

phoenix

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GGA



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

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THE PHILOSOPHY and PSYCHOLOGY OF TRANSEXUALISM

©1983, Alessandra Marie Atalanta

Edited by Georgia [REDACTED]

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Georgia



Alessandra

From the forthcoming book,
Late Blooming Butterfly,
a Biographical Study of Transsexualism.

(Fourth Installment)

ALL YOU EVER WANTED TO KNOW ABOUT TRANSEXUALISM (and Perhaps More)

(Continued from Installments 2 and 3)

In the two previous parts of this installment we discussed the various types of "true" transsexuals. In this installment we will discuss, among other things, those individuals categorized as Non-surgical and False Transsexuals.

Non-surgical Cases

Non-surgery may be the correct solution in some cases. Some transsexuals (otherwise Type 1, psychological TS) and their professional counselors rightly consider themselves non-operable or simply prefer, for physical or personal reasons, not to resort to surgery. Physical reasons might be limitations specific to the operation such as ill health, lack of sufficient tissue, etc. Personal reasons might be: they don't consider themselves sufficiently passable; do not want to go through the extraordinary effort, discomfort, expense, medical risk; perhaps they consider themselves too old; or they are happily married and do not wish to sever the relationship with their spouse. Whatever the reason(s) they feel they can put up with their condition for the rest of their life.

Imagine a female self-gendered TS, treated at an early age with male hormones by insistent parents and a simple-minded doctor. Imagine the guilt-trip laid upon her by the Catholic Church, or a fundamentalist religious sect, and a cultural background emphasizing the rights of Society, parents, social roles, etc. to the detriment of the individual.

This individual may have absorbed the male gender-role in spite of a deeper female self-identity. Such a person will probably never be able to change her body and will probably remain a dyke, impenetrably disguised in a man's body, for the rest of

her life. If we suppose further she may even really be a passive femm (one who assumes the female role in a sexual relationship) in sexual preference. Thus she becomes a mass of contradictions; almost a psychological monster. She would be a passive lesbian woman in the body and social-role of a macho man. Such people actually do exist. This person, if married or having sexual relations with a genetic female is considered a lesbian by the Gender Community although in the eyes of the rest of Society she is considered a heterosexual male.

False Transsexuals

The most popular false TS, with the professionals, is the psychotic male. I leave it to the students and doctors of Abnormal Psychology to delineate the "Whys" of a nutty male wanting to be an apparent physical female. More interesting, to me, are those who are sane but who have philosophically and/or psychologically unsustainable reason(s) or motivation(s) for attempting to be a TS. Initially, it never occurred to me that anyone would go through our trials and tribulations on false motivations. Given the tremendous room for individual variation in the vast human bio-computer, vectored by heredity and environment, there are probably more possibilities than you and I can imagine. As Aristotle said "The mind can contain or entertain anything and everything." Fortunately, most of these give up the idea after a while; most are just exploring the world and their own minds; they're just learning about themselves. Here are few possibilities:

The Adventurer This man takes pride in his ability to accomplish certain difficult

tasks. It is, of course, a great challenge to pass as a woman. He might be recognized by his shallow portrayal of a woman. He comes across as TV who is firmly self-identified as a male, both in gender-identity and assumption of the male gender-role. While he is not actually a transvestite he might be called a Philosophical TV. If he has lived a full life as a male or has other motivations he may even complete reassignment surgery. It is sometimes hard to tell this one from a sincere TS who is hopelessly and helplessly solidified as a male in a male-role.

The I'd-rather-switch-than-fight Type. Extremely rare. (Although possibly not as rare as we have been led to believe.) Some men disdain other men having such an abhorrence of competing with them and yet wishing to assert superiority and dominance over them. An example of this type is the conscientiously objecting (or non-accepting) gay male. He may decide to become a woman to overcome both problems at the same time. As a woman he can both "legitimately" have sex with men (oral, anal or vaginal) and exert the same dominance over men that genetic women do without competing directly with the men. He can also act out his homosexuality covertly since any sexual relationship would, by Society, be seen as heterosexual and therefore socially and morally acceptable, although he would view it as homosexual. A complicated situation and individual.

The possibilities for the human mind to rationalize or work itself into a frame of reference in which a desirable alternative would be to change are virtually endless. Being a woman in today's society has much to offer men who really have as many disadvantages as they have prerogatives. Simply to escape the plight of being a man might be motive enough for some sensitive and intelligent men.

But, who is to say even a "false" TS should be denied surgery?

Being a woman is such a wonderful thing to a TS, especially if she can be an attractive woman. Being a homely woman is probably more difficult than being a homely man. Perhaps it is one of the marks of a True TS if she is homely and still wishes to be a woman. (After all we can't

all be a Marilyn Monroe, just as we aren't all a Marjorie Main. The vast majority of us are somewhere in between.) But, what if a man is faced with the possibility of being either a homely man or an attractive woman? Take the case of the small-bodied man (he may or may not be effeminate or have a feminine morphology) who realizes he is not attractive or readily accepted as a man, is not making the financial or social progress expected or desired and who is a transvestite who, when cross-dressed, passes well. He sees, that as a woman, post-surgically, he will be considered attractive (or at least acceptably so) and have a wider range of opportunities and options available even the possibility of becoming a professional queen or of marriage to a genetic male. Do you think this individual would stop to wonder whether or not s/he is really a "true" TS? And yet, probably the majority of "clinics" would reject the individual's motivation for surgery. I suspect this individual has/had a very weak, if any, male gender-identity (and even if a strong male gender-identity exists what does it matter?) and she should not be condemned for making something out of her life by becoming a woman. If I were a surgeon I wouldn't hesitate to give the desired reassignment surgery. But, suppose "he" is wrong; even if he is mistaken about having surgery how big a "mistake" is it? Is it such a bad thing to be a passable or attractive woman who really has a male gender-identity? It would be more like being re-born a woman than anything else and, most people, aren't upset about the sex they draw in the birth lottery. Only a female-to-male fights being an attractive woman and how many post-ops fall into that category?

Transsexuals may end up with the same "cure" or solution, but they have traveled there by many different paths with different starting points. Ultimately, the final criterion must be: are they happier human beings; more productive; living experientially richer lives post-surgically? How does one predict or perceive those criterion before surgery? If they really want surgery they undoubtedly need the experience of having it, if for no other reason than their self-development. Most of the "clinics" make much sound and fury about nothing. In my opinion they are mainly drumming up

business to justify their existence. (Their primary business being to obtain fees, and possibly grants, and psychiatric patients not necessarily candidates for reassignment surgery.)

Aside from the highly neurotic or psychotic man obviously running away from himself, virtually everyone, who is reasonably sane, asking for reassignment surgery has obviously thought seriously about it. And there is no valid reason to deny the surgery. If a person has thought about it enough to go to a therapist, then that person probably already knows the problem and the solution. Sometimes a therapist can help a person come to know themselves better, but the vast majority of avowed transsexuals need the help of a professional only for coping with their situation and not for "curing" them of their desire for surgery.

Is Transsexualism a Psychosis?

Now that we've discussed the phenomenology of transsexualism we can address this question. It depends on how the term "psychosis" is defined. In the case of the bi-gendered TS it takes on the aspects of schizophrenia. The conflict is on two levels: one between the two personalities (the male and the female inhabiting the

same physical envelope); and second; between the winning female personality and the male body. The body becomes a battleground (as in all wars) in a real estate war fought over itself. Most cases are, however, mono-gendered and in such cases it is not so much that the patient hallucinates that "he" is a woman as much as that "her" development failed to achieve a viable male identity. The non-existent male gender-identity is clothed in a male persona projected by deeper survival levels for the benefit of Society.

Even if transsexualism is considered a psychosis it is limited to a very narrow area, obviously that of gender-identity. In fact, it is more properly a monomania. The afflicted one may be suicidal, but it is usually otherwise socially tolerable and mostly harmless to others. Furthermore, how many psychoses are there which actually have some benefits as does transsexualism?

However you define it the important thing to remember is: **there is a cure.** Maybe not a 100% cure, but one which does relieve the patient's suffering and reconciles the individual's basic conflict by acknowledging the primacy of the mind and approximating the body to what the mind demands.

SYMPTOMS AND PHENOMENOLOGY OF TRANSEXUALISM

In the latent TSs I have known I see a fairly distinct pattern of symptoms and not in the same way, but the pattern emerges from a large number of transsexuals. TSs who have come out often retain most of these symptoms, but I list them primarily as an aid in diagnosing the latent TS. I have broken these symptoms down the two categories of behavioral and physical. To summarize them:

Emotional and Behavioral Patterns:

1. Upsetting childhood memories regarding being a boy.
2. Reputation with parent(s), elders, peers, siblings of being "different".
3. Isolated life-style — alienation from Society, including family.
4. Depression — a general feeling of malaise and anxiety.
5. Emotional detachment — a feeling like they piloting their body by re-

mote control. Life has not yet begun for him because he is a she. A feeling that life is passing "him" by and there is nothing in life worth getting excited about before starting to cross-live.

6. Desperate attempts to prove masculinity.

7. Discomfort and unsatisfactoriness in relating to female partner, usually amounting to a distaste for the male sex act, or at least failure to "get behind" it.

8. Dislike of male clothing and life-style.

9. Dislike of male hair patterns.

10. Dislike of male urogenital configuration in self.

11. Envy and/or near worship of genetic females.

12. Female emotional attitude and reactions.

13. High fantasy to reality ratio.

14. A feeling of being almost a woman in drag when dressing and living as a male.

15. Desires reassignment surgery. There may be some transsexuals who are exceptions to this, but it is definitely a symptom.

16. A more intense desire to change sex as "he" gets older. My own observations corroborate the oft read or heard observation that transsexualism seems to be degenerative.

17. A more indirect characteristic is that the transsexual often has an unusually deep appreciation of music. Obviously, not all people deeply appreciative of music are TSs, but a transsexual's use of music is different in that it is almost like a tranquilizing or hallucinatory drug. Music is also a non-verbal form of communication. As a by-product of their loner life-style and

as a compensation for their frustration the transsexual uses music as an outlet.

18. The use of dancing by a transsexual is also significant. An undiscovered TS does not have the self-esteem for her own body that is a prerequisite for dancing in public.

Physical and Intellectual Characteristics

1. Beautiful feminine eyes.
2. One or more feminine physical characteristics.
3. Above average intelligence.
4. Hyper-sensitivity to testosterone manifested by excitability, restlessness and depression. There is also a marked decline in these manifestations and an increase in tranquility when the hormone balance is tipped toward and changed to female.

to be continued

Joni and Dee Dee, the only all girl TV band in the nation.



Female-to-male Transsexualism: Historical, Clinical and Theoretical Issues. Leslie M. Lothstein, Ph.D., Routledge & Kegan Paul, 1983 (\$25.00).

by Rupert Raj, B.A., Editor Metamorphosis Newsletter, Executive Director Metamorphosis Medical Research Foundation, Inc.

I entertain rather mixed feelings about this certainly controversial book. And I predict a high percentage of its readers, both professionals and transsexuals, will react strongly negatively. For instance, witness the following caustic comment by a FTM TS "Doesn't sound very good if his treatment is psychological rather than surgical. Does he think he can talk us back into the kitchen? Not me, boy. Hell no, I won't go!"

Although an intensely researched and well written work — and considered by some to be a "scholarly study" — I find it exudes a cold, clinical approach which is at once dehumanizing and devoid of compassion, not to mention insensitive and insulting. For example the author uses female pronouns even when referring to post-operative FTMs who are now, by definition and for all practical purposes, men.

Lothstein's clinical orientation embodies psychoanalysis and psychotherapy as it employs a mental illness model wherein FTM transsexualism is alternately conceptualized as a "psychological character disorder", "severe developmental disturbance" and a form of "female gender-identity pathology". He uses a psychiatric diagnostic labels almost exclusively and virtually omits such terms as "cross-gender identity" and "gender dysphoria syndrome".

Specifically, Lothstein views FTM transsexualism as "primarily a disorder of the self-system .. involving an early childhood developmental arrest, disturbances in ego functions and stemming primarily from borderline personality and narcissistic disorders". He also, apparently, believes FTMs are abnormal apart from their "gender pathology" and that "while only a small percentage (between 5 and 15%) are overtly psychotic or schizophrenic" many, "in addition to their personality disturbances .. exhibit a wide range of other psychiatric symptoms including depression, anxiety,

panic attacks and severe psychosomatic complaints."

Lothstein also misconstrues the FTM's masculine identity and male role as a "false-self" and "impersonation", respectively. Moreover; he sees the FTM as a woman not as a man and classifies "her" TSism as a female psycho-sexual disorder.

Lothstein contends that "while surgery may be beneficial to a few select patients ... psychotherapy and not surgery is the treatment of choice" for the FTM. Additionally, he argues that "whether or not sex reassignment surgery is indicated the initial treatment should be intensive, long-term psychotherapy." Furthermore he declares "all surgical patients .. should routinely be referred for some form of psychological intervention or psychotherapy."

Lothstein generally utilizes some form of traditional psychoanalytically-oriented psychotherapy. Specifically, this may take the form of "a variety of sophisticated supportive (and exploratory) psychotherapies (which at times included some anxiety provoking techniques and investigative work)." Yet, in actual fact, the "supportive" psychotherapists in these cases deliberately did not support the FTM patient's lifestyle — which was regarded as a "psychological defense".

Now, in defense of the author, he did make some very good points. For example he emphasizes the extreme importance of intensive evaluations, including extensive psychological testing, counselling and psychotherapy prior to and where indicated, subsequent to surgery — including psychological assessment follow-ups.

Specifically he points out the need to counsel the FTM prior to surgery as to the mostly irreversible effects of hormonal and surgical procedures as well as their possible hazardous effect and their practical limitations — especially regarding phalloplasty. He also sets forth the (possible) beneficial value of psychotherapy for the FTM and doesn't regard sex reassignment and psychotherapy as mutually exclusive.

[Psychotherapy may possibly be of benefit to certain carefully selected FTMs and gender-dysphoric females before, during or after sex reassignment if, and only if, there is sufficiently clear evidence this

type treatment is indicated. (That is where some element of doubt exists as to the patient's accurate diagnosis as a "true transsexual" and/or where the patient adequately demonstrates some definitive form of emotional mental instability.)]

In addition Lothstein also provides the reader with a highly informative historical-mythological-literary review of "women who impersonated men" as well as an equally educational medical-psychological overview of past research and treatment in the field of FTM transsexualism and gender dysphoria.

In summary I feel this book is as potentially damaging to the TS "cause" as was Janice Raymond's The Transsexual Empire: The Making of a She-male. Both books contain unwarranted and invalid primary assumptions. To wit, Lothstein's basic premise that FTMs are essentially women suffering from an abnormal form of female psycho-sexuality dating back to a very early disruption of their incipient female identification is as ungrounded and unjustified as Raymond's fundamental notion that FTM TSs are "lost" or "castrated" .. women" and merely "token" or "fake men" who collude with the medical conglomerate to undergo sex reassignment surgery in order to "neutralize" or "neuterize" their biological female sex so as to effectively "ward off potential lesbianism" or other forms of deviance.

Both Lothstein's and Raymond's hypotheses are largely theoretical, highly speculative and generally inconclusive not to mention ludicrously far-fetched and absolutely absurd.

The problem, I think, is one of perspective. The professional is on the outside looking in (i.e. objective clinical observation) whereas the transsexual is on the inside looking out (i.e. a subjective, felt experience).

Lothstein's approach to the problem is theoretical, clinical and psychoanalytical — specifically (neo-) Freudian. Raymond's approach to the phenomenon is ideological, sociological and sexo-political, in particular radically feminist. The transsexual's perspective, on the other hand, is experimental, existential and phenomenological — i.e. a unique personal sense of one's self-

identity (including one's body image).

That's the problem — a difference in perspectives. What's the solution? More research? More treatment? Another book on the FTM? Perhaps one espousing an alternative (psycho-biological) viewpoint?

BIRTH MONTH/SIGN

We have been asked by an astologer to survey the Phoenix readership for the Sign under which they were born.

To this end we have included a post-card sized card for you to complete and return. It would be greatly appreciated if you would complete and return the card within the next 30 days.

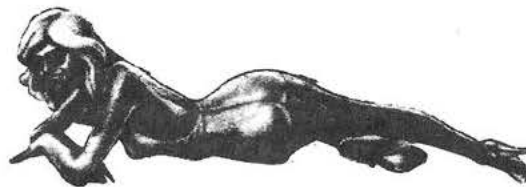
Also, since only about half of the registered Associates have provided birth month information we have included birth month information on the card. The information will added to the records from which it is missing. Remember, we can't list you in the Birthday Column nor can we send you a birthday card if we don't know in which month you were born.

FOLLOW-UP STORY

On page 8 of the May '84 issue of this magazine we carried a story concerning the definition of a woman as expounded by the Immigration and Naturalization Service (INS) of the US government and as applied to post-operative women.

When the INS capulated Mrs. Patricia [REDACTED] the post-op woman in question, dropped her suit against the INS.

Saner heads apparently did prevail in this case since not only post-operative women by millions of genetic woman as well also fall within the INS's narrow definition of a woman, to wit: "an adult female capable of bearing children."



WINDY CITY CHAPTER VISIT by Georgia

A bit of wanderlust struck recently and off I went to Chicago.

Landing at O'Hare during a snow storm after leaving the sunny climes of California 4 hours earlier is not my idea of smart, but was worth while since I was headed for the March meeting of the Windy City-GGA Chapter.

Sharon (Windy City-GGA prez) met me at the airport and served as an able guide for the complex bus-transfer-subway trip from the airport to the room she had so graciously reserved for me at the La Salle Street Motor Lodge where I was to meet, finally, Michelle (IL-58) also in town to attend the Chapter meeting on Tuesday the 13th.

Tracy (IL-59) met Michelle, Sharon and I at the restaurant where we dined leisurely before adjourning to the Club Victoria to meet Jennifer the owner and spend a pleasant evening. After closing the Club at 1 am Michelle and I drove, cold and shivering back to the Lodge where we spent absolutely hours gabbing before calling it a night.

Tuesday dawned cold and clear finding Michelle and I famished. The free breakfast supplied by the Lodge disappeared to serve as fuel for our initial foray into the City for a bit of sightseeing. Our tour ended at Staara's Boutique for the MTF on Clark Street.

At seven-thirty Tuesday evening Michelle, Chris (IN-14) and myself, painted, powdered, be-jeweled and dressed to the nines departed the Lodge for the Club and The Meeting. Michelle, the hussy, flaunted her mink stole (see photo below).

By eight the meeting room (where on other evenings FI shows are presented) was crowded with 60 Chapter members and a smattering of wives/girlfriends. Several members of the local Tri-S chapter were present as guests. Before the meeting adjourned a total of 72 people were present.

I would love to mention each lady with whom I talked that night, but I know I would forget someone and rather than hurt feelings I'll just skip listing names. Suffice to say it was an indescribable pleasure for

me to meet and talk to so many people who had only been names on labels affixed to the envelope in which their Phoenix is mailed each month.

It was also my pleasure to present a personal copy of the April Phoenix containing their pictures to Miss Windy City-GGA '84 and the contest runners-up.

Tracy, Sharon and many others assured me the Miss WC-GGA '83 contest was only the first of many and I saw many candidates for Miss WC-GGA '84 at the meeting that night.

And, if Sharon has her way, there will soon an Indiana Chapter in the Calumet City area operating under the guidance of the lovely Lynn from the Gary/Hammond area.

Thank you ladies, each and every one of you Windy City Chapter members and visitors, for making my visit to your growing, happy Chapter unforgettable. I wish you well and continued prosperity.

Oh, if you really do have the September Follies save a place at a table for me as I would love to attend.



Michelle and stole.
"Almost ready, Georgia."

THE MALE TRANSVESTITE

Vivid, accurate answers to the questions most often asked by TVs and those close to them. Enthusiastically endorsed by Dr. Harry Benjamin and other leading authorities. Cassette: \$12 + sales tax. Mail check or MO to CONFIDE, Box 56-P, Tappan, NY 10983.

CROSSING THE WARDROBE RUBICON by Rebecca (CA-121)

As stated in our previous installment assembling a feminine wardrobe is not unlike Caesar crossing the Rubicon. Purchasing those first few articles of heavenly clothes tends to commit one to an irrevocable desire to assemble a complete wardrobe of feminine attire.

In this article we shall discuss the important topic of size. Specifically, how to measure your body and translate the resulting numbers into feminine clothing sizes.

Normally when one shops in a store the known size of the garment guides one to the correct area of the store where the final selection is made by trying the garment on for appearance and comfort.

Experienced shoppers know sizes vary from manufacturer-to-manufacturer, label-to-label, material-to-material and even one time to the next. In other words, clothes sizing is not an exact science. The MTF is further handicapped by seeking clothing neither cut nor sized for the male body. Of course the ideal situation is to have feminine clothing styled and fitted by a tailor to your individual body. There are a few tailors available to provide this service.

However, the purpose of this article is to assist the FTM emerging from the dark recesses of his/her closet with the first selection of feminine clothing to provide the best chance of passing in public at an affordable cost. It is assumed this initial selection will be made from a mail order house or possibly at a store without trying the garment(s) on prior to purchase.

Obviously the first step in determining your size(s) is to take, and record, your body measurements. It is easier if you have a friend help and if you wear no more than your basic undergarments (bra and panties). Referring to the figure farther on in this article measure the length, in inches, around your body at the following locations: chest, bust, waist and hips. Record the results near the same areas of the figure. It is best to have a cloth measuring tape (one can be purchased in the sewing or notions department of variety or department stores). Always keep the tape parallel to the floor and stand straight, but com-

fortably (breathing normally) with feet together. It's important to be wearing a bra filled in the same manner as you expect to be wearing under your new clothing.

The chest is measured with the tape snugly under the arms and above the cups of your bra. The bust is measured with the tape around the fullest part of your bra cups with the tape just snug enough to prevent its sliding down in back. The difference between the chest and bust measurement is your cup size.

The waist is measured with the tape at the narrowest part of your waist (about mid-way) between the top of the hip bone and the lowest part of the rib cage.

The hips measurement is taken with the tape snugly around the largest part of your hips and buttocks.

Remember, while measuring always keep the tape parallel to the floor.

If you don't yet have a bra, don't despair. You can determine your bust size from your chest size if you know what the cup size of your bra is or will be. The following scale will help you determine your cup size. If your bust measures 1" larger than your chest measurement you are an A-cup; 2" equals a B-cup; 3" equals a C-cup; 4" equals a D-cup and 5" equals an E-cup.

For example, if you wish to wear a B-cup size bra and your chest measures 38 inches then your complete bra size is 38B. You can see that your bust measurement would be 40 inches. (Add the 2 inches of the B-cup to your chest measurement of 38" and you have 40".) Also note the numeric value of your bra is the same as your chest measurement.

DRESS SIZE Using the size chart on the inside back cover of this magazine and your measurements for bust, waist and hips locate your dress size from the size group for your height. The chances are your measurements aren't all in the same vertical column of the chart. Again, don't despair. The size charts aren't formulated for a masculine body and even some feminine bodies don't fit the size mold. Generally you will have to pick the largest size from the three measurements. Say, for example, you are 6' tall with bust/waist/hip measurements of 42/32/38 respectively. Looking at the chart you'll see the following three different Tall Misses sizes are

indicated:

42 bust = size 20
32 waist = size 16
38 hips = size 14

The obvious choice would be the size 20 dress. However, you might rationalize that since only one inch separates your bust measurement from a size 18 it would be an acceptable choice since it would fit much better at the waist. If the dress is styled so a slight snugness at the bust and shoulders won't detract from the overall appearance then the 18 would be an acceptable selection.

As a second example say your height is 5'8" and your measurements are 41/36/41. You can see on the size chart that your 36" waist dictates the need of a Tall Misses size 20 dress. However, the judicious use of a waist cincher will probably bring your waist down two inches to thirty-four inches which would be perfect for a size 18 dress. Your height of 5'8" would probably also allow you to wear the same size in Misses as well as Tall Misses. As mentioned before clothing sizing is not an exact science and a bit of fudging is allowed, but don't let fantasy overcome common sense. The bad news is that dresses are the most difficult to fit, so if your body measurements don't line up with the chart, read on. By the way, bathing suits are sized the same as dresses.

BLOUSE SIZE (also sweaters). Blouses are sized by bust measurement, although shoulder width must also be considered for the male since women tend to have narrower shoulders than do men. If you have a choice between a "standard" and a Raglan shoulder take the latter since it has no seams around the shoulder and you may be able to select a smaller size because of this feature. A bust measurement of forty-four inches requires a size 22. If the blouse is long sleeved a Tall Misses size should be selected to accommodate the slightly longer male arms; however if the blouse is short-sleeved a Misses size 22 will probably fit just as well.

SKIRT SIZES (also pants and jeans). Generally, skirts have zipper closures with a button on the waist-band although, of course, some have elasticsized waist bands. Waist measurements determine skirt size. From the chart you can see that a thirty inch waist requires a size 14 skirt. Fitted

skirts are usually cut for hips 8 to 10 inches larger than the waist. If your hips measure more than 10 inches greater than your waist you will have to use your hip measurement in selecting skirts. Tall Misses skirts are generally 2 to 4 inches longer than Misses skirts of the same size.

LINGERIE SIZES

BRAS. Use chest measurement.

PANTIES. Use hip measurement. Number sizes for panties are seldom used in catalogs any more.

PANTYHOSE Use the chart on the package to determine size requirements.

SLIP, TEDDIE, CAMISOLE Use bust measurement.

GARTER-BELT, GIRDLE, HALF-SLIP. Use waist measurement.

CORSELETTE, BODY BRIEFER. Use bust measurement. Pay special attention to garment length.

HOSE and STOCKINGS. Generally sized by body height. 5'8" or taller use sizes 11 thru 13 large or long. 5'7" and shorter use sizes 8 to 10, average or medium.

SHOE SIZES. Sizes vary from label to label and style to style more than any other article in the feminine wardrobe. As a rule of thumb (or toe) males require a ½ to a full size larger in feminine sized sandals (as explained in the previous installment a "sandal" is any feminine shoe style with an open toe) than when buying masculine styled shoes. For pumps or shoes with a closed toe 1 to 1½ size larger is required. An solution for this problem is, when ordering shoes from a mail order house, to include a tracing of your left foot and they will select the correct size for you. But, using the above information you will have an approximation of the size required so be sure the shoes you're ordering are available in the size you need.

In the next installment we'll discuss the mysterious, often neglected, but important topic of clothing color coding.



IT'S HAPPY BIRTHDAY TIME!

THE MAIL BAG

What happened to all the sexy little drawings we used to see in each issue? Did the "moralists" prevail?

Satin

[No, the moralists **haven't** prevailed. We have just not needed to use the little illustrations as filler in recent issues. They'll be back as the need arises. In fact, there may be a few in this issue.]

Recently I ordered, and received, a copy of **all** the back issues of the Phoenix which I enjoy reading and from which I obtain a lot of valuable information. Information that I wanted all my life (since childhood) so I could be my **real** self, instead of being forced to live a farce in a role I was **not** intended for, not interested in or could never accept.

You have given me information that will help me obtain my life's ambition of becoming as close to being a woman as I can hope to be with the help now available - help that was not possible 25 years ago. I am also glad I joined the Alliance and can get answers to most of my life long questions. I'm sorry I couldn't take action toward solving my problem years ago.

With your help and information I can finally "get going" and I'm glad such a magazine and organization exists. They are a great help to our special cause.

Alicia Jane (OH-33)

I have received a number of letters since "Carnival" started appearing in the PM-I. All the letters have been complimentary about the articles appearing in the PM-I in recent months. I would like to add my voice to the chorus and congratulate you on the very able attempt to publish "instructional"v material. As a nurse and something of a researcher on the TV/TS phenomena I found them to be very well researched and excellantly written.

Michelle (IL-58)



The following Associates have a birthday in the months listed. We hope you'll send each Birthday Person a nice card. We have.

JUNE

Sandra	AL-18	Sunny	CA-24
Bonnie	CA-39	Bobette	CA-57
JoAnne	CA-60	Pamela	CA-78
Gail	CA-103	Dolly	CA-110
Rose	CA-124	Clare	CA-189
Danielle	CA-229	Bobbie	CA-260
Bobbi	CA-265	Phil	CA-406
Jean	CN-28	Elaine	DC-11
Jill	FL-38	Kristina	IL-48
Alice	IN-22	Joe K.	KS-13
Wanda	KY-11	Michel	MD-33
Janice	MI-20	Karen	MN-14
Bobbie	MS-13	Pamela	NB-11
Brandy	ND-11	Leslie	NM-11
Deanne	NM-18	Connie	NY-17
Fran	NY-28	Betty	NY-49
Amy	NY-50	Michelle	OH-34
Alexis	PA-37	Robin	TN-15
Veronica	TX-31	Pam	TX-33
Kay	TX-43	Debbie	TX-51
Terri	TX-54	Ben	WA-20

JULY

Bonnie	CA-51	Dianna	CA-64
Suzie	CA-156	Gloria	CA-197
Tara	CA-201	Linala	CA-218
JoAnne	CA-228	Larie	CA-237
Alexia	CA-255	Kim	CA-259
Penny	CA-266	Terri	FL-48
David	FL-49	Harriet	MS-14
Vikki	NJ-29	Diane	NY-46
Barbara	NY-57	Janice	PA-33
Terri	PA-38	Joan	TX-46
Kendelle	WA-25	Penelope	WI-22

WHERE AND WHEN IT'S HAPPENING

GGA Chapters do not act as dating services or dating brokers. Do not call asking for that service.

GATEWAY GENDER ALLIANCE

****NORTHERN CALIFORNIA AREA****

San Francisco Chapter - No meetings until 2nd Wednesday March '84.†

San Jose - 1st and 3rd Friday†

†Meetings begin at 8 pm. Write PO Box 62283 Sunnyvale, 94088 or call (408) 734-3773 for specific details.

SANTA ROSA - Meetings: 1st Friday, 3rd Wednesday each month at [REDACTED]
[REDACTED] Call (707) 526-2500 for specific details.

SACRAMENTO CHAPTER. Meetings on 2nd Friday each month. Write: Bonnie [REDACTED] POB 38918, Sacramento, CA 95838 for details, meeting time(s) and place.

SAN DIEGO-GGA: Contact W. Thomas, PO Box 99732, San Diego, 92109.

*****DISTRICT OF COLUMBIA*****

DELTA CHI-GGA. 1st Saturday each month. Write POB 11254, Lincolnia Station, Alexandria, VA 22312.

CAPITOL CHAPTER-GGA. (Balt-DC Area). Pam [REDACTED] POB 651 Marshall, VA 22115. Meets 3rd Saturday.

*****FLORIDA*****

SUCCESS CHAPTER-GGA. Monthly Meetings. Contact Susan [REDACTED] POB 1601, Pinellas Park, FL, 34290.

*****IOWA*****

EASTERN IOWA GGA. Write Occupant, PO Box 1205, Bettendorf, IA 52722 for meeting specifics.

*****ILLINOIS*****

WINDY CITY CHAPTER-GGA. Monthly meetings. Contact PO Box 2312, Chicago, IL 60690 or call (312) 472-4518.

*****NEW JERSEY*****

NU CHAPTER-GGA. 1st Saturday each month. For specific information write POB 9034, Morristown, NJ 07960.

*****NEW YORK*****

NYC-GGA. 2nd Saturday. Changing facilities available. Members may arrive anytime after 4:30 pm. Meetings run from 7 - 11:30. Muriel Olive, Suite 601, 157 W. 57th Street, NYC, 10019.

*****OREGON*****

NORTHWEST CHAPTER-GGA Regular meetings. For information concerning activities in NW Area contact POB 13173, Portland, OR 97213.

*****PENNSYLVANIA*****

PHI CHAPTER-GGA (Philadelphia Area)
Contact: POB 322, Collingswood, NJ 08108.

*****TEXAS*****

GENDER DYSPHORIA CENTER. Galveston GGA Chapter. Meetings: 8pm 1st Saturday every month except July, Aug, Sept. Contact Alice, [REDACTED] Especially helpful for the TS.

*****VIRGINIA*****

HAMPTON ROADS-GGA. Meetings: March 3rd and May 14th. Contact N. Cooper, S-180, POB 2400, Virginia Beach, 23452.

OTHERS GROUPS

CALIFORNIA

PACIFIC CENTER - 2712 Telegraph, Berkeley. 1st & 3rd Wednesday rap session. Last Friday, special topic or speaker. Meetings run from 7:30 - 10:00.

BI-SEXUAL CENTER. Rap sessions from 7:30 each Tuesday and Wednesday. \$3.00 donation requested. For specific information write PO Box 28227, San Francisco, 94126 or call (415) 929-9299.

SOCIETY OF JANUS. For those into or seeking adventure in S&M. Write PO Box 6794, San Francisco for information.

ETVC. Last Thursday each month at Chez Mallet, 527 Bryant St. San Francisco.

MISSION VIEJO/ORANGE COUNTY AREA. Gender Dysphoria Program for Orange County. Information brochure - \$2.00. Contact Joanna M. Clark, 31815 Camino Capistrano, Suite L, San Juan Capistrano, CA 92675. Group Counseling: Dana Point facility - 2nd & 4th Monday. San Juan Capistrano Facility - 1st & 3rd Monday.

SHANGRI-LA: Nancy [REDACTED] PO Box 18902, Irvine, 92713.

*****COLORADO*****

DENVER. Gender Identity Center. Staffed by professionals, pre and post-ops. 3715 W. 32nd Ave, 80211. Phone (303) 458-5378.

*****CONNECTICUT*****

XX GROUP. 45 Church St. Hartford.

*****DISTRICT OF COLUMBIA*****

ACADEMY AWARDS (Drag gay). Carl Rizzi, [REDACTED] (#9), Arlington, VA 22204.

*****GEORGIA*****

ELITE TV CO. Write GiGi [REDACTED], PO Box 47686, Atlanta, GA 30362 for specific information concerning meeting time(s) and place.

*****HAWAII*****

SEXUAL IDENTITY CENTER. TV/TS discussion group. 7:30 pm each Tuesday. Address: [REDACTED] Honolulu (in the Waikiki District). Phone 926-1000.

*****ILLINOIS*****

CHI Chapter (Tri-S). Marilyn [REDACTED] POB 2055, Des Plains, IL 60018.

*****MASSACHUSETTS*****

TIFFANY CLUB. Tuesdays & Saturdays 7-11 pm. Very attractive private facility. GGA Members welcome. Write Tiffany Club, POB 19, Wayland, MA 01778 or call (617) 358-5575.

KAY MAYFLOWER SOCIETY Every Wednesday 7-11 pm. For information call (617) 254-7389.

TS SUPPORT GROUP. Write Rachia Heyelman, POB 25, South Orleans, MA 02662 for information.

*****MICHIGAN*****

CROSSROADS. Irregular meeting schedule. Write POB 1298, Flint MI, 48501 for information.

*****OHIO*****

PARADISE CLUB. Reservations required as meetings are held at a motel and a room is often required for overnight stay. Meetings: Oct. 22, Dec. 10. Write Paradise Club, POB 17023, Cleveland, OH 44117.

*****RHODE ISLAND*****

HOLCYON SOCIETY (Tiffany Club). 1st Saturday 7pm. Contact: Occupant, PO Box 142, Kingston, RI 02852 or call (617) 678-0609.

*****WASHINGTON*****

Seattle Counseling Service. TV/TS support group. Meetings: every Friday evening from 8-10. Anyone concerned with TV/TS issues welcome. 1505 Broadway, Seattle 98122. (206) 329-8737.

*****WISCONSIN*****

WISCONSIN TV NETWORK. Write POB 813, Madison, 53701.

*****CANADA*****

FACT. FTM TS only. POB 291, Station A, Hamilton, Ontario L8N 3C8.

*****ENGLAND (UK)*****

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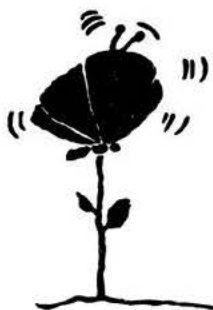
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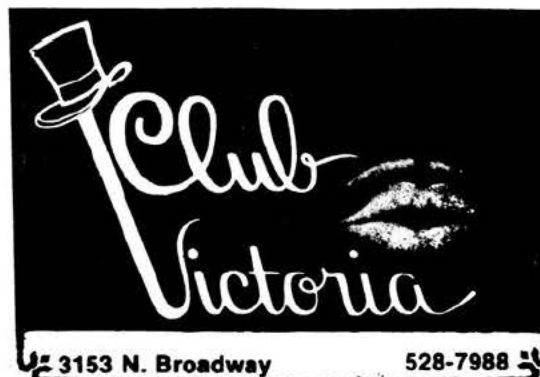
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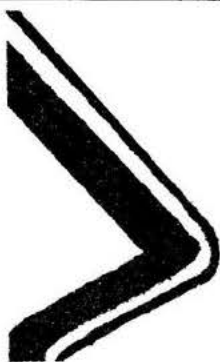
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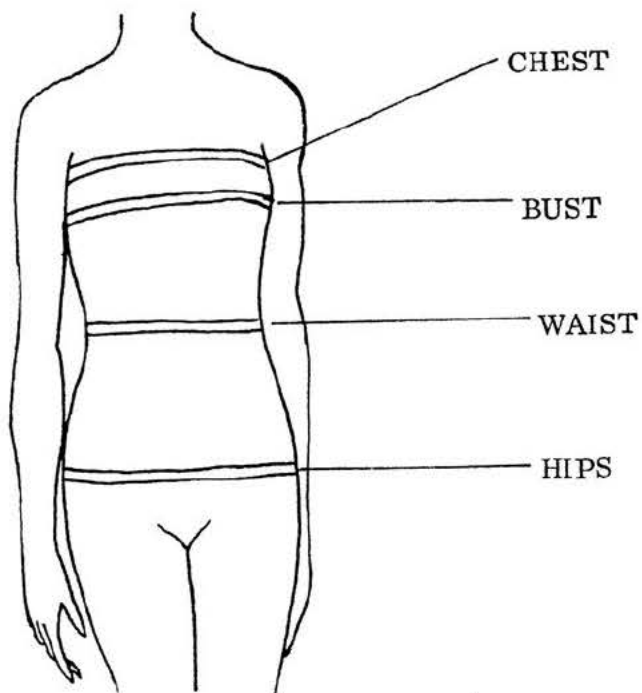
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