GENDER REVIEW

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(Double Issue)

JOHNS HOPKINS CLINIC CLOSES

Baltimore's prestigious Johns Hopkins University Hospital--was the world's first medical center to establish a gender dysphoria clinic for transsexual patients seeking surgical sex reassignment, in 1965, amidst protests of the traditional medical fraternity. And now, 14 years and 100 sex-change operations later (Hopkins had strictly limited its program to individual cases), the program is terminated.

This ruling was decided by Hospital administrators on the inspiration of psychiatrist, Jon Meyers--Director of the Sexual Behaviors Consultation Unit there--and the results of his two-year old study of 50 transsexuals who under went therapy or surgery through the gender identity program since 1966.

Dr. Meyers contends, "Surgery can't cure transsexuals. They never forget that they're only impersonating the other sex. What you're dealing with are deeply disturbed people whose prob lems won't vanish overnight. We now have objective evidence that there is no real difference...in adjustment to life in terms of jobs, educational attainment, marital adjustment and social stability between operated and non-operated groups."

Meyer's study—and the ban on surgery—is at the core of a controversy raging inside as well as outside of Johns Hopkins Hospital. Dr. John Money--world-renowned psychologist, sex researcher and Director of the Psychohormonal Research Unit at Hopkins--argues, "Surgery may not cure transsexuals but there's no record of any other kind of treatment being effective. How many psychotherapists say they can solve the problem?"

But in spite of an ever-growing demand for sex-change surgery, Meyer is convinced this doesn't cure transsexuals' desire for a new identity or solve their deep psychiatric problems. "After surgery there's a period of happiness and euphoria" he says. "They feel as though they've accomplished their goal. Then something happens—any small event

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FACTUAL NOTES

Please note our most current address:

FOUNDATION FOR THE ADVANCEMENT OF CANADIAN TRANSSEXUALS (F.A.C.T.), Box 891, Stn. F, Toronto, Ontario M4Y 1T0.

We apologize for any return or delay in correspondence. This unfortunate situation has now been rectified.

The last meeting was held Sept. 15th but we hope to reseume bi-weekly meetings once a new meeting-place is found.

Georgeanne Tabner, our London Director, has succeeded Strathie Trapnell as our Public Relations Director and is doing a fine job. Two wlecome additions to the Journal staff (Contributing Editors) are: Cheli Bo and Susan Huxford. Also, we welcome Dr. Helen Glawdan--Toronto general practitioner/hypnotherapist--to our distinguished Board of Advisors.

F.A.C.T. expresses its sincere appreciation to: Drs. William Chernenkoff, Robert Erdelyi and Charles Ihlenfeld, as well as Mr. Klaus Kohlmeyer, B.A., for receipt of their annual membership fees and/or monetary contributions. Financial assistance is still required, however. Please help--support us!

F.A.C.T. memberships for 1980 ($20) are currently being offerred, so join --or renew your membership--now!

The editor apologizes for this (double) issue's prolonged delay--occasioned by educational committments and rheumatoid arthritis. Next issue will be published in March 1980.

JOHNS HOPKINS CLINIC CLOSES (continued

--that reminds them they're not a real woman or man. They aren't anything. They're completely lost...Transsexuals go through so much to get what they want. You seldom hear them complain--their pain is an embarrassment to them It becomes harder and harder for them to talk about disappointment so they become chronically depressed."

Dr. Money invented the 'Real Life Test', now standard practice for transsexual surgical candidates, wherein, during a two-year period, the patient dresses, acts and relates as a member of the opposite (preferred) sex while simultaneously ingesting hormone to develop the (desired) secondary sex characteristics of the opposite sex.

Though there are many reports of transsexuals marrying after surgery, Money and Meyer agree that few achieve "normal" relationships with the now-opposite sex. "People who marry transsexuals are extremely unusual themselves", says Meyer. "They don't marry in spite of the fact their partner has changed sex--but because of it." Money, however, calls the new relationships "mutually beneficial" and says, "Nature creates things in twos. For every deformity there's a person who is turned on by it. We should appreciate that for what it's worth."

Meyer feels that although transsexuals insist they can only be happy in their "real sex", most have ambivalent feelings. "With transsexuals, the mother treats him as a part of herself, without a separate identity. And he's usually a hated or resented part. But instead of growing away from her, he tries to become more and more like her ...These haunting feelings of inadequacy and lack of belonging are lifelong. What transsexuals really want is to be cared for as they feel they never have been. No operation can give them that."

In short, Jon Meyer envisions, as end-results of sex-change surgery: social dislocation, depression and suicide. In contrast, John Money says that the first 3 years of a child's life form his sexual identity--and if it is

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BRITISH COLUMBIA TS GROUP

A support group for transsexuals is being organized in Vancouver. This is a nonprofessional, nonprofit endeavor. No fees. Purpose of the group will be to provide an opportunity for the exchange of feelings opinions and information on the topic of transsexualism Adults of all ages and statuses are welcome. Membership is open to residents of Vancouver and vicinity only. Those interested may phone Linda at: (604) 689-8802 from 11:30 am. to 3:30 pm. or write Linda Harris c/o F.A.C.T.

RESEARCH PARTICIPANTS REQUIRED

I am interested in corresponding with pre- and postoperative transsexuals in British Columbia especially (and the rest of Canada) generally to aid in my research. I am specifically interested in transsexuals' lives (from birth to present) and the certain lifestyles they chose insofar as profession and aspirations are concerned as well as the obstacles they encounter. Most of my research has revolved around trans sexuals who have been/are in trouble with the law and I have also done counselling. Therefore, I would find useful, information from transsexuals who have <u>not</u> been in trouble with the law to ascertain what the differences are and how others may benefit from knowledge of the other groups. Presently, I am also working on a project to determine the classfication procedure that is being utilized in B.C. correctional institutions with regards to transsexuals, as well as determining the policy (ies) that exist in B.C. with regard to the medical considerations (in and out of instituions). All information is strictly confidential/ anonymous. Kalus Kohlmeyer, Department of Criminology, Simon Fraser University, Burnaby, British Columbia.

A HANDBOOK FOR TRANSSEXUALS, by Paula Grossman. 70 pp., published privately. This book is the blueprint! Eight years in the making. Tells what to do, how, why, where and even whom! An absolute must for all who contemplate a sex-reassignment. $4.95 ppd., Broadview, 76 Norwood Ave., Plainfield, N.J. 07060.

JOHNS HOPKINS CLINIC CLOSES (continued)

dislocated and treatment delayed until adulthood, there's not much chance of reversal. "You have to do the best you can with them", he argues. "If they're determined to go through with surgery, they should have it." And, adds Dr. Stephen Bernstein--psychologist at the gender identity unit at Toronto's Clarke Institute, "There is nothing conclusive about the Hopkin's study. You have to make decisions about surgery according to individual cases."

Editor's Comments: I strongly take issue with Dr. Meyer's essentially inaccurate judgement of transsexuals and his seemingly unconditional negation of the (elsewhere proven) therapeutic value--often, literally lifesaving--of sex reassignment surgery for transsexxuals.

Re: Meyer's clinical study, his sampling techniques are questionable: 50 subjects are much too limited a sample fromwhich to generalize any conclusions. As well, his sample population is too homogenous (high subject similarity=all so-called 'psychiatric patients', attending the same clinic, assessed by the same staff professionals), thus, not made up of a random selection of all transsexual (North) Americans. Therefore, it cannot possibly reflect the 'normal' or general transsexual populace.

Moreover, there is no mention (in the newspaper report) of the control-group (non-transsexuals, otherwise alike) used to contrast and compare the independent variables: employment, education, marital adjustment, social stability.

Furthermore, the implied length of 'follow-up' evaluation (a mere 2 years after surgery) barely seems enough time for a really fair assessment of the degree of adjustment (job security, financial independence, social stability, relationship permanency) of a preoperatively—and frequently, postoperatively—handicapped class of people: handicapped medically, legally and socially.

Finally, on a universal level (randomly selected), transsexuals' level of postoperative adjustment would most likely fall within the normal range of the general population, as graphed on a 'normal

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JOHNS HOPKINS CLINIC CLOSES (continued)

distribution curve'. Afterall, non-transsexuals encounter the same concerns in life as do transsexuals: employment, relationships, socialization, etc. And, very likely, an equal ratio of the former (as the latter), likewise, entertain psychiatric problems (emotional instability, etc.).

Therefore, to overgeneralize the incidence of neuroses, psychoses and psychiatric problems of transsexuals (many or most of which are contingent solely upon the 'gender-reversal' and the negative implications ensuing from denial/witholding of proper and timely treatment: sex reassignment)--as opposed to non-transsexuals--is a grave methodological error that could (intentionally or otherwise) lead to social prejudice against a politically disadvantaged minority class.

In any event, precisely in order to weed out the 'undesirables' (those who would not benefit from sex-conversion surgery: homosexuals, transvestites; psychotics; those with ulterior--criminal or commercial--motives), all gender clinics enforce strict criteria for admission to their programs and, subsequently, impose a rigid evaluation process (the telling 1-2-year 'Real Life Test' cross-gender rehearsal)--a truly effective screening procedure.

Re: surgery as a 'cure' for transsexuals, Dr. Meyer says, "no"; Dr. Money says, "no alternative effective treatment"; Dr. Richard Green--child psychiatrist and sex researcher at the State University of New York at Stony Brook--says, (beyond the age of 7-8 or so) "can't change the mind, so, change the body."

However, 'cure' is an inappropriate term signifying an erroneous approach to a phenomenon that is not a psychiatric problem but rather, a bio-psychological condition, very possibly a yet undiscovered (extreme) form of "pseudohermaphroditism"--a physical-sexual-social handicap--that requires not psychoanalysis nor psychotherapy, but rather, rehabilitation, in the form of sex reassignment: hormones, surgery, etc. In general, transsexuals do truly benefit from sex-conversion surgery.

A POEM

There is a group of people
Who are living on this earth
And they seem to be wondering
Exactly what is their worth.

They live and breathe, laugh and cry
And they sit and wonder why
They seem different from the others.
Aren't we all sisters and brothers?

They sit and think that
"This is really a mess."
They try to express an identity
The one that feels the best.

The whole world is all confused
And these people most of all.
This world seems to pass them by.
A friend they hope will call.

Amid the torment of their minds:
"Am I really one of a kind?
I am all alone, help me please.
Is there no-one to help appease--

This soul-tearing feeling in my heart?
But wait again, let's make a start
To make my life whole again.
I'm not crazy, I am sane.

In this world I'll make my place.
It won't become this rat-race.
I'll build the pieces, one by one
And though my work has just begun--

I will make it!!!"

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--Cheli

CONTACT CORNER

Personal ads for TSs and TVs: $3 first 30 words, 10¢ per additional word. $1 forwarding-service-charge. (First ad insert and forwarding service free to F.A.C.T. members). No photographs or soliciting please. Editor reserves the right to edit or reject any ad.

GENDER REVIEW--The FACTual Journal

Editor: Nicholas C. Ghosh, B.A.
Contributing Editors: Cheli Bo, Gillian Cox, Susan C. Huxford, B.Ed., Leo Wollman, M.D.

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PUBLIC PLATFORM: GENDER DYSPHORIA CLINICS: Shoulds And Should Nots

This dissertation is a continuation and elaboration of last issue's table: GENDER DYSPHORIA: Opposing Perspectives.

The following comprises what gender clinics should **NOT** do to their patients.

First and foremost, priorities should not be inverted (perverted) such that research takes precedence over treatment--as evidenced by the apparent tokenism[1] of certain clinics in Canada. This is not the case in cancer or heart clinics or in treatment centers for: diabetes, epilepsy, cerebral palsy, multiple sclerosis, muscular dystrophy, leprosy, etc. where treatment is of primary concern and research is relevant only insofar as it improves upon existing methods of treatment, prevention and cure. The patient is a citizen, tax-payer, premium-paying health-care beneficiary, and, a sufferer of a medical condition/handicap (in this case, "gender dysphoria syndrome"), and therefore, entitled to comprehensive and appropriate medical care on the part of competent and compassionate practitioners whose fundamental aim is the well-being of the (transsexual/gender dysphoric) patient.

Exploitation or manipulation of the patient for purely research purposes[2]--employing the possibility of a recommendation for surgery if co-operation is forthcoming, as a covert form of bribery--should not be permitted as it is unethical: taking unfair advantage of naive, desperate or otherwise overly-co-operative patients who may consent to such "guinea-pig experimentation" or "lab-rat participation" **solely** in order to better their chances for surgical recommendation. (Surgery, by the way, is never, at any point in the program, a guaranteed outcome). "Stall tactics" are also frequently utilized in order to prolong the period of (often involuntary) clinical observation--once more, in the interest of academic or "clinical" research, without advancing (on the contrary, retarding) the physical and emotional welfare of the patient. (like the proverbial dangling of the carrot before the donkey).

Unreasonable (impractical) criteria for approval of surgery (such as the following) should not be demanded: requiring the surgical candidate to live in the opposite (preferred) gender role for a period of one year without first prescribing the appropriate treatment procedures necessary to effective "passage": sex hormones[3] electrolysis, voice therapy/public speaking, grooming, (these two latter comprise the requisite skilful art of "image projection"), and, (if requested/indicated) supportive (peer-) counselling/group therapy.

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[1] tokenism--recommending for surgical sex reassignment a mere 5-6 patients per year out of a possible 50-100 applicants=a 10-20% rate of recommendation. At least another 10-25% of the rejected candidates should probably have been approved for surgery (after the prescribed trial period of one or two years, as the case may be), and, in fact, many of these latter do obtain surgery elsewhere, via the evaluation and recommendation of privately-practising psychiatrists and plastic surgeons, but are obliged to do so at their own expense as provincial medical insurance will only reimburse those transsexual subscribers who have been duly assessed and recommended for surgery by an authorized gender clinic in Canada.

[2] prescribing/"pushing" unsolicited tranquilizers, lithium, etc. onto unwilling patients; requiring completion of offensive sexual questionnaires presuming a possible interest in pedophilia, etc.; measuring penile response to visual sexual stimuli (male and female) in order to establish sexual orientation; taking nude photographs before and after surgery for purposes of demonstration or publication without first "blacking out" the subject's eyes so as to preserve anonymity; etc.

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PUBLIC PLATFORM: GENDER DYSPHORIA CLINICS: Shoulds And Should Nots (cont)

3 hormones should be prescribed (if the patient is diagnosed as "transsexual" after 3-4 interviews--over a 4-6-week period--with the physician.

The following includes what gender clinics SHOULD do for their patients.

Appropriate and timely treatment (gender reassignment) should be the first priority-over that of clinical and theoretical research pursuits.

This treatment should be comprehensive: hormones (under careful supervision), electrolysis, image projection (voice therapy, grooming), sex-conversion surgery (including thyroid cartilege shave and breast implantation for male-to-female-transsexual-women, if indicated, and phalloplasty or a penile prosthesis for female-to-male-transsexual men), supportive therapy (including peer-counselling), legal counsel, financial aid (intervention for medical insurance claim-coverage), educational and vocational counsel (Manpower upgrading/re-training, job-referral, references), and, postoperative care (which may include some or all of the above) In addition, counsel for parents, siblings, spouse children, and, if necessary, teacher, employer, cleric, other professionals As well clinic and/or patient liasion with social/community services, professionals (social worker, welfare worker, Manpower counselor, probation officer, chief of police, distress/crisis or drug abuse center, church youth group, etc.).

--Editor

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BOOK REVIEW:

MIRROR IMAGE: The Odyssey Of A Male-To-Female Transsexual

by Nancy Hunt, Holt Rinehart & Winston New York, 1978.

He was born to a family listed in the Social Register, attended a staid New England preparatory school, graduated from Yale University, was a late World War II draftee who rose to the rank of sergeant; after the war he became a prizewinning journalist with the Chicago Tribune and was noted for some of the paper's finest feature writing and war correspondence; he married and fathered three children. Then, in his late forties, he became a woman.

Nancy Hunt's MIRROR IMAGE begins where Jan Morris' CONUNDRUM left off. It is undoubtedly the most honest and acutely revealing account we have yet had of the transsexual experience. Today, many thousands of men and women are living under the painful conviction that their psychological sex is the opposite of their genetic sex. Nancy Hunt tellls what it is like--the multiple agonies and pressures of behaving like a manwhile craving to be a woman--and then, in extraordinary detail, she relates the step-by-step physical transformation.

It is a story filled with paradox: how the man (she once was) found greatest satisfaction as a soldier and a reporter on hazardous assignment; how that man's change of sex was deliberately aided by the one woman who had finally given him sexual fulfillment; how the Tribune stood by their employee through her metamorphosis; and how a harrowingly complex surgical procedure accomplished the final change so effectively as to leave her subsequent lovers convinced she was a genetic woman.

With eloquence and astonishing self-perception, Nancy Hunt has written a riveting book that goes beyond her remarkable story to shed new light on the enigma of human sexuality.

(reprinted from inside book cover).

PERSONAL PROFILE

JOANNA CLARK

JOANNA CLARK, a human services worker, is a consultant and co-therapist with the Institute for Family's gender dysphoria program. In addition, she is* director of RENNAISSANCE's legal research division as well as author of LEGAL ASPECTS OF TRANSSEXUALISM, and TRANSSEXUALISM AND THE LAW: A Source Book For Professionals, and currently, TRANSSEXUALISM: A Source Book For Human Services And Mental Health Workers.

Ahuman rights advocate, Joanna has been active in California politics since 1976. She was instrumental in the enactment of AB-385, a bill to permit the issuance of new birth certificates to postoperative transsexuals, and the defeat of SB-2200, a bill to prevent Medi-Cal assistance for transsexual surgery and related services.

She is well known on the college and university lecture circuit in southern California and has been the feature topic of numerous newspaper and magazine articles. Additionally, she has appeared on various TV programs such as "Expressions" and ABC-TV's "Good Morning America".

A graduate of Saddleback College's program in Human Services, and the University of the State of New York's program in liberal studies, Joanna plans to enter Western State University of Law this September (1979). Following graduation and admittance to the Bar, she plans to specialize in the area of sex-based discrimination.

* * * * * * * * * *

*Joanna Clark has announced her resignation as one of the Co-Directors of RENNAISSANCE Gender Identity Services but will continue to act as an advisor on legal and other matters. Joanna's decision to resign was partially based on her involvement as a political activist, an activity that requires lobbying. RENNAISSANCE, to maintain its nonprofit status, may not be involved in lobbying efforts. Joanna is currently enrolled in a Master's degree program in Human Services at Pepperdine University in Los Angeles.

DO YOU PASS?

One of the basic needs of all human beings is to be accepted; the world is a poorer place for the loss of every person whom it rejects. The responsibility lies, not with the rejected, but with those who reject.

We must often, in the early stages of our transsexual journey across the sexes, feel despised and rejected. In those early days of anxiety and tension can any of us pass all the time? We need a friendly voice, a word of encouragment and reassurance, to help us on the way.

It strikes me that the late Oscar Hammerstein II wrote a song that might well serve as a theme song for those early days. It is from "The King and I":

"Whenever I feel afraid
I hold my head erect
And whistle a happy tune
So that no-one will suspect
I'm afraid.

"While shivering in my shoes
I strike a careless pose
And whistle a happy tune
And no-one ever knows
I'm afraid."

Those of us who are male-to-female transsexuals will not wish to be caught whistling in a public place; you female-to-males can go right ahead! But, the rest of the advice holds. Walk tall, even if, like me, you are over six feet and you can radiate confidence. Try to be care-less in your attitude (that doesn't mean untidy) so that your tenseness does not communicate itself to others. We create an aura around us, and if that atmosphere is tense, people will suspect something different--something wrong--and will react accordingly. My eyes tend to attract attention. In those early days I found that I searched people's faces to read their reaction to me. I quickly realized that I was asking for trouble; I had to be casual. Today, if by any chance, I do find a person reacting to me in what appears to be a questioning manner, I either ignore them or, if they are close, give them a cheerful smile. That disarms them.

"The result of this deception
Is very strange to tell
For when I fool the people I fear
I fool myself as well!"

As with so many things in life, if you think you will pass, the chances are that you will. It's a little trick called the power of positive thinking.

(Song "I Whistle A Happy Tune" copyright by Williamson Music Inc., RKO Building, Rockefeller Center, New York 20, New York, U.S.A.)

--Susan C. Huxford

NSSEXUALITY

What is a transsexual? There are many answers to this question. Some say he is confused, disturbed, sick or psychotic. Others say he is sexually deviant or perverted, homosexual or transvestite. These answers are all incorrect.

Basically, a transsexual man or woman is someone who suffers the misfortune of being 'born into the wrong body' as this body does not 'match the mind'. The only known 'cure' for this rare medical condition ('gender dysphoria syndrome') is sexual reassignment: hormonal therapy and sex-conversion surgery as opposed to the (in this case) ineffective 'treatments' of psychotherapy and aversion therapy: negative reinforcement such as: electro-convulsive shock and nasea-inducing drugs.

But what is the personality make-up of transsexual persons? When still young, they generally entertain a feeling of alienation from their peers. Gradually, they discover that they differ from other children, being little boys who like dolls and playing house with female playmates or little girls who enjoy acting the tomboy and playing hockey or football with their male buddies.

When puberty occurs, hormones start surging through the body and the transsexual teenager experiences horror and frantic despair as his or her body develops into something abhorrent--loathesome because it is the 'wrong sex'. During pubescence, many people take pride in their newly-developing bodies. Their personalities develop and expand to accommodate a newly-discovered world of romance, love and sex--and, of one's own sexual identity. Teenagers begin to form a still delicate ego, a statement of self that says, "I am me, here I am world." But not the transsexual. Realizing they are different, they become introverted, developing a mask by which to protect themselves from the world--a world just as rightfully theirs.

It is extremely unfortunate when one must hide behind a mask, making excuses for his or her difference but, many transsexuals have to grow up with this. (Myself, I was fortunate enough to have read a magazine article on a man who became a woman, at the age of 17. By 20, I was on hormones and, at 22, underwent the necessary operations). I have known a few lucky transsexuals start hormones at 15 or 16 but many infortunates receive no relief until 30, 40 or 50 years of age. Their world is not a fair place in which to live.

To understand transsexuals, please remember, they are people who are used to hiding their innermost thoughts and emotions. Many think transsexuals are homosexuals when trying to understand their feeelings. But this is erroneous. Rather transsexuals were born with the 'wrong' bodies (inappropriate sex).

When he hears of other transsexuals (eg. Canary Conn, Mario Martino, etc.) explaining their condition, a sad and lonely transsexual learns that he is not the only one and this is extremely important as many transsexuals grow up alone and lonely until they learn about 'gender dysphoria syndrome' through books, newspapers, radio, television, or, doctors and transsexual peers.

But this is only a beginning. Next in line is to find a sympathetic doctor who will prescribe hormones--those wonderful and wondrous drugs!--which produce the secondary sex characteristics. But now, another very difficult step begins: cross-dressing. Now, they must learn to dress, work and live in their chosen sex-role and this is not easy. In the case of male-to-female transsexuals, they must learn to look and act as women. Their female-to-male counterpart must look and act as men. They don't want to be 'drag queens' or 'diesel dykes'. They don't want to be overdone; they wish to blend in with society. This is extremely important in understanding transsexuals. They long to be a part of society, finding a place in it where they can be happy. It is to their credit if they can do this as society is hostile toward them.

(next page)

TRANSSEXUALITY (continued)

In addressing a comment towards Dr. Jon Meyers, psychiatrist at Johns Hopkins University, who says that not all transsexuals make it This is extremely difficult in a basically hostile society, of which, you, Dr. Meyers, are a member. In administering hormones and performing operations, you are giving transsexuals an opportunity to lead . happy productive lives. But please remember, everyone has their own definition of success and we don't all believe in 'the great American dream'.

In summary, please remember, transsexuals are people (indivdiuals) who are trying to live and adjust in a rapidly changing world. Isn't everyone? And, not everybody achieves their chosen goals, but isn't it a better world in which a handicapped person (in this case, a transsexual is given a chance?

--Cheli Bo

TS TAPES

AN INTERVIEW WITH A TRANSSEXUAL, by Canary Conn, Psychology, Ziff-Davis Publishing Company, 1 Park Avenue, New York, N.Y. 10016 (cassette #62, $10).

TRANSSEXUALISM: Causes, Effects and Treatment, William C. Rader, M.D., same as above (cassette #54, $10).

THE PHENOMENON OF TRANSSEXUALSIM: Management of the Transsexual, D.W. Hastings, M.D.; Male Nontranssexuals Seeking Sex Reassignment, L.E. Newman; Glendale, California, Audio-Digest Foundation, 1973. (cassette: Audio-Digest, Psychiatry, v.2, no.18, 1973).

TRANSSEXUALISM: Definitions and Directions. 1. The low quality of discourse on transsexualism, R.J. Stoller, M.D.; The psychological basis of male transsexualism, L. Ovesey, M.D.; 2. Gender dysphoria syndrome: medical management and referral experience, C.L. Ihlenfeld M.D.; The multidisciplinary team evaluation, rehabilitation and surgery for gender dysphoria syndrome, IM Dushoff, M.D.; Glendale, California, 1977. (cassette: Audio-Digest, Psychiatry, v.5, no.9, 1977).

RECENT EVENTS

The 4th Annual RENAISSANCE Pot Luck Party held at the Santa Ana residence of Jude Patton and Marilyn Taylor on August 5 was another smashing success. About 130 guests attended, cinluding members of several southern California TS and TV organizations, representatives from gay groups, alternative lifestyle groups and friends from various educational and other professional groups. A bulletin board and table for media displays were set up as an information exchange. Videotapes of several programs featuring Joanna Clark and Jude Patton were shown.

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The 6th Annual LIFESTYLES CONVENTION--co-ordinated by Dr. Edgar W. Butler, Professor at the Department of Sociology, University of California (Riverside) --was held Sept. 21-23 at the Pacifica Hotel in Culver City (Los Angeles), California. LIFESTYLES '79 explored all aspects of alternative or emerging lifestyles and sexual behavior in contemporary society through the presentation of research and experiential papers, seminars, workshops, forums, exhibits, and the social interaction of professionals in the field and those very real men and women who live and are defining the new lifestyles.

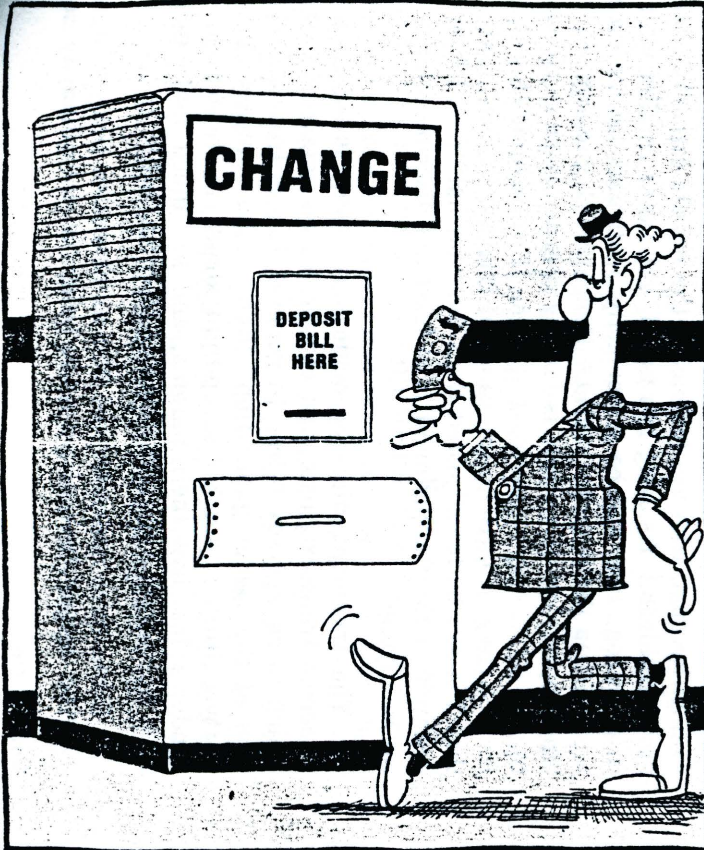
Selected presentations (approximately 100) include the following:

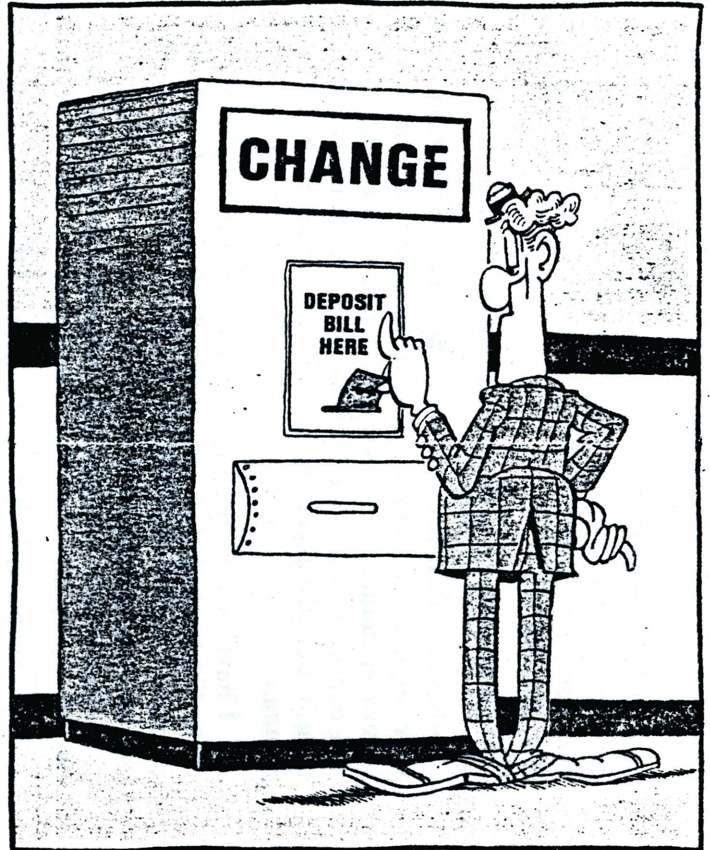
childhood sexuality, new lifestyles among the aging and aged, open marriage, lifestyles of gay men, session on lesbianism, cross-genderism: sexual self identity, emergent alternative lifestyles and human sexuality, criminality and sexual behavior, sex interests of the super-intelligent, spacestyles lifestyles in the extraterrestrial community.

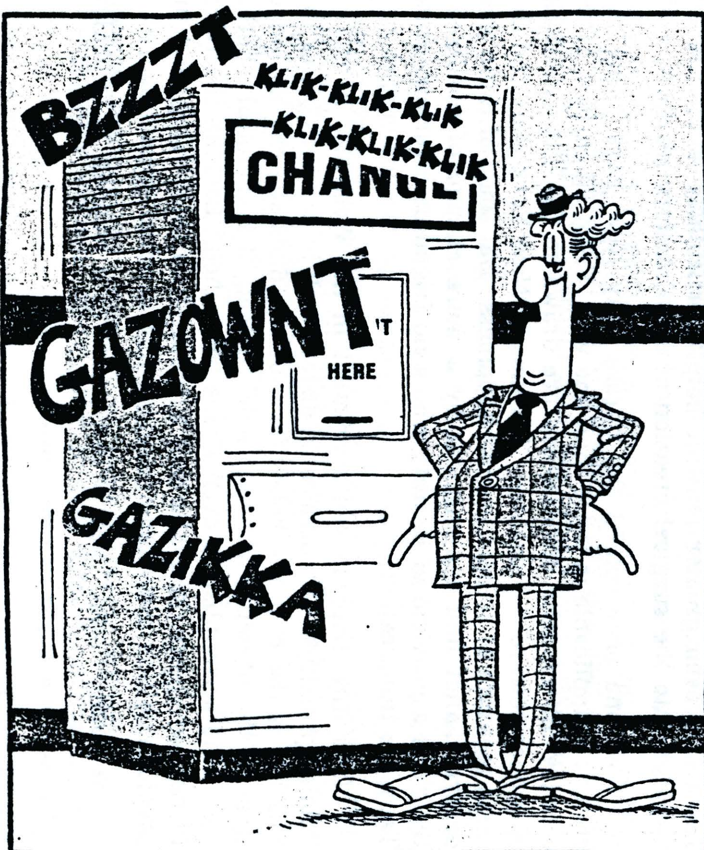
(THE SOCIETY FOR THE STUDY OF ALTERNATIVE LIFESTYLES was established by a groups of social scientists and lifestyle practitioners, in April 1979, to study emerging alternative lifestyles. Seminars, research, education and a newsletter is planned. Membership fee: $20 per year. Write: THE SOCIETY FOR STUDY OF ALTERNATIVE LIFESTYLES, 2742 W. Orangethorpe, Suite A, Fullerton, Ca. 92633. (714-879-2761).)

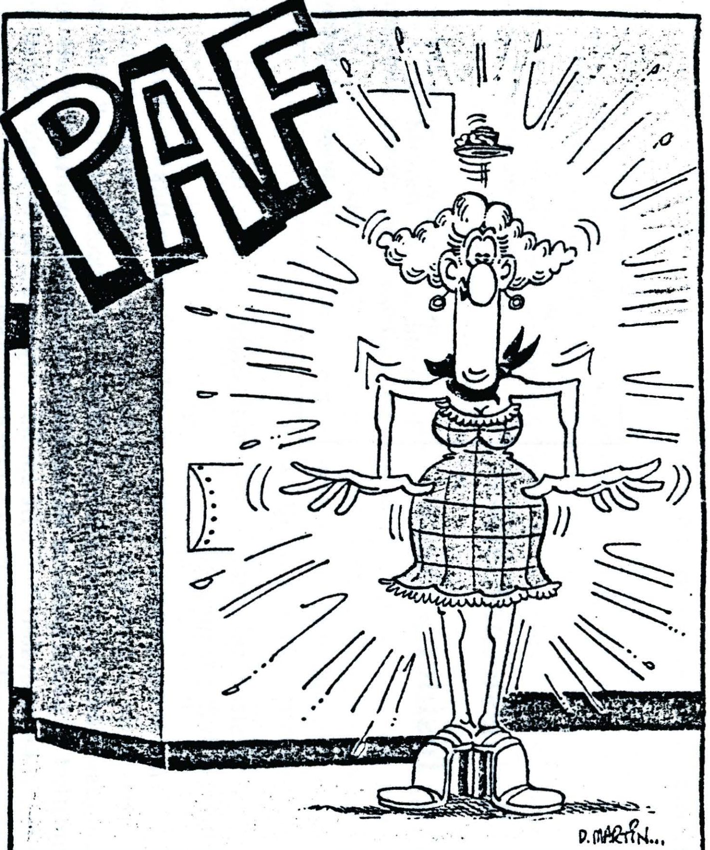
DON MARTIN DEPT.

ONE NIGHT IN THE MIAMI BUS TERMINAL









MAD MAGAZINE, July 1979; reprinted by permission

Transsexualism—An Insider's View*

> Two roads diverged in a yellow wood,
> And sorry I could not travel both
> And be one traveler, long I stood
> And looked down one as far as I could
> To where it bent in the undergrowth;
>
> Then took the other . . .
>
> Two roads diverged in a wood and I—
> I took the one less traveled by,
> And that has made all the difference.
>
> Robert Frost
> "The Road Not Taken"

A desired reversal of sex and gender role should be not only allowed, but encouraged.

This is my deep conviction, and I am writing this because I feel that certain opponents of somatic transsexual TS therapy should be answered by someone from within the TS "community," who are entitled to participate in the debate over alternative treatments for "sex role inversion." I will confine my remarks to male TSism, as this is the only area I am personally acquainted with, but female TSs are in even greater need of help—particularly in the area of research into the surgical creation of a satisfactory phallus.

Someone once coined the phrase "gay New York," and this epithet is applicable in more than one way. From all corners of the country the sexually dispossessed are drawn to the city like flecks of amber toward a lodestone. Perhaps in New York they can find some measure of acceptance and happiness. But some of these wanderers cannot find contentment by a mere change of locale, for their's is a problem of identity which no friend or lover can erase. They are transsexuals.

In a tiny, triple-locked apartment in the West 80's lives J., a "male" prostitute. An occasional distant look in her eyes belies that this life is the best she hopes for, but she finds she can no longer tolerate the pretense of being male. Indeed, it is doubtful whether she could accomplish it even if she so wished. Lacking the talent to sing or dance, how else can a "queen" make a living, and put precious dollars away for a change? She is a transsexual.

A young "man," nearly thirty, sits in a walk-up in Brooklyn,

*The author is a 23 year old male transsexual.

and contemplates the fact that he has just been disowned by the brother he loved. Not just disowned, but physically threatened. His only companions in his melancholy are three silent parakeets. He is a transsexual.

Does anybody care about these damned souls?

Because Drs. Benjamin and Wollman cared, C., who just a few years ago was running for her life down a dark street in the Bronx, is now spending every evening at home rehearsing a double song and dance act with her husband, and D., thirty-six, is for the first time in her life experiencing the thrill of being asked for a date by a man.

I have briefly attempted to paint a human portrait of the TS's daily frustrations and impossible dreams, but for those who may demand more conventional argumentation, I will now turn to a logical analysis, presenting both minor and major arguments in support of hormone therapy and surgical intervention for the transsexual.

To begin with the minor points, anthropologist Ashley Montague has made a case for the presence of a deep-seated envy of women by men, who are jealous of the female capacity to bear and nurse children.[1] As Jung has noted, any inner conflict which is refused recognition will be imperfectly dealt with by the creation of a conflict in the external world.[2] Hence, Montague argues, the ages-long oppression of women is largely ascribable to suppressed feelings of inferiority on the part of men. If we assume that this fundamental envy is partially the cause of transsexualism, it would seem that TSs are better adjusted than the "normal" population, for the dynamic of their adjustment is at least not discriminatory or harmful to anyone!

The argument might be made that society is simply not ready to accept transsexualism, and constitutes an unfavorable setting in which to change sex roles. In general, this is true, but it is more true of the "older generation" than of the younger. The under-thirty culture is much less up-tight about rigidly defined sex and gender roles than their parents, and are much more inclined at least to tolerate a greater range of freedom in life style.

Some have characterized TSs as obsessive personalities, but I ask the reader to contrast such behavior as ordinarily seen and

treated clinically with that of the TS—to consider especially that psychoneurotic obsession *can't be satisfied.* The sufferer continues in his destructive pattern, never finding release. TSism, contrarily, has a concretely realizable goal, and can be satisfied.

Again, some have described the TS as a failure-prone individual who is fleeing from the demands of masculinity. Fleeing from a role for which he is (usually) constitutionally suited into one for which he is not! I do not believe that this is a case of tension reduction through externalization, for the demands made upon the TS involve "propriate function."[3] In other words, the personality structure does not remain intact, but must be adjusted to meet the exigencies of a strenuous transitional period, and of a new life. As one TS expressed it to me, "You can't go into this with neurotic hang-ups!"

One issue that I have not seen discussed in the literature involves the fact that some engaged in the treatment of TSism seem to expect the putative female to present a perfectly balanced constellation of feminine attitudes and values. A past history of transvestism or homosexuality will sometimes militate against recommendation for surgery. To me, this is an unjust situation; I find it remarkable that some TSs do *not* show evidence of sexual "deviation." The combination of a normal or even subnormal libido with a lack of psychic male identity and an inability to deny the objective body could hardly fail to produce aberration! Nevertheless, it has become patently clear to me, through my association with transsexuals, that no matter what the history of the person with transsexual desire, that desire will win out. No matter how long he delays, regardless of the number of times he may drop out of therapy, the transsexual drive will, in the vast majority of cases, inexorably bring himself into a position of planning for conversion surgery. And the time spent as a male will invariably be regarded as wasted, or at least fruitless. This is why I say that the TS should be encouraged to make the change. As unorthodox as this position is, I hold to it firmly.

For the TS, the question of etiology is academic. What is he to *do?* Some psychiatrists would have him enter an indefinitely long period of analysis and treatment, with no positive results foreseeable, for not a single transsexual has ever been "cured." In fact, the most recent information I have indicates that the A.P.A. does

not list a single successful treatment of a *transvestite.* I have heard one psychoanalyst insist that the only "correct" treatment for TSs is psychiatric therapy. I strongly question the basis on which this statement can be made. Hans J. Eysenck, in *The Effects of Psychotherapy,*[4] reports the results of a study which indicated that the recovery rate for psychiatric patients is not significantly higher than for those not under treatment! I do not mean to malign the psychiatric profession; they do great and invaluable work with the severely disturbed, but have shown little or no success with conditions of "sexual disorientation."[5]

Even assuming that TSism is psychoneurotic in origin, it is interesting to note that some therapists, despairing of a "cure" for homosexuality, have taken the tack of attempting to make this condition less ego-alien to the patient. Apparently, though, this orientation does not yet extend to the TS; perhaps the consequences of ego-syntonic TSism are too repugnant—they involve no less than surgical alteration.

I need not here go into the trend in modern psychology, represented by such writers as Maslow, toward greater tolerance of unusual directions in living. These theories should be familiar to all practitioners; I simply recommend that their applicability to TSism be seriously considered.

I hope that these remarks will be adjudged on their own merit, and not dismissed as "special pleading." There are other possible objections to sex reassignment: "Total female status isn't possible anyway." "It is unethical—a 'cop out'—to refuse to accept and work with one's physical endowment." "Surgical conversion is destructive." "What proof is there that these techniques are effective?" But I am sure that a little logic; some study of the pertinent documents; and, ideally, a person-to-person (not doctor-to-patient) acquaintance with transsexuals will do much to dispel these feelings. The last point I believe is especially important, for, as Ullman and Krasner have written,

> . . . the sample of people on whom practitioners have gathered information is an atypical one. A psychoanalyst is frequently quoted as saying that he has never seen a well-adjusted homosexual. As therapists, the present authors can say that they have never seen a happy, well-adjusted heterosexual in therapy . . . Being a mental health

practitioner does not make a person an expert on sexual behavior.

They later note that "the range of behavior considered appropriate cross-culturally is essentially the total range of observed sexual responses."[6]

In summary then: (1), there is no adequate definition of normal sexual or gender behavior; (2) TSism has not been shown to be a pathological condition; (3), psychiatry is impotent to effect changes in the TS's personality; (4), preoperative TSs exist in a concentration camp whose fences are inflexible cultural concepts; (5), all available records point to the overwhelming success of sex reassignment; and (6), TSs have the right to be different, to control their own destinies, to be themselves.[7]

So once again we are back to the lonely TS. With no other course presenting promising results, why is it that these people are forced to assume the entire financial burden of their treatment—initially, a cost ranging from five to eight thousand dollars?[8] With public and private funds available for everything from housemaid's knee to free-floating anxiety, this is an incredible injustice. And, quite frankly, TSs are being forced into prostitution.

But TSs have been paying their own dues up to now, and they will continue to do so. There is only one thing that they most ardently desire: greater availability of the conversion operation. They do not demand it. They are in no position to demand it. We transsexuals can only rely ultimately on the rationality and compassion of the medical profession. T.T.

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REFERENCES

[1]Ashley Montague, **The Natural Superiority of Women.** New York: MacMillan, 1968.

[2]C. J. Jung, **Psyche & Symbol.** New York: Doubleday, 1958.

[3]This is Gordon Allport's term. See his **Pattern and Growth in Personality.** New York: Holt, Rinehart & Winston, 1961.

[4]Hans J. Eysenck, **The Effects of Psychotherapy.** International Science, 1966.

[5]I exclude "aversion therapy"; human beings are not laboratory animals. In any case, I think it is clear from the evidence (Cooper, 1963;

Dengrove, 1967; etc.) that only the more fetishistic transvestities are helped in this manner. It is difficult to say what behavior in TSs could be inhibited. Many do not "dress" and are not strongly attracted to men.

[6]Leonard P. Ullman and Leonard Krasner, **A Psychological Approach to Abnormal Behavior.** Englewood Cliffs, N.J.: Prentice Hall, 1969, pp. 467, 469.

[7]It should be remembered that psychiatry can only ethically (and effectively) intervene when there is a need felt for treatment.

[8]Even this great an expense is less than that for a six-years' analysis, of course.

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Transsexualism and the Philosophy of Healing*

BY JOHN MONEY, M.D.†

Some illnesses are acute, time-limited, and subject to therapeutic arrest or reversal, followed by return to health. These, in the Hippocratic tradition, the physician aims to cure. Other illnesses are chronic, progressive, and deteriorative. For these, the physician is less ambitious. He aims to ameliorate or palliate, with whatever treatment available, the suffering they engender. Still other illnesses or conditions are chronically, though not progressively disabling. For these, the physician's goal is ameliorative plus rehabilitative.

Transsexualism is not a reversible condition, judging by today's therapeutic techniques. Nor is it a progressively deteriorative condition, but it does represent a chronic disability, requiring a patient's life to be rehabilitated.

Sex reassignment — social, hormonal, surgical, and legal — is an ameliorative and rehabilitative treatment for transsexualism. It is not a cure. There cannot be a clearly formulated cure for this condition in the absence of a clearly formulated etiology so far not discovered.

In the wisdom of nature, the organism's attempt to defend itself against either traumatic or developmental insult may be less than ideal, but superior to total failure. Dwarfed stature, for example, may be a less than ideal reaction to malnutrition, but it obviously has survival value. Years later, after the critical growth period has passed, no known treatment will bring about increase in height. Treatment, to be of any help, must be of the rehabilitative type, based on the assumption of short stature forever. Here in stunting of growth is a parallel to transsexualism, which is the end product of maldifferentiation of gender identity relative to sexual anatomy.

In transsexualism, sex-reassignment therapy not only endorses the organism's own attempt at self-healing, but also furthers it by

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the administration of hormones and performance of surgery. Except for those already familiar with intersexuality and related disorders, such therapy represents a radical departure from tradition. It is small wonder, therefore, that the legalistic mind, trained to rely on precedent, should be hesitant to legitimate the new procedure. Eventually, however, the law catches up with history.

What is quite amazing is the extent to which the law has already accepted transsexual sex-reassignment, even when it does not accept change of the birth certificate. Even the birth certificate is not a stumbling block in many states of the U. S.: the decision for their reissue was made by administrative order, not by legal decision. Whereas legal decisions generate publicity and make headlines, administrative orders seldom attract attention. Yet they may, in the long run, be more effective in establishing precedent.

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THE BIBLE SAYS

"A woman shall not wear anything that pertains to a man, nor shall a man put on a woman's garment." (Deuteronomy 22 v. 5).

"He whose testicles are crushed or whose male member is cut off shall not enter the Assembly of the Lord." (Deuteronomy 23 v. 1).

These are the words that Moses spoke to all Israel. It is said they are the Word of God as told to Moses. There are four versions of this (Exodus, Leviticus, Numbers and Deuteronomy). The other three versions do not mention the above quotes. Could it be they are <u>not</u> the Word of God or of Moses but were added by some later zealot? It is interesting to note that Jesus denies some statements in Deuteronomy. (Compare: Deuteronomy 19 v. 21 and Matthew 5 v. 38-39 in regards to "eye for eye").

There are many simplified texts in the Bible. It seems hardly likely God could or would try to convey to Moses--or that Moses would understand--all the complexities of sexuality, identity and genetics which are involved in intersexuality and transsexualism. Impersonation for criminal pruposes is surely what the first text is intended to imply. And the second text most likely refers to castration for religious or social reasons. Both of these are rightly criminal offences in most countries today and the law now distinguishes and permits cross-dressing for purposes of personality expression and sex-change operations for medical and psychiatric reasons.

Yet, incredibly, there are many who sincerely believe the Bible is to be taken literally and therefore, that transpeople are sinful and shall not enter the 'kingdom of Heaven' unless 'saved'--which, amongst other things, usually implies being 'cured'. Presumably, these people also believe everything else in the Bible, to quote just two of numerous possible examples:

"No bastard shall enter the assembly of the Lord; even to the tenth generation none of his descendants shall enter the assembly of the Lord." (Deuteronomy 23 v. 2).

"While the people of Israel were in the wilderness, they found a man gathering sticks on the Sabbath day....And the Lord said to Moses, 'The man shall be put to death; all the congregation shall stone him'...And all the congregation... stoned him to death with stones as the Lord commanded Moses." (Numbers 15 v. 32-36).

These are so clearly outrageous that people who really believe this kind of thing must surely be regarded as mentally ill. Moreover, where such beliefs seriously menace the well-being of others, as is so often the case with religious fanatics, they are in need of treatment. The illness from which they suffer would appear to constitute a refusal to face the reality of the respponsibility of making one's own moral decisions. Together with this, they benefit from a denial of responsibility for the consequences. For example, in the case of a transperson who, being persuaded of his (or her) own 'immorality', commits suicide, the perpretrators of this persuasion consider themselves in no way responsible. Can such persons really be the 'children of God'? Or are they not tools of the Devil, perpretrators of living Hell? We can only hope for the day when society recognizes such people for what they really are--sick minds in need of treatment--and sees they get it or at least, are placed where they cannot do harm to others.

Of course, the Bible has a positive side. Consider the Biblical commands:

"Judge not that you be not judged." (Matthew 7 v. 1).

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BLE SAYS (continued)

...u shall love your neighbour as your-...lf." (Leviticus 19 v. 18).

For some unknown, reason even fanatical adherents of literal interpretation do not take these two exhortations literally as they consider them simplified statements and separate the act (which may be rejected) from the person (who may be loved). This sounds fine in theory but transsexualism (and transvestism) are so deeply rooted and are such vital and intense aspects of personality that they cannot be so separated. Reject the 'trans-act' and you automaticallyreject the transperson. The result is only misery and suffering, and perhaps, suicide--representing a lost battle between self and its expression. Those who object to transsexualism and (transvestism) on purely 'moral' grounds, whether linked to religious belief or not, would do very well to consider this all-important fact.

Gillian Cox, Director, TRANSFORMATION (1978; reprinted by permission).

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Also recommended reference materials:

GENDER IDENTITY PROBLEMS: The Church's View, Robert J. Oliver, M.D. *Proceedings of the Second Interdisciplinary Symposium on Gender Dysphoria Syndrome.

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SEXUALITY AND THE PERSON: A Theological Perspective, Eugene Burke, C.S.P., Ph.D Professor Emeritus, Catholic University, Washington, D.C., UC San Diego Catholic Community, La Jolla, California. Paper presented at the Sixth International Gender Dysphoria Symposium, Feb. 1979.

SOME RELIGIOUS AND ETHICAL REFLECTIONS ON TRANSSEXUALISM, Rev. Canon Clinton R. Jones, M. Div., S.T.M., D.D., Christ church Cathedral, Hartford, Connecticut. Paper presented at the Sixth International Gender Dysphoria Symposium, 1978.

THE WAY OF A TRANSSEXUAL: The Hardest Decisions, same author as above, CONFIDE Box 56, Tappan, New York 10983. (tape)

PERSONAL PROFILE

JUDE PATTON --born July 1948--is Co-Director of RENAISSANCE: Gender Identity Services (Box 11341, Santa Ana, Ca. 92711)-- since 1975-- and editor-publisher of its newsletter.

He is also, in addition to numerous professional memberships, President of The John Augustus Foundation (a nonprofit educational foundation). And recently (1979), Mr. Patton was voted the 7th member ("consumer advocate") of the Founding Committee of The Harry Benjamin International Gender Dysphoria Association--a truly prestigious honour and highly responsible position.

Jude earned his B.A. in 1978 at the University of California in Irvine--and the University of the State of New York--majoring in social ecology, specializing in community psychology. He is currenlty working for his M.A., which he expects in June 1980, at Azusa Pacific College, Azusa (California Family Study Center, Burbank).

Mr. Patton has had extensive work experience as a (peer-) counselor, co-therapist and guest-lecturer, since 1975, in the field of social services and mental health, frequently focussing on gender identity/dysphoria and transsexualism.

Jude's lifestyle is relatively ordinary but his outlook is certainly unusual even in the most liberal areas of California. He counts among his friends people from all lifestyles/persuasions. He says, "I personally value the idea of social androgyny and have read with interest the editor's (Nicholas Ghosh) comments on that subject in past issues of the GENDER REVIEW.

TELLING YOUR SECRET

Many transpeople are untensely unhappy and perhaps one of the principal reasons for this is that they have never felt able to share their feelings with any other person or at least not with those they love or with their friends and workmates. Today, however, there is far greater tolerance and acceptance of people who are different. Everywhere the outcast and the misunderstood are standing up and claiming their right to be treated with respect and humanity. Why not we too? of those who have told their secret, many have been greatly surprised at the extent of acceptance far beyond their wildest dreams. Rather than destroy the love or friendship of others, you may find a stronger and closer relationship, bringing support and peace of mind.

You may think "Why should I explain to anyone, why shouldn't I just do what I like?" As you cannot possibly explain to everyone, this will have to be so for many Of those who know you. However, if you do make full explanations to your family, closest relatives, friends and workmates, it really helps a lot.

There are two aspects to the problem of telling: HOW to do it and WHAT to say. The former may be no problem for some bold, confident individuals for others however there may be immense emotional difficulties just to get started.

One can introduce the topic very gradually perhaps over months or even years, at the same time guaging reactions to see if the next step appears safe. This may work alright but has a major pitfall in that the significance of the steps in the 'work-up' may not hit home till the very last step. If this occurs, the whole process was a waste of time and the outcome could go either way—in your favour or against it. But it could be worse--What if the reaction to the early steps were negative? This might easily stop you proceeding but if the the full story were told and the true significance of your feelings were revealed, maybe the reaction would be quite the reverse: sympathetic acceptance.

At the other extreme, there may be a strong temptation to break the ground by appearing fully 'dressed' with the intention of then explaining why. However, this can be such a shock to some people that they may then refuse to listen or fail to take in your explanation. Perhaps it is best to explain first.

But finding a way to broach the subject can be difficult. A suitable introduction could be: "There's a special problem I'd like to discuss with you." or "By the way, I've been very unhappy lately and I'd like to tell you about it." If this kind of thing is inadequate to get you going you may have to fix a definite time and place telling those concerned in advance "You have something important to discuss." For the sake of your nerves, it may be best to give the shortest possible notification, perhaps only a few minutes.

If you are uncertain what to say, afraid of forgetting or getting confused, you might write down what you intend to say beforehand, using as is or shortened into notes, to remind you as you go. (You can explain to your audience you need to do this because you find it so difficult to talk about).

You may fear breaking down emotionally and being unable to express yourself. If indeed you are so distressed, it is extremely impressive to let it show and will indicate much better than words just what your feelings mean to you. There is no need to be ashamed of your emotions. Most people will respect your courage. But do not force your emotions out as they will seem artificial. If you break down, just take it easy and carry on when you are ready, even if your audience has to wait several minutes. Whatever you do, do not give up!

Some may have a tendency to talk in a rather resentful andaggressive manner as a result of bitterness built up over many years. This may put people in

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...their place but is not very likely to generate understanding and sympathy.

You could write a letter and might have to for distant relatives and friends but beware, it is very difficult to convey your feelings which are so important in gaining acceptance, and very easy to give quite the wrong impression.

Now as to what to say, instead of telling people what you are (transsexual), tell them how you feel. The reason for this is simply because people have many preconceived or prejudiced ideas about what we are like, bearing little or no resemblance to the way you really are. It is fairly easy: "I feel I'm a woman trapped in a man's body" or "I feel I belong to the wrong sex" and "I have all sorts of feminine feelings; I don't like my own body the way it is; I want to change sex and live as a woman."

There are many other aspects you can talk about if relevant to you: the reason why you have not told people before (fear of rejection); the years of unhappiness; the fact that the cause of your feelings is unknown but thought to go back to early childhood; that you do not choose them and there is no cure; about your sexuality (point out you are not homosexual but kindly, remembering those who are need acceptance too); about your future--to what extent you want to come out into the open; any medical treatment you are having or wish to have; about your relationship with your parents, wife, children, etc.; the attitudes of others who may know; whether your work will be affected, etc. Finally, you might mention if you belong to a TS group (this could raise your 'respectability') and show them books, etc. which may help understanding. You may feel this is your own private affair and not the concern of others. However, if you are quite open about it it may help you gain respect, acceptance.

There remains another 'how to tell' problem for transpeople with children. Actually, it starts with 'whether to tell'. In our view, the more your children know about your problem of identity, the better, and the earlier, the better. Opposing this is the common view that the child's own development will be adversely affected by exposure to these things during their formative years. As far as we know, there is no evidence to support this. We consider it more likely the child's development will be adversely affected where concealment occurs, either intentional or where the problem remains suppressed in the parents' subconsciousness. Children are extremely sensitive, inquisitive and explorative. Attitudes you are unaware of in yourself come through loud and clear to your children. Anything hidden is a magnet to a child. Why should you hide it--is that not proof that you are 'bad'?

Understanding and acceptance by children seem to come easier the younger they are. At an early age explanations are unnecessary--seeing the parent cross-dressed is accepted quite naturally. However, this certainly does not mean the child will follow the parent's example. Explanations can be given bit by bit as questions arise or as opportunity or need occurs. For older children, we favour the direct approach where they are told fully, especially of your feelings. As long as the parent-child relationship is good, we feel a full, direct explanation will assist this and lead to understanding and acceptance.

What if your efforts are a failure? Those unwilling or unable to understand have just as much a problem as we do. Their attitude is no less unreasonable and no less 'sick' but simultaneously, is no less 'chosen' by them and no more easily 'cured'. They as well as us lose by it. They lose our love or friendship for them, at least to a degree, just as we may lose theirs.

--Gillian Cox, Director, TRANSFORMATION

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MALE AND FEMALE CREATED HE THEM, Thomas Szasz, New York Times Book Review, June 10, 1979, p. 11. A positive review of Janice G. Raymond's book, THE TRANSSEXUAL EMPIRE: The Making Of A She-Male, wherein, both unconditionally criticize transsexualism and sex reassignment. (See page 22, this issue of GENDER REVIEW, for the cover review of Ms. Raymond's scathing treatise).

LES TRIBULATIONS D'UN MALE MALGRE LUI THE TRIBULATIONS OF A MALE TRANSSEXUAL Jeanne Desrochers, La Presse, July 10, 1979 (photostory of Inge Stephens, F.A.C.T. Associate Director and Montreal Co-Director), and, COMMENT VIVRE? NI HOMME, NI FEMME (HOW TO LIVE WHEN NEITHER MAN NOR WOMAN?) (front page introduction to above): Ms. Inge Stephens, a male transsexual who has undergone a castration in the U.S.A. lives as a woman but with many difficulties. She is not presently able to obtain work as either a man or a woman; she risks arrest/imprisonment at the least contravention (conflict with/infringe ment of the law) and she suffers financial difficulties because she was not reimbursed for the medical treatments undergone in the U.S.A.

SUIT SEEKS $1.5 MILLION FOR LOST SEX (source unknown, July 16, 1979): Selena Jagger is suing the University of Virginia in Charlottesville and Dr. J. William Futrell, chief surgeon, for $1.5 million for negligence in an allegedly botched sex-change operation performed in May 1976. She contends that resulting from postoperative complications and negligence, she is now "anatomically and functionally neither male nor female, has been deprived of any sexual function and has been subject to mental and physcial pain, suffering, anxiety, depression and despair."

TRANSSEXUALS SUE FOR MEDICAL AID, Body Politic, July 1979 (Montreal): A group of Quebec transsexuals--represented by Inge Stephens, F.A.C.T. Associate Director--will institute a class action suit demanding that the cost of their operations in the U.S. be paid by the Quebec Medical Insurance Board. Alleging that hospitals in the Montreal are refuse to perform transsexual surgery Ms. Stephens claimed such procedures are available only outside of Quebec and at great expense. The suit will be heard soon in the Superior Court of Montreal A substantial fund has been established and can be contacted at: Fonds d'aide aux recours collectif, 1 rue Notre-Dame est, suite 6.14, Montreal.

ONE-STAGE RECONSTRUCTION OF A PENIS, Chinese Medical Journal, August 1979, (Guozi Shudian, Chinese Medical Association, Box 399, Peking, China), (also, published in: Medical Tribune, September 19, 1979, p.2).

SEX-CHANGE OPERATIONS: Do They Help Transsexuals?, Olivia Ward, Toronto Star, September 30, 1979: reports the startling news of the termination of the gender reassignment program at the Johns Hopkins Hospital in Baltimore, as of August 1979. (See front page, this issue of GENDER REVIEW, for full story).

PRISON BRASS OKAYS SEX-CHANGE SURGERY, Body Politic, September 1979 (Edmonton): Sheldon (Shelly) Ball--a prisoner in the maximum security Edmonton Institute serving a life sentence for fatally stabbing a male in 1977--was given permission to undergo 3 sex-change operations--on the recommendations of the sentencing judge and Dr. Dan Craigon, chief of medical services for the federal corrections service--from a "purely humanitarian point of view". After surgery, Shelly will be transferred to Kingston Penitentiary for Women in Ontario. Shelly is probably the first murderer in a federal prison to receive such treatment. One other person was allowed to complete the operation begun prior to incarceration. James Robb, Shelly's lawyer, argued at the trial that the surgery would decrease her tendency towards violence by removing the conflict of "feeling like a woman caught in a man's body."

(next page)

HE NEWS (continued)

USPECT HELD IN BIZARRE KNIFING DEATH, John Schenk, Toronto Sun, October 22, 1979: Gregory Thomas Cooper, 25, was charged with the second-degree fatal stabbing of Brian William Edwards, 36, a male-to-female transsexual who had been taking female hormones and was scheduled to undergo sex reassignment that month. Cooper also bludgeoned (with a baseball bat) 3 innocent by-standers: Rose Doohan, her son, Casey, and a friend, Micheline Ferland.

TRANSSEXUAL SURGERY: Is The Treatment Only Skin Deep? (research report), Sexual Mediicne Today, October 1979: this study of 50 transsexuals (comparing a surgically reassigned group with an unoperated group) was conducted by Jon K. Meyers, M.D., associate professor of psychiatry and director of the Sexual Behaviors Consultation Unit at the Johns Hopkins Hospital, Baltimore, Maryland. It is reported in Archives of General Psychiatry, August 1979.

TRANSSEXUAL SURGERY, Dodi Schultz, Cosmoplotian, October/November 1979?: Changing sexes is certainly not as called-for an operation as trading in your nose or chin, but lots of former men are now women--and vice versa--with the number of changeovers rsising rapidly.

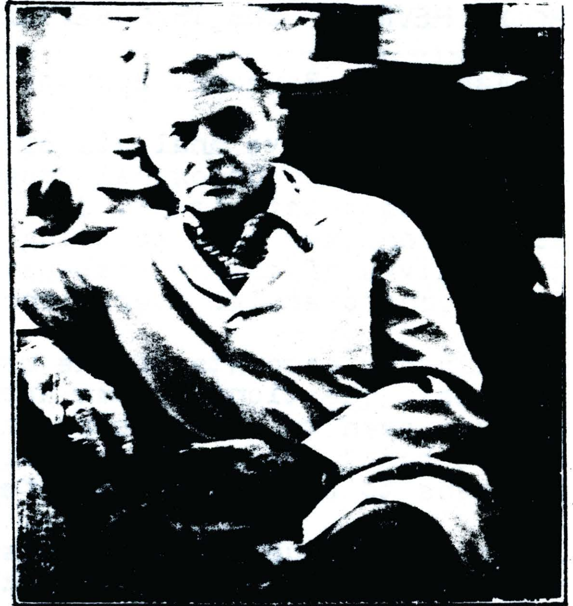
SEX-CHANGE BILL ORDERED PAID (source, date unknown): U.S. District Judge Donald O'Brien ordered Iowa's Medicaid program to pay $3000+ in medical bills and $500 damages to Verna Pinuche, 37, who underwent a sex-change operation. The federaljudge siad that Medicaid must pay for the surgery when it is "medically necessary" and held that it was necessary in Verna's case. She had sued the state which refused to cover the operation, contending that it was cosmetic surgery and thus, not covered by Medicaid, calling it "unnecessary although perhaps desirable."

October(?) LIFE Magazine: photo and story of Christine Jorgenson.

HUSBAND CHANGES SEX, THEN SUES WIFE FOR SUPPORT, National Enquirer, Nov. 20.

December MacLeans Magazine: TS report.

TRIBUTE TO



CHARLES LEE REYNOLDS, JR., M.D.--a renowned urologist listed in "Whos's Who In American Medicine"--is the Clinical Director and Partner (since 1963) of the Dunn-Reynolds Urology Center in Oklahoma City, Oklahoma.

Born July 1927, in Porum, Oklahoma, he served as Lieutenant in the U.S. Navy Medical Corps from 1949-57. He earned his M.D. in 1949 from Southwestern College and Veterans Administration Hospital, University of Texas, and there, later, completed his residency in urology during 1957-60.

Dr. Reynolds holds various professional positions as well as memberships in numerous professional societies: Fellow, International College of Surgeons; Fellow, American Geriatric Society; Member, Society of Nuclear Medicine; Diplomate, American Board of Urolgoy, 1970; etc.

He has served on several committees, in particular: Chief, Organ and Kidney Transplant Committee, Baptist Memorial Hospital (Chief Surgeon in performance of first kidney transplant in State of Oklahoma).

Dr. REynolds has participated in a number of symposia, in particular, the Sixth International Gender Dysphoria Symposium, Coronado, California, 1979, where he presented (with Dr. David W. Foerster) the paper, "Two Stage Procedure For The Creation Of A Functional Neophallus" (artificial penis).

BOOK REVIEW: THE TRANSSEXUAL EMPIRE: The Making Of A She-Male

by Janice G. Raymond, Boston: Beacon Press, 1979. (cover review)

"In a provocative analysis of transsexualism, Janice Raymond reveals the medical and psychological procedures used to turn men into 'women' and often today, women into 'men'. She describes the technological and behavior programming techniques used to bring about sex-conversion and seriously questions the motives of the medical-psychiatric empire that has been built around these controversial operations.

Through her accounts of the methods used to alleviate gender dissatisfaction, two basic questions become apparent. She asks, "Why is it possible in our culture even to speak about having a female/male mind trapped in a male/female body? Doesn't the question itself assume a fixed definition of what it means to be a male and a female?"

Using transsexualism as a prism through which to view the many issues involved, Raymond takes a hard look at sex-role stereotyping, the definitions of maleness and femaleness, the programs used in gender identity clinics and, the ethics of the medical-psychiatric professionals performing sex-conversion operations.

She maintains that the medical-psychiatric complex is attempting to deal with an agonizing moral and political issue through the use of surgery, hormone treatments, and gender identity programming. These methods, contends Raymond, reinforce the prejudices of a sexist society and compel the transsexual to exchange one stereotyped role for the other. According to the author, even those transsexuals who strive to be nontypical will utlimately act out the stereotype role of their original gender.

The author also points out that four times as many men have these expensive operations as do women. This, she maintains, is the supreme conclusion of male domination, where men not only possess a woman's body and spirit but attempt to <u>become</u> a female body and spirit. Those concerned about male domination of female creative capacities through medical-technical control of obstetrics and genetics (cloning, test-tube fertilization, etc.) will find that transsexualism poses a similar threat.

Raymond encourages individuals contemplating transsexual surgery to maintain their own autonomy and refuse to deliver their bodies to the medical-psychiatric empire. She urges transsexuals to demystify technological solutions to gender dissatisfaction by becoming sex-role critics, not sex-role conformists and, by so doing, turn their anguish into an effective protest against a patriarchical society that generates rigid sex-roles. At the same time, she asks those who have successfully overcome gender conflicts without medical-technical assistance to speak out and thus help others from being lured into accepting the superficial solution of a sex-change operation.

A well-reasoned feminist statement on an ethical issue with profound political and moral ramifications, <u>THE TRANSSEXUAL EMPIRE</u> stands forth as a singular contribution to social thought.

Janice G. Raymond, Assistant Professor of Women's Studies and Medical Ethics at Hampshire College and the University of Massachussetts, Amherst, received her Ph.D. from Boston College. She lectures widely on the topics of feminism and bioethics and is the author of many articles dealing with feminism and religion, ethics and biomedical issues."

(Rebuttals, alternative theses to this position are invited for publication).

MERRY CHRISTMAS! * JOYEUX NOEL!

FELIZ NAVIDAD! * GLAD JUL!

***

Love and joy come to you
and to you your wassail too
and God bless you
and send you a Happy New Year!

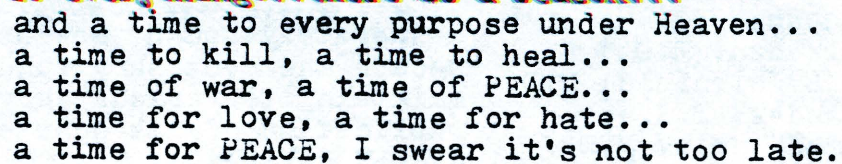
***

PEACE on earth--
GOODWILL toward men and women!

***

Why can't we all be brothers/sisters
why can't we live in PEACE?
but the hands of the have-nots
keep falling out of reach....

***



and a time to every purpose under Heaven...
a time to kill, a time to heal...
a time of war, a time of PEACE...
a time for love, a time for hate...
a time for PEACE, I swear it's not too late.

FOUNDATION FOR THE ADVANCEMENT OF CANADIAN TRANSSEXUALS
(F.A.C.T.)

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F.A.C.T. is a nonprofit, nonfunded, service organization staffed by volunteers dedicated to those suffering from the medical condition "transsexualism" or "gender dysphoria syndrome".

Co-founded in Calgary, Alberta, in 1978, by: Nicholas C. Ghosh, B.A. (Current Executive Director), Kyle J. Spooner (former Associate Director) and Christopher Black (former Secretary-Treasurer), F.A.C.T. has relocated its headquarters in Toronto, Ontario.

1980 MEMBERSHIP FEES are: $20 and include:

*Membership/Medical I.D. Card

*1980 Journal Subscription (4 issues)

*Journal Back Issues (as supply lasts)

*30-Word Personal Ad in "CONTACT CORNER"

*Information & Referrals

*Counselling & Peer-Support

*Personal Correspondence (with Directors)

*Free Admisssion to Group Meetings

Your participation and financial support are desperately sought so that the Foundation may secure the necessary funds it requires to maintain its various services (including publication of its quarterly factual journal: GENDER REVIEW).

Please help us to serve you and your transsexual peers in Canada and the U.S.A. by joining F.A.C.T. today!

Contributions of reference materials, stamps, monies, services, and written submissions--for possible publication in the Journal--are greatly appreciated.

"We respect people for **WHO** not what they are."