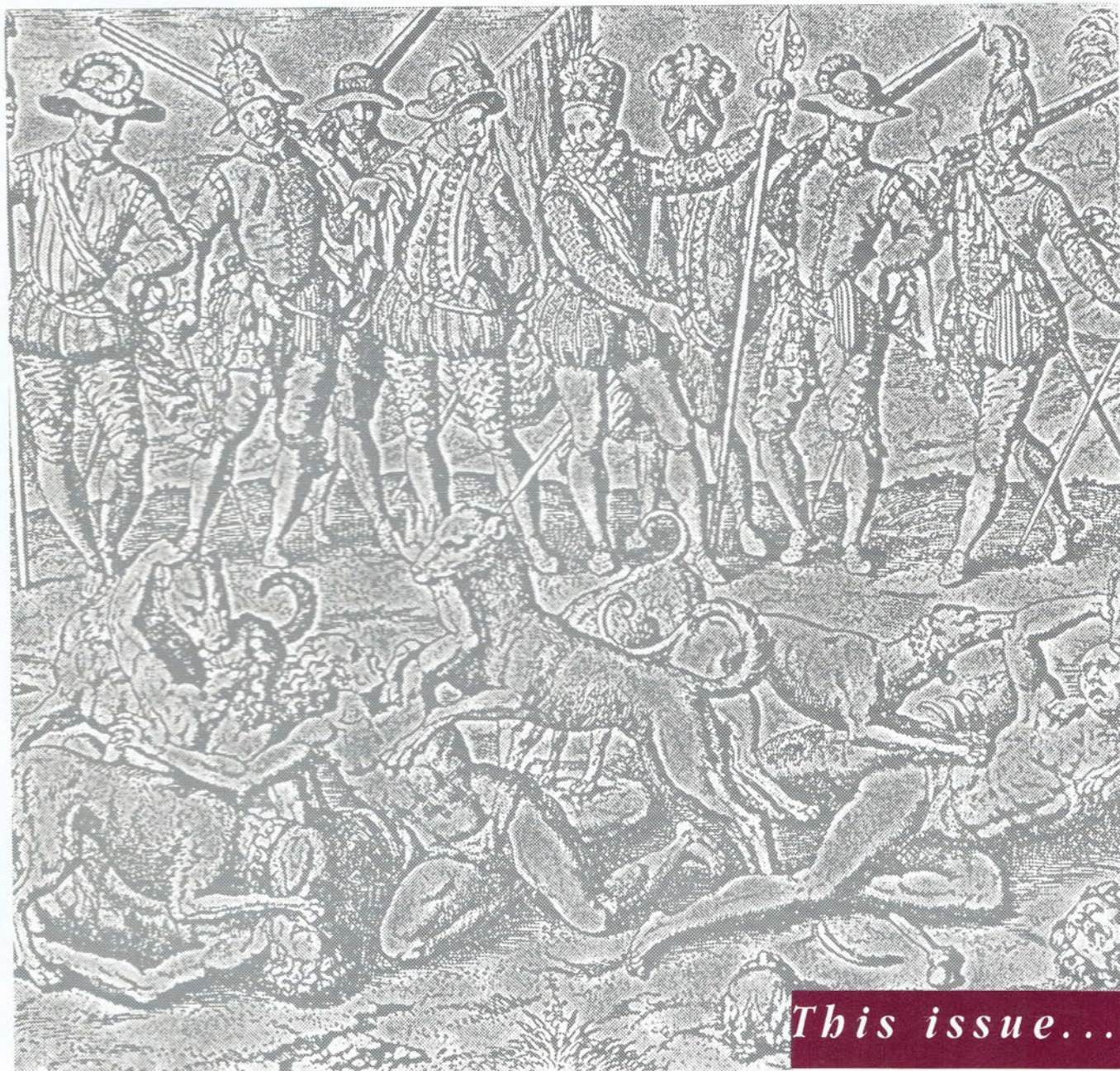


Chrysalis *Quarterly*

Volume 1, No. 7 1994

\$9.00



This issue...

*Repression
in Cross-Gender Identity*

(Actual phrases from Philip Salem's letters)

You should be on hormones. Send me
hundred and twenty-five dollars for
membership in my North American
Transvestite-Transsexual Contact
you can meet other tranvestites
fake an
World. You
days while I am
You must send me

do it for fun.
facts in the

I will never understand why transvestites go
through all the things that they do. Shaving,
electrolysis and wearing heels. I accept htis
as a personality disorder. You should get
and yourself a sexual partner and enjoy life with
a man. put us up f
will be required for me

filthy rich
more than 30
TV-TS World.

and my
ys which
surgery.

AEGIS
P.O.Box 33724
Decatur, GA 30033-0724
(404) 939-0244 / 939-1770 FAX

Philip Salem Wants All Your Money

(and he'll do almost anything to get it!)

Philip Salem is one of the names of a West-Coast con-man who uses a confusing mixture of false names, temporary post office boxes and telephone numbers, contact ads, promises of sex reassignment surgery and hormones, and a pose as a "doctor" to convince crossdressers and transsexual people to send him large sums of money.

Salem uses a variety of personal and company names including Tanya Ray, Tanya Roberts, Ina Rubin, Soraya, "The Kinky Shrink," The North American Transvestite-Transsexual Society, and The

North American Transvestite/Transsexual Leather Club. He seems to operate primarily out of the Pacific Northwest, but commonly asks his correspondents to send him money so that he can travel to their city for a "screening interview."

Because of his many aliases, Salem is very difficult to bring to justice. Those having information about his current whereabouts should contact Kym Richards at P.O. Box 944, Woodland Hills, CA 91365 (You can fax her at 818-347-4190 or send her E-Mail on the Internet at kymmer@xconn.com).

A public service of the American Educational Gender Information Service, Inc.

this issue

Chrysalis

Quarterly

Volume 1, No. 7 1994



contents

About this Issue

This issue is dedicated to the memory of Dr. Roger Peo, a therapist who worked with the transgender community for many years. Roger's writings, which contain a good deal of common sense, have appeared in many of the community's publications

Roger will be sorely missed.

The theme of this issue is repression and self-repression—the ways in which transgendered persons are damaged by the world at large, and the ways in which they damage themselves. The cover, a 1594 woodcut by Theodor de Bry, shows Panamanian berdache being fed alive to dogs by Balboa, the Spanish conquistador.

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Number 8
Significant Others

Number 9
Mens' Issues
(Jason Cromwell, Editor)

Number 10
Special Issue:
Education and Orientation
In Cross-Gender Identity

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Mission: Chrysalis Quarterly is dedicated to the in-depth exploration of gender issues. Our focus will be on topics which have been ignored or only lightly touched upon in other forums. Our treatments will be intelligent and unbiased.

Submissions: We welcome your stories, articles, letters, editorials, news clippings, position statements, research reports, press releases, poems, and artwork.

Authors should indicate whether materials have been submitted or printed elsewhere.

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Authors will receive a free issue of CQ.

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Transgendered persons have a long history of persecution at the hands of others. Our cover reproduces an engraving from 1594 by one Theodor de Bry, showing Panamanian Indian berdache being fed alive to dogs on the orders of the Spanish conquistador Balboa, who was offended by their dress and behavior. We found this illustration in, among other places, Walter Williams' *The Spirit and the Flesh*, a history of transgendered Native Americans.

There are hundreds of documented cases of the execution of cross-dressing men and women in Medieval Europe. The most famous is Joan d'Arc, who was burned at the stake because of her persistent refusal to wear women's clothing.

The first group of people the Nazis turned to after having cleared the asylums of those who were mentally ill and mentally retarded were persons with alternative methods of showing their gender. And yet the files of the sexologist Magnus Hirschfeld were reported to be filled with thousands of case histories of transgendered persons, many of them Nazi officials. How ironic that der Fuhrer's elite were dressing up in private in Berlin and Berchtesgarden even as the cattle cars carried those who were too masculine or too feminine for their putative genders to the death camps.

Yes, transgendered persons have suffered at the hands of others. But they have more often been victims of their own doubts and insecurities. Most transgendered persons share a common history of denial and repression. They make repeated and often desperate attempts to ignore, deny, and circumvent their feelings. These

attempts can take a variety of forms ranging from purging (throwing away clothing, jewelry, cosmetics, correspondence, and books) to compulsive overwork to compulsive overeating to alcoholism and drug abuse to self-mutilation of the genitalia.

Tens of thousands of transgendered persons marry and have children in order to prove themselves to be men or women. They seek out sex-typed occupations like nursing and secretarial work for women, or engineering and the military for men. They damage their bodies with needless risk-taking, and by neglecting their physical illnesses. More than a few (no one knows how many) end up dead at their own hands.

With acceptance of one's transgender feelings comes the promise of a better life. For some, this means sex reassignment; for others, it means simply acknowledging their masculine or feminine side. Certainly, education is the first step to self-understanding, to the casting out of the doubt and the guilt and the fear.

Because we can imagine the smell of our own flesh as we begin to burn at the stake; because we can feel the cold linoleum of the kitchen floor as we sit there naked, knife in hand, ready to slice into our genitals; because we can identify with those in alcohol and drug-induced hells of their own making; because of the injustices done to transgendered persons by others; and because of the injustices transgendered persons have done and continue to do to themselves, the theme of this issue of *Chrysalis Quarterly* is repression. ☞☞

REFLECTIONS FROM OUT HERE

by Floyd

Equation

MAYBE,
he = she
and
she = he

yet, to me

THEE = THEE
= THEE
= THEE
= THEE!

"SPECIAL"

Our son, our daughter.
Our daughter, our son.
Why are we complaining?
We got two for one!

What was the price?

What was the price?
How much did you pay?
Isn't that kinda steep,
to try a new way?

Gee, I don't know
how much I would bid:
A mom?, or 5 friends?
An ego for id?

Omar, you said?

Omar, I wonder, what was it you said,
You know, in the garden, where Caesar once bled?

Of Hyacinths and roses, blowing bitber and yon,
of truth and of life, now here and now gone?

The air and the wind, now quiet, now blowing;
The water—the brook, now calm and now flowing.

Of soul and the air, Of body and water
Or was it of clay and of pots and the Potter?

Pursuer of truth with rule and with line,
Eluder of truth with dreams and with wine,

What can you tell me, what have I got?
Where is my IS and what is my NOT?

Beam me up, Scotty

Beam me up Scotty
and please leave behind
dark secrets and shadows
that hide in my mind.

Beam up my body
but not all the fat
just beauty, virility
and good stuff like that.

Bad habits and faux pas
leave those right here
but get all the good luck
and laughter and cheer.

God's breath of love
don't that omit
and some of the clay
and wisdom, and wit.

Match me up well
my drives, soul and body
its great to be here,
but beam me up Scotty!!

now, then, my friend

Then,
was he not she?
Now,
is she not he?

Never mind now.
Never mind then.
My friend
was my friend
is my friend.
Amen!

Dr. Floyd Dennis is one of the most remarkable people I ever met. During my years in a doctoral program at Vanderbilt University in the late 1980s, I learned a great deal from him, and we became very close. He found out about my transition in the worst possible way, wondering "Why I was dressed that way." I had assumed someone had told him. They hadn't. But within a half hour, we were discussing special education like in old times. These poems represent his exploration of his feelings about my change and his ultimate realization that I am the same person I always was. — Ed.

We are dedicating the bulk of the letters column to two carry-overs from last issue.

Our readers may remember that Robyn Ellis of Seattle's Ingersoll Gender Center took *CQ* to task for subtitled two articles *The Brussels Experience* and *The Trinidad Experience*, the names of two Ingersoll booklets. We apologized.

Subsequently Michelle Hunt charged that Ingersoll had plagiarized her work in their booklet *The Brussels Experience*. When we contacted Robyn, she sent us a written response, promising to tell us the results of Ingersoll's investigation of Michelle's charges; we printed her letter in *CQ* #6.

To date, we have not heard the outcome of Ingersoll's investigation. We wonder: if there *was* plagiarism, does Ingersoll owe us an apology for eliciting our apology, or do we owe an apology to Michelle Hunt?

The other issue had to do with the Program in Human Sexuality at the University of Minnesota.

PHS is one of the oldest university-based gender programs in the country, having survived the widespread closures of clinics that followed the publication of Meyer & Reter's controversial 1979 paper on the outcome of transsexual surgery.

Dr. Walter Bockting of the Program in Human Sexuality wrote in response to a statement about PHS in an article in issue #3. I had listed PHS as one of the programs, like the Clarke Institute of Psychiatry in Toronto and the Rosenberg Clinic in Galveston, which require a mandatory period of full-time cross-living before the initiation of hormonal therapy. Dr. Bockting pointed out that this was not true, and described the PHS program in some detail.

At about the same time, we were hearing disturbing rumors about PHS and eventually received newspaper clip-

pings documenting dissatisfaction with PHS in some factions of the transgender community in Minnesota. We needed time to digest the information, and promised to give our reaction in this issue.

We discovered that yes, there has been some dissatisfaction with PHS, as documented in *Twin Cities Reader*, *Gaze Magazine*, *The Minnesota Daily*, *the Star Tribune*, and other newspapers and newsletters. The controversy involves not only dissatisfied former clients, but Dr. Sharon Satterfield. Criticisms from clients included (as reported by the press):

- Staff are not clear in communicating what outcome the PHS client can expect from gender-related care;
- Clients are not apprised by staff in a timely manner as to whether or not the client will have access to (sex reassignment surgery);
- Rather than help remove institutional obstacles to getting (sex reassignment surgery), staff engage in a subjective counseling process with clients which tends to add further obstacles to clients getting (sex reassignment surgery).

— *Gaze Magazine*, #186, 3/19/93

It is clear from Dr. Bockting's letter in *CQ* #6, from conversations with him, and from the writings and conference presentations of Dr. Bockting and Dr. Eli Coleman, PHS' Director, that the Program in Human Sexuality is aware of and responsive to the needs of their transgendered clients, and that Drs. Coleman and Bockting have done considerable restructuring of the program in order to ensure sensitivity to client needs.

Are, then, the criticisms leveled against PHS valid? We don't know. We suspect that at the root of the problem are differing expectations of PHS staff and clients about what a gender program

P.O. Box

Concluded on page 7

Gender Happenings

Business as Usual . . .

Transsexual People Get Tortured, Threatened, Raped, Discriminated Against, and Murdered

Bobbie Laine Johnson, 47, Carla Adams, 33, Marianne Parrish, 35, and Mary Ann Round, 47, of Pittsburgh are ordered to stand trial for the October 10th abduction, beating, and torture of a male-to-female transsexual person. "The defendants said the victim... deserved the beating because he deceived another man into believing he was a woman, even to the point of the man asking the victim to marry him. 'We tried to end the charade,' said Bobbie Lane Johnson. The women... heckled the victim in the courtroom and had to be warned by District Justice Alberta Thompson to be quiet." In an article in the *Pittsburgh Post-Gazette* on 20 October, 1993, Mark Belko used masculine pronouns and repeatedly referred to the victim as a man.

In January, an FTM transsexual person, Brandon Teena, and two non-transsexual friends are murdered in their farmhouse. John Lotter, 22, and Marvin, Nissen, 21 are arrested and charged with the murders and also with the kidnapping and sexual assault of Teena several weeks earlier. The Richardson County Sheriff's Department had refused to act on the kidnapping and assault charges, telling Teena's sister, who voiced concern, to mind her own business.

Teena's transgendered status became known when that information was released by the Sheriff's Department after his arrest on misdemeanor charges. Despite Teena's status as a passing FTM, gay and lesbian press sources used feminine pronouns in referring to him (Sources: *FTM*, February, 1994, #26, and *TransSisters*, Spring, 1994, #4.)

In February, a woman stabbed a post-operative woman, a fellow resident in a woman's shelter, more than 150 times because the transsexual woman didn't look sufficiently feminine to suit her (criminologists say so many stab wounds is a sign of great anger). Like the Pittsburgh bunch, the woman was unrepentant.

In November, Louis Farrakhan, lately in the news because of anti-Semitic slurs, said "Don't tell me you are a woman trapped in a man's body. Don't tell me that. Don't tell me that because some of these brothers with these Uzis will put some holes in those bodies and see if the sister will come out."

Earlier this year the Governor of Arizona put pressure on the University of Arizona to kill a class on gender taught by Thurin Schminke, a female-to-male transsexual person.

In Washington State, there are two initiatives which would do away with the rights of, among others, transsexual persons and crossdressers. The Minority Status and Child Protection Act reads in part, "The State of Washington recognizes that gender that is established at the time of conception of all persons is the only and natural gender of that person for the duration of their life. Any physical alterations to the human body do not affect the natural gender, known at birth or before, of any resident of the State of Washington. Any same-gender marriage or gender alteration obtained or recognized outside the State of Washington shall not constitute a valid or legal marriage or gender within the State of Washington."

is, what it does, and its role in providing a green light for the medical procedures required for sex reassignment surgery.

We suspect that many clients look at the PHS and other programs as mechanisms to facilitate their desire to change sex by stepping them through a series of procedures which will automatically result in sex reassignment. This is a far cry from the clinic as a place in which the facts of one's life and personality are looked at in an objective manner by staff who attempt to make their best guess about what will be best for the individual in the long run.

Most people who have sex reassignment do not go through gender clinics like PHS. Most serve, for all practical purposes, as their own case managers, gathering information and resources, identifying and selecting helping professionals, and setting their own pace for transition. They call the shots, subject only to required approvals for medical procedures.

While this method of sex reassignment may ultimately prove to be as effective or even more effective than the interdisciplinary approaches favored by gender programs, the fact is that there are absolutely no data to indicate this. There are many outcome studies, which uniformly indicate that postoperative satisfaction rates of those who go through gender programs are high.

Those who go through gender programs like PHS are making a decision about their method of treatment. They are placing their trust in a team of professionals who will gather data via psychological tests, sexual and family histories, psychotherapy, and behavioral observations and formulate a treatment plan which may or may not include hormonal therapy and sex reassignment surgery. There are no guarantees, for the program does not exist as a facilitator of sex reassignment, but rather as a vehicle to help

the client get through his or her life.

When viewed in this light, the dissatisfaction of PHS clients can be seen as stemming from a set of expectations which differ from the purpose of the program. They want sex reassignment, and no doubt many of them see PHS as a means of getting it. But that is not why PHS exists, and in fact, it would be unethical for PHS to authorize sex reassignment when the interdisciplinary team does not feel it is in the client's best interest.

PHS has, in our opinion, made a clear effort to improve relations with clients. Short of changing the nature of the program, making it in essence a gender mill, we're not sure what else Dr. Bockting or Dr. Coleman could do.

We commend PHS for its responsiveness to its clients. To those clients who are dissatisfied with PHS, we say, if you wish to assume the responsibility for your own process, you certainly can. There are alternatives to the PHS program, and you can always vote with your feet. But the fact is, there need to be programs like PHS, and if you pay for the opinions of professionals and then disregard them, you are wasting your money and time, and bypassing proven safeguards. — Ed.

In the forthcoming issue you might pass this bit of information on to candidates who will be presenting themselves to surgeons who utilize the perineal flap.

I highly recommend that the perineum be electrologized prior to surgery; otherwise, you wind up like myself with a pony tail or mustache growing out of your vagina— an embarrassing situation with a lover.

Also, hair in the vagina interferes with dilation as the dilator pulls on it.

My remedy was post-op electrolysis. Very painful.

— Jennifer Farrar

Stonewall

by Jessica Xavier

*Speak my name, you know me
Love laid bare by the lights
Show no shame, don't need to
Wrongs won't win us our rights
There comes a time
There comes a place
There lies the crime
That we all must face
Crossing a line
With no disgrace
It's time to say iNo Mas!*

*Speak a name so hated
By the cops who kicked in the door
Shake the fear inside you
Can't run away anymore
There came a time
There was this place
A hideaway bar
Forever retraced
The queens stood up
Their lace against mace
The first to shout iNo Mas!*

*Our arms around each other
My sisters and my brothers
Our hearts have heard the call
With our backs against the wall
Our arms around each other
My sisters and my brothers
Our hearts have heard the call
And we can't forget the wall
Made of Stonewall....*

*Speak the name you live by
Facing, erasing their hate
Shout the love we live for
Now is the time
We take our place
Standing our ground
For the human race
And every day
Is one to embrace
They said, we sing iNo Mas!*

*Our arms around each other
My sisters and my brothers
Our hearts have heard the call
Yet we can't forget the wall
Our arms around each other
Sister to sister & brother to brother
Our hearts have heard the call
And we love in the shadow
Of Stonewall....
Stonewall....
Stonewall....*

This article originally appeared in the January, 1994 issue of Gender EUPHORIA, the newsletter of Boulton & Park Society. Linda was obviously feeling somewhat negative about the community when she wrote the piece, but it illustrates better than any other essay we know how transphobia can be internalized, and how transgendered people can oppress one another.

Hello!

Anybody Out There?

by Linda Phillips

What have you done for your community lately? Probably nothing, as usual. I received a lot from the transgender community, starting in 1962 when I found Virginia Prince's "Transvestia". Even though I was involved only as an observer from 1977 until 1988, when I got active again, I always thought of it as *my* community.

The transgender community made it possible for me to realize my lifelong dream of living in the gender role of my choice. By meeting and talking to others who shared my feelings and desires, I found the ability within myself to achieve that which I always wanted: to live as a woman.

During the last few years, my wife and I have tried to pay our dues; to somehow express our gratitude for the fulfillment I have found.

The transgender community is generally composed of "me, me, I, I" individuals, who are totally self-absorbed. I have had more than one person ask me, "If I join Boulton and Park, what can they do for *me*?"

The reason I mention this (for the umpteenth time!) is because a new person outlined a plan to get everyone involved in the workings of the community. "Forget it," I told him. "These people don't *want* to be crossdressers!" We are dealing right now with a couple who are having a difficult time staying

together because the crossdresser assured his wife, "he didn't need to do this." They had a "purge party", and of course you know how successful that always is! Before long, he was back at his catalogs and his wife was mad as hell!

I gave him my litany of horror stories about "sisters" who denied others sisters' existence. The one about the cop who watched while two pre-op transsexuals were handcuffed to a wife-mesh fence for two days in the Texas sun because the police chief didn't want to put them in either the male or female section of the prison (even though there were no female prisoners being held at that time!). This "policeman" is one of us, but would not even give his sisters water for fear he would be spotted as one of us!

Or the one about the high-ranking officer in the military who was acting provost marshal. When a report about a sister caught crossdressing on base crossed his desk, he passed the report on to a superior with the comment, "I don't want to handle this case. These people make me sick. I advise getting him out of the outfit." When I asked him how he could do this, he told me one had to "look out for himself in these matters." He felt that if he handled the case in even a neutral manner, the other officers would know he was one of us.

These are not stories I dreamed up. I personally know the

people involved. I also know enough about closeted crossdressers to know they would run over one of us in the street if someone in their car said, "There's one of those goddamn crossdressers. Get him!"

I have been denied invitations on "straight" parties and events given by my sisters because "I know you're a guy dressed as a woman; so will everyone else. Since I know *you*, they will know I'm a crossdresser also." I have never figured that logic, since no one else in the world knows unless I tell 'em.

Yes, it is true. We lack the cohesion necessary to bring about changes and acceptance in the world. This new person told me, "But unless we all get together, come out to the world as you have done, we will stay in the closet."

Of course we will stay in the closet, that nice, dark place where we can dream about what we would like to do and who we would like to be. About the only thing I ever saw grow in a closet were mushrooms!

You will never know what inner peace and contentment you are able to achieve until you leave that horrible closet. As I have said over and over, society really doesn't care what you do, and the only loser when you stay closeted is *you*! Why not come out of that closet and help the rest of us in trying to run this poor old broken-down railroad. ☿

Dee is the Executive Director of Transsexuals in Prison. She currently has a case before the U.S. Supreme Court; it relates to the lack of treatment she details here.

Propelled to Self-Mutilation

by Dee Farmer

One day not long ago, while discussing transsexualism with a clinician acquaintance, the subject of genital self-mutilation came up. He dismissed this behavior off-hand as indicative of great pathology.

I don't share his opinion. Although genital self-mutilation is most likely to occur under great stress, the fact is that in the absence of other avenues of treatment, self-castration for a male-to-female transsexual person can be infinitely preferable to the bodily changes which hormones produced by the testicles can bring. Think about it: If successful, the procedure will stop masculinization. Even if the operation is bungled, the damaged testicles may have to be removed. If the testicles remain and hormones are unobtainable, the body will harden and change in ways that are extremely ego-dystonic.

We're certainly not advocating genital self-mutilation, but for people in predicaments like Dee's, self-castration may be a practical way to solve a difficult dilemma.—Ed.

Recently, a writer at Out/Write suggested that it would not be a responsible thing for a writer to write about a transsexual committing suicide. I assume by this remark he meant that to do so would possibly cause other transsexual individuals to commit or contemplate suicide. Because this theory does appear to have some merit, I point out that the purpose of this article is not to encourage any transsexual person to engage in self-mutilation. I would strongly dissuade such thoughts, and suggest other forms of relief. However, because self-mutilation is a reality among the incarcerated transsexual population, I do not believe sweeping the issue under the rug is the solution. Therefore, I present the following to enlighten you on some of the consequences of being transsexual and incarcerated.

It was going to be a hot summer day. I could predict that from the stream of early morning sunlight reflecting in my cell. I had been sentenced several weeks earlier and had been dreadfully anticipating this day: the day the U.S. Marshal would transplant me from the local jail to the federal penitentiary to begin serving my long-term sentence.

While waiting for the Marshal, I wondered: How would it be in prison? Would I continue to receive female hormones? Would I be allowed my clothes and make-up? The questions in my mind seemed endless. Finally, the Marshal arrived. I was placed in restraints and transported to the federal penitentiary in Pennsylvania. During the ride from Baltimore to Pennsylvania, I put on my brave face and envisioned the past. Damn! I thought with bitterness: I had come so close to receiving sex reassignment surgery. It brought tears to my eyes thinking how much I had suffered trying to live with, accept, and change the uninvited dilemma of being a woman confined in a male body. However, when I was a child and everybody called me faggot, I didn't cry. I didn't cry when people told me I was going to hell and God didn't love me. I didn't cry through all the court proceedings, including sentencing. No, I would not cry now. I fought back the tears, readjusted my brave face, and smiled. After passing the sign which read "United States Penitentiary, Lewisburg, Pennsylvania," I was overwhelmed by the gun towers and high brick walls that surrounded what seemed to be the biggest cathedral in the world. But this was not a cathedral; it was a prison. At the entrance, a man in a tower yelled to the Marshal, "She cannot come inside" —

(referring to me). After it was clarified that "she" was not necessarily a "she," we entered the prison. That was over six years ago.

I began prison life in a whirlwind. I learned almost immediately that I would not receive female hormones or any other feminine articles during my incarceration.

Because I was still young and my body seemed to be still thriving on my pre-confinement treatment, I took in stride the unwillingness of prison officials to accept or treat my transsexual condition. I could survive the bigotry, hatred, and sexual pressures that I faced from other prisoners and prison officials alike. In reality, I had dealt with most of it before, both as a child and as a teenager. It was just that I had thought I would never have to live with it again. But here I was, with it all around me, and no way of escape.

Though I could deal with abuse of others, I was not prepared for the drastic changes my body began to exhibit. One morning I realized my mind and body were not flourishing, but deteriorating. I noticed hairs where once there had been none. My voice became heavy and it became an effort to speak in a feminine tone. I could not remember when I ever uttered a word that didn't sound like it came from a woman, but now that wasn't the case. I spent many hours in the mirror frantically worrying about losing my identity. The truth revealed in the mirror could not be hidden with a brave face and smile—tears flowed.

Ultimately, I came to despise the mirror and my overall appearance. I guess it should be noted I even grew taller.

I turned to the courts for help, first exhausting available administrative remedies, then filing and refiling suits. I even tried presenting prison officials with a forged court order requiring the administration of female hormones. The only success I had was in periodically smuggling in hormones, which was very expensive. Because the judicial system is so slow, I became frustrated, depressed, frantic, and finally, desperate. During this time I began to play with the thought of self-castration. What would happen? Would I bleed to death? Would I be preserving my future as a transsexual? However, I say I played with the thought, because that's all it really was—a thought. Certainly, I could

not imagine myself doing anything so unorthodox.

The court battles continued. I went from district court to appeals court, back to the district court, and back to the appeals court. It was a vicious cycle. For every win, it seemed, there was a greater loss ahead. I began to realize that prison officials didn't really comprehend or appreciate the depth of my turmoil. They began to play word games with things such as availability of treatment. The law requires only that incarcerated transsexuals be provided with some form of treatment, without specifying what kind—but they are entitled to some form of treatment. Realizing that they had not provided me with any form of treatment as provided by law, prison officials claimed that treatment (psychotherapy) had been available, but claimed that I had failed to request it. They made these contentions despite admitting that one prison psychologist had wrongfully informed me I was not transsexual, but a transvestite, and not entitled to any treatment.

While the courts tried to decide whether treatment was available and if so, if the prison had fulfilled the constitutional requirement for provision of treatment, I played some more with the possibility of self-castration. Physical regression had firmly set in; I only vaguely resembled the person I used to be. Self-castration went from thought to possibility.

I began to investigate that possibility. Not surprisingly, I found several cases in which incarcerated transsexuals had self-mutilated. One transsexual prisoner had damaged her testicles so severely that prison officials had to remove them. Another became frustrated to the point of smashing her television and taking a large piece of the broken glass to repeatedly cut her sex organs. I also learned from a gender specialist that it was not uncommon for transsexual persons, both incarcerated and in society, to self-mutilate. I learned that most transsexuals guilty of self-mutilation have done so out of desperation. Though I felt desperate, I still had great reservations about self-castration. However, the possibility was forever revolving in my mind.

As the courts continued to try to decide whether treatment had been offered, I requested the supposedly available treatment (psychotherapy). In accordance with the law, I was

requesting treatment. In response, prison officials wrote, "Though you claim (despite being diagnosed with their own doctors) to be transsexual, you do not demonstrate any need for psychological treatment." In addition to this refusal of treatment weighing heavily against prison officials in the pending case, it also provided grounds for another lawsuit. I filed that several months ago. During all the administrative remedy and suit preparation and filing, I thought some more about the possibility of self-castration.

I do not recall when I actually decided to self-castrate, but I had made the decision: live or die, and regardless of what anybody thought, I would self-castrate. On the fourth day after making that decision, I was permitted to receive a disposable razor. I broke it open and removed the blade. When I began cutting my scrotum open, I felt both relieved and happy. I was relieved that I was finally taking an affirmative step in the right direction, and happy to be doing so. However, I discovered, much to my horror, that a razor is neither strong nor sharp enough to do the job.

Since that fourth day, I have been confined in a cell twenty-four hours a day under monitor. I am not permitted any property. I assume this the prison officials' way of trying to punish me. However, the only regret I have is that I did not complete what I had set out to accomplish. To say that some form of extreme confinement could deter my determination to achieve sex-reassignment surgery is untrue, because I have not chosen to be transsexual—I *am* transsexual. Though what I did is described as self-mutilation, I doubt that any transsexual would consider themselves irreparably damaged if castrated.

I could easily see how one could be compelled to self-mutilate over and over again. The question remains: Will I do it again? That is a question I cannot honestly answer. Just as I did not choose to be transsexual, I do not feel I chose to self-mutilate. In the face of all the facts, I feel I was propelled to self-mutilation. Whether I will be propelled again depends on circumstances.

I do believe that I can identify with the statement of a gender expert that transsexuals will go to the point of moving heaven and earth to accomplish their goal. ☞

Christine has worked in a variety of mental health settings, ranging from traditional day treatment programs, halfway houses, and crisis centers to highly non-traditional programs such as San Francisco's Tenderloin Self-Help Center. This is her second outing in CQ.

Transsexuals and Addiction

The Unacknowledged Crisis

by Christine Tayleur

Persons recovering from substance abuse face a variety of problems, including societal stigma, homelessness, poverty, sex-role stereotypes, and general lack of understanding of their particular needs and issues. These can be major impediments to recovery, and can and often do lead to relapse if not addressed and dealt with.

In addition to these already overwhelming obstacles, the transsexual faces the enormous difficulties of changing sex-roles, the socio-political and economic ramifications of which are profound. He or she is also confronted with specific medical and psychological issues which if not effectively dealt with can lead to relapse as well.

Transsexualism is the most extreme form of gender dysphoria, or discomfort with one's gender, a spectrum of disorders that runs from transvestism to transsexualism (Benjamin, 1966). Transsexualism is clinically defined as a condition afflicting women and men, manifesting in feelings, usually evident since earliest childhood, that the biologically-assigned sex is incongruent with the gender. These feelings are so strong that transsexual persons are driven by an overwhelming compulsion to alter their bodies with hormonal and surgical treatments to conform to this sense of self (Fleming & Feinbloom, 1984).

Transsexualism should not be confused with obsessive-compulsive disorder (OCD, though the two conditions share some superficially similar traits. *The International Classification of Diseases*, ninth edition, of the World Health Organization defines OCD as: "States in which the outstanding feature is a feeling of subjective compulsion which must be resisted to carry out some action, to dwell on an idea, to recall an experience, to ruminate on an abstract topic... the obsessional urge or idea is recognized as alien to the personality." (*International Classification of Diseases*, 1984).

The pain of the conflict between body and self-image can become so strong that the transsexual person can attempt to medicate the feelings away

with drugs and/or alcohol. Growing up in a patriarchal, heterosexist, and sex-phobic culture, the transsexual soon learns that her or his feelings are unacceptable and shameful. This is further reinforced if the individual is growing up in a dysfunctional family system, where she (or he) learns the unspoken rules of dysfunctional families: don't talk, don't trust, don't feel. (*Don't ask, don't tell. I guess this means the military is a dysfunctional family—Ed.*)

Over many years, the transsexual comes to internalize these feelings of shame at having cross-gender feelings. He or she develops a "shame-based core" (Bradshaw, 1988). This, in turn, sets the stage for addiction.

When the transsexual person "comes out" to his or her family, the reaction may be rejection and even violence. This saddles the transsexual individual with an extra burden in life which she must deal with, and which can contribute to addiction.

The transsexual addict is often at the bottom of the socio-economic ladder. Because he or she is often more visible than lesbians or gay men, he or she experiences all of the cultural prejudice heaped on homosexuals, and more. He or she is subject to verbal and/or physical harassment by society at large and by people on the streets and by other addicts. Society lumps transsexuals together with lesbians and gay men. Gay men and lesbians often are themselves prejudiced towards transsexual persons. Some feminist authors have expressed virtual paranoia towards them, calling them "patriarchal dupes" (Raymond, 1979), or assuming them to be misguided effeminate gay males, crossdressers, or "drag queens," if biologically male, and sell-outs, if biological females.

The assumptions and attitudes that exist within both the heterosexual and gay communities make it particularly difficult for the transsexual person to get the help he or she deserves and needs. In San Francisco, besides the Tenderloin Self-Help Center, there is only one other city-funded agency that has a specific program to work with the transsexual addict. This pro-

gram, an outpatient substance abuse counselling agency for gay men, is often backlogged for several weeks, thus increasing the likelihood that the recovering transsexual addict will relapse. There are no inpatient programs.

Many chemical dependency programs do not accept transsexual clients; programs for gay men and lesbians often exhibit the same lack of understanding. Some programs make impossible demands of and impose unnecessary restrictions on transsexual persons, such as requiring stopping hormones or forbidding them to cross-dress.

To paraphrase Dr. Sheila Blume, a specialist in chemical dependency in women at the Johnson Institute in Minneapolis, Minnesota, transsexuals are people first, not role stereotypes (Blume, 1990). Transsexual persons suffer grievously from sex-role stereotypes imposed on them by others. Unfortunately, some transsexual persons buy into such stereotypes, thereby creating a self-fulfilling prophecy and hampering recovery.

Deborah Feinbloom and Michael Fleming of the Gender Identity Service in Boston, Massachusetts note that the transsexual person is establishing an identity, much as does the adolescent (Fleming & Feinbloom, 1984). Feinbloom & Fleming suggest that the transsexual in transition is actually going through puberty, certainly physically, if not psychologically, because of hormonal therapy.

The nature of addiction is such that the addict stops maturing psychologically and, in fact, experiences psychological regression. The addict wants everything to stay emotionally the same and is afraid of pain. That is one of the paradoxes of addiction—it is painful, yet the addict is extremely afraid of pain, especially emotional pain, and tries to blot it out by self-medication. Another paradox of addiction is that the drug is like an allergy. Thom Bartasavage, M.A., program coordinator of the Tenderloin Self-Help Center and former director of the San Francisco AIDS Foundation Food Bank, himself a recovering alcoholic, likens

addiction to a dog with fleas, which scratches until it bleeds. The dog cannot stop without intervention (flea spray), no matter how painful the scratching becomes. Similarly, the addict, in addition to the desire to stop, needs outside help.

Adolescent behavior in transsexual persons can be readily observed in the behavior of many of the patrons of the Black Rose and the Motherlode, San Francisco bars catering to transsexual prostitutes, many of whom are suffering from addiction. Their behavior may be mistaken for Histrionic Personality Disorder (see DSM III-R), a psychiatric condition with similar characteristics (e.g. exaggerated, overdramatic, reactive, and intensely expressed behavior patterns), but many of these people are suffering from addiction. Drugs and alcohol often go hand-and-hand with sex work. The prostitute may use or drink to deal with her clients or "Johns," and may solicit or "hook" to maintain a drug habit. Over time, this becomes a closed loop which, due to its cyclical nature, becomes difficult to break.

Only a small percentage of transsexual persons, of course, are prostitutes. Most are hard-working, stable people who have been afflicted with gender dysphoria and for whom hormonal therapy, cross-living, and sex reassignment surgery are simply transitional stages that they must go through as part of the process of self-actualization that all adults go through. Also, not every transsexual addict is a prostitute, nor is every transsexual prostitute an addict. Most transsexuals work at ordinary jobs, as laborers, waitresses, beauticians, lawyers, psychologists, doctors, and general contractors. But like other women and men, even those in the most responsible positions may be susceptible to addiction.

The male-to-female transsexual addict, like the genetic female addict, must work through compliance and dominance issues. She needs a renovation of the personality, a rethinking process. She may also need to learn to develop skills of critical judgement and examine personal values (*Chemical*

Dependency, nd). Does her value system work for them? Is it reality-based or stereotyped? She needs to deal with her feelings about men and women, both sexual and non-sexual. She needs to deal with her own feelings about being a woman (or a man). She needs to be able to develop supportive, loving, trusting relationships with both women and men, and with other transsexuals. The male-to-female person, like her genetic female counterpart, needs to realize that we live in a culture which puts limitations on women's opportunities (*Chemical Dependency*, nd).

The transsexual addict needs to understand, and the counselor should stress, that chemical dependence can interfere not only with psychological growth as a woman or man, but also with the physical self.

The transsexual addict needs to understand, and the counselor should stress, that chemical dependence can interfere not only with psychological growth as a woman or man, but also with the physical self. Renata Smilo, M.D., a professor of endocrinology at the University of California San Francisco School of Medicine and a specialist in endocrine disorders and diseases of the metabolic system, and who has twelve years' experience working with transsexual patients, maintains that the liver must be as healthy as the rest of the body because the liver processes virtually all drugs introduced into the body. Hormones are no exception. If the liver is not healthy, the individual may not be able to process hormones effectively; therefore, she may not progress as rapidly, and may not even be able to take hormones. Further, the transsexual person needs to understand that steroid hormones are powerful drugs and can be mood-affecting. They must be administered by a competent physician who will take the appropriate blood tests, and the individual should never self-medicate. This is true for any transsexual, but critical for the transsexual in recovery. The male-to-female person also needs to understand that she may, like her genetic female counterpart, be more

susceptible to cirrhosis of the liver and/or other physiological problems resulting from alcohol and/or substance abuse than men (*Chemical Dependency*, nd).

In counseling, the transsexual addict should be encouraged to join support groups and/or 12-step groups as a major tool of recovery. Such groups help to reverse the trend towards psychological isolation that is part of addiction. He or she may also need to grieve the lack of a girlhood or boyhood and come to terms with the lack of parental or family support. Many transsexual persons lose

the support of family and friends; in some states, he or she may lose visitation rights as well as custody of minor children after a divorce, particularly if she is chemically dependent (Money & Musaph, 1978).

Many transsexual persons have had problems with family rejection. This can be particularly difficult for any transsexual person, but for the individual in recovery, it can lead to relapse if not dealt with effectively. The dysfunctional family system may often be the source of learned addictive behavior because other family members may have chemical dependency issues or other types of dysfunction. This must be a factor considered in a transsexual's recovery. Families can be an immense source of help and support, or they can be a hindrance. Hopefully, the family of the transsexual addict can be brought into therapy.

Ideally, the transsexual client should have at least one year in recovery before starting hormones. However, this may not be possible, and to insist that an individual who has already started hormones stop taking them may be counterproductive. In any case, he or she should have at least one year in recovery, in addition to the one year of cross-living, before genital surgery. Paul Walker, Ph.D., past president of the Harry Benjamin

International Gender Dysphoria Association, Inc., and former director of the gender identity program at the University of Texas Medical Branch at Galveston, stated, "The longer s/he spends in transition before surgery, the better off s/he is afterward" (Berger, et al., 1980). The real-life test gives the individual a chance to experience life in the chosen gender, to learn "what it means to be treated day in, day out, as a member of the other sex. This experience is imperative to complement the solipsistic, inner convictions and imagery of being a member of that sex" (Money & Musaph, 1978).

Further, the extended period of cross-living gives the transsexual addict time to develop ego strength, to grieve over the abuse that he or she has put herself through as well as the grief of not having childhood in the proper sex. Additionally, it allows the individual time to get in touch with the Self or Higher Power, to work through psychological complexes, and to deal with any other psychological disorders that he or she may have. Finally, it gives more time to work through the steps of recovery.

Lin Fraser, M.A., MFCC, a Jungian psychotherapist in private practice in San Francisco, points out that the counselor should be aware of complexes and subpersonalities that may attach themselves to the ego. These can lead to relapse or can stunt emotional growth if not worked with or through. The counselor has a responsibility to help the individual to work through these or at least to make her or him conscious of these and how they operate.

More than seven years' experience with addicts and transsexuals, and particularly with transsexual addicts have shown me the importance of addressing these issues. There is not nearly enough literature or research on either transsexualism or addiction, and I know of none on the transsexual addict. More services which target this vulnerable population are desperately needed. The lack of such services condemns these people to much needless suffering and turmoil. ☞

(See page 26 for references)

Psycho

The Victim: Marion Crane

Mary (from which the name is derived) means Virgin; a crane is a bird. She comes from Phoenix, which is named for a mythological bird which is regularly consumed in flames, and then rises anew from them. Marion is the "bird" that Norman Bates wishes to "stuff." Though not a virgin, she prepares to regain her virginity symbolically by showering; then, just like the mythological phoenix, she will return to her town a new and cleansed bird. Surprisingly, for she is the apparent central character of the film, she is killed near the beginning.

The Victim's Crime

Marion commits two crimes. First of all, she is having a lunchtime affair with a man named Sam. The liaison takes place in a sleazy hotel. Secondly, she steals \$40,000 dollars from a client of her employer.

It is because she is seductive and sexually attractive that Mary Crane becomes a victim. It is because she arouses Norman that he finds it necessary to kill her.

The Killer: Norman Bates

Norman is the nor(mal) man. His father died when he was a child, which made him the patriarch of the family. In his youth, Norman killed his mother and her lover because of intense jealousy of her lover. This reflects the story of Oedipus killing his father and possessing his mother. Bates' hobby is "stuffing birds" (taxidermy)—an allusion to the process of having sex; instead, literally he stuffs birds. He has also stuffed his mother in order to possess her as in the Oedipus story, actually exhuming her corpse and embalming her. He keeps her body in the house, in her beautifully kept bedroom (as Ed Gein kept his mother's room).

In order to kill his victim, Norman must dress as his mother, in one of her dresses and a wig. He then kills with that most phallic of murder weapons, a knife.

The Formal Law: The Police

As Marion is flying from Phoenix with the money she has stolen, she is found sleeping in her car by a highway patrolman. This man wears dark sunglasses through which we cannot see his eyes. He knows something is wrong with Marion, and he follows her to see what is going on, but he cannot find anything particularly wrong, even when she sells her car. As a representative of the police, he is blind—he represents the blindness of justice as it stands. He can see, but he can't really see.

Women as the Law

Marion Crane decides during supper in the Bates Motel that she is going to return to Phoenix and face the consequences of her theft. She goes to cleanse herself symbolically of her sin, by showering—which is when she is killed. One metaphor we see in the film is that when she is in the hotel with her lover, Sam, she is wearing a white slip and bra. When she decides to steal the money, we see her change into black slip and bra. She literally leaves behind her light side, and changes into her dark side. We see her disrobe from this black underwear before she enters the shower to cleanse herself.

The other woman who projects the law is Marion's sister, Lila. She is the one who insists that the motel is visited once more. It is she who first sees the embalmed body of Norman's mother, and who confronts Norman as his mother. Lila is a clean girl, a college girl, and there is no mention of any boyfriend. We can presume she does not have sex.

The Woman Who Kills

Each time we see the killer, we see the figure of a woman. We do not know it is Norman dressed in his mother's clothes; we discover this only in the final scenes.

Norman's mother is described by the psychiatrist as a clinging, demanding woman who threw Norman over for a lover. Norman, in order to live with the unbearable crime of matricide, becomes his mother. It is his mother side that kills. Norman is never all Norman. At times he can be both his mother and Norman, but at other times

his mother takes over completely, and that is when the killing takes place. It is the mother who kills, who controls Norman. Even though we might say he kills, he kills only on her behalf—but it is Norman who will be punished.

The Real Crossdresser

Transvestism is described in "Psycho," but is very easily mixed up with Norman and who he is. As the psychiatrist explains Norman's behavior, he says, "He was a transvestite—ah... no... not really. A man who dresses up in womens' clothing in order to achieve sexual change or satisfaction is a transvestite." However, those words are a quick aside to the description of Norman-as-his-mother in his frenzied killings, and the explanation of the real transvestite could be and in fact was easily missed by cinema audiences. Norman is in fact not a transvestite—he is a man trapped into representing his mother's wishes by adopting his mother's form. This adoption removes the erotic from the process of crossdressing.

The Consumption of the Female

In "Psycho," there are many references to eating. Norman's "mother" is heard shouting to Marion that she won't fill her ugly appetites with "my food or my son." Later, when Marion is eating her supper, Norman says, "You eat like a bird... but that's a falsity, because really, birds eat a lot." Later in the same scene, he says, "Only birds look good stuffed, because they're passive to begin with."

In "Psycho," women are seen to consume men. Marion, in the very first scene, when she is seen at the end of a lunchtime lovemaking session with Sam, has not eaten her sandwiches. In other words, she has been satiated by sex rather than food. Norman, however, in the motel scene, although he has asked her to join him for supper, doesn't eat either. He is no longer hungry; instead, as his mother, he is satiated by killing rather than by food.

In "Psycho," women satisfy their hunger through sex with men, but Norman has his craving and appetite satiated by the consumption of female flesh—not only by becoming a woman, but also by destroying a woman.

Silence of the Lambs?

by Jessica M. Xavier

*Yes, you won their hearts and minds
You found the perfect villain this time
A freak so foul they won't forget
Evil personified and yet...*

*You went so far as to offend
A group like us that can't defend
Ourselves: T people, who can't fight
We who only come out at night.*

*The gays and lesbians, up in arms
Hollywood dared to do them harm
They organized and did protest
But it's not our Basic Instinct yet*

*Yes, one of us was in Psycho
Hitchcock used us first, you know
Then De Palma's slasher made us ill
When we get dressed,
we're Dressed to Kill*

*Maybe it's useless to complain
Maybe it's pointless to explain
This lonely life, this world of pain
When they use us just to entertain
I wish that they would understand
But I can't make them give a damn
And that's because of who I am
That's the true Silence of the Lambs*

*Exploitation and repres-
sion go hand-in-hand.
The American film and
television industries have
treated and continue to
treat transgendered per-
sons unconscionably.
From Hitchcock to
Gerald, they are used
and abused by the media.
The transvestite/trans-
sexual slasher is a far cry
from real life; see page 6
for a dose of reality.*

Stephen is editor of Boy's Own, and has been active in Press for Change, a political action group in England. This is his second article for CQ.

From "Psycho" to "The Silence of the Lambs"

The Dangers of Liking the Feminine on Film

by Stephen Whittle, B.A., LL.B.
Manchester Polytechnic

The word transvestite has attained a prurient ring. Originally, it was a scientific term derived from the Latin by Magnus Hirschfeld, who first used it in his book *Die Transvestiten* in 1910. It remained a purely scientific term until the late 1950's, when it came to be used by those transvestites who were beginning to socialize together. It was not until 1960, when Virginia Prince founded the magazine *Transvestia*, that the word crossdresser became "officially" synonymously with transvestites themselves, and disassociated from the erotic connotations of transvestism.

It was also in 1960 that Alfred Hitchcock released the original slasher movie, "Psycho," which started a cinema genre that has continued to this day. "Psycho" also happened to give to the world an expressive image of the "transvestite" at home and work. The image was that of a serial killer, who was defined authoritatively to the viewers as a transvestite—this by a psychiatrist at the film's end. Virginia Prince and the members of the Foundation for Full Personality Expression, which was designed as a respectable self-help social group for transvestites (anybody visiting a social meeting of the FPE's associated organization in Britain, the Beaumont Society, will find themselves taking part in the equivalent of a refined cocktail party) were undoubtedly outraged at the portrayal of their harmless activities, just as transsexuals were to be later outraged at a similar portrayal of them in Brian de Palma's film "Dressed to Kill" (1980).

It is surely worth examining whether Hitchcock's film influenced the general perception of the transvestite, and whether the influence of what has become such a classic film has maintained a mythology which will color the

Dressed to Kill

The Victim: Kate Miller

Kate is the short form of Catherine, who was a virgin martyr of the third century. De Palma has deliberately modeled his victim on Marion Crane. For the first third of the film, she is the central figure; then she is killed. Her death, as was Marion Crane's, seems to have been at the hands of a apparent woman. The murder takes place in an elevator, shadowing the confined space of the shower in which Marion Crane is killed.

The Victim's Crime

Kate's crime is also about sex, and particularly about wanting sex. There is the initial scene in which she masturbates in the shower (again reflecting the shower scene in "Psycho"), accompanied by a fantasy in which her husband violently assaults her. Secondly, she makes a pick-up in a gallery, a stranger. She has sex in a taxi with him, then goes to his apartment and sleeps with him. This is shown in the film to be "bad" sex, to which emphasis is given when she discovers when preparing to leave his apartment that he has a venereal disease. It is because she arouses her therapist, Dr. Elliot, that she becomes a victim.

The Killer: Robert Elliot

Elliot is a psychiatrist; hence, he should know what the normal and abnormal man is. He regularly crossdresses, and has requested approval for sex reassignment from a fellow psychiatrist. He kills by using a razor (which was the original instrument of death in the novel "Psycho") while dressed as "Bobby," his female alter ego. Just as Norman in "Psycho," he does not seem to be aware that it is he who is doing the killings. He thinks the killer is his mother.

Dr. Elliot does not seem to be aware that he is also Bobby. He leaves messages to himself, and discusses Bobby in the third person with a fellow doctor, speculating that she is the killer.

The Formal Law: The Police

The formal law is represented by a detective. We see him investigating a crime in which he cannot obtain the evidence he wants. He thinks the murderer is one of Elliot's patients, but because of the rules of medical confidentiality, he cannot get to Elliot's client files. He recruits a prostitute, Liz, who witnessed the crime, to find a way of getting into Elliot's office to see his appointment book. Again, the law is blind. It can see that something is wrong, but cannot see what it is, either physically or metaphorically.

Woman as the Law

A high-class prostitute, Liz, is the seeker of truth about Elliot. In homage to Hitchcock, De Palma has given his heroine the name Elizabeth, of which Lila (from Psycho) is a derivative.

Liz is a witness to the murder. By threatening to charge her with the crime, the police force her to become their eyes. It is she who sees that Elliot has metamorphosed into "Bobby," the woman who slashes.

Liz tries to seduce Elliot in order to get access to the office with the records, but on her return to the office, meets not Elliott, but Bobby.

Liz is another woman who has had "bad" sex. It is after "urning" a trick that she witnesses Kate's death. Once again, "bad" sex leads to trouble for the woman involved. The woman who finally shoots Elliot is a police-woman—again the law is effective when female. Liz is cleansed by this act.

The Woman Who Kills

The figure that we see slashing Kate appears to be a woman. Later, we see the same woman trying to slash Liz on the subway. In this case, Elliot is described by the psychiatrist as "a transsexual about to make the final step, but his male side couldn't let him do it... there was Dr. Elliot and there was Bobby." Bobby is Elliot's female side, the woman within him—or as he puts it in a telephone call, the girl trapped inside.

It is Bobby who kills the women who cause sexual arousal in Dr. Elliot, because they prevent Bobby from being released from the trap she is in. Elliot is the person who is punished

for the killings, but again, even though we might say Elliot kills, he only does so because he shares a body with Bobby.

The Real Crossdresser

Dr. Elliot is described again by a psychiatrist towards the end of the film as a transsexual. In that scene, there is no attempt to put forward a more reasonable view, as Hitchcock did in "Psycho." Elliot is described as having "opposite sexes inhabiting the same body—the sex change operation was to resolve the conflict." Earlier in the film, Bobby describes herself as "a girl trapped inside a man's body." That phrase is very much a reflection of the words that many transsexuals and their psychiatrists use to describe the way a transsexual feels. However, the phrase that is actually used is "a woman trapped inside a man's body." De Palma uses the change of phrase to ensure the sense of incongruity in the audience of this "girl" who slashes. The killing by Bobby is done in order to prevent the sense of the erotic that Elliot was experiencing—which, if he was transsexual, might have been in fact welcomed, as was shown by the TV interview in the film with a "real" transsexual. It is because his transsexualism is an illusion that he kills. Transsexualism is an excuse he has given himself in order to satisfy his urge to kill women.

Appropriately, Elliot is punished, but ironically, it is Bobby who is blamed. It is only after the psychiatrist scene that we hear something sensible about the transsexual in the film. Liz refers to "some men, some women too, who think they're trapped inside the wrong body."

The Consumption of the Female

Though de Palma's references to eating are not as blatant as Hitchcock's, we have a victim, Kate, and a potential victim, Liz, who are both sexually active women. They are literally "Dressed to Kill" as they go out on their hunt for men to have sex with. They are man-eaters in the sexual sense.

However, Dr. Elliot satisfies his appetite for female flesh by totally consuming women—by becoming one, and by destroying others.

reaction to male crossdressing in particular when it has any type of attachment to the erotic.

Other films prior to and since "Psycho" have addressed transvestism as a lifestyle. Female crossdressing has, despite the denial of its existence, been a popular source of film story since the conception of the film industry. It appears to have less threatening connotations, perhaps due to the long and well-documented history of women who crossdressed in order to go to war or to sea. Many such stories relate the woman's crossdressing as a disguise in order to search for a husband or lover (Hargreaves, 1930), so they do not threaten the social norms.

On film, the woman who crossdresses invariably does it only as a temporary step in order to achieve her acceptance in the world as an adult rather than a child, reverting to her female role when that transition is achieved and she is accepted by the "real adults," (that is, the men). In such films as "Two Girls Wanted" (1927), "The Hoodlum" (1919), "She Loves Me Not" (1934), "Beggars of Life" (1926), "The Magician" (1959), and "Yentl" (1983), we see women who use male disguise in order to find a place in a man's world and to learn and understand the world of men. Once accepted, they revert to living as women, though it is accepted that they have some special knowledge and are as a result "better" women to the men they know.

Much less frequent are films about female crossdressers in which the women crossdress as a way of life: "Queen Christina" (1933), "Sylvia Scarlett" (1936), and "A Song to Remember" (1945) all portray women who are recognized as such, but wear men's clothes because they prefer to. The activity even then is not associated with any form of sexual activity.

Crossdressing as male activity has also been used as a cinematic artifice throughout the industry's history, most often as a form of disguise and evasion or as a comic ruse. It is difficult, though, to accept the view that "Indeed, the cinema reflects transvestism in most of its contempo-

rary aspects." (Ackroyd, 1979, p. 130).

Ackroyd cites transvestism as being portrayed as "incest and psychosis," ("Psycho"), as an "intense and sinister force," ("Performance," 1967), and as a "narcissistic and quasi-homosexual activity," ("The Damned," 1969). It is difficult to find a film which portrays male transvestism as a serious activity; that is, to see a man who prefers to wear women's clothes, as opposed to using them for disguise or comedy, which does not end in the ruin or undoing in some form for the male transvestite. As opposed to films about female crossdressers, male crossdressing in films has sexual overtones, and is often used as a portrayal of a Freudian oedipal complex suffered by the crossdresser, which influences his lifestyle and life story.

Unlike the films in which the female crossdresser enters the adult world via disguise which enables a rite of passage, the male crossdresser obliterates the rite of adulthood that he could have obtained—because it has been soiled by his transvestism, or his transvestism is a symptom of that rite of passage being spoiled by some external force. It is this that Hitchcock uses as the *modus operandi* of Norman Bates, the killer in the film "Psycho." Norman has such a tremendous desire for his mother that he recreates her for himself by his crossdressing. It is this damaged development of the adult male, the enactment of Norman's oedipal complex, that the psychiatrist in the film explains to the audience at the time of Norman's undoing.

Along with "Psycho," there have been two other films which have felt able to provide an "official" comment upon the crossdresser as serial killer. They are "Dressed to Kill," and most recently "The Silence of the Lambs" (1991). Both have a great deal in common with "Psycho," but the associations that can be seen are not consistent through the three films. Though the similarities may be obvious, the resultant films might not appear to tell the same story to the casual viewer.

They are not the only films which use crossdressing/gender con-

fusion as the derivation of the "slasher" story. Others have been "A Reflection of Fear" (1971) "Deadly Blessing" (1981), and "Sleepaway Camp" (1983) and sequels, all of which focus on the male crossdresser. There is a film which uses a female crossdresser (a girl who had been brought up as a boy) as the killer ("Homicidal," 1961), but that is a rarity, though the killer in "Friday the 13th" (1980) is throughout the film implied to be male and turns out to be a woman—a mother avenging her son's death—which can be seen to have parallels with the enactment of oedipal desire in "Psycho."

The three films this paper concentrates on are "Psycho," "Dressed to Kill," and "The Silence of the Lambs." All have been blockbusters, bringing in large takings for the studios which made them. That means they have been seen by more of the general populace than most films, and hence are more likely to have influenced the viewers' understanding of crossdressing.

The killers in these three films are all crossdressers of different intent and extent. The common factor, though, is that women cause their own deaths, and/or the deaths of other women at the hands of the crossdresser. The crossdresser in none of these films "causes" the deaths of women; they are merely tools of women. Women might as well wield the knife upon themselves. The three films also have a textual underlay about the power of "law"—both the formal bearers of justice—the police—and the informal bearers of justice—who in all three films are women. Carol Glover (in James, 1989, pp. 91-135) writes on what she sees as the role of the "Final Girl" in slasher films, a category into which these three films can be placed. She makes the point that in many slasher films, the final girl, who escapes the killer and/or avenges the deaths of other victims, is portrayed as "boyish." She is seen as resourceful, intelligent, a virgin, and is given a boyish name such as Stevie, Laurie, Marti, or Terry. The three films of this paper do not fall into this pattern. They all have final girls who are resourceful and intelligent, but they are different

The Silence of the Lambs

The Victim: Catherine Baker Martin

Again, the name comes from the origin of the virgin martyr. Baker could be construed as a development of Kate's surname in "Dressed to Kill"—Miller. A martin is again a type of bird. Catherine is not killed; however, she is kept in an old well, a confined space.

The Victim's Crime

Catherine's main crime is eating too much. She becomes a victim as a result of being a "big girl." However, in the novel, she is also shown to have actively taken part in sex games with a boyfriend, and photos are found of these activities. It is her size, though, which attracts the killer, Jame Gumb, to her. He is going to kill her because he desires her flesh—just as Norman and Dr. Elliot desire the flesh of their victims, though in another way.

The Killer: Jame Gumb

Gumb is an ex-psychiatric inmate who preys on large women in order to satisfy his need to make a female suit out of their skins. As a child, he was taken into care, after his mother became an alcoholic. When he was ten, his grandparents took him into their home. Two years later he killed them, and was placed in an institution, where he learned tailoring. On release, he worked periodically, but at one time, having seen a moth appear from a pupa, became obsessed with them and the process of change. He abducts young women, whom he kills by hanging or shooting in order to flay them and use their skins. He is making himself a skin in which he thinks he will resemble (change into) his mother, whom he apparently adores.

Just as Norman recreates his mother, Jame is trying to recreate his mother through himself. "The Silence of the Lambs" is the only one of the three films that uses the original crimes of Ed Gein.

The Formal Law: The Police

The law in this case is represented by Clarice Starling (another bird!) A trainee FBI agent, she sees through the eyes of a convicted murderer, Hannibal Lector. There is much play on Hannibal's use of his senses apart from sight. Hannibal sees for her. Clarice very rarely sees for herself, but when she does (i.e., when she realizes the killer sews himself suits), it is when she has finally been willing to risk her FBI career. It is in the role of FBI agent that she confronts Jame Gumb, but when she does she cannot see, for she is in a dark basement. Gumb has infrared glasses through which he can see as he pursues her through the cellar. Like Lector, she eventually sees by using her other senses—in this case, she hears the cocking of Gumb's gun.

Woman as the Law

Clarice Starling represents both the formal law, which is blind, and the law of women, which demands justice. It is her insistence on pursuing the case, even though risking her career prospects in the FBI, that ensures that Jame Gumb is caught.

She is like Lila in "Psycho," the college girl. She doesn't have a boyfriend, and we can assume she doesn't have sex—it is only as the case draws to a close that she can show an interest in a man—the biologist who names the pupae which are found in the throats of the victims.

The Woman Who Kills

Unfortunately, the film "The Silence of the Lambs" does not go into the detail that the original novel does. In the novel, there is more emphasis on the fact that Jame wishes to change. He is fixated by moths, and places a pupa in the throats of his victims. The term for a moth or butterfly which leaves the pupal case is an "imago." An imago is "an image of the parent buried in the unconscious from infancy and bound with infantile effect"—the Oedipus story once again.

Jame looks at two short film sequences regularly. One is of his mother in a bathing beauty contest. The other is of a woman he imagines is his mother in a swimming pool. He wishes to change into his mother—unlike Norman, who has already become his mother. The suit of skins that he is making is a suit to make him become his mother, just as Norman did. Thus, his mother, by having rejected him, makes him a killer.

The Real Crossdresser

The transsexual is explained in the novel and film, and the point is made that Jame applied for reassignment surgery but was rejected. He only thinks he is transsexual. But the actual emphasis given to the detail of what a transsexual is is very little. At one time we are told "Violence and destructive aberrant behavior are not statistical correlates of transsexualism," and later, "The incidence of violence in transsexuals is a lot lower than in the general population." Noticeably, the person who gives Clarice Starling this information is Hannibal Lector, who, whilst eating people, was, like Dr. Elliot in "Dressed to Kill," practicing his trade as a psychiatrist.

The Consumption of the Female

One of the major characters of the film is Hannibal Lector, nicknamed Hannibal the Cannibal. Like the real-life Ed Gein, he actually consumes part of his victims, and has even been known to serve up their flesh to his guests. Lector goes further than Jame with his victims; he desires their flesh so completely as to eat them.

Jame Gumb's victims are large girls. Their crime, like Marion's, is eating too much—but whereas Marion is a maneater, they are also food eaters.

Jame's name is Gumb—a play on the mouth and the process of consuming. Jame is attempting to satisfy his appetite to become his mother, by consuming—that is, using up—female flesh, by killing women and then literally using their flesh to satisfy his desires.

in a variety of ways— either because of their sexual activity— Liz in “Dressed to Kill”— or because of their role in the action (i.e. not as an intended victim)— Lila in “Psycho,” and Clarice in “The Silence of the Lambs.” In this way they distinguish these films from the mainstream slasher movies.

It is impossible to participate in a discussion of these three films without a constant reference point being borne in mind; that is, “Psycho” itself. Its influence cannot be negated in the description of the other two films. But first, let’s look at the truth which led ultimately to the film.

“Psycho” is a screenplay taken from the novel “Psycho,” written by Robert Bloch and published in 1959, less than two years after the events which inspired the story.

In the early winter of 1957, Bloch lived less than forty miles from the Wisconsin town of Plainfield, with its population of third and fourth generation French and German dairy farming families. Plainfield was small, around 700 people. It was nowhere, a place where nothing happened. But in November, 1957, a local shopkeeper, Bernice Worden, disappeared. It was remembered that a 51-year-old odd-jobs-and-errands man, Ed Gein, had been asking after her the previous week, so the local police visited the 160-acre derelict farm on which he lived. There they found the remains of the missing Bernice in the smoking shed next to the house. She had been hung by her feet, disemboweled and headless.

Throughout the house, which was piled high with rubbish and covered in layers of dust, they found parts of other human bodies. These were not just collected: the skin and bones had been made into items of furniture, bowls, a drum, and other items. The skins of female faces were “made up” and used as wall decorations. The freezer was well-stocked with carefully wrapped human organs.

All in all, Gein had tortured and murdered at least ten women since 1955. Also, since 1945, when his last relative, his mother, had died, he and a friend, Gus (who had died in the early

1950’s) had exhumed the graves of over 40 female bodies.

To the populace of Plainfield, Ed Gein had been a boring, long-winded, verbose nuisance. They had paid no attention to his ramblings about his collection of shrunken heads. They had accepted gifts of “venison” from him (he later claimed he had never shot a deer). They had passed him off as a harmless weirdo. Harmless, though, he certainly was not— and as for being weird, they were to discover just how weird he had really been.

Apart from the cannibalism, the grave robbing, the torture and murder, the strangest things Gein did and what has remained as a haunting feature of his crimes was that he made himself partial suits from the skins and hair of his victims and from the cadavers he exhumed. He strapped female torso skins, masks, and “wigs” to his body and then wandered around his farm while he continued his interesting experiments to “see how things worked.”

Bloch wrote “Psycho” when he saw the details of Gein’s crimes in his local newspapers. They were sparsely reported because of their offensive nature, but one thing of interest was noted— Gein was virtually amnesic of the crimes he had committed, and at most times remembered them as having been performed in a daze. Also of note was the fact that though the farm and house had been allowed to run to ruin, Gein’s mother’s bedroom and parlor had been maintained in pristine order. Bloch was to use these details for his novel rather than the more gruesome aspects of the crimes, which have been immortalized in the films “The Texas Chainsaw Massacre” and “The Texas Chainsaw Massacre II.”

All sorts of theories arose as to the cause of Gein’s behavior. There was much speculation about an incestuous relationship with his mother. However, little was ever found out. Gein was a model patient in the unit to which he was committed, noted as harmless. When he died, in 1984, he still remembered very little of the acts he had been involved in (for a more complete account of Ed Gein, see

Bloch in Boucher, 1962).

“Psycho,” the screenplay, was taken directly from Bloch’s novel. Bloch was the man who created the transvestite killer of the story, Norman Bates. Bloch also created many of the visual and linguistic puns which were to be later credited by commentators to Hitchcock. The names of his main characters show some thought. Norman is the nor(mal)man and Mary Crane (the name was changed in the film to Marion) can be constructed as the virginal bird (Rebello, 1990, p. 11). The film (along with “Peeping Tom,” (1960), according to Andrew Tudor, 1989, p. 192), moved the horror film genre away from what he sees as the “traditionally secure view of insanity”— that is, the killer is mad in the grand manner— to a much more disturbing view in which “normality and psychosis blur together... psychosis becomes an inextricable but constant constituent of everyday life” (p. 196).

“Psycho” and “Dressed to Kill” have both been extensively analyzed by film theorists, and shot-by-shot accounts are easily available of the screenplays. No doubt the same will happen for “The Silence of the Lambs.” There are pertinent parts of the stories which can be correlated. This correlation should help distinguish their main themes and their development.

Typically, feminist film theory places women in either of two viewing places: that is, either as a female masochist— identifying with a passive female character— or as a transvestite identifying with the active male hero (Modleski, 1977, p. 25). That categorization does not, however, cater to the roles that women take in the three films discussed, and hence the female spectator must surely identify differently with the films. All three place women as victims, but not as masochists. As victims, they are strong women who actually decide for themselves what they want, and it is as if this strength makes them the choice as victims. But they are not victims of men; they become victims of women. Women are also the practitioners of justice in the films. They see, whereas the law is blind.

The three films purport to be about serial killers who are cross-dressers, but when viewed in depth, they are about women. Women are operators at all levels of the text. The crossdresser is merely a blind to the story. They provide the link between different generations and types of women, and of course, they are the slashers of the stories— perhaps because to place that slashing in its context— i.e., as belonging to a woman, would show up the true inadequacies of the text to the viewer.

Thus the crossdressed slasher was created, but as the subtext of both "Psycho" and "Silence of the Lambs" points out, it is not a true character at all. Ed Gein was real, but was not a transvestite. Transvestites and transsexuals as a rule don't participate in violent crime. It is unfortunate that they are used as scapegoats.

Killing women is a form of consumption of the flesh of the female. To equate the crossdresser with participating in the same activity can but create an unknown and unfounded fear amongst women. De Palma ("Dressed to Kill") and Hitchcock ("Psycho") have both been referred to as misogynists. In these films they have given women the role of being powerful and all-seeing, as well as being victims— but they have labeled in a classical form one particular aspect of different behavior— that is, crossdressing by men— and helped to create myths which threaten anyone, male or female, who participates in traditionally feminine behavior. ☞

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What Kind of Woman Makes a Good Man?

The "Homicidal"-ly Bent Gender of John Marshall

by Denise

"Homicidal," a 1961 horror film, bent gender in a fascinating manner. It should be said at the outset that "Homicidal" is not a great or even an especially good movie. It was directed by William Castle, a self-proclaimed B-movie maker, who was most famous for his gimmicks. He took out a \$1000 insurance policy for anyone who "died of fright" during one film and equipped movie seats with a device to buzz the rear ends of viewers during "The Tinger."

Like most Castle movies, "Homicidal" was made solely to entertain and is in most respects an undistinguished picture. Its convoluted plot often strains credibility; it is also highly derivative, for in many respects, including its title, the film borrows brazenly from Alfred Hitchcock's classic "Psycho" of the previous year— while lacking the latter's artistry and psychological depth.

Our story opens with a lovely blonde committing a seemingly motiveless murder. She escapes. We find out that her name is Emily and she is nurse to a mute, paralyzed elderly woman named Helga. Emily and Helga live in a secluded mansion with a man named Warren Webster. Helga was Warren's nanny when he was growing up, and Emily has become his girlfriend.

Warren is approaching his twenty-first birthday, whereupon he will inherit the family fortune. His older sister Miriam was cut out of their father's will because Daddy so desperately wanted a son.

Miriam doesn't appear to resent the gross favoritism shown her brother. Rather, she is concerned on his behalf since she suspects what the audience already knows— that Emily, the woman he loves and marries during the course of the film, is the "Homicidal" kook of the title.

As it turns out, Warren and Emily are the same person. Born a girl, Warren was raised as a boy by "his" mother, who knew her husband was a virulent sexist and wanted her child to get Daddy's millions. But to secure that money, Warren must eliminate the two people who know his true gender and then murder his sister since she is really entitled to their inheritance— i.e., it goes "either to a son or the oldest daughter."

Thus, Warren invents Emily, a female alter-ego to do his dirty work. At the end, Warren/Emily is about to kill Miriam when he is stopped by a police officer's bullet.

But the gender mystery does not end when the story does. As the credits roll, a split screen shows an androgynously named "Jean Arless" taking a bow as both Emily and Warren. Thus, viewers are left to wonder whether they have seen a man disguised as a woman or vice-versa.

Suspense is not the purpose of this essay. "Jean Arless" was an actress named Joan Marshall. Her transformation into Warren was aided by good makeup and mask technicians. But the knowledge that it was in fact a woman playing a man rather than vice-versa means that it warrants a closer look.

Warren is not hidden in shadow as Mrs. Bates was in "Psycho." The camera meets him head-on, showing full and side views. Moreover, he remarks many times— as do other characters— on his dead father's intense desire for a son instead of a daughter; such dialogue would be disastrous for the suspense if Warren had any "feminine" or "effeminate" traits. But he doesn't.

Indeed, so convincing is Warren in his maleness that Rebecca Bell-Metereau in *Hollywood Androgyny* remains perplexed and seems to lean toward the wrong conclusion, writing that "The only hint is the possible dubbing of Emily's voice."

Not that Warren isn't a strange man. Afflicted with a disarming overbite, he is flamboyantly ugly. He is also, in this writer's opinion, an even creepier fellow than Norman Bates. One senses that something is wrong but has no clue as to the sort of secret he holds.

Transgendered people typically speak of feeling "trapped in the wrong body." Castle wrote in his autobiography that he first thought of casting an actor and interviewed many before deciding a man was wrong. While there is no doubt an actor would have been equally unbelievable in the dual role, I doubt he would have had quite the eeriness of Joan Marshall's Warren. Perhaps that ineffable quality could only be the effect of a beautiful woman deliberately trapping herself inside an ugly man.

A View From the Will

Gender Discourse and Built-in Bias

by Erich C.G. Trapp

I n 1979, Janice G. Raymond published a book entitled *The Transsexual Empire: The Making of the She-Male*. It differed from other treatments of transsexualism in two significant ways: it did not emerge from the community of physicians and psychologists singularly interested in the study of transsexualism, and it was exclusively from a woman's point of view—specifically, that of a radical feminist. This essay is, in part, an examination of Ms. Raymond's interpretation of the phenomena of transsexualism across her own culture, the feminist movement of the 70's. In examining her text, my aim is twofold: to underscore her unashamedly biased interpretations of the will and desires of the transsexual (and her annexation of that culture to pursue her own feminist agenda), and, by using her book as the primary example, to draw attention to the ability of discourse to transform data to suit the researcher's ends in such a manner as to appear transparent to the unreflective reader. Ms. Raymond's book not only stands as an extreme but valid example that it is often (one might venture to say it is inevitably *always*) the researcher's perspective and his/her approach to a phenomena, rather than the phenomena itself, which yields particular conclusions, but also demonstrates how these conclusions can be appropriated and distorted to suit the will of the author. It also highlights the continuing conundrum of gender definition, identity and use.

Before discussing generalities, however, I would initially like to elaborate specifically on Raymond's book, using it as a tool to further discourse.

First, it is important to establish Ms. Raymond's position regarding the medical field, which she interprets as playing the primary role in the progression and patronage of transsexualism. Several assertions central to her argument are outlined below.

The medical model (modern psychiatry, psychology, medicine and pharmacology in tandem) is:

1. *an ideology that stresses: freedom from physical or mental pain or disease; (locates) physical or mental problems within the*

individual... and (approaches) human conflict from a diagnostic and disease perspective to be solved by specialized technical and professional experts (Raymond, p. 120);

2. serves as the new theology for the therapeutic and medical priests (Raymond 120);

3. generates "narrow health values" and "promotes a so-called normalization (which) limits the quest for self-transcendence" (Raymond 123).

These opinions are not unique to Raymond. Michel Foucault has, in his *History of Sexuality*, traced the rise of modern medicine, drawing many of the same conclusions as she about the objectives of and power structures inherent in the medical profession. Raymond is correct in her assertion that the medical community, especially the field of psychiatry, has become for many a new theology. Says Foucault, "(psychiatry/psychoanalysis) set itself up as the supreme authority...it promised to eliminate defective individuals, degenerate and bastardized populations" (54). Medicine has become the new church, and the psychiatrists the new priests. Foucault goes on to say:

(Psychiatry promoted) the clinical codification of the inducement to speak, combining confession with examination, the personal history with the deployment of a set of decipherable signs and symptoms; the interrogation, the exacting questionnaire...all were ways of reinscribing the procedure of confession in a field of scientifically acceptable observations (65).

Raymond's observations of the transsexual's interaction with and dependence upon the medical community are, in fact, very insightful. Transsexuals are at the mercy of specialists who, through personal interrogation and standardized psychological tests ("the exacting questionnaire"), endeavor to measure such intangible characteristics as masculinity and femininity, deciding then the sexual, social and cultural fate of these individuals (in other

words, their gender identity and place in our society and culture). Raymond's contention is that the present goal of transsexual therapy is to "force (the) transsexual back into a social system whose basic sexist norms and values remain unquestioned...the very system that spawned the dilemma to begin with" (124) (emphasis added). It cannot be argued that the profession of psychiatry is still highly patriarchal, and thus by its very nature directs the patient towards the stereotypes both doctor and patient have been taught to signify. And it should be acknowledged that one of the principle goals of psychiatry is to maintain (or regain in the case of the psychotic) the status quo. Nevertheless, Raymond proposes a different mode of therapy, one of consciousness-raising, whereby the transsexual would transcend the boundaries of the particular gender stereotypes favored by our culture. Yet, she does not elaborate on what direction this new consciousness should take, nor how these gender-transcended individuals are to interact in a society that, like it or not, recognizes itself by stereotypes.

According to Juliet Mitchell, who writes the first introduction to Jacques Lacan's book, *Feminine Sexuality*, "one must take up a position as either a man or a woman...such position is by no means identical with one's biological sexual characteristics nor is it a portrait of which one can be very confident" (Lacan 6). Whereas Raymond might agree with Mitchell that one's identity is not necessarily congruent with one's biological type, her position is diametrically opposed to Mitchell's conclusion that we must be either man or woman. In all likelihood, Raymond would identify such an assumption as a nefarious product of a ruthless patriarchy bent on quelling women altogether. This sounds like an extreme statement until we read further pronouncements from Raymond like the following:

One hypothesis that is being tested in transsexual "laboratories" is whether or not it is possible for men to diminish the number of

women and/or to create a new breed of females (140).

(Some see the) transsexual "solution" (hormone therapy and surgery) as the beginning of a world where men not only dominate women but become women and try to surpass the biological woman and her creative capacities at all levels (173).

Scientists have already stated their "scientific" interest in diminishing the number of women (140).

The potential for the benevolent control of sex-role behavior is enormous. It is my contention that it has already begun in the gender clinics (137).

(Raymond fails to cite her source for these libelous statements.)

It wouldn't be injudicious to suggest that perhaps there is within Ms. Raymond just a trace of paranoia. These statements are clearly so outrageous it is almost impossible to take her seriously from this point on.

Ms. Raymond contends that the patriarchal nature of our culture "creates" transsexuals, and implies that these "male-to-constructed-females" (and their token female-to-constructed-male counterparts) are manufactured by the dominant and oppressive element of our culture by males to supplant females. Moreover, this design is in large part a calculated effort on behalf of the medical establishment, the deliberate intention of which is to perpetuate men's tyranny against women. Should this premeditated assault on feminine autonomy not be enough to ignite Ms. Raymond's animosity, inflaming her further is her contention that:

The biological and psychological theorists blame the mother for both female and male transsexualism. Neither asks who is actually transforming transsexual bodies into the desired sex and instructing them in the rudiments of cultural femininity and masculinity. The irony is that the mothers are blamed, yet it is the transsexual father figures (the fathers of the psychiatric and medical domains)

who are performing the operations and coaching transsexuals into roles. One way of perceiving this reversal of roles is to view such fathers as male mothers who see themselves redeeming the biological mother's defective handiwork.. The inherent irony here is that the mother is blamed when in fact it is the psychological and medical fathers who are the omnipresent agents of transsexualism... Without them (the medical and psychological fathers) transsexualism would not be a reality (emphasis added) (74-75).

This is quite a remarkable claim coming from someone who, in the span of seven years, allegedly interviewed as few as nine transsexual individuals!

Yet it must be acknowledged that in much of the earlier literature (that dating from the 70's through the late 80's) a great degree of blame is laid at mother's feet. Generally, the scenario painted by the authors of such works is that of the dominating mother, or the absent mother, the submissive mother, or the ailing mother generally, the mother unsure of her own appropriate gender role in society. (Notice these characteristics encompass just about everybody's mother, to some degree.) When mother isn't the focus of blame then the ineffectual, effeminate father (the pseudo-mother) is faulted. To generalize, it seems those characteristics society customarily assigns to the female gender are at the root of the transsexual's problem, whether the transsexual be male or female. To be fair, it really is no wonder Raymond displays her streak of paranoia. To a large extent, the failings of transsexuals to conform are directly (if incorrectly) attributed to their female caregivers in much of the literature. The androcentrism in many of the texts written about transsexualism is thus compounded by the ugly spectre of misogyny.

Still, the pernicious chauvinism of Raymond's pronouncements indicates above all *her* deliberate unwillingness to comprehend the legitimacy of the transsexual's suffering. Her appropriation of the very same tactics

(only in reverse) she rails so shrilly against exhibits her inability to associate the transsexual's misfortune with her own experiences of rejection and oppression as a feminist, suggesting her subscription to the very same arrogant superiority she shrieks so obstreperously against.

Had Ms. Raymond been sincerely interested in discovering some of the distinctions of transsexualism rather than attempting to appropriate these culturally liminal figures as crusaders for her own narrow feminist agenda of living "unfettered by gender in a gender-defined society" (Raymond 176), she would never have made such boldly abusive denunciations. (But then, were she truly desirous to live gender-free she would hardly label herself feminist.) To dismiss an entire culture of people (as, in their liminality transsexuals do represent a distinct, if small and transitory culture of their own) as fraudulent, the Frankensteinian invention of the evil doctor archetype bent on repopulating the world with his own creations, she does damage not only to the culture she seeks to examine, but significantly diminishes her own position as well.

Raymond's interpretation of transsexualism solely across the landscape of her own feminist culture is hardly unique. We come to understand any unfamiliar culture by comparison to our own. As David Kaplan and Robert Manners state in their book *Culture Theory*, "Only through comparison are we able to sift out the general from the particular or to posit reasonable cause-and-effect relationships (7). The crucial word here is "reasonable." By calling unreasonable Raymond's assertions that transsexuals would simply not exist were it not for the patriarchal medical community, I am not proposing that she or any other researcher abandon legitimate conjecture. Nevertheless, her armchair speculation is more reminiscent of the methodologies employed in the nineteenth-century rather than the emerging twenty-first.

The transsexual has as reasonable a right to claim acknowledgement of identity as Ms. Raymond. Many

transsexuals, it's true, do elect to live relatively gender-stereotypical lives. After living anything but a normal existence for so long, is it any wonder these people, once they pass through the hardships of therapy and surgery that liminal phase in which they dwell neither as man nor woman, but as an androgynous mix of the two, choose to merge as quietly as possible into the culture from which they were so long alienated. Raymond has obviously experienced such alienation. Her desire to transcend the oppression she attributes to male domination is understandable. However, her attempt to usurp the self-determination of one culture for the benefit of another is Machiavellian. As a feminist fettered by androcentrism, she should understand this.

On several occasions throughout this essay I have referred to transsexuals as liminal beings, living as it were in a haphazard world between genders. This is not quite accurate, though to many it might seem so. The transsexual has a gender identity for the most part quite in keeping with societal norms. However, his/her disposition is incongruent with his/her biological sex and thus the culturally dictated role as male or female. The liminal phase through which many transsexuals successfully pass is the time in which they coalesce their intuitive identity to their sexual and cultural one. It is a time of experimentation, discovery and reorientation, a testing grounds, a rite of passage in the sternest sense. It is not, however, as Raymond claims, a period in which the medical establishment *instructs* them in the "rudiments of cultural femininity and masculinity" or "coaches them into roles" (74-75). Were transsexuals to accept such counseling they would be trading one parody for another. The goal of the transsexual is not, as Ms. Raymond would have it, to masquerade. The goal is to harmonize. It is true that some gender identity clinics offer what might be termed workshops. Primarily for male-to-female transsexuals, they offer help in such rudiments as makeup, apparel and elocution. It is understandable that

someone like Raymond, whose contact with the transsexual community was parochial at best, would interpret such activities as "instruction." What she fails to acknowledge, however, is that this kind of cultural conditioning, through which she transparently passed and incorporated from significant female models by mere proximity as a child, was unavailable and socially denied to these individuals. To conclude that, because transsexuals must be guided through this difficult transition, they are "a synthetic product" and a "stunted attempt in the quest for integrity" is callous, compassionless and injurious (164-165). Coming from one who claims a familiarity with ethics, it calls into serious question Raymond's true comprehension of the term.

Although the temptation is great, it is not my intent in this essay to destroy each of Raymond's positions one by one. Many of the claims of the feminist movement are highly justified. Her contention that women in our culture are still hostage to an antiquated patriarchy is undeniable, though perhaps the condition is not quite as evident as when she was writing in 1979. (Please notice I said evident, not prevalent.) Her notion of a gender-transcended society in which we are all free to be you and me is naive but warrants consideration. Raymond asserts, "As total persons, we have the freedom to be other than what culturally accompanies a male or female body" (169). Through this delightful if distinctly unsophisticated assertion, it is apparent that Raymond refuses to acknowledge that in our culture, though we may have the *desire* to be other than what culturally accompanies a male or female body, we do *not* as yet have the *freedom*.

As we are not impartial observers to other cultures, so we are not unprejudiced to ours, but inescapably immersed within it. As such, we remain inextricably bound to age-old conditioning, confined and surrounded by patterns of behavior developed in part out of necessity and in part out of a calculated desire to categorize, exploit, suppress and value one-

another. That the male outlook dominates our perceptions and significations is, for the time being at least, inescapable. Were the female point of view to prevail instead, our vision of the universe and all within it might certainly be different, and perhaps more benevolent and humane. Nevertheless, we would still retain the disposition of hierarchy. Raymond argues that we can transcend that hierarchy. Yet, even in her insistence, she offers no alternatives, nor does she show us the road out of our own culture and into the utopia she fancies lies just beyond the gender rainbow.

In *The History of Sexuality* Foucault tells us it was in the seventeenth century that a "norm of sexual development was defined and all the possible deviations were carefully described" (36). Sex was "a thing to be not simply condemned or tolerated but managed, inserted into systems of utility, regulated for the greater good of all" (24). It was the first time a society "affirmed that its future and its fortune were tied...to the manner in which each individual made use of his sex" (26). Raymond is correct in asserting that this paradigm is no longer desirable for our culture. (We might argue it never was.) But, neither should we, in our struggle to surmount our cultural intolerances, discriminate against the very individuals who have, if only fleetingly, transcended the boundaries of gender. For, had Ms. Raymond attempted to do that which she charged others to do to get beyond gender-defined partialities she might have discovered that transsexuals are less the constructs of patriarchy than is she. Had she fought against the natural susceptibility to ethnocentrism and instead listened to the chronicles of transsexuals themselves, (rather than, perhaps, relying so extensively on research done by those very men, the fathers of psychiatric and medical domains she denounces) she might have recognized that within transsexuals dwelt the gender-transcended beings for whom she searched.

It must now be said that Janice Raymond's treatment of the phenom-

na of transsexualism, while excessive in its paranoid overtones of male conspiracy, is not extreme in its *misunderstanding* of the phenomena as a whole. The majority of works written on transsexualism (and, one might venture to say, gender in general) are slanted, biased opinions masking in the guise of objective scientific research—as if anyone could distance himself/herself from sex/gender long enough or far enough to obtain even a remote semblance of objectivity. In that we have only language to understand one another's meanings, intents and messages, the literature written on and the language used to discuss transsexualism (encompassing everything from interviews and tests to psychological and medical profiles) indicates a very prejudiced posture towards these individuals and their varying concepts of gender. And it is prejudiced, as one might predict, in the light of androcentric, patriarchal partialities, rising from a culture that so highly prizes the male and devalues the female. One can discern this prejudice even more when it becomes evident that the majority of persons presenting with gender dysphoria of one type or another, of which transsexualism is but one kind, are biological males. For a man to desire to be or think of himself as female/feminine is an affront to the privileged male position fate has blessed him with. The reverse argument holds true for women, in that it is naturally understandable that they should aspire to the male role. Who in his/her *right mind* wouldn't? This is the crux of the argument. And it is around this unquestioned theorization (that the masculine is to be prized and the feminine to be subjugated and rejected) that most of the literature revolves.

An example of this language of prejudice, subtle to the untrained or unexpecting eye, is found in *Gender Disorders and the Paraphilias* by William Ardnt, in the introduction to his chapter on transsexualism:

Prior to the 1950's, there were only scattered reports of individuals who thought they belonged to

the opposite sex. First mention of the delusion of being a woman was in 1830 by Friedreich who noted that it was not a rare disorder. In 1870 Westphal described a woman's preference for the male role (113) (emphasis added).

Please note the choice of words this scholar uses. (One presumes perhaps naively that a scholar chooses his words with careful attention to meaning.) Within the first sentence of his discussion on transsexualism, Ardnt prejudices an unwary audience by implying the transsexual cannot possibly presume to know his own mind, and merely thinks (read: imagines) himself female. Notice, secondly, the negative connotation attached to woman. This must be mere delusion as if a man would actually aspire to the female gender! On the other hand, in the next sentence it is fairly predictable that the word "preference" should be affiliated with the female seeking association with the male gender.

Other telling choices of words abound in Ardnt's discussion of transsexuals: "assigned gender role," (118) "the standard transsexual," (119) "the transsexual's lack of insight," (128) "the sexually ambiguous and inadequate personalities" (129). Alas, it is with dismay that I report this book was written as recently as 1991. To a great degree we have not escaped the sexist distortion Raymond was prisoner to. (In some respects we seem more ensnared than ever.) Whether Ardnt's superior disposition is taken under the auspices of scholar or male is unclear. I suspect it is a pernicious combination of both. It must be said, however, that many female scholars also fall prey to this kind of androcentric distortion as well. It is not a male problem: it is a cultural problem. Perhaps, in fact, it is a universally human problem.

Underlying much of the work on gender studies seems to be an ethereal ideal we must all attain. In his introduction to *Gender Disorders* Ardnt puts it thus: "...we will attempt to define ideal sexuality as a criterion. Ideal sexuality is the expression of the

psychologically healthy person" (7) (emphasis added). This statement is laughable, but unfortunately apparently none of his colleagues is laughing. (Still, we must give him credit in that he does qualify his statement with the word "attempt.") But, what does he mean by ideal? Whose ideal? Aristotle's? Freud's? His? Who defines ideal? What historical man/woman do we exhume to use as the essence of the psychologically healthy individual? What/who is "psychologically healthy"? The psychologist? Certainly he jests! We still base much of what we know of sex and gender on what Freud left us. Certainly we couldn't, in our wildest, most benevolent dreams, call Freud psychologically healthy.

It is important to stress that Ardnt is just one in a cast of many writing on the theories of gender who, knowingly or unknowingly, strictly adhere to rigid stereotypes so ruthlessly that anyone but the most ardent conformist is in some way gender disordered, dysphoric, dysfunctional or pathological. Take as another example Milton Eber, in the foreword to Leslie Lothstein's book, *Female-to-Male Transsexualism*, who praises Lothstein's work, claiming that "anyone wishing to fully understand the transsexual patient will find much" in his book, which offers "an extremely useful model for the investigation of" transsexualism (xii) (emphasis added). Fully understand? Certainly, we recognize this as an exaggeration of the expectations the human sciences hope to provide to the understanding of gender and its significance—don't we? Certainly, we realize that models are limited in scope and significance—don't we? Unashamedly, most professionals I have read or talked with do not.

Many (perhaps most) people studying gender (whether they be man or woman, sociologist, psychologist, etc.) truly believe they are engaging in a form of scientific discourse, and that this discourse offers hard, objective truths. And they understand these truths as having a correspondence to reality. "(A)ny academic discipline which wants a place

at the trough, but is unable to offer the predictions and the technology provided by the natural sciences," warns Richard Rorty in his book *Objectivity, Relativism, and Truth*, "must either pretend to imitate science or find some way of obtaining cognitive status without the necessity of discovering facts" (35). I suggest that most of the literature on transsexualism in particular and gender in general is pretending to imitate science. From Freud to Kinsey, Masters and Johnson to Money and Green, it is impossible to be an objective, impartial observer of gender, and to suggest otherwise is hypocrisy. It matters not in what guise the researcher comes—male or female. Both sexuality and gender identity, by their very natures, cannot and do not lend themselves to objective study.

The pivotal question underlying this discussion on language and perspective, scientific theory and correspondence, gender and stereotypical expectations is who is served? In whose interest is it to create and perpetuate stereotypes? Who benefits from this misguiding, misinforming, belittling, bashing, disillusioning, cajoling, berating? Why is the "scientific" literature so quick to blame, admonish, punish, disapprove, censure and condemn? Why is there a need to establish one Truth about gender? Though she provides no comforting, completely satisfactory, or global answer to the question, Judith Butler, in her book *Gender Trouble*, speaks to that very issue and her comments are worth quoting at length:

The notion that there might be a 'truth' to sex (and gender), as Foucault ironically terms it, is produced precisely through the regulatory practices that generate coherent identities through the matrix of coherent gender norms. The heterosexualization of desires requires and institutes the production of discrete and asymmetrical oppositions between 'feminine' and 'masculine,' where these are understood as expressive attributes of

male and female. The cultural matrix through which gender identity has become intelligible requires that certain kinds of identities cannot 'exist'—that is, those in which gender does not 'follow' from sex and those in which the practices of desire do not 'follow' from either sex or gender. Follow in this context is a political relation of entailment instituted by the cultural laws that establish and regulate the shape and meaning of sexuality. Indeed, precisely because certain kinds of gender identities fail to conform to those norms of cultural intelligibility, they appear only as developmental failures or logical impossibilities from within that domain (17).

The heterosexualization of desires seems precisely the description we are after. This explanation (and a good one, I think) of at least some of the underlying assumptions of our culture fits comfortably with various materialist theories. We see how only heterosexualism can perpetuate reproduction and that reproduction of the consumer-producer continues the system of capitalism. This materialist reproduction theory, with male control over female reproduction, must be preserved if the system is to work. Strict gender definitions must prevail or the system (as assumed) will collapse. Of course, the question that has yet to be more adequately addressed is, if woman is the primary reproducer, why is she so devalued by society? One answer to this suggests that women's reproductive ability is held in awe by the male, an ability which would seemingly garner much power and respect. However, in order to compensate for this seeming lack in the male, men are accused of over-compensating by imposing their continued dominant hierarchy and perpetuating the myth that it is women who "lack."

Another materialist theory that addresses the heterosexualization of desires is the Marxist-feminist theory. Capitalism benefits from a subjugation and subordination of women that can only be maintained through the phi-

losophy of heterosexism. Women in marriage to men (heterosexism) continue the cycle of dependence, thus freeing up males to allow accumulation of wealth thus enabling men to sustain their dominant position. Were heterosexual relations to be regarded simply as one among many alternative choices, the patriarchal perspective maintains, society would soon be full of same-sex relationships and the generations of man would vanish from the face of the earth. Certainly to most educated people this sounds ludicrous, but there are those in our society who envision just such a scenario, and still others who market their products and make their livelihoods off these groundless beliefs.

There are in fact as many theories of gender, gender identity and gender dysphoria as there are theories addressing the subordination of women and the dominance of men. But in truth, it seems each theory can be distilled to a simple (if painful) justification—that of expediency and opportunism. It seems to be a characteristic of human nature to take advantage of, categorize, exploit and suppress one another. Until we find the underlying causes for these characteristics in our nature (and this subscribes to a theory of human essentialism we can never hope to confront), we seem destined to continue our struggle against one another, sex against sex, gender against gender against gender. Our species, it would appear, thrives on conflict. We are not happy unless we are making someone else unhappy. And, at least in part because of the structure of society, we are disposed to making others experience inferiority. Most of our literature (and by literature I mean all human writing) has addressed this conflict. In this regard our confrontation with one another at least makes for colorful reading. Still, the point remains: one's reading depends on her or his position on the ladder of inferiority. And, as evident in Janice Raymond's prejudiced treatment of transsexualism, one's interpretation depends more on one's intent than the facts at hand. ☞

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Masculine Empowerment

by Tony [REDACTED]

Every aspect of human behavior is “empowered,” or allowed to occur. “Other-empowerment” comes from outside the individual— from other individuals, from society, from the culture at large. Virtually every action each of us does is other-empowered. This ensures that we are explicitly tied to others. We are in this way socially managed to cooperate and contribute to society. “Self-empowered” refers to actions that we do on our own, whether within or outside the boundaries of acceptance in our society. Empowerment is ultimately experienced by the individual— so, although we speak of one “empowering” another, we must be careful to note that this interaction occurs solely in the minds of the participants.

Males, in most cultures, are constantly in the process of proving that they are sufficiently masculine (“man enough”) to be considered men. To be a man, a male must prove to others that he deserves to be set apart from the non-man categories of woman, child, or beast. “Proving oneself man enough” means being masculine-empowered. The key here is that males must be empowered by others to be men— thus, they do certain things so they believe they have impressed on others that they deserve masculine empowerment. Associating with the right sources or doing the right actions is masculine-empowering. Certain other objects, people, or actions, can cause “masculine impairment”: the male feels he has had some of his masculine empowerment removed by others. So, males prefer to perform certain acts and associate with certain things or people, while avoiding other, “unmanly” acts, things, and people.

It is clear that masculine empowerment has wide-ranging implications. We must keep in mind that it is not being suggested here as the source of every problem that occurs between women and men. It is merely recommended as a perspective that may help us to understand where we, as a culture, have gone wrong. We may see it as a pattern or structure that ties together all of the phenomena discussed below, without necessarily being the only connection between them. It is a dimension of human behavior that has never before been properly identified.

Being primarily a cultural concept, the amount of empowerment needed to obtain manhood differs from one culture to the next. Its sources also differ. However, several possible categories might be sources:

*other men (especially older men)
particular actions and rituals
particular objects
women
the self*

If a male could self-empower, he would not need to associate with people or objects or perform particular actions to consider himself a man. If this were indeed the case, things would be a lot simpler, and this would be a very short essay. However, males are other-empowered as men, a shortcoming that may perhaps be a major source of social dysfunction.

The easiest sources to understand are objects and actions. It is not too hard to see, for example, that watching football and drinking beer, in our culture, is masculine-empowering. Engaging in "woman's work," like ironing the clothes, will result in a net loss of masculine empowerment. When a woman asks her boyfriend or husband to buy feminine hygiene products, and he protests, he is most likely concerned with being "fined" for touching an "unmanly" object.

In some cultures, it is simply enough to survive a ritual, such as the vision quest of the Native Americans. The most common such rite of manhood is circumcision; most other rites of manhood involve injury or sacrifice. In such cultures, the male who goes through these rites is masculine-empowered for the rest of his life— or we could say that the male is allowed to self-empower. In our culture, though, the pursuit of masculine other-empowerment is ongoing.

It is not enough to simply avoid that which is "unmanly," or to have been masculine-empowered in the past. To the Vikings, for example, a man earns his way to Valhalla by dying in battle. A warrior who dies of old age, though, does not get into Valhalla; no matter how many battles he has survived, he has not recently been masculine-empowered.

Masculine empowerment is tied in with the psychic force of phallus. Anything related to the phallus is thus tied into the earning of masculine empowerment—the penis, semen, sex-

ual intercourse. (In many nonindustrial societies, sexual secretions— semen and menstrual blood— are seen to have magical power; this is connected to the ability of semen to masculine-empower).

The original source of masculine empowerment, at least in nonindustrial societies, is other men. In such societies, kinship is the main principle of social organization. Almost invariably, it is older men, such as the father, uncles, or grandfather—the fabled "elders"— who are in charge of overseeing a boy's development into manhood. In these societies, woman as a possible source of masculine empowerment are unimportant.

The recent "mythopoetic" movement wishes to reinstate this as the primary source of masculine empowerment. Robert Bly, in *Iron John*, suggested the idea of "atomic masculinity" that is passed from older men to younger men. In his scheme, younger males become mature men by merely growing up around their father, or becoming an apprentice.

Bly's conception is naive, though, because he fails to include intergenerational homosexual relations. As sexual intercourse is a primary source of masculine empowerment, intergenerational sexual intercourse between men is an important way to masculine-empower. In cultures that use ritualized sexual relations between an older man and a younger man, the older man is invariably the active partner and the younger man is the recipient. It is taught that the older men are passing on masculinity to the younger men, either through the semen, or through the act of intercourse. This occurs in many forms in many cultures; approximately one-fifth of New Guinean cultures include something of this sort. Not long ago, young men in Morocco aspiring to study the Koran were eligible to become apprentices only by being sodomized by their instructors— thus becoming masculine enough to touch the Koran.

Ancient Greek homosexuality was essentially of this sort. It was not ritualized, but it was expected that the older man be the active partner.

Though there was no ridicule of homosexual acts, older men who were passive partners, especially if the active partner was younger, were subject to ridicule. Greek homosexuality had a misogynistic element as well (at least in Athens): men were the preferred sexual partners because men were considered to be superior to women.

If a male could self-empower, he would not need to associate with people or objects or perform particular actions to consider himself a man. If this were indeed the case, things would be a lot simpler, and this would be a very short essay.

In an industrialized society, the extended family is broken up. The only remaining source of male empowerment is the father, who typically is detached from the family because he is gone much of the time. The result has been a cultural reversion: psychically, men fell backwards a step in the process of collective individuation. The only source remaining to them is women.

According to psychoanalytic theory, infant boys and girls are merged with the identity of the mother. Thus, mother becomes a symbol of engulfment, of being swallowed. By giving birth, mothers are the source of human-empowerment. It is therefore a simple, if fallacious, move to extend masculine empowerment to women as well. Young boys often perceive their phallus to be the property of their mothers. Freud called the infant son "his mother's little phallus." A man never forgets the sensation of feeling that his penis is owned by Mother; this naturally follows from the Oedipus complex. As a male grows up, the idea of mother translates into all women. Comedian Sam Kinison said that each man should be glad his wife or girlfriend can't remove his penis, or else she would keep it from him.

If women, or woman/mother, are the main source of masculine empow-

erment, the male will never pass fully into maturity. "Maturity" in the past was a state at which the male was recognized as being able to masculine-empower other males; nothing of this sort occurs in our society. Thus, as Moore and Gillette have pointed out, the main character of modern men is that they are immature—they never pass the boyhood stage and thus act in boyish ways. Women are still seen as the overpowering, dominating, all-powerful mother.

It may seem paradoxical that male domination coincides with the ability to masculine-empower residing in women, but there is no contradiction. Males, desiring masculine empowerment, are jealous of this faculty in women, and seek to possess it. Thus, males dominate women in an attempt to force women to empower them as men. Also, we can view this the other way around: if masculine empowerment does not ultimately come from women, then men would have no need of them—so perhaps it also plays a functional role, to ensure that men, acting under the auspices of male domination, do not completely obliterate women.

In any case, we can point to many of the peculiarities of male domination and see how each has a masculine-empowerment dimension. Masculine empowerment has tarnished, perhaps permanently, sexual relations between males and females.

One example of the forms masculine empowerment assumes is the "oldest profession in the world." Prostitutes not only perform sexual acts for money—they perform masculine empowerment. (Pornography and phone sex follow from this, on the tails of another trend—the extension of humans into symbolic objects which serves to make people meaningless).

The traditional practice of marriage is also an outcome of masculine empowerment. A daughter's sexuality is dictated by her father, who almost invariably prevents her from having any sexual intercourse until it is with a partner he accepts—the groom. The wife is always available to masculine-empower her husband on demand. Children are an indirect source of mas-

culine empowerment; not only are they proof that a man has had sex, but he must perform masculine-empowering behaviors to support them.

Rape is another result of masculine empowerment. Rapists often express the feeling that women "deserve to be raped, ask to be raped, and really enjoy it even though they say they don't. They're prick teasers because they promise sex but never 'put out.'" Translation: rapists feel under-empowered. Women have, in the rapists' estimation, conspired against them to keep them from feeling empowered. They therefore feel justified in taking it by force. Children, boys, or girls, being an indirect source of masculine empowerment, can be raped also with the same goal.

It is no coincidence that prostitution, marriage, and rape have been targeted by feminists, especially radical feminists, as the main weapons of male domination. Dominating women in order to obtain masculine empowerment has become an end in itself: males are now masculine-empowered through perpetuating the domination of women, even if it does not directly involve prostitution, marriage, or rape.

Males who engage in exclusively homosexual relations are also targeted. They are able to self-empower, or at least empower one another as men, and therefore are in a sense privileged. Because of this, they are identified with women and treated accordingly. Oppressing homosexual males is now done for its own sake; it masculine-empowers. (Also, it has been noted that, however paradoxically, a man can enhance his heterosexuality by raping a homosexual man. From the masculine-empowerment perspective, it is not all that mysterious. A homosexual man is a source of masculine empowerment like any other, and is subject to domination like any other.)

The experience of seeking masculine empowerment creates a cognitive dissonance, a soreness in the psyche that cries out for resolution. Sometimes this dissonance demands resolution that is at odds with the original intent of the need. This occurs in transvestism and transsexualism. Though associating with female cloth-

ing, or the female identity, is "unmanly" and causes masculine impairment, it serves to soothe the dissonance that originally came from the need for masculine empowerment but became a need in itself. Transvestites perceive that they can self-empower by wearing womens' clothing (objects that can masculine-empower through their association with women). Male-to-female transsexual persons become their own source of masculine empowerment by becoming women. Since the connection is a weak one, and the result is even more dissonance than the male started with, these phenomena are rare. Not surprisingly, since they are their own source of masculine empowerment, transvestites and transsexuals are treated in negative ways.

The current relation between the sexes involves an inherent paradox—women should have power over men because only they can masculine-empower, while men feel they must dominate women to "even up the score." A solution to this ill and its side-effects is allowing males to self-empower as men. While this will not solve everything, it is a step in the right direction. It would require men to view women more like equals. ♀♀

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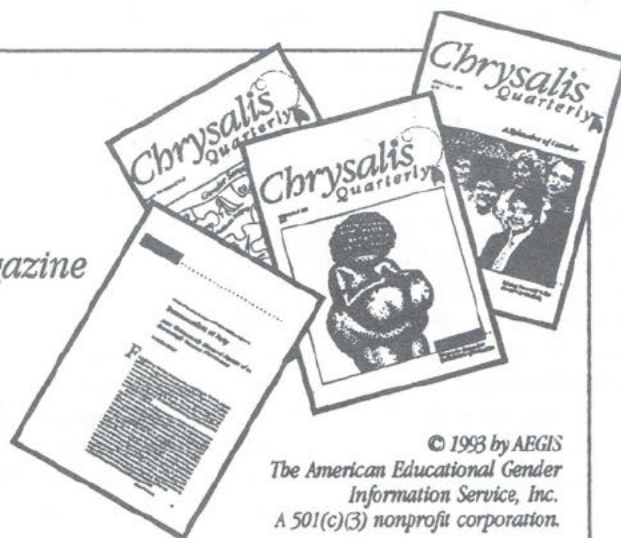
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Virginia is the founder of organized crossdressing in the Western world. Before her, there was nothing. In issue #5, we reprinted part of her autobiography, showing some of the sacrifices she made in order to publish Transvestia, a magazine she founded and edited for more than 15 years.

The Masonic Analogy

by Virginia Prince

As those of you who are Masons know, there are two end points to the Masonic order. One of these is called the Scottish Rite, and the other is called the York Rite. Achieving either of these levels requires passing through many stages.

When one first joins the Masons, he takes initiation examinations and becomes a Mason of the First Degree. He is then termed an Entered Apprentice. After a time, he takes some more examinations and tests and becomes a second degree Mason, or Fellow of the Craft. Finally, after more time and effort, he attains the third degree and becomes a Master Mason. This is the end of the regular Masonic order, and the individual may choose to stay at this level the rest of his life. There is no requirement to proceed to higher degrees.

If he chooses to rise higher, he must make a choice at this level between the Scottish Rite and the York Rite. That is, there is a fork in the road at this point; a decision must be made. Whichever Rite he chooses, he works his way up to a 32nd degree Mason. At that point there is no further to go; he is there.

Of course, everyone knows about the Shriners as a Masonic organization. The "Mystic Shrine," as it is called, is a social and service organization. It is made up of 32nd degree Masons and is more like a Masonic alumni association. It is not a higher degree in the Masonic order.

Now what has all this to do with transvestites, transgenderists, and transsexuals, the principle divisions of our community? Nothing directly, but these divisions of our community parallel, in an interesting way, the various stages of Masonry. Let me make clear that I am using the Masonic Order as an analogy only. There is no other relationship, real or implied, between transgender behavior and Masonry. I am not now and never was a Mason (although my father was). I surely am not suggesting that Masonry and crossdressing have any relation to each other. There are doubtless Masons who are also members of our community, but the two are separate and distinct aspects of the individual's life.

Now, to carry out the analogy. A male is born and grows older. At some point in his early life, for any of a variety of reasons, he puts on one or several articles of feminine clothing. Since such clothing is closely associated with females, it activates his biological male response and he may get an erection. This requires masturbation to return things to normal. However, the erotic response is very pleasant and satisfying, so he later repeats this pattern whenever opportunity presents itself. He is now a first degree Crossdresser, or, by analogy, he is an "Entered Apprentice." He has just ventured into the feminine sister-ship (if I may be permitted to call it that), as an untutored beginner.

At this point, he knows only four emotions: (1) most importantly, the erotic experience felt good and worthy of repeating; (2) he feels a sense of shame because boys should neither wear girls' things, nor should they masturbate; (3) he feels guilty about doing something that he realizes his parents would not approve of or understand. Nor would his friends, adults in general, or society as a whole; finally, (4) he is almost petrified with fear of the consequences should anyone learn of his activities.

However, as we all know, Nos. 2, 3, and 4 are no match for No. 1. So he repeats the behavior whenever possible, and this goes on over a period of years. If he stays with particular garments such as heels, bras, or panties, he stays at the first degree. In our non-Masonic analogy, I would call that fetishism.

If, on the other hand, he gradually adds to his wardrobe over the years and dresses more completely, he has advanced to the second degree. Masons refer to this level as "Fellow of the Craft." We might call it the "Secret Sister," level in the gender community. He may dress completely when home alone, and do housework, cook, read womens' magazines, or whatever, but he never ventures outside the house. This is the "locked door" stage. We have all been there.

Eventually, there comes the day when he can wait no longer, and in

fear and trembling, he ventures outdoors. Too often, this takes the form of walking to the corner postbox at 11:30 pm to "mail a letter." (This is the worst possible time for a "lady" to be on the street along, but at his present stage of development, he doesn't know this).

Time passes (usually quite a lot of it), and he has ventured out quite a bit and done various things as a woman. In Masonry, this stage of having "mastered" all the tests and examinations makes one a third degree Mason. He is now a Master Mason. (Another example of the way our language is biased in a masculine direction lies in the fact that there is no appropriate term for a woman who has passed all the requirements for something. You can't say she has "mistressed" the subject or that she is now a "mistress" of it. Mistress is, in one sense the feminine of master, but that is not a social level and not a performance level. So I don't quite know what the equivalent would be in our culture.)

At this point, our individual is a full-fledged transvestite, or crossdresser. Perhaps she could be termed a Full or Accepted Sister.

This stage can stay stable for a number of years. During this time, the individual becomes more and more comfortable with his femmeself while retaining his masculine self as well. This is the stage where he becomes a bigenderist—one who is comfortable in expressing either gender role. He may very well stay at this stage for the rest of his life. In Masonry, the majority who have achieved the third or Master degree just remain there and do not proceed to higher degrees.

At this point, the individual comes to the fork in the road that is exactly analogous to the fork that faces the Master Mason in Masonry. A Mason can simply remain a third degree Master Mason for the rest of his life. On the other hand, if he wants to move on to higher experience, he must choose which route he will take—the York Rite, or the Scottish Rite. The crossdresser can, and most do, just continue to be a crossdresser and bigenderist the rest of their lives,

dressing when it is convenient to do so, and increasing their public experiences. However, the seductive idea that "if some is good, more is better," applies in this areas as well as in many other areas of human experience. So what does "more" consist of?

Our hypothetical bigenderist dresses completely quite often and enjoys doing so and going many places and doing many things. So, the idea of dressing continuously rather than episodically is bound to come to his mind. As this idea grows on him (and if his social, financial, and marital circumstances permit it), he begins to think seriously about it. The two possible "32nd degree points" in our culture are transgendered living or transsexual surgery. The former might be termed the "G-Rite" and the latter the "S-Rite." This is the fork in the road. Which way? The first, the "G-Rite" is a quantitative change, and the latter, the "S-Rite," is a qualitative one. What is overlooked by most everyone is that the logical end to wearing some parts of the feminine outfit is wearing all of it. Likewise, the logical end point of dressing and going out on occasion is dressing all the time—twenty-four hours a day and doing what any other woman might do. This is the transgenderal lifestyle. Let's make it the equivalent in our analogy to the York Rite in Masonry. It is the local and final end to the pathway we all started when we put on our first item of feminine clothing.

But full-time living is only half the story. The other half of the equation is how the individual visualizes himself, generally and anatomically. That is, is he/she going to remain a male even while living as a woman, or is he going to insist that to be whole, "complete," or "real" (choose your own word), he must undergo sex reassignment surgery? That is, will he undertake the "S-Rite." Sex reassignment surgery may be considered analogous to the Scottish Rite in Masonry. Transgenderism and Transsexualism are both "32nd degree" positions. That is, they both involve full-time living as a woman. But they are obviously not the same thing.

The decision to be made at the fork of the road is which Rite will the individual choose. "Rite" is the correct word (no pun intended), because there are many steps to be taken on the way to the final achievement. Some of them are the same, such as electrolysis, and hormonal therapy. Elective surgery may be necessary to help the person to pass, such as an Adam's apple shave, rhinoplasty, (medical term for a "nose job"), or a face lift. On the legal side are a name change, a possible divorce, and training for a livelihood as a woman. But the transsexual goal involves a great deal of planning, financial, counseling, and training in being a female and learning to care for a different body.

So at this fork, one should engage in much introspection about one's real goals in life and not just revel in the fantasy of being a "female." To begin with, one could revert from the role of a transgenderist if one decided to do so. Surgery, however, is a one-way street—there is no turning back! The as-yet undecided candidate standing at the fork in the road should read the two signs carefully.

The first one says, "This way to womanhood, a gender position in which one can live and do everything that natural born females can do genderwise, i.e., as woman." On this path, one does not change one's body (other than growing breasts with hormones if one chooses to).

The second signpost says, "This way to pseudo-femaleness" (pseudo because a genetic male can never become a complete genetic female). Along this route, surgery removes all male equipment and a (hopefully) functional vagina is created. This will enable the individual to receive a male's penis intravaginally if she so chooses.

Because of this ability, the "new woman" can dream of finding a man to be with, both socially and sexually. Many males are always ready for a roll in the hay with any female willing to do so. But the chances of finding a "Mr. Right" to settle down with are not too great. Think of all the natural-born females with all the right equipment

and a lifetime of experience as a woman who are still single! The limitations are those of age and a past life that was not lived as a girl and woman. This means that many of the attitudes, interests, and abilities that real girls develop in the process of growing into womanhood are not part of the "new woman's" repertoire. This, in turn, means that her total feminine presentation may lack something intangible in the eyes of the man she might marry. Of course, she cannot have babies, and this places a limit on her appeal to men who really want children of their own.

Making the right choice between the two alternatives requires a real understanding of the difference between sex and gender: between altering one's body to make a visual reinforcement of one's sense of femininity and the realization that femininity is a psychosocial concept and not necessarily affected one way or the other by bodily construction. If the individual really understands the difference, he may come to realize that in terms of appearance, effect on others, and opportunities for self-expression, life can be just as satisfactory taking the transgenderist path as going the surgical route.

In the last analysis, it comes down to whether the individual makes his basic evaluations of others, and of himself, on an anatomical basis, or on a psychological basis. Put another way, does "realness" consist of having the physical organs characteristic of one sex or the other, or does it depend on how satisfyingly, comfortably (to oneself), and acceptably (to others) one can portray a woman on a day-to-day basis and under a variety of different circumstances?

If the undecided crossdresser, figuratively standing at a fork in the road of life, decides that comfort, self-acceptance, and the ability to live and pass as a woman is all he really needs to satisfy his inner needs, he will reject the cost, the pain, the inconvenience, and the irreversibility of SRS and just start living full-time as the woman he feels he wants to be. This is the conclusion I came to, and I have lived it

successfully now in all kinds of circumstances for 25 years. I have traveled all over the world and have shared rooms with a number of unknowing females in the process. I could not have done any better or enjoyed myself more if I had followed the "S-Rite" and had the surgery. In the last analysis, we live in our heads, as it were, regardless of what our anatomy may be. Because we live in an either/or, black/white, bipolar society, other people may be unable to reconcile long hair, lipstick, and breasts with the presence of penis and testes. But do you really have to care about other peoples' limitations? Can't you be happy just being yourself to yourself and not have to try to conform to society's limited and narrow-minded view?

I think you could if you could bring yourself to look at the circumstances of your future life very objectively as an outsider would. That would require looking beyond the excitement and glamour of the next five to ten years after a surgical intervention and asking yourself what you and your life would be like as you grow older. Even natural-born females find it difficult to adapt to growing older. I believe transsexuals will find it even harder. But so far none of them have lived into it.

It will take a lot of soul-searching to decide which branch of the road to follow. Don't just be impressed with the post-ops you see or know. You only see the outside of their lives. They are not about to reveal all about their new lives to others. Suppose they are really frightened of the future, their jobs, their aloneness, their lessened ability to do a lot of the things that they used to do. Are they likely to tell others that "this life is not what I imagined it would be. I didn't get out of the surgery what I thought I would, and I find this 'indoor plumbing' isn't all that it's cracked up to be!" Few people with feelings or realizations like that are likely to admit to them. To do so is the equivalent of admitting that they have made a big mistake by having the surgery, and few people have the mental strength, honesty, and candor to

do that. So think carefully about whether you want to go the York Rite or Scottish Rite. And even more fundamentally, do you have to go either route? Why not just remain Master Mason or, in our culture, an accomplished Bigenderist who is more or less equally able to portray and enjoy his masculine role and her feminine role as circumstances permit or dictate.

Finally, it is worth asking: If you had an operated transsexual and a full-time transgenderist standing side-by-side, what would be the difference between their lifestyles? Of course, there could be all kinds of differences between them as individuals, but what differences would arise between them solely by living full-time? Both would be accepted by others as women. Both would have the problems of making a living, dealing with non-understanding relatives, and so on. But

what else? Only two things: the transsexual could have sex with a male (whether she enjoyed it as a female would be beside the point). But the transgenderist could still achieve release of sexual tension by way of masturbation. Whether the transsexual chooses to masturbate or not, she would not be able to achieve the quick release of desire and need that males can.

The second difference between them would be that the transgenderist could reverse her situation if something in her life showed her that living as a full-time woman wasn't working out for her. The transsexual doesn't have that option.

Transgenderists are generally fascinated by the idea of sex with a male, and although transsexuals may have looked forward to it prior to surgery, the fulfillment of that fantasy is not likely to live up to expectations.

Consider how few natural born females find complete sexual satisfaction with males. What I am trying to suggest is that, following my masonic analogy, if you had a York Rite 32nd degree Mason standing next to a Scottish Rite 32nd degree Mason, would there really be much difference between them because of the route each took to achieve the 32nd degree station? They would each know where they had been and what had happened along the way, but when they had achieved the 32nd degree status, there would be no significant and important differences between them because of the routes they had traveled. Likewise, the transgenderist and transvestite have both achieved the goal of escaping from masculinity and living as women. So if that were the original goal, why not get there by the easiest, cheapest, and safest route? Think about it! ☞

Taking the S-Rite

by Samantha ■

Virginia's Masonic analogy is a good one, and I am in absolute agreement that genital surgery is not required in order to live a fulfilling life in the other gender role. But Virginia is not transsexual, and while she speaks with considerable authority about being a transgenderist, the transsexual experience is foreign to her. Transsexual people are not crossdressers who decide to have surgery; they are women who have surgery in order to bring their bodies into consonance with their gender identity.

Male-to-female transsexual people are woman-identified, and the simple fact is that most women do not have penises. They are at best an inconvenience, and at worst an incontrovertible symbol of male origins, should they be accidentally discovered.

Many transsexual women hate their male genitals, and no transsexual woman values them. They hang there, a useless nuisance, a source of potential embarrassment, a constant reminder of a past that has been otherwise overcome, an obstacle to love-making, a ticket to the men's unit should they ever find themselves in jail or prison.

While SRS is expensive, and, like any surgery, poses health risks, it is a viable option for those, like Virginia, who are crossliving full-time. Just as there are a variety of reasons not to have it, there are a variety of reasons to have it: it allows the individual to have sexual relations consistent with the gender of presentation (heterosexual or homosexual); it makes it easier to get legal documents changed to reflect the new gender, it reduces the danger of exposure, and,

most important of all, as any transsexual person is concerned, it makes the body more congruent with their sense of self.

Transsexual women have an absolute commitment to their gender role, and things like penises tend to get in the way of that commitment. They are happy for people like Virginia who value their penises, but they do not want one on their bodies.

Just as Virginia has taken the Y-Rite, I took the S-Rite. I don't regret it, and I would do it again in a minute. So would many woman who are decades post-operative— women who like Christine Jorgensen, certainly "lived into" their surgery. And by the way, Virginia is wrong on two counts. My vagina lets me have sex with females as well as with males, and masturbation is as available to me as it ever was— and much more pleasurable.

Night Ride

by Dallas Denny

Bicycles have changed, and yet they are the same. They are still silent running and breezes in your hair and sweaty palms from holding onto handlebars too long. They are leaning into curves and riding without hands, pumping harder when you go uphill, and coasting when you can find a downhill. Modern bikes only remotely resemble those I rode when I was a kid the first time, but the old-time feeling is still there, fresh as ever it was and ever will be.

"Dad?"

"Yes, son?"

"Are there people on the stars?"

"I don't know. There might be."

"Do you think they're any happier than we are here on Earth?"

"I couldn't answer that."

"Dad?"

"Ummm?"

"When you were a little boy, were you happy?"

"I suppose so."

"I mean, were you glad you— glad you were you?"

"I'm not sure what you mean. Yes, I think so."

"Dad, will I grow up to be a man like you?"

"I hope so."

"Boys grow up to be men?"

"Yes."

"And girls grow up to be women?"

"Ummm."

"Dad, do boys ever grow up to be women? Do girls ever grow up to be men?"

"No!"

"Why not?"

"They just don't. Now, no more silly questions."

Ever since I learned to wobble down the road without training wheels, I have ridden in the dark. After everyone in the house had settled into night noises, I would throw back the covers, ease out of bed, pull on a pair of

shorts, slowly, oh so slowly raise the well-oiled window, and use the pine tree near the window as a rough-barked jungle gym, clambering to the ground in sticky-palmed silence. I would find my bicycle where it had fallen over—I had the habit then of stepping off the pedal, letting the bike travel where it would—and glide quietly down the drive, turning onto the sidewalk. If I pedaled furiously, I would have enough momentum to jump the three steps in front of the Rodriguez' house. Then I had to brake for the turn on the long straightway of Conyer Drive. And I would scream into the night in frustration and defiance and pedal, pedal, the bike's red paint black in the moonlight.

The bicycle is made entirely of organic-composite materials. It is absurdly light. The frame is photoluminescent, glowing yellow-green. The pedals travel in an elliptical pattern which closely approximates the human gait. In place of the chain, there is a shaft mechanism which stores kinetic energy, accumulating it on the downhills and releasing it on the uphills. Instead of a single gear, there is an infinitely variable gearbox which senses road conditions and the strength with which I am pedaling, and adjusts itself accordingly. There are anti-lock brakes that will stop me on a dime. A voice-operated computer is built into the frame; it tells me how fast I am going, how far I have come, and how long I have been riding. It will amuse me, if I wish, by reading to me, by playing music, or by telling jokes. It will tell me the latitude and longitude and the time, should I want to know. It warns me of approaching traffic. If I fall over and don't get up quickly enough to suit it, it will broadcast an emergency message; no more stepping off the pedal and letting the bike run to ground. It even calls me Susie.

They didn't put street lights in until I was sixteen, and by then it didn't matter, for I was more interested in a prestige ride than in a bicycle—bikes were for kids. I had a car by then. But when I was eight or nine, I would straighten, raising my butt off the seat, lean over the handlebars, and drive the pedals like John Henry drove steel. Three minutes in the dark (I timed it by

day, when I could see the hands of my watch), and then I would bear left at the fork onto Martindale, which was winding and hilly. I would have my second wind by then; most of the time I could pull the hills sitting down. Later, when I got my first automobile, those grades on Martindale didn't look like much. On the bike, though, they were formidable, and I took great pride in conquering them. To this day, I'm still not sure which perspective was closest to the objective reality that some people believe exists. My best guest is that reality, like lunch, is a moveable feast, and that my perception was right both times. Those hills were steep when I was on my single-speed Schwinn, and they flattened out when I was in my Chevrolet. And when I moved away, first to the city and then to this far location, the hills and my parents and everything that I had ever known ceased to exist. And now, since I am approximately 10,000,000,000,000 hours (by bicycle) from my place of origin, the slopes and grades of my first youth take shape only when I think of them. They're real tonight, certainly. I can hear the bullfrogs in the pond on the Lee's dairy farm, just as they were when I pumped past in the springtime of the year and of my life.

I can remember the night rains; one caught me on Winger Lane, making me fly low down the only really steep hill on my course. Having little knowledge, at that tender age, of inertia, I did not stop as abruptly as I had anticipated, instead driving straight into the barbed wire along the pasture at the end of the road. Had the single rusty strand not parted, I would have been seriously hurt. Abandoning my bicycle, I left a bloody trail all the way back to my yard, up the pine tree, into my room, and to the bathroom, where I rinsed gravel from a cut, held the flesh together most of the night until the bleeding stopped, then mopped up my mess and crept back to my room and back down the tree and back to Winger Lane to retrieve the wheeled friend of my first youth.

On other nights, though, a right from Winger onto Brookshire, and a straight shot home. I would hop off, letting the Schwinn roll away into the darkness, would already be spidering up that pine tree by the time I heard it fall. Sweaty but exuberant, I would collapse onto the bed, bringing great

draughts of oxygen into my lungs, my mind blessedly blank, my arms out-thrust. When I caught my breath or felt myself beginning to drowse, I would stand up, kick off the short pants, file them under the mattress for future use, crawl under the covers, and close my eyes. Usually the ride had the desired effect, and I would fall asleep immediately. Things were better during the days, when I could contrive things to keep me busy. But sometimes I did not fall asleep after my ride and I would lie in the darkness, aghast at the immensity of the wrongness of my life, of my body, of my very being. Then the tears would come.

Despite the disadvantages in this light gravity, I choose a traditional seating position rather than a recumbent one or one of the other positions. The seat contours itself to my anatomy. The glowworm frame is hollow, and part of it contains water, gathered from the moisture in the air, which I can drain into a cup which at other times functions as part of the frame. The headlights tap into the kinetic storage device. They are bright and tightly collimated. I can vary their intensity by speaking to the computer.

Sometimes I tell the computer to turn them off so I can ride in the darkness.

I made those rides, winter and summer, until I reached adolescence, which opened vistas of pain that not even bicycling could alleviate. I abandoned night riding, turning my attention to the horrible things that puberty was doing to my body: skin coarsening, hair sprouting on arms and legs and chin, nose lengthening, jaw firming, shoulders broadening, voice deepening. I would look with longing on those more fortunate than I, at their smooth skins and gentle curves, and I would know an envy so immense that it would threaten to consume me. I managed eventually, by dint of hard work and flying against the winds of the established social order (as I had once flown against the night winds on my Schwinn), to change myself so that I replaced that green emotion with a sense of sisterhood. But now the envy is back, stronger than ever, for my body is as it was before, and I am powerless to change it. I could kill myself. Should

kill myself, probably. But I don't. Instead, I ride.

I ride still at night, year round except for the greatest extremes of weather. Then I sit in front of my computer and write in my journal and bemoan my fate.

My rides are longer now. They last most of the night. I am without the guilt of sneaking away from home and hearth, for I am an adult (for the second time), and can do as I please. I cannot be as I please, for which I damn all of creation and especially those who sent me here where there is no way to bring my body into consonance with my self-identity. I curse the mistake that ended my existence in the body I had managed to make for myself and took me across centuries and light years and across genders and dumped me here, a balding, two-wheeled miserable creature of the night.

Like a bat, I avoid the sun. I venture out only at night, when there is no one to see me. There are no mirrors in the house, save the small one I use when I tweeze the hairs from my face—a fruitless occupation, for they grow back like weeds in winter wheat.

My name is Susie. Do you like my dress? Do you like my long, long hair? Aren't I a pretty, pretty girl? Would you like to play house with me? I'll be the Mommy and you can be the Daddy. I won't play if I have to be the Daddy. Yes, I know you are a girl, too. Couldn't there be two Mommys? You be a Mommy, and I'll be a Mommy. I don't have a doll. Can I make-believe with one of yours? I'll call mine Susie, and you can call yours Jennifer. Isn't little Susie pretty? Isn't she a cute little baby girl?

Poor dolly Susie. Poor, poor thing. She can't wear her pretty clothes. She has to cut her long, long hair. Susie has been a bad girl. Susie has to throw away her pretty dresses. Susie! You're bad! You know you're not supposed to cry! Boys don't cry. Bad Susie. Bad, bad, dolly!

The first time around, I lived my life for others, and not for myself, at least for the first forty years. I was what everyone expected and needed me to be. I learned to do the things the other boys did. I tinkered with my car. I dated. I went into the service—the

Marines, for was I not a man? And if not, wouldn't it show during boot camp? Three years and a decoration for bravery, and then back home, scarred in mind and body. I studied engineering. I met a girl. Eventually we married. We had two children. We had marital problems. Normal things, but not far underneath my bluff exteri-

I cannot be as I please, for which I damn all of creation and especially those who sent me here where there is no way to bring my body into consonance with my self-identity. I curse the mistake that ended my existence in the body I had managed to make for myself and took me across centuries and light years and across genders and dumped me here, a balding, two-wheeled miserable creature of the night.

or hid little Susie, waiting her chance. My chance. She seized it after the divorce. By then, her body had hardened. She did not let that stop her. She sought out others like herself—yes, they existed, and like herself, they were beginning to come forward. She found out what she had to do to manifest her true self, and she straight-away went about doing it. On her male skeletal structure she, with the help of hormones and surgery, imposed woman-flesh; it took years. She unlearned male patterns of behavior, all but the beaten-in inability to cry, and learned to express her long-suppressed femininity. She suffered public ridicule, at first, but with the passage of time her presentation became less anomalous; she began to fit in, to be a more-or-less normal woman. She was no longer an object of curiosity in public, had become just another person. And so she found a job.

Susie went to work for ColdSav, a controversial firm that preserved people cryogenically—in whole or in part, depending on the amount of money the client had to spend—in the hopes that at some future date medical technology would allow their reanimation, and that the society of that age would be willing to do it. She traveled with a picnic basket-sized container and a co-worker, a surgeon. They would arrive on site and await death (if it hadn't already arrived). The surgeon would then cheerfully remove the head and place it in the short-term cryogenic storage unit. Susie was responsible for ferrying the remains to the parent company in California,

where there were facilities for long-term storage.

Some people said her work was ghoulish; sometimes she thought so herself. But it paid, and well, and she didn't allow herself to think about the ramifications of what she did or what was in the container she carried. She immersed herself in her job and her

emerging social life, and seemed on the verge of true happiness when circumstance struck. It took the form of a failed rotor.

The helicopter scissored in at an angle (or so the newspapers had said), spreading wreckage, both mechanical and human, over five frozen acres. When the rescuers arrived, they found the broken shell of the cryogenic container and scant feet away, Susie's decapitated head. A team from ColdSav appeared just then and, assuming that her remains were those of their client, slapped poor Susie into a supercooled tub. The client had, it turned out, purchased an immortality that was not to be. Her head had rolled under a mesquite bush; it wasn't located for four days. It had taken a coyote only a single day to find it.

When ColdSav realized that it was the itinerant Susie who slept in their vaults, the Board of Directors was faced with an ethical dilemma (as well as the financial dilemma caused by a lawsuit from the erstwhile client's irate descendants). Susie had not paid for preservation, and her small estate would not begin to cover the cost of perpetuating her, even were her next of kin so inclined. Susie was not eligible for a free ride; she had declined the modest deduction for that benefit when she had joined the company. Yet to take her out of the vaults now was, according to the hopeful boasts of ColdSav, to deny her the chance of future life. Fortunately, ColdSav was a young company. Lacking the cynicism of a more mature enterprise, the Board voted to maintain her free of charge.

And as there was no next of kin, her family having forsaken her, Susie was kept, as a kindness, for hundreds of years, and was thawed out and life rekindled, finally, because she was a curiosity, and because she had no say-so about being transported across 10.5 light years, and because in addition to satisfying the curious, she could be put to other work.

"Who is Susie?"

A feeling of coldness, of horror. Of wanting to sink through the floor. "I—I don't know."

"You don't know. And I suppose you don't know what these clothes were doing in your room."

"No. I don't know anything about them, I swear."

"These are yours, aren't they? Aren't they? Look at me when I'm talking to you! Where did you get them? Are they mine? Did you take them from my room? You did, didn't you? Wait until your father hears about this!"

"Mom—"

"Did you put these on? No, don't tell me. I'm not listening. I don't want to hear. Oh, where did I go wrong? Jimmy, what in the world makes you do these things? What is wrong with you? It must be my fault."

"No, Mom—"

"I want you to take these out and burn them. Now! And if I ever catch you with anything like this again, I'll beat you to within a half-inch of your life. Do you understand?"

"Yes ma'am."

"I want you to promise never to do this again."

"..."

"Promise me."

"..."

"Promise!"

"Ok! Ok!"

"Now take them out and burn them. All of them. There had better not be anything left. You make sure of that. I don't want your father to find out anything about this; it would kill him. This is a closed chapter of my life. Promise me."

"..."

"Promise me!"

The old neighborhood is a distant memory. I ride into the desert, flat and straight, as fast as my legs will take me. The wind tosses my hair, still

short like it was when I was a kid. I would have worn it long then, but that was not possible for a boy in the 1950's, in the South. It doesn't matter now, for there is very little left. I'm a bald old man. Man, man, man, man.

Few of the cold-sleeps from the XXth century were ever brought to life. Human life has always been cheap, and if possible, it was even cheaper on an Earth with 50 billion people. I was chosen because records showed I had been associated with one of the early cold-sleep companies and because my genotype did not match my phenotype. That is, my karyotype showed me to be a genetic male, while that part of me which still existed seemed to be female, although with microscarring caused by electrolysis and plastic surgery. There were questions they wanted answered, even if they wouldn't have their answers for a long, long time, for my new body was "grown" in transit, and the tapes I am making for those faceless people on the mother planet will have to wait for the next starship, which is not due for decades.

I was selected because few living persons are willing to give up life on Earth for a rigorous existence on a planet circling a distant star. I had no chance to say no. I was awakened just before planetfall, wearing an artificially produced genetic duplicate of the body I had been born with on Earth centuries earlier. A male body.

I was supposed to be grateful for being alive. I'm not. Conditions are primitive, the planet populated by a few hundred others like me. We are widely scattered, and can communicate only because of the geosynchronous communications satellites. There is food enough, and more, and a store of manufactured goods, books, videos. A robot doctor can dispense routine medications and even do simple surgeries—but it has no supply of estrogens and it certainly cannot do the surgery I want. There is no possibility of returning to Earth. The starship left immediately, and another is not expected for 30 years. I have been forced to watch my body harden and become masculinized, feel the testosterone poisoning my tissues. My neighbors (miles distant) wonder why I am not more sociable, why I will not turn on the video when we talk on the phone, why "Susie" has such a deep voice.

My job is to stay here in this house in the middle of the desert. Once a day, I sit at a computer console and monitor instrument readings (the planet is being terraformed), and in the remote chance that something malfunctions, I am to send out an alarm signal, so that maybe a starship will show up twenty years from today, instead of thirty. Once a day, I make a trip outside to collect biological specimens, which I preserve, much as I was myself once preserved. Once a day, I sit at the console and answer canned questions about my first youth. I wonder if it will even matter to the historians a hundred years from now, when the tapes finally arrive. At night, I ride—and for the same reasons that I once rode on Earth.

At one-third Earth normal, hills are not a problem. Pedaling is much easier. Stopping and turning would be impossibly difficult if not for the help provided by the computer and by the incredible road-grip of the tires—which, I understand, temporarily widen when more traction is needed. Even so, I had to learn about inertia all over again. This time, fortunately, I had the advantages of protective clothing and helmet and a self-healing bicycle, and there are no barbed wire fences. After my worst spill, I simply let the bicycle sit in the sun for several days, and the forks and wheels straightened into the remembered positions. Scratches in the bacterial-based paint heal overnight.

But despite all its differences, the bicycle is fundamentally the same as the Schwinn of my first youth. It takes me out, out into the night, uses up my energy, bring me safely home, too weary to think, a man who became a woman and who is now once again a man.

Bicycles have changed, and yet they are the same. They are still silent running and breezes in your hair and sweaty palms from holding onto handlebars too long. They are leaning into curves and riding without hands, pumping harder when you go uphill, and coasting when you can find a downhill. Modern bikes only remotely resemble those I rode when I was a kid the first time, but the old-time feeling is still there, fresh as ever it was and ever will be. ☺☺

Cross Dressing, Sex, and Gender
by Vern & Bonnie Bullough
Philadelphia: U. Pennsylvania
Press. 1993.

Review by Alan M. Yorker, M.A.

The mental health clinician who offers sexuality consultation as part of his or her work is constantly seeking contemporary and factual material to suggest to clients for the purpose of facilitating the client's learning, attitude, adjustment, desensitization, and overall personal comfort. With regard to the issues of transvestism and transsexualism, the marital team of distinguished academicians, Vern L. and Bonnie Bullough, have succeeded in providing us with just such a bibliotherapeutic resource. This extensive overview of these topics will be useful for cross-dressing individuals to learn more about themselves and to help formulate a better sense of validity. As well, family members and partners of crossdressers will have an excellent exercise in desensitization to the idea while plowing through the 280-plus pages of in-depth material, all accurately cross-referenced.

While it is doubtful that large numbers of clinicians will turn to reading the book if they are not already immersed in the professional sex therapy melting pot, it is positive to note that this comprehensive work is now available as a primer to help the therapist-counselor make appropriate "Wise decisions" (p. xi) in pursuit of quality services.

The first section of the book is devoted to "cultural and historical background." Starting with fifteenth-century B.C.E. Egypt, the authors trace recorded incidents of both male and female crossdressing, highlighting anecdotes of royal figures, ancient peoples and historical notaries who engaged in transvestitic rituals and practices. As the historical material moves toward more recent times, we begin to see a clear pattern in the crossdressing—namely, women crossdressing to

acquire masculine prerogative, and males crossdressing for pleasure and amusement. We have evidence of this phenomenon today in the androgynously appropriate attire of modern women and the continued popularity in entertainment of male figures in drag (e.g. "Dame Edna Everage," Milton Berle, Dana Carvey's Church Lady, and the late Craig Russell.).

The second section of the book addresses "modern perspectives." We learn how the medical and psychological world became interested in crossdressing and by extension how transvestism and transsexualism are often lumped together in the mind of the generic clinician. Understanding the distinct differences in behavior, orientation, interest and experience of various subpopulations of crossdressers (e.g. male heterosexual transvestitic fetishists, male transsexuals, male heterosexual entertainers, and male homosexual cabaret drag queens) is essential to the clinician's effective counseling and supporting of these clients. The review of DSM III-R diagnostic categories is a beginning attempt to address the inadequacy of these limited definitions, but the authors could have gone further in delineating the need for a more reality-reflective nomenclature. Their theoretical discussion of the origin of transsexual crossdressing as a result of "a genetic predisposition and physiological factors" (p. 333) with some additional socializing interaction presents a state-of-the-science position, whereas their view that gender euphoric crossdressing is the result of childhood psychological issues reflects the more traditional psychodynamic viewpoint. Clearly, more research is warranted.

Overall, this is a much-needed book. It would easily suffice as a useful textbook in a graduate course in sexology. It is a near-perfect adjunct to family therapy with a crossdressing member, and it fills a gap in the chronicling of sexual diversity in the Western Hemisphere.

(See our comment on page 40)

Reviews

Three Great Quarterlies

Review by Dallas Denny

Dragazine

What did I expect when I received a magazine called *Dragazine*, edited by someone called Lois Commondenominator? Not much, but if I had not read it, I would have missed a very interesting and quite funny publication.

Dragazine is a glossy mag with four-color covers and lots of photos, designed for "Halloweeners and Inbetweeners," or in other words, for those, straight, gay, or whatever, who dress for pleasure and profit. It features interviews with such notables as Frank Marino, RuPaul, and Virginia Prince, coverage of critically important events like Wigstock, reviews, and dish on drag divas. But it is Lois' irreverent sense of humor that makes me anticipate the next issue. I especially like The Name Game, a listing of outrageous names like Alma Children, Amanda Hugankiss, Beth Wethtern, and Wendy Fatladysings. Even the names of the issues are hilarious: The Vaginally Challenged Issue, The Sylph-Indulgent Issue, The Tucked, Plucked, & Duct Issue.

Dragazine is cheap and fun, and about what else can you say that in the '90s?

Transsexual News Telegraph

TNT, published by Anne Ogborn and edited by Gail Sondegaard, is a transsexual-oriented, politically aware 'zine, exploring the gender frontiers from a San Francisco vantage-point. The magazine includes news coverage, reviews, opinion pieces, and essays on a variety of subjects. The most recent issue, #4, included articles entitled "Neutral Ground: Transgender Tuesday at the Tom Waddell Clinic," "The Art of

Passing (as a man)," "A Taste of Our Own Medicine: The Health Law Project," "T-Bird: Jerzy Kosinski's Peculiar Literary Fascination with Transsexual Women," "Dr. Strangelove (Or, How I Stopped Worrying and Learned to Love the Dong)," and "Inhabiting Ourselves: An Approach to Dance Therapy."

Articles are intelligently written, and absolutely shatter the transsexual mythos that is perpetuated by the "straight" press. "Dr. Strangelove," by Mustang Sally, describes the way in which a post-op woman comes to comfortably use a strap-on dildo in her love-making.

TNT, like *Dragazine*, is inexpensive. It is a magazine for those who are politically aware, and those who wish to become so.

TransSisters:

The Journal of Transsexualism Feminism

Davina Anne Gabriel's *TransSisters* is more focused than *TNT*, being devoted exclusively to transsexual feminism. The latest issue celebrates transsexual history in much the same manner as did *Chrysalis Quarterly* #6. The previous issue included several articles which questioned (rather caustically) the work of medical profes-

sionals, and particularly surgeons who place more importance on the ability of a neovagina to receive a penis in intercourse than on orgasmic ability.

Some of the most hostile and damaging criticisms of transsexualism, as well as active exclusion, as in the Michigan Womyn's Music Festival, have come from the feminist community, and *TransSisters* confronts these issues head-on. Because Davina positions the magazine in the breach of the cannon, it has potential to cause great change.

TransSisters and *TNT* are a dynamic duo, two magazines which are on the leading edge of the politics of transsexualism. ♀♀

Dragazine

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\$4.00 sample issue, \$15/4 issues

TransSisters

Davina Anne Gabriel

4004 Troost Avenue

Kansas City, MO 64110

\$3.00 for sample issue, \$18/4 issues

Is a Transsexual a Crossdresser?

In their excellent book, *Cross Dressing, Sex, and Gender*, Drs. Vern and Bonnie Bullough have chosen to use the term cross dresser to refer to any person who wears for any reason the clothing of the other sex. While this was done for academic reasons, a number of transsexual people have told me they find this use objectionable. They do not consider themselves crossdressers in any sense of the term.

Other academic and clinical workers use terms transsexual people find offensive. The terms "male transsexual" and "female transsexual," which are widely used to refer to persons born respectively male and female, are a denial of the reality of the lives of post-transition people, and the use of pronouns which do not reflect the way the individual is living his or her life and especially the use of pronouns like "his" and "hers" in quotation marks are not only inappropriate, but insensitive.

Dr. Barbara Warren of the Gender Identity Project of New York has suggested that the terms transsexual woman and transsexual man be used in place of male and female transsexual. We like this usage, for it respects the identity of transgendered persons.

We firmly believe that future work should avoid terminology which transgendered people find offensive.

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Bits n Pieces

A Patron Saint for Drag Queens by Brian Treglown

The selection of a patron saint to serve as a protector—a sort of special guardian, actually—over a segment of Catholics is a long-standing tradition. There is a patron saint for people with epilepsy (St. Vitus) and one for pets (St. Cecilia). There is even a patron saint for postal employees (St. Gabriel), though one wonders if Gabriel isn't occasionally asleep at the switch, given the habit of some postal employees of periodically going on shooting rampages. So, with so many occupations and lifestyles represented, it seems fitting that drag queens should now have someone who would provide this special guardianship for them, too.

Clearly, the logical patron saint candidate for Catholic drag queens is St. Eulalia. She was born in 304 A.D. in the Spanish town of Merida. Eulalia was a pious child, a fervent believer of the Catholic faith. So when the ruler, Maximian, decreed that the people must begin to make sacrifices to the gods, young Eulalia was troubled. Though only twelve years old at the time, she believed the edicts were blasphemous. No way would she comply.

Eulalia's mother realized that her spirited child was courting danger. If she were to openly defy the rulings, there would surely be persecution. So she took the child from Merida to the countryside, hoping for safety in the distance. But Eulalia was not to be denied her fury. She made a special trip to see the presiding judge. When he tried to appease her, legend has it that she spit at him and reproached him for enforcing a rule that would deny the existence of one God. Not a

smart move. Her actions gave the judge no choice but to sentence her to death.

At this point, the details get cloudy. As so often happens with history retold many times over the centuries, there is no clear consensus on how Eulalia was executed. One theory is that she was burned to death. Another is that she was tortured and her body impaled with large hooks. A third theory—and this is the one that interests us—is that she was crucified on a cross. This theory becomes significant because, if true, it makes Eulalia the first Christian woman to receive the dubious honor of being executed in the same manner as Christ.

For you drag queens who have been waiting patiently to see how you fit in, here it is. You see, at St. Eulalia's mother church in Barcelona, Christ appears on the cross in a dress. It's almost as if Eulalia was Christ in drag. At least, that is how he/she is represented on the cross.

In a final, rather theatrical twist to the story, legend says that at Eulalia's death, a white dove flew out of her mouth. A very Ken Russell sort of touch.

One final footnote: for reasons unknown, Eulalia is already patron saint to sailors. Drag queens and sailors, both under Eulalia's all-caring umbrella? Could be very interesting.

Hormones and the Senior Citizen by Marion [REDACTED]

Women "share," pre-ops share, and post-ops share with other post-ops and with pre-ops, but men don't speak about their genital and urological difficulties to other men. I have no idea if my experiences are typical.

Two years ago, my prostate was enlarged enough to really crowd my other machinery. Right after Fantasia Fair, I went into the hospital and had the standard intraurethral operation for BPH. Also, I had a bilateral orchidectomy— not a big deal, usually an outpatient job. The lab looked over the meat and could find no trace of malignancy; as two of my close friends had had that trouble, I had been worried. Now as to what happens afterwards:

The prostate operation had repercussions for several months. My sister reported similar problems after a hysterectomy and some days going around with a tube coming out of the urethra. I wet my pants, had some pain urinating (an infection, apparently, for it was fixed by antibiotics), and for some time I wasn't sure if I needed to "go" or not. The orchidectomy caused no problems, and I can't seem to find any traces of the two incisions these days.

A while later, I started Premarin. Usual TV-type reason, really. My reasoning was that the usual MTF therapy depresses male hormones to the castrated level in time and with large doses, but as I was already that far along, what I needed to take to get facial and body feminization (the subliminal appearance factors; I already had rather wide hips for a man) would be less of a health risk. I saw a doctor and spent a lot on blood tests, but at my age (69 now), some checking every so often is desirable anyway.

I found the prescribed amount was higher than I seemed to need, so I have been taking around 2.5 mg/day, with several days a month "off" for about eighteen months.

Observed results: scrotum is shrunk and no longer gets caught

in my panties. If I were intending sex reassignment surgery in the future (I'm not), this would not be helpful. Surgeons like to use that skin. My penis is still a good handful. I can still get erections, but seldom do. Some mental fantasies or stories will cause an erection. Manipulation has little effect. I think that if I had been having regular sex with a particular woman, I might still be able to perform, but the main point is that sex, erections, and masturbation simply are not things I think of any more. There is no urge. If I had been a healthy married man with a wife who enjoyed lovemaking, I wouldn't have tried hormones or a bilateral orchidectomy. I have heard that some males were impotent after the transurethral resection. Maybe the inability to erect voluntarily is due to that, but I am satisfied that my procedure was a medical necessity.

Please note also that I did not consider lowering my male hormone levels until after I had passed 65 (67, actually), and was not dependent on my work income. I don't think I am as aggressive and hard-working as I once was; these days I refuse to get uptight about anything I can't fix, and I am much more patient than before.

About the hormone effects and side effects— those I describe, I would expect to see in a normal, unmodified male who was taking around twice the dose I take. These are what I have noticed:

1. *Increased blood pressure. A pill at night does about the same as that first cup of real coffee in the morning. My second cup is now decaf.*

2. *Redness. Face, forehead, and legs above the ankles show ruddy skin coloration, especially a few days after*

starting a heavy dosage.

3. *Eye effects. These are helpful in my case. I'm a little less farsighted. Perhaps it's matter of blood pressure; I'm not sure.*

4. *Leg cramps and some joint soreness. I never had them without the hormones, but don't always have them when I am taking them.*

5. *Water retention. Like some other side effects, a typical accompaniment of pregnancy. Some people take a diuretic along with the hormones. I use elastic stockings and try to keep my legs up when they bother me, and walk around often when I must sit for extended periods.*

6. *Clots in the leg veins are always a danger— much less so if you don't smoke. Wear Spandex pantyhose, and perhaps reduce hormone dose a day or two before a transcontinental flight or a long drive. I never had this problem, but I don't want it.*

7. *You get weaker. I can no longer handle that big ladder like I used to. To work on the car, I need a longer piece of pipe on the wrench to break a nut loose. I cannot lift as much. You can exercise the muscles you will need and they will strengthen, but you won't have as much strength in the muscles you don't normally use.*

8. *More fat in the hips, upper thighs, and seat. Ladies' pants fit; mens' don't.*

9. *After waxing, slower and lighter regrowth of arm and leg hair.*

10. *Yes, my breasts are enlarging very slowly, and they are tender all the time. A padded bra helps protect them, as well as looking better.*

So, my question is: are you absolutely sure you want to try hormones? ☺



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