

THE TRANSSEXUAL VOICE

JUNE 1992

\$3.00

MY STORY IS NOT A NEW ONE
by Brenda

I suppose my story is similar to the many others that you probably have been witness to. I am a 43 year old biological male, married to a wonderful woman for 19 years. We have two children, both boys, who attend expensive private schols. I am a State Licensed Contractor and have operated a very successful business for the past several years. I built my wife her "dream house" a few years ago in a very exclusive suburb. The whole typical upper middle class "Yuppie" scene.

Of course, everything has come "crashing down", since I "revealed" my "little secret" to my wife last summer. She had gone up to the summer cottage with our two boys last July, along with her sister and her kids. I had to stay and work at my business, of course, this was during the day; at night, I whiled away my time as my "femme self". Something happened to me when I spent the entire week at home alone, getting "dressed".

Let me explain; I have been crossdressing in total secrecy ever since I can remember. No one was ever aware of this, NO ONE! I harbored much guilt and shame for being the way that I am. I am a very respected member of my church and community. I am also very involved with my children and their school. It is simply an IMPOSSIBILITY that I would do something so against what others would ever imagine! ME? a crossdresser; a deviant; an abnormal person? IMPOSSIBLE!

My wife's sister agreed to stay up at the cottage for a few extra days with all the kids so that my wife and I could have a couple of days to ourselves so that we could perhaps go out to dinner and maybe go to the theater, without having to have our boys tag along.

Well when my wife came home she found her usual jovial and good natured husband in a state of complete and total depression. I was going to take my life while she was gone, I came VERY CLOSE. Like I say, I don't really know what happened. It was like a "biological clock" had gone off inside my brain or something. I could have just thrown away the female clothing, make-up and wig, that I had purchased when I knew she was going to be away with the kids for the week. I was after all, just going to have a bit of crossdressing "fun" by myself, pitch the stuff in the trash and be done with it. Something I have done many times in the past. No harm done. But this time it didn't work out that way. When she come home and just took one look as me, she went into a state of deep concern and asked me what in God's name was wrong with me!

I sat her down at the dining room table and proceeded to tell her of my life long "secret" of crossdressing. She cried and then gave me a big hug and told me it was just some "male mid-life thing" that I was going through. No problem; she would make me an appointment with a very nice psychiatrist that she knew, an older female M.D. who was real easy to talk to. The doctor would have me back on my feet in no time and I would get this "silliness" out of my life; I was not to worry about a thing.

I ended up spending 8 months with this doctor, attempted suicide two more times, started to drink quite heavily, even thought about removing my own genitalia on two occasions. I am very thankful to have been able to have this doctor by my side during a very terrible time in my life. She helped me to help myself to come to terms with what I knew to be a very deep truth that I have held inside of me all my life. I am, and have always been, a woman.

I went on to see two more doctors, joined a local "TV/TS" support group, had several correspondences with the I.F.G.E., have purchased several of their books, have researched the local college library for medical text concerning my dysphoria, and have joined AEGIS. I have since told my Mother, sisters, brother, my wife's Mother and Father and her sister. I have also told a few very close friends. I can say that nothing quite prepared me for the emotional hurricane that followed! My first doctor warned me of the dire consequences and unpredictable reactions that were sure to occur. I can say in all honesty, everybody was thoroughly shocked when I told them about myself. My children do not know, nor do my nieces and nephews.

Recently, my wife and I went to see an attorney and I have signed over my home and all it's equity to her, no strings attached. A divorce is eminent and will be forthcoming. I also realize that I will have to sell my business. I don't believe that my customers will be able to relate to me as a woman, and rather than take that chance, and probably ruin the business, it would be best to sell it before entering the program for the standards of care.

I am scheduled to see the doctor who actually performs the surgery in about a month. He will do a complete blood work-up on me I'm told and will give me consultation. I will then be assigned to the psychologist who works with him. Tomorrow, I have an appointment with the clinical electrologist, who will start the hair removal process. I am scheduled for weekly appointments with her and have already met with her for consultation.

My wife says she wishes for me to get a nice place to live and will even help with the decorating.

What will I do now? I possess certain "job skills" and qualifications. I really don't know who will hire me, as a woman in "transition". I have been out to the club meetings and have met some really wonderful people. I have been introduced to some former transsexuals who have undergone the "change". They have been most kind and very helpful.

Other things are starting to happen to me also. My "perspectives" are changing. I have always been of a heterosexual mindset. I am a heterosexual, in the sense that, as a male, I do not wish the "attentions" of another male. However, after our monthly meetings, a group of us will go to a lounge that accepts gays, TV's and TS's with absolutely no hassles. My TV "sisters" and some of their spouses, have told me that I am quite attractive. I need a "little work", but nonetheless, I seem to get a lot of attention. By virtue of my trade, (I do a lot of hard manual labor) I am quite trim and fit. I am 5'10" tall, weigh 155 lbs. and am of Italian descent. I do not have more than a few pounds of body fat and am very lean, (this may or may not be a good thing considering I also have a very very flat chest and no butt to speak of). When I dress, I have a tendency to be a bit flamboyant, (my friends who are former transsexuals say that I am going through a "stage" similar to that of a young woman, in that I am flaunting my sexuality a bit, seeking the attentions of a male and to be VERY CAREFUL with this.) I do have proper clothing for when I attend the meetings, but afterwards when we go out, I like to dress so that I don't look like a school teacher.

Guys have approached me, have offered to buy me drinks. Some have said things to me which I found to be pretty disgusting. I have danced and carried on conversations with some of the more genteel guys and have found it quite enjoyable. It felt "normal". What I find kind of strange is the fact that some women find me to be very sexual and alluring also. YEE GADS! GO FIGURE!

I do not sleep with my wife and have not been much of a "man in bed" with her during the course of our entire marriage. As far as my own sexual preferences are concerned, I can say that I no longer "look" at women! I also do not "fit in" with the gays or crossdressing heterosexuals. It's something else entirely. My former transsexual sisters have told me that I will end up leaving the safety of the TV/TS group at some point in time, and will seek out a life of my own after I have had the surgery. I can see their point. I want the recognition of being a woman. I do not like the Gay/T.V. bars. I wish to have a relationship with a man that does not view me as some sort of "human exotica". A man that will want me for who I am, a caring, loving person, that was trapped in the wrong gender all her life; that tried to lead a life in that ill begotten gender, as a "normal" person; got married to a female, had children, and after 19 years, got fed up with living a lie.

I have sacrificed a great deal thus far, and I certainly will be sacrificing a great deal more I am told. I am finally at peace with myself though since I have told those in my life that matter, how it is that I really am, a woman on the inside.

I want what I want so badly that sometimes I get very upset by just how slowly the journey to SRS takes! Then I think of how long I have waited, and just how much I have accomplished thusfar, since that fateful day last July when I first "came out" to my wife. There is so much more to learn about my chosen gender! I do read constantly, I realize I will make mistakes, and I wish to learn from those mistakes. I do know that nothing short of full SRS will do. This has been my true self since I was placed on this earth. The sooner I can begin, the better it will be. This is not wish fulfillment nor fetish, it is a life realization that has come to be. I no longer feel guilty about it nor do I have to hide behind my "male pretense" any more.

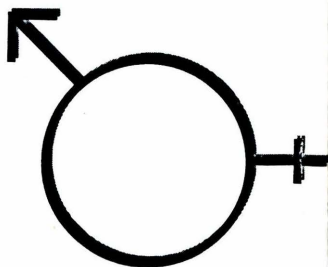
I plan on "crossliving" by September when I move out and get my own place. My spouse and I are working on an amicable divorce. There exists no vengeance or hate. There is a great deal of sadness on her behalf though and she does not wish for me to expose this to our children as such. I was thinking of trying to work it out like I saw in a t.v. movie; visit them dressed as "a male" for the sake of maintaining a "Father figure". I will have to work this out with my helping professionals.

One sister told me that the fact that I am attractive will be a big plus in my favor. I am doing very well in the emotion department thusfar. I can not wait to start on hormones. I have done a lot of reading on this so I will know what to expect. I know that my body will go through changes to the "feminine". My sex drive (what there is of it) will dwindle, I will take on a more "passive" demeanor, as in even more "feminine" thinking. The hormones may even have a "tranquilizing" effect. There are many side effects I'm told, some quite negative; still, I am more than willing to put up with the bad in lieu of the good that will manifest itself after I have been on hormone therapy.

It all seems to be a matter of planning and waiting, just "one day at a time".

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- The Bike Ride -

All the neverendingness abides
Two cycles, two wheels
Two genders

Disapproval's sign of ignorance
An icy glare born of fear not
Fascination
"X" factors (unknown) futures
The running and the weaving
Tasks before dreaming
Stare if you must
It makes me stronger

Teenage girls ask directions
To Lake Roesiger,
Stained brownish-black with
Runoff from the forest
Purloined lands and
Rotting vegetation

Precisely where the bright expanse
Of the Pacific meets the continent
Our culture dissolves somewhat
This is good

For myself, the personal importance
Of my transition pales at times
In the face of all I see, yet
How might I forge in a furnace of
Selflessness?
Even that must have fuel or
The fire goes out

Bring the words to life, our
Mandate moveth thy fingers,
The typewriter wants to sing!
The wheels turn with
Fearsome speed rotations full
A dog batrtrks, a car squels and
People shout - it is the
Opposition

Adversity is a furnace to test
The metal of your art
Lose not concentration and listen
To the music of your soul and
The frantic rhythm of this writing machine
The clicking of the gear shift - cadence
Of the heat of your drummer

Stare if you must, it makes me stronger

Rita [REDACTED]

THE ADVENTURES OF MIRIAM: A Gothic Tale of Horror
Copyright 1991 -- by Sarah Seton, M.D.

"Oh Lordy, can this be the end?
I'm stuck in a body,
With those Cosmic Blues again!"

Bob Dylan, Refrain from "Cosmic Ragtime Blues"

Introduction

The following case presentation concerns Miriam, a transsexual patient who saw me professionally last year. With her generous permission, I am writing this clinical letter under no pretense of general applicability. Miriam's story is anecdotal but my experience suggests her story -- far from being unique -- represents a composite of the average circumstances that the transsexual patient faces when traversing the surgical gauntlet.

My focus here is not to discuss transsexualism per se but rather portray a cautionary tale to those contemplating surgery to reverse their primary and secondary sex characteristics. Furthermore, I want to send a message to my physician colleagues that the currently accepted practice of transsexual diagnosis and treatment is at best inadequate and at worst life threatening.

Miriam's tale is not inevitable and I encourage transsexual persons to persevere in their quest for self-actualization. There are good people out there on the horizon so keep looking for them but beware that there are people who do not wish you well and are simultaneously looking out for you. To be forewarned is to be forearmed.

Clinical Background

Miriam is a 42 year old male-to-female transsexual who is twelve years removed from post surgical sex reassignment. She presents as an attractive, tall and slender, middle-aged woman with auburn hair which compliments her hazel eyes. Her husky voice is not inappropriately feminine as is her dress and demeanor. She is alert, oriented, and very bright; her WAIS IQ tested at 150. Her affect is sad with depressed mood and no lability. Mental status revealed no cognitive impairment or thought disorder.

Miriam endorsed mild paranoid ideation which was devoid of systematic delusions and clinically appropriate to her particular life circumstances. Miriam reported long-standing anxiety concerning being discovered as a transsexual as well as a few persecutory thoughts that people would destroy her life if they found out. She has lived a very private life, revealing her past to no one, until she was exposed recently by malicious persons at work. Stressors included being sexually harassed for six months in her work-place (sexual slurs, innuendos, and malicious rumors on a large scale) as a result of which her personal and professional reputation in her community was destroyed. The slanders forced her to resign voluntarily when she found there

was no managerial or legal recourse to the harassment; "sadosomochism was not in my job description" she remarked. She thinks she is usually "read" by others as a transsexual when they hear her voice and sometimes otherwise.

Miriam complained of sadness over the many losses she endured in her life and met DSM criteria for dysthymia. Beck depression scale however was moderately severe at 29/63 and a valid MMPI-2 displayed the signature of PTSD or post traumatic stress disorder (T-scores: D72, Hy58, Pd76, Pa100, Pt57, Sc72, S:61 and all others less than one SD). In other words Miriam endorsed significant (t) 2SD) depression, social alienation, persecutory ideas, and social avoidance on sub-scales (T-scores; PTSD-Keane = 64, PTSD-Schlenger = 60. Comparison with her valid MMPI recorded eight years earlier revealed dramatic increases in six of these variables from base line over the intervening years (T-scores; D59, Hy-50, Pd55, Pa70, Pt48, Sc49, S:61). Note that a moderately high level of social introversion remained constant.

All other variables (t-scores: Hs46, MF39, Ma45) remained identical over the eight year period and were less than one SD. She consistently endorsed more feminine items with both tests reflecting no significant sex-role conflicts as a female over the eight year period. Turning to the Mf sub-scales, Miriam's stereotypic feminine interests, denial of stereotypic masculine interests, and heterosexual discomfort-passivity were all less than one SD (T-scores Mf2(42), Mf3(49), Mf4(38)). Interestingly, she appeared to be significantly (t) 2SD) introspective and self-critical about her femininity while being moderately (SD (T) 2SD) narcissistic, hypersensitive and socially retiring (T-scores: Mf1(64), Mf5(73), Mf6(58)).

The MCMI-2 was also consulted to clarify characterologic factors on Axis II. A valid profile revealed significant avoidant and self-defeating personality traits (BR-Score 110 and S6 respectively). Surprisingly, Miriam did not endorse significant paranoid, borderline, narcissistic, dependent, passive-aggressive or other traits (BR-Scores (75). Although the MMPI and MCMI have somewhat different norms than DSM-3R diagnostic categories, one can look at the MMPI as a state description. Thus, a state-trait profile indicates prominent situationally stressor-induced paranoia overlying a long-standing avoidant character disorder perhaps from childhood.

Physical exam revealed Klinefelter's stigmata but otherwise she was very healthy. Her arm span was 14.7 centimeters greater than her height, she has slight cubitus valgus, and sunuroid body habitus. Her family physician reported hypogonadism and gynecomastia in adolescence. I asked her whether she had ever had her chromosomes studied and Miriam said, "I asked them to do that at the Gender Clinic but they responded with "what's the point?" Nevertheless, I ordered a cytogenetic analysis which discovered a low-level 46,XY/47,XXY mosaicism; molecular Y probes revealed a weak signal for the TDF gene, close to normal females. The occurrence of both conditions seems unlikely in the same person and may be due to lab error; it is an intriguing finding. The last time I spoke with the genetic pathologist, her group was planning to submit an abstract on the finding at the next International Conference on Human Genetics. What became of that I do not know.

Miriam's biography revealed long-standing, intense gender cross-coding and denial of her male genitals from pre-school onwards. In the face of her protestations, she was raised as a boy and not permitted to cross-dress in public. Her upbringing was traumatic with many episodes of rejection by her family and abuse from her peers and society related to her cross-gender behavior. Although a gifted child, her talent was never recognized due to emerging hopelessness about anyone helping her with the conflict between her gender identity and gender role. She had repeated bouts of childhood depression, resulting in cognitive and associated blunting or pseudo-dementis (Stanford-Binet IQ was 105 at age twelve). Along with frequent attempts at emasculating herself, there were two suicidal gestures in adolescence.

As Miriam got older, she emancipated herself from her family and sought out definitive medical help at 23 years old. Two major gender clinics evaluated and diagnosed her as a "classic" primary transsexual (verified by correspondence). Miriam was placed on chemically castrating doses of estrogens with good response and consequently was disowned by her family as she proceeded with the "real-life test". In therapy, she was helped to understand that she could no longer live by other people's expectations but rather must save her own life. The longer she was on hormones the less her gender dysphoria was a problem and added to the happiness she felt to be finally living in the correct gender role.

It is beyond the scope of this paper to review all the interesting psychosocial aspects of Miriam's life. Her ability to survive a lifetime of severe stressors is impressive and spoke to her innate ego strength, where certainly lesser people would have decompensated. When asked to describe herself in one sentence, she replied "I'm a survivor."

My clinical impression of Miriam is one of an intellectually gifted, emotionally honest, and direct woman who continues to recover from primary transsexuality with a possible underlying genetic component. Her life has been complicated by prevailing traumatic stressors within which she tried to cope adaptively to the best of her ability. As a result of her growing up within a society essentially antipathical to her existence she suffers today from symptoms of PTSD and Axis II avoidant and self-defeating personality traits. Borderline/narcissistic or other character pathology, however, is not clinically impressive.

Clinic Vignette

Miriam had sex reassignment surgery in 1980 under Dr. Assal, a plastic surgeon who learned SRS as a former chief resident of the famous SRS plastic surgeon, Dr. Bolls. The standard penile-inversion technique with split-thickness skin graft was performed without complication. She was ecstatic over this final confirmation of her female sex and gender which she bitterly had fought for all of her life. Miriam still celebrates that day as her true birthday. However, it was to be the beginning of a twelve year struggle with the surgical complications of sex reassignment.

She had requested that the surgeon provide her with an enervated clitoris as well as use the glans penis as a cervix. Both issues were discussed prior to surgery and the surgeon agreed to include these reconstructions. As miriam emerged from the euphoria of morphine, she discovered she had no clitoris and in fact the dorsal nerves had been cut; the glans also was not used. When she asked "Why didn't you give me a clitoris as you agreed, Dr. Assal?" He pointed to her right labia and said "see that little bump there; that is your clitoris."

Miriam was shocked that he could think that she was so stupid. However, Miriam thought so little of herself, being a stigmatized transsexual, that she felt she had no right to complain and in fact should be grateful to him for saving her life. She needed his medical support and, after all, "doctors know better than their patients; he probably had some complication that he couldn't avoid," she thought to herself. Thinking the better part of valor in discretion, she gave him the benefit of the doubt, meekly accepting her fate. Dr. Assal next performed a rhinoplasty and thyroplasty during the same insurance hospitalization which turned out very well.

Miriam pushed her luck further because her insurance agreed to pay for everything required in the reassignment as medically necessary. Her receding hair line was the last obstacle to correct. Dr. Assal performed a bilateral Juri scalp flap. This consists of mobilizing two pedicles of scalp from the temporal regions and swinging them into place above the forehead at the receding hair line. Although the blood supply is still attached proximally, each pedicle must be delayed in order to vascularize at the new transplant site, otherwise the graft will not take.

(To be continued in next issue.)

I think this article is very interesting (what I understand); hopefully it will generate some questions from YOU.

The Transsexual Voice	
Mail Address: Phoebe Smith P.O. Box 16314 Atlanta, GA 30321	
SINCE 1981, THE LEADING PUBLICATION DEDICATED TO THE NEEDS OF THE TRANSSEXUAL	
One year subscription - \$18.00; Single issue - \$3.00. Make check payable to Phoebe Smith.	
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HIV/AIDS Information BBS

An Outreach Ministry of the Sisters of St. Elizabeth of Hungary

April 14, 1992

Phoebe Smith

Hapeville, GA 30354

Dear Phoebe:

It has been slightly over 10 years since the first cases of an illness, subsequently defined as acquired immunodeficiency syndrome (AIDS), were reported by health care providers in California and the Centers for Disease Control (CDC). Since then, the AIDS epidemic has expanded in scope and magnitude as the human immunodeficiency virus (HIV) infection has affected different populations and geographic areas.

The scope of the epidemic is overwhelming. In the United States alone, from 1981 through December 1987, 50,000 AIDS cases were reported to the CDC. By August 1989, the number of reported cases had risen to 100,000, with another 100,000 cases being reported between September 1989 and November 1991. Today, 11 years into the epidemic, it is estimated that a new person becomes infected with HIV every 13 minutes. Further, there are no "miracle" cures available to combat AIDS; our effective weapon is EDUCATION.

The Sisters of St. Elizabeth of Hungary established the HIV/AIDS Info BBS, as a global response to the AIDS challenge in 1990. HIV/AIDS Info BBS is a state-of-the-art¹ - *free access* - electronic bulletin board or "town hall", enabling PWAs (Persons with AIDS), researchers, health care providers, and others to conference or post questions or information on AIDS topics at any time of day or night. An on-line AIDS-related database is also provided as an adjunct to the electronic conferences. This database includes abstracts and full-text publications from a variety of sources, including but not limited to, the AIDS Daily Summary, Associated Press, CDC (Centers for Disease Control), Library of Medicine, Los Angeles Times, National AIDS Clearinghouse, San Francisco Chronicle, The Washington Post, and nearly a dozen AIDS-related information and treatment newsletters.

The growth of the board has been phenomenal during the past 12 months, and this growth has produced needs that exceed our internal funding capabilities. We are therefore making an appeal for donations. In addition to an ongoing need for funds to support the daily operation of the BBS (telephone and accessing of commercial databases), we have a need for new equipment to upgrade and expand our outreach services.

^{1/} The system utilizes a 386SX20 motherboard with 4 MB RAM, an Adaptec 1542B SCSI adapter, 660 MB SCSI CDC hard drive, Colorado Mountain Systems Jumbo 250 tape drive, Smart-UPS 600 power supply, and two U.S. Robotics HST "Dual Standard" internal modems. Software is eSoft's Multi-line TBBS 2.2M[2] and TIMS 1.0M.

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On-Line Conferences

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GENDER DYSPHORIA

April 14, 1992

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We have a desperate need for an optical character recognition system to keep pace with the information explosion. The Winslow Street Fund, a function of the IFGE (International Foundation for Gender Education) has provided an initial grant of \$300. This grant has been matched, but we are still short \$2,000.

Your tax deductible donation is needed so that we can continue to provide information in a timely manner to those in need. Checks should be made payable to the Sisters of St. Elizabeth of Hungary.

In His lovingkindness,

Sr. Mary Elizabeth, SSE
Sr. Mary Elizabeth, SSE
Systems Administrator

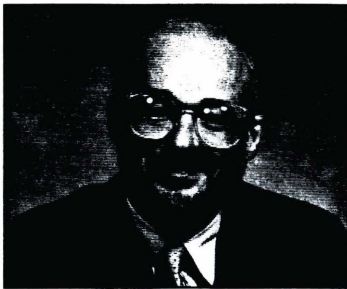
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LOCATION

GENDER DYSPHORIA

PROGRAMS AND SERVICES

A MESSAGE FROM OUR PROGRAM DIRECTOR



Eli Coleman, Ph.D. is an Associate Professor and Director of the **Program in Human Sexuality**, Department of Family Practice and Community Health, Medical School, University of Minnesota. Well known for his research and clinical work, Dr. Coleman is also an internationally recognized lecturer in human sexuality.

For over twenty years, the **Program in Human Sexuality** has been committed to developing and providing comprehensive therapeutic services for individuals with a wide range of concerns related to sexuality.

Since sexual dysfunctions and disorders are rooted in biological, psychological, social and cultural factors, effective treatment involves a multi-disciplinary team of well qualified professionals with unique skills and training in human sexuality.

Individuals who come to the **Program in Human Sexuality** receive a comprehensive and thorough evaluation of their problems and concerns. We make every effort to coordinate this assessment with referring professionals. Once an assessment is completed, an individualized treatment process is recommended.

As in the past, the **Program in Human Sexuality** will continue to develop and evaluate new treatment approaches to sexual dysfunctions and disorders. This ongoing development will be grounded in the latest developments in basic and applied research in human sexuality. With this continuing process of development, we will fulfill our mission to provide patients with the most up-to-date and effective treatment for their concerns.

Eli Coleman Ph.D.

For more information, call or write:

PROGRAM IN HUMAN SEXUALITY
1300 SOUTH SECOND STREET
MINNEAPOLIS, MINNESOTA 55454
PHONE: (612) 625-1500

Dear Phoebe;

Thank you for the response to our letter of 23rd of March, 1992, with enclosed past issue publications.

We down here are most impressed about the standard of your achievement in educating the world about the issue of transsexualism. Among the few responses to our inquiries you have demonstrated a total concern about the general up-to-date information on above mentioned. We would say thanks for your hard work.

Because of the general financial constraint most people in the third world are facing which we are no exemption, we find it difficult to remit funds for the purchase of magazines, video films, etc., so as to improve in our daily commitments to the promotion and educating our people for acceptability and more support.

Presently our Organization is still going through the legal formation and a lot of money has been spent to achieve this goal. We have resolved to put the last cent in us to ensure this dream comes true.

We would like to use this medium to make this vital request, we need a video covering the group of pre-op or post-op transsexuals which will be a source of inspiration to us so that we can rest be assured that our sisters over there are happy with themselves. Also, we would appreciate you sending us your monthly publications regularly to keep us up-dated with events.

Looking forward to hearing from you soon.

Jane A. Enuneku.
TRANSFORMATION
KM 4, Idiroko Road
P>O> Box 1006
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Nigeria, West Africa

(NOTE: If anyone can send a video as described above, I'm sure it would be greatly appreciated. Phoebe)

ANYONE WISHING A LIST OF SURGEONS (INCLUDING ADDRESSES) WHO DO SEX-REASSIGNMENT SURGERY, PLEASE SEND A SELF-ADDRESSED, STAMPED ENVELOPE TO ME AND I WILL SEND TO YOU, THANKS TO DR. LEO WOLLMAN.

CONTINUE TO SEND YOUR QUESTIONS FOR DR. WOLLMAN TO ME AND THEN WILL BE ANSWERED IN THE TRANSSEXUAL VOICE. PHOEBE.

CONNECTIONS

THE CONNECTION SECTION WILL BE USED TO LOCATE PEOPLE (OTHER THAN FOR PERSONAL RELATIONSHIPS) SUCH AS ROOMMATES, BIG SISTER/BIG BROTHER, JOBS WANTED; ETC. ALSO, IF YOU WOULD LIKE TO BE A BIG SISTER OR BROTHER(I'M GOING TO FIND A BETTER WORD FOR THIS ONE), THIS IS THE PLACE TO OFFER YOUR FRIENDSHIP. IF YOU ARE IN A POSITION TO HIRE A TRANSSEXUAL POST-OP OR PRE-OP, PLEASE, PLEASE LET IT BE KNOWN.

THERE IS NO CHARGE FOR THIS COMMUNICATION, BUT PLEASE DO INCLUDE S.A.S.E. FOR MAIL THAT IS TO BE FORWARDED.

ROOMMATE WANTED - ONE BEDROOM APARTMENT, CAN CONVERT LIVING ROOM INTO BEDROOM. WALL-TO-WALL CARPET, AIR CONDITIONED, FULLY EQUIPPED KITCHEN AND POOL. CALL SHELBY [REDACTED]

NEED ROOMMATE IN ORDER TO RELOCATE AND GO FULLTIME. CONTACT: KIM, P. O. BOX 564, LAKE CITY, S.C. 29560.

SOUTHERN TRANSSEXUAL PRE-OP SEEKING FINANCIAL HELP AND SUPPORT. HELP RELEASE THIS WOMAN WITHIN ME. CONTACT LINDSEY [REDACTED] ROUTE 1, BOX 50, MIDVILLE, GA. 30441.

I AM LOOKING FOR A FRIEND OF MINE NAMED SARAH LUIZ. I LAST HEARD FROM HER IN NOVEMBER 1990, AND THE LAST KNOWN ADDRESS I HAVE IN MY FILE IS A NORTHWOOD, NH ADDRESS. ANY INFORMATION IS WELCOME. NO PHONE CALLS PLEASE. WRITE TO: ERIC [REDACTED] [REDACTED] [REDACTED] MARIETTA, GA. 30066-1159.

ROOMMATE WANTED - GAY MALE (TRANSSEXUAL INCLINATIONS IN REMISSION) WITH FOUR CATS, HAS EXTRA BEDROOM IN TWO FLOOR APARTMENT IN NEW BRUNSWICK, NEW JERSEY; \$350.00/MONTH, PLUS ONE-HALF UTILITIES - NEGOTIABLE IN EXCHANGE FOR LIGHT HOUSEWORK. WILL BE HELPFUL, SUPPORTIVE, AND SENSITIVE TO SPECIAL PROBLEMS AND NEEDS OF TRANSSEXUAL. ANGEL, [REDACTED]

21 YEAR OLD TRANSSEXUAL MALE WOULD LIKE TO START A SUPPORT GROUP IN EASTERN NORTH CAROLINA AREA (GREENVILLE AREA PREFERRED). PLEASE WRITE TO COURTNEY AT P. O. BOX 20011, GREENVILLE, N.C. 27858.

MID-CAROLINAS GENDER ASSOCIATION - A SUPPORT GROUP FOR TV/T'S'S, THEIR SO'S, FRIENDS AND FAMILIES SERVING SOUTH CAROLINA AND CHARLOTE METRO AREA. MEETS MONTHLY IN CHARLOTTE/ROCK HILL AREA. FOR MORE INFORMATION, PLEASE WRITE MCGA C/O SHERRY LYNN CAPPS, [REDACTED] ROCK HILL, S.C. 29730-4794.

Dear Brian;

Greetings. Regarding Psychological testing; you'll probably get the MMPI (one would be surprised at how many places that one turns up at.) If you aren't allowed to take it home and have to do the whole test, pack a lunch; it takes three and one-half to four hours. (666+ questions). Answer them truthfully, it's better for all involved. Good luck. Cheers, Susan.

PERSONALS

ZIP CODE CORRECTION - WHITE MALE, INCARCERATED, SOON TO BE RELEASED AND WILL BE LIVING IN ATLANTA; VERY HANDSOME, MASCULINE, ROMANTIC, COLLEGE-EDUCATED - SEEKS ADVENTUROUS, VIVACIOUS AND WARM TRANSSEXUAL, 30 - 50, PRE-OP OR POST-OP. LOOKS AND AGE UNIMPORTANT. MARK [REDACTED] 199-446, POST OFFICE BOX 45699, LUCASVILLE, OHIO 45699-0001.

33 YEAR-OLD CANADIAN-BORN ASIAN MALE, SINGLE, NEVER MARRIED, 5'4" TALL. I AM A SENSITIVE, CARING HONEST MALE WHO FEELS TRANSSEXUALS ARE SPECIAL, UNIQUE PEOPLE WHO HAVE A LOT TO SHARE IN LIFE. I AM LOOKING TO ESTABLISH A FRIENDSHIP, LEADING TO POSSIBLE LONG-TERM RELATIONSHIP WITH AN ASIAN PRE/POST-OP TRANSSEXUAL 5'6" OR SHORTER. SHE MUST BE 100% PASSABLE. HORMONE ENHANCED FIGURE STRONG ASSET. I AM FINANCIALLY SECURE AND A PROFESSIONAL - A PHARMACIST. FOR THE RIGHT PERSON I MAY BE ABLE TO HELP WITH EXPENSES. PLEASE WRITE WITH PHOTO (WILL BE RETURNED) TO NORMAN, [REDACTED] EDMONTON, ALBERTA, CANADA T5T 3C6.

WHITE 49 YEAR OLD MALE-TO-FEMALE PRE-OP TRANSSEXUAL, 5'8", 150 LBS., ON HORMONES, LIVING FULL TIME AS A WOMAN. SENSITIVE, COMPASSIONATE, INTELLIGENT, HEALTHY AND FIT, (NON SMOKER), ENJOYS CLASSICAL AND JAZZ MUSIC. THEATER, CONCERTS, READING, FINE DINING/COOKING, TRAVEL. PLAN FINAL SURGERY AS SOON AS FINANCES PERMIT. NOT PROMISCUOUS. SEEKS CORRESPONDENCE WITH SINCERE MALES LEADING TO LONG TERM LOVING, SHARING RELATIONSHIP. LET'S SHARE OUR LIVES AND MAKE THEM FULFILING, REWARDING AND EXCITING! WRITE RENE [REDACTED] RT. 3, BOX 340, PITTSBORO, N.C. 27312.

HANDSOME, INTELLIGENT SINCERE MERCHANT MARINE SEEKS THE LOVE AND COMPANIONSHIP OF A TOTALLY FEMININE PRE-OP OR POST-OP TRANSSEXUAL. I AM 39 YEARS OLD, 5'9", 160 LBS. WITH BROWN HAIR AND BLUE EYES. I AM ALL MAN AND SEEK A TOTAL WOMAN IN THE MIND AND SPIRIT. NO HEAD GAMES - NO PHONIES. I'M SPECIAL| YOU BE TOO| ROBERT [REDACTED] RT. 1, BOX 342, LEE, FLORIDA 32059.

* * * * *

PERSONALS LISTINGS ARE LIMITED TO TRANSSEXUALS ONLY (AND/OR THOSE INTERESTED IN MEETING TRANSSEXUALS) THERE IS NO CHARGE FOR THESE LISTINGS. COMPLETE PERSONAL LISTINGS SECTION IS INCLUDED IN FEBRUARY ISSUE WITH CHANGES AND NEW LISTINGS INCLUDED IN THE NEXT FIVE ISSUES. THE EDITOR/PUBLISHER OF TSV ASSUMES NO RESPONSIBILITY FOR ANY ACTIONS THAT OCCUR/RESULT FROM THESE PERSONAL LISTINGS! YOU ARE TRAVELING AT YOUR OWN RISK! BE CAREFUL! GOOD LUCK; GOOD THINGS HAVE HAPPENED THROUGH THESE LISTINGS.

Dear Phoebe;

I would like to see more articles on hormones, breast development and male-to-female reassignment surgery, plus articles on sexual relations after surgery; also more articles on your personal life as a female. Terry

Dear Terry;

I'll make a deal with you; write an article on your personal life for publication in TSV and I will also. Lets all write one. Phoebe

Dear Phoebe;

I am a talented and highly educated person, a writer and person of licensed occupation. I have the money for the male-to-female operation but I have ideological problems with the doctor's requirements that I cross-dress for a year; see a psychiatrist and in effect get recommendations from other professionals. If it can ever be proven that the need to change one's sex is an essential medical procedure it will cut out a lot of needless requirements.

A surgical doctor has received his degree, in part, from public funding that underwrites medical schools' expenses. It is not for a doctor to prescribe how I will dress. It is not for a doctor to know anything from a psychiatrist except that I am making a sane judgement. The fact that a client may error in making a sex change is not the doctor's problem. His or her problem is doing good surgical work. I do not need to cross-dress 24 hours a day to know I want to change genders - I like being androgenous. As a professional, my clients would cease to exist if I practiced cross-dressing during the day. My strategy is to have the operation and then move towards public feminizing. I have been doing this ten years - I know what I am doing. What is happening with other people in the same situation? Sarah

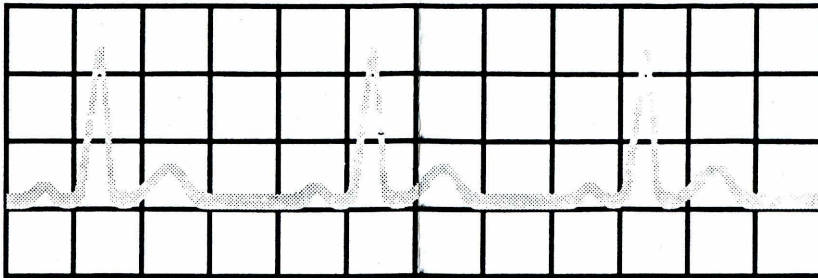
Dear Phoebe;

I would like to see more informative articles such as the different types of hormones and the way they are administered. Jamie

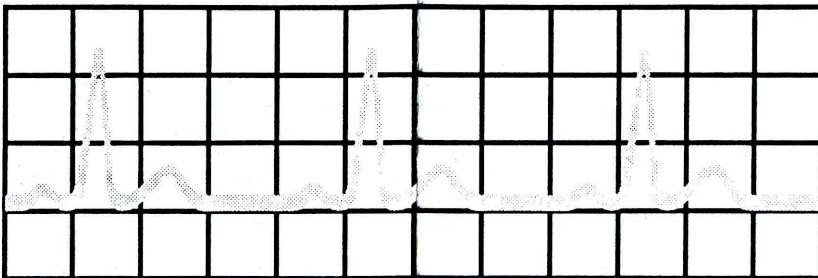
Dear Phoebe;

I'd like to see something on the art of make-up application. Richard.

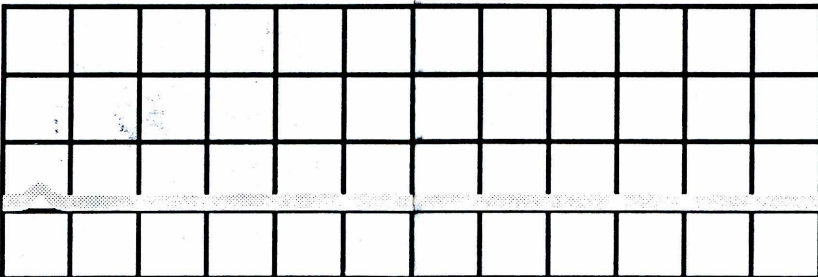
O K! LETS HAVE SOME RESPONSE TO THESE LETTERS ALONG WITH YOUR QUESTIONS.



This is your Heart.



This is your Heart on hormones.



This is your Heart on too many hormones.

Hormones can change your life—for good, or for bad.

If taken under the supervision of a physician, they will, over the course of years, cause significant changes in the way you look and feel.

If taken recklessly, they can be harmful, or even fatal.

With hormones, more does not necessarily equal better. Taking excessive dosages of hormones will not feminize or masculinize you any faster than the proper dose, but will greatly increase health risks. To minimize your health risks, follow these simple guidelines.

- You should never buy hormones on the street, or take hormones meant for another person.

- You should take hormones only when prescribed by a physician, and only in the amount prescribed. Your physician should periodically monitor your blood chemistry, and if he or she does not, you should ask for blood levels to be taken.

- You should not take hormones without approval by a licensed mental health professional.

- Never withhold any portion of your medical history or any adverse reactions from your physician.

Abusing your body by overusing hormones will not get you from Point A to Point B any faster—but it just might get you to the morgue.

Remember: Too much of a good thing can be a bad thing.

A public service of

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American
Educational
Gender
Information
Service

Write us at:

AEGIS

P.O. Box 33724

Decatur, GA 30033-0724