

GENDER



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UNIQUE INFORMATION MEDIUM FOR HELPING PROFESSIONALS AND RESOURCE PROVIDERS

by Rupert Raj, Editor

This issue introduces you to an invaluable resource tool; an instant file at your fingertips, an overview of what's happening in the world of transgender phenomena in terms of the "providers'" point of view. These are professionals who study and treat persons suffering from gender conflict or confusion ("Gender Dysphoria Syndrome"), as well as lay people (often gender-dysphoric or sex-reassigned themselves) who provide such resources as peer-counseling and support.

The main objectives of this newsletter are twofold; firstly, to directly equip the providers with pertinent news, information and referrals so that they are better able to assist the "consumers" (transsexuals, transgenderists and transvestites); and, secondly, to facilitate a communication network between professional and lay providers so that both perspectives can be exchanged in an attempt to advance our knowledge and improve our treatment methods re: gender "dis-ease". (Hence, one of my two mottos; "Working together to help resolve gender conflict.")

Two more specific motives for publishing this periodical are; to be able to present some of the Editor's views, which he feels relate to vital issues (healing the breach between consumers and providers, the gender-reassigned helping

professional, counseling, therapy, media relations, activism, lobbying networking, educating the public); and, to be able to pay tribute to a few of those people who have given so much of themselves to help those who are caught in a gender-trap. I plan to salute two of these "caretakers" (some of whom are gender-reassigned) in each issue of GN.

Additional contents should include: reviews of various resource materials (books, films, videos, tapes), notices of recent and upcoming events (symposia, conventions, meetings), calls for research participants, research results, calls for papers for presentation, abstracts, news briefs, media items, ads, and more. (Advertising policy is still to be set. Generally though, only paid ads will be published in the body of the newsletter; reciprocal ads will be printed as an insert).

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HEALING THE BREACH: GD Consumers, Professional Providers Working Together

by Rupert Raj

There has existed for sometime now an uneasy tension, at times a hostile estrangement, between "consumers" (gender-dysphorics) and "providers" (helping professionals - in particular, the psychiatric community). This fact was acknowledged with some concern at an annual general meeting of the Harry Benjamin International Gender Dysphoria Association a few years ago. (I wrote to the HBGDA President in June of 1986 addressing this very issue and offering myself as a go-between in an attempt to help heal the breach between the two sectors. I'm still waiting for a response!)

Fortunately, there is growing indication that this on-going battle between the two "enemy camps" is somewhat subsiding. At long last, a reconciliation and a "joining of forces" seems to be in sight. This prediction of a happier-state-of-affairs to come springs from the following examples, in three countries, of co-operation between the transsexual and the medical communities. Yet, in each instance, it was the consumer group who took the initiative to approach the professional sector - following the time-honored wisdom of a noted Islamic prophet.

The first example of rapprochement took place in Toronto, Canada, in March 1981, when the Foundation for the Advancement of Canadian Transsexuals (FACT) put on a conference at the Clarke Institute of Psychiatry with the participation of its gender clinic. Participants included transsexuals and professionals. Feature speakers included Dr. Betty W. Steiner, head of the clinic and Dr. Mario Martino, author of Emergence. (Gender Worker and GenderServe are hoping to jointly

sponsor a similar convention with the Clarke G.I.C. this coming fall).

Late last year, the Self Help Association For Transsexuals (SHAFT) held its annual general meeting at the house of Dr. Russell W. Reid, head of the gender clinic at Charing Cross Hospital in London, England. Furthermore, Dr. Reid and another physician agreed to act as trustees for the proposed SHAFT Charitable Trust. Two of the main reasons for establishing the trust are to win credibility and respectability, and a way to involve helping professionals with SHAFT members to mutual advantage.

The last example was only a partial success as it never quite took off. Last January, the Renaissance Education Association and The Gathering (both support groups for TSs and/or TVs) co-ordinated a conference which was to take place at the Thomas Jefferson Medical College in Philadelphia, Pennsylvania with the co-sponsorship of the Society for the Scientific Study of Sex (SSSS). Speakers were selected from both the transgender and the professional communities. Dr. John Money, of Johns Hopkins University in Baltimore, was to be the keynote speaker. Renaissance Director JoAnn Roberts sought approval from SSSS to get the recognition the conference merited, and to gain credibility within the professional community. Regretably, however, this rare opportunity to come together had to be cancelled because only a dozen out of the 300 professionals notified even bothered to register.

Occasions where consumer and provider groups have managed to conduct a meaningful dialogue, and have been able to learn from one another are surely not limited to the above instances, but both

Healing The Breach (cont'd.)

parties must continue to carry on the good work that has already begun towards the joint resolution of gender-conflict and/or confusion.

The following are some things I do that both TS consumers and professional providers can, and should be doing to reach a better working rapport between the two sectors.

*Learn to listen to and talk with one another, try to learn from and teach one another, grow to trust and respect one another as unique human beings with real needs, work together to try to resolve gender dysphoria in the TS-inclined.

*Recruit prospective members from the helping professional community to join the Harry Benjamin International Gender Dysphoria Association (HBIGDA), and urge them to attend the biennial symposia. (I have been a member since 1982 but have never been able to afford to go to any of the symposia).

*Reinstate the "Consumer Advocate" seat on the HBIGDA Board of Directors at the next AGM in 1989.

*Endorse/promote the "Standards of Care" as set out by the HBIGDA. (I distribute copies of these to my clients, colleagues, and to helping professionals who are new to this field and wish to know more).

*Read/promote "Counseling The Transsexual" by John Money and Paul A. Walker, (Chap. 102 of the Handbook of Sexology, edited by J. Money and H. Musaph, Elsevier/North Holland Biomedical Press, 1977, 52 Vanderbilt Ave., New York, N.Y. 10017). This paper is a must for counselors/therapists with TS clients.

*Read/promote The Uninvited Dilemma: A Question of Gender, by Kim

E. Stuart, 1983, and the Research Supplement (available from me). This is the book I recommend for new TSs, helping professionals and especially significant others.

*Join sexological societies (often non-professionals can join as associate members), TS support groups, and service organizations which serve both groups (like J2CP), and refer others to all of the above.

*Read/subscribe to professional journals of sexology, TS newsletters, and magazines that provide a medium for both TS consumers and professionals (like "Gender Forum").

*Co-sponsor educational programs - at conventions (like the one held each year by the International Foundation for Gender Education), at symposia (like the one sponsored every two years by the HBIGDA), at seminars and workshops (like the one put on by the Metamorphosis Medical Research Foundation at the 1987 conference held by the Toronto Social Services Network for Lesbians, Gays and Transsexuals).

*Co-operate in media outreach activities to educate the lay public by appearing together on television programs, film documentaries and radio shows, and by featuring jointly in newspaper and magazine articles and in books about transsexualism and gender reassignment.

*Lobby together to effect needed reform of legal and administrative policies that currently preclude equal rights and opportunities to TSs. (I am appealing to the government to amend the Canadian Charter of Rights and Freedoms and the Ontario Human Rights Code to offer even more protection to TS and TV citizens, and I also plan to lobby the Ontario Health Insurance Plan to cover the cost of electrolysis, voice therapy and cosmetic surgery for TS women in this province).

Tribute To: DR. ROBERTO FARINA



Dr. Roberto Farina is an outstanding plastic surgeon who practices in Sao Paulo, Brazil. His specialties include correcting congenital errors of intersexed persons, and surgically reassigning transsexual patients. In fact, he wrote a scholarly work which gives a truly comprehensive treatment of this whole area in 1982, titled, TRANSEXUALISMO: Do Homem A Mulher Normal Atraves Dos Estados De Intersexualidade E Das Parafilias ("TRANSEXUALISM: From Normal Man To Normal Woman Through The Conditions of Intersexuality And Paraphilia"), published by Novalunar, Sao Paulo.

He is a virtual pioneer of transsexual surgery in South America - and, as Dr. Benjamin was ostracized by his professional peers in the '60s for medically treating gender dysphoric persons in North America, Dr. Farina suffered the even more severe penalty of government prosecution for surgical intervention of these patients. The particulars are more or less as follows.

After publishing the results of his work at a medical congress in 1975, Dr. Farina was charged by the Brazilian authorities for practicing an illegal operation. The prosecution was based on an article of the Penal Code prohibiting any surgery which could be considered an "unnecessary mutilation" of the human body. Dr. Farina was found guilty and given a two-year suspended sentence (suspended because it was his first offence). The decision terminated transexual surgery in Brazil for several years, despite the testimony in the doctor's favor of three legal experts, 10 lay witnesses and 30 foreign medical professors. Fortunately, for transexuals in Brazil and neighboring countries, Dr. Farina was able to enlist the support of a member of the Brazilian Congress who successfully promoted a bill reforming the relevant article of the Penal Code. As a result, since November 1979, transsexual surgery has been legal in Brazil provided that there is unanimous recommendation by a medical committee and informed consent by the patient.

Dr. Farina acted as a Professional Consultant to the Metamorphosis Medical Research Foundation (which just folded May of this year) for several years and was also awarded an Honorary Life Membership, and an "Award of Merit" - for his years of dedicated service to the gender dysphoric population - by then-Founding President Rupert Raj.

Like Benjamin, Dr. Farina has a positive attitude towards transexuals. In his book, he comments on the inefficacy of psychiatric treatment in most cases, and says the medical evidence suggests that transexuals are not sick but are normal in all respects (including a well-defined gender identity), and that surgery would simply complete the perfect congruency between the body and the spirit. He further insists that

Tribute To: Dr. Farina (cont'd.)

the great majority of transsexuals adjust well to the new gender role and tend to be more contented, productive citizens after reassignment.

The good doctor is highly qualified in his field, and enjoys an international reputation among his colleagues. His book (written in Portuguese) is a clear testimonial to his professional expertise and should be available in English. Towards this end, Mr. Raj has been appointed as Canadian agent, in an attempt to locate a publisher who will produce an English version, but he has had no success to date. It is tragic that the results of years of clinical research and the various treatment methods reported in this remarkable compendium are inaccessible to most of the world. Do we not owe ourselves the chance to learn from a man who has recorded his clinical career just for us?

--Rupert Raj and Dawn Linda Raby

THE UNINVITED DILEMMA: A Question Of Gender, Kim Stuart, \$12.50 U.S. Research Supplement: \$12.50 U.S. Both books: \$23.25 U.S. if ordered together. Available from: Gender Worker, P.O. Box 1224, Station A, Toronto, Ontario, Canada M5W 1G7.

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NEW/RECENT BOOKS IN PRINT

BODYSHOCK: The Truth About Changing Sex, Liz Hodgkinson, Columbus Books Ltd., London, U.K., 1987, 184 pps. (\$16 Cdn.). An illuminating study by a freelance journalist, it tries to understand the unusual dynamics of the TS condition, and investigates the who, how and why of "sex changes". Hodgkinson tells the stories of some famous lives: Christine Jorgensen, April Ashley, Jan Morris, Renée Richards, Adele Anderson, Judy Cousins, etc. and relates some intriguing cases of F-M TSs including Mark Rees and Michael Dillon (a Buddhist monk).

IN SEARCH OF EVE: Transsexual Rites Of Passage, Anne Bolin, Bergin & Garvey Publishers, Inc. South Hadley, Mass., 1988, 210 pps. (\$13 US). The first comprehensive study of TS "rites of passage", it illuminates the array of social, psychological and physical changes experienced by people in the process of changing gender. Bolin illustrates, through case studies of symbolic death and rebirth, how the rituals accompanying each stage of transition are integral to successful transformation, and further represents the extent to which gender roles are culturally constructed.

LA QUESTION TRANSEXUELLE, Pasteur J. Doucé (Ed.), Lumiere & Justice, (32 rue Berzelius, 75017 Paris, France), 1986, 259 pps., en Français (133.5 francs). Some 20 specialists focus on various aspects of transexualism and sex-reassignment including those related to: psychology, endocrinology, depilation, cosmetic and genital surgery, the law, religion and ethics, history, society, and prostitution, and includes two personal accounts by post-op TSs, and a global overview. Pasteur Doucé has worked with TSs and TVs for over a decade through the Centre Du Christ Libérateur.

Reviewed by Ray Blanchard, Ph.D.,
Gender Identity Clinic & Research
Section of Behavioural Sexology,
Clarke Institute of Psychiatry,
Toronto, Ontario; Department of
Psychiatry, University of Toronto.

This multi-authored book is a general introduction to the field of gender identity disorders rather than a collection of scholarly papers on advanced topics. The editors have inexplicably given it the same title used by Green and Money (1969) for their classic multi-authored book on the same subject. (Ross himself cites the earlier book in Chapter 6). As a short and readable introductory text, the book is adequate in all regards and excellent in some.

The first chapter is by Michael Ross. He begins by providing definitions of transsexualism, gender dysphoria and gender identity. Ross does not stress the fact that there is no universally accepted definition among specialists for any of these terms. In Ross' terminology, transsexualism - the belief that one is, or should be a member of the opposite sex - is a symptom of gender dysphoria. This unusual usage leads to statements that will startle many clinical sexologists, for example: "it will be clear that transsexualism may present on occasions where there is no clearcut gender dysphoria" (p1).

In Ross' view, gender dysphoria may be primary - "present constantly from childhood and to a considerable degree" - or secondary - "intermittent or of low strength, and exacerbated by some problem later in life" (p.1). These definitions tend to obscure the fact that the terms primary and secondary are not purely descriptive, but implic-

itly embody etiological hypotheses. This point is clearer in the definitions used by the psychoanalytic writers who introduced these terms: primary transsexuals are "transsexuals throughout the course of their development" (Person & Ovesey, 1974a, p.4), whereas secondary transsexuals are "effeminate homosexuals and transvestites who develop transsexualism as a regressive phenomenon under conditions of stress" (Person & Ovesey, 1974b, p.192). The attempt to loose these terms from their theoretical moorings and use them in a purely descriptive fashion is somewhat problematic: applicants for sex-reassignment are usually well aware of the textbook description of transsexualism and virtually supply some version of the "classic" history, including early cross-gender wishes (Blanchard, Clemmensen & Steiner, 1985). "Conditions of stress" are so ubiquitous in adult life that they are likely to be found in any patient's history.

Chapter 2 is a well-written autobiographical account of a reassigned transsexual. It will naturally be of great interest to readers who have not had extensive first-hand experience with gender patients.

The third chapter, "Causes of Gender Dysphoria" is again by Michael Ross. The contents of this chapter are generally predictable. In the case of any sexological disorder that has no obvious organic cause, there are certain to be: a) theorists who argue that the disorder is likely to have a biological cause, usually arguing by analogy to better understood phenomena, b) theorists who assert that the disorder results from a particular childhood experience, pattern of rearing or family constellation,

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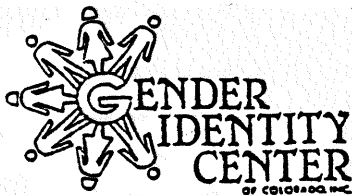
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Passages

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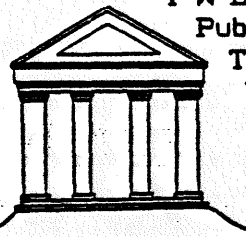
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Transsexualism/Sex Reassign. (cont)

and c) theorists who insist that the disorder results from an interaction of biological and environmental factors. So it has been with gender dysphoria. Dr. Ross accordingly considers the published literature under the headings of "Biological factors", "Familial theories" (ie. theories that family behaviour dynamics are pathogenic), and so on. He concludes that the recognition that gender dysphoria may result from different causes will facilitate etiological research. This is an optimistic view. The very poor quality of the data presently available to us (eg. the reliable childhood recollections of candidates for reassignment surgery and the equally distorted memories of their parents and older siblings) may well stymie certain kinds of causal research, even if it is conducted on etiologically homogeneous groups.

The fourth chapter, by Donna Riseley, concerns the assessment and treatment of children with cross-gender identity or role behaviour. It provides a useful concise introduction to the various issues in this area. Riseley concludes that there is no evidence to support the view that modification of cross-gender behaviours in childhood will result in later changes in sexual orientation.

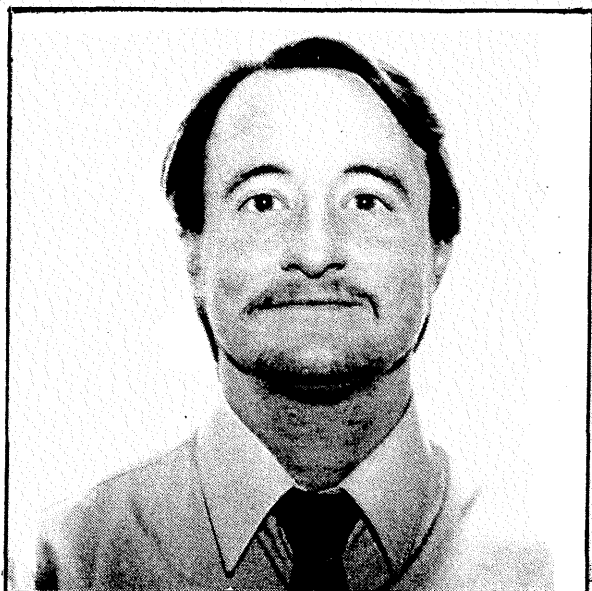
Chapter 5, on differential diagnosis, includes a great many generalizations about transsexuals (eg. "The family structure and, with it the child-rearing process, deviate from the norm in at least three-quarters of all patients"; p.44) with no indication how these generalizations have been arrived at. It borrows heavily from a handful of classic psychoanalytic papers, which the interested reader could consult in the original with

little additional effort.

Chapter 6, by Don Burnard and Michael Ross, primarily concerns psychological testing. The authors (apparently departing, by the way, from Ross' earlier definition of transsexualism as a symptom) state that psychological testing cannot establish a diagnosis of transsexualism. They do, however, recommend the adoption of standardized batteries of psychological tests as useful for research. This reviewer would concur with both points. He is less enthusiastic about the usefulness of psychological tests in screening candidates for sex-reassignment surgery. The requirement for most gender clinics, that patients work or attend school full-time in the cross-gender role for two years before surgery, effectively weeds out patients who are emotionally unstable, as well as those who are not fully transsexual. Few psychiatrically-disturbed individuals - with or without a gender identity problem - are capable of holding a job or attending school consistently for two full years. Therefore, psychological tests, which are far from perfectly valid or reliable to begin with, add little useful information to that already afforded by the patient's performance in the pre-surgical probationary period.

The second half of this book (Chapters 7-14) focusses on the practical aspects of gender reorientation and sex reassignment. It includes sections on endocrinology and hormonal medication, speech therapy, surgical procedures employed in sex reassignment, pre- and post-operative nursing care, common surgical complications, the role of social work in rehabilitation, and the legal consequences of reassignment surgery. These chapters consist largely of specific factual information and will (cont'd. p.12)

Tribute To: LOUIS GRAYDON SULLIVAN



Louis Graydon Sullivan has done more to educate people on the many various realities of the female-to-male transsexual experience, and the F-M transvestite phenomena (a much rarer occurrence than its M-F counterpart) than anyone I know (with the probable exception of Dr. Ira Pauly and myself). He is, in fact, a living legend: an author, biographer, newsletter editor, reviewer, researcher, educator, speaker, support group leader, peer-counsellor, and activist.

Born a girl in 1951, Lou began to become aware of his female-to-male transvestite/transsexual feelings when he was a 15-year-old teenager in Milwaukee, Wisconsin. He began to cross-dress as a male full-time and came out as a gay (F-M TS) man. Originally, Lou defined himself as a female transvestite, but later changed this self-appraisal to a female-to-male transsexual man who identified as a gay man and in 1979, began male hormone therapy in San Francisco (where he now lives). In 1980, he had the chest recon-

struction and in 1986, underwent genitoplasty (surgical construction of an artificial penis and scrotum), and kept a journal chronicling the events of the one-and-a-half year surgical procedure.

"Lou the Lion" (as I just thought to call him - for he contributed a lion's share to the gender-dysphoric community) is a prolific writer on all aspects of F-M TSism. For example, he published a biography of Deborah Sampson (who passed as Robert Shurtlieff - a soldier in the American Revolutionary War) in 1975, and two editions of the book, INFORMATION FOR THE FEMALE-TO-MALE CROSSDRESSER AND TRANSSEXUAL (with plans to publish a third in early 1989). In addition, Mr. Sullivan has just recently signed a contract with Alyson Publications to publish a biography of Jack Bee Garland (a woman who lived in San Francisco from 1869-1936, spending the last 40 years of her life as a man) which he began in 1984. Publication date is set for late 1988/early 1989. As well, Lou edited "The Gateway" - a newsletter put out by a TS support group in San Francisco from 1979-80, and he currently edits "FTM" - a periodical for female-to-male transsexuals. Furthermore, over 13 articles and book/film reviews by Lou have seen print in the "Metamorphosis" newsletter and "Metamorphosis Magazine".

In December 1986, Lou organized his first FTM Get-Together (for female-to-male transsexuals only) in San Francisco, and holds these educational peer-support gatherings every three months in the Bay Area.

Lou has been a regular panel-speaker on cross-gender issues at the Institute for the Advanced Study of Human Sexuality since 1980, and has recently spoken on human sexuality and AIDS to medical students at the University of Nevada School of Medicine. (Mr. Sullivan was diag-

Tribute To: Louis Sullivan (contd)

nosed as having pneumocystis AIDS in December 1986). And recently, he has met with several gender specialists (including Dr. Ray Blanchard, Dr. Eli Coleman and Dr. Ira Pauly) to educate them on the previously-disputed existence of the female-to-gay male TS. Lou is scheduled to be the subject of a case study on the female-to-gay TS male which will soon be featured in the Journal of Psychology and Human Sexuality, and the subject of a presentation at the International Academy of Sex Research this coming August.

Mr. Sullivan was awarded an Honorary Life membership in the former Metamorphosis Medical Research Foundation, and an "Award of Merit" for his outstanding achievements to the TS community over the years.

--Rupert Raj

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Gender Networker

NEW/RECENT BOOKS IN PRINT (cont'd)

PRESENTATIONS OF GENDER, Robert J. Stoller, Yale University Press, New Haven, Conn. 1986 (\$20 U.S.) Written within the context of the traditional psychoanalytic approach, Stoller presents cases of families of effeminate boys, and discusses the role parents play in the gender development of children. He also reviews some biological effects on the formulation of gender identity.

TRANSEXUALISM AND SEX REASSIGNMENT, William A.W. Walters and Michael W. Ross (Eds), Oxford University Press, Melbourne, 1986, 191 pps. (\$29 U.S.). Based on a decade of work with 400 patients at a major clinic in Australia, the book describes factors determining gender identity, and explains how and why TSism may develop. This general overview discusses the medical, ethical, legal, social and personal implications of TSism and provides a vital contribution to its understanding and management.

VENUSES PENUSES; Sexology, Sexosophy and Exigency Theory, John Money, Prometheus Books, Buffalo, 1986, 659 pps. (\$48 Cdn.) This tome is a comprehensive record of Dr. Money's major theoretical contributions to modern scientific sexology. A wide range of topics are covered including the psychology of hermaphroditism, and the genesis of gender transposition - as manifested in homosexuality, bisexuality, gynemimesis and transsexualism.

SYMPOSIUM PROCEEDINGS ON AUDIOTAPE

Fourteen tapes of the Tenth Symposium are available from the Harry Benjamin International Gender Dysphoria Association (900 Welch Road, Suite 402, Palo Alto, CA 94304) for \$6 U.S. or 11 Dutch guilders each. Europeans may order directly from Dr. Louis Gooren, AZVU, Box 7057, 1007 MB Amsterdam, The Netherlands.

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June 1988

COMPREHENSIVE TREATMENT PROGRAM FOR THE GENDER-CONFLICTED; Hormone Therapy, Androgyny, And Transition (Three tapes), Tomye Kelley, M.A., Gender Therapist

Reviewed by Rupert Raj

The following tapes (together with one on "Cycling" still in progress) comprise the core of Ms. Kelley's treatment program for the gender-dysphoric: a set of 16 or so audiotapes focussing on various aspects of gender conflict, including etiology, definitions, early symptoms, treatment modalities, relationship conflict/resolution, and support groups as a complement to psychotherapy. Some tapes target the primary client (transsexual or cross-dresser), others address the gender clinician, or talk to the spouse, and some relate to both client and clinician - as the following tapes do. These relate primarily to the male-to-female transsexual, however, there is a tape specifically devoted to the female-to-male TS.

HORMONE THERAPY WITH GENDER CONFLICT: Tape A-6 outlines: 1) the roles and responsibilities of both client and clinician (in terms of information-collection, decision-making and ethical considerations); 2) the requirements prior to initiating hormone therapy (evaluation and diagnosis for at least 90 days - exploring the client's early experiences and examining his cyclical pattern of feelings about his genitals, crossdressing and femininity); 3) medical supervision of on-going endocrine treatment (emphasizing the need for research and study, the importance of careful monitoring, and the value of a second opinion); 4) the effects of hormones (detailing beneficial and harmful results both, contraindications, what they cannot do and some reasonable expectations); 5) some problems and solutions vis-à-vis the effect of the client's altered physical appearance on his family, friends, employer and co-workers.

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ANDROGYNY WITH GENDER CONFLICT: Tape A-7 is a workshop tape that requires the participation of the primary client under the supervision of the gender therapist and in collaboration with a peer-support group. An androgyny chart accompanying the tape sets out five levels or stages of specific role behaviors to follow (as real-life exercises), moving gradually from the male role through the male/female role to ultimately the desired female role (transitional phase) over a one-to-two-year period. A wide range of the many issues involved in psychological, social, and legal gender-reassignment are touched on, along with a number of specific strategies on how to handle certain situations (such as, out shopping, at home and at work), as well as some general advice on passing in public (clothing, hairstyles, make-up, voice mannerisms).

TRANSITION WITH GENDER CONFLICT: Tape A-8 is essentially a continuation of the preceding tape taking the androgyny phase one step further - the transitional stage of living and working full-time as a woman. A printed "map" that comes with the tape focusses on various aspects of gender-conflict and the business world, and graphically depicts the interrelationship among androgyny at work, support groups and involvement in the community. Again, a series of successive steps to be taken over the course of the transitional phase are delineated as practical ways for the client to fully integrate into society as a woman. A wealth of sound suggestions are offered concerning changing over at work, the use of the ladies' room, how to tell the boss and fellow-employees, living with genetic female roommates, befriending men and women, and blending in.

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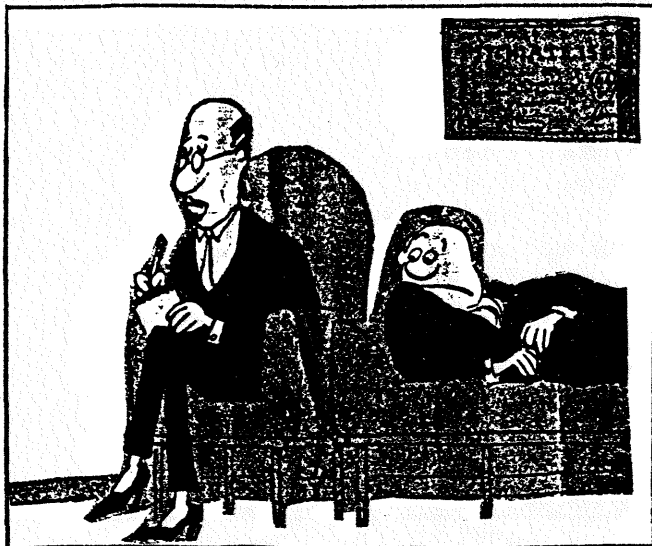
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Comprehensive Treat Program (cont)

This reviewer recommends the above tapes to both the transsexual male and the helping professional. The tapes should be played in sequence if possible, as there is a natural flow that bridges one to the next. Ms. Kelley uses an easy, conversational style that enables the listener to capture the significant points. The information and motivation contained on these tapes are a valuable aid to gender-conflicted males who require additional guidance or who lack counseling or therapeutic support of any kind. The basic principles and guidelines on these tapes are similarly an indispensable resource tool for both knowledgeable and uninformed helping professionals - especially for those who practice in remote areas where access to gender programs is severely limited or unavailable.

An order form listing the tapes currently available can be obtained from Ms. Tomye Kelley, M.A., Gender Therapist, 8972 Oberon Road, Arvada, Colorado, 80004 (420-9885).

Ms. Kelley is currently working on a video presentation of the entire program, which will be reviewed in a future issue of "Gender Networker."



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RECENT COMPLETED RESEARCH PROJECTS

Terrie Ann Lyons, Ph.D., did a comparison of 10 female-to-male transsexuals and 10 masculine lesbians ("Gender Identity And Internalized Object Relations"). She concluded there is a clear difference between masculine sex roles and male core gender identity, inasmuch as the lesbians saw themselves as women and had no desire to change. The dissertation maybe ordered through University Microfilms Int'l, Ann Arbor, Michigan (pub. no. 86-12, 820).

Kerstin Trone, while a graduate student in the Human Sexuality Program of the Dept. of Health Education at New York University, conducted a 1986 survey of 55 male-to-female transsexuals ("Are All Male-To-Female Transsexuals Sexist? A Study Of Possible Variations"). She drew two main conclusions: Almost all the male-to-female transsexuals had pro-feminist attitudes, and only 31% preferred male partners.

June Martin, Ph.D., undertook a study in 1987 ("Genital Eroticism in Postoperative Male-To-Female Transsexuals: An Exploration of the Incidence and Frequency of Sexual Behaviors, Feelings and Concerns"). Her sample (50 or more - number unknown at this time) reported a predominate heterosexual orientation. (More on this later).

David Barlow, Professor of Psychology at State University of New York, estimates about one per cent of American adult males are cross-dressers, exhibiting symptoms between the ages of three and six. He says there are two basic types: men who dress for sexual arousal and men who feel more relaxed thinking of themselves as women. Barlow says cross-dressing can be successfully treated with therapy. (Obviously, he hasn't seen the cartoon opposite!)

Transsexualism/Sex Reassign (cont)

not be reviewed in detail. They are not obviously, intended to teach the reader how to perform a vaginoplasty, train a patient to speak in a feminine voice or prepare a petition for a legal name change. They do, however, offer practical suggestions for counselling transsexual patients. The medically oriented sections provide background information that would be very useful to psychiatrists, psychologists, social workers or pastoral counselors who need to communicate, in the course of treating gender patients, with surgeons or endocrinologists. The reviewer felt the practical clinical chapters alone are worth the price of this tidy and rather nicely produced little book.

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RECENT/UPCOMING EVENTS

The SEX INFORMATION AND EDUCATION COUNCIL OF CANADA held its Annual General Meeting in Toronto on May 31. Guest speakers included: Bonnie Bean, Supervisor-AIDS, Multidisciplinary Team, Dept. of Public Health, Toronto, and Ed Jackson, Community Education Coordinator, AIDS Committee of Toronto. Rupert Raj was unable to attend due to a sudden onset of the flu. SIECCAN's address is: 326 Gainsborough Road, Toronto, Ontario M4L 3C6 (416-466-5304). Membership is \$25 per year for individuals, \$35 for organizations.

The 10th Annual Guelph Conference on Sexuality will take place June 13-15 in Guelph, Ontario. Plenary speakers will be: Dr. Ruth Westheimer (who will give the keynote address: "In Search Of Healthy Sexuality"), Dr. Edward Herold (who will give the plenary address: "The Impact of AIDS on Sexuality and Sex Education"), and, Dr. James Nelson (who will talk on Christianity and sexuality). Last year, over 700 educators, nurses, physicians, social workers and clergy from across Canada and the U.S. attended. Contact: The Chairman, Dept. of Family Studies, University of Guelph, Guelph, Ontario N1G 2W1 (824-4120).

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