

Chrysalis

THE JOURNAL OF TRANSGENDER ISSUES

WINTER 1995, VOL. 2, No. 1



This issue.....

*Transgender
Relationships*



What was there about me that made me DIFFERENT? What set me apart from the "NORMAL" girls?

It pains me to tell this story, but if it can help ease the hurt in one girl who, like me, is torn by doubts and mixed emotions, it will be worth all the shame and torment I lived through when I was known as---

THAT STRANGE GIRL

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WANT SOME RELIEF?

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this issue

Chrysalis Quarterly

Volume 1, No. 8 1995



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About this Issue

The theme of this issue is **Transgender Relationships**.

The cover photo is our editor's parents, sisters, and brother, circa 1966. She (then he) is conspicuously absent in the picture (she was full of teen-age rebellion and refused to pose).

For five years now, since her transition, your editor has been absent from the bosom of her family—this time not by her own choice, but by that of her family.

Interestingly, it's because your editor chose to **have** a bosom that she is absent from her family's.

We would like to thank JoAnn Roberts. The cover photo and the photographs on page 24 are much improved because of her computer wizardry.

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Upcoming in CQ:

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.

We will be happy to exchange publications and space for small ads with publishers of other magazines or newsletters. We will publish for free a description of or publicity release for your group or magazine, if you will reciprocate.

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Authors will receive a free issue of CQ.

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Relationships are of extreme importance to all human beings. Everyone has family, and most people have partners during large parts of their adult life. Transgendered persons are as desirous as anyone of having quality relationships of long standing. Unfortunately, the very nature of the transgender phenomenon plays havoc with relationships. Crossdressing, and especially transsexualism, can, if revealed, result in rejection by employers, churches and social groups, parents, brothers, and sisters; alienation from sons and daughters; and hostile divorce. Small wonder, then, that transgendered persons are often reluctant to disclose their feelings.

Having a spouse, lover, or family member with gender issues can be extremely confusing. Questions abound: "Is my daughter going to have a sex change?" "Why does my husband dress like a slut?" "Will my mother be my father now?" "Why does my boyfriend bring this behavior into our bedroom?" And the questions are not limited to the behavior of the person with gender issues: "What did I do to cause such behavior in my son?" "What does the fact that my girlfriend is slowly becoming my boy friend mean about my lesbian identity?" "Why did I select a man who crossdresses? Does it mean I have homosexual issues I'm not dealing with?" "What if the children find out?" "What will I tell my mother?" And of course, there's the proverbial "What will the neighbors think?"

These issues are real, just as the transgender feelings are real, and must be dealt with. In an ideal world, communication would be open and honest, with all parties dedicated to maintaining the relationship, and with knowledgeable helping professionals like psychologists, family and marital therapists and clergy readily available. Unfortunately, the real world seldom works that way. One or more parties will be likely to have hidden agendas, helping professionals may not be knowledgeable, and what should be a peaceful, gentle process often becomes antagonistic.

Well, no one ever said that it would be easy.

We believe that it is possible for a transgendered individual to function without friction in his or her environment regardless of his or her transgender feelings, and regardless of how they are expressed. It requires respect and consideration on all sides, but it is done every day, all across the nation. Family must understand that the transgender feelings are valid and respect them, and the transgendered individual must acknowledge and respect the strong emotions that his or her behavior causes in loved ones.

One thing is sure: we must all work towards maintaining our relationships. When an individual is put out of the picture entirely, as quite literally happened with the family on our cover, everybody loses. ♣

by Princess

Before Testosterone

*Before testosterone found me
a young, hairless innocent
who didn't know so many possibilities were
closing off
Impatient to grow up
not knowing what that meant
almost convinced that confusion was a natural
state of mind*

*Watching the adults and wanting their freedom
never seeing the vultures of responsibility circling
waiting for testosterone to age me
into a fine piece of carrion*

*I remember trying to hide after gym class
so shy that my body was still hairless
Almost a eunuch amongst the young men
so proud that testosterone had found them...fearless*

*That fateful day a gym teacher commanded me into the
showers
and there in the gleam of wet white tiles it was apparent
Testosterone had found me lacking...someone snickered:
A proud young warrior
I stood there wet and pink and humiliated
almost raped by their exclusion
almost a girl by their standards*

*I never did "fit in"
even after testosterone found me*

Stereo

Right Channel: Gotta get ready for fantasy baseball
Left Channel: (excited) Macy's is having a lingerie sale!
RC: Look at that girl, god, she's cute
LC: (dreamy) I wish my hips moved like hers
RC: Am I blushing because she smiled at me?
LC: (teasing) You're just hoping she's lesbian
RC: I Hope she didn't see my panty line
LC: (mocking) Oh yes you do!
RC: What a sunny day, perfect for golf
LC: (yummy) Or wearing a bikini
RC: (sarcastic) You don't have the guts...I'm going golfing
LC: I know (tear) but you don't have to be so brutal
RC: I'm sorry, I get that way when I'm scared
LC: (amazed) I scare YOU? Why?
RC: (wistfully) You seem more true to your self somehow
LC: You just never expected ME!
RC: (warmer) But I love being in bed with you!
LC: (tentative) But SHE doesn't
RC: (plaintively) SHE's just feeling squeezed out
LC: (wishfully) I like HER, though. I wish SHE liked me
RC: (triumphantly) SHE does. SHE just likes me more
LC: (betrayed) You bastard!
RC: (enticingly) Macy's is having a lingerie sale ?!
LC: (making up) Let's invite HER along
LC & RC: (in unison with glee) Oh no, surround sound!

I have received *Chrysalis Quarterly* #6, and I must say this is the best issue yet! The articles are all so insightful and the publication as a whole has evolved a deeper root identity (*Aw, shucks—Ed.*).

I found Dallas Denny's article "Transsexualism at Forty" to be particularly engaging, and I can't help wanting to take part in this discussion, and share some of my admittedly half-baked ideas.

In Observation 3, *Transsexualism is Evolving Into an Established Social Role*, the author expresses that the concept of transsexualism has become integrated and is here to stay. I agree that we have become integrated in society, but I hesitate to say permanently. Things can change at any time, and we must remain vigilant and not count on acceptance.

The foundation of acceptance has been cast; however, the concrete in that foundation has not yet cured, and we must present our best representatives to Western Society, until we have become stronger.

This is a critical time, while this foundation is curing, to make a distinction between people afflicted with gender dysphoria, and those who are cross-dressers, S/M fans, etc. The general public is for the most part ill-informed of the differences. Transsexual people are often lumped together with cross-dressers in the public eye, and this should not be so. Crossdressers do not have an identity problem. Their behavior is due to sundry other psychological reasons. A transsexual's condition is rooted in their core identity, which sets the stage for how their entire life is played out. We all know that, but most people in the general public don't, and often do not have time or want to expend the energy to discover this distinction. We have to do this for them.

As long as we are lumped together with crossdressers, we run the risk of compromising the integrity

of our foundation—our cornerstone to integration. I'm not down on crossdressers—I've known many to be respectable human beings, but it is a whole different bag. Cross-dressing is largely a recreational activity. Do transsexual people in their struggle for consonance really want people to think that their lives are just fun in the sun?

In Observation 4, *Transsexualism has had a Significant Effect on Medical Ethics*, the author states that professionals that did help gender dysphorics were chastised by their peers. The time has come to recognize those practitioners as the true pioneers that they are. These are people who, like us transsexual patients, observed while under public pressure and criticism for something they believed in.

In Observation 8, *Transsexual People are BioPsychoSocial Engineers*, and Observation 9, *Transsexuals Seek Change in the Face of Adversity*, the author finally puts into words what I have never seen anything specifically written about. Bravo! I think this is the REAL story of being transsexual.

—Diane L.

*Thank you for the nice words about Chrysalis and about Dallas' article. We agree with much of what you said in your letter, but we disagree **strongly** with what you said about crossdressers. We believe that much the same sort of things are going on with many crossdressers that go on with transsexual people—that they have an identity issue. We believe that there is much more to be gained by alliances of all 32 flavors and varieties of transgendered persons, and by an alliance of the transgender community with the gay, lesbian, and bisexual community than by pursuing separate agendas. Ben Franklin said it first and best: "We must all hang together or assuredly, we shall all hang separately."*

Continued on page 7

P.O. BOX

Baseball Player Reveals She Was Born a Male

by Carolyn White

Geris Lisa Fritz, who played in five weeks of tryouts with the all-women Colorado Silver Bullets, never told team members she was born a male—and has yet to have a hoped-for sex-change operation.

"I was unemployed and wanted to play baseball," said Fritz, who went by the name Gerald until a year ago. The 24 players now on the Silver Bullets will make \$20,000 for playing 50-60 exhibition games between May and September.

Fritz, 41, joined the team for tryouts in March and April as a woman and gave interviews as a female player. She was among the three final hopefuls released April 3 when the team settled on its final roster.

Fritz said Tuesday she was born a male and has been undergoing hormone therapy to become a woman. Fritz first referred to herself in interviews with USA TODAY as a woman, then as a man, and finally asked to be referred to as "she."

She says she legally changed her name to Geris Lisa in 1993 and produced a letter from her doctor, F. Jay Ach of Cincinnati, saying she "suffers from gender dysphoria."

"Because of changes wrought by hormonal therapy, she is medically and legally female," Ach wrote in a letter dated March 8, 1993, and addressed "To Whom It May Concern." Ach confirmed Tuesday that the letter came from his office. Fritz also produced a copy of her Ohio driver's license, issued for Geris Lisa Fritz, listing her as female.

Fritz says she played college baseball and on several men's professional slow-pitch softball teams during the 1980s. She produced copies of a team program from the Bourbons, in 1979, noting "Jerry

Fritz" as a shortstop/outfielder.

Silver Bullets officials, asked Tuesday about Fritz, said they did not suspect Fritz was born a man despite her 5-11, 260-pound build.

"I don't know if it's fair for anybody to offer stereotypes as to who looks like a man and who looks like a woman," coach Tommy Jones says. "There may have been conversations behind closed doors. But you take people for face value unless you have a reason to believe otherwise."

Jones said Fritz was released because she wasn't physically fit.

"It was strictly a baseball decision," Jones says. "She was released because she could not physically perform our daily program. She had ongoing problems with her legs. The fact she was overweight did not make things easier on her."

Team physicals dealt mostly with flexibility and reflexes. Jones said most players showered when they got back to the hotel and for most of the five-week stay with the team, Fritz had no roommate.

"I started out doing it for the money," Fritz says. "Then it became so much more. Those girls never had a chance to play professional ball. I did. Every time I got close to somebody, they got cut, which really bothered me. I kept thinking that I'd taken her spot."

Jones insists Fritz has not embarrassed the team. "If this is the worst thing that happens to us all season, we'll have a good summer," he says.

This story appeared in USA TODAY on 13 April, 1994. We're impressed with the reporting (Ms. White even used the correct pronouns), and with Coach Jones' comments—Ed. ♣

I found it ironic and disheartening that CQ's "Repression in Cross-Gender Identity" featured material authored by transgendered individuals which carried subtle pathologizing, misogynistic, and questionable educational content. I begin with "The Masonic Analogy" by Virginia Prince. While I do not wish to attack the author personally, I would like to remind others that solely because an individual holds the lofty title of "being the founder of organized crossdressing in the Western world," it does not mean her analogies, theories or suggested outcomes should be deemed the final word on gender issues. I encourage transgendered consumers to be particularly wary of any community leader or professional who asserts their opinions as being "the easiest, cheapest, and safest route."

I applaud CQ's efforts in running a counterpoint to Prince's analogy, but two important concerns have yet to be addressed. First, Prince sets the stage for her analogy with the assertion that the beginning point for transgenderist and transsexual individuals is based on finding first-time crossdressing experiences satisfying through the sexually erotic (i.e. masturbation). While this may be true in some instances, it is not necessarily true for everyone. Many transgendered individuals find their transition begins after finding that crossdressing, in addition to other forms of crossgender encounters, concurrently relieves and heightens their sense of gender incongruity on various developmental levels. Other forms of crossgender encounters may include attending a transgender support group or reading about transgender issues for the first time. Lastly, some transgendered individuals at various states of transition are unable to masturbate or find that experiencing sexual pleasure is distressing because they have encountered traumatic personal relations, may be suffering from an associated depression, or because it heightens an overbearing sense of gender incongruity. This would include individuals at a pre-transition stage who have not yet named their source of discomfort.

Prince's article also carried in it subtle transphobic and misogynistic undertones which have yet to be fully

addressed. Regardless of an individual's decision to undergo gender reassignment surgery, is a (transgendered) woman's role solely to provide a place for a male's penis? Are the attitudes, interests, and abilities of a genetic woman better than a new woman's, particularly in that the latter's presentation may lack something intangible in the eyes of a man she might marry? As best I can remember, relationships are not defined or based on presentation, attitudes, interests, and abilities alone. While Prince does not state so directly, the reader is left with the distinct impression that a (transgendered) woman's purpose for existing amounts to little more than fulfilling a stereotyped idea of what women should be. "Be a sex object, marry, birth, and raise children." She might as well say that women belong barefoot in the kitchen making sandwiches, while post-operative individuals are somehow compromised in even achieving that. This is what Prince's assertions amount to. They fail to recognize that both genetic and transgendered women have and do fulfill the potential of bringing more into relations than stereotypes. How terribly dated!

What is also dated are the subtle pathological undertones carried in Christine Tayleur's article "Transsexuals and Addiction." In setting the stage for explaining what transsexualism is, she resorts to an outdated definition authored by Harry Benjamin (1966): "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." I find this ironic, given that Ms. Tayleur has been a noted advocate of the depathologization of transgender identities, in addition to indirectly promoting such notions as "hormones on demand." Certainly, Ms. Tayleur might have used a more up-to-date and less pathological quotation, if not actually defining transsexualism in her own experienced words. If transgendered individuals and professionals ever expect to be taken seriously, they need to stop relying on the pathological frameworks and definitions coined by others and begin constructing healthy concepts based on their own experience. One may coincidentally note that on a larger scale within the State of California's move to

embrace self-help and diversified care provider models, it has begun depathologizing mental health care models by instructing care providers to stop utilizing such terms as clinician, client, and compliance.

Lastly, with the context of her article, Ms. Tayleur generalizes, writing "The transsexual client should have at least one year in recovery before starting hormones." She does not directly define her reasoning. The reader is left wondering, why? It would seem that in most circumstances where a transgender identity is in evidence, initiating hormone therapy early on would heighten prospects of a successful cross-living experience. This subsequently may help undermine the dynamics contributing toward dependency. Supporting individuals in the coming-out process with appropriate hormone administration would minimize risk of self-medication from street sources and provide opportunity for appropriate medical follow-up. This seems to be the consensus within San Francisco transgender resources, including the Center for Special Problems, Tom Waddel Medical Clinic, and Haight-Ashbury Free Clinic. Notably, hormone administration, in respect to chemical dependency or other mental health disorders, should be inclusive of an individual's consistently requesting such while evidencing a transgender identity, having the psychological capacity to make an informed consent decision, and being able to keep medical follow-up appointments.

*Gianna Eveling Israel
San Francisco, CA*

We are well aware that many transsexual people take offense at Virginia Prince's attitudes towards women, transsexual or otherwise. Her views are hers alone, and she stands by them. They do not reflect the views of the editors. In particular, we find her curiously blind about the transsexual experience, having never experienced it, and we noted this in our response to her article.

We contacted Christine, and she told us that she has subce changed her opinion about persons with a history of chemical dependency, and would no longer recommend a year in recovery before starting hormones.

When the very vocabulary (e.g. gender dysphoria) with which we are referred to by others and with which we refer to ourselves is based on our (nonexistent) pathology, it is difficult to not occasionally trash ourselves, even while struggling to liberate ourselves. It takes time to re-invent ourselves, and we've only just begun—Ed.

Dr. George Brown sent us the following:

9 May, 1994

Robert D. Miller, M.D., Ph.D.
Dept. of Psychiatry
University of Colorado HSC
Denver, CO 80262

Dear Dr. Miller:

This letter is in response to your inquiry regarding hormonal treatment of diagnosed transsexuals in the correctional setting.

It is laudable that, at a minimum, your correctional facilities will continue to treat transsexuals with crossgender hormones. However, your vision of reform would also include the initiation of treatment in presumably clearly diagnosed transsexual inmates, based on the clinical needs of the inmate. Policymakers seem to believe that withholding treatment like hormonal management is the safer approach to a controversial topic. They fail to recognize the inherent risks in not providing treatment, as outlined in the second reprint I have included for your review. Deterioration in psychological functioning, diminished quality of life, and exacerbation of depression, suicidality, and drug use are associated with both discontinuation of previously effective crossgender hormonal treatment as well as arbitrarily withholding such treatment from otherwise qualified candidates. Negative psychological outcome or increased psychiatric morbidity in gender dysphoric patients treated hormonally are highly unlikely. In my work with hundreds of gender dysphoric patients over the past decade, I have never encountered negative psychiatric outcomes (other than occasional emotional lability similar to symptoms some women experience as

PMS) in properly diagnosed transsexual patients. If a patient does experience increased dysphoria or a desire to discontinue hormonal treatment, the diagnosis of transsexualism is suspect.

The benefits of crossgender hormonal treatments are often quite dramatic in the relief of gender dysphoric patients. This has prompted some experts to treat nontranssexual gender dysphoric patients with low doses to alleviate much of the emotional suffering associated with this condition, recognizing that most such patients will never be appropriate for sex reassignment surgery.

In sum, the correctional environment is especially difficult for transsexual inmates and Department of Corrections personnel need to be aware of the risks of depression, drug use, and suicide in many of these inmates. I believe that much of this morbidity can be averted by appropriate diagnosis and treatment (including laboratory monitoring of hormonal treatment) of these inmates. Benefits can be accrued in terms of decreased management problems and inmate suicidal behavior in the institution.

21 July, 1994

Dear Dr. Miller:

I have been struggling with a response to your letter of June 10 requesting a workshop on "the non-medical treatment of transsexual inmates in the Colorado Department of Corrections." By non-medical, I assume you mean treatment that involves no crossgender hormones or surgeries of any kind, but may include psychotherapies and psychotropic medications as indicated. I understood from your first letter that anatomically male inmates who were receiving estrogens upon entry into the corrections environment could continue to receive such treatment in a medically monitored fashion after incarceration, but this is apparently not the case.

Although I could readily present such a workshop, it would be a bit like trying to tell the Marines how to fight a war without actually firing their weapons. Instructing troops to go into battle unarmed would be highly unethical for their commanding officer, just as would

pretending we can be effective in providing legitimate medical care for a majority of transsexual persons without the appropriate use of crossgender hormones, at a minimum. As a member of the Board of Directors of the Harry Benjamin International Gender Dysphoria Association, Inc., I would be remiss in not pointing out that our organization firmly supports the principle that crossgender hormones and sex reassignment surgery are potentially life-saving treatments when provided to properly diagnosed and treated transsexual persons (see the Standards of Care I sent previously). To provide a workshop that doesn't also cover the somatic aspects of treatment that are crucial for many patients would be condoning a standard of care not supported by me, personally, or by the HBI-GDA. It is true that some transsexual patients adjust adequately with psychotherapy alone (rare in my clinical experience) and others choose a combination of psychotherapy, support groups, and hormonal treatments and forgo surgical procedures (much more common). Patients who are committed to comprehensive treatment of their medical and psychiatric condition are unlikely to embrace a treatment course that can only provide supportive psychotherapy and may resort to desperate measures, as I have previously indicated.

I have enclosed a reprint of an article authored by a patient in prison who is quite articulate and describes a situation not uncommonly mentioned in my correspondence with incarcerated transsexuals (Dee Farmer, "Propelled to Self-Mutilation," *Chrysalis Quarterly*, 1(7), 9-10, 1994). If the Division of Clinical Services condones a policy that does not allow for the treatment of appropriately diagnosed transsexuals with medically monitored hormonal interventions, especially for those who entered prison while receiving such treatment, the administration must be prepared for the liability issues and potential deaths that may result from such a policy of withholding medical treatment. It is not that patients/inmates will make threats or try to "manipulate" the system, it is that they experience a degree of despair and desperation that gender-congruent policymakers cannot imagine. Self-mutilation

Concluded on p. 34

Martine is Director of the Health Law Project of the International Conference on Transgender Law and Employment Policy, Inc.

Transgenderism, Marriage, & the Law

by Martine Aliana Rothblatt, J.D.

A lot of transgendered people want to get married. Other transgendered people want to stay married. This article is for people in one of these two categories.

Marriage is Governed by State Law

Marriage is governed by state law in the U.S. and by national law in Europe. There are exceptions, however. If the restrictions that state law places on marriage are deemed to violate the U.S. Federal Constitution, then the federal government can overrule, and in essence, rewrite, state marriage laws. This happened in 1967 when the Supreme Court of the United States struck down state prohibitions on marriage between persons of different races. In the case of *Loving v. Virginia*, the Supreme Court held that banning marriage of persons of different races violated the Constitution's guarantee that all persons will have "equal protection" under the law.

Earlier this year, a Hawaii District Court decided that Hawaii's ban on same sex marriages similarly violated the "equal protection" clause of Hawaii's state constitution. It seems likely that in the coming decades state prohibitions against same sex marriage will fall the way of state prohibitions against interracial marriage (only 40 years ago a majority of the states banned interracial marriages). But in the meantime, while same sex marriage is still illegal, we transgendered folk must assess carefully whether or not we can get or stay married.

Checklist for a Valid Marriage

A brief checklist for a valid marriage is provided below. While details vary from state to state and country to country, the checklist offered below usually prevails:

- *Achieved age of legal majority*
- *Not married to someone else at time of marriage*
- *Not of the same sex at time of marriage*
- *Not marrying a close relative*
- *No fraud relative to consummation of marriage involved*

Getting Married as a Transgendered Person

The first question to answer is whether or not a transgendered marriage is a same sex marriage. The answer to this question depends on what sex the law determines the transgendered fiancée to be, and what sex their mate is. Generally speaking, for marital purposes you are deemed to legally be the sex stated on your birth certificate.

Of course, after SRS, if you get your birth certificate changed, then you have a new legal sex. Getting a birth certificate changed is easy after SRS in the United States except for Tennessee or Ohio. You are now legally free to marry someone of differently sexed genitals than your own. So long as you can consummate the marriage (engage in genital penetrative intercourse), and so long as your spouse knew of your SRS before the two of you got married, there is virtually no risk of your marriage ever being found invalid. There is man and woman (in the eyes of US law), there is consummation, and there is no fraud. It's a legal marriage. The fact that one of the pair achieved their sexuality through medical intervention and birth certificate amendment is irrelevant.

Even if you have not had SRS, there is no hard and fast rule that you can't marry someone that you love. In fact, legally speaking, you can be whatever sex you and your lawyer persuade a judge to write down in a judicial order.

Suppose you are a non-operative male-to-female transsexual with a doctor's letter that says you are, in his or her opinion, a female with vaginal agenesis, a hypertrophic clitoris and ectopic ovaries. That letter, your own feminine appearance and a decent lawyer may get you a judge's order to change your legal sex from male to female. Thereafter, you can marry a man without necessarily running afoul of the ban on same sex marriages, subject to several caveats. First, you must be able to claim you consummated the marriage without violating the state's

sodomy law (this is easier in states without a sodomy law). Second, you must have told your prospective spouse that you are infertile and a transgendered woman, so that there is no issue of fraud. Third, if the marriage is challenged, you must be lucky enough to get a forward looking judge.

Cases Striking Down Transsexual Marriages

The problems transsexuals have faced in the past in getting married are due to a couple of simple factors. Transsexual marriages have been struck down either because the judge did not believe the transsexual had yet become a member of the desired sex, or the transsexual had not disclosed her status to her fiancée thereby allowing the fiancée to plead he was defrauded into a sterile marriage.

In the United States, a birth certificate is *prima facie* evidence of the facts it states. So long as your birth certificate says the sex that you want, it is highly unlikely that anyone could prevent you from marrying a person of the opposite sex. In the United States, a birth certificate can generally be changed to account for sex reassignment surgery. In Europe, however, only in Holland, Germany, Sweden, Italy and Turkey are birth certificates routinely changed to account for SRS. Elsewhere in Europe, post-op transsexuals often have no hope to legally marry because their birth certificates say they are the same sex as the person they wish to marry (illegal), and their bodies are no longer able to consummate (old fashion methods) a marriage with a member of the sex opposite to their birth certificate. Some countries in Europe (Switzerland, Belgium, Luxembourg) will change transsexual's birth certificates on a case-by-case basis. England is the worst country for transsexual marriage: a transsexual's birth certificate will not be changed.

The lessons from all of the above for transsexual marriage are simple. If your state or country issues birth certificates in the new sex, get one. If you are from a place that won't issue you a

birth certificate in your new sex, then have your SRS done in Holland because they will then issue a sex-amended birth certificate even to persons not born in Holland. Tell your spouse-to-be what your old sex was so they can never claim that you defrauded them. Consummate the marriage (often!). So long as these steps are followed, a transsexual marriage should be upheld anywhere, subject only to the random vagaries of sexist judges here and there. Nothing in law is ever 100% certain.

Staying Married After SRS

Now, suppose you are already married and you want to change your sex. Changing your sex when already married will not affect the validity of your marriage. Your spouse may file for divorce, but he or she can do that for any reason. Your spouse may file for annulment, claiming that you knew you were a transsexual, hid that fact from him or her, and hence defrauded the spouse into marriage. This claim will almost certainly lose so long as you consummated the marriage. (Nearly all cases involving spouses seeking to annul marriages to lesbians or gay men have failed when there is evidence of marital consummation in addition to the queer affairs on the side). Or your spouse may want to remain married to you and live in what others would call a gay or lesbian relationship. This last course of action is perfectly legal. In fact, the only kind of same sex marriage which can legally exist in the United States is one which occurs by virtue of sex reassignment surgery.

It is tragic that in three of the five European countries which have national transsexualism laws, it is mandatory that the transsexual be single before having SRS (Holland, Germany, Sweden). In Italy, a married transsexual that has SRS gives the spouse a claim for annulment. In Turkey, the subject of married post-op transsexuals is left unaddressed. In the United States, however, a marriage which is valid *ab initio* is valid until death or divorce. So long as

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Ms. Lynn said in her cover letter, "I know a man who, on the outset, is a regular, old-fashioned, head-of-the-house kind of person. He has a wife and three children and works in the world of finance. He is 77 years old. I also know a woman, who on the outset, seems a bit peculiar— one might go so far as to say strange or aberrant. However, this woman is as benign as can be. She is inoffensive other than her physical appearance. The thing that these two individuals have in common is that they are one in the same person. My father's other name is Rita."

My Father's Other Name is Rita

by Julie Lynn

Years ago, my older brother Stephen discovered a secret that my father never wanted his family to find out about. One day he accidentally found some pictures that had fallen out of my father's desk. Steven, at that time, was only seventeen. He realized to his shock that the woman in the photographs was actually our father, fully dressed in womens' clothing, with complete makeup and wig. My brother, out of anger and spite over his finding, told me about his upsetting discovery. I was ten years old at the time.

Years later, my mother told me that she didn't find out about my father's crossdressing until after I was born. How could she leave him— not only was she married— she was the mother of three children. At that time (over 20 years ago) transvestism was an unexplored topic in the world of psychology. Part of the problem was that my family and I didn't have anyone to talk to about this. My mother made all of us promise to guard our secret. We were always supposed to protect Dad from ridicule or public scorn.

Many questions plagued our minds: What would we do if the world ever found out? What would people think? What a scandal it would make! No one would understand; they would look with judgmental eyes, and we would never be able to fit back into society again. My mother, brothers, and I experienced a myriad of feelings after we discovered this other side of a father we had thought we knew. Suddenly, before our very eyes, he had become a stranger to us. I remember feeling hurt and let down. When I saw the pictures for myself, my mind started to whirl. There was a whole array of photos showing my father in various stages of dress. In some pictures, he was fully clothed, and in others he was only partially dressed. As a ten-year-old child, I remember observing these photos with complete confusion and fear. My father didn't look like a man; rather he looked like a man with breasts and no genitalia. He fooled me. He was no longer the man who I adored and cherished. He was now a stranger to me.

I am now twenty-six years old. I have kept our family secret under lock-and-key for over sixteen years. It hasn't been easy keeping this secret, because my family and I have been distanced from others because of it. My mother, brothers, and I have had a difficult time—and still have—living with my father's alternate lifestyle.

Transvestism is a misunderstood topic. No, my father is not gay, nor does he have any intention of physically becoming a woman. A transvestite (otherwise known as a TV) is generally a heterosexual man who dresses up in women's clothing—commonly known as a crossdresser. A common characteristic of transvestite behavior is switching roles and identity. My father uses the name "Rita" when he's dressed up, and his demeanor changes as well. He walks and talks in a more feminine manner when he's in a dress and high heels. And he presents himself in a more passive manner.

Another characteristic of transvestism is obsessive/compulsive behavior. My father feels not only a desire to dress up, but has a strong compulsion to do so, especially when he's feeling anxiety-ridden. When my father got married, he believed that his compulsion to crossdress would cease. To his dismay, he realized that not only did the desire remain, but it started to become stronger. Consequently, his guilt grew along with it. My father told my mother that he was sorry for his behavior, but that it is something so deeply embedded in him that he can't live without it.

Perhaps one explanation for the obsessive nature of transvestism lies in its sexual and emotional appeal. My father has told me on numerous occasions that his crossdressing gives him not only relief, but a true sense of pleasure. In other words, he feels that it is a good outlet from his daily existence.

Annie Woodhouse, an author on the subject of transvestism, agrees: "The transvestite derives sexual gratification from dressing up." My father has told me that he comes alive when he engages in this activity. Some authorities believe that sexual appeal

and crossdressing behavior are often very closely linked. As Harry Benjamin, author on the subject states, "To take sex out of transvestism is like taking music out of opera."

There is some confusion of transvestism with transsexualism, which is the desire to change one's sex. In the case of the transvestite, however, he has no intention of ever surgically becoming a woman. Not only does my father have no desire to surgically alter his gender, but he takes much pride in being a heterosexual man. I recall a time when he stated that he had never had a homosexual encounter and never desired one.

A major social problem inherent in transvestism is the moral issues attached to it. The transvestite is viewed as deviant, and there is no doubt that our society frowns upon deviant behavior. As Dr. Richard Docter, prominent professor and author on the subject observes, "Most of us, I think, will tend to be heavily influenced in thinking about transvestism and transsexualism by the moral values and gender training we absorbed throughout the socialization process."

My father has, over the years, lectured at various colleges on the subject of transvestism. I've been to a few of these lectures, and I've seen the general response from students regarding the morality of this behavior: most are shocked, bewildered, and offended. Some of the questions asked are: "How does your family react?" "If you're straight, then why

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would you want to dress as a woman?" My father generally responds to most of the questions in a rational sort of way. He'll say that he enjoys dressing up because it makes

him feel good inside. In response to the questions pertaining to his family, he explains that unlike "socially acceptable" habits such as smoking or drinking, what he does is not wrong or hurtful.

Though this habit may not seem outwardly hurtful, my mother feels differently. She, like many wives of crossdressers, finds her husband's transvestite tendencies to be unacceptable, and in some cases intolerable. One night my father got dressed up as Rita and had a few transvestite friends come over. My mother didn't even want to come downstairs to join them. I know she objects to my father's compulsion because she has expressed this feeling on numerous occasions. However, she has remained loyal and loving to my father, even with her conflicting feelings. I remember asking my mother once what she thought about Dad's alternate self and her response was, "I think it's disgusting!" These feelings of repulsion are typical of our society's view towards aberrant behavior in general.

Our society expects men to behave as men, which definitely means not dressing as a woman or acting like one. In Western culture, men have many restrictions put on them. A man's position of masculinity is put on the line every time he does something that is considered out of the realm of expected masculine behavior. One of the main reasons that my family and I guard my father's secret is to protect him from any repercussive effects in his business life. My father works in the world of finance, which is, for the most part, male dominated and conservative. Such people would not be accepting of a man's desire to express his feminine inclinations.

A society decides what is appropriate and inappropriate behavior. According to C.S. Ford and F. Beach, an estimated 49 out of 76 non-Western societies they surveyed consider crossdressing socially acceptable. While other cultures are more accepting of transvestism, Westerners frown upon it. Woodhouse comments, "Within one culture, what is considered normal in one context may be

deviant in another." If a male in our society presents himself in an effeminate way (exhibits shyness, passivity, lack of aggression), he may be called a "wimp" or worse. Is it any wonder why my father would feel that he must protect Rita from ridicule?

One question that I have entertained in the past is that if our society did accept transvestism as a norm, would the thrill of dressing up diminish? Dr. Richard Docter believes that transvestites are sensation-seekers, and when they dress they receive much pleasure in their acts of identity transformation. However, if society changed its outlook, the compulsive feelings that a transvestite experiences when dressed might subside. My father believes that Rita is so much a part of his psyche that he couldn't or wouldn't want to part with her.

Is transvestism attributed to the rules which society sets for us? Would a change to more equality in gender status help to balance the inequities with which both sexes are plagued? With better understanding, our society might be able to accept cross-dressing as a form of androgynous expression instead of deviant behavior.

It could be possible that our perception of transvestism is culturally based. It is important that we learn more about it and become understanding of its origin and nature. Transvestism does effect our society and there is no telling at this point in time whether our views in the future will change. One thing that is certain in our society are the rules and expectations that we make in regard to gender differences. James Doyle and Michele Paludi, authors of the book *Sex and Gender*, note, "Human behaviors and personality attributes should no longer be linked with gender, and society should stop projecting gender into situations irrelevant to genitalia." My father, after all, is not merely definable as a man; rather, he is first and foremost a person.

One thing that saddens me greatly is that I won't be able to share this part of my life with most people. But there are a select few who do

accept it and take my family and me in with open hearts, and they make all the difference in our lives.

A recent occurrence happened which opened my own heart. A near tragedy helped me to realize my father's humanity outside of the roles in which he presents himself. My father had a massive heart attack. He almost died. Fortunately, because he doesn't act like a typical "macho man," he called the paramedics himself and was promptly rushed to the hospital. His life was saved.

All of the feelings of anger, resentment, or any other negative feeling that have plagued me about my father's transvestism became inconsequential. My entire perspective changed dramatically. This happening humbled me greatly. My father suddenly became the father I had worshipped and adored when I was a child. His sexual identity was eclipsed at that moment; before my very eyes, my father became a fragile, sensitive, scared, and very mortal human being.

I visited him every day at the hospital, giving him back and foot massages, bringing flowers and balloons, and loving him more than I have in many years. It feels good to have my love back again. Through this love I have re-evaluated my priorities, and have become more accepting. A man can change his outward appearance quite easily. However, his more endearing qualities—his essential self—remains untouched. The ironic thing is even though I may not love "Rita" as much as I love my father, I would have been devastated if either of them had died. ♀

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Marriage (Continued from page 10)

a post-operative transsexual spouse was differently sexed (in the eyes of the law, i.e., birth certificate sex) from his or her spouse at marriage, and there was no fraud, then the marriage was valid *ab initio*. Subsequent SRS no more invalidates the marriage than would subsequent bigamy invalidate the bigamist's first marriage.

To summarize, SRS does not invalidate a marriage. It does create a same sex marriage, but state laws all prevent the initial creation of same sex marriages, not their inadvertent occurrence due to sex reassignment surgery. In Holland, Germany and Sweden a same sex marriage via SRS cannot occur because the laws in those countries forbid SRS upon non-single people.

If you are not married, SRS does enable you in the United States, Holland, Germany and Sweden to marry someone of the opposite sex. If you were born in Tennessee or Ohio it may be more difficult, because you will not be able to get a birth certificate in your new sex. However, a judge's order of your sex change should ordinarily suffice for marriage purposes. Elsewhere in Europe it will be difficult to get married because they don't change birth certificates as liberally as in the United States. One's best alternative in these cases is to get the sex change done in Holland, which will issue a new birth certificate.

If you are not heading toward SRS but definitely feel you are of another sex, it may be possible to get a judge's order of sex change. This judicial order should be able to get you a marriage license to someone with similar appearing genitals but the opposite sexual identity.

Finally, if you want to marry someone of the same sex, be patient. The odds are pretty good that Hawaii will be conducting same sex marriages soon. All other states must recognize a Hawaiian marriage certificate as they would want Hawaii to respect their own. Even if you don't get married in Hawaii, it's a great place for a honeymoon! ♀

Some Resources for Relationships

Helplines/Support Groups

National Women's Help Line

PO. Box 17

Bulverde, TX 78163

(210) 938-7788

(for female partners of male crossdressers)

Spouses, Partners International Conference for Education (S.P.I.C.E.)

Linda Peacock

PO. Box 24031

Little Rock, AR 72221

(501) 227-8798

(for female partners of male crossdressers)

Society for the Second Self (Tri-Ess)

PO. Box 194

Tulare, CA 93275

(209) 688-9246 (Pacific)

(210) 438-7788 (Central)

(for male crossdressers and their female partners)

Loved ones of Transsexuals

4266 Sandburg Way

Irvine, CA 92715

(714) 786-6891

(for family & friends of transsexual persons)

TransParent

Elsa Larson

PO. Box 2122

Harrisburg, PA 17105

(for parents of transgendered persons)

Sources for Books & Videos

International Foundation for Gender Education

PO. Box 367

Wayland, MA 01778

(607) 899-2212

Creative Design Services

PO. Box 61263

King of Prussia, PA 19406

(610) 640-9449

AEGIS Bookstore

PO. Box 33724

Decatur, GA 30033-0724

(404) 939-0244

Available from the AEGIS Bookstore

My Husband Wears My Clothes by Dr. Peggy Rudd (\$10)

A wife describes her reactions to her husband's crossdressing

Crossdressing with Dignity by Dr. Peggy Rudd (\$13)

A book about self-acceptance, with results of a survey of hundreds of crossdressers

Coping with Crossdressing by Dr. JoAnn Roberts (\$10)

A book for crossdressers and their partners.

The Transsexual Survival Guide II: To Transition & Beyond for Family, Friends, & Employers by JoAnn Altman Stringer (\$10)

A good source for transsexual persons in transition

Information for the Family (of the Transsexual) (\$6)

The information in this book, which was originally published by Erickson Education Foundation, is still useful.

When ordering from AEGIS bookstore, include \$3 S&H for 1st item, and fifty cents for each additional item.

Fear, Confusion, & Love

A Parent's Dilemma

by Nancy Roberts

In the letter which accompanied this article, Nancy wrote: "I have been dealing with my feelings for the last eight years without the aid of another parent to talk to. Ellie (another mother we put in touch with her— Ed.) and I could agree that we shared many of the same thoughts and emotions. I am thrilled to finally have the opportunity to get support and care from another parent.

I have many wonderful family and friends who have been by my side throughout the many ups and downs with my daughter's journey to attain her dream to be truly female. What has been missing is the support that can only come from another parent who has been through this also. I have also likened my situation to that of an alcoholic, in that only another "addict" can truly know the heartache, fear, and confusion an addicted person goes through.

I believe that as a mother of a transgendered child I can help others through my struggles as I continue to grow and learn."

Nancy, who is a therapist, has done just that. She provides help to parents of transgendered persons, and to transgendered persons themselves.

I became a parent for the first time just two weeks shy of my nineteenth birthday. I realized within a very short period of time that this was going to be the toughest job I would ever tackle and yet one where preparation had been nearly nonexistent. By the time I was twenty-one, I had given birth to two healthy babies, a girl, and then a boy. Who could ask for anything more?

The biggest parenting problems I faced at that time were cleaning diapers, feeding the kids, bathing them, giving them an occasional pat on the bottom, and kissing skinned knees. I was often told that you can kiss the hurts away when your children are youngsters. Little did I know that I would yearn for the ability to kiss away hurts that my children would experience as they grew older. Adult pain, I grew to know, could not be eased by a mere kiss. My real parental training began when my children entered adolescence.

Our society is very closely tied into expectations of gender and the roles that a child/person "should" be and do as a result of genitals given at birth. What society didn't do is to prepare me or lots of others for the fact that what is physically "correct" at birth may not be what or how the inner soul really desires or wishes to be.

When my son was sixteen, he informed me for the first time that he believed he was transsexual. Where does one turn when given the news that you child wants to be a member of the opposite sex? My books on how to parent certainly hadn't addressed this issue! I knew how to practice "natural logical consequences" and possessed the tools of being an emotionally caring and nurturing parent; however, I certainly wasn't prepared for this bombshell. My first reaction was shock (which was quickly suppressed), and then emotional concern for what this meant to my son, who expressed such anguish with his biological self.

Just how does one survive the shame that comes crashing down upon them when they don't "fit" the societal norm? As a parent, that shame becomes a wound of the inner being. I must have done something wrong; I was, after all, the mother. What did I do wrong before, during, after pregnancy?

I surely must have done something to cause this anguish for my child. How could I hide, ignore, remove, deny, or just plain remove this pain?

There have been numerous times when I have asked God to "take this cup" from me, from my child. How could this happen to my child/me/our family? The vast pool of guilt and shame have often been too much to comprehend.

I remember vividly the night I was informed of his inner turmoil, information he had not shared with anyone before. At age sixteen, he had been experimenting with alcohol and other drugs and, at the request of his school, he was to be taken to an adolescent substance abuse facility for an assessment. We were in the car, on the way back from his school, and he said, "Mom, I believe I am a girl in a boy's body. I have felt this way since age eight. I've been using drugs in order to deal with me." I replied, "Oh... well, I like daughters; I could always use another. This also helps me put the pieces together of where some of my makeup, jewelry, and clothing may have disappeared to. How long have you felt this way?"

Well, doesn't that sound nurturing and supportive! The fact of the matter is that on the inside, I was feeling ripped into little pieces. Here I was thinking that the "only" problem I had to face at this moment with this child was chemical abuse and dependency. That concern began to pale in the face of this new bit of information.

Ignorance can truly be bliss, and yet knowledge can set us free. As I drove the car, I somehow didn't feel free as a result of having this new knowledge. Hours before I had been in tears and distraught because I had been informed that my child was being kicked out of school because of chemical abuse and couldn't return until he had been assessed and received treatment. To boot, I was divorced, remarried, enjoying the wrath of a bitter/blaming ex, and my current marriage was filled with enough turmoil to drain my energy.

Staying glued together in my children's presence was a behavior I had perfected quite well. I was good at addressing their needs first, and mine sometime later, or not at all. In this situation, I focused on my child and fell apart later. I was so confused

and afraid. What could I, should I, deal with first?

The next chapter in this story doesn't get any happier. My son went to the hospital and he/we began our first among many "bad trips" with the medical/clinical profession. His assessment at the hospital stated that he was chemically dependent at age sixteen, and yes, he was given psychological tests.

Not surprisingly, the tests indicated issues with gender identity. The sensitive, professional psychologist informed my son that he would just need to live with the situation and "cry himself to sleep." I wasn't informed of this statement until much later. I was told there were sexuality issues that needed to be addressed, but the chemical issues were primary. By the time my son was released, twenty-eight days later, he sure as hell wasn't talking to anyone about this part of himself. So—I didn't, either.

I look back at that time eight years ago with anger, sadness, pain, guilt, and shame. I didn't have the tools or resources to get help for my child, let alone for myself. I also naively relied on "professionals" to help him and myself. In 1984, the field of adolescent chemical abuse treatment was still in its infancy, and misdiagnosis of adolescents who were abusing drugs to cope with mental health issues was common. There was a tendency to believe that the alcohol/drug abuse was primary, rather than secondary. They were certainly not sophisticated enough to deal with gender identity issues. Sober up the kids, get the parents to ToughLove groups, and plug the adolescent into an adult-oriented 12-step program: that was their strategy.

I need to disclose that at the same time these events were transpiring, I was working as a substance abuse counselor in an agency doing adolescent treatment with kids who were coming out of inpatient programs. So, dear reader, I was not any more enlightened than they were on what would have been therapeutic.

What I did know didn't make things better, and what I didn't know, I was too afraid at the time to really delve into more. I experienced a lot of guilt because I didn't do more at that time to learn more about transsexualism. I know today that if I had taken

my child to a psychologist or psychotherapist, the odds of finding one in our geographic area who was well-versed in this subject matter would have been difficult. Add to this scenario my son's age, coupled with the chemical abuse, and there would have been automatically two strikes against him receiving appropriate care.

Emotions and events since 1984 have taken me on a journey I would never have imagined possible. When I held this child in my arms for the first time in the hospital, I, like other parents, began experiencing my hopes and dreams. A history was begun based on the common assumptions of the time for a male child. The bond of mother and child that began even before birth now had a gender and a personality to interact with.

Today I can pleasantly say that there is a light at the end of the tunnel. The pain is less, the guilt almost nonexistent, and shame has been replaced with pride. I am not totally at peace with the past, but I have grown more than I ever thought possible. The opportunities that life offered to me as the mother of this special child have opened up new doors that I could have slammed shut. Instead, I kept the door open even when I was terrified, and as a result of this bravery, I have gained awareness, deepened my compassion, and developed strength and courage.

I have read, met, and talked with numerous people. I have been blessed with excellent friends and a new caring husband. How could I really regret the valleys of this journey when I have been given so many occasions to expand my understanding of life along the path?

What I didn't have during this time was the opportunity to talk to other parents. This has just happened within the last few weeks. I had this need for many years, yet had no avenue to connect. The parent I recently connected with was able to give me comfort and support as well as receiving the same from me.

My goal for writing this article is to reach other parents or family members. There is comfort in talking to others who are experiencing the same thing. The circumstances may be different, but the core emotions are often the same. We don't have to travel this journey alone! ♡

“The Beginning”

by Ellie

It was the end of 1991, and my 34-year-old son and his wife had decided they would separate. This left me totally confused, because I thought that they had a marriage made in heaven. They had appeared so content. And what about Brooke, their lovely six-year-old daughter?

But more was to come. My son, who I will call Steve, telephoned me and asked me to join him for lunch; this was “the beginning.” Over dessert, he told me he was transsexual. I wasn’t even sure what that meant. He explained his feelings to me—how he had suffered throughout his lifetime in the role that society expected from him.

At the time that Steve told me, he had already suffered a nervous breakdown and had been in therapy for almost two years. He had kept everything from me. He and his wife had always been extremely private people, and I had kept my distance, followed their rules, always called before visiting, done whatever was required of me. Now I was hearing what had gone on behind the scenes.

I was a novice at this thing called transsexualism, and was under the impression that the process he would have to undergo would take years, maybe ten or twelve. Much to my surprise, he were already in the process of preparing for surgery, looking towards a November 1992 date. That was less than a year away.

Later, I discussed the situation with his siblings. We decided that maybe Steve’s transsexualism would just go away. After all, surgery was nearly a year away. But as I continued to meet with him, it became clear that it wasn’t going to go away. There were little changes: longer fingernails, longer hair, eye shadow, subtle lipstick, jewelry, earrings, and more feminine clothing. I wasn’t sure of it all, nor of my own feelings.

The months passed, and it was getting more and more difficult for Steve to go into his place of employment. Harassment had become a problem, not only with co-workers, but with management. Everything was growing more and more uncomfortable for me, as well. I wasn’t eating, wasn’t sleeping well, and I couldn’t get my mind clear. It had become impossible to concentrate.

I knew that I loved my child and wanted him happy, but I wasn't sure that I would be able to handle society's reaction to his planned sex reassignment.

Whenever we went out to lunch, people would stare, making me depressed. Steve was even more depressed. He had been in electrolysis and was receiving hormone shots, but his beard was still visible sometimes. Still, he soon felt comfortable enough with me to start wearing skirts and dresses.

Summer was a blur. Samantha (Steve's chosen new name) was more depressed than ever. So many things had to be accomplished. Her divorce. Her name change. Brooke, Samantha's daughter, was in therapy. I went to a counselor and was prescribed anti-anxiety medication. My husband did not understand. I spent hours on the phone with Samantha.

Samantha's 35th birthday was one of her worst ever. She broke down on the job that night. She had resigned a week before that, planning to stay until the end of the month, but she could not stand the harassment.

When Samantha's employment was terminated, her benefits went, too. That meant that her \$100-an-hour therapist would no longer see her, except to speak to her briefly by phone perhaps once a week. There was no salary coming in, and a lot of money was going out.

I tried to get Samantha into inpatient treatment, but every hospital that I called did not understand what to do for her. They wanted to put her in the mens' ward and have her wear mens' clothing. This would have made her totally regress. We were getting absolutely nowhere.

Finally, we found a gender organization, where we were able to contact another transsexual person. She called me back and arranged to have us come to her home one Sunday afternoon. Samantha and I met in a parking lot (because she was not allowed to come to my house), and drove to Christie's house. Christie was very gracious. The next week, she was kind enough to invite Samantha

to a cookout, where she made a few more friends. Things were starting to look up.

Samantha went out and found a part-time job as a woman, making \$100 per week. Three-fourths of that was going for child support. She was living below poverty level. We contacted the EEOC, ACLU, and lawyers. No one could do anything. We were at the bottom of the barrel.

As Samantha was no longer allowed to come to my home, I helped her the best I could with groceries and visits. She had to stay in good health for her November 3 surgery date.

While Samantha's life was getting better, mine was falling apart. I had kept her transsexualism a secret from my family and friends. Finally, I told my brothers and their wives, then gradually a few more people, for I had come to feel that I was living a lie. It was so much easier for me to tell the truth. Still, being honest and straightforward made life a lot harder. I noticed a difference in people. I was viewed in a different light. It is something that cannot be pinpointed, but another parent would know what I mean by this.

The Sunday phone calls from my granddaughter stopped coming. My marriage was under great strain. The family pictures of children and grandchildren disappeared into the attic, for they showed Samantha in her previous incarnation. Family holidays were to be a thing of the past, for the majority of the family did not want to meet Samantha. In fact, all Christmas plans were canceled. Samantha's transsexualism had touched every aspect of my life. Nothing would ever be the same again.

Throughout all this, I was still listening to all of the problems of my friends, being the social wife I was expected to be, dealing with an aging and troublesome mother and a learning disabled grandchild, running our business, and trying to act as if all were fine in my world. The facade was killing me. My heart was being ripped apart. When would it all end? Was I to be a parent forever? My emotions were running wild. Sometimes I would feel such love and compassion for Saman-

tha, and sometimes I would think of what was happening to my life and think she was selfish. Sometimes I would look at her and think, "What kind of life has she had?" I was crying on the inside all the time. One day I would think, "Heck, who cares what people think?" The next, I would panic.

After the emotional summer, we finally left for surgery on November 1. It was the hardest trip that I have ever made, for I left with my son and returned with my daughter. We went alone and the seven hours of waiting was like no other pain that I have ever felt.

I was blessed with two beautiful caring women who grew close to me while we had our hospital stay. They understood my feelings, and they cared for Samantha and for me. I went to church with one lady on Saturday night, and when the organ was playing and we were all singing, tears began to roll uncontrollably down my cheeks. Me, the one who was supposed to be so strong, sobbing in a church filled with strangers! My friend put her arms around me and said, "I love you." They were the most wonderful words in the world to me.

While Samantha lay recuperating, I would watch her sleep and think, "Please, God, let her find the happiness that she has so desired and is entitled to in her life. She must have suffered through so much pain to go through this awful ordeal. Most transsexual people give up everything to get into the right bodies. Why should they be forced to have nothing to live a happy life? This is not right." As she lay sleeping, so serene and peaceful, I prayed that the months of agony were over.

As I watched my child, I relived her birth and the joy I felt when I first held her in my arms. I was 18 years old when I gave birth to her. How proud I was of my beautiful miracle! I started to remember parts of her life that were sad—the loneliness, how hard it was for her to make friends. Slowly, the pieces start to fall into place, and I realized that she really hadn't been happy and that perhaps this was her

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Excerpts From the Dark Side

by Evelyn Stone

I did not stand with the other parents, proudly soaking up the praise others proclaimed of Jennifer's athletic prowess. This time was different. I stood alone. I watched her play in silence, away from the crowd of spectators. I did not want to see the tears as I watched the last game. After twelve years, no one would ever see her father standing on the sidelines again.

When the game was over, I picked up her bag and slung it over my shoulder, just as I had countless other times, and we walked slowly to the car in silence. Nothing ever had to be said between us. She knew I was proud of her and I knew she was grateful for my being there.

Jennifer jumped into the passenger seat of her little red Daytona, fastened her seat belt, and reclined the seat. She usually slept all the way home after a game.

Before I could put the car into gear, Jen grabbed my hand in hers. "Thanks, Dad," she said, and squeezed my hand gently.

I glanced over at the big brown eyes smiling at me and felt a sudden tug beneath my breast. I smiled back and squeezed her hand in response and drove away. The words were not there.

In less than a month, she would be traveling off to college, and I would see even less of her than I did this past year. All of her life, I knew that our time together would be short. I gave her every spare moment of my time and more. I gave her my total attention. I gave her my love. She became the fiber that bound my deceitful life together, enabling me to live the lie longer than I had ever thought possible.

I stifled the cry of agony rising from my throat and choked. The tears poured down my cheeks from under the sunglasses. My heart cried out for God to help me, but the pain was still there. And I drove home in silence, thankful that her eyes were closed.

The price of rebirth was high. In order to be reborn, I first had to die. ☞

rebirth. It is my greatest wish for her—happiness.

Back at home, everyone was going on with their lives. My husband was going hunting, his friends had invited him to dinner, my brother became a grandfather for the first time. No one was really caring about our pain. We were totally alone.

Our trip home was uneventful. We had wheelchairs meet us at all the connections, thanks to our friend Caroline's advice. Samantha was weak and tired from the long flight. I was beginning to feel like a bag lady because I constantly had something slung over my shoulder. Seems all I had been doing for weeks was to carry luggage, eat in cafeterias, and spend long days in the hospital. My body and mind were tired.

Depression set in about the seventh day after our return home—for both of us. Samantha could not sleep. She was crying all night. The friend that I had arranged for her to stay with called me and said that Samantha was going back to her apartment for the night. I feared for her life. She was really depressed, as she had no counseling in three months. Fortunately, my husband had gone hunting again, so I was able to bring her home with me, and we went to an M.D. who got us to a center where she had counseling and medication.

We were really disappointed in my friend when she called and said that Samantha could not come back. Once again, we moved suitcases. It seemed that doors were still being slammed in our face. I called an electrologist and she said she didn't work on transsexuals. I asked her why, and she said that was a personal question. She told me she would call me if she had time. I called her back and said, "Even if you have time, don't call."

Thanksgiving was the worst day of all. Samantha was alone in her apartment. No one was home, just my husband and myself. I brought a platter over to Samantha. That night, I took a sleeping pill and went to bed. If I could take a sleeping pill and sleep from now on, that would make me very happy.

Even now, after our return home, it all boggles the mind. I feel guilt about the whole situation, thinking, "Why did this happen?" Then I look at Samantha and think, "If it had not happened, she would not be alive and sitting here with me now. She did not ask to be born. Children are a gift from God. She did not want this problem. She is my child, and I love her."

What about my marriage? Will it make it? No one will ever know what this can do to a relationship, unless you have been through it. I need love and a strong shoulder to lean on right now. I am tired of having everyone lean on me. I have been the caregiver all my life. I want a little TLC now.

Meeting another parent, a mother who has a transsexual daughter, was such a blessing to me. It meant so much to hold her hands and look into her eyes and know that we shared the same emotions and fears. It meant so much to know that we are normal people and that we don't look any different than anyone else and that we are nice people. This mother and her kind, gentle, softspoken giant of a husband were such an inspiration to me.

Perhaps this was meant to be our role in life. Maybe that is why God sent these special children, so that we could help them. There is always a reason for what He does. Thank you to those two wonderful parents. They know who they are. Thanks also to Caroline Cossey, the beautiful Tula, who called us at the hospital, and once at home. Her words are always a joy. She is truly a wonderful person. She radiates kindness and caring. Thank you, Caroline!

I spoke with the other mother on Thanksgiving Day, and she was having everyone over for dinner, her daughter included. My heart was really hurting. She was kind enough to

call me back the next day to see how I was.

Hearing Christmas songs on the radio and television makes me wish the world would go away. I have no holiday feelings. I don't even want to have a Christmas tree. There will be no more family gatherings, no more children around the tree.

What about my marriage? Will it make it? No one will ever know what this can do to a relationship, unless you have been through it. I need love and a strong shoulder to lean on right now. I am tired of having everyone lean on me. I have been the caregiver all my life. I want a little TLC now. I love my husband and always will, but what happens now remains to be seen. My knight in shining armor seems a little tarnished right now. Hopefully, it will all work out.

I will nurse Samantha through this until she is strong again. Then she will have to make her own future. We have had some long talks and she realizes that she must live her own life. Only she can make her own happiness. One of these days I will no longer be there, should she falter, and she knows that.

We have watched many shows on television about transsexualism, and it is amazing some of the questions that people ask. When are they going to stop exploiting transsexual people? No, we can't have babies. No, we don't know whether we have a sexual preference. Why don't they realize that transsexuals are intelligent human beings with good minds and above such trivial questions about their sexual habits and preferences? Transsexuals are entitled to privacy, just like everyone else. Why don't the talk show hosts address the serious aspects of this dilemma—the pain, how it disrupts lives, jobs, benefits, children's lives? Are the genitals all that matter?

When does all this pain end? Please, God, let Samantha find her way. Please, God, help all the other people in this same situation gain strength from it all. God bless each and every one of you. You are the most courageous people in the world to go through all this. ☪

**Zelda Suplee was the Assistant Director of the Erickson Educational Foundation.*

The Erickson Education Foundation was a major force in transsexualism from the late 1960's until the mid 1970's, sponsoring conferences, serving as an information clearinghouse, and funding research on transsexualism and other exotic subjects. Its founder, Reed Erickson, was a female-to-male transsexual, independently wealthy.

When the Erickson Foundation closed, the mantle of responsibility was passed to the Janus Information Facility, which was managed by Paul Walker. When Janus closed in turn, J2CP Information Services took on the responsibility of educating the public about transsexualism. J2CP was managed by Sister Mary Elizabeth, who is now spending her time running the world's largest free AIDS computer BBS.

ÆGIS has inherited this 20-year legacy, and the Erickson Foundation's original material. We are proud to reprint "Letter From a Mother," one of the most popular Erickson pieces.

Letter From a Mother

Anonymous

Dear Zelda:*

This is a day out of my life different from every other day—following yesterday, which was unique from all the rest. And you played a part in it all—from such a distance, yet I can only say that in your work it is as if you were placing your hand in the hand of God and together you are continuing His work of creating.

What does this mean? It means that yesterday, when I went to the airport to meet my son, his plane arrived on schedule, but I did not see him alight. Instead, a tall and radiantly beautiful girl walked right up to me, the first one off the plane, and said, calling me by name, "Your son will meet you at the car. You are to please come with me right away." She spoke softly, but firmly, and with such a light of brimming-over joy on her face that I felt everything must be all right and followed her. As we approached the parked car, I said, "Where is he?" "There he is," she replied. When I did not see him, she said, "Let's wait in the car. He will come to you." I hesitated. She put her arm around my waist and said very softly, "Don't you know me, Mother? I am your son. I've been here all the time." Still, a mysterious smile was on her lips, and the expression was of a person waiting to give a precious gift, cherishing the moment, reluctant to disclose it all, yet unable to withhold it any longer. My thoughts were confused as I seated her in the front seat, kept firm hold on my keys, and still looked about for my son. "But you are not my son," I said. "I do know he is not so tall." "I have on heels," she said. "Mother, look into my eyes; don't you recognize me?" I laughed. This must be his girl, this radiant creature, playing a little joke on me. "No, I do not recognize you, but I have to say you are the most beautiful girl I have ever seen." She drew herself over to the car window and the eyes and the voice implored me now, "Please, please get into the car." Then I sat down and turned to her, searching in the delicately chiseled young face for my son. "Show me your hands," I asked,

and— yes, there I found the identifying scar. Then, I listened to the music of that gentle voice, and there was something familiar. The eyes were and were not the same. Those long, curly lashes had made a change. But that smile, that glance, that sweet, chuckly amused look. There he was. The same radiant spirit of my precious son I had come to meet. “Didn’t you know, Mother, that I have always wanted to be a girl?”

(Oh, God, I prayed, help me to share his joy! Let me not hurt his moment of giving his new self so honestly to me. My God, my God, what agony for all these years he has undergone— and so manfully. Let me be equal to his moment of joy.) Then I laughed and exclaimed, “How wonderful. Welcome home.”

I sat a moment before starting up the car, just to be certain I was steady. “What a relief,” she said. “Mom, I thought you might faint. I never dreamed I’d fool you. Do you think anybody else will recognize me?” “Impossible,” I said. “If you can fool your mother, you can fool anyone.”

Then we drove home and he began to recount to me the struggles of many years he had been through... and the doctors and the psychiatrists he had been to see to discover why he felt as he did when he was searching for the root of his mystifying feelings. It was such a help, he said, that I had told him only recently how much I admired Jung and his psychology of the self and the idea of the inner and the outer life of the individual. Had I not guessed the nature of his visit, my son asked, after our recent discus-

sion of that article on Jung we had just read?

Home at last, we continued our conversation of the discovery of the self-identity. “But you are not a deviate,” I asserted. “I know you well enough to be certain of that.” “No, I am a psychic hermaphrodite. I was born with the body of a male, but the psyche of a woman, and my deepest wish is to be a woman. Today science has learned that one out of ever so many cases may have the psyche of one sex in the body of the opposite sex. I feel trapped in the wrong body. I have been studied for years. I went to Johns Hopkins and to many top-ranking psychiatrists. As long as my psyche could not be changed to match my natural sex, science is finding ways to adjust the body to match the psyche. I simply am too unhappy as I am to go on living a constructive and productive life. I wish to become a female and then I will be able to realize some of my long-desired goals.”

We discussed at great length the successive steps needed to accomplish this change, and after dinner we both began to relax.

“I hope I didn’t let you down at the airport,” I said. “No,” she replied. “Mother, you were fine!”

And so my precious one has come home— and this was, I told her, the greatest tribute paid to me by anyone, except when my late husband proposed to me. The way ahead will be new, risky, hard at times, yes, but for my precious one, it shall never again be ALONE.

Thanks, dear God, that my offering of my Holy Communion up for the guidance of my son, who I felt was wrestling with something

too complex to handle alone. Thanks to Thee, for You have been giving guidance all along!

Then, dear Zelda, (please forgive this letter if it has become a little disjointed), then he gave me a book and a file of articles and clippings going back to earlier than 1952 on the subject of medical, psychological, and cosmetic aid being given to persons in a similar circumstance. It was in your dear note that I might, if I wished, call you. I have to call you, Zelda, by your first name, for you have been holding the hand of my child and your other hand has been, I feel, in the hand of God.

My husband did explain something to me when he was alive, of the threshold of another sex upon which many persons are born; and how much these individuals suffer and how deeply they deserve our every aid. I believe, had he lived, he would have welcomed this opportunity for my child to release her true self.

Yes, I am crying, Zelda, but they are tears of joy: tears for the miracle of help for a suffering soul. In heaven, Christ said, there is no male or female. His immortal soul is intact. All will be well. I shall be standing by. Will I help? Does a mother’s love ever die? Not if it is directed toward the child.

Thank you, Zelda, and tell the other suffering and confused parents of children and adults in this similar situation to have faith and direct their help and love to promoting this pioneering and godly work in self-discovery.

In gratitude,
A Mother ☪

Prodigal Son

A Tale of Noncommunication & Rejection

by Dallas Denny

My earliest and most vivid memory dates from the early 1950's. I was perhaps four years old. Certainly, it is a remarkable first memory, an exercise in prejudice with a lesson that an ordinary boy child would almost certainly have missed. But then, I wasn't an ordinary boy child.

It was a hot summer day in Asheville, North Carolina, even inside the normally cool interior of the house. We needed provisions, but we had no car. My mother, not wanting to make the long walk to the market, allowed herself a luxury; she called to have the groceries delivered.

A half-hour later, a black gentleman of about sixty-five made his way up the outside wooden steps to the second-floor landing and knocked gently on the screen door of the kitchen. When my mother opened it, he handed her a sack of groceries. Perspiring profusely, he used his shirt sleeve to wipe the sweat away. I now realize that he was Uncle Tomming when he said, "It sho' is a hot day, Miz Denny." My mother allowed that it was. He said, "Yep. Sho' is a hot day. I hates to bother you, but could I trouble you for a cold glass of ice water?"

My mother smiled most pleasantly and fetched a red-handled ice pick and a red-and-yellow jelly glass from the cupboard. We didn't have a refrigerator—one of my other early memories is of the iceman coming in with a block of ice dangling from a great set of tongs—so she opened the icebox and chipped off some slivers of ice and put them in the glass and filled it from the faucet at the sink and took it to him. The man, still standing on the landing, drank it, thanking her effusively. Mother smiled and asked him if he wanted more. He said that he didn't, made his goodbyes, and trudged slowly down the stairs and across the dusty yard to the even more dusty road.

As soon as he was out of sight, my mother, with a look of disgust on her face, looked at the glass in her hand and then stepped onto the porch and threw it as hard as she could. The most vivid part of the memory is that glass, tumbling red-and-yellow, red-and-yellow through the air and rolling to a stop without breaking in the dust of the yard below.

I was dumbfounded, but I knew instinctively why my mother had thrown the glass. I had had no previous experience with prejudice, but her

facial grimaces told the story; she somehow considered the man unclean or inferior. I knew it was because his skin color was not like ours. But it was clear to me that he was in no way inferior; in fact, in their exchange, he had been operating from a position of moral superiority, being pleasant in the face of her obvious condescension. I knew that if I were to chance upon him in the street and tell them about the glass, he would smile sadly, unsurprised. I pictured him, coming back on another hot day with another sack of groceries, standing quietly, looking down in the dust at the glass. I felt his rage and shame, connecting with it in a way that I couldn't connect with my mother's hypocrisy.

I didn't say anything to my mother, for I knew that there was nothing she could possibly say to justify what she had done, and no way I could convince her that what she had done was wrong. I kept my mouth shut and my opinions to myself.

That was a pattern in my family—not dealing with issues. We would discuss our problems, but not in the depth and detail that situations demanded. We were just six people thrown together by happenstance, with very little in common except shared genes. We were tolerant of one another, and even loved one another in the usual familial way, but our only bonds were those of family. Later, after my youngest sister was grown, she and my mother became close in the way that friends do, but with that exception, we acted out our roles mechanically and for the most part politely. It was our imitation of the Ward and June Cleaver / Ozzie and Harriet 1950s nuclear family. It made for a comfortable and secure, if somewhat robotlike, life.

My mother and father took their duty as parents very seriously. They

They Should'a Seen It Comin'



Although my crossdressing was "discovered" when I was about fourteen, early photos clearly show signs of my femininity. I was surprised to find these photos, for I had always thought that I had covered up very well.



worked hard. They kept me and my three siblings fed and warm and safe and tried to instill positive moral values in us, but on autopilot—like for instance by sending us to Sunday school but not bothering to go to church themselves. I received a good public education, and was given money to participate in band and other activities which imposed hardships on my parents, but they never complained. I didn't realize until I was grown just how tight money had been when I was a child. The end-of-the-month suppers of fried bologna or hot dogs that I considered such a treat were actually a desperate attempt by my parents to make ends meet on limited funds. Yet despite the hard times, I wanted for nothing material. I was never hungry or unclothed or unhoused or unloved, and never went without medical attention. When I was eight, and hemorrhaging with German measles, my father swept me into his arms and ran with me through the French village of Beaugency to find a doctor. And every Christmas, under the tree there would be a profusion of wondrous toys my parents couldn't really afford.

Unlike many transgendered persons, I was never abused, either psychologically or physically. When I was small, I would get switched or paddled, but never in anger, and never without deserving it. As I grew older, lectures replaced the hard-backed hairbrush and hickory switch. A lecture was worse than any spanking, as the lesson would be imprinted on my soul rather than my buttocks.

But for all my parents' efforts, they and I had no real communication. I grew up uncomfortable in their house, a mismatch to their 1950s sensibilities. My interests, musical tastes, political views, and aspirations were out of line with theirs. So was my

intelligence. Everyone else was merely bright; I was brilliant. Much of what I said and did was incomprehensible to my family. I was smart enough to realize the importance of talking and acting like everyone else, but I was the bright one, and everyone knew it, even if I did frighten them a bit with my unorthodox political views. My intelligence unfortunately did not translate into money or popularity or good grades at school; it just made of me a stranger. Perhaps that is why I was not the favorite son.

Every child thinks at some time that he or she is an orphan, and I was no exception. When I hit thirteen, I began wondering how my parents, both blue-eyed, had produced a hazel-eyed child. My siblings all had blue eyes, and I should have too, according to a book on genetics I found in the library. Blue eyes were controlled by a single recessive gene, it said. That meant that two brown-eyed parents could have a blue-eyed child, but that two blue-eyed parents could not have a brown-eyed child. It seemed that my suspicions that I was "different" from the rest of the family had a genetic basis.

I don't remember what triggered it—perhaps I mentioned my theory about the eye color—but one day my mother told me that although I was her biological child, I was not my father's. She explained how she had come to conceive me, and how she had borne me at a time when the pregnancy of an unmarried woman was considered scandalous. She told me of her love for a married man, of the stress of her pregnancy, how she had fought to bear me and raise me—it was the first time I heard the word abortion—how she had married my father when I was about three years old, and how he had adopted me shortly thereafter.

It was something she had been holding in for a long, long time. I cried with my mother that day, sharing her pain and shame. And then it was over, and we never talked about it again, except for a brief mention now and again when we were alone together.

We never talked much about my gender issue, either. It manifested at about the same time. For a few months, I would guiltily put on my mother's garments on the rare occasions when I was home alone, but I soon acquired my own rudimentary wardrobe. I would shave my legs and underarms, carefully rinsing the hairs down the drain. I would sit in the living room floor in panties, bra, and slip, applying my makeup with the aid of a hand mirror. The transformation never failed to astonish me. As a boy, I was ordinary-looking, but as a girl, I was just short of beautiful. Or so it seemed to me. I was aching for confirmation, but of course, there was none.

My first feedback came one day when my mother returned early and caught me, fully dressed, standing in front of the mirror in her bedroom. "You don't look like a woman," she hissed. "Take those clothes off this minute!"

Any confidence I might have had was immediately shattered. I took the clothes off and washed my face. That evening, my father threatened to make me walk the five miles to town, dressed, while he followed in the car. I suppose he thought I would look ridiculous, like a boy in drag. But that's not what I looked like. With my delicate features and lack of facial hair, I looked like a fifteen-year-old girl. Or did I? My mother certainly didn't think so. I wondered whether I was deluding myself. Later, when I began venturing out in public, I continued to wonder whether people were seeing me as an attractive young girl or a boy-in-a-dress.

Twenty-five years later, a piece of the puzzle suddenly clicked into place. I was talking to my therapist, telling her that all my adult life my mother had tried to convince me to cut my hair and wear a suit. "Dallas," she would say (my name has always been Dallas). "You look so good in a suit. And men are wearing their hair shorter these days. You would be so handsome." My therapist looked at me strangely and said, "She told you that because she knew you weren't really a man. She wanted you to do the things that would mean to her that you were a man."

Another piece of the puzzle fell into place about three years after that. I awoke one morning, about a year ago, with the sudden realization that my mother had said, "You don't look like a woman." She had not said girl—she had said woman. "You don't look like a woman." She had not seen a crossdressed boy, or even a girl. She had seen a woman, and not only a woman, but one younger and more attractive than her. Her own femininity had been threatened, and by her born-out-of-wedlock son, no less! No wonder she had trouble handling it!

We never discussed my gender issue—why I felt the need to dress in women's clothes, how we were going to deal with this complication in our lives, whether I was going to do it again. Obviously, my parent were communicating with each other, for they took me to a psychologist to talk about my crossdressing issue, and to Walter Reed Hospital to have my genitals examined. My private parts, although on the small side, were normal—no doubt to the relief of my parents—and the psychologist reported that my crossdressing was just something I was going through as part of adolescence. I had managed to convince him of that by lying desperately.

I wanted to tell him, to scream out the truth. but I sensed that telling the truth, or letting him guess the truth—which was that I wanted to be a girl more than anything in the world—would have been very dangerous to me.

One morning my mother asked me, point-blank (with no warm-up), if I was planning to have a sex change. I knew that such things were possible, but I had heard on the radio that there was only one treatment center, at Johns Hopkins, which took only two cases a month. Surely, those accepted would have ambiguous genitalia, be living as a member of the other sex already, or have wealthy parents. What chance did I have of getting treatment? “No,” I told her. “I don’t want to change my sex.” And that was the end of that conversation. And yet that night, I prayed on the first star I saw that I might become a girl.

In these days in which nearly every family is termed dysfunctional, I won’t say that my family was. But we weren’t the perfect family, either. We were a self-sufficient little unit with limited coping skills and limited communication, a family that never went to the mat with its issues. We discussed them to a point, and no further. After that they were just swept under a rug in the hopes that they would go away.

My gender issue didn’t go away, of course, although I pretended along with the rest of the family that it had. Eventually, I was unwilling to pretend any longer. One evening in 1989, while I was talking on the phone long-distance to my mother, she once again asked if I planned to have sex reassignment (I had provided her with cues enough for her to guess it). I told her I did.

She said, in a sorrowful voice, “Dallas. I didn’t have a little girl. I had a little boy.”

I’ve wished many times since then that I thought quicker on my feet. I should have said, “Mother, you had me” (It was the truth). But I didn’t. I said nothing, and that was the last time I hear my mother’s voice. That was more than five years ago.

Throughout those years, I’ve written regularly, even though I received a request from my mother via

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my sister asking me to have no contact. I’ve honored my parents’ request not to call or visit. I’ve seen my sister Donna once, for perhaps fifteen minutes (that was in 1991), and I’ve spoken on the phone with my brother and his wife several times, and my other sister, Tanya, twice—both times when she was in crisis. That’s it for the bosom of my family.

My mother has written twice, once to say that I would never be a woman and that any doctor who would take a knife to me should be killed, and once, several years after that, to say that it would be OK to write, so long as I did not send pictures or discuss my transsexualism. Gee, thanks, Mom. How—how *motherly*.

I’m in my mid-forties, and my parents are in their seventies. I live with the certain knowledge that I will one day get a telephone call or a letter from my brother or one of my sisters, or perhaps a cousin or aunt, saying that one or both of my parents are dead. What hurts is that I know that by the time I get the news, whoever

has died will be safely interred; the delay will be purposeful, to ensure that I won’t embarrass anybody by showing up at the funeral. I don’t assume they’ll do it; I know they’ll do it. I already hate them for it.

I was far from a perfect child. I was willful and at times cruel, petty, and inconsiderate. I was rebellious during my teen years. But I had my

good points, as well. I was just a human being growing up, trying to conform with the rigidly defined lifestyle of my parents, with its taboos on dress and behavior, trying to understand who I was while living day to day with those strangers who had been assigned to me, my family, and trying to put on an act that would convince me as well as those I loved that I was male. When I made a mistake, when I did something wrong, when I was difficult to understand and deal with, I was still part of the family. But the moment I showed my true face, the person I really was, I was excluded, expelled from the family.

If I had murdered someone, I would have been disgraced, but still part of the family. But for being true to myself, for finally daring to live my own life—I believe they call it growing up—I was excised, like a cyst.

What hurts about the rejection is that it came without discussion. Certainly, I had figured out what I wanted to do with my body and with my life, and would probably have gone forward with my plan for sex

reassignment despite anything that might have been said, but I would have liked at least a hearing, a chance, after all those years of silence, to explain what I felt and why I was making the decisions I was making. But I wasn't allowed contact, even though I was still in the male role. I never got a chance to break the silence.

Rejection after discussion would have been understandable, even if unacceptable; rejection without discussion is unthinkable. Even after five years, I still have trouble believing that I have been so heartlessly and thoroughly cut out of my family.

My mother has always been the dominant force in the family. When she wanted a new car, we got one. My father would grow depressed and angry at the thought of working to pay notes on a car he hadn't wanted, but he would accede to her demands. When he wanted to take a job in a national park in Wyoming and everyone but Mother wanted to go, we stayed in Tennessee.

My mother is still the boss. When, if ever, she is ready to accept me, warts and all, the rest of my family will begin to come around. But until then, I have no family. There are just some people I never really knew who sometimes send me birthday and Christmas presents.

I've no doubt the family cares for me in its own fashion, but it isn't a warts-and-all kind of love. It's a conditional love—and aren't families supposed to love unconditionally? It's as if my family's need for me to be what they wanted me to be was more important to them than who I really was. In fact, I think that's the crux of the matter: their love is selfish, something which suits their purpose and has very little to do with genuine affection. That, I now realize with sadness, was what my family was, and

remains: a group of people who cared for and adhered to each other because they thought they were supposed to. So long as no one rocked the boat, the family could cling to its mutual illusions. But once I stepped outside the norm, once I stopped pretending to be one of the Dennys and dared to be myself, that was it. It was easier to remove me completely from the family than to give up their illusions.

My feelings about the rejection have ranged from bewilderment to sorrow to anger, but the overriding emotion, the one which came first and which has lasted longest, is disappointment. It reinforces my belief that my family was just an assortment of people I drew by chance, like one draws a roommate in a college dorm. My family is made up of imperfect human beings, unable to love unconditionally, unable to rise to a challenge, unable to communicate. I'm sad for them, for I gave them a wonderful challenge, and they have failed to deal with it in a mature manner.

My mother, I'm afraid, will always be the sort of person who will smilingly give someone a drink of water and then throw away the glass. She has cast me away like a red-and-yellow jelly glass because the script of my life surpasses her understanding and her ability to love.

It makes me sad that my family, that group of people who never communicated, do not know me any longer. By cutting me out of their lives, they cut themselves out of mine, and they miss out on my many triumphs and achievements. But I know that their acceptance is not something I can influence. It can come only from them. Perhaps one day my family will, like me, grow up—or at least start communicating.

I hope so. ☞

*Reprinted from The Femme Forum, 8/94.
Excerpts from "Unconditional Love and Communication."*

How to Love Unconditionally

by Dr. Peggy Rudd

The first thing we must do is identify what it is in our past that prohibits us from loving the other person despite their actions. Remember, our minds can be re-programmed. We must be willing to do it. Love opens up our options. We can choose to replace anxiety with hope, fear with confidence, and resentment with forgiveness.

The second thing we can do is replace the "me" vs. "you" behavior. A love relationship is not a contest, nor is it a power play.

Third, we need to know that it is futile to try to control another individual. What we have absolute power to control is our reaction to the other person. Once the reaction is under control, we are ready to communicate.

Fourth, we calmly communicate our thoughts about the situation. In the communication avoid the word "like." "I feel like you don't care about me. I feel like you are doing this to hurt me." Rather, identify the feeling of the emotion. "I feel lonely when I think about what you are doing."

Fifth, love yourself, too. One prerequisite for unconditional love is self-love. Unconditional love applies to you, also. Love yourself regardless, but love yourself enough to look into your heart and constantly remodel what you see there. Become aware of your needs and learn to communicate these with "no strings attached."

Sixth, forget about someone else making you happy. Happiness is found within you, and not from the person you love. That person can add to happiness you feel, or it can add to a joy you already feel, but it cannot be the exclusive source of happiness.

Seventh, practice consistent, open, mutual communication of feelings.

Eighth, be willing to take some risks as you communicate. Go into the discussion with the awareness that the other person may disagree with you, or even judge you. ☞

Table 1. Sibling Position of Respondents Compared to National Sample

<i>Position</i>	<i>Survey Subjects</i> (N=85)	<i>National Sample*</i> (N=26,963)
Eldest child with younger sibling(s)	40%	24%
Only child	19	7
Other	41	69
TOTAL	100%	100%

$p < .0001$ *J. Blake, *Family Size and Achievement* (1989), pp. 18-20.

Table 2. Respondents' Perceptions of Parental Relationships During Childhood (n=85)

<i>Quality of Relationship</i>	<i>With Mother</i>	<i>With Father</i>
Very Positive	45%	12%
Fairly Positive	31	20
Neutral	10	31
Fairly Negative	10	20
Very Negative	4	17
TOTAL	100	100

$p = < .01$

Table 3. Respondents' Perceptions of Parental Relationships During Childhood (n=85)

	<i>Quality of Reported Relationship with Mother</i>	
	<i>Sample (N=85)</i>	<i>Comparison Group (N=44)</i>
Very Positive	45%	71%
Fairly Positive	31	25
Neutral	10	2
Fairly Negative	10	0
Very Negative	4	2
TOTAL	100%	100%

$t = 3.507, p = .0003$

Table 4. Respondents' Emotional Reactions to Childhood Crossdressing (n=67)

<i>Category of Reaction</i>	<i>Percent Reporting</i>
Positive	55%
Ambivalent	19
Neutral	12
Negative	14
TOTAL	100

Table 5. Respondents' Assessment of the Major Influence on Their Crossdressing (n=85)

<i>Category</i>	<i>Percent</i>
Family dynamics/environment/gender envy	27%
Sensuality or erotic appeal of feminine items	22
Genetic or internal factors	21
Affective factors (happiness, attention, excitement)	6
Other	7
Don't know	17
TOTAL	100

Table 6. Sexual Preference of Respondents (n=80)

<i>Sexual Preference</i>	<i>Self-identification</i>			<i>Total</i>
	<i>TV</i>	<i>TV/TS</i>	<i>TS</i>	
Heterosexual (n=52)	75%	17	8	100%
Bisexual (n=25)	56%	24	20	100%
Homosexual (n=3)	0%	0	100	100%

$p < .001$

The Childhood & Family Dynamics of Male Crossdressers

by R. Scott, Ph.D.

As a crossdresser, I have long been interested in the phenomenon of transvestism. Though there is a moderate but growing literature on the subject, few if any studies have focused primarily on the early childhood experiences of men who crossdress as adults. This article summarizes the results of a research sample survey which I conducted among some one hundred individuals with listings in issue number 59 of *Tapestry* magazine.

Basic Characteristics. The survey respondents are basically middle-age males, with an average age of 47 years. The majority, 65 percent, classify themselves as transvestites (crossdressers); some 19 percent consider themselves to be transgendered or borderline transvestite/transsexuals; and the remaining 16 percent identify themselves as transsexuals. The majority of the respondents report their sexual orientation as heterosexual, with 64 percent so classifying themselves. An additional 32 percent identify themselves as bisexual and the remaining four percent as homosexual.

Sibling Position and Family Characteristics. One is immediately struck by the very large proportion of individuals who are firstborns, only children, or first sons. As Table 1 on p. 28 indicates, fully 74 percent—nearly three quarters of the respondents—fall into one of these three categories. What is significant here is the potential for direct and continuing exposure to maternal, feminine influences and to the psychological and emotional presence of female family figures without the intervening influence of an older male sibling. Further, this pattern differs substantially from males in the U.S. population as a whole, as shown in the table on page 28.

Equally striking is the great contrast between the reported quality of the relationship of these boys to their fathers as opposed to that with their mothers. Along a continuum of a very weak or negative relationship to a very strong or positive relationship, the mothers rank very high and the fathers generally quite low. Table 2 contrasts the respondents' assessment of these childhood relationships. Fully 86 percent of the sample report a neutral to very *positive* childhood association with their mothers, while 68 percent report a neutral to very negative relationship with their fathers. Thus a substantial majority of respondents not only had a close proximity to female influences and role models by virtue of their sibling position in their family but

also a generally distant, negative or problematic relationship with their fathers.

The quality of the relationship with the mother varies significantly from a comparison group of non-crossdressing men, as seen in Table 3.

Early Crossdressing Experiences. Respondents were asked to describe their first encounter with crossdressing they could recall and their age at the time. Nearly all the sample members (97 percent) reported that their first experience took place before puberty (which occurs generally around the age of 13); and one-half reported an initial exposure to some form of crossdressing by the age of seven.

The type and extent of these initial experiences varied considerably. Some were fleeting and partial, such as having one's nails polished or hair tied in ribbons by the mother, or trying on a mother's or sister's shoes, slip or panties in secret. Others involved being completely dressed by a mother, sister, or other female family member, often accompanied by wearing long hair styled as a girl's. (Indeed, a few of the sample reported being dressed more often as a girl than as a boy until beginning school, usually at age 6.)

Secret and Open Patterns. For those in the sample who crossdressed as children, the majority, 78 percent, did so in secret. Although some of these boys were "initiated" into crossdressing by women (like the painting of nails by a mother or playing "dress-up" with a sister, girl playmates or a babysitter), family members were unaware of the respondents' crossdressing activities. These individuals make up the "secret" group. However, 22 percent of the sample members—those who comprise the "open" group—reported that their crossdressing was initiated early and openly encouraged by a mother, grandmother, sister or other female family member. Over half of this open group were frequently dressed as girls at home during the day (when the father was not present) and often taken out in public crossdressed for

shopping or social visits. Nearly half (44 percent) of the open group had long hair as young boys and wore it in feminine styles while crossdressed. Most of them had their long hair cut by age 6, usually at the father's initiative.

The Attraction of Feminine Clothes. The great majority of the sample respondents, 78 percent, reported that certain items of clothing had been especially attractive to them as children. In general, this attraction seems to be related to those items associated with their first recalled crossdressing experiences. For example, those who first tried on slips or panties retained a special affinity for these items later on. As might be expected, various items of underwear (the quintessential feminine garb) led the list of especially attractive feminine items.

Reactions to Childhood Crossdressing. The sample members were asked to describe their recollection of their feelings about being crossdressed as children. As Table 4 indicates, the majority reported positive emotions associated with their crossdressing: It brought enjoyment and happiness. A much smaller group reported negative feelings: They felt guilty, ashamed, even "crazy." Others expressed ambivalence: They enjoyed it but also felt strange or guilty. A last group (most of whom identify as transsexuals) reported no particular feelings associated with crossdressing.

Reasons for Crossdressing. There is considerable ongoing debate as to the factors or experiences which lead to crossdressing in adult men. One explanation (the argument from "nature") suggests that genetic factors such as hormonal imbalances, chromosomal patterns, or perhaps a genetic predisposition, play a role. The popularity of this view with regard to transvestism, however, is waning in light of recent medical research. Another explanation stresses the importance of environmental, family and social learning factors (the "nurture" argument).

Members of the sample were asked, in an open-ended question,

what they thought was the main factor which had influenced their crossdressing. As Table 5 indicates, most members of the sample attributed their crossdressing to environmental or external factors such as family dynamics. These dynamics include, for example, the dominant role of the mother, the remoteness of the father, or being surrounded by female extended family members; envy of or a special attraction to women in general, i.e., "gender envy;" the sensuality or eroticism provided by wearing female clothing; and the attention and happiness (affective factors) experienced while being crossdressed. Relatively few attribute their crossdressing to internal or genetic factors such as feeling they were men trapped in a woman's body or that "I was born with it."

These interpretations are consistent with the proportion of transvestites and transsexuals in the sample. Transvestites, who are largely heterosexual in preference, find stimulation, eroticism, and often anxiety reduction in dressing as women. Transsexuals feel that their gender is actually female and rarely derive sensual pleasure from crossdressing; it is a "normal," appropriate behavior. This is borne out in Table 6, which compares the respondents self-identification and their sexual preference. The majority of both heterosexuals and bisexuals identify themselves as transvestites, whereas all of the homosexuals identify themselves as transsexuals. The category "TV/TS" includes those identifying themselves as marginal TVs, a middle ground between transvestite and transsexual.

In interpreting these relationships, it is helpful to refer to the work by Richard Docter, *Transvestites and Transsexuals: Toward a Theory of Cross-Gender Behavior* (New York: Plenum Press, 1988). Docter's developmental model suggests two basic types of transsexualism—primary and secondary, a distinction accepted by most scholars in the field. Primary transsexualism has its roots in homosexual preference, whereas secondary transsexualism is seen as a developmental stage among those with a pri-

marily heterosexual (or possibly bisexual) orientation.

Docter suggests that a large number of young boys are exposed to factors which lead to attraction to women's clothing, but most of them do not become crossdressers. However, those who *do* begin crossdressing encounter a unique set of social learning experiences and re-enforcements and develop fetishistic, partial crossdressing during ages 8 to 18 or so. Many of these partial, fetishistic crossdressers go on later to crossdress completely and to develop a "feminine self," i.e., a cross-gender identity. Most are able to integrate their "feminine self" into their personalities and become fetishistic transvestites (the majority of our sample). Some, however, for a series of complex reasons not yet understood, have greater difficulty integrating their feminine self and become what Docter describes as "marginal" transvestites or transgendered individuals. These men may live occasionally (or for extended periods of time) as females, experiment with female hormones, and frequently experience gender dysphoria (dissatisfaction with their male gender). Of this latter group, some eventually become secondary transsexuals and may later seek sexual reassignment surgery.

Though Docter's developmental model is not universally accepted, it does provide a context within which to interpret the data from the sample group. We note, for example, that all those who express a homosexual preference in Table 6 identify themselves as transsexuals (they are the primary TS type). Those individuals who identify as heterosexual or bisexual and also as TS form the secondary transsexual group. Put another way, as the identity of the sample group moves from transvestite to borderline TV/TS to transsexual, there is an increasing tendency to identify as bisexual or homosexual and a decreasing tendency to identify as heterosexual.

There are some interesting and statistically significant relationships between one's self-identification and his perception of the quality of his childhood relationships with his par-

ents. In general, the stronger and more positive the childhood relationship with the mother, the greater the tendency for the respondent to identify as a transvestite; the weaker or more negative the relationship with the mother, the greater the tendency to identify as transsexual.

General Observations. One is struck by the proportion of the respondents in the overt group (nearly a quarter of the overall sample), who were crossdressed as children by their mothers or other female family members and presented to the world as young girls. During the time most of the men in the sample were growing up, mainly during the 1940s and 1950s, the classic nuclear family model reigned—a working father and a mother/housewife at home with the children. Divorce was rare. One can speculate that some of these mothers may have been compensating for their disappointment at having had a boy rather than a girl and the solution was simply to turn the male child into a girl, at least for a while. Or perhaps their disappointment in their relationship with their spouse led them to transfer their need for intimacy and affection to their sons—overpowering them with their femininity. These pressures, as well as the remoteness from their father reported by so many of these men, may have stacked the cards, as it were, in favor of the feminine.

The findings of this study, combined with those of others, may help us better to understand the familial seed bed from which transvestism may flower. Beginning with birth order, one can speculate that those boys who are the first male child may be more at risk for the development of transvestic behavior than those lower down in the sibling hierarchy. Another contributing factor is likely a much closer relationship with the mother than with the father, a phenomenon identified in this and most other non-clinical studies where the quality of parental relationships has been measured. Yet another may be the existence of a parental pattern where the father is perceived as ranking higher than normal on the "feminine" characteristics

of dependency and affiliation, as several researchers have found.

To this constellation may be added a strong, perhaps overwhelming attachment to a first son by certain mothers. Here the psychodynamic work of Robert Stoller on transsexualism and gender disorders is especially relevant. Young boys, in contrast to young girls, must struggle to separate from the early symbiosis with the mother to establish their gender identity. Identification as a male, as being of the opposite sex from the mother, requires individuation and separation from her. "Depending on how and at what pace a mother allows her son to separate, this phase of merging with her will leave residual effects that may be expressed as disturbances in masculinity" (*Presentations of Gender*, 1986, p.16).

Stoller found that mothers of transsexuals became passionately involved with their sons, merging with them intensively—too intensively to allow for normal individuation. The core gender identity of the transsexual, developed in the first year of so of life, remains female. An "excessively close and gratifying mother-infant symbiosis, undisturbed by father's presence, prevents a boy from adequately separating himself psychologically from his mother's female body and feminine behavior. The hypothesis predicts that the more intense these family dynamics, the more feminine the boy will be" (*Ibid.* p. 25).

Though Stoller's analysis is not without its critics, it suggests that transsexuals may represent the far end of a continuum of disturbances in the process of a boy's normal gender development. Granted that a number of other factors, such as those outlined by Docter, likely guide the later stages of this development, perhaps nuclear transvestites, marginal transvestites, and transsexuals are not so much discrete syndromes but rather occupy clusters of behavior on a differentiated continuum from "normal" gender identity development at the one pole to transsexualism at the other.

Concluded on page 34

Bubble-Flight

by C.T. Pridgen

My idea is bubbles blown of soap—
micro thin spheres of elastic boundary
vulnerable to contact and swirled with refractive
rainbow color,
floating on air puffs,
up or down drafts of child's play.
How bubble-like are the perceptions of our life-meanings and
the realities of those near by
or—far removed.
Encapsulated in a thin sheathed boundary where we live out
realities of personal existence and
off of which we bounce our thoughts and feelings—
the questions we raise and the answers we crave,
our hopes and our fears;
the pleasures played and the pains endured,
our joys and our sorrows;
And all that which makes us divinely human:
earth and sky,
mother and father,
her and him,
us and them and even we,
and ultimately I/Thou—
The Sacred Self,
Creature/Creator and Co-Creators we,
The Holy See of All Souls
in fanciful bubbled flight.
Why must our bubbles pop?
I can only see you though the wall of my bubble,
and beyond the space between us—that of yours.
So you see me if you care or will to notice,
and from my view in process reversed.
We may drift by each other through some frame of time
and note bounces on the breeze,
bubble-flex reactions,
and flows of light-bent pigments.
So we notice each the other though our bubbles' membranes;
compressions and expansions,
thick and thin,
wiggles and wabbles,
undulating shapes of heaving orbs,
and always, ALWAYS, at rupture's risk.
Although most often—too often I now know well—
we content ourselves with the perceived intersections of
fluid colorations,

filters of my reality distorted by yours,
looking through the concavity of my globe,
though your convexities.

The sight seeming too bizarre we laugh or cry,
turning quietly to secret's place,
or screaming into flight—
all for fright's sake.
On such affections we care or will to cease our notice.
At best an imagined caress,
and the worst a call to combat.
Do bubble mirrors truth well tell?
What do such motioned pictures betray?
Do we dare allow the bump?
the impact of our perceptions?
When may our bubbles touch?
Given a river of air the bubbles fly from their source of
Life's Fluid.
Some fall heavy and burst upon self-seen bottoms.
Others move out fast if not furious and vanish,
vaporized on the firmaments of anticipation.
(Some of these giving in-flight birth to a spray of tiny
fragment bubbles who fly like sprites!)
Still others gracefully drift,
and sometimes, *SOMETIMES*, risk touching.
They may repel intact with shimmering shivers,
weaker ones do shatter and fall away.
And yet, still others become attached,
double-bubbles —?— one boundary
a singular flat bubble pane between.
(I have seen even such attachment in groups,
multi-bubbles with geometric dynamic!)
At splendid risk these bubbles' occupants may transcend the
one thin wall constituting one bubble;
the melding of perceptual experience with
acceptance and trust,
compassion and justice,
Wisdom's unconditional love and
Truth that timeless meaning makes.
So tell me why do bubbles pop?
And not simply content ourselves to bathe together in
Life's Fluid?
Why fly at all and,
if we must or are so imaged,
by what or whose wind,
and where,
and how often—

SHALL WE TOUCH IN BUBBLE-FLIGHT?

The following first appeared in The Sweetheart Connection, Spring, 1994.

A Woman's Perspective

An Open Letter to the Gender Community

by Julie Freeman

I have been a member of the gender community for almost five years. Before that I had little if any knowledge of transvestism or transsexualism. My husband, like so many, found as he was approaching his mid-40s that he could no longer keep his crossdressing a secret from me. So, one day several years ago, he took me aside and explained his "secret" to me and why he had to come forward.

I was startled, bewildered, and confused, as any wife might be, to learn about this behavior for the first time. We talked a lot, and as time went on, I became accepting. I was very concerned in the beginning that our children might react badly, and I definitely did not want our employers, neighbors, or relatives to know. He agreed, being just as concerned as I was with security and privacy.

We did, however, think it best for our children to know. Since they were both young adults at the time, it was not hard for us to agree. We told them and they were somewhat accepting. They prefer NOT to see their father when he is crossdressed, although they respect his right to do so.

We became very active in local support groups, and have met many wonderful people: crossdressers, their significant others, and helping professionals. I thought that perhaps crossdressing would become a very positive force in our lives, if it were kept in the proper perspective.

BUT, over time, I noticed my husband was NOT happy in just crossdressing on occasion, and going to various events— parties, educational seminars, and holidays. He wanted more— outreach became very important. That was not really an issue with me, as I certainly agreed with the need to educate society.

BUT, he also wanted electrolysis, hormones, and possibly implants. Even the dreaded phrase "sex reassignment surgery" reared its ugly head in our home (*Perhaps SRS is "ugly" in this context, but there's nothing wrong with it. I know. I had it! —Ed.*). I was getting nervous, and even scared, as he talked more and more about wanting to become a woman.

Behind my back, so to speak, he started electrolysis. I was shocked but he said he wouldn't do anything else without my knowledge and permission. But I had not expected him to start electrolysis without permission, so I was, and still am to a degree, not totally secure with this promise.

Things went along sort of status quo. A lot of talk about becoming a woman, but no further action. About this time in our lives, we started to see a lot of sex

changes. Individuals recently members of our support group were suddenly off to Colorado or Belgium. Wives were coming to my significant other's support group crying that their husbands were now taking hormones.

We saw some divorces and many broken relationships. We were beginning to see a real division in the TV/TS community. Those who considered themselves open-minded were very accepting of this trend towards sex reassignment surgery, or at least very positive and accepting of those individuals who made those decisions, regardless of the families left behind. We saw others who were becoming alarmed and disturbed at this trend.

I was in limbo! I had tried so hard to be open-minded in the beginning. I have always considered myself tolerant, and I bent over backwards to treat all members in our support group with consideration and dignity. But I was seeing some rapid deterioration in the family support system, and I was faced with my open prospect of deterioration at home.

So, he has backed off considerably. He no longer talks of SRS, but does speak wistfully of hormones and implants. But with the recent scientific findings of problems with implants and hormones, he is in no real hurry to venture down the obstacle-ridden path.

So why am I writing this? I am writing because I do not know what the future holds for us. I do not know when and if my husband will decide that more is better. I need answers. Does someone like my husband, who has lived a heterosexual lifestyle with wife, family, and job for almost 30 years need a sex change to make him happy? I don't know. But I do know that for us to maintain the strong marital relationship we have today, SRS can have no place.

I am speaking out because I believe there are many of us—wives who love our husbands dearly, and who are accepting of their crossdressing but do not want to see our husbands pursue a direction in their lives which may lead to heartache and sadness for us all. ♀♀

Crossdressers (Continued from p. 31)

Support for this notion is suggested by the data. Note that the comparison group reported a more positive relationship with their mothers than any sub-group of the sample. Among the sample subjects, the relative strength of the (already rather remote) paternal role is not significantly associated with the members' self identification, but the relative strength of the relationship with the mother is quite significant. As one moves from nuclear through marginal transvestites to the transsexuals, the mean rating of the relationship with the mother significantly decreases. One interpretation of this trend is that the subjects' evaluations reflect increasing degrees of difficulty in their individuation from the mother. Such individuation is easiest for the comparison group, whose strong paternal relationships facilitate a less troubled individuation from maternal influences. Separation from the maternal image evidently becomes increasingly difficult for the nuclear and marginal transvestites and most problematic of all for the transsexuals.

Finally, it is possible that there may be a greater-than-average frequency of narcissistic personality disorder among these mothers. They drew their first sons into its vortex and made it difficult for them to individuate normally—especially when paternal influence was weak and remote. Where this pattern was coupled with a perturbed spousal relationship, the son may have been "triangled" into it in an attempt to assuage the resultant anxiety. This interpretation, at least, offers the prospect of integrating the findings of this study and several of the other non-clinical studies reviewed above with the insights of a psychodynamic approach. ♀♀

P.O. Box (Continued from p. 8)

(more concisely, autocastration) is seen as a means to the end of limiting testosterone production in the absence of exogenously supplied estrogens.

I applaud your efforts to secure approval for at least some treatment for transsexual inmates in the Colorado Department of Corrections. This is a difficult issue for inmates and systems alike. I am interesting in your thoughts and clarifications on this matter.

*George R. Brown, M.D.
Director of Psychiatric Research
Department of Psychiatry
Mountain Home VAMC
Clinical Associate Professor of Psychiatry
East Tennessee State University*

*In issue #6 of CQ, we mentioned charges by Michelle Hunt, R.N. that Washington's Ingersoll Center had plagiarized her work in their booklet, *The Brussels Experience*. Robyn Ellis of Ingersoll promised to investigate.*

*We've not heard the result of Ingersoll's investigation, but we did, we think, solve the puzzle. It happened fortuitously. Someone donated materials to the National Transgender Library & Archive which included Michelle's brochures. We compared them to *The Brussels Experience*, and it was obvious that they were two completely different sets of materials. The materials looked familiar, however, and upon further investigation we discovered that they were almost identical to those sent us by Dr. Michel Seghers, the surgeon with whom Michelle once worked. We believe that Michelle may have mistaken these materials, which she indeed authored, with *The Brussels Experience*. But once thing is certain—Ingersoll has **not** plagiarized Michelle's work. ♀♀*

Fran Springfield is the Executive Director of Gender Dysphoria Trust International, which is a charitable company based in England. She is the only Nurse Gender Counselor in the UK. Fran is a member of the AEGIS Interdisciplinary Board of Advisors.

Loving a Transsexual Woman

A Lesbian Perspective

by Fran Springfield

I write this article as an “out” dyke who could definitely be described as more butch than femme. On the rare occasions that I am wearing a skirt, my co-directors at Gender Dysphoria Trust International refer to me as being cross-dressed!

My first contact with the gender community happened over five years ago through a UK national lesbian organization called Kenric. I had been attending the local group for some months when I was introduced to another member who also happened to be a nurse like myself. We got on very well, and eventually our friendship progressed towards the bedroom. However, every time we started to make love, whilst she was very happy for me to touch her breasts, she would never undress below the waist, and if I tried to touch her genitally, my hand was very gently but firmly pushed away. She appeared to react almost like a woman who had been sexually abused. In my naivete and innocence I presumed that was why she behaved as she did. I was gentle and understanding with her, but nothing could have prepared me for the shock of being told, amidst many tears, that she had male genitalia.

Whilst my initial reaction, because of her distress, was to be as sympathetic and as understanding as I could be, the news that this woman imparted took me completely aback. I locked myself in her bedroom and cried. I felt so confused. After a number of years of struggle because of the repressive religious atmosphere that I was raised in, and by a violent marriage, I believed that I had come to terms with my own sexuality as a lesbian. I was secure in my own identity. I was proud to be woman-identified, and now the woman that I had come to care for had told me that she was not so much of a woman as I had thought she was. All of a sudden my own identity was in question. Did this make me bisexual? After my own traumas and eventual acceptance of my lesbianism, was I really straight after all? This was then complicated further because I was asked by my then lover not to talk to anyone in our lesbian groups about her status, as disclosure would mean expulsion for her. Whilst the group nationally accepted post-op to female transsexuals as members, this

*Fran raises issues of transsexual inclusion which have been hotly discussed in the pages of **TransSisters** and other transgender magazines. Must one have surgery to be “complete?” Should presence or absence of a penis in a transsexual woman dictate where she is and is not welcome? Many people think it should; many others think it shouldn't. We fall in the latter category, for this reason: it is not penises and vaginas that make men and women, but the ways in which people live their lives.*

*We'll be looking at this issue in depth in the next issue of **AEGIS News**, our newsletter*

did not include pre-ops. All of a sudden I was very isolated, and did not have anyone other than her to talk to about an issue that seemed to engulf my life. Whilst she willingly spent hours explaining and talking about her life and transsexuality, and I discovered a lot more that helped me to understand her situation and come to terms with the fact that I was still a lesbian, I still felt very much alone. Eventually, through her I met others within the gender community (which was the other part of her life), and I began to understand even more. At least I could talk to other transsexuals about the subject in general!

As with anything that I come across that has a profound impact upon me, I began to study the subject seriously, which has led me to the career that I now have, and the work I do for GDTI— something, I hasten to say, I thoroughly enjoy.

My relationship with the woman concerned ended almost one year after it began— for a variety of reasons, but for me the most important one was that I could not cope with the deceit involved in her life-style. She had lesbian friends who knew her as a divorced mother with children; there were people within the gender community who knew her as being post-op; and others were aware that she was still pre-op. She had also given me to understand that she had a degree of genital intersexuality, which I subsequently discovered was totally untrue. If only she had been honest with me, I would not have thought any less of her, and of course the trust I had in her went completely when I found out she had lied to me. As someone who is basically honest and up front, all of this was anathema to me. I'm a very bad liar, and I'm certainly not good at being "economical with the truth" to one person one day, but being able to be honest with someone else the next day. Apart from anything else, it involved basing my own life on denial, something I had been struggling to get away from!

Nevertheless, I must say that I could understand how this woman had maneuvered herself into the com-

plicated position that she was in. Despite the fact that for me it was too unreal, I could cope with the fact that she was a preoperative transsexual. I had no difficulties accepting her as a woman and a lesbian, but I was unwilling to deal with the consequences of being embroiled in the web of deceit that being with this woman involved.

Good comes out of all our experiences in life. This one led me to start a support group for the partners

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of transsexuals. It also meant that as I began to counsel transsexuals as they went through transition I was able to use my own background to explain to them my belief in the necessity of being honest with partners. Indeed, I have taken too many calls on the GDTI phone line from distressed transsexuals at all stages, who have been beaten up by men who, on being told many months into a relationship of their partner's past, have reacted with violence. It is my view that if one is going to have an emotional and sexual relationship with someone, it is vitally important to be honest with them. If you base your life on falsehood, you will always be looking over your shoulder and not be able to be true to yourself or the person you are supposed to love and trust. Love cannot be built on lies.

As both a feminist and a lesbian, I have no difficulty in accepting transsexuals in their correct gender, whatever their operative status. I would, however, support the view of lesbian organizations that do not admit transsexual women into membership until they are post-surgery. I encourage such women to join groups, but always make it clear to them that they should not do so until after they are "complete." I feel that

the pre-operative woman can create unnecessary complications both for herself and others within a lesbian group unless her status is known. And as I believe the adage of only telling those who "need to know," the only way for sure that a post-operative's past can be known is if she reveals it herself. If the pre-op woman were discovered, she could be accused of not being female; for the post-op, the evidence of female genitalia should be sufficient to satisfy anyone who doubts her. My own partner, who is now six years post-op, was challenged at a night-club by some rather strident dykes, soon after her surgery. When her replies did not satisfy them, she was followed into the ladies loo and the door of the cubicle kicked in. The physical evidence before them resulted in the yell, "Bloody hell! She is a f**king woman!" I have been aware of similar instances from other new women. Indeed, on one occasion, I had gone to the London Lesbian and Gay Centre with a woman who was due to go into the clinic for surgery within days. We eventually wandered upstairs to the women only bar and were quietly enjoying a drink when my friend's gender identity was questioned. Despite our protests that she was indeed female, we were asked to leave, and I have to say we took our time doing so. Her comment to me that time was if only she had been post-op she would have just dropped her knickers and proved she was a woman!

At times I'm not really sure what separatists are so afraid of. There is male and female in all of us, and some butch lesbians I have known are far more masculine than most transsexual women have ever been in their past. I've heard all the arguments about social conditioning in terms of male roles, but all that is clearly out of focus when one explores the repression caused by being forced to grow up in the wrong gender role. For many of the transsexuals that I have met, being accepted by non-transsexual women as a woman is the greatest compliment that they could be paid. For those of us who have not shared

your heritage, we should accept that just because our backgrounds and upbringings may be different it is how someone is now that matters. We chose our friends and lovers because of the people they are now. The fact that I have had heterosexual relationships in my past does not make me less of a dyke now, and at least I have had the experience to know where my true preferences are!

One difficulty I have experienced as a lesbian is the reaction of my lesbian sisters to either the work that I do or the fact that my partner has a transexual history. Most of the bad reactions I have had come from those who had met a pre-op transexual who joined a woman's consciousness raising group without revealing her status. In such a group, many very intimate issues specific to women are discussed, and a transexual woman would have to be less than honest about her earlier years to disguise her background. Again, dishonesty had caused a problem. I have had some less enlightened women who have chosen to exclude me from their circle, and have taken the view that therefore they are not worth having as friends. For the most part, I have found that a little explaining goes a long way. One of the things that has delighted me so much has been seeing the recent inclusion of the transgender community as part of the Stonewall 25 celebrations. I dream of the day when this happens on this side of the Atlantic, but I guess that may not be for another ten years!

Until recently, those transexuals to female in the UK who were lesbian in sexual orientation had to lie to their psychiatrists in order to receive surgical referrals— and this is still so in many of our health service clinics. The somewhat chauvinistic point of view of those who are responsible for such things is that “you cannot possibly be transexual to female if you want to have sexual relationships with women.” The fact that at least ten percent of the non-transexual population choose to do so does not actually manage to enter into their thinking at all! The first ever transexual woman

that I referred for surgery was a lesbian who had her surgical referral withdrawn because she made the “mistake” of turning up to her pre-surgery interview with her girlfriend! I was incensed at this and was delighted to be able to assist the woman with another referral.

Since then, and I suspect because I am open about my own sexual orientation, I seem to see a very high proportion of transexual lesbians. Recently, among my clients, the figure is about thirty percent. As I follow these women through transition and surgery, they seem to do very well in terms of stability and settled relationships. In looking at assessment criteria, I always feel somewhat concerned about the transexual woman who is pressing me for surgical referral in order for her to have sex with her boyfriend. Evidence is beginning to show amongst my clients that those who are sexually motivated rather than gender motivated do less well in emotional and psychological terms post-operatively. This appears to be because they often have unrealistic expectations about relationships, often in the area of deciding not to tell of their past. Lesbian transexual women appear to be more open about their history. The trauma that results when a woman is unable to explain why she cannot get married or the strain of going through an illegal ceremony (post-operative transexuals may not marry in the UK, unless it is to someone of the sex opposite to that one their birth certificate; i.e., a lesbian marriage between a transexual woman and non-transexual woman is legally valid, but not one between a transexual woman and a nontransexual male), seems to cause such stress that relationships often break down. I am aware of at least one woman who felt forced to relocate from one end of England to the other without trace in order to keep her past secret from the man whom she loved, and of course she lost his love and companionship by doing so. That seems so crazy.

One of the joys that I have had as a counselor and head of GDTI is seeing some transexual couples fall in

love. A number of these relationships have been between transexual women. I am also aware of at least three couples who met through GDTI in which a transexual female and a transexual male are now together in a relationship. Such relationships between transexuals are still very much frowned upon by many of the psychiatric fraternity over here. Whilst I see a number of dangers inherent in such a relationship between two transexual women, especially if there is a great divergence in the relative stages of transition, these relationships do seem to work well. Though sadly, I have seen the horrific consequences of a situation created by a post-operative woman who has manipulated another transexual woman emotionally and sexually so as to cause the most dreadful confusion, pain and trauma, which led to a suicide attempt that has left the woman concerned scarred for life.

I am now in a very happy and stable relationship with a woman I love very much. We have an excellent relationship in every way, including sexually. Neither of us is specifically into stereotypical gender roles; however, anyone who meets us would have no difficulty in seeing her as more feminine than I am (Some may say that's not difficult!). I remain aware of the essential need to never undermine Marion's womanhood in any way. We share all household tasks according to our respective skills. As a Chartered Engineer, she has found it a little difficult to get used to the fact that I can wire a plug as well as she can, and that I put together a garden hose which arrived in pieces in less than one-half hour, where she had been struggling for over one hour! The fact that she had gender reassignment surgery six years ago seems almost irrelevant at times. She is just an ordinary woman. No, that is not true. She is a very extraordinary woman with many talents ranging from being an inventor to being a musician, and who, because of her past, continues to help others along the path that she once trod. In our everyday life, it is

my work as a gender counselor which brings us more into contact with that community than does her past.

We live in a new harbor development with neighbors who as yet know nothing of either my work or her history, based on the fact that they do not need to know. This is all due to change, for we are both about

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to be filmed for our local television station about the work of the GDTI. Soon they will know if they watch the relevant program. Because others will have got to know us as the people we are now, Marion's background will be less important than her friendliness and caring. If by being open we can assist those transsexuals who need the services of our organization, then the loss of our privacy is worth it.

The fact that I happen to have a relationship with a woman who was once transsexual (we both regard her transsexuality as having ended on the day of her surgery), was not planned; it just happened, as they say. Marion's previous life has made her the person she is today, but it does not alter the way I view her. We are all the sum of our parts and our histories. Hers may not be the same as mine in some ways, but that very diversity makes both of our lives the richer. I would not have it any other way. ☺

The following was downloaded from the Internet by a friend.

Date: Wed, 27 Jul 1994 17:07:38 EDT
From: Kristin Rachael Hayward
Subject: Letter to my father and siblings

My stay in Neenab, Wisconsin was terribly lonely for many reasons; perhaps someday I will record my experience there in detail. However, one of the primary reasons for the loneliness was the lack of interaction from those whom I respect and those I love.

For two months I have agonized over the lack of human interaction I received. Finally, after posting the message to Woody earlier today about the need to deny to others the ability to define us, I wrote and sent the following to my father and three siblings. Of that group only one expressed any interest, and that was prior to the surgery.

To

As I wrote you in January, I completed the last phase of my gender change with surgery in Wisconsin two months ago on May 26. The surgery went well; I spent nine days in the hospital and the month of June resting at home. I have been back at work full-time for three weeks.

I want to thank those who expressed the smallest degree of interest in this major life event.

That interest was very important to me. Any surgery and hospital stay are lonely experiences; the 10 days in Wisconsin proved to be especially so.

So, thanks to you who did. To those who did not, or have not, I shall reserve judgement.

I shall note, however, that, for better or worse, we shall remain linked by blood and history.

We are allowed a small time on this earth and a small degree of human interaction and experience; it is a shame to place additional limits on ourselves.

I am only too aware of those who are uneasy with this change. The decision is the right one for me; I am now who I have wished to be for more than four decades and I am happier than I have been at any time during that period. Hopefully, I will continue to grow as a human being, and hopefully I will find acceptance from those about me and those whom I love.

Kristin Rachael Hayward

Riki Anne has developed her own vocabulary. For instance:

Why CCD (Childhood Chromosomal-Sex Disorder)?

Why not? "Transsexuality" has never said a single thing to me about my condition. In fact, if anything, it obscures it. I don't identify my condition as being "across sexes," which phrase I take to be the literal meaning of "transsexual." It has been accepted as axiomatic that minority groups have the right to self-definition; this is how I choose to define myself.

Some of her other definitions are more conventional...

Denial

A psychological defense mechanism in which we "tell" ourselves something which can be plainly demonstrated has not occurred. This can be accomplished in a number of ways: refusing to acknowledge information coming from our senses, dissociating or "splitting" off from our experience, or simply repressing or forgetting unpleasant, unbearable experiences.

Dissociation

Splitting off from one's experience. Dissociating can be heard in many descriptions of unbearable experiences such as "It was like I was watching myself on a movie screen," "It seemed like it was happening to someone else," and "During it all I floated over my body and watched it happen."

Riki Anne Wilchins is a founder of *Transsexual Menace* and one of the most powerful writers in the transgender community.

Denial, Dissociation & Transsexuality as Incest

by Riki Anne Wilchins

W

hen people are subjected to too much mental or physical pain, they find a way to endure the unendurable: they dissociate from their current experience, and deny or completely suppress its memory once it is past. In incest survivors and abuse survivors, including those of us who suffer from CCD, this simply means simply many of us leave our bodies behind.

In my case, I just stopped being me. I spent about 36 years of my life, from about age 5 or 6 to about age 41 simply not being present. I can describe it other ways, ways I have also heard other survivors put it:

"I've always felt like my life wasn't real, as if it was all happening under glass."

"The most painful things could happen to me, but it was like it was happening to someone else."

"Everything that happened to me was like on a black-and-white movie screen. I would just sit there, and watch it happen, and feel nothing."

"All these things would be happening, and I would be just floating somewhere above it all, outside my body, just watching it."

One of the strangest things for me is that I know that much of what has happened in my life is painful, but I usually can't feel it. And my recovery process has been one of re-living, without my usual arsenal of addictions and

other self-distracting tricks, all those painful moments. And this hurts like shit, but it sure beats another 35 years of numbness. I used to tell people, some friends, some virtual strangers, about some of what I've experienced. I'd see their eyes get wet and their faces get sad, and they'd say something like, "God, that's terrible" and I'd think, "Yeah, I guess it must have been." But I didn't know that it was terrible, except by their reaction, because there were no feelings around the events of my life, just a continuing sense of numbness, of no-feeling.

Denial, dissociation, and splitting off from one's experience are the ways many of us as transsexuals have learned to cope. The sections on denial, dissociation and incest are arranged in the following order:

Denial I: Dissociation and Splitting Or, "Look Ma, No Past!"

This deals with our consumption of the family myths which made it possible for us to co-exist with our families, and they with us. It shows how many of us learned to split off from our experience and our bodies in order to survive.

Denial II: "Look, Ma, No Present Either!" or "No, That's Not a Thought Balloon Over My Head, Just My Little Sub-Acute, Chronic Depression"

This discusses some of the effects of denial, especially the type of depression which results when feelings of rage and hurt are habitually repressed, the kind of depression which, over time, often begins to feel quite "normal." It also examines the kinds of physical and emotional symptoms which some of us experience as our feelings begin to come to the surface, in particular as we begin the journey of recovery. It focuses on how denial can also be a tool for repressing awareness of these compelling symptoms, just as the original, primary denial helped us avoid awareness of our abuse.

Denial III: Transsexuality as Child Abuse, or, "For Your Own Good"

If any women who did not have CCD were raised as many of us were, we would instantly recognize it as the rankest kind of child abuse. However, with us, many of us take the stance that our parents didn't know any better, or did what they did "for our own good." This chapter looks at this as a particularly pernicious form of denial, in which the events which occurred are now consciously known, and the emotional pain which accompanied them is acknowledged, but the victim refuses to identify it as abusive. It identifies and examines the raising of transsexual children today as a form of child abuse and incest.

Denial I: Dissociation and Splitting Or, "Look Ma, No Past!"

Within the space of a single week I had heard three people say the same thing, in almost exactly the same words: "I don't want to be here." One was a close acquaintance of mine with CCD, another was a best friend of mine, an incest and abuse survivor and food addict who had once weighed over 500 pounds, and the third was me. We cry tears we have not acknowledged and so sit with dry faces at the very bottom of a well fashioned of our own pain and loneliness. With each instance of abuse, each instance of sexually inappropriate behavior by loved ones, each betrayal by those in whom we placed the total, unquestioning trust of childhood, the well grew a little deeper.

For us with CCD, the well deepened, too, at each moment we had to bury, camouflage or conceal our selves, each time we were taunted or humiliated, and each time we looked at our groins and located again and again the betrayal by our bodies that so clearly mirrored the betrayal by those about us, who claimed they loved us or had only our best interests at heart.

The well deepened further when we were socially cut off, isolated, strangled in the infancy of our desire

to be loved, to be accepted, to be one of the crowd, to be treated like any other, to be understood, loved and valued in the heart of who we were, to be appreciated for what we continued to survive by living day by adolescent day with this distinctively difficult and humbling disease, survived day by day in the silent, brave and unknowingly persistent way of the young who cannot imagine alternatives and therefore know nothing yet of self-reflection or self-pity. As the gifts we brought into the world with so much heartache were discarded, ignored, despised or ridiculed by those who found in our innocence and youth a willingness to believe that it was we who were freakish and unfit and not the world which would impart such grotesque concepts to a child; as we too often became the perfect lightning rod (solitary, receptive and accessible) for others' fear and hate; as we were simply forced into a premature hiding before age and maturity could lend our special gifts the strength and toughness they would need to bloom like Arctic flowers in the chill cold which would be their natural climate for much of our lives; as all this transpired, our well deepened still further.

And the only way out of that god-forsaken well is to climb out, scratching and clawing, bleeding fingers and broken nails, scrapes and cuts and bruises. Re-experiencing every brick and stone of which it is built, we remove it and climb to the next one. Stone by stone, brick by brick, no shortcuts, no help, no other way out. Alone, we re-experience our lives, re-live what has happened to us, how it has felt and what it has made and un-made of us.

There are no roadmaps for this journey, but there are very clear signposts: follow the route marked out by those things we avoid most, or of which we are most ashamed. One of the sayings from 12-step programs is, "we're only as sick as our secrets," and as the secrets come out, the well becomes shallower.

Sometimes this is even more difficult than it sounds. Alice Miller believes the Eleventh Commandment

is: "Thou Shalt Not Be Aware." Many are in near-total denial over what has been done to us. People often joke there are only two answers in OverEaters Anonymous to the question, "Do you identify as an incest and abuse survivor?": "Yes," and "Not yet." Denial is an amazing response to adapting to impossible surroundings. The average transexual knows by age three he or she is in the wrong body; however, a significant minority do not realize they have CCD until after puberty. For most of them, the realization will happen between the ages of 25 and 35. During all the time prior to that, they will be transexual, but not be consciously aware of it. I know, because I was one of them.

I knew something was deeply wrong, but I couldn't put a name on it and was too frightened and alienated from my own feelings to ever think about it. It wasn't until eight years after leaving home that I finally started to deal with my feelings. Even then, it took me two years of therapy to put a name on something I was aware of plaguing me since age five. True to nontransexual form, my therapist, an otherwise gentle, compassionate and supportive man, quietly and completely freaked out, with visions, I suppose, of malpractice dancing in his head. He thereupon spent several hundred dollars of my money and hours of my time in weekly sessions devoted mostly to subtly and not-so-subtly trying to help me get back into denial again.

By that time, what was denial for me represented reality to him. Bob could only comprehend my naming and owning my transexuality as some type of psychotic break with reality. And this is interesting in itself: for this educated, enlightened and feminist man, my denial represented reality. Think about this: my denial was so complete that I could live for two and a half decades without once naming who or what was happening to me. This, by itself, was almost certainly psychotic. Yet this was not seen as crazy, and my coming to my senses was.

I feel no deep criticism of him, for I believed in this "reality" myself.

Before he had even opened his mouth, my first sentences to him upon entering therapy were, "I don't want to talk about my family. My upbringing was a little tough, but pretty normal. So don't try to get me talking about my father and everything. This from someone with a background in psychology who was regularly having crippling anxiety attacks, accompanied by hyperventilation and breathing into little brown-bags, and munching enough valium to subdue a horse. Luckily for me, his response was to take a slow sip of his coffee and say quietly, "Okay, what would you like to talk about?"

We are taught the family myths that allow our families to survive with us, and for us to survive within our families. Our father isn't abusive, he just gets under pressure once in awhile. We weren't incested by our uncle, or cousin, or brother. It didn't happen. Or it happened, but it wasn't much. Or it happened and it was wrong but they were drinking that time. Or it happened and it was wrong and they were always drunk in the evening, but why do we want to dredge up the past and hurt everyone over something that happened so long ago?

And we weren't gender female (or gender male) growing up. We were sensitive. We were just finding ourselves. We didn't have enough male (or female) role models. Or we were just experimenting a little like all kids do.

And we weren't really chronically depressed as kids, we were just kind of quiet. Or we were shy. Or we were introspective. We were obese or obsessed with dieting or always eating comfort foods because we had no self-control, or because we had too little self-respect, or a strange metabolism, or we were going through a phase. Or we cared about ourselves too much, and not enough about others. Or we just didn't care enough to take care of ourselves and our appearance.

And we accept these family myths, because to live with the truth, to see it and name it and speak it, would make it impossible for others in our families to live with us. It would

make it impossible to survive with our peers. To be in social company, to not draw the anger and fear and rejection with which a child is totally unprepared to cope, we learn to split off from our experience, to dissociate (or, if you prefer, to disassociate). We begin by telling ourselves that we don't feel what we feel. We learn not to see, or we learn not to speak about what we see. We learn not to be ourselves, to be someone else with whom others, and eventually we ourselves can be comfortable.

In this effort we are ably assisted by euphemisms for everything. Drunkenness is "being a little tight" or "unwinding." Corporal punishment, beating or hitting a child is "teaching the kid a little discipline." Humiliating the children when they make a mistake is "teaching them how to get along in the world" or "teaching them right from wrong." Being sexually inappropriate is "just horsing around." A marriage in which the mother is beaten or cries herself to sleep each night is "just going through a difficult period." A rage-alcoholic parent is "letting off steam" and a continually depressed, frightened and anxious child is "very sensitive."

By the time we are grown, these myths have become our reality. When we challenge them, when we attempt to re-experience the craziness and pain which made them necessary, when we climb out of the well, we are in turn called crazy by those around us who are still more comfortable with the myths than our reality. Most sad of all, we often feel crazy ourselves.

Too many of us decide, on some level, to stay in the well, living in a kind of numbness, a quiet darkness, which is for us infinitely preferable to going back through that which we have experienced, but not yet acknowledged. One of my best friends used to say: "Pray for a bottom you can recognize." What she meant was: pray for things to get so bad, you finally realize how much pain you are in, and there is no way out but to start recovering.

Too many of us never reach that bottom. Many of us, certainly myself

included, live on in a kind of subsistence mental ecology, getting just enough from our environment to survive. We live within a state of chronic, sub-acute depression familiar to those with post-traumatic stress. It is chronic, that is to say, long term, but also sub-acute; never so bad that we need to be hospitalized or medicated and are therefore forced to acknowledge it.

Denial II: "Look Ma, No Present Either" or "No, That's Not a Thought Balloon Over My Head, Just My Little Sub-Acute, Chronic Depression"

Since we have been in this depression since we can remember, it feels "normal" to us. We may even deny we are depressed, because we have nothing else with which to compare it. Often friends would comment with a great deal of concern that I seemed depressed, and not my usual self, or I looked sad. I would react with amazement, because I felt almost nothing most of the time, and was certainly feeling nothing out of the ordinary, except a little quieter than usual. True to form, I'd also feel embarrassed about being so transparent and alarmed they were so troubled for me, so I'd start quickly covering up by getting peppy and cracking a lot of jokes. My friends would then perceive me as being back to "normal," they'd stop being concerned, and I'd lose touch with whatever was coming up for me: We were both more comfortable.

Just like an addiction, my depression helped me to survive. Psychologists say depression is just anger at others turned on ourselves. I'm angry at you. If I get angry at you, you'll probably sock me one. Since I can't afford to express my anger, and it ain't going anywhere, it comes out towards me. Instead of depressing your actions, which are upsetting me, I press down on my own, and my self, instead. In the short run, this helps me avoid getting a knuckle sandwich from you, so it looks like a pretty good bargain. As the conflict continues, the bargain becomes less and less attrac-

tive: I avoid a poke in the mouth, but I start feeling tied up knots inside. If I am stuck in a chronic predicament in which I am helpless to express my anger, for example, being abused as a transexual child by parents, society, or both, the "bargain" becomes disastrous for me. I avoid pain, but I become chronically depressed. After a few years of this, the memory of what it is like to not feel depressed becomes faint. Expressing my anger at the world becomes habitually difficult: when conflicts arise, I respond by depressing my emotions and myself. Depression comes to feel "normal."

Bad as this picture is, I want to stress that with serious abuse, within which I include the way almost all children with CCD are raised by their parents or treated by society at large, the bargain is unavoidable, as is the depression. As children we do not have the choice to confront everyone who forces us to act in gender-inappropriate ways. If we are suffering primary incest, especially by a parent, step-parent or guardian, we cannot afford to confront a perpetrator upon whom as children we depend for food, clothing and shelter, not to mention some kind of love and attention, however perverse that may be for us. Our depression enables us to endure.

Although our chronic, sub-acute depression may not require formal medical treatment, it nonetheless has many symptoms:

sleeping difficulties (over-sleeping, insomnia, recurrent nightmares); eating problems (over-eating, lack of control with certain "comfort foods," lack of appetite); manic-depressive swings (in which we feel sad or conspicuously lacking in any enjoyment in being alive, followed by periods of excessive energy, activity, and enthusiasm); digestive problems (diarrhea, excessive gas, constipation, throwing up, ulcers); muscular conditions (lower back pain, tension headaches, chronic neck and shoulder tension or pain); compulsive over-work (to avoid being home alone); drugs or alcohol abuse (to enhance our numbness); difficulties with sex (having sex compulsively

or compulsively avoiding sex, masturbating when we aren't aroused but are sad or lonely); suicidal ideation (planning or daydreaming about being dead or killing ourselves, especially a imagining how pleasant it would be to simply be gone from this life); recurring and bone-deep feelings of emptiness and despair; self-mutilation (cutting oneself, picking at scabs or sores, fingernail biting, repeated bruising and accidents); dissociation or splitting (a continuing sense of detachment as if our lives are being played out on a screen someplace or under glass).

These are all pretty much not only a catalog of such symptoms in general, but symptoms of my own experience. They are also consonant with Post-Traumatic Stress Syndrome, or its new cousin, Chronic Traumatic Stress Syndrome. And yet, amazingly, since all of these went back more or less, to childhood, I didn't identify any of them as being other than "normal." In fact, no adult in my family, many of whom were aware on some level of man, if not all of these symptoms, ever stopped to think that anything was particularly wrong with me.

Such is the power of denial when victims are raised by other victims, who were themselves raised by other victims. Denial, like incest, is a family disease. All of these symptoms were safety valves for and distractions for the pain I had locked up inside, but which I continued to suppress, and with which I refused to deal. As such, they enabled me to live, but they killed the quality of the life that remained for me.

And so I see many others with CCD, still sitting far down in their own wells. Many are still in complete denial. If questioned, they will tell you they are fairly happy. If they could just pass better, get a better job, find a lover, whatever, their life would be okay. If you question them a little closer, you may get them to admit that, yes, they have been having a problem with food, or drugs, or sex, or migraines, or work, or depression, or sleeping, or shame, or isolation, but it's nothing they can't handle, that

won't go away by itself. They go on, trying to pass, to be accepted, to put CCD away from them.

They continue relationships with family, perhaps a mother or father or brother or cousin who sexually or psychologically abused them unmercifully as a child, claiming it was done out of love, or because they didn't know any better, or, the mother of all lies, For Your Own Good. Someone who was particularly perverse and cruel in demanding that they behave as a male. Maybe someone who was wildly inappropriate when they allowed their proper gender any expression. Maybe the priest who put a hand on their leg after Mass, the uncle who bounced them on his lap so their groin pressed against his thigh, the schoolteacher who seemed to take special pleasure in humiliating them in front of the class when they acted vulnerable or feminine, the parent who seems to enjoy smacking them and always did it too hard, the bullying cousin who threatened and beat them when the adults weren't around, or the mother who became silent and bitter and withdrawn whenever they couldn't be the Little Man Mommy needed them to be, or who seduced them into being a consort and lover, the mate who gave them, if not actual sex, then all the affection, comfort and attention their own distant husband neglected them.

Perhaps they avoid being seen with other transexuals. Perhaps they go through a succession of jobs which they leave as soon as someone outs them, as soon as the humiliating (because they must deny the obvious) whispering starts. They go on trying to accumulate success, or money, or love, or abusive lovers, or sex, or drama, because it keeps the pain at bay. And if you talk with them, they may admit that it's almost impossible for them to sit quietly, alone, and just feel. Like myself and my two friends, they don't want to be here.

We don't want to feel our bodies, or be aware of them, because our bodies have become unsafe places for us to be. They have become the location where abusive, humiliating and

painful things happen. If we are present in them, we can be violated. If we are outside of them, we are safe. We don't want to feel our feelings, or be aware of them, either, because our feelings are dangerous. As long as we don't have feelings about what has been done to us, it can't be real. It happened somewhere else, and to some one else.

When we can feel how something felt, then what happens has truly happened to us. What we said was "not so bad" becomes very bad indeed. With each feeling comes the possibility, maybe the certainty, of more feelings, of tapping into the immense underground river of hurt we carry around inside ourselves. We fear being swamped by it, so that we might cry and grieve forever: hurt without end or consolation, just as our abuse and CCD themselves were hurt without end or consolation. We fear grief so profound it cannot be comforted, just as we were never comforted, and have learned over time not to grieve. And so eventually we stop praying for a bottom we can recognize, and pray instead for both the bottom and the recognition to simply go away and leave us in peace.

The truth about our childhood is stored up in our body, and although we can repress it, we can never alter it. Our intellect can be deceived, our feelings manipulated, our perceptions confused, and our body tricked with medication. But someday the body will present its bill, for it is as incorruptible as a child who will accept no compromises or excuses, and it will not stop tormenting us until we stop evading the truth.

—Alice Miller, *Tbou Sbalit Not Be Aware*

Denial III: Transexual Child Rearing As Incest — "For Your Own Good"

We have seen how children with CCD are taught denial of their experience by way of the family myth structure. We have seen how they learn from this denial, to split off from the

experience of their own bodies and emotions. We have shown how this often results later in life in a kind of long term, everyday depression, which, although it succeeds in both perpetuating the repression of feelings and acts as a safety vent for them, nonetheless carries its own physical and emotional costs. Finally, we have discussed how as feelings begin to surface, we may experience a spectrum of physical and emotional phenomena, and that our denial system can help us avoid acknowledging them as well, even though they are clear and present.

Consider the following: you bear a little girl child. From birth, you begin to treat her like a son. You give her a male name at birth, even going so far as to register her as a boy on her birth certificate. You address her as a male from infancy, and require of others in the family system do likewise. As she grows up, you dress her in boy's clothing. When she tries to act in any way female, you suppress it vigorously. If she attempts to be feminine, perhaps playing with other little girls, trying on your clothing, or playing house with dolls, you punish her by beatings, public humiliation, loud attacks of rage, or a silent and severe withdrawal of all attention, affection and approval. Perhaps you use a combination of these punishments until she comes around. As she grows up, you encourage her to date girls, and reject the slightest hint that she might find boys more attractive. Any hint of what you term her "homosexuality" is ruthlessly repressed: she is your son.

As she enters puberty, it becomes apparent that something is wrong with her body: she begins to grow hair on her face and chest, her voice cracks and deepens, things which all too obviously distresses her to distraction. Since this is in line with the son you want her to be, you deny her medical treatment. In fact, you deny there is anything wrong at all. As the years drag on, the effects of the puberty become more and more pronounced, until they are all but irreversible. She seems more and more depressed, anxious and withdrawn as

the years go by. However, since she continues to look and act like the son you want, you do nothing to investigate this. At some point, perhaps years after she leaves home, she finally returns to confront you, to tell you that she is, after all, a female, and nothing on earth is going to prevent her from finally living as what she is. Your reaction is shock and horror, and you bend your best efforts to suppress this newest eruption of femaleness in your son.

If the little girl in our story were nontranssexual, can anyone seriously doubt this parent would long ago have been sent to jail for child abuse? That they would have been featured on "Sixty Minutes" as Mike Wallace or Morley Safer profiled a story of exotic and ritual child exploitation and mistreatment? Is there anyone with CCD who has not lived part of this story, or is not familiar with some parts of it? How is it possible, then, that when you confront survivors of horror stories like these, they will tell you with a straight face only "my parents didn't know any better," or, "they did what they think was best," or worst of all, "they did it for my own good?"

For millennia it has been permissible and customary for children to be used to satisfy a wide variety of adult needs. They have provided... an ideal outlet for the discharge of stored-up affect, a receptacle for unwanted feelings, an object for the projection of conflicts and fears, compensation for feelings of inferiority, and an opportunity for exercising power and obtaining pleasure...

Since beatings and the tormenting, demeaning, and humiliating treatment of children [including transsexual children] have always been regarded as forms of discipline "for their own good," these methods have been applied quite openly... therefore it need not take place behind closed doors... [If] children perceive that wrong has been done them and thus make it possible for them to integrate this unhappy segment of reality into their lives [then] they will not have to spend the

rest of their lives blaming themselves for what happened to them.

[With some abuse] they have no choice but to repress the experience, because the pain caused by their fear, isolation, betrayed expectation of receiving love, helplessness, and feelings of shame and guilt is unbearable.

Further, the puzzling silence of the adult and the contraction between his deeds and moral principles and prohibitions he proclaims by light of day create and intolerable confusion in the child that must be done away with by means of repression.

If children are talked out of what they perceive, then the experience they undergo will later be seen in a diffuse, hazy light; its reality will remain uncertain and indistinct, laden with feelings of guilt and shame, and as adults these children either will know nothing of what happened or will question their memory of it. This will be even more the case if the abuse occurred in early childhood [as happens with CCD]. Since very young children do not find support within their own self or a mirror in the eyes of a witness [and since the entire community colludes in forcing this to act in an unnatural male role], they must deny the truth.

—Alice Miller, *Thou Shalt Not Be Aware*

At this point, the child has ceased to see things from their own point of view at all. They simply cannot afford to confront the totality of their abuse, which necessarily includes family, "friends," trusted adults, and the whole social community within which they are embedded.

Indeed, everyone treats them as male. And although we may tell ourselves that these were only going by our appearance, in fact we know in our hearts this is a lie. Were we to wake one morning at the tender age of say, seven, and decide to begin acting in a gender-appropriate manner comfortable for us; i.e., dressing to go to school in feminine attire, combing

our hair in a feminine style, requesting to be addressed by a female name and referred to as "she," etc., we know what would happen: those about us would come down on us like the wrath of God. Our social world did not treat us as male out of some benign error, something they would have gladly corrected if they had been aware of it. No, they were more than willing to actively force us to conform a male sex role with which they were comfortable. This is not "for our own good;" this is our childhood being appropriated and exploited so they don't have to deal with their obsessions around sex roles, gender ambiguity, and "homosexuality." Let's not kid ourselves as to whose "good" this was for.

I can remember relating this to a transsexual friend, who maintained that my parents "didn't know any better; they were just doing the best they could." And I found this totally blunted the anger I was just beginning to feel over my lost childhood. I thought about this for days, and then I realized, they didn't know because they didn't want to know. My parents certainly knew I was depressed, isolated and very unhappy. They saw the problems I got into at school, despite being academically an "A" student. And yet they never asked "Is anything wrong?" They simply didn't want to know, didn't want to see the obvious. Not only that, but on the few occasions where I tried to act the least bit feminine, I was instantly humiliated, or was simply met with a stony and compete withdrawal until I returned to the masculine behavior with which they were comfortable. These were not the benign errors my friend represented to me at all, carried out by parents who were doing the best they could. In fact, they were strategies which kept them comfortable at my expense.

As adults, the denial we learned as children now prevents us from naming and owning how we have been exploited. In particular, what stops us is the totality of our abuse, the overwhelming knowledge that almost all the people we have known or loved or

been loved by since childhood were involved in robbing us of our childhood, in exploiting us, in enforcing societal sex roles at our expense, and in suppressing and abusing us as women. This is simply devastating and overpowering. It is easier to blame ourselves, to engage in that habitual transexual sense of being somehow inferior and defective, so that we must have somehow brought this calamity upon ourselves (as if children who are somehow abnormal are not especially in need of love, tenderness and support, but deserve what abuse they get.) It is much easier to say it wasn't so bad, or it wasn't anyone's fault, or no one meant to than to start to process the rage we feel at the non-society which stripped us of any meaningful female childhood. To begin to see this, to start to shout at the top of our lungs that the emperor has no clothes, is a difficult and, for me, terrifying task.

Again, from Alice Miller in *Thou Shalt Not Be Aware* [the emphasis is mine]:

Each child is innocent. Each child needs among other things: care, protection, security, warmth, skin contact, touching, caressing, and tenderness. These needs are seldom sufficiently fulfilled; in fact, they are often exploited by adults for their own ends. Child abuse has lifelong effects. Society takes the side of the adult and blames the child for what has been done to him or her. The victimization of the [transexual] child has historically been denied and is still being denied, even today. This denial has made it possible for society to ignore the devastating effects of the victimization of the [transexual] child for such a long time. The child [with CCD], when betrayed by society, has no choice but to repress the trauma and to idealize the abuser [as transex-

uals idealize non-transexual women]. [Abuse] cannot be undone by our understanding of the perpetrator's blindness and unfulfilled needs. As victims begin to see and be aware of what has been done to them... [they] will be able to bring about more awareness, consciousness, and a sense of responsibility in society at large... [And] other men and women [with CCD] will be encouraged to confront their own childhood, take it seriously, and talk about it. In so doing, they in turn will provide information to others about what so many human beings have had to undergo at the beginning of life without even knowing about it in later years and without anyone else knowing about it either.

And this is part of the process of naming the unnamed, so it can be thought: it is the work only we can do, the story only we can tell and only we can truly hear. ♪

A Shopping List of Transexual Shame

1. When someone says they wouldn't have guessed we were transexual, we're complimented. 2. When someone says they knew we were transexual, we're dismayed. 3. When nontransexual women discuss their periods or pregnancies, we keep silent. 4. We never discuss dilating, hormones or surgery with them. 5. We feel more legitimate when we have a lover. 6. We feel inferior when we don't. 7. We feel bad for putting our mothers through this. 8. We agree not to dress for family functions. 9. We agree not to discuss it when we go home. 10. We agree not to tell our grandmother, our niece, our son. 11. When we answer the phone, we raise our voice pitch. 12. If someone calls us "Sir", we feel humiliated. 13. After surgery we grade our cunts by how nontransexual they look. 14. We show lots of bosom when we go out, to make sure we pass. 15. We avoid being seen with other transexuals. 16. We reason that lots of nontransexual women have deep voices, large hands, and broad gestures, so they should accept us as okay. 17. We don't reason think that compared to us, lots of nontransexual women have high voices, tiny hands and feet, and minuscule gestures, so we should accept them as okay. 18. We make sure to get our implants a size too large. 19. We avoid discussing our dicks. 20. We convince ourselves after surgery that we no longer have one. 21. When we see nontransexual women who are pregnant, we feel defective. 22. We're willing to settle for sex, when we really want intimacy. 23. We wonder if we'll ever have a lover. 24. We eat when we're unbappy. 25. We tell ourselves it's not that bad. 26. We spend so much energy responding to the voices outside and the old tapes inside, we never see our creativity, courage and beauty.

** Thanks to Rachel Pollack for this concept, and her shame list, which was its inspiration.*

Reviews

Jessica Xavier is a lesbian-identified bisexual transsexual woman. She is a Director of It's Time, America, a transgender political action committee, and a relentless campaigner for transgender rights.

A Review of Dual Attraction (M.S. Weinberg, C.J. Williams & D.W. Pryor; 1994, Oxford University Press.)

by Jessica Xavier

During the politicization process that became the gay liberation movement, bisexuals were looked upon with disdain by gay men and lesbians who felt that bisexuals were in fact gay men and lesbians in denial of their true selves. Given this atmosphere of distrust, ignorance of bisexuality was commonplace. The few works that emerged attempting to explain bisexuality were obscured in the post-Stonewall explosion of homosexual authors and works focusing solely on the gay experience. But more and more bisexual authors persisted in articulating the verity of bisexuality as a sexual identity. The 1987 March On Washington's marginalization of bisexuals galvanized the bi community to organize politically as well as socially. Bisexuals today are well organized throughout the country, with their own national and local support and social networks, as well as excellent newsletters and dynamic leaders like Lani Kaahumanu, Loraine Hutchins, Tom Limoncelli and Laura Perez.

Weinberg, Williams and Pryor's collective attempt at an authoritative study of bisexuality contains some interesting new concepts and an innovative paradigm explaining sexual orientation, but ultimately unravels upon its questionable methodology. Weinberg et

al. pursue their subject through an intensive survey of San Francisco Bay area bisexuals, upon which they imposed their conceptual hypotheses. They then drew conclusions to support their new paradigm from the results of their survey's questionnaires and interviews. The researchers even went so far as to include bisexual transsexuals, which provides the most compelling evidence of their faulty methodology and misunderstanding of their subjects.

The sample size ($n = 11$) of the bi TSs they interviewed was far too small to draw any significant inferences, let alone the unqualified conclusions the authors reach at the end of their book. Perhaps the biggest flaw in their approach regarding transsexuals lies with their failure to distinguish between the radically different opinions, attitudes and practices of pre-operative and post-operative transsexuals. The pre-operative state is fraught with much more gender insecurity based on unwanted and despised genitalia. Thus some but not all MTF pre-op TSs will attempt to validate their gender through choice of male sex partners. This gender insecurity typically abates in post-ops, as much (but not all) of their gender dysphoria is relieved. True sexual identity may often only emerge at this point, and preference changes are commonplace in the post-operative state.

Because of their ignorance of the importance of operative status, Weinberg et al. miss that pre-operative TSs are far more likely to engage in both sexual experimentation and sex work. Transitioned pre-operative transsexuals are very determined in the pursuit of their sex reassignment surgery, and

those without access to professional-level incomes will often engage in sex work to amass the tens of thousands of dollars necessary for their sex conversion. SRS is seen as requisite for one's survival, thus a goal to be obtained by any means at one's disposal. In ignoring pre-operative transsexuals, the authors fail to discern the differences between pre-transition transsexuals and TSs in transition. Transition (the Real Life Test) is the period where a transsexual begins to live his/her life full-time in the new gender, and it is in most cases considered by most psychologists to be an absolute prerequisite for referral to sex reassignment surgery. The vast majority of people who self-identify as transsexual are pre-transition, and their orientations may be gradually shifting, as many go through vary degrees of experimentation to sexually identify themselves in relation to their emerging new genders. Sexual experimentation commonly intensifies when we enter transition. But this too has also been missed by Weinberg and company.

Transsexual men appear only in the chapter on changes in bisexuality, with a sample size of one respondent! Unfortunately, the authors make the same mistake that

many other sex researchers do when writing about transsexualism. Weinberg et al. pay entirely too little attention to transsexual men. Had their research efforts been more comprehensive and inclusive, they would have found that unlike transsexual women, transsexual men typically spring from the lesbian community, and undergo their own unique shifts in sexual orientation and identities.

The authors demonstrate a clear anti-transsexual bias as manifested by their pejorative phrasing and derogatory value-laden conclusions reached in the chapters regarding transsexual bisexuals. Some comments are overt cheap shots, especially towards the three sex workers included in the sample. Their choice of words demonstrates at best gross insensitivity to transsexuals, as they appear to voice doubts concerning the sincerity of a transsexual's desire for surgery, while ignoring the intense agony and grief of gender dysphoria and the problematic nature of transsexual lives. The repetitive use of quotation marks made in reference to transsexual sexual orientations ("heterosexual," "lesbianism") and sex organs ("vaginas") are highly inflammatory and quite unnecessary.

The authors further display their ignorance of transsexualism in their assertion that "interest in the 'correct sex,'" a heterosexual orientation, is commonly used both a major psychological determinant of proof of transsexual status and a prerequisite for genital surgery. This old chestnut is a product of the antiquated, heterosexist-biased research that refuses to acknowledge the independence of sexual orientation and gender identity. While it may be true that early research reported that many early transsexuals claimed a heterosexual orientation, this was more of a function of their desire to gain surgery through "correctly" answering the biased questionnaires of their heterosexist gate keepers, rather than a truthful admission of their actual sexual orientations.

Had the authors bothered to consult more current research, they would find that the so-called "true" or "classic" transsexual who presents as exclusively heterosexual, has faded into sexology lore as a discredited myth. This fantasy of the "true" heterosexual transsexual now only serves the nostalgia of senile psychologists and retired SRS surgeons, and as unfortunately demonstrated in this book, also as a quick fix for lazy researchers like Weinberg and company. The "new and improved" *DSM IV* definition notwithstanding, the experienced practice of current psychotherapy focuses on the facets of gender identity without a heterosexist obsession with "correct" sexual orientation, which as even Weinberg et al. conclude, varies individually and over time with transsexuals as it does with non-transsexuals. Moreover, most SRS surgeons no longer view a non-heterosexual orientation

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as a contraindication for genital sex reassignment.

The authors foolishly open an explosive Pandora's Box by carelessly applying to all transsexuals the question of whether a transsexual is "real" or a male homosexual in denial. This question is only relevant to those who present to psychotherapists as transsexual before a definitive diagnosis has been made. Any competent psychotherapist aware of the literature will evaluate potential TS clients accordingly, in the process of obtaining a diagnosis. While it is not made clear and one cannot be sure, Weinberg's limited sample of transsexuals seem to be post-transition. Since almost all transsexuals who transition are in psychotherapy, the therapist would neither permit nor facilitate transition without all the diagnostic criteria being met. Accordingly, the careless inclusion of this question is irrelevant and misleading. Indeed, the question is highly offensive in and of itself, whether applied to post-transition or post-operative transsexuals, or moreover, bisexuals themselves, who are sick to death of the same question.

Weinberg et al. conclude that some of their TS sample are bisexual "by convenience." Perhaps by confusion is more appropriate. The authors fail to mention that some transsexuals may be asexual or in an asexual phase or their lives, with no sexual desire whatsoever, and that they chose to identify as bisexual to maintain some semblance of being receptive to future sexual possibilities. To conclude that transsexuals are "bisexual by convenience" insults those who are by conscious choice or by birth, and plays into the hands of bisexual feminists seeking to discredit transsexuals for their choice of sexual partners.

Fear of HIV infection as a "further factor" contributing to les-

bianism is a very questionable conclusion that shouts for qualification. It is probably only a significant concern for TS sex workers, who comprised a significant subgroup of the author's sample. It may surprise the authors to find that the majority of post-operative transsexual women are not sex workers, and therefore are subject to the same HIV risk as non-transsexual women. They are unlikely, as the authors assert, to seek sex with homosexuals or men who wish to have sex with them because of their TS status, both of whom may be assumed to be at greater risk for HIV infection. Homosexual men are sexually phallic-centric and thus uninterested in post-operative TS women. It may be safely said that heterosexual post-operative transsexual women seek only men who accept and love them as women, almost always without any reference to their past sex status.

In mentioning the "transitional status" of transsexuals, Weinberg et al. assert that transsexuality "disappears" following surgery. This is not nearly so common as it once was, and is becoming more and more less so. Small but growing numbers of post-operative men and women are now unafraid to continue their self-identification as transsexual men and women. For transsexual women, this choice of identification is similar to other identifications used by women (African-American women, Latinas, lesbians, bisexual women, heterosexual women, women of color, mothers, etc.). With the rise of the Transgender Movement, there are indeed more than a few who readily identify as such as a matter of personal pride.

In the conceptualization of their "Open Gender Schema," the authors correctly restate the independence of sexual orientation and

gender identity, a staple of the transgender community's gender education efforts. But unfortunately the authors fail to clearly stress that sexual orientation follows and is defined by gender identity, never the reverse. While referring to gender, it is often not made clear if they mean gender identity or gender choice (something similar to sexual preference in their paradigm, but more complex). Thus when the authors mention gender and sexual preference together, they can be easily misinterpreted by seeming to imply that gender identity is also a preference, which some transsexuals find highly offensive and untrue. While other transgenders may accept this view, most transsexuals likely feel that their gender identities are at the core of their very being and form the essence of their lives, and not mere "preferences" to be picked up and discarded on a whim. One may wonder what's next — transsexualism as a "lifestyle"?

I understand that many other bisexual writers have voiced their own doubts regarding even other flaws found within *Dual Attraction*, and have taken exception to some of the authors' concepts and conclusions as well. A better source for those interested in truly understanding their bisexuality may be found in *Bi Any Other Name*, a superb anthology written by seventy-five bisexual writers and edited by Loraine Hutchins and Lani Kaahumanu. Weinberg, Williams and Pryor demonstrate a shocking pejorative ignorance of transsexuals in *Dual Attraction*, and their sensitivity to transsexuals, if extant, cannot be demonstrated anywhere in the pages of this book. Apart from adding some sensationalist spice in an effort to sell more copies, I am completely mystified why transsexuals were included in their work, and so poorly at that. ☞

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Bits n Pieces

Sheila Kirk is a physician and Director of Medical Services for the International Foundation for Gender Education.

The Special Society

By Sheila Kirk, M.D.

There is a bond, a chain, perhaps it's a broad ribbon that binds the women of the world together. They know that bond and what it means almost by instinct. These women of the world are members of a special society.

Most male-to-female individuals will have real difficulty in their post-operative life, for they don't know of this special society, and if they do, they don't know how to gain admission.

Observe women in their communication with each other. I am sure long before transition and while in that span of time, you did observe very carefully women in conversation, exchanging thoughts on female health concerns and family experiences. But allow me to probe a little. Did you really hear them and what they said to each other? Did you see how they exchange? Did you fully understand the language and sense the emotions so common to each woman? If you did, then your penetration of the special society that I speak of, though perhaps not very deep, is better assured.

Women are kindred in spirit. For example, they share the upsets of menstruation and PMS. They feel in each other the joys and discomforts of pregnancy, birthing, and motherhood. A woman understands what it means to have a hysterectomy, even though she may never undergo the surgery herself. In other matters, it is not at all dif-

ferent. Women know how to connect, how to care for, how to interrelate in ways never known to men. Their sense of situations is acute. Their intuitive powers, their ability to solve, to negotiate, to bring to successful conclusion, so exceeds the abilities of the men that they are in contact with. They sense in body movements, in voice pitch and sensitivity. They far exceed their male companions in the intuitive abilities.

This is not to say that women never exercise the mechanisms that men deploy when in contact with others. They certainly do and they are called upon to function in those ways much more now than several decades ago. Women in the workplace nowadays must interchange with the same technique that men do to compete, to advance, and even to stay even. Sometimes with their interchange with both men and women in the work place, they adopt calculating, dominant, even vicious ways to compete and accomplish. Women will often use masculine attitudes and tactics, although reluctantly, so as to better compete in a man's world. Oftentimes they are inefficient in this because they know there are better ways and they seek to employ those better ways, even when it is obvious they won't work.

Fortunate is the woman who can integrate her female skills, developed early in life, with male skills that she learns later in order to be effective and confident, especially when in the workplace.

In the workplace, most men—unlike women—function to dominate, to outpace, to be in control and on top. Their competitive skills are honed in the workplace. They don't often negotiate. They very often demand and legislate. Their

modes of thought and activity are found in all phases of their lives. They are strengthened in these approaches by activity on the athletic field, and these approaches are sharpened and fortified in the shop, in the board room, and in the family setting.

It's not common, but it's true that not all men function in this way, and many have modes of behavior that indicate that they have developed a blend of masculine and feminine characteristics and techniques.

We all appreciate that there are masculine and feminine tendencies in all males and females. Qualities of both genders occur in both genders. Most men are fiercely reluctant, however, to allow any expression of the feminine in their everyday experience. In fact, obliteration and suppression is mandated for most males. The truth of the matter is that a blend of both masculine and feminine is ideal in any and all individuals. Knowing when to employ one with the modification and influence of the other is the huge task so many of us face.

I don't wish to offend or hurt anyone. But as I observe my sisters in our community, I so often see the male-to-female person who is postoperative functioning with imbalance. The masculine traits, attitudes, and techniques are still so evident. There is no attempt to learn from the female culture, and even if there is knowledge of what genetic females say and feel, there is no incorporation with selective masculine traits to give a composite. Such a blend is necessary. Certainly male traits are necessary at times, though they should be softened and modified by what a female does in her relationships and negotiations. When this blend exists, the male-to-female postoperative person can be a startling success in her abilities to inter-relate with all in her life. So often, I encounter a person whose attitudes and function is so top heavy with maleness as to make their transition and their continuance in the transgender role a nightmare for themselves and those around them. Many times I ask the questions, "Now that you are postoperative, now you

are a new woman with conformity between your gender identity and body—do you think and nurture as a woman? Do you know how to deliberate and reach as she does? Most important—do you have any insight at all into her culture?

Often, the answers are, "I don't know that you are talking about," or "I don't know what women discuss, nor do I understand what interests them, and when I do, sometimes I find it quite boring." Others will answer, "I know what you are asking—I don't have a key to that special circle." Many individuals admit that they feel that they are on the outside, and they are not certain as to whether their acceptance by women is based on being a woman or being a successful transsexual.

My advice is always this: You must make every effort to learn all you can about women's culture and how they live in it. If you don't make that effort, you will fail. You have no choice but to learn in order to join that special society. You must learn about the topics that concern women, and even more, you have to learn about the ways in which they discuss and solve the problems of those topics. You must master the problems of appearance and comportment, it's true, but even more, you must think, respond, and involve yourself as does a woman. This does not mean that you obliterate your masculine traits and techniques, but it does mean that you embark on a careful practice of the use of those techniques as adjuncts, as additives, and learn effectively how to integrate into the ways in which women function. Your success all through your new life will depend upon your ability to do this.

To be sure, it is not a demotion to begin to think as a woman does. Foolish, unknowing men think so, but they are dead wrong. You no doubt have male techniques and mechanisms quite well developed. Now you must learn much more superior techniques and thought processes—those that are utilized by women—and begin to blend them with what you've learned in your male life. Certainly, you are not to dismiss or discard your maleness,

but rather take from those attitudes and techniques the positive attributes and blend them with the female attributes that will help provide insight and compassion. It will be a lifelong process, it's true, but you will be quite gratified and quite benefitted in that process, and it gets easier all the time.

The TS Age

by Leslee Anthony

Let me see—there was the Bronze Age, the Iron Age, and the Nuclear Age, and included in there somewhere is the Industrial Revolution and later the Sexual Revolution. The Sexual Revolution begat Social Liberalism (maybe it was the other way around, but who cares?) which begat overt transgenderism.

But who ever heard of the TS Age? Nobody, because I just created it. It begins within the individual when she first accepts her own feminine gender identity (referring to the MTF TS) as opposed to her birth gender. It is important to note that "accepts" is not the same as recognizes or suspects or other forms of awareness.

Each of us has her own TS Age, since acceptance is such a personal and environmental thing. In today's sexually aware and liberal society, that acceptance is coming, to many at ever earlier ages. It is not unusual for a teenager to be aware of and accept a gender difference. In fact, many—probably most—TSs are chronologically several decades my junior but several decades more advanced in their TS Age.

My chronological age? Now really, Dear, you don't actually expect a proper Lady to reveal her true age, do you? Let me put it this way: most of you are about a Daughter, even a Granddaughter's age from my perspective. And that is leading into my major point; it's never too late!

I would set my TS Age at 25+/- a few. (I'm my own Grandma.) Which leads to the obvious questions: what took so long, and what did I do about it?

When I was quite young I realized that I was "different." I had strong feminine characteristics, such as a small bone structure, but then there were lots of skinny kids. I avoided boys if I could, and had these strange feelings and desires. But—and how I hate to admit this—in the 30s—that's 1930s, Dear, not age 30—nobody but nobody even thought about transsexualism, much less discussed or admitted it. I didn't have a clue that such a thing existed. I was merely a loner and different. This was especially true in my rural, ranch, southwestern environment. You want redneck? Try a cattle ranch lifestyle!

Came the 40s, a war, and "mucho macho" was the key note. But the feelings I had persisted. I sneaked little secret opportunities to wear my mothers' girdle, hose or anything feminine. They gave me that warm and fuzzy feeling that I never got from my boy clothing. At an age when sex was still many years away, I wondered why I had genitals. Enter the guilt trip.

The 50s were no better except that my awareness grew and my guilt and confusion along with it. As an undergraduate, I was a good athlete, but a thin one. I spent hours in the gym trying to bulk up, to look masculine. I got stronger but did not develop any significant muscle tone or size—with a single exception, which bothered me tremendously then and created a lot of taunting comments. My pectoral muscles and upper chest were unusually well developed, and I had, still have, quite prominent nipples. "Wear a bra!" was the most common tease. (Little did I appreciate that it was to become a reality later in life.)

Hmmm, thin bones, tapered hands, slight facial hair, soft voice, large chest, high waist, firm buttocks. Now what in the world is a male doing with all of that? In the 50s he hides them, or tries to.

Next decade, the 60s, brought little change other than an increased awareness and increased closet dressing. I did, or had done, all the proper male things: married, fathered children, took up sky diving, went hunting, learned to be profane and laugh at weird jokes and spit.

But when everybody was laughing and confused by the Christine Jorgensen story, I was envious. Secretly I

read everything I could and savored the warm passions I felt when I got, and took, those rare opportunities to be or think like a female. Internally I seethed when "they" mocked her, but externally I played the socially acceptable game of ridicule.

Today I feel a bit guilty because I hadn't the courage to stand up for a deep belief and defend my own feelings. But, understand, in the 60s a mature, adult male stood to be equally rejected if he even *thought* feminine. My family and income depended upon my conformity, so I conformed.

But the 70s brought a ray of hope. Renée Richards helped because she was a celebrity, and through that was able to gain a certain rather tentative level of public acceptance. I for one benefitted because I felt freer to speak up and express some long suppressed thoughts. By that time I was divorced and able to feel easier about my femininity. Not open; just freer.

It was then that I came of age. My TS Age opened because I admitted to myself and accepted my difference for what it is: I am a female in a male mold. But, accepting, even understanding and doing, are something quite different. I had so many years of secrecy that this sudden realization was not easy to express publicly. Perhaps it is more accurate to say that I was not willing to risk the exposure. So many years of isolation are not easily overcome.

So I joined a TV support group, began to dress more often, and took advantage of the emerging social liberalism. Still, I felt incomplete. There was something about the support groups that was not as satisfying as I had hoped. I went to meetings, talked, compared and participated in events, but I still felt sort of left out. I often asked myself why was I uncomfortable, when here I was with other males who dressed and wore nail polish? Some were very chic and stylish, wearing quite expensive clothing and custom wigs. So what was my problem? After all those years I was finally in an MTF environment, but I was not happy.

When I attended my first TS support group, I felt instant comfort, security and rapport. I was home. There was caring and understanding on a common level of being a female inside but a male outside. The ques-

tion became one of what to do now that I had finally "arrived."

Now, in the 90s, many hours of electrolysis and psychotherapy later, I see the world differently. Still, the nagging conservatism exists, and in spite of my inner peace I experience minor uneasy "pangs." And the question of what to do persists.

As you can tell, or at least I hope you can, from the text so far, I did not exactly just fall off the turnip truck. That leaves some rather disturbing facts when considering hormones, surgery, etc. For a much younger person the decision becomes one of finance (assuming all other factors are equal). For me the decision is not that simple. If all it cost was money, then away I would go, but the physical problems of an "advanced" age are not to be taken lightly.

There is little, if anything hormones can do to enhance my breast development, for example. In fact, the potential for adverse side effects increases as one ages. If you need more on that subject, I suggest you contact your local physician and do some serious research. But I digress.

Anyway, my Dear, I have aged, albeit quite gracefully. I wear a natural 38-B bra, have a 30-inch waist and very little facial or body hair. What I do have I shave carefully daily when I shower. At 6 feet and 160 lbs I would be a part of the landscape if I was 30 years younger, make that 40 years. But ladies of my generation are not tall. Short and dumpy maybe, but not tall.

So, here I am, a chic, quite stylish Grandma in a Grandpa's body who often quotes that old adage, "We get too soon old, too late smart."

Regrets? Yes, too bad that today's social environment didn't exist when I first discovered my femininity. But I played the hand I was dealt as best I could until today, when I finally drew to the inside straight and hit (ladies do play poker, you know!).

Even at the tender TS Age of 25—forget the calendar—I say to anyone who will listen, that it is never too late to be the real person you are. It is the inner woman to satisfy, and if the external changes are not possible, for whatever reason, then adjust. Learn to cope but enjoy being as much of a woman as you possibly can. The gender is inside, not out. ☞

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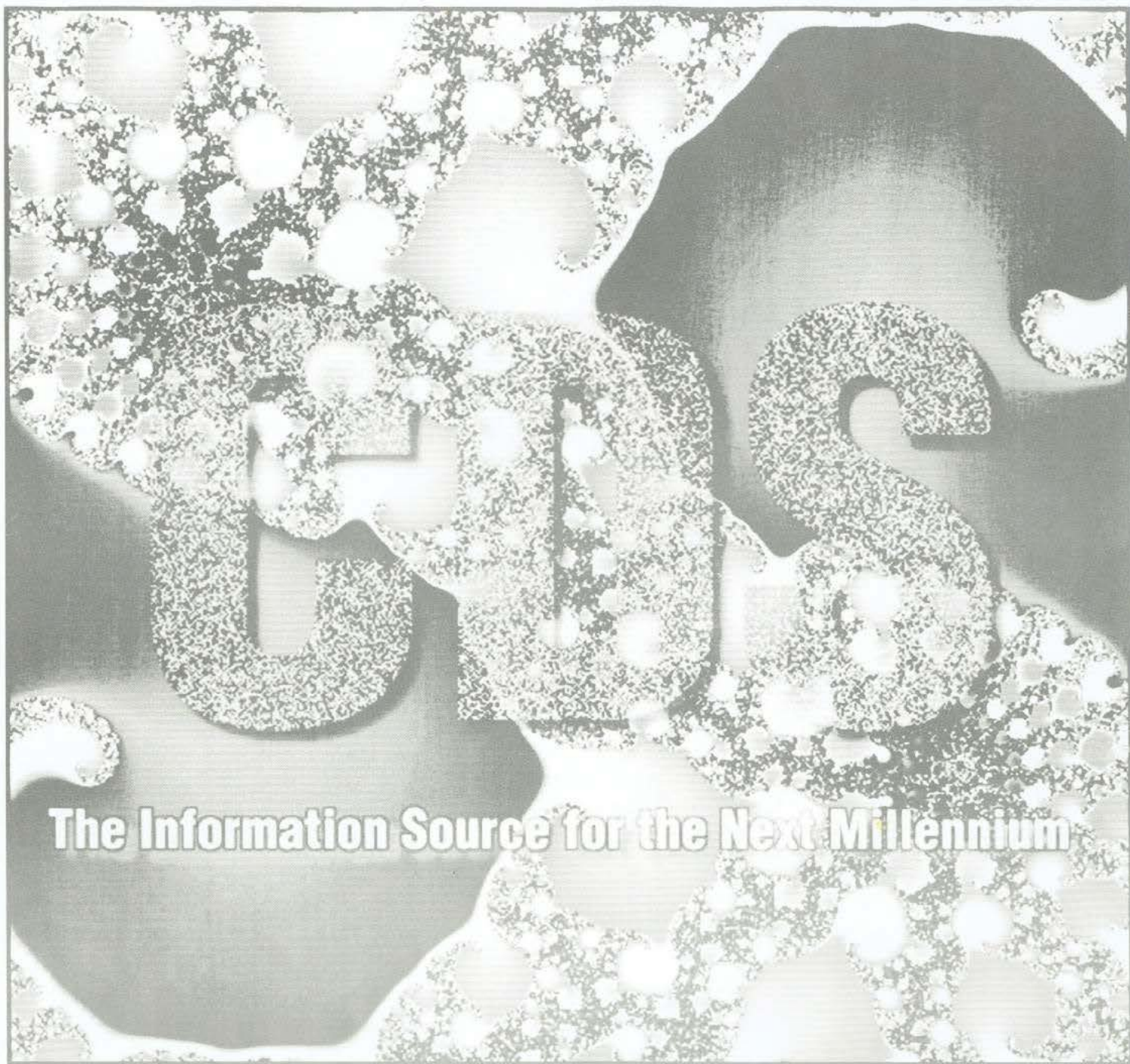
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