type of research for the same reason the gay/lesbian/bisexual community does. If the medical community are able to identify which fetus will be transgendered (TV and TS), would the future parents then opt to terminate the

pregnancy? Would laws enacted by religious fanatics or other extremists require pregnancy termination in highly probable (DNA indicated) cases of transgendered and/or homosexual fetuses? Of course, this is an extreme scenario, but on the other hand, we can see how in China, female fetuses are routinely destroyed because we have the medical means to identify the genetic sex of the fetus.

We should also fear this type of research because it might lead to a person who doesn't "graduate" might be denied SRS. They would be told to stay in psychotherapy for years on end with no positive result.

I truly believe that each individual who undergoes SRS does not simply decide one day "to have a sex change". We are driven from an internal strength, a desire to survive. The objective of the psychologist should be to enable the client to understand the depth of that internal resolve to survive. If the convictions and desires of the client are found to be sound, the person must be allowed to continue on the path. Where the internal quest to align body and mind comes from, I do not know, but I do not believe it should be disregarded if it cannot be biologically proven.

Biological proof could also cause more confusion and strife for the transgendered community. It is sad enough that we unconsciously compare our physical appearance to other transsexuals and have feelings of envy or happiness (often at the expense of others). Let's be honest with ourselves: many of us don't "pass" very well. I believe that this fact might cause us to grasp at straws and hope for a biological solution to help cement our identities. Although many non-transgendered men and women are concerned about beauty and acceptability, we rate "passability" and "acceptability".

I do not want to know *why* I am who I am, or know why I developed the way I am. I wasted too many years with this futile, fruitless questioning. I have come to the conclusion that the continual search for the answer of why I am transsexual is, in itself, the last denial. "As soon as I find out why I am this way, I can do something to correct it."

Only when we stop asking why, will we have started to move forward on the road to accepting ourselves. Thank you for a chance to give *my* answers to your questions, Marsha. My best to Ingersoll. Thanks for being there.

INGERSOLL ON THE THE INTERNET

e-mail: ingersoll@halcyon.com

Graphics WEBBrowser:

<URL: <http://www.halcyon.com/ingersoll/inhome.html>>

TEXTonly WEBBrowser:

<URL: <http://www.halcyon.com/ingersoll/inhometext.html>>

From the Founder:

By Marsha Botzer, M.A.

As a thought experiment, try this: How would you design the perfect TVTSCDTG support group? How would you design the perfect therapy program? What would comprise the perfect medical and surgical programs?

One friend said to me, "So away with them all! We should trust each person to take care of these things themselves."

Another friend said, "We should make every part of this gender process so detailed that only the most sure, the most determined person will get through."

Yet another friend said, "I know some people either want or need more assistance than others — but I don't know what the blend should be..."

Some folks say: "It's all pretty good as it is, don't tinker with something that works!"

What do you think?

But don't worry, good services for our gender communities are here to stay (sometimes hard to find, but not going away). What is new is the extent of the conversation about those services. More people than ever are talking about what it means to be a crossdresser, a transsexual or a transgendered person.

So much conversation can be frustrating at times, but what an advance over the silence of two decades ago!

"I have the same right to express my thoughts to the whole world, that the whole world has to express its thoughts to me."

Robert Green Ingersoll



THERE WILL BE NO

**Sunday
Afternoon At
Ingersoll
IN APRIL
COME AND SEE US
IN MAY FOR OUR NEXT
SUNDAY AFTERNOON AT
INGERSOLL!**



EMERALD CITY

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PHONES ANSWERED TUESDAYS 7:00 PM 10:00 PM

For Crossdressers. Meetings and social gatherings. Safe, discreet, and confidential. A place to be all you want to be!

Jaye's Journal

By Jaye Jane Albright, Board President

CELEBRATIONS, MESSAGES, AND DREAMS

At least twice before in its almost 15-year history, Ingersoll Gender Center has attempted to offer a newsletter for people who use our facilities and programs. Each other time, after only one or two issues -- for one reason or another -- we had to cease publication. So, it wasn't getting the idea to do it that made it more lasting this time. We have had this intention before.

And, it certainly was not the poor quality of previous publications or a lack of effort in the past that made them less permanent than we have been this time. In fact, each of those previous Ingersoll newsletter efforts was quite professional and was quite well-received. Yet, here we are, having lasted a full year this time. 12+ issues of *The Ingersoll Message*!

As one of the folks who saw hope in the possibility and provided some seed money to get this effort off the ground a year ago, I want to personally thank our editor and Executive Director Pat Butler for his concern, dedication and hard work. Without Pat's constancy, you would not be holding this issue in your hands!

What is even more obvious to anyone who has been watching *The Ingersoll Message* evolve over the past year, is that it will get better -- just as it has issue after issue. And, as anyone who knows Pat very well will agree, there is no person who has more ideas to improve it in the coming year than he does. Anyone who wishes to add their ideas to Pat's please contact him at Ingersoll. Ingersoll loves and absolutely thrives on volunteers. Making dreams come true, realizing human potential, is what Ingersoll was founded on. That's what makes IGC so strong as a service provider to the gender community. We continue to optimistically stretch ourselves and lift our aspirations.

If you are new to this community, Welcome! And, as a newcomer, if you are wondering why I make such a big deal over a single candle on our newsletter's birthday cake, there is something unique you will discover about us. As you get more involved in the support and social activities here, you will observe that we celebrate our small victories quite a lot.

So, if you are reading this and have not yet subscribed to *The Ingersoll Message*, I encourage you to do so right now. You will be helping us buy even more batteries and flashlights for fellow sojourners who come down this path in the future.

SPOTLIGHT ON PUBLICATIONS

At Ingersoll Center

**HORMONE TREATMENT FOR THE
TRANSSEXUAL: AN OVERVIEW FOR
PROFESSIONALS**

By Sheila Kirk, MD

Audiocassette read by the author. Dr. Kirk discusses various considerations in caring for the transgendered patient, including MTF and F2M; Hormone preparations; Potential problems and complications; Proper protocol for the monitoring and followup of TS patients. IFGE Publications. 75 minutes.

Available at Ingersoll after meetings or by mail.

At meetings: \$19.95 per copy/tax included

By Mail: \$ 19.95 plus \$2.50 p/h + (8.2% sales tax if app.)

Important Ingersoll Doings in



All Wednesdays in April: TS Group (Referral Only) 7:30-9:30 PM

All Thursdays in April: Drop-In Group (Open) 7-9 PM

All Fridays in April: TV/TS Support Group (Open) 8-10 PM

Phones answered Mondays & Fridays 6-8 pm and Saturdays 10-12 noon

April 8: Ingersoll Board meeting 7:00 pm - 8:30 pm.

April 9: FTM Support Group 7:30-9:30 PM. First Timers must call Jason at [REDACTED] or David at [REDACTED] before attending. Topic for

this meeting: Family Issues: Future In-laws, Alternate Conception

**THERE WILL BE NO SUNDAY AFTERNOON
AT INGERSOLL THIS MONTH. SEE
YOU NEXT MONTH.**

April 27: FTM Social (Contact Jason at [REDACTED] or David at [REDACTED]
for location

The Butler Did it!

By Pat Butler, Executive Director

A SPRING SONG

"Spring is Sprung, the grass is 'riz'. I wonder where the flowers is?..." That bit of bad verse came to mind on Tuesday of this week when the sun came out for an hour, followed by rain, followed by sun, followed by well you get the idea

I also remembered thinking that I couldn't wait for the tulips, rhododendrons, azaleas, and all the other beautiful Spring flowers, which of course would be followed by trees leafing out, Summer flowers, and grass cuttings, followed then by beautiful Fall colors and the holiday season, maybe some snow...and quick as a flash, the year was over!!

Maybe I am unique (but I don't think so) when it comes to living in the future. "Just as soon as" and "Then I will" at times become almost the words of a mantra to be chanted at times of pain, stress, boredom, loneliness, or any number of other feelings. What about NOW? One of the hardest things for us to do is to live in the NOW.

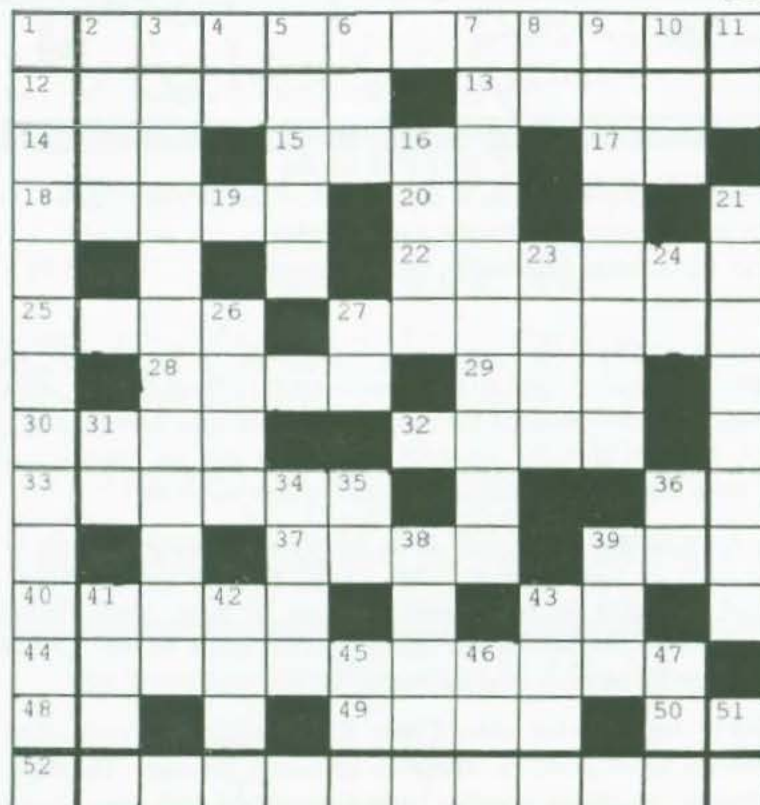
A friend of mine who has always been a source of good "reality checks" once listened to me complain about an upcoming meeting. He asked me when the meeting was scheduled. I told him, and he said, "No. You have that meeting every time you complain about it. You feel the dread, frustration, fatigue or whatever feelings you feel at the moment you think about the meeting."

I agreed with him (albeit reluctantly -- I hate it when he's right). He continued, saying, "Why not wait until you have to go to the meeting, rehearsal, etc. and stop ruining the time before it?"

Okay. What he was trying to tell me is to live in the moment. It doesn't mean don't plan. It doesn't mean don't be concerned. It means that when worries about tomorrow obscure the joys (yes, even the small ones) which we encounter each and every day, then we are missing much of the wonder of being alive.

Don't worry, I'm not going to tell us all to stop and smell the roses. I am suggesting that we need to search each moment of our lives for those times when we can celebrate, even with a *small* hooray that we are -- simply are

GENDER CROSSWORD



ACROSS

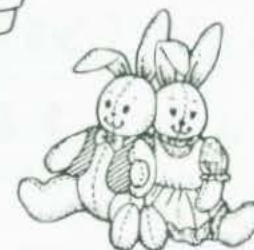
- 1 Likes clothes of other
- 12 "Old McDonald ____ a ____"
- 13 High energy protons
- 14 Latin greeting
- 15 Speech impediment
- 17 Not you
- 18 Woman's nickname
- 20 Little Rock's address
- 22 Classification
- 25 Czech river
- 27 Satisfactory
- 28 Aches
- 29 "____ct Adeline"
- 30 Night-flying birds
- 32 ____ Nam

DOWN

- 33 Except on condition of
- 36 Detroit's address
- 37 Public school (UK)
- 40 What you might cheer for Joseph in a race (2wds)
- 43 ____ Derek
- 44 A starving child ____
- 48 Symbol for Radium title
- 49 Derrier (slang)
- 50 "____tu, Brute?"
- 52 On top of TV (3wds)

DOWN

1. When you crossdress or transition (3wds)
- 2 T-folk are B ____
- 3 Tallahatchee Bridge was the site.
- 4 Abbr for South Carolina
- 5 Of the sun
- 6 Drink and drive and get this
- 7 Crossdressing is an ____ of the other side
- 8 Religious woman's title
- 9 Two overweight people can go on the ____
- 10 Ocular item
- 11 Bible edition: ____ V
16. Epic story
- 19 ____-folk
- 21 Order, gather together
- 23 Covering all points
- 24 A unit of measure in printing
26. Other
- 27 Got some more to say
31. Adjacent points
34. Watches
- 35 Title of holiness
- 36 Greek letter
38. Where boats are found the ____
- 39 Uncomfortable bed
41. By mouth
42. The 21st letter belongs to us
43. Thunder and Larry
- 45 Before
- 46 Greek God of the woods
- 47 Slang possessive
- 51 "____ke a chance"



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- Banquets and Dancing

MAY 15 - 19

Copies of the ESPRIT
brochure are available
on the Literature Table!

BREAST DEVELOPMENT IN TRANSEXUAL WOMEN

By Joy Diane Shaffer, MD
Seahorse Medical Clinic, San Jose California

Transsexual women often express great impatience regarding the pace of their breast development. Their physicians often resort to megadoses of hormones out of frustration. This situation is illogical and unhealthy. Over one million genetic American women have resorted to surgical implants to increase the size of their breasts. This is due to the well known observation that hyperestrogenization does not increase breast growth in genetic women, and the American breast obsession. The average breast size of US women is 36B, and has been for decades. As many women are size A and size C.

Breast size is to some extent genetically determined, but is also dependent upon length of exposure to estrogens and nutrition. In some cases, 10-15 years of estrogen exposure may be required to attain full potential breast development. Significantly, it is considered highly unusual to place breast implants in a genetic woman less than ten years post menarche. Most women start menarche around age 12, and don't consider breast implants prior to age 22. For a transsexual woman to expect to be fully developed after only a couple of years on estrogens is as absurd as expecting a 13 or 14 year old girl to be fully developed. Another factor impeding breast development in some transsexual women is anorexia nervosa. Dieting to minimize one's body size is understandable, but excessive dieting works against breast development. The breast, after all, is mainly fat.

The world is round, and the place which may seem like the end
May also be the beginning

SPOTLIGHT ON PUBLICATIONS

 At Ingersoll Center 

IT'S HERE!!

THE MONTREAL EXPERIENCE

Companion book to *The Brussels Experience* and *The Trinidad Experience*.

All about your hospital stay, accommodations, transportation and what to bring for the M to F surgery in Montreal, Quebec, Canada. Maps and drawings

Available at Ingersoll after meetings or by mail.

At meetings: \$10.00 per copy/tax included

By Mail: \$10.00 plus \$1.75 p/h + (8.2% sales tax if app.)

HEALTH LAW STANDARDS OF CARE FOR TRANSSEXUALISM FORMULATED

(Reprinted from the March, 1995 Issue of The Ingersoll Message)

Health Law Standards of Care for Transsexualism were first adopted at the 2nd International Conference on Transgender Law and Employment Policy in August, 1993. They will be reviewed and amended by consensus, as necessary at each annual International Conference on Transgender Law.

Principle 1. Transsexualism is an ancient and persistent part of human experience and is not in itself a medical illness or mental disorder. Transsexualism is a desire to change (*correct?*) the expression of one's gender identity.

Principle 2. Persons have the right to express their gender identity through changes to their physical appearance, including the use of hormones and reconstructive surgery.

Principle 3. Persons denied the ability to exercise control over their own bodies in terms of gender expression through informed access to medical service, may experience significant distress and suffer a diminished capacity to function socially, economically and sexually.

Principle 4. Providers of health care (including surgical) services to transsexuals have a right to charge reasonable fees for their services, to be paid in advance, and to require a waiver of all tort liability except negligence.

Principle 5. It is unethical to discriminate in the provision of sex reassignment services based on the sexual orientation, marital status, or physical appearance of a patient.



American Heart
Association
Fighting Heart Disease
and Stroke

**Tired of throwing
your weight around?**
Exercise

MISSION STATEMENT INGERSOLL GENDER CENTER

revised, February 13, 1995

Ingersoll Gender Center provides referrals to experienced, professional counselors and offers support, education, advocacy, and publications for transsexual, transgender and transvestite people, their families and significant others to help them deal with the issues of daily living, and changes in life style. We also offer support in preparation for surgery when appropriate and referral to post-operative counseling. Ingersoll Gender Center uses the Standards of Care established by the Harry Benjamin International Gender Dysphoria Association as guidelines for its overall policies.

GOALS AND OBJECTIVES

1. Ingersoll Gender Center seeks to advocate for the rights of the individuals it serves, and works with existing service providers to insure adequate access to services and facilities.
2. Ingersoll Gender Center does not subscribe to any one particular theory of the origin of gender identity and/or gender dysphoria, and welcomes individuals with diverse gender identity issues.
3. Ingersoll Gender Center does not discriminate on the basis of race, socio-economic status, creed, national origin, gender, sexual orientation, physical or mental handicap.
4. Because sex/gender change may involve radical surgery, Ingersoll Gender Center believes that an ongoing process including goal formation and evaluation, along with interactive individual and group therapy is essential for a person considering such a change.
5. The goal of the program at Ingersoll Gender Center is to enable individuals to have improved intrapersonal and interpersonal relationships, increased stability in employment and self-confidence in social situations so that the person can more clearly define their sex/gender role.

Medical miracles
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and Stroke



American Heart
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Fighting Heart Disease
and Stroke



Help Your Heart Recipes

This recipe is intended to be part of an overall healthful eating plan. Total fat intake should be less than 30 percent of your total calories for a day — not for each food or recipe.

Open-Face Vegetable Sandwiches

2 to 4	teaspoons Dijon mustard	1/4	cup chopped red, yellow or green bell pepper
2	whole-grain English muffins, split and toasted	1/4	cup shredded carrot
1/2	cup small broccoli florets	1/4	cup shredded low-fat Monterey Jack cheese

Preheat broiler.

Spread mustard over the cut side of each English muffin half. Arrange broccoli, bell pepper and carrot over mustard. Sprinkle with cheese.

Place English muffin halves on the unheated rack of a broiler pan. Broil about 4 inches from the heat for 2 to 3 minutes or until cheese melts.

Serves 2; 2 muffin halves per serving. Preparation time: 10 minutes. Cooking time: 2 to 3 minutes.

Nutrient Analysis per Serving

246 kcal	Calories	17 mg	Cholesterol	4 gm	Saturated Fat
14 gm	Protein	352 mg	Sodium	0 gm	Polyunsaturated Fat
34 gm	Carbohydrate	6 gm	Total Fat	2 gm	Monounsaturated Fat

American Heart Association Quick & Easy Cookbook,
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INGERSOLL MESSAGE

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Editorial and article contributions are welcomed.

Editor: Pat Butler

Contributors: Marsha Botzer,

Suzanne [REDACTED] Jaye Albright

Ingersoll Gender Center Board of Directors:

Jaye Albright, President Sandra Johnson PhD, Treasurer

Marian Beddill, Secretary

Marsha Botzer, MA

Suzanne [REDACTED] MA

Patrick Butler

Bryant Vehrs, MA

Jason Cromwell, PhD c

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