



# THE GATEWAY



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

VOLUME 2, NUMBER 10

APRIL 1980

## SAN FRANCISCO CHAPTER

Wednesday, April 9, 8 p.m.

MCC, [REDACTED] San Francisco  
(on first floor, all the way to  
the end of the hall, door to right  
of restrooms)

Wednesday, April 23, 8 p.m.

MCC, [REDACTED] Oakland

## SAN JOSE CHAPTER

Friday, April 4, 8 p.m.

Friday, April 18, 8 p.m.

MCC, 160 N. 3rd St, San Jose  
(around side, upstairs,  
ring bell)

## SLIDE PRESENTATION REPEAT

"Dressing Up," the slide presentation shown in San Francisco in February, will be shown at the San Jose meeting on April 18 and at the Oakland meeting on April 23. We had such a fantastic turn-out for the San Francisco showing that we felt members in other locations should have the same shot at it! The usual \$2 attendance fee per member will be charged at the slide presentation meetings. See you there!

## \$2 ATTENDANCE FEE REMINDER

Just a quick reminder that there is a \$2 attendance fee due at each meeting of Golden Gate Girls/Guys you attend. Don't make us hound you for it--the fee may be paid to any officer present.

## MAKE NOTE OF OUR NEW ADDRESS!

Effective immediately, our San Francisco address has been changed to 495 Ellis Street, Suite 2507, San Francisco CA 94102. Be sure to change your little black book.

## PARTNERS AUXILIARY - SAN JOSE

Wives, sweethearts and lovers are not only welcome but needed at the next meeting of the Partners Auxiliary. This is a great opportunity to meet others facing the same emotional challenges that you are. Discussing a transvestite partner cannot be done at the local neighborhood coffee klatch. To be able to say out loud what we are feeling to others in the same position is as necessary to you as it is to your partner. Verbalization is the best therapy there is--once a thought is taken out of the dark corners of our minds, it often diminishes through the very act of speaking about it. Any situation we fear holds great power over us. Let us look at our fears together. Millie Brown, PhD in Sexology, will be there to lead us. We need each other. See you April 4 and 18 at 8 p.m. in our separate meeting room at the Metropolitan Community Church in San Jose.

# Participants

## Sought for Study

Carol Duchow, M.A., and Victor Bonfilio, M.A., of the California School of Professional Psychology are conducting their doctoral dissertation research on Gender Dysphoria Syndrome. The purpose of the study is to improve and expand understanding of transsexualism, transvestism and other gender concerns in order to provide better mental health, social and educational services for the general community and for people with these concerns.

If you are a transvestite, transsexual or have other gender concerns and think that you might be interested in participating in this study please contact Victor Bonfilio by telephone at (415) 386-2556 or by mail at Children's Hospital of San Francisco, Psychiatric Service, 3700 California St, San Francisco CA 94119. A small monetary compensation will be paid for participation in the study.

The study is limited at this time to anatomical males who have not had sex reassignment surgery.

### The Gateway

Published by  
The Golden Gate Girls/Guys  
495 Ellis St, Suite 2507  
San Francisco CA 94102

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

In reprinting any portion  
of this publication, please  
note The Gateway and the  
above address as the source.

Dear GGG/G:

I am writing to thank you, especially for your hot-line. I had called some other hot-lines in the area, but they didn't understand what my problem is. They thought I was gay or some kind of a nut. They never seemed to realize that I had a gender identity problem. I'm not gay or a nut--I just wanted to talk to someone who understood my feelings, and when I called you people, you understood and gave me a lot of help.

One of these days I'll get my courage up and make it to a meeting. I know I'll be welcome there and meet others who feel the same way I do about crossdressing.

It really is a relief to finally find someone who understands.

L.

Dear Gentlepersons:

I am feminist (lesbian) free-lance writer interested in doing an in-depth non-judgmental group interview with transsexual people, possibly for a national publication.

Identities would, of course, be carefully guarded if desired and my idea is to gather a representative group, i.e., sex and sexual orientation, and have a 'round-table' discussion.

I believe my expectations are realistic and sympathetic--I have seen the "Canadian surgery" film and have had countless discussions with cross-gender friends about the joy and the problems of transsexuality.

Please feel free to contact me. I will be happy to share my credentials and answer any questions regarding my idea. Thank you for your time.

Sincerely,  
Marie A. Karr

San Francisco CA 94115  
(415) 346-5187

Dear Editor:

Congratulations to Lou Sullivan for a comprehensive, insightful and very well written review of The Transsexual Empire.

As a TV who can "get by" with part-time "patching on" of breasts and wearing a pretty dress, I cannot imagine the pressure that must exist for those who feel a full-time and complete "dysphoria." I also have been mildly chastised for not taking a more direct way to express my "femininity" and "political goals" (i.e. male androgyny). It's strange how others can ascertain my political goals! Well I'm sorry, world, mid-gender dressing and behavior just don't do it! I need to be both (bi-gendered). Thus I know that TSs need some alterations in their "physical circumstances." Of course, we all have the limited alternatives of unenlightened confusion or enlightened compromise; but then that voice, spirit, or whatever in our heads will always say, "I wish I were someone else."

Kathy (CA-45)

Hi There,

I am serving a 12-year term in Folsom Prison and had the extreme good fortune of seeing your ad in a paper today. It immediately brought back very fond memories of lovers I have had in the past and I am desperately hoping that you can help put me in touch with some of your TV members. I am a white male, 28 years old, blonde hair, blue eyes, 6', 170 lbs and 100% male animal that would love to communicate and get to know one or more of your members. I can assure you that whomever you can put me in touch with will enjoy my descriptive, arousing letters and after that who knows what might develop. Any assistance you can give me in this matter will be greatly appreciated (you have no idea how greatly). Thank you very much.

Pete [REDACTED]  
P O Box C-07722  
Represa CA 95671

To those of you who have a partner who does not accept your crossdressing (or have had such a partner in the past), Golden Gate Girls/Guys asks, "What are or were the objections?"

We know that many partners are unwilling to accept crossdressing. We want to learn the reasons for this non-acceptance, as once these are known, we can take steps to deal with them. Recently, Marilyn [REDACTED] spent over two hours on the phone with a young female partner, discussing reactions and feelings. While such one-to-one verbal communication is the best solution, it is now always possible--thus, another solution must be available.

The Staff of The Gateway would like to assemble a book for the crossdresser's partner, regardless of the partner's gender. We would like to gather a list of questions to which we could provide intelligent, well-thought-out answers.

We, and the people seeking answers, would appreciate any questions sent in for inclusion in a Partner's column and eventually in a book of these questions and answers. We would hope that answers not meeting with your approval would stir debate and feedback in the partner community.

Can you contribute? We all need each other and the understanding of our loved ones!



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# NATIONAL DIRECTORY AVAILABLE

The 1980 Directory of Information and Services is now available to all members of Golden Gate Girls/Guys. Compiled by GGG/G, the Directory lists resources in 21 States and Canada of interest to the crossdresser.

Much to our surprise and dismay, we discovered while contacting other groups and individuals to gather information for the Directory that many people look upon possession and retention of information as power. We ran into several different types during our quest for information: the "promisers but non-deliverers," the "sure, I'll get it off to you someday-ers," the "send me some money in exchange-ers," and the "hell no-ers." Some felt they had to fight and suffer anguish and embarrassment to find their resources and others should do the same--the old "it'll make them a better person for the suffering." We suspect that it hasn't made THEM better people.

It didn't take long to shatter our rose-colored glasses and we collected quite a pile of hen's teeth in gathering the 44 pages of information. There should have been 200 pages, at least. But this has only hardened our resolve to gather even more information for supplements and future editions. We KNOW we shall overcome and collect a great deal of information to be given freely to those seeking it.

Those who see the retention of information as power are incorrect in their thinking. The REAL power, if one is seeking power, is in dispensing the information to others without any questions or qualms. Merissa Lynn (The Tiffany Club, New Hampshire/Massachusetts), Patsy [REDACTED] (TVIC-Hartford, Connecticut), Susan [REDACTED] from Florida, Teresa [REDACTED] (who called in her information all the way from Memphis, Tennessee) and many others understand the need for sharing information. What good is it to know something if only YOU know it? Information hoarded is worse than no information at all.

There are millions of gender dysphorics in this country, so it logically follows that there are millions of bits of info out there just waiting to be put to paper. Think of the time, effort and pain YOU could have saved had you had some resources to use as a starting point in your alternate or new lifestyle. The pain and anguish suffered by Phoebe Smith as recounted in her poignant little book (see review this issue) would never have occurred had the information she needed been available to her. This was one of our major concerns and what we hope to alleviate with The Directory.

Initially we planned to charge a minimal price of \$3.50 for The Directory to recoup funds expended, but private contributions have been received to underwrite the cost of publishing, enveloping and mailing The Directory to all those requesting it. If you'd like a copy, simply order one through our San Francisco address or the Mt View address. If you have the urge to donate a couple dollars for The Directory, feel free to do so, since after all it is not a normal item covered by your dues. Future edition expenses will be covered by the sale of business advertisements in The Directory.

If you have a tinge of "the guilts" after reading this because you have been remiss in getting information to us, we are glad. We hope you will relieve your guilt by getting off your little duff, sitting down with a pen and paper, jotting down all the relevant info YOU have and mailing it to us for inclusion in the next supplement and, thus, in future editions. Remember--there can never be too much information available to those seeking it.

## BABYFACE PERMANENT HAIR REMOVAL

801 WOODSIDE RD.      DEBBY PAYNE RE., LYN.  
SUITE NO. THREE      TEL. 364-9517  
REDWOOD CITY, CA. 94061

## "The Adventures of Courtney Davis"

*"The Adventures of Courtney Davis" is a platform in which readers of The Gateway can submit their own humorous, dramatic, unusual or just plain embarrassing stories. We have selected a neuter-gender fictitious name so our readers will be more willing to tell us their adventures under a cloak of anonymity. You need not identify yourself when sending us your story. So come on! We've all had our moments. Let's hear yours.*



I learned about a unique course of instruction being offered by a local college Speech and Hearing Department. The course was offered to area transvestites and transsexuals to give them a feminine projection of their personalities through voice retraining and body language. Because I am a long-time transvestite, had the time, money and willingness to learn, I enrolled in this course.

The first session I attended as a man. In this session I was introduced to my clinician, Cindy, and a female Professor of Speech Pathology named Linda. The setting was the speech and hearing clinic of a Catholic college. The clinicians were graduate students working toward a Master's Degree in speech pathology. The clients, who were people with speech problems (men, women and children), provided the clinic with subjects to give the clinicians sufficient clinic hours in actual speech therapy to gain their Master's Degrees.

At the first session, Cindy, Linda and I conferred on what my goal was: I wanted to be able to play the role of a woman so well that I would have to be given a physical examination to determine that I was not female. This was set as the target by all of us.

Linda explained that some people can change the pitch of their voices and others can't. They would test me to see if I could. If not, I would have to employ other techniques to project a feminine image. Cindy then checked out my vocal folds to see if they were healthy--they were. We ended the first session with Linda telling me that I was to attend all succeeding sessions dressed and made up as a woman. I could dress at home or at the college. I opted to dress at home.

The next session they checked my vocal range by having me phonate the very lowest note I could hit on the musical scale and then the very highest note I could phonate. From this they determined my optimum pitch at which I should be speaking, which is approximately mid-range. They then checked the pitch I used every day. This pitch was one note off the absolute bottom of my pitch range! It gave me a near-monotonal delivery. The goal was reset at raising my pitch at least five notes to simply put me where I should be in my vocal range. They would then work on adding the feminine voice characteristics I wanted to project a feminine image. Then Linda asked how men and women communicate. I didn't know, so she gave me an assignment to take notes and find out, and to bring the notes to the next session.

I had come to the second session dressed as a woman and did so at the third. I had my notebook with me, ready to turn in my assignment. I had observed about ten men and ten women during the week between sessions.

Men and women communicate differently, I had observed. Men state conclusions, where women postulate ideas and opinions. Men engage in conversation as if engaging in a battle. Someone wins, someone loses. They set traps and spring them. There has to be a winner. Conversely, women share a conversation: there

is a topic leader who leads the conversation to which the rest contribute, but no one has to emerge a winner. Each contributes their share. I reported these findings to Linda. I was disappointed to find out that she wasn't much impressed with my findings: sort of a "You should have known that all along" thing. They then set about to change my pitch.

At succeeding sessions, to all of which I came dressed as a woman, Cindy and I became closer. I found myself becoming more and more fond of her. She had seen me as a man and she was working with me as a woman. She accepted me! But I found later that, as we went along, she had stopped thinking of me as a man and had accepted me as a woman. She told me that, even though she had seen me as a male, she had become so used to seeing me as a woman, she thought of me as a woman. How powerful the illusion we are playing around with! Cindy succeeded in changing my pitch. The semester ended.

Linda decided, perhaps because of my very obvious fondness for Cindy, that I would go on with another clinician, Pat. Pat came on like a drill sergeant, took me over the vocal jumps like a prize gelding; but where Cindy had changed my pitch, Pat changed my delivery. She slowed me down. Pat and I only had a few sessions together, but at the last one, she gave a boost to my confidence. "When you enter a room," she said, "no one will turn and stare at you."

Cathie was my next clinician and she taught me intonation patterns and the technique of elongating certain words. She also drilled me on "fronting." Fronting is focusing your voice right behind your front teeth and it is very difficult for a male to learn, as males are accustomed to speaking from their breastbones with all the resonance they can manage. Fronting requires that you tick off every "t", "b", "p", "k" and hard "c" as if you were trying to expectorate them to the wall opposite midway up. Try that some time!

Where Cindy and Pat had both volunteered to work with me, Cathie hadn't. She was drafted by Linda and she appeared to be very uncomfortable at our first session. It took us a couple of sessions to strike a rapport, and once we did, she became intrigued with what I was trying to do--to the extent (she told me) of trying herself to change as much as I was seeking to change, just to get an understanding of how difficult this was. Once she had that in her head, there was no holding back Cathie. She taught me the fronting and how to walk, stand, sit, enter and leave a room, and all the elements of body language I had been seeking. I never graduated from this course, as I discontinued it after the semester with Cathie. I felt I had leveled off at a plateau short of my goal, and the fault was with me, not Linda or Cathie.

I went to the college approximately 35 times dressed as a woman. Only once was I "read" openly and vocally by a student security guard, who denounced me as being "freaky-weaky"



in a loud public voice. I kept my cool and walked to the car and left the area with no further incident.

The result of the instruction is that I can move around my pitch range whereas before I was stuck at one note off the bottom. I continue to practice the lessons I was taught and I'm still not satisfied with my voice quality as a woman now. But now I know what to do and it is up to me to do it. I didn't know that before I completed this course.

The clinicians I dealt with were uniformly professional in their treatment of me. None ever showed any signs of pure rejection of what I was trying to do. Cindy never displayed any discomfort with me. Linda said, "If they (the other students attending the college) read you, that's their problem." And Cathie, the most reluctant to accept what I was doing initially, ended by saying, "I think I will try to work with other transvestites after I graduate." She tried to get inside our heads by trying it vocally herself. She even got into the spirit enough to ask me if she could be masculinized to "pass" as a man!

I was so wrapped up in what I was trying to do that I missed the meaning, perhaps, by Cathie's question: to my everlasting regret, because Cathie has left this area and has gone on to pursue a career as a speech therapist. Had I not been so self-involved, maybe I could have helped her to see the joy we find so dear in switching gender roles. Maybe she wanted to sample that joy, too, in the company of friends who understand.

## STEVE DAIN, M.A.

THERAPIST, CONSULTANT, SEXOLOGIST

EXPRESSION OF SEXUALITY  
GENDER IDENTITY

P. O. BOX 684  
UNION CITY, CALIF. 94587

(415) 469-1531

## THE BOOKWORM



Phoebe, by Phoebe Smith. P O Box 3119, Atlanta GA 30302. \$3.50, plus 75¢ postage/handling. 122 pages.

This column has reviewed several autobiographies or "as-told-to" books by or about transsexuals. This little book, written by a relatively unsophisticated and determined individual, is to date the most poignant and heartrendering one read.

We first meet Phoebe (as J.C.) living in rural Georgia. We follow the adventures of a boy classified as "sissy." So far, fairly typical of many transsexual biographies. The real adventures begin at age 15, when J.C., living near Atlanta, began seeking help to understand "what" he was. We see a cast of uncaring, unknowable characters bent on frustrating through lack of help and understanding, the efforts of this individual to become a whole person. That Phoebe was able to come into existence is certainly a wonder. The employees of State agencies and institutions contacted offered no help--in fact, some seemed to go out of their way to put rocks in her path.

Movies used to get "star ratings" for their quality. I'd rate this book as a "Three Handkerchiefs" in the tear-jerker department. For suspense and adventure, the Perils of Pauline pale by comparison. My heart went out to this unsophisticated individual seeking a small modicum of help and guidance, and constantly getting put on the wrong path. It was only through perseverance and guts that Phoebe came into being as a person. This book will make all readers thankful there are empathetic providers and information agencies, such as Golden Gate Girls/Guys,

contact with even a single person familiar with and empathetic to her challenge, certainly she would have had an easier time!

Can you imagine scraping up \$2400 and presenting yourself out of hand at the doorstep of a surgical clinic in Tiajuana specializing in reassignment surgery? Phoebe did, never having had one day's worth of hormone therapy nor one minute's worth of electrolysis. That she was not turned away was due only to the understanding of the surgeon. Once the first stage of the two-stage procedure was complete, the doctor sent her to New York to begin hormone therapy.

There have been other reviews of this little book, but because the reviewers have not been close enough to the Phobes of this world, they have not treated it as it deserves. Reading this book will make each pre- and post-op thank God for their fortune in being able to meet with peers and get some help and guidance along their path to emergence.

I strongly recommend this book to each reader.

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**Donna R. McDonald**

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## BIBER TAKES 'M ON

Suing seems to have become an American pastime. People sue one another over seemingly trivial occurrences, with the thought that the insurance companies have a lot of money (and after all they are the ones who pay), so what does it matter if "I get mine while I can"? Many professional associations have formed committees within the association to look for those members who are constantly being sued. They know that, even though the insurance companies pay the money out to the claimants, the policy-holders (the association's members) really pay for the settlement of a suit, as rates are based on the risk and competence factor of the members. If one member gets sued more than the others, all must bear the weight of increased coverage costs.

Surgeons are most often the targets of malpractice suits, although many other professionals (cosmotologists, electrologists, barbers) must carry malpractice insurance. Surgeons generally are classified as either artists or meat-cutters, and one would think the meat-cutters are the most sued group in the surgical ranks.

Since Dr. Stanley Biber certainly falls within the category of artist as far as gender corrective surgery is concerned, it is hard to imagine why the Colorado State Medical Association Risk Committee would initiate steps to cancel his malpractice insurance. One can easily understand why the carrier would go along with the Committee's suggestion; after all, statewide coverage is a real money-maker for an insurance company.

We know several post-operative clients of Dr Biber (Dr. B as he is known affectionately to the patients) and have heard nothing but praise for his work. Oh, there have been a few (very few) "complaints," but these have come from individuals who have not followed post-operative instructions and are probably the type who would kick if they were hung with a new rope. Dr. B seems to have an admiring following in his post-operative clientele and certainly does not appear to be one who should be in a high-risk pool or have his insurance cancelled.

The grounds for cancellation were not based on professional practices or malcontent claims, but rather on committee ideas, such as: "Trinidad is a small Catholic town and the residents don't like or approve of the gender corrective operations being performed in their town or medical facility." If one talks to post-operative clients of Dr. B, one hears only that the townspeople with whom they came in contact accepted them and are not, on the whole, adverse to the operation. "If the procedures were done somewhere like Denver, then there would be no problem." Certainly in a town the size of Denver the clients would be less visible, but they would be just as visible in the medical facility, regardless of the location. Other "grounds" for the recommended coverage cancellation seem just as solid as these quicksand ones--in other words, none.

One gets the feeling that the Risk Committee set itself up as moral judges as to which surgery is "good" and which is "bad." We doubt the Medical Association charter provides the right of censorship to the Committee and suggesting cancellation of coverage if "certain practices are continued" is not only censorship, but smacks of blackmail.

Since Dr. B is a gutsy guy, he decided to fight and, like David, he armed himself with some good-sized stones to loose against Goliath. When the dust settled, the Committee was in a tattered heap with Dr. B still on his feet--the obvious winner.

It appears to many of us involved in the transsexual world that the Committee's action was but one more step in the direction of gender corrective surgical procedure cessation. We have been exposed to several violent, distorted blasts of anti-propaganda recently. We continue to point out that it is the responsibility of the provider community to police its members for compliance with its Standards of Care and to stand up and be counted when pressure is brought to bear on one of its members. We are able to report that the members called on by Dr. B

in his fight did come to his aid and did stand up to be counted.

The professionals cannot continue to fight a defensive war, however. They must take the offense in the form of articles for public consumption, not restrict themselves to weighty professional papers present at professional symposiums. Sure, it is ego-boosting personally and professionally to present a heavy, meaningful paper to one's peers, but the provider community cannot lose sight of the fact that their peers do not form the great majority of opinion-forming society. Whether we like it or not, public opinion does hold a great influence over our lives. Since the gender corrective practicing surgeons are subject to public support through the use of medical facilities, obviously if public opinion is not for the surgery, none will take place.

Again we ask--Are the current state-of-the-art procedures going to continue the improvements we have seen over the past decade, or are they once again going to be relegated to the seedy little back rooms of the old abortion practitioners? Without the support of public opinion, we know what will happen.

## Guindon



If that's what you want, Honey, then Mommy and Daddy want you to be the very, very, very best female impersonator you possibly can.

# Dilemmas for Dianna

OK gang--the vote was taken at the March 10 meeting for the topics to be covered on our 1980 agenda, and here's what it looks like:

# votes	
8	- line, balance & proportion
7	- physical comportment
7	- speech and diction
6	- hair & wigs
6	- make-up
5	- body manner & mannerisms
4	- hand & nail care
4	- shopping & sizing
4	- color & texture
3	- accessories
3	- body care
2	- wardrobe
1	- skin care

It becomes obvious by looking down this list that certain areas will have to wait until 1981 ... and that these certain areas may possibly be the most needed information for you. As I explained in the last meeting, the subjects are cyclical: after the completion of our overview, we return to the beginning again. So keep on attending!

Because skin care is so essential regardless of one's lifestyle, and because there was sufficient time allowed after the voting, skin care became the impromptu discussion, which I thought was certainly appropriate for the time remaining, since it will not be included for 1980 topics anyway.

Briefly, here is a recap of the main points I covered in respect to skin care--

Skin care is broken down into three basic procedures on a daily routine: (1) cleanse; (2) tone; and (3) lubricate.

CLEANSING: Use specially formulated preparations for the cleansing of the skin. Never use soap of any kind. On the occasions when you are wearing eye make-up, remove same with preparations specifically made for this purpose. (The most efficient and thorough is Revlon's "30-Second Eye Make-up Remover").

It is a good practice to follow this step with a liquid "soap" (as opposed to regular bar soap).

TONING: This step is meant to stimulate the circulation of the blood vessels, firm the skin's pores and create a bacteriostatic condition, as well as remove any remaining oils lingering on the skin's surface. Never use around eyes. It is important to understand that "fresheners" are used on normal or dry skins, while "astringents" are strictly for oily complexions. Also, the use of a freshener or astringent for an after-shave lotion is far more gentle than any after-shave preparation, when shaving.

LUBRICATING: The purpose of this step is to condition the skin, and by this step, moisture as well as necessary oils are replenished. Moisturizer is used to conserve or replenish water content in the skin's cells. Many oily complexions suffer from surface dryness because of cell dehydration--although there may be an underlying excessiveness of oils; therefore, oily skins need moisturizing like any other kind of complexion would.

At bedtime, a fine-textured and light night cream should be used. Night creams function as restoratives--for while the body repairs itself during rest, this is the time that the skin is repaired, too. Night cream is a vital part of your skin care program and is as necessary to the oily skin as to the dry. Night creams also are made to augment the skin's natural oils. It should be used very sparingly, with especial attention to the area around the eyes and the throat.

Once a week, your skin care program should include a deep-cleansing and conditioning. The various types of treatment products for the skin fundamentally are made to slough off dead cells clinging to the

skin's surface and to absorb the imbedded debris, and finally to firm up the pore structure. The steps to take must occur in their proper sequence: (1) cleanse; (2) steam; (3) exfoliate; (4) re-surface; (5) tone; and (6) lubricate.

STEAMING: This is a very simple process which is done by allowing hot steam to bathe the face from a running tap or a pan of hot water. A big towel is used to form a hood over the head and face to trap the steam. When the face is heavily perspiring, the pores are open as widely as they can be, allowing all the impurities to be unlocked from deep within the pores. A wonderful way to enhance the activity of the steaming/sauna is to use Gaylord Hauser's "Swiss Kriss," following the simple directions. This is an herbal mixture that is very stimulating and therapeutic.

EXFOLIATING: This is generally done with a gritty or grainy product. Never use around the eyes and be absolutely certain to work it around very gently. Pay particular attention to the creases around the nose and the general T-zone (across the forehead and down the center of the face and around chin).

RE-SURFACE: Note: Both of these headings are interchangeable because the sophistication of today's treatment preparations is such that most of the available products--a huge array--tend to overlap in these two functions. To make your new skin treatment program easier, just think of re-surfacing and exfoliating as ONE step utilizing two separate products.

Masks will "re-surface" the skin (as the sloughing products do, also) better than any other preparation. They are available in various forms--peel-off types, clay, lotions, foams, etc. As a general rule-of-thumb, peeling types are most effective in removing completely the dead cells, while the clay types are more efficient in absorbing the deep-down grime and impurities. Lotions, creams and foams are more stimulating

to the circulation. All are intended to make the walls of the pores more firm, therefore causing a tighter appearance to the skin and giving a smoother, finer and softer surface and brighter, clearer translucence to the natural glow of the complexion.

? ? ?

*Dianna: I am long-waisted and have trouble keeping my blouses tucked in. What can I do? Also, is there a way to camouflage my long-waistedness?*

To keep blouses tucked in, simply tuck them into your pantyhose. Or take a length of elastic (purchased from sewing notions) and tie it around your waist. To make less of a long waist, wide belts, raised waistlines, empire lines and shift-types of dresses are very helpful. Where a dress does have a marked waist, consider altering the garment to shorten the waist length and have finely handsewn belt carriers to anchor the belt where you would like the "waist" to be. Avoid skirts that are too snugly seamed in the lower back--there should be a bit of fullness in the seam in this area right below the waist. Also avoid any vests that have long points; vests without points or shortened points would be preferred. Avoid vertical stripes or patterns in shirts and blouses.

? ? ?

*Dianna: What is "after-shave lotion"? Is it only a cologne, or does it serve another function?*



**LIN FRASER, M.A.**

PSYCHOTHERAPY  
GENDER SEXUAL IDENTITY

2538 CALIFORNIA ST.  
SAN FRANCISCO, CALIF. 94115

(415) 922-9240  
BY APPOINTMENT

Refer to the TONING portion of this column. After-shaves are created to render a bacteriostatic condition after the shaving process. That is why all after-shaves are antiseptic, made with alcohol. They also act as stimulants and pore tighteners. However, I feel that its use is a rather drastic step to take in that the alcohol content is usually too high and other benefits to be derived are too few. Fresheners and astringents are preferred for they also firm up the WALLS of the pores, rather than merely tighten the pore openings, are less drying and irritating and also contain emollients to soothe and condition the skin. After-shaves are NOT colognes as such; because of the high alcohol content, the evaporation process is quick and high, leaving very little fragrance remaining for any length of time. For fragrance, the use of cologne is specific.

*Send your questions on Image Improvement to The Gateway, Attention: Dianna*

APRIL MEETING: LINE, BALANCE & PROPORTION

MAY MEETING: PHYSICAL COMPORTMENT



PROFESSIONAL HAIR REMOVAL  
FOR MEN AND WOMEN  
ARMS - LEGS - FACE

**Milpitas Electrolysis Center**

PHONE 946-4755

200 SERRA WAY  
MARY ARCHIBEQUE SUITE 45B, SERRA CENTER  
LIC. REG. ELECTROLYSIS MILPITAS, CA 95035

*The Milpitas Electrolysis Center offers \$10 off on the first full-hour treatment for those who bring in this ad. GGGIG thanks Mary Archibeque for thinking of us!*

## complete guide to hair removal

"American women," says one respected endocrinologist, "are almost obsessed with body hair; anything less than flawlessly smooth skin isn't aesthetically acceptable to them!" So it is no surprise that male-to-females also worry about body hair.

In reality, it is perfectly natural and healthy to have a fair amount of body hair. It's a question of where it's visible to the point of bothering you.

The following article discusses 6 common hair removal methods. We hope it helps you decide which method is most suitable for your needs. If you decide you need outside help, don't fret ... there's no need for embarrassment. Any of the electrologists who advertise in The Gateway understands your special circumstances!

**Shaving** PROS: Shaving hair is fast, convenient and inexpensive. It takes less skill than any other method listed here. Shaving can usually be repeated ad infinitum without worry of scarring or skin irritation--not true of other methods.

CONS: Shaving breaks the hair at the skin surface only, so hair returns more quickly than it does when using the other methods listed here. The new hairs are stiff and stubbly, but given the opportunity to grow to its original length, a shaved hair will become more tapered and lighter-tipped.

WHERE TO: Shaving is ideal for larger surfaces and is best for areas where stubble would not be unexpected or unsightly ... legs or underarms.

HOW TO: Shave legs and underarms right after a hot shower, as warm water slightly dilates pores and swells the hair shaft so it sits up nice and tall, ready to be felled. Use a buffer between skin and blade, such as a shaving cream. Work the blade in the direction opposite the hair growth. Follow up with a cold water rinse and an astringent, like witch hazel.

**waxing** In waxing, a wax/oil compound is heated until melted and then painted in strips on the skin. The wax hardens as it dries, hairs becoming embedded in the wax. When the wax is ripped off (like yanking off an adhesive bandage), the hairs beneath come with it.

**PROS:** Waxing nabs hair deeper in the follicle than shaving, chemical depilatories or tweezing. Waxed skin is exceptionally smooth and it takes weeks for regrowth to come through. It is said that first-time waxing lasts about 2-3 weeks in summer, 6-7 in winter. Waxing shocks hair and weakens the roots, so regrowth is generally finer and slower than before.

**CONS:** Waxing is expensive, unless you do it yourself. It is also time-consuming. A full leg will run about \$20 and take about 40 minutes. For best results, hair should be grown as long as possible so wax has more to cling to. Professional waxers prefer 3-4 weeks growth on legs and underarms, and recommend bleaching in the meantime. Waxing can irritate the skin, cause redness and acne-like eruptions. It can also be painful, though not unbearably so. It pulls out the baby-fine peach fuzz along with coarse hair, so waxed areas appear bald and shiny.

**WHERE TO:** If waxing doesn't irritate your skin, it is a very effective hair removal method for anywhere. Even after one treatment, hair will grow back slightly finer. It is the most logical method for hairline, upper lip, sideburns, arms and chest hair--anywhere you want to avoid stubble.

**HOW TO:** Waxing is a tricky business. To get a firm grip on hairs, wax must be heated to a temperature very warm to the touch. The inexperienced waxer could burn herself. And, as with adhesive bandages, most of us are hesitant to rip it off. It's best to wax at a salon at least the first one or two times so you get the feel for it.

**chemical depilatories** **PROS:** Chemical depilatories work via chemicals that soften protein in hair (which is 97% protein). They reach down to hair below the surface of the skin, so skin is slightly smoother. You remain hair-free slightly longer than after shaving.

**CONS:** Chemical depilatories can be quite irritating to skin. Manufacturers discourage use of depilatories on facial hair. Wherever you use a chemical product, patch test it first as the label instructs. As with shaving, hair returns stiff and stubbly. As with waxing, it takes all hair, coarse and peach fuzz. Cost is higher than shaving, but lower than any salon method. 4 oz. of cream or lotion costs about \$1.30. Aerosol spray is twice the price.

**WHERE TO:** Studies show chemical depilatories are used about 60% on legs, 30% on underarms and 10% elsewhere. There are special facial depilatories, but in general you should avoid using chemicals on the face.

**HOW TO:** Apply these foams, creams and lotions for 5-10 minutes and then just wipe hair off. Follow package instructions.

**tweezing** **PROS:** Tweezing is easy to do and, if done properly, can keep hair underground longer than shaving or depilatories. And it's free, once you own a pair of tweezers.

**CONS:** Tweezed hairs generally grow back just as they were before. It is impractical to tweeze large areas, and it hurts.

**WHERE TO:** Ideal for eyebrows and a few stray hairs on the face, neck, arms, legs, chest.

**HOW TO:** Apply hot wet washcloth to area to open the pores. Grip hair firmly at base with tweezers and gently move it back and forth to open the follicle even more. Pull it out in the direction it seems to be growing--if lucky, you'll get more than surface hair and even weaken the roots. That little white sac at the hair's end is not the root, but part of the follicle itself and shows you're on the right track. If very painful, anesthetize area first with infant's teething pain reliever, like Numzit or Orajel.

Dear Editor:

Congratulations to Lou Sullivan for a comprehensive, insightful and very well written review of The Transsexual Empire.

As a TV who can "get by" with part-time "patching on" of breasts and wearing a pretty dress, I cannot imagine the pressure that must exist for those who feel a full-time and complete "dysphoria." I also have been mildly chastised for not taking a more direct way to express my "femininity" and "political goals" (i.e. male androgyny). It's strange how others can ascertain my political goals! Well I'm sorry, world, mid-gender dressing and behavior just don't do it! I need to be both (bi-gendered). Thus I know that TSs need some alterations in their "physical circumstances." Of course, we all have the limited alternatives of unenlightened confusion or enlightened compromise; but then that voice, spirit, or whatever in our heads will always say, "I wish I were someone else."

Kathy (CA-45)

Hi There,

I am serving a 12-year term in Folsom Prison and had the extreme good fortune of seeing your ad in a paper today. It immediately brought back very fond memories of lovers I have had in the past and I am desperately hoping that you can help put me in touch with some of your TV members. I am a white male, 28 years old, blonde hair, blue eyes, 6', 170 lbs and 100% male animal that would love to communicate and get to know one or more of your members. I can assure you that whomever you can put me in touch with will enjoy my descriptive, arousing letters and after that who knows what might develop. Any assistance you can give me in this matter will be greatly appreciated (you have no idea how greatly). Thank you very much.

Pete [REDACTED]  
P O Box C-07722  
Represa CA 95671

To those of you who have a partner who does not accept your crossdressing (or have had such a partner in the past), Golden Gate Girls/Guys asks, "What are or were the objections?"

We know that many partners are unwilling to accept crossdressing. We want to learn the reasons for this non-acceptance, as once these are known, we can take steps to deal with them. Recently, Marilyn S. spent over two hours on the phone with a young female partner, discussing reactions and feelings. While such one-to-one verbal communication is the best solution, it is now always possible--thus, another solution must be available.

The Staff of The Gateway would like to assemble a book for the crossdresser's partner, regardless of the partner's gender. We would like to gather a list of questions to which we could provide intelligent, well-thought-out answers.

We, and the people seeking answers, would appreciate any questions sent in for inclusion in a Partner's column and eventually in a book of these questions and answers. We would hope that answers not meeting with your approval would stir debate and feedback in the partner community.

Can you contribute? We all need each other and the understanding of our loved ones!



O'CONNOR ELECTROLYSIS

CENTER

REGISTERED ELECTROLOGISTS

PROFESSIONAL HAIR REMOVAL  
COMPLIMENTARY CONSULTATION

251 O'CONNOR DR.  
SAN JOSE, CA. 95128

BY APPOINTMENT  
998-5676

# WHAT'S GOIN' ON!?

A jury in Oakland, Calif. awarded \$775,000 to a transsexual who sued The Oakland Tribune for invasion of privacy. The newspaper printed an item in 1975 about Toni [redacted] who had undergone a sex-change operation.

♂ ♀ ♂ ♀ ♂

With full support of the American Civil Liberties Union, Joanna [redacted] is filing suit against Secretary of Defense Harold Brown, challenging the constitutionality of the military services' ban on transsexuals. She is asking the court to declare unconstitutional all military regulations "prohibiting the enlistment, appointment or induction of persons on the basis of their having undergone sex reassignment."

♂ ♀ ♂ ♀ ♂

DREAM 1980 will be held from Sept. 20-27 on the Oregon Coast, offering to all participants (including generic females attending as partners): condominium suites overlooking the Pacific; professional instruction in the "Art of Femininity" by staff members of a recognized fashion and modeling school; memorable social events; exciting banquets at one of the Coast's finest ocean resorts; hair stylists; make-up artists; fashion boutique and wig salon. This is your chance to dress as you wish for a full week and make many friendships as well. You may even travel to and from DREAM crossdressed. A \$50 deposit is required with each application, available from DREAM, Box 58, 507--3rd Ave, Seattle WA 98104. Better get one while they last!

♀ ♂ ♀ ♂ ♀

For natural estrogen, include seeds, sprouts, whole grains, royal jelly, bee pollen and bananas in your diet.

♂ ♀ ♂ ♀ ♂

Michael Kennedy, 22, son of late Sen. Robert F. Kennedy, and Kara Kennedy, 20, daughter of Sen. Ted Kennedy, spent four hours putting in political appearances in Chicago's gay bars, accompanied by Chuck Renslow, delegate candidate for the Democratic National Convention. Their longest stop was at The Baton, where the young Kennedys said they enjoyed the drag show.

♀ ♂ ♀ ♂ ♀

An arrest warrant has been issued for Gerry [redacted] a transsexual parent involved in a custody dispute over his 10-year-old son, Andrew. [redacted] Andrew's natural mother, has disappeared with the boy.

♂ ♀ ♂ ♀ ♂

The Strand Theatre, 1127 Market St, San Francisco, will present The Queen on Tuesday, April 15th only.



"Funny--and inspired --extraordinary--in their Atlantic City of Genet--in their Forest Hills of drag--these gentlemen in bras, diaphenous gowns, lipstick, hairfalls, and huffs, discussing their husbands in the military in Japan, or describing their own problems with the draft--one grows fond of all of them."

♂ ♀ ♂ ♀ ♂

A report in the Journal of the American Medical Assn seriously challenges the traditional belief that 90% of cases of male impotence are emotional in origin and claims that perhaps 1/3 of the men have hormonal abnormalities. Of the 105 patients in the study, 36 were found to have either too high or too low levels of testosterone in their blood. Potency was successfully restored in 33 of these men. Although all were under the care of physicians, not one had been given hormone tests previously, even though at least 12 had "small" or "soft" testes, suggesting a hormone irregularity.

# Solitary Joy

— Alicia

Up before anyone  
rising with the sun  
quiet and fearful  
cautious and fearful  
dressing to be done.  
Now to be one!  
Smooth fitting hose  
(pleasure in those).  
Reveling in how it feels  
to be walking in high heels.  
A bra lacy and white  
makes you look just right.  
Blue soft shirt,  
silky flowered skirt.  
Complete with attire  
every feeling afire.  
Suppressing a shout  
ALICIA COMES OUT.

*This was written by a member in Oregon during the time she felt guilty about dressing and fearful concerning anyone finding out about Alicia. We feel it expresses things that all of us have felt from time to time over the years. Please take courage from this--those of you who are faint of heart. There ARE people out here who care for you in the closets all over the country... nay the world!*



Feel Like You're the Only One?

Want to Get Some Information?

Need to Talk to Someone Who Understands?

CALL THE GOLDEN GATE GIRLS/GUYS HOT LINE !

**(415) 962-8071**

(from 6 p.m. to midnight)