

Outreach Beacon

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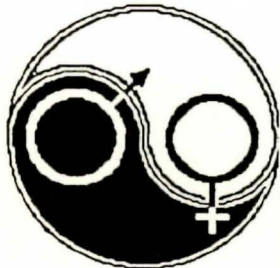
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FEMALE - MALE A Case Study RESOLUTION WITH FAMILY

By

T. KELLEY

Jake said, "My Dad picked up my little niece and told her to 'Look over there at your Uncle Jake and smile.'"

Jake and I both smiled.

Three years ago Jake was sure that this day would never arrive. Initially he came to my office to begin psychotherapy in an effort to resolve his issues of gender conflict. Jake was a rather androgynous-looking genetic female who called himself "J.T." At that time, still in the female role, she was in her last year at a regional university where she had been in therapy with a faculty psychologist for two years. They had explored many elements of J.T.'s conflict and the therapeutic work had allowed her to function satisfactorily in her major department to get well on her way toward graduation.

Both J.T. and her therapist believed that she had done as much exploring within the female role as she could and they both felt that it was time for her to start hormone

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We've Changed Our Name

With this issue, we have changed our name and our format. The Outreach Newsletter will now be known as the Outreach Beacon, a publication dedicated to presenting articles of interest in the field of gender. We welcome interesting and critical essays from our readers. Let us know your views of our new design and format.

-Ed

therapy. For this reason, she had been referred to my office.

She came in for her first appointment dressed in jeans and a loose fitting plaid shirt and sneakers. She wore no makeup and her hair fell just below her ear lobes in a loose natural cut. She had nice hair, dark and full with a natural wave that caused it to lay nicely, lending no clue as to the sex of its owner.

She sat in an easy male-fashion with her left ankle resting on the knee of her right leg. She leaned back in the chair, hooked one elbow over the back of the chair, and studied me with a level gaze. After I had taken some case history, I explored the question with which I usually start most of these interviews, "Why now?"

J.T. exploded: "I don't like this one little bit, I want you to know" she said through clenched teeth, still with that cool, level, gaze.

"Yes," I responded, "So I've noticed. Why don't you tell me what it is that you don't like?"

"This," she said, with an all-encompassing gesture that took in both myself and the entire office. "It's just another hoop that someone can make me jump through!" Abruptly she shot out of her chair and began pacing.

"I've had it with all this! I've been to psychologists and therapists and doctors and everyone else. I'm not crazy and I resent having to go to shrinks. I've been to a psychologist for two years. I know what's wrong with me and I just want it fixed!"

She stood across the office, one hand resting on the mid-sash of the big turn-of-the-century window and the other in a fist jammed on her right hip, in the way men do when they kick their suit coats back and jam their fists on top of their trouser side-pocket. She talked for a while from this safe distance, about the professionals whom she'd already seen. She talked about how fed up she was with it all, and the number of deadend streets she'd been shuffled down. She talked about how much money it had all cost.

When she seemed emptied, quieter, I asked, "Then why do you want to start over with me?"

"I don't! You better believe, I don't! I hate being here!" she snapped.

"Did someone force you to come here?" I asked.

Her expression turned from angry to sour, and she curled her upper lip like an animal wanting to show its fangs. "You know why I'm here," she snarled. "Don't play cozy with me! I'm here because you're the only one that we could find. You hold the key to the next step and the only way I'm going to get that key is to start all over. Again."

She took a deep breath and let go of the window sash and dropped her other arm to her side. At the same time she drew in a deep breath and the breath pulled her head up and back, almost defiantly. She turned and walked purposefully back to the chair. She sat down, holding herself very rigidly, and with both feet solidly planted on the floor, wide apart, she rested her elbows on her upper legs and laced her fingers together in a white-knuckel grip. She brought her head forward toward her hands and in a menacing tone said, "OK, you win. I'm here. I'll jump through your hoops. Just set them up and tell me how many. Once a week? Ok, fine. I'll do that. I...just...want...my...hormones." And she deliberately, slowly, emphasized those last four words.

That evening, when I was reviewing the day, I must admit that I let my mind wander back over the hour that I spent with J.T. I wondered if taking on this client had been a good idea. I wondered, further, if I would be able to be of any value to her. I knew that if I did work with this raging little wolf-cub and if we were able to come out on the other side with some things in place, her rage exorcised, her soul tasting some peace, her sense of gender at least to some extent eased, I knew that if we did all that, I would surely have earned every cent that I would have received!

Well, I would not be sitting here today, writing this, had I not continued with the client and had she not made the decision to continue

working with me. It was, I must tell you, as stormy a three years as I had ever known; not the stormiest, but as stormy.

Unfortunately, as it turned out, the psychotherapy J.T. had already had, valuable as it no doubt was to her, did not fill the needs of a gender program. And so, we began all over again to peel the "onion" of her relationships with her family. She had done some of this in therapy before, but this time we were specifically looking for the threads of gender identity.

One of the first rules that J.T. attempted to level was that of putting her father and all discussion of her father off limits. She had resolved all of those issues, she announced, with a "really good psychologist" that she'd seen previously. Unfortunately, this was an issue that I could not allow her to skirt. Over and over we attacked it, from every conceivable side and eventually, despite her anger, her protests that I was only wasting her money, having her come in week after week just to go over the same old stuff that was already resolved, after she had suddenly bolted from the therapy room on more than one occasion, finally, we began to uncover him, and her relationship to him and with that came the puzzle piece to the rest of the family dynamics. We were finally starting.

We "met" the father, a powerful and controlling man, who pulled every string in his family. We "met" the mother, a woman who squeezed out her power within the family by manipulation. We uncovered the family, who defined family life by "Today's Crises", and like a very good soap opera each of the five members of the family took turns being the family's "Crisis for Today."

The crises were all of a very fine vintage since the family was one of extraordinary wealth, father having made and lost one fortune only to re-gear and make another. And the menu of different crisis was an impressive one, from narcotics through sex and alcoholism, divorce, illnesses, and, of course, the ultimate: gender conflict.

Having fully explored the hand that the father had played in all of this and the hand that J.T. had played in relation to father and the quite

literally unspeakable anger that she felt toward him for having made her his "little jockey" (they owned and ran a line of fine race horses. And in the late 60s "little jockeys" were always male.) She finally allowed herself to come face to face with her rage and eventually she used it up to be finished with it. And when she thought it was over, we had to go back into it and look to see whether her sense of gender conflict was an effort to fulfill her father's prophetic nickname for her. Then we had to look to see if it was a fact or out of her anger toward him for all the things that she was angry at him about, a way of striking out at him.

And a year went by and half of another. And during this time J.T. began to use the name "Jake" around his friends, at first as a nickname and it seemed to fit because she always had been a tomboy, a good guy, and a terrific pal, so Jake didn't seem at all out of line. His hair was being worn a bit shorter now, his breast binder was always securely in place, no matter how hot and miserable the day might be. He had no wardrobe left that was anything other than casual male. Women can do that, you know, especially if they are "good guys", not aggressively male, have a good sense of humor, and all of that sort of thing. Remember, they're only women. They don't count for a whole lot anyway and after all they are "bumping UP" the ladder with it all.

And during this same time, Jake was making it a point to meet a lot of new people and all these people only knew him as Jake. He wasn't making explanation, he was just getting on with exploring the kind of person that he felt lived within himself. And it seemed to be working. The earth wasn't moving and volcanos weren't erupting, but Jake did graduate from the University, and he did take a job, and he did teach skiing in the male role. Not sky rockets. Just "stuff". Like the rest of us.

Now, I need to go back to the very beginning with Jake, because the second or third visit we talked about what his family knew regarding the gender conflict and how they reacted to what little they did know. Jake assured me that they would just have to be written off. Well,

writing off families is for fiction and the Donahue Show, but not for real life. Certainly, not for my clients, at any rate. We haven't lost a family yet. That feels a bit uncomfortable at times because it seems very much as though we may be riding the crest of a wave for a fall. Even so, it hasn't happened yet. As so, we began working on the family. Jake went into a pretty serious depression. Just the thought of being urged and prodded to attempt the futile was enough to make him want to simply toss in the towel on his new therapist. But, after all, he still didn't have the hormones for which he had entered therapy this time.

So, he gave it a try. Maybe just to prove to me how dismally wrong one therapist really could be. We began by using the medical model. By that I mean, talking about symptoms and treatment rather than scaring the parents by calling and telling them that she was going to be a man. Good grief! You do something like that, you are lucky if they don't send some weird guys after you in the white coats with the little nets.

After the parents initially tried to ignore the communication, we wrote them again. This time we wrote that J. T. could understand, perhaps, why they hadn't responded to the information that she'd sent to them, even though it was so critically important to herself. We also wrote that most people don't know anything about this subject and most people are scared when they think that someone that they love might be feeling this way. Finally, we closed with the statement that it just made sense if they were too scared and confused to talk about it.

If the parents still won't talk about it, we write them again. This time we say, "Boy! You really are scared! But if you weren't quite this scared maybe some of the questions that you would want to ask would be..." Then we set up the questions to give them the information that we want them to have. Sometimes this works better than actually having the parents ask questions themselves.

In all events, we orchestrate the whole thing in such a way as to give three or four specific bits of information. First, that I'm your kid and I'm not going to go away and neither is this crazy condition with

which I've been struggling most of my life. Second, I'm not going to disappear and hide nor am I going to act as though this is all because I have done or am doing something bad. Third, all I want from you is your love; exploring the gender conflict is something that I have to do myself, so give me some space, not too much, just some. And fourth, I don't know what the outcome of all this is going to be (even if the client thinks s/he is dead certain!) and that's why I'm in treatment.

Well, this sounds simple enough on paper like this, doesn't it? Believe me, it isn't. Every parent is a creative writer and each one of them writes their own script a little differently. Sometimes we tell almost the whole story in that "maybe here's what you would like to say..." scenario. But Jake's parents didn't take that track. The whole family took a bit of a different direction, and they all got into the act.

Now his family is one who honors the great god "Secrecy": nobody lets anyone else know what's really going on and everyone gets into the game of trying to guess what is going on with everyone else. Sound familiar? There's more of this around than you might expect. Soon, Jake started getting messages that said, "I'm just writing to tell you how your father feels, since he will never write to tell you himself and if you go through with this, as far as he's concerned, you're dead!"

Pretty heavy stuff, huh? It hit Jake hard, too. Of course, it was meant to do just that. This is called "cure by intimidation." Wonder why no one has ever tried that with cancer?

Then it was, "Don't you dare ever mention this around your mother. You'll kill her!" Then, "You'll never see your only niece." And then, "We're all going to be together for Christmas. Unless you can come home in a sane, sensible way, don't come at all."

Late, "How we'll miss you at your sister's wedding. But we can't let the new in-laws see 'this'."

Finally, with persistence and determination and just never backing down and never letting the subject rest, it began to be "Well, you

know that I have always been the liberal-minded member of the family, but the rest of them..."

And, "Let your sister and I fly out there for the holidays. You have always hated the winters back here.."

And then the black sheep phrase, "Did I ever tell you about your great aunt Lulu's second daughter's child by the third husband? Well..."

And that oldie-but-goodie, "Your father has a cousin who was gay..."

And once more, "Yes, it has been a long time, but why don't you let your father and I fly out there..."

Until, at last, we got to the last bastion, "But what will the rest of the family (the neighborhood, the business associates, etc.) think?"

Jake's family didn't miss a single melody. They would dance in close to resolution, then they'd make a pirouette, as pretty and quick as you please! Time after time, he came into therapy, letter in hand, or notes from a phone call, happy as a kid out of school about a new turn of events. I'd remind him, gently as I could, that it could all turn around. Again. And it did, time and again.

One day, in the midst of all this, Jake called. He said "I just wanted to let you know that I'm going to start hormone therapy."

Now we had serious conflict regarding hormones. I have a rule that female-to-males make living arrangements in which they share with two or more genetic males for a significant length of time before I will O.K. hormone therapy. There are two extra non-reversible results of hormones with the genetic female, voice change and beard growth. The voice can't be changed back to female if the exploration of the role proves that that is not what needs to happen. The beard, of course, can be removed with electrolysis. Costly, time-consuming, painful. Expensive. Unnecessary ... if they are sure before they start hormones. The life experience is the only real way that I know of to try to be sure. The housemates aren't to have a clue about the client's gender conflict. Otherwise, they won't act the same way

that they would act around a genetic male, and the gender-conflicted person isn't going to be getting a true picture of the male role.

Needless to say, Jake hadn't done his life experience and I was not going to certify hormones until he had. In response to his announcement I replied "Thank you for telling me."

"Will you still see me in therapy?" he asked.

"Sure," I said, "I think you're dead wrong and that you'll be sorry for it. If I'm right I certainly want to be around to pick up the pieces and help put you back together again. If I'm wrong (perish the thought) I need to know it."

After all this, Jake never got his hormones through me. He did get them and it proved to be just fine. His judgement was solid. I think one of the reasons that he felt the need to push even though he had graduated and had his diploma was that he had one semester still to do as an exchange student in a part of the world where he was pretty anxious to live. He was not about to miss this opportunity and he was sure that being on hormones before he took that step would help tremendously in carrying off the role in such close quarters. And it did. After a few weeks on the hormones, the menses stopped, making the entire undertaking much easier and less complicated. His voice began to grow lower in pitch almost immediately and some peach fuzz was beginning to appear even before he left Denver.

The semester out of the country went well for him. He was comfortable in the role and made some good male friends with whom he did most all of the things that late teenage boys do together, or to be more accurate, young men in their early 20s because that's where he was by this time. Some of the girls in his adopted country found him particularly attractive and he experienced having good-looking teenage girls toss themselves at him. At first he was stunned! Then he was flattered and lastly he was amused.

I'd like to tell you that all went absolutely smoothly and Jake came home unscathed. Actually, this is not true. The last week of his stay some friends from his American university who had not seen him en-

tirely in the male role, on a tour, showed up in his city. They had his telephone number in hand. He met them at a downtown hotel and were they surprised! Even though the word got out, even to his hosts, he weathered the surprise storm, dealt with people having discovered and said, "Yeah, that's true. So?" And there wasn't any "so . . ."

Jake is another year or two down the line at the time of this writing. He stopped by to visit with me on his way back across the country after one of several visits with his family. It was on one of these visits that his Dad picked up his little granddaughter and said, "Look over there at your Uncle Jake and smile."

T. Kelley, M.A., is a psychotherapist in private practice specializing in work with the cross-dresser and the gender-conflicted.

Sexual Destinies

The following article is a synopsis of an article that appeared in OMNI (April, 1987). Though it speaks of homosexuality, it may have relevance to transsexualism.

Gunter Doerner, director of the Institute of Experimental Endocrinology at Humboldt University in East Berlin, claims to have found proof that male homosexuals are born, not made. He cites maternal androgen deficiency (a lack of masculinizing hormones) during a critical period of brain development as the cause. He says this hormone imbalance results, in some cases, from stress in the pregnant mother.

Doerner claims, based on amniotic fluid samples, that he can tell if the fetus is at risk for being born gay and "correct the abnormal" condition in the uterus by injecting supplementary androgens. He says he may soon be able to turn adult gays into straights with lisuride, an experimental drug tested on rats. When injected into male homosexual rats, Doerner found a significant increase in male-like sexual behavior and a significant decrease in femalelike behavior.

To prove his theory that homosexuality is biologically controlled, Doerner cites the LH (luteinizing hormone) positive feedback effect:

estrogen in a pubescent girl triggers a brain hormone called LHRH (luteinizing hormone-releasing hormone), which in turn causes the release of LH, which instructs the ovaries to begin ovulation. Both hormones can be artificially set off by an estrogen injection. When a group of gay men were tested, their LH levels rose as if the estrogen was signalling a phantom ovary. Dorner contends this proves sexual orientation is decided in the womb.

Brian Gladue, assistant professor of psychology and director of the Program in Human Sexuality at North Dakota State University, is chief investigator of an American team that has confirmed Dorner's results. Gladue agrees there's a biological basis to sexual orientation but is not sure if it's prenatal hormones or something else altogether.

Dorner believes that when a male embryo is deprived of high levels of testosterone and is influenced by ovarian estrogen, the brain becomes feminized and the boy becomes homosexual and when a female embryo is exposed to high levels of testosterone, the brain becomes masculinized, and the girl becomes lesbian. In one experiment he observed that in pregnant rats, stress-inhibited testosterone in the male fetus had produced permanent neurochemical changes in the hypothalamus of the brain. In the female embryo, stress stimulated the adrenals to produce an overabundance of androgens.

Because stress in pregnant rats is not necessarily comparable to the human psychological experience, Dorner devised a study linking emotional strain during pregnancy with human homosexuality. He hypothesized that more gay males were born in the stressful periods of World War II than either before or after. He asked 60 gay and 40 bisexual war babies to ask their parents about stressful events during the mother's pregnancy. One third reported severe stress (23% of which was due to unwanted pregnancies) and 1/3 reported moderate stress. Among 100 straight male war babies, no severe stress was found and only 10% of the mothers had moderate strain.

Based on Dorner's theory, there should be a "gay war bubble" in all the nations affected by WW II, but no such phenomenon has been documented. In 1982 the German Society for Sex Research in West

Germany found fault with Dorner's study, stating his arguments were irrational and also condemned him for advocating "endocrinological euthanasia of homosexuality."

Undeterred, Dorner tested his stress theory on 55 lesbians and 150 straight women (though these subjects were not war babies). He collected case histories from them and concluded lesbians are born as undesired children significantly more often than heterosexual women.

Louis Gooren, a Dutch endocrinologist at the department of internal medicine at Amsterdam's Hospital of the Vrije Universiteit, has challenged Dorner's theory; his efforts to replicate Dorner's work on luteinizing hormones in gay and transsexual men has failed and his results directly contradict Dorner's, and amazingly, he did find the response in some heterosexual men. Gooren says Dorner has overlooked a key variable if differences are found in LH response among men -- testicular function -- but doubts there's a major difference between the testes of gay and straight men.

Gooren hypothesizes a hormone or some other substance in the testes (and not the brain itself) determines the type of LH response, and that the hypothalamus is not sex-differentiated in the human brain, but that it is in the rat.

Heino Meyer-Bahlburg, an American scientist and associate professor of clinical psychology at Columbia University College of Physicians and Surgeons in New York, proposes a resolution: he will impartially review all the raw data from the three studies (Dorner, Gooren, and Gladue) and hopes to have some results this spring. He says that there are discrepancies as each used somewhat different procedures.

Roger Gorski, chairman of the UCLA School of Medicine's Anatomy Department, says there are agents other than prenatal hormones or testicular function differences that may be responsible. Still, he has observed hormonal effects on the human brain, but does not know what they mean for adult behavior.

Dorner's critics accuse him on three counts: that he draws hasty conclusions from rat research (by-passing the traditional route of experimentation with primates), he relies on anecdotal evidence and recall, and he's politically biased against homosexuality.

It is suspected that Dorner may have begun an unethical experiment (although he denies the charge) involving a group of pregnant women whose offspring might develop homosexuality, based on his prenatal test, and giving half androgens and half nothing, then having to prove the latter produced gay offspring. John Money, director of the psycho-hormonal research unit at Johns Hopkins University, warns androgens would induce deep voices and facial hair in the mothers.

June Reinisch, psychobiologist and director of the Kinsey Institute in Bloomington, Indiana, says Dorner's interpretations need to be seen in the context of his Iron Curtain political milieu, and his proposal for endocrine intervention in the womb may be a stance he has assumed for complex political reasons.

Ronald Hellman, a gay psychiatrist in New York and the third researcher who replicated Dorner's results on the LH effect says it may be a good idea for some parents to pick a straight baby over a gay one in cases where they would have much trouble accepting a gay or lesbian child. Yet, he adds it may place responsibility on gay people for raising the next generation.

Richard Green, director of the Program in Psychiatry, Law and Human Sexuality at UCLA and a member of the American team that verified Dorner's research says it is simplistic to ignore inborn, constitutional, early experiential or later sociological influences. He says some kids are born interested in sex-typed activities (a boy who plays with dolls, a girl who likes rough- and-tumble play), and they will relate differently to their peer group, each parent, and the larger society as they develop. Green's 15-year study shows there is a complex developmental root to male homosexuality.

But Gladue says Dorner's work on the LH effect demonstrates sexual orientation isn't simply a learned cultural phenomenon, and there is

definitely something biological going on. And Gorski believes Dorner may be correct. He says it's possible that hormones alter the neural substrate that is then acted on by environmental factors, and thinks if just the right critical period and level of androgens could be pin-pointed, the incidence of homosexuality could likely be reduced.

###

TS Center Intake Letter

(The following is an example of the TS patient intake letter sent to prospective patients by the Norfolk Virginia Center.)

Dear Patient,

Since taking over as the coordinator for The Center for Gender Reassignment, I have received numerous inquiries about the program. These inquiries have come from all over the world which indicates the strong degree of commitment that you feel towards transsexualism.

Our program is young but enthusiastic about addressing transsexuals' problems. We have found that our patients are also enthusiastic. Many patients are examined and approved for surgery and successfully undergo sexual conversion. However, others are not psychologically prepared for this irreversible operation and are not good candidates for surgery. It is the purpose of this program to identify patients who would not respond well to the trauma of sexual conversion surgery. Furthermore, all patients who are approved for surgery must be fully aware of risks, benefits and alternatives of the surgery.

It is only through full communication and disclosure that this program can survive and maintain hope for transsexual patients.

Sincerely, Beborah M. Gilbert Coordinator

The Center For Gender Reassignment

The Center for Gender Reassignment consists of professional individuals, who possess highly specialized skills needed for reassignment surgery. In order for us to give you the highest quality patient

care, we have outlined the program for you. Please review this information carefully. This will ensure that you are not wasting your time and risking unnecessary expense in meeting with us. It is important for you to decide whether or not you are able to follow our program requirements.

Initial Evaluation:

After making contact with our coordinator, Deborah Gilbert, R.N., she will send to you a patient summary sheet. This patient summary sheet must be completed and returned with a recent photo prior to being scheduled for intake evaluation. The information will be carefully reviewed to determine whether you appear to be a suitable candidate. If additional information is requested, please forward it to Mrs. Gilbert as soon as possible. This will help to avoid any delays in the evaluation.

An initial personal evaluation is required by the members of The Center for Gender Reassignment regardless of any previous screening with other programs. Since the surgeons and the psychologists working within our program are responsible for making a decision about the appropriateness of an irreversible surgery, they must be personally involved in the initial evaluation. Therefore, they must review the patient summary and all previous therapy as well as any other additional information.

Intake Evaluation:

After your patient summary has been reviewed, you will be notified as to whether or not you can proceed with the Intake Evaluation. If you are approved to go into the second stage, you will be asked to make an appointment with Dr. Gerald Ramsey and Dr. Nancy McKeel. Both are psychologists eminently qualified by training and experience to evaluate persons who feel that they are transsexuals. After meeting with Dr. Ramsey and Dr. McKeel, they will decide whether or not you are appropriate for admission into the program. This will bring you up to the third stage of the program.

Acceptance Into The Program:

If Dr. Ramsey and Dr. McKeel have decided that you are an ap-

propriate candidate for the program, you will meet with the other physicians that are a part of the program. These meetings are arranged within 24 hours after you visit with the psychologists. Therefore, you should plan to remain in the area for at least two days. After you meet with each physician, you will be told to return home. Once the physicians have discussed your case, which is every four weeks, you will be notified about their decision. You can expect to hear something within one week after their meeting. Acceptance at this stage means that we feel it is appropriate for you to live in the role of your choice. It does not mean approval for surgery. If accepted into the program, a trial period will be determined. All patients, whether or not they have cross-lived prior to undergoing evaluation at The Center for Gender Reassignment, must be involved in our program for a minimum of one year prior to final consideration for surgery; however, this can be waived if criteria from other programs has been met. If you have not lived exclusively in the gender of choice on a continuous basis prior to being evaluated here, then you can expect to be given a trial period of 18 months.

Trial Period:

Prior to being considered for surgery, patients must live exclusively in their chosen gender role for at least 18 months and must be on hormonal treatment six months.

Hormones:

Persons who are accepted into our program will be asked to meet with an endocrinologist to review any hormonal therapy or implement one as well as monitor the hormonal therapy through regular physical examinations. If you are currently in a hormonal therapy, a complete report from the physician will be required and verified. Once your therapy has been reviewed, a recommendation will be made to the other committee members as to future hormonal therapy. You will be notified as soon as a decision is made.

Counseling:

Each state has different laws which govern the legal status of persons with gender dysphoria. You may contact our attorney: Mr. M. Ran-

dolph Carlson, II, 125 St. Paul Boulevard, Suite 300, Norfolk, Virginia 23510, (804) 627-6568 for further information.

Reevaluation Prior To Consideration For Surgery:

A patient will be considered for reevaluation for surgery when they have completed these *minimum* requirements:

- Have been undergoing psychotherapy.
- Have been judged a good candidate for gender conversion.
- Have been taking hormones for at least six months.
- Have had identification changed to chosen gender.
- Have lived exclusively in chosen gender for at least 18 months.
- Have held a job in chosen gender for at least 18 months.

Final Approval:

It should be understood that the program does involve a screening process. Only persons who have demonstrated successful adjustment to the chosen gender role, as judged by our psychologists, social and economic criteria, are approved for surgery. Failure to demonstrate this adjustment as well as psychosis, life limiting diseases, alcohol or drug abuse are contraindications to surgery. Occasionally, patients find that they are not immediately accepted for sex reassignment surgery, but must wait longer than the original trial period until further self improvement goals are accomplished. These delays are in your best interest.

Surgery:

Our coordinator, Mrs. Gilbert, and the physicians will meet with you to discuss all aspects of your surgery. Included in this discussion will be a description of the surgery, pre-and post-operative care, and costs. Surgical costs cannot be discussed until this meeting with Mrs. Gilbert.

Pre & Post-Operative Counseling:

Before and after your surgery, the Center for Gender Reassignment program requires that you meet with Dr. Ramsey or Dr. McKeel for

a minimum of two sessions; after which, they will determine if further counseling is needed.

Financial:

All fees for the intake evaluations must be paid in advance and are *not refundable*. Dr. Ramsey and Dr. McKeel's fees are \$600.00 which includes pre-operative and post-operative counseling and all psychological testing. The other physicians that you will interview with have a fee of \$100.00 each.

Please note that there are no public or private agencies which finance surgery. Some insurance companies have paid for the surgery; however, most consider the procedure cosmetic and will not pay on this basis. (If you desire a list of insurance companies that may pay a portion of your surgery please contact Melanie Harrison at (804) 623-1090. It is most likely that you will have to finance the surgery personally.

Questions:

If you have any questions, please contact:

Deborah M. Gilbert, R.N., Coordinator
The Center for Gender Reassignment
400 W. Brambleton Avenue
Suite 300
Norfolk, Virginia 23510
(804) 623-1090



Book Reviews

In Search of Eve: Transsexual Rites of Passage

by

A. Bolin

Professional literature in the field of transsexualism can be broadly classified into two major categories:

A) Medical - including psychiatric and psychological research. This approach is referred to as "clinical" because it focuses on this phenomenon as a syndrome subject to treatment and observation.

B) Sociocultural - in which transsexualism can be viewed as a phenomenon related to and existing with the larger sociological and cultural matrix.

In Search of Eve is a sociocultural study of the transsexual phenomenon. Dr. Bolin, who is a cultural anthropologist, has worked with a research population of sixteen transsexuals over a period of two years. During that period, she had ample time to explore, in depth, a variety of pertinent issues for the TS. In fact, she hypothesizes that the process of gender shifts, followed by the quest for sex reassignment surgery, are "Rites of Passage" as described by A. Van Gennep, a well-known early 20th-century socioanthropologist.

The "rites of passage" model originated by Van Gennep and refound by some American anthropologists in the 1940's - offers a twofold conceptualization of stages: that is, separation, transition, and incorporation.

Van Gennep summarizes the underlying premise for the rites of passage: "Transition from group to group and from one social situation to the next can be looked at as implicit in the very fact of existence. A person's life is viewed as being composed of a succession of stages with similar ends and beginnings; i.e. birth, social puberty, marriage, parenthood, advancement to higher class, occupational specialization, and death. For each of the above events there are ceremonies

whose essential purpose is to enable an individual to pass from one defined position to another, which is equally well-defined.

Van Gennep's model provides a framework for understanding the dynamics and processes of the transition (male to female, or female to male) states of the transsexual. It's significant asset is that it cogently reveals the cultural components of the passage from one gender/sex role to a preferred gender/sex role.

Dr. Bolin has created a valuable piece of literature in our understanding of the TS phenomenon by using Van Gennep's rites of passage scheme and analyzing diverse aspects of the quest of the transsexual.

Her book includes chapters on the Rites of Transition for a TS; Becoming a Woman & What Kind of Woman; Strategies & Rituals of Passing; and Personal & Sexual Relations of the Transsexual. She has provided clear tabulations of the data used to support her thesis with insightful observations and conclusions.

In this work, there's a frank discussion about the Clinical approach to working with transsexuals and she indicates some areas of weakness in viewing the phenomenon strictly as a "psychiatric syndrome" with restricted avenues for positive individual development (as opposed to cloning using cultural stereotypes of gender/sex roles).

She writes clearly and sympathetically. Her style is representative of a story teller with sincere intent and purpose.

In Search of Eve is a very positive contribution toward one's understanding of transsexualism & the transsexual. It is recommended reading for all professionals in the field of sexuality as well as people who have embarked on quest for full happiness in a preferred gender/sex role.

Reviewed by A. Kane

[This book is available from the Outreach Institute for \$15.95 + \$3.00 for postage and handling.]

Geraldine: For the Love of a Transvestite

by

Monica Jay

Reviewers ought to be dispassionate, objective outsiders who don't have any vested interest in the concepts and ideas of the book they are reviewing. I can hardly claim such objectivity, having been involved personally in the cross-dressing scene for over 60 years and in the active, helping, and involved side of it for more than 25 years. So I will abandon any pretense and just "call'em as I see'em."

I will start by saying that all CDs should read this book. You will enjoy it. So should a great many wives or girl friends, accepting or unaccepting. There are several reasons for this unabashed recommendation. There are entirely too few books written about this subject by anyone so that any new book that appears is bound to have something to contribute. Secondly, it is written by a woman rather than by someone already inside the behavior pattern. Thirdly, Monica Jay writes not from an outsider's point of view since she is in no way a professional, but is a person who has dealt intimately and personally with the subject. Lastly, she is a woman who would typify what most CDs only fantasize and seldom realize: a woman who really came to understand the frustrations, guilts, and fears which her particular crossdressing friend had experienced, and who was able to write about the relationship that developed in a most sensitive and perceptive fashion.

The book describes slightly less than three years in the lives of two people. It shows where they started, what they learned, and what they experienced about themselves and each other during this time. Monica was a woman who had experienced many years of a dry, unsatisfactory, and unloving marriage from which she finally managed to escape by divorce where her children were old enough to manage on their own. She made a living renting rooms in her home to three or four single people. One of these turned out to be Gerald, a tall, handsome, intelligent man about the age of her oldest son. Starting slowly, they became friendly -- more than just the cold business ar-

angement of landlady and tenant. Finally, Gerald got bold enough to confess his transvestism to her. She relates in detail the changes she went through starting with amazement and disbelief since she had never heard of such things in her previously-sheltered life. Over time, her amazement turned to understanding, helpfulness, and finally into love and intimacy.

Gerald, the tenant, was a businessman; at the other end of the scale was Geraldine, his femmeself. Geraldine, like many other CDs, was into lacy lingerie, high heels, lots of jewelry, and fancy dresses. Over time, and largeley because of Monica's acceptance, understanding and love, an androgynous middle person named Gerry appeared on the scene. She would dress in lingerie, stockings, heels and makeup, but not wear a wig, and make no attempt to change her voice. Gerald and Monica would go out shopping for femmeclothes, or Geraldine and Monica would go out to a local TV hangout and meet others. This enlarged Monica's experience of other lifestyles considerably. Gradually, another person called Dina arrived on the scene. Dina quickly became a regular woman sans the extreme heels, lacy gowns and such, and dressed simply but tastefully so that she could carry off public appearances with confidence. These were not multiple personalities, but simply phases and stages of Gerald's development and depending on his mood at the time. Monica knew and loved all four phases.

Monica went through changes, too. From a very plain woman who had no interest in fancy clothes, makeup, heels and other feminine frippery, she found herself being made over by Geraldine into the kind of woman that appealed to Gerald. She became fascinated with the improvements in herself as a result. She progressed to being madly in love with Gerald/Geraldine/Gerry/Dina and they had an almost idyllic life together about which she writes with sensitivity and perceptivity that is seldom found in literature, let alone anything in the paraculture.

Unfortunately, Gerald was much younger than Monica: they both realized that marriage was out of the question, though they played

fantasy games with the idea of Geraldine in a white bridal gown. He, being a brilliant young engineer, was hired by European firm which wanted him to take over and direct an American subsidiary which meant his leaving England and Monica. A heart-breaking experience for both of them.

Through Monica's understanding and love, Gerald had been able to overcome the feelings of guilt and rejection resulting from his divorce and from the simple conflict that we all know between our socially mandated masculinity and our personal enjoyment of our femininity. Thus he was able to pull himself together again and become the hard-driving manager of the American branch of the company. They saw each other three or four times after his transfer and Monica reported the emergence of still another facet of his personality which Monica named "SuperGerald" -- the hard-driving executive always out to subdue some business problem or some business competitor. One has to wonder what Geraldine/Gerry/Dina were doing inside SuperGerald. I think it would be safe to say that they are biding their time and that they will surface again in due time when the pressures of work either get so great as to require compensatory relief or in later years when demands aren't so great and time is more available, one or the other will pop out.

I read this book about eight months ago. When I was asked to write this review I picked it up again to refresh my memory. I found myself reading it word for word, cover to cover as if I had never seen it before. I found myself actually weeping a couple of times as I identified with their situation. I found myself picking up points of empathy and understanding on Monica's part that I guess I went over quickly the first time when I thought I was just reading a story. It is really a rather remarkable book as a human document, let alone a contribution to CD literature.

One friend, a psychotherapist, commented after reading it that he thought the whole thing had been written by the TV himself, that it was just a fantasy trip for him. After the second reading, I can see how he came to that conclusion because it is so unlike what most TVs

experience and SO LIKE what all of us would like to have happen to us, that it does seem sort of a fantasy. But I have exchanged several letters with Monica by now and I know that she is for real. She has been interviewed by the *London Sunday Times*, has been on the "telly" in England, has signed a contract for a movie to be made of her book, and is a councillor for the Beaumont Society -- the English CD organization. I certainly look forward to meeting her sometime. So it is recommended reading.

Reviewed by V. Prince . Prince met Moncia Jay at Fantasia Fair 1987. Moncia will be at 1988 Fair. This book is available from the Outreach Institute for \$13.95 + \$3.00 Postage and Handling.

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Recommend Reading List

<u>Title</u>	<u>Price</u>
Transsexuality in the Male	\$28.95
Female to Male Transsexualism	29.95
The Androgyne: Reconciliation of the Male and Female.....	21.95
Men in Frocks	14.95
Bisexuality, a Study	21.95
Sex&Gender, A Theological & Scientific Study.....	24.95
The Tapestry	10.00
Understanding Crossdressing	11.95
Dressing Up.....	12.95
A Year Among the Girls	15.95
How to be a Woman though Male.....	12.95
The Transvestite and His Wife	11.95
Mirror Image (Nancy Hunt).....	14.95
Canary, Story of M-F Sex Change (Canary Conn)	15.95
Mother Camp, Female Impersonators of America	9.95
Splendor	15.95
Gendor Dysphoria	39.95
Information for the F-M Crossdresser & Transsexual	6.00
The Language of Clothes	16.95
Monograph #1 (Crossdressing)	5.00
Monograph #2 (Transvestites)	5.00
Monograph #3 (Androgyny).....	5.00
Monograph #4 (Partners of Crossdressers).....	2.95
Legal Aspects of Transsexualism	15.00
Abstracts of a Symposium on Gender Issues for the 80's...6.00	

Herland.....	7.95
The Woman's Dress for Success Book	4.95
TV - TS: Mixed Views	15.95
Sex & Gender	24.95
Sexual Signatures	9.95
Ariadne	10.95
The Spirit & The Flesh.....	26.95
Looking Terrific	8.95
Man & Woman, Boy & Girl.....	7.95
Designing Your Face	11.75
Toward a New Psychology of Women	8.95
The Transvestite Memoirs of the Abbe de Choisy	9.95
Transvestia (#100).....	10.00
Second Serve (Renee Richards)	19.95
Natural Selections	19.95
Geraldine, The Love of a Transvestite	13.95
In Search of Eve: Transsexual Rites of Passage	15.95
Color Me Beautiful	16.95
Gender, an Ethnomethodological Approach	17.95
Standards of Care for Transsexuals (HBIGDA)	5.00

Mail check or money order plus \$3.00 postage & handling to:

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