



GENDER DYSPHORIA SYMPOSIUM HELD IN MARCH

The 7th International Gender Dysphoria Symposium was held at the Cal-Neva Lodge in Lake Tahoe, Nevada. It was sponsored by the Harry Benjamin International Gender Dysphoria Association (HBIGDA). It was attended by doctors whose specialties are surgery, endocrinology, urology, and psychiatry, by helping professionals, counselors, sex educators, psychologists and by paraculture "consumers" (cross-dressers, transsexuals, etc.).

The purpose of this bi-annual meeting is to provide a forum for sharing ideas and updating on medical techniques and for exchange of relevant information regarding the phenomenon of Gender Dysphoria. Gender Dysphoria is defined as a condition in which a person feels discomfort with their current gender role. The Symposium was divided into several categories and this article will highlight sections from some of these.

The keynote speech was delivered by Dr. D. Laub. He spoke about the issue of the concept of body image. Laub defined body image as "what one thinks other people think of us". Much body image is not based on the existence of clear operative pathology, but rather on the prediction of postoperative happiness. He further went on to say that body image, productivity on the job, and self-assurance are three interrelated and interlocked concepts. The decision for body change surgery depends very much on the prediction of postoperative success. This prediction depends on how close the reality of the anatomical change, from the surgeon's viewpoint, can be achieved and on the realism surrounding the patient's ability to have increased body image, increased self-assurance and increased productivity on the job.

In the context of patients who have gender dysphoria syndrome these are relevant factors in determining suitability for reassignment surgery.

Under the heading of Male-to-Female (M-F) surgery, Drs. Wesser and Biber discussed complications and modifications in the techniques of penis inversion in the formation and construction of vaginal and external genitalia. These included problems of scarring within the vaginal canal, of formation of a functional clitoris and cosmetic improvements of the vaginal labia. In the section dealing with surgery Female-to-Male (F-M) conversions, Drs. Forrester and Tank discussed the techniques of forming a neo-phallus and for improved functionality of the genitalia that result. The technique is rather complicated and while there have been great improvements in reconstruction of a phallus, there remains much work ahead to reproduce what nature endows one with. Details of the surgical procedures both in the (M-F) and in the (F-M) surgical procedures was presented. Much discussions are beyond the scope of this article.

Another section of the Symposium centered around biological issues and among the papers presented, Dr. Billowitz discussed Hormone Therapy for patients with gender identity disorders. In his presentation, Dr. Billowitz pointed out that hormone therapy is an important and often overlooked factor in the overall management of patients with gender dysphoria. Discussion centered about the issues in beginning hormone therapy, the psychological and emotional reactions to hormone induced changes. He presented some of his medical and endocrinological findings. The overt reasons for prescribing hormones are, in the most straight forward cases, to

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The Human Outreach and Achievement Institute is a non-profit educational corporation of the Commonwealth of Massachusetts. It serves as a resource for helping professionals, crossdressers, androgynes and transsexuals.

The Newsletter is edited by A. Kane and all inquiries should be mailed to the Outreach Institute, Kenmore Station, Box 368, Boston, MA 02215. Thank you.

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facilitate patients living in the cross gender role by "passing more convincingly" and to prepare patients psychologically, emotionally and physically for sex reassignment surgery. Patients who request hormones may often have unconscious motivations such as the attempts to control aggressive impulses (especially in biological males) or to deny homosexuality (in both biological sexes). He suggested that professionals must examine the full profile of the patient when considering whether hormone therapy should be indicated. In general, hormones may be prescribed to allay anxiety, reduce suicidal tendencies, or to prevent patients from obtaining hormone pills on the street. From interviews with 50 patients he reports on rapidity or slowness of physical changes that occur as a result of hormone therapy. Some patients occasionally demonstrate their ambiguity over hormone therapy by failure to continue taking hormones, as prescribed. Other findings suggest that there are problems caused by changes in libido, fears of medical side effects, or other issues that should be explored with a therapist. For instance, biological males may have concerns that atrophy of the genitals caused by hormonal therapy would result in poor depth of the neo-vagina to be created in reassignment surgery. The 50 patients studied were part of a gender identity program at a major university in the United States. These patients receive hormones between six months and five years time duration.

A paper given by Dr. W. Eicher introduced a more recent development in the biology of homosapiens, namely the discovery of a new antigen body which may serve a positive indicator of gender dysphoria. Called the H-Y antigen, this cell surface component is present

RESEARCH PROJECT

A research project has been initiated by a graduate student at the School of Social Welfare, State University of New York (Stony Brook). The purpose of this project is to gain a non-clinical understanding of the relationship between transsexualism and the aging process. Data is being gathered, using open ended interview techniques with older postoperative transsexuals. The aggregate data will be used to develop a characteristic profile of older postoperative transsexuals. For detailed information, please writeto Mr. J. Kenney, School of Social Welfare, Health Science Center, S.U.N.Y., Stony Brook, Long Island, N.Y. 11794

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in all male tissues. It is also found in human male serum. The H-Y antigen is an expression of a group of male determining genes, in which it is suggested, to be located on the Y chromosome. Normal males are H-Y antigen positive while normal females are H-Y antigen negative. Preliminary studies with 11 M-F transsexuals and with 11 F-M transsexuals indicated that 8 of the M-F transsexuals were H-Y antigen negative (correlating with normal females who are H-Y antigen negative). Nine of the F-M transsexuals were H-Y antigen positive (correlating with normal males who are H-Y antigen positive). Dr. Eicher believes that the H-Y antigen is an important element in the riddle of biological gender identity. It was emphasized that much more research and statistical data must be done in order for this statement to be verified.

In the section entitled, Follow Up Studies, two papers merit some comment. The first is by Dr. S. Satterfield and was entitled, Surgical Sex Reassignment, A Fourteen Year Experience. A summary of her study with a small number of postoperative patients indicates: a) those patients who show the highest satisfaction with surgical results are the same as those who assess to have had the best surgical results. b) those patients with the poorest surgical results are those who report the lowest satisfaction in a number of life areas (working, relationships, etc). c) a comparison of pre and post-operative psychological functioning indicated that there is significant improvement in regard to psychological functioning in the majority of the cases studied. She intends to expand the study to a larger group of subjects in the areas of social, economic, vocational, psychological, sexual and general identity functioning.

A second paper presented that we felt important to include in this article is by C.R. Jones, who is a Canon in the Episcopal Church. Entitled, Is Sex Reassignment Surgery Necessary?, Dr. Jones cites the decision of the Gender Clinic of John Hopkins not to continue with sex reassignment surgery as a basis for casting a shadow over the credibility of this medical intervention. Jones further points out that since this is a relatively new surgical procedure that the time period for making such decisions is rather short from which to collect meaningful statistical data and to evaluate that data in terms of continuance of this surgery. He suggests that there is sufficient evidence currently available to evaluate the efficacy of reassignment surgery, and thus providing a transsexual person with the sense of "unity and completeness" they anticipated. Evidence for this position comes from several surveys of persons who have undergone surgery and for whom he had reasonably complete, free and postoperative data. In his experience with a great number of transsexual persons Dr. Jones alludes to the relative success of these people in terms of how well integrated they are and how adequately they have adjusted to society in terms of work, family relationships, their own interpersonal relationships and their general sense of well being.

Apart from the formal presentations, there were several other activities and aspects to the Symposium that deserve mention.

At the business meeting of HBIGDA, a motion was presented and approved that states the following: The desire to emulate the behavior of the opposite gender/sex in dress, modes of behavior, activities, and the like is not an illness of a psychiatric disorder. Known as the Williams/Lind Initiative (these were the proposers), it was also moved that a committee, within the Association be appointed to study the above and formulate a statement of position for this Association at its next regular meeting. The implication of this statement is to make the issues of crossdressing and

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NEW PUBLICATIONS

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The Institute has acquired four new publications which we think will be of interest to our readership. The first of these is Transvestism, A Handbook of Case Studies for Psychologists, Psychiatrists and Counselors by H. Brierley. This book was reviewed in prior issue of our Newsletter and is highly recommended both for helping professionals wanting to get a fuller exposure, with in depth case studies, about this paraculture. It cost \$15.95. The second publication is entitled, The Law and Transsexualism, A Handbook for Professionals by J. Clark. Here is the most up to date, complete survey of legal aspects related to rights and issues of the transsexual. It is complete with sources of specific cases and it also contains a summary of the standards of care for gender dysphoric patients as suggested by the Harry Benjamin Association. It is a must reading for all professionals that counsel transsexuals. It costs \$10.00. Our third publication consists of a set of three monographs that focus on the issues related to this paraculture. These are entitled, Crossdressing, A Social-Cultural Survey, Transvestism; Deviant or Minority/Group and Transvestism and Androgyny. They are written by J.T. Talamini, Ph.D., professor of Sociology at the University of Scranton. They are available from the Outreach Institute and cost \$5.00 per monograph or \$12.00 per set of three. A fourth publication that we like to call your attention to is called, Designing Your Face by W. Bandy and is a very well illustrated book on the art of applying cosmetics to enhance facial features. It costs \$10.00. To place your order for any of these publications please complete the order form included in Newsletter and return to the Institute with your money order or check, made payable to the Outreach Institute.

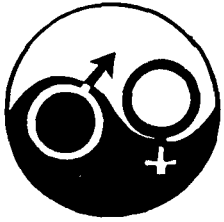
gender expression no more and certainty no less than a common behavioral pattern that finds expression in most cultures throughout the world. It means further that the consumers in this paraculture, i.e. crossdressers, transsexuals, androgynes, etc., must begin to look upon this aspect of their behavior in terms of positive social growth and direction. It is no longer suitable for various elements to carry with them the burden of guilt associated with a genuine feeling of gender expression. We support such a resolution and will be working with this committee in helping to shape the final form of this proposal.

Finally, there were several social functions sponsored by consumer organizations, among them cocktail parties by the Gateway Gender Alliance and Renaissance Gender Identity Services. The Outreach Institute served wine and cheese and presented a slide show of Fantasia Fair 1980. In addition, several taped video talk show interviews with Ariadne Kane both in Washington, D.C. and Detroit were also presented. These added much to a better understanding of the full dimensions of this paraculture.

AN APOLOGY

We would like to apologize to our subscribers for the lateness of publication of the Winter issue of this Newsletter. Incredible time demands and temporary lack of resources were the cause. We thank each and every one of you for your patience and support.

THE HUMAN OUTREACH AND ACHIEVEMENT INSTITUTE



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