

# Chrysalis

## Quarterly

Summer, 1991 Volume 1, No. 2  
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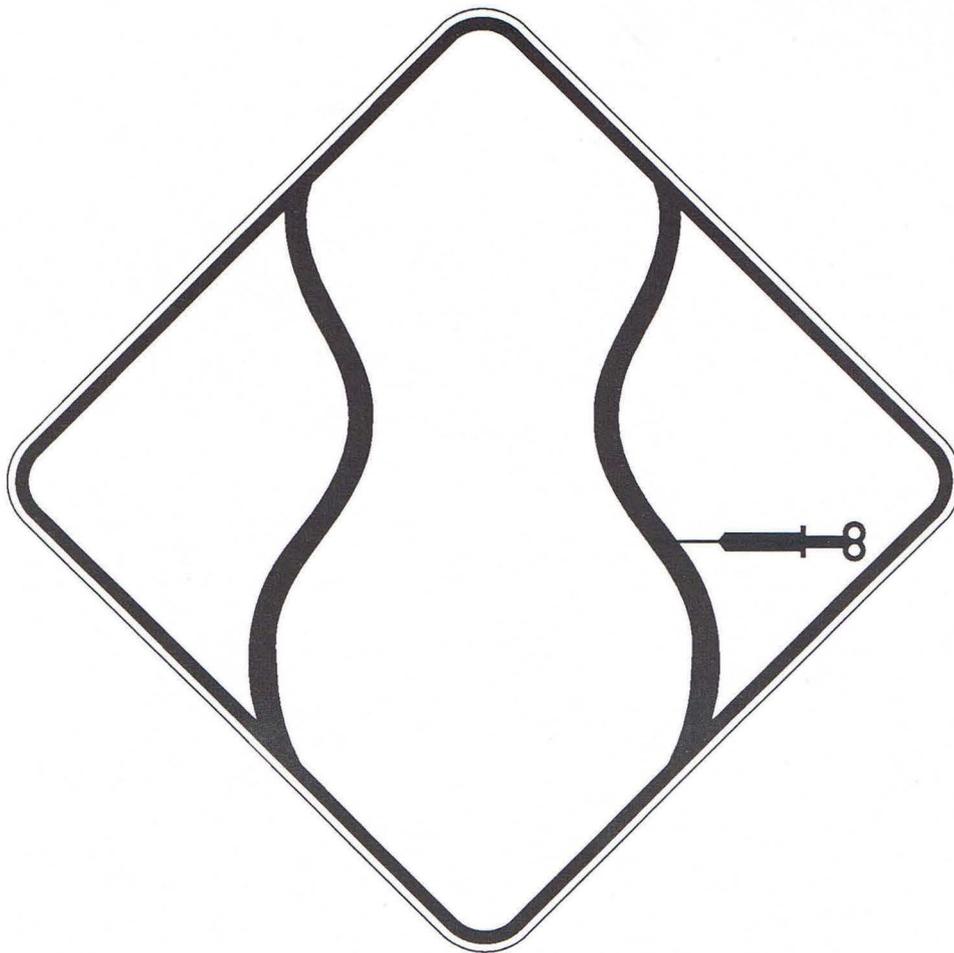
### Gender Services



Putting it all together

This issue.....

Being a good consumer of gender services



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AEGIS

P.O. Box 33724

Decatur, GA 30033-0724

this issue.....

# Chrysalis Quarterly

Summer, 1991 Volume 1, No. 2



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### About the Cover

This issue's cover is by  
Melanie Brett and  
Margaux Ayn Schaffer.  
Melanie is an inventor,  
designer, writer, and  
consultant to industry.  
Melanie drew the original  
artwork that inspired the  
concept for the cover.  
Margaux is a designer  
who specializes in corpo-  
rate identity design. She  
produced the finished  
illustrations, along with  
the new Chrysalis  
Quarterly Logo.

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A critical look at the "Professional" literature of gender dysphoria.

### Winter '91 Edition:

Surgeries: Sex reassignment and cosmetic procedures (Deadline for contributions: 9/15/91).

### Spring '92 Edition:

Post-Op Issues (Deadline: 12/15/91).

## The AEGIS Transition Series

### Dealing with your feelings

A guide to coming out for persons with gender dysphoria

© 1991 By Ms. Dallas Denny, M.A.

This booklet is for those persons who have not yet come to terms with themselves. Its purpose is to help them to deal with feelings of guilt or insecurity, to explore or perhaps seek help for their gender dysphoria, to make the expression of their gender identity a part of their existence, and to hopefully live happier and more productive lives.

Available for \$4.00 postpaid from

**AEGIS**  
The Atlanta  
Educational  
Gender  
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Service

AEGIS  
P.O. Box 33724  
Decatur, GA. 30033

## Chrysalis Quarterly

Volume 1, No. 2, Summer, 1991

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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.

CQ reserves the right to reprint all submissions. All other rights revert to the individual authors after publication. Authors should indicate whether their materials may be reprinted in other newsletters and magazines.

Authors will receive a free issue of CQ.

The opinions of the various contributors do not necessarily reflect those of the editors or of AEGIS. The editors reserve the right to refuse submissions which do not meet our editorial or aesthetic standards.

Submissions are preferred on 3.5" or 5.25" MS-DOS, Macintosh, or Atari ST diskettes, in ASCII or WordPerfect formats. A printed version should be included. Double-spaced typewritten or legibly handwritten manuscripts are acceptable. FAX or electronic transfer can be arranged by contacting one of the editors. Media will not be returned unless accompanied by a self-addressed, stamped envelope.

**Fiction:** We are interested in contemporary and experimental fiction of a non-sexual nature. Stories need not necessarily be gender-related. We accept high quality stories in all genres.

**Subscriptions:** Individual subscriptions are available for \$30.00 per year. Institutional subscriptions and subscriptions outside the U.S. and Canada are \$40.00. All mailings are in plain manilla envelopes. Subscriptions include one year (4 issues) of CQ plus three booklets from the AEGIS Transition Series and the AEGIS Bibliography of Gender Dysphoria, upon request only. The bibliography is available on 3.5" and 5.25" MS-DOS, Macintosh, and Atari ST diskettes.

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Welcome to the second issue of *Chrysalis Quarterly*. Our theme for this issue is "Being a Good Consumer." It complements last issue's theme, "Transition and Health."

Transsexual persons should be good consumers—but often are not. They tend to face the reality of their inner selves through a haze of doubt, guilt, insecurity, and ignorance; this is compounded by the apathy, distrust, prejudice, and ignorance of the general public—and, unfortunately, sometimes of service providers. Often, transsexual persons stew in their own juices until they can stand it no longer, and then act in a desperate frenzy. To say this is self-destructive would be an understatement. Transsexual people should plan for transition just as for any other major life change—education, career, or marriage. They should not "closet" themselves for years and then expect to blossom overnight. Nor should they stop in mid-transition, accepting deviant lifestyles because they have found some acceptance as she-males, drag queens, or street hustlers. Unfortunately, the haphazard and slipshod manners and lifestyles of many transsexual persons lead them into continual difficulty throughout the transition process, and eventually land them in the gender twilight zone.

Successful feminization or masculinization is possible, and with planning and perhaps some luck, can be accomplished with minimal disruption and anguish. There are, unfortunately, myriad ways to foul up—and the consequences are maladjustment, unhappiness, disfigurement, disability, and even death.

The mistakes made by some transsexual people are legion. I worry about those who have sent large amounts of money though the mails to purchase illegal hormones; who have prematurely dismantled their lives—before there was any reasonable chance of passing in the gender of choice—leaving them with inadequate support systems; who have tried to transition or even have surgery before beginning electrolysis or before they have let the hormones do their work; who needlessly reveal their transsexual status at an early stage; who have had trouble giving up their transsexual status for that of a "real" man or woman, ending up in gender limbo; who have expected hormones (or surgery) to turn them into men or women overnight; who have been "pumped" with illegal silicone until they look like caricatures of women and men; who have taken inappropriate dosages of hormones or who have taken hormones in inappropriate ways; who have denied they needed therapy (yet who obviously did); who have come on great guns, and then disappeared into the closet. Others have calmly and methodically gone about the business of turning themselves into men and women. I have no doubt that the latter individuals will make it. I have my doubts about the others.<sup>1</sup>

#### *A Word on the DSM III-R*

The inclusion of transsexualism in The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM III-R) has legitimized it as a mental illness. In apparent hopes that it will somehow influence

<sup>1</sup>From the Fall, 1990 issue of *Insight*, (Montgomery Medical and Psychological Institute, Inc., quarterly newsletter). It provided the inspiration for the theme of this issue of *CQ*.

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*We at AEGIS believe that transsexual people should go about their transitions in a logical and structured way. That elusive quality, common sense, is especially important when one is reinventing oneself. Each of us, after all, has only one body, and we can ill-afford to damage it.*

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insurance companies to pay for sex reassignment surgery (SRS), some factions of the gender community embrace this DSM III-R status.

In a better world, perhaps insurance companies would line up to pay for SRS. But they do not line up to pay for liver transplants and other expensive procedures, and they are unlikely to change their policies about SRS. Although transsexual persons are crazy by DSM III-R standards, they are specifically excluded from handicapped status by federal legislation, and their record in antidiscrimination cases is dismal in the courts of this nation. They have the worst of both worlds.

Psychiatric diagnosis is buying and will continue to buy transsexual people nothing but prejudice and discrimination. Status as handicapped persons will buy them little more. Transsexualism is a physical disability (the body is functionally and cosmetically unacceptable), and should be considered as such.

Only when transsexual people achieve acceptance as whole and sane persons will they stop being treated as devalued persons by this society. It is time for the gender community to petition the American Psychiatric Association for removal of gender dysphoria from mental illness status. It is likewise time to send lobbyists to Washington to wake up our legislators to the fact that transsexual men and women are just another of the many minorities that make up the citizenry of the United States.

#### *A Word on the Standards of Care*

We at AEGIS believe that transsexual people should go about their transitions in a logical and structured way. That elusive quality, common sense, is especially important when one is reinventing oneself. Each of us, after all, has only one body, and we can ill-afford to damage it.

When seeking help with changing your sex, there is every reason to take the same sort of cautious approach that you would take when

purchasing a house or an automobile. You should shop carefully for service providers, proceeding only when you have checked them out and are certain that they are legitimate, well-trained and credentialed, and well-intentioned. You should comparison-shop, selecting the person or agency which best fits your needs. You should frequently assess the services you are receiving and ask yourself whether your providers are doing an adequate job. You should not be afraid to "fire" psychologists, physicians, or electrologists, or even gender clinics. Alternatives are available.

The Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc., are a set of minimal guidelines. They exist to protect both transsexual people and providers of services for transsexual people.

The Standards are the Consumer Reports of transsexualism. They are the path through the maze. A reading of them will show you what you need to do, and what your service providers should be doing.

The Standards of Care are not just a series of hurdles that you must jump. If you follow them, you will be minimizing your chances of doing something that you will later regret.

#### *Additions to the CQ Staff*

CQ is lucky to have Margaux Ayn Schaffer a talented graphic artist joining the staff. Her input shows up for the first time in this issue, augmenting the excellent work of Stephanie Rose, who singlehandedly laid out the premiere issue. Stephanie and Margaux have worked long and hard to give an already impressive magazine an even better look. Margaux has designed the new AEGIS logo, as well as the new logo for CQ.

Holly Boswell is also a graphic artist, although she joins us as Associate Editor. Her article, "The Transgender Alternative," appears in this issue, and her editorial input will be apparent in future issues. ♀♀

Just received the premiere issue of *CQ*. Congratulations! It is marvelous. I read it from cover to cover. Very interesting material. And, the mag looks great, too. Please give my compliments to Stephanie Rose on the layout. Very professional.

I'll be mentioning *CQ* in *Renaissance News* and in my magazines. Welcome to the pack!

—JoAnn Roberts, Creative Design Services

Many thanks for sending the first issue of the *Chrysalis Quarterly* to me. It reads well and you obviously have a lot of editorial skills so that it will soon be one of the outstanding journals in the field. Keep me informed of your efforts. Thanks again. Researchers such as me very much appreciate our entry and acceptance into the community through receiving such publications as yours.

—Vern L. Bullough

*The following letter is reprinted from "Pardon me Blanche, but What's Your Problem?: Advice and Information by Tutti", Etcetera, 19-25 April, 1991, 7(16), p. 46.*

Dear Tutti:

I'm a 22-year-old W/M that has since the age of 16 lived my life as a woman. I feel that one day I'll be able to have the surgery and have a relationship with someone who will love me for me and accept me as I am. I've never been to a gay bar or ever met anyone like myself. I'm a country girl and proud to be the way I am. I used to think that I'd never find anyone who would be able to live with the fact that I'm a woman inside and yet I have male parts. After reading your magazine I feel sure that I will. Thank you for giving me reassurance. It's hard making friends that will understand me, in such a small town. I'd like to meet other people who will understand this. You don't know how long I've wanted to talk about my situation.

—J.C., Newnan, GA

Dear Dear Reader:

*May I first say that you are not alone. Secondly, I do suggest that you contact AEGIS (Atlanta Educational Gender Information Service, P.O. Box 33724, Decatur, GA 30033. Perhaps you would be interested in their new publication, Chrysalis Quarterly, which is full of information for you and others.*

*(Tutti's advice was a big help to J.C., and we would like to thank her for referring J.C. to us.—Ed.)*

I received *CQ* yesterday and am compelled to write a note to you telling you what a wonderful publication you have started.

I read all of it all this morning. It took some of the veneer off of my buried feelings. There was not a more envious man than I when I read of Christine Jorgensen's "sex change" years ago. I don't know if I am TS or not and it's too late to find out, as I am 72 years old. Nevertheless, you have a great accomplishment in *CQ*. It is sorely needed to help CDs understand TSs. I could write a dozen pages right now but just don't have the time available.

God bless your efforts—and you!

P.S.... Stephanie Rose did such a fabulous job of laying out *CQ*. It is so easy to read. Lord have mercy! *CQ* is just plain Great!

—Miss Lee Frances, Secretary, Beta Chi Chapter of Tri-Ess

*Chrysalis Quarterly* is impressive and I congratulate you on your endeavor..

May God hold you in the palm of his hand, and give you the grace to be faithful, joyful, and at peace.

In His lovingkindness,

—Sr. Mary Elizabeth, SSE

*Letters should be sent to: Chrysalis Quarterly P.O. Box, P.O. Box 33724, Decatur, GA 30033*

P.O. BOX

# Gender Happenings

## *Elmwood Park, New Jersey*

State appellate court judges tentatively ruled yesterday that a transsexual from Elmwood Park, NJ can change his name from John William Eck to Tina Lindsay.

In August 1989, Eck sought to change his name on the basis that he has lived with a woman's identity for much of the past 10 years. Although he has not yet had surgery to change his sex, he has taken hormones to enhance his female characteristics.

Although such name change requests are routinely granted in New Jersey, Superior Court Judge Birger Sween in February denied Eck's request, saying that the switch would be fraudulent because Eck is physically still a man.

Eck, 49, turned to the American Civil Liberties Union (ACLU), which appealed his case to the state appellate court. ACLU attorney Ruth Harlow noted that Eck is not trying to avoid creditors or escape from justice.

"Our client ran into a judge who, for whatever reason, did not like the idea," Harlow said.

To support Eck's appeal, the ACLU presented the appellate court with six similar cases in the past two years in which name changes were granted to transsexuals.

Yesterday, two of the three appellate court judges hearing Eck's appeal said their "tentative response" was that Eck's "application was denied without good reason."

Judges Sylvia Pressler and Arnold Stein said they would issue a written decision on the case once the third member of the panel, Judge David Baime, reviewed the case.

After a brief hearing, Eck and his attorneys said they were encouraged by the tentative decision. If the appellate court issues its decision as expected, Eck said that he will change all legal records—such as his driver's license and bank account—to Tina Lindsay.

"That's what people have been calling me for the past five to 10 years," he said. "I don't even know where I got the name."

Eck, with coiffed long hair, polished nails, and makeup, wore a skirt and sweater with a coordinating scarf draped around his shoulders to court yesterday. He looks like a woman.

But Eck said that the identification crisis has hampered his attempts to get a job. Eck once worked as a computer executive, but has since been unable to find a job and remains unemployed.

The legal name change "certainly won't hurt" the attempts to resume his career, he said.

In reaction to the appellate court's tentative decision, Harlow said, "The reception we've received here is very encouraging because these judges were dealing with this as a purely legal issue.

"The fact that our client is a transsexual was not an issue to the appellate court," she said.

*This article was downloaded from the Jersey Shore System computer BBS. It originally appeared in the Newark Star Ledger, 5 December, 1990. By Joyce A. Venizia.*

## *Anaheim, California*

The Orange County Sheriff's Department is on the lookout for a 19-year-old known as Louis Jones, who is facing charges of suspicion of burglary. After Jones was released, the sheriffs discovered that their suspect was actually a female—Teresa Jones. Jones has been arrested previously for impersonation of men.

*Reprinted from Etcetera, 22-28 March, 1991, Vol. 7, No. 12.*

## *U.S.A.*

According to the Atlanta Journal-Constitution, Jecquin Stitt, a 32-year-old man who recently won an Oprah Winfrey look-alike contest sponsored by the Ladies' Home Journal, is planning to have a sex change. The magazine came close to firing Stitt, but didn't. He appeared on Winfrey's television talk show in May.

*Source: Atlanta Journal-Constitution, 14 April 1991, p. D1.*

## Conway, South Carolina

A transvestite who stabbed a man acted in self-defense when attacked after the man realized his date was not a woman, a jury decided.

Jurors ruled Thursday that Normanick M. Sulin of Daytona Beach, Florida, defended himself when he stabbed Robert Smith August 31st at a house along the Waccamaw River.

Public defender Jeff Bloom said Smith attacked Sulin after finding out the woman Smith thought he picked up along S.C. 544 was really a man.

Smith, who was wearing make-up, a woman's blouse and long, pink fingernails, goes by the name of Angel Groll.

Smith denied that he made advances on Sulin and said the transvestite stabbed him in a robbery attempt.

*Reprinted from The State, Columbia, South Carolina, 30 March, 1991.*

*(Note: If this person wore women's garb to court, it makes one wonder whether "transvestite" is the correct term—Ed.)*

## Sydney, Australia

Australian track and field officials admit they had no idea what action to take against a male athlete who had allegedly undergone a sex-change operation and is competing in women's long-distance events.

Athletics Australia, the sport's domestic governing body, has asked the International Amateur Athletic Federation to rule on the eligibility of the athlete, who has not been identified.

The transsexual, in her late 20s, competed in the New South Wales state championship in February.

Alan Batchelor, general manager of the New South Wales state body, said his organization was expecting a protest from rival athletes the next time the transsexual competed.

"We wanted to make sure we weren't caught with our pants down when it happens," Batchelor said. "It has to be sorted out quickly because we don't want a lot of snickering and finger-pointing."

*Reprinted from the Atlanta Journal, 17 April 1991, p. E1.*

## CQ's Quotation from the Literature

Transsexuals as a rule worked in conjunction with local medical practitioners in actively monitoring their dosage and maintaining medical supervision. Only one transsexual endeavored to monitor her own program of hormone management. She established her own schedule after much reading on female hormonal cycles without her physician's knowledge. Her doses were at levels far above and beyond even the maximum dosage regimes represented by two of the twenty centers described in Meyer, Walker, and Suplee of 5-7.5 mg. of conjugated estrogen (n.d.:8). She reached a high of 40 mg. of Premarin and 50 mg. of Provera before beginning reduction at mid-month. Because I knew she was hesitant to reveal her regime to others in the group for fear of negative sanctions, I presented her with information cited in Meyer's research and other "scare" information on the negative side effects of hormone overdose. In response, she agreed to reduce her dosages to conform to the standard recommendation. Approximately six months after this research was completed, news reached me that she had died of a heart attack. Apparently she had continued this program despite warnings from a number of transsexual friends who had come to know about her extreme hormone regimen, subsequent to my initial warning. It is not unwarranted, given her youthfulness, that the high dosages of hormones were implicated in her death.

—Anne Bolin (1988). *In Search of Eve: Transsexual Rites of Passage*, p. 126. South Hadley, MA: Bergin & Garvey.

## Update on Philip Salem

Perhaps, at long last, the gender community is girding its loins to do battle with Philip Salem.

According to a press release from the International Foundation for Gender Education (IFGE), "Cross-Talk" magazine has filed a complaint against an affiliate of Salem. The complaint was lodged with the U.S. Postal Service against "TV Guy" magazine for sending unsolicited pornographic materials through the mails.

In February's "Renaissance News," JoAnn Roberts reported that Kym Richards of "Cross-Talk" is keeping records of Salem's activities.

Ms. Richards was the author of the IFGE press release.

Philip Salem's exploitation of transgendered persons is without parallel. Please be advised to avoid all contact with him and his affiliates, including "TV Guy," the North American Transvestite Transsexual Society, and Tanya Ray (Salem's pseudonym). As "The Transvestian" continues to carry his ads, it also should be avoided.

If you have information about Salem's whereabouts or activities, please write to Kymberleigh Richards, C/O IFGE, P.O. Box 367, Wayland, MA 01778.

## Shenandoah Holy Vows

by Holly

*If for Transsexual People**(with apologies to Rudyard Kipling)*

*If you can pass when other men and women  
Are getting clocked and blaming it on you;  
If you can proudly take yourself in swimming,  
And not be bothered by a stare or two;  
If you stand firm when full of irresolution  
And ask no pardon for the one you are,  
If you are sensitive yet heed to criticism  
And offer help to those less fortunate than you;*

*If clothes are things to cover up your body  
And you are you no matter what you wear,  
If you do work that makes you dull and shoddy  
Yet are concerned about the slightest tear;  
If you get up and look into the mirror,  
And take some pleasure in your sleepy face;  
Yet are not vain and do not primp and simper,  
And take your compliments with style and grace;*

*If you stay steady on track with your transition  
And waver not no matter what the cost;  
Yet make allowance for your indecision,  
And are honest with yourself when you are lost;  
If you care about the feelings of your mother,  
Yet stand your ground when she likes not what you do,  
And listen closely to all of the others,  
And are not swayed by their demands of you;*

*If you give ear to those who hold adverse opinion,  
Yet are determined you're the master of your fate;  
And give not to them direction nor dominion,  
Although the good will of others turns to hate;  
If you spend most of your money on your body  
Yet give to others when you know it's right,  
If you do all of this, and more, they you're transsexual,  
And, furthermore, I know you'll win your fight.*

*Finding my way up by animal eyes  
and shooting stars, with a foretaste  
of lightning in my blood.  
Meeting first rays, ridges, haze-sheathed  
ripple into view.*

*Let hair down. Sit, rapt, in blanket.  
Shut eyes eastward. Trills from tiny throats  
unwilt the spine, bloom the mouth,  
sink the face, mutely skyward.  
Waking, I move to sway with my lady  
in privacy. Touching, we peak  
above the misting river's vale.  
Beaming right into the molten copper sunrise  
beyond blonde locks, brushes  
the silence I no longer block rushes  
gladly, shivering in, to reign,  
wept a vision:*

*"Here I am, in my present condition:  
A wild and happy thing-- unafraid.  
I am the most alien thing I know--  
Free in the wilderness of my center.  
Born outward on the crest of a wave,  
Even lapses lapse...*

*Once these climates melt, thoughts run naked,  
Sap rains up, the spores space out.  
Let us rejoin all loving circuits, so  
Leaves need never rustle the air.  
Memory is sound, as an oak--  
I'll not hold words above anyone.  
I have entered her song-- her voice  
Engenders all our songs, through each other  
Becoming, the softest voice we hear  
Can never be too soft.  
I've tact enough to say this bluntly:  
I will wear this beauty everywhere."*

*Since the mountain, my poems are prayers;  
I'm lowering my voice to be heard.  
With this new grace, I'm weightless;  
without my watch, I'm free.*

*Shining-daughter of the stars,  
we're all ready married.*

## *How To Shop For Service Providers*

*by Dallas Denny*

**I**n the course of your transsexual career, you will likely consult a variety of persons who offer services you will need. You will pay money to these men and women; in exchange, they will give you something you need. You will be interested in getting the most service for the least amount of money, and they will be interested in giving the least service for the largest amount of money. It's called capitalism.

For financial reasons alone, it will behoove you to choose service providers with care. But there are other reasons to be choosy. It's your body you're playing with, the only one you've got. If it gets messed up, it stays messed up. The calculated risks of changing sex are bad enough, without needlessly adding to them.

You must be certain you're getting what you're paying for. If you find out two or three years down the road that your electrologist hasn't been killing your beard or that your endocrinologist hasn't been giving you enough hormones to cause significant physical changes, you may find that your transition is delayed.

You must also be certain that the services are not actually harming you. An incompetent electrologist can make deep pits in your skin, and an incompetent plastic surgeon can leave you with a ruined chest or face. A beautician who doesn't know what she's doing can fry your hair, and a psychologist who tries to "cure" your gender dysphoria can lead you down the primrose path to suicidal depression.

You have the same rights as any other consumer. You should shop for services for your gender dysphoria just as you would shop for a good mechanic or for a family doctor. You must not be hesitant or let yourself be embarrassed by your condition. If you are timid, others will pick up on it, and do

with you what they will. You should make your desires known on the front end, and ask the service provider if he or she can deliver. You should keep in mind that you have the right to a second, or even a third opinion, and that you can change doctors or psychologists or electrologists as early and as often as you wish. You have the right to ask reasonable questions, and to expect reasonable answers. You should screen your service providers in the same way that you would screen a prospective employee, auto mechanic, or fiancée. Ask for credentials and ref-

erences. Most providers won't be offended. If they are, or if they refuse to give you the information you have requested, there may be a reason. Avoid them.

You also have the same responsibilities as any other consumer. You should be polite at all times, and otherwise act in a proper manner. You should dress and behave as becomes a lady or a gentleman. You should pay promptly, and when you cannot, you should make arrangements before the service is provided, and stick to your agreement. You should show up for appointments promptly. If you are

going to be late, or cannot make an appointment, you should phone as early as possible. Time is money for service providers. When you stand them up, you are opening their wallet and taking out their money.

The preceding paragraphs could have been written about any sort of health-related consumerism. However, there are some special considerations caused by transgenderism. You will probably want to present for services in the gender of choice. That's fine, so long as it doesn't cause difficulties. But you should remember that your service provider has other customers, and

## Things You Should Know...

### Therapists

Psychiatrists are medical doctors who have additional training in psychology or psychoanalysis. As physicians, they can prescribe medications, and often do.

Some psychiatrists rely heavily on psychotropic (behavior-modifying) medication to control the symptoms of their patients. Others use psychotherapeutic or psychoanalytic techniques, and rarely rely on medication. Psychotherapy is an exploration and working-out of problems in a therapy setting. Psychoanalysis is an in-depth exploration of subconscious motives for behavior.

Psychologists are trained in human behavior. It is the whole of their study. They are not physicians, and cannot prescribe medication. There are many different types of psychologists, but transgendered people usually deal with those with clinical or counseling specialties.

Other persons who do therapy are social workers, marital and family therapists, licensed professional counselors, and clergymen.

You should be sure to select a therapist who meets the Harry Benjamin criteria for Clinical Behavioral Scientist, and who fol-

lows the Standards of Care.

Therapy is not a horse race. It can and often does take months or years. Most therapists will not give you minimal times to achieve certain goals, but will let you work things out at your own pace. You shouldn't expect miracles overnight, but over a period of six months or so, you should be able to see some progress. If you suspect your therapist of dawdling or stringing you along, bring the matter up. If you continue to be dissatisfied, ask for a referral to another therapist.

### Endocrinologists

Endocrinologists are physicians with special knowledge of the internal secretions of the body. Some general practitioners will prescribe hormones, but it is best to consult an endocrinologist. Be sure she does blood work regularly, and that you are on a sufficient dosage to allow successful masculinization or feminization.

If you are moving in the female direction, your endocrinologist will put you on any of a number of brands of estrogen. She may also give you progesterone. She will prescribe the medication in either pill or injectable form, or in

a few cases, as transdermal patches or surgical implants. She may place you on an antiandrogen.

Female-to-male transsexual people should be wary of taking oral androgens, for they have been shown to cause liver abnormalities.

If you have questions about your dosage of hormones, you should seek a second opinion from another endocrinologist.

### Electrologists

Electrolysis is the killing of hair by the application of electricity. A probe is inserted into the hair follicle, and current is applied. The hair is then removed with a pair of tweezers.

Some states license electrologists. But some states, including Georgia, unfortunately don't. In states without licensure, anyone with enough money to buy a machine and enough energy to mash the foot pedal can legally do electrolysis.

Electrolysis, incompetently done, can seriously damage the skin. Or it may have no effect at all. The hair will appear to be gone, for it is tweezed, but it will eventually return. Continual treatment and tweezing may lead one to believe that beard growth is

that they must be kept happy. Although you have the right to dress as you see fit, you must realize that early in transition your crossdressed status may be very obvious to others, and embarrassing to, say, a hairdresser with a shop full of women or a physician with a waiting room full of patients. And you'll certainly look strange bopping into your electrologist's office in a miniskirt and three days of Don Johnson stubble. Keep in mind the needs of your service provider, as well as your own. Compromise is sometimes called for. Perhaps an androgynous pre-

sentation would be acceptable to all parties.

Although your service provider probably won't mind seeing you change over time, you should avoid seesawing back and forth, presenting as a female on one visit, and a male the next. It will confuse the receptionist ("What name do I bill him under?") and make other clients uncomfortable. If crossdressing is physically or psychologically difficult, or if you have less than complete freedom to come and go, you may be wise to present in your everyday mode. Your doctor will not be impressed with punctuality prob-

lems caused by the "I can't possibly go in there; I just realized that my outfit doesn't match my Lee nails" and "I couldn't leave the house until my neighbor finished mowing his yard" syndromes. How you look is clearly secondary to being there on time. Your service provider realizes it, and you should too.

### *There are Service Providers, and There are Service Providers*

Most psychologists, psychiatrists, endocrinologists, surgeons, and electrologists do not treat transgendered persons. They are not aware

## *...About Service Providers*

rapidly diminishing, when this is not the case at all.

Be wary of "needleless" electrolysis, which does not work, and of home electrolysis machines, which probably do not, either.

You should be very careful in selecting electrologists. Ask for referrals from customers (preferably transsexual customers) who have been cleared of facial hair.

Electrolysis is addressed more fully in an article by Debbie LaBarber, which appears elsewhere in this issue of CQ.

### *Plastic Surgery*

Plastic surgeons should be certified by the American Board of Plastic Surgery. Be careful of credentials. Some "boards" require little or no formal training. The American Society of Plastic and Reconstructive Surgeons, and the American Academy of Facial Plastic and Reconstructive Surgery are two reputable associations of plastic surgeons, but there are others. You can call the American Society of Plastic and Reconstructive Surgeons toll-free at 1-800-635-0635 for referral to a reputable plastic surgeon near you. The board will also send you a brochure about selecting plastic surgeons.

### *Sex Reassignment Surgery*

The number of surgeons who do genital sex reassignment frequently, reliably, and with great technical expertise is extremely limited. While many surgeons do reassignment surgery, only a few have sufficient skills to leave you with a state-of-the-art vagina, or with a penis which will pass muster in the locker room. You should search out surgeons who do sex reassignment for a living, and not as a sideline. And remember that quality is not always directly related to cost. Excellent male-to-female reassignment surgery is available for as little as four thousand dollars.

Your support group can provide you with the name of a reputable sex-reassignment surgeon. So will AEGIS, if you provide us with documentation showing that you have been in real-life test for one year.

### *Medical Insurance*

Medical insurance will often pay a percentage of the costs of therapy. You will need to check your policy closely. Some companies cover therapy at the same rate as other services, but some

pay only fifty percent of costs. A few will not pay at all. Most have yearly or lifetime limits for psychological and psychiatric treatment. Some require that you see a doctoral level person, or even a medical doctor.

If you ask, most therapists will bill you in such a way that your gender dysphoria is not apparent. For example, you may be diagnosed as mildly depressive for insurance reasons, and as transsexual for your private purposes.

Hormonal treatment is sometimes covered by medical insurance.

Electrolysis is rarely, if ever, covered by medical insurance. In addition, beginning in 1991, the Internal Revenue Service considers electrolysis to be cosmetic in nature, and hence disallows it as a medical expense.

Cosmetic surgery is specifically excluded from coverage by medical insurance. Sex reassignment surgery (which is in fact not cosmetic) is occasionally allowable, but some companies have a history of erratic coverage of this procedure. The Internal Revenue Service considers sex reassignment surgery to be cosmetic in nature, and so excludes it as a medical deduction.

of the Standards of Care, and would be uncomfortable with you and with trying to treat you. If possible (and it is not always possible) you should make the extra effort to find someone with specific training or expertise in dealing with transsexualism. They will know about the Standards of Care, be aware of the issues you need to deal with, and will have the wisdom of years of experience with people with gender problems.

Those who are gender-naïve may be well meaning, but can waste a considerable amount of time and money—and it is not their time and money that will be wasted, but yours. You should ask yourself whether you can afford to educate a psychologist or electrologist, or whether your bucks would be better spent elsewhere. Knowledgeable electrologists, for instance, will tell you that the beard hair of males requires different insertions and machine settings than the facial hair of women. An electrologist who has several years of experience in treating transsexual people will probably have a higher kill rate than someone who has treated only genetic women. Likewise, an experienced psychologist will not be needlessly cautious in writing the magic letter which will give you access to hormones or sex reassignment surgery. An experienced endocrinologist will know that males will need about 5 to 10 times the hormonal dosage of women who have had hysterectomies.

It is always possible that you will get a psychiatrist or psychologist who will try to cure your gender dysphoria, or an internist or endocrinologist who will try to talk you into taking same-sex hormones. If this happens, don't walk—run—to the nearest exit, and don't go back.

Whoever you decide to see, don't trust blindly in them. Constantly monitor your progress. Compare notes with your transgendered friends. Stay on the lookout for someone who is cheaper, closer to home, or has more expertise.

### *Why Do Service Providers Treat Transsexual People?*

Transsexualism is a controversial condition, and providing services for transsexual people can result in criticism from peers, opposition from rightist groups, and unwanted publicity. Having obviously crossdressed people in the waiting room can offend other clients.

In most instances, a service provider's transsexual clientele will be but a small fraction of their caseload. There may be much more to lose than to gain by treating a small number of transgendered persons. And yet, many professionals go out of their way to provide quality services to their transsexual clients. Why? Because they care.

Despite my remarks about capitalism in the accompanying article, the prime motivation of most persons in the human service delivery field is not money. Most physicians, psychologists, electrologists, and social workers enjoy helping people. It is a part of the definition of their professions, and hence, of themselves. Those who see transgendered persons usually do so because they know there is a need for their services, and not because it profits them in any way.

Here's something else to remember: cheapest is not always best, but neither is more expensive. Look at the quality of service offered. How much value are you getting for your dollars? Would you be better off seeing Nyla, an electrologist who charges \$45 an hour, or Lyla, who charges only \$30, but removes only half as many hairs? No, this is not an algebra problem.

### *Differences in Technique*

In addition to questions of competence and expense, you should consider the procedures favored by your service provider. For example, there are three types of electrolysis: galvanic, blend, and thermolysis. Which type does your electrologist use? If you are considering breast augmentation, how will your plastic surgeon insert the prostheses—under the arm, under the breast, or by removing the nipple? If you are having sex reassignment surgery, what method will your surgeon use—skin graft, penile inversion, or penile inversion combined with transplantation of a section of large

intestine? If you are having a hysterectomy, will your surgeon make a cut which will make phalloplasty more difficult?

A little research can help you to determine the advantages and disadvantages—and the relative risks—of the various procedures.

### *Locating Service Providers*

Services are generally easier to obtain in urban than in rural locations, but even large metropolitan areas can be surprisingly dry. Some cities tend to attract transgendered people—San Francisco, New York, and Atlanta, for example—and consequently have more service providers than other areas. But in any urban area, service providers are probably there. The trick is finding them.

Perhaps the worst way to find services is to finger-walk through the Yellow Pages—but it works at times. If you have no leads, you can always go through the listings. It is best, when doing so, to be

*continued on page 16*

## *No Regrets: The Standards of Care*

*by Dallas Denny*

**T**he Harry Benjamin International Gender Dysphoria Association, Inc. (HBI-GDA), is an organization with a membership which is comprised of psychologists, psychiatrists, surgeons, and others who provide professional services to transsexual persons. Headquartered in Palo Alto, California, HBI-GDA publishes Standards of Care which are regularly revised. The Standards of Care are minimal guidelines for the treatment of persons with transsexualism. They were last revised in 1990.

Until the late 1970s, there were no clear guidelines for the surgical and hormonal treatment of transsexual people. Service providers had no one to look to for suggestions for treatment of their transsexual clients. Consequently, quality of care and requirements for sex reassignment varied widely, ranging from virtual surgery on demand to needlessly restrictive and in some cases nearly impossible criteria. In the absence of guidelines, many service providers, fearing litigation, refused to treat people with transsexualism. HBI-GDA set out to bring order out of this chaos. The Standards of Care, which were first published in 1979, were the result.

The Standards safeguard service providers (psychologists, psychiatrists, endocrinologists, and others), as well as transsexual men and women. They lay down a clearly defined series of progressive steps, which begin with diagnosis and cumulate in sex reassignment surgery (SRS). They also define the ethics of treatment of transsexual persons, mandating, for instance, that privacy be safeguarded and that unreasonable fees not be levied.

The Standards allow transsexual men and women to see clearly where they are and what they must do to get where they want to be. They are a series of discrete steps which are easy to understand. They allow the individual with transsexualism to plan and to set goals, and to make contracts and agreements with service providers—to make a master plan for transition.

Most importantly, the Standards of Care set a behavioral criterion for SRS: real-life test. Successful negotiation of real-life test (living and working for a minimal time in the gender of choice) is required for referral for surgery.

The Standards are a road map for service providers, telling them what they must do, at minimum, to provide competent care to transsexual people. To the majority of service providers, who are ignorant about transsexualism, the Standards can serve as a cookbook, giving them the necessary confidence to treat men and women they might not otherwise agree to serve.

The Standards are not unreasonable, requiring only 1) diagnosis, before beginning hormonal therapy, by a clinical behavioral scientist (i.e., a licensed or certified psychologist, counselor, social worker, or psychiatrist with special training in human sexuality); and 2) proof of success in real-life test, as documented by two clinical behavioral scientists (one at the doctoral level) before sex reassignment surgery.

Unfortunately, some transsexual men and women look upon the requirements of the Standards as hurdles, resenting them, and coming to view with disfavor psychologists and physicians, and even other

transsexual people, who abide by them. For example, in 1990, an entire issue of the magazine *Gender Expressions* was a radical reaction to the Standards of Care, calling for surgery on demand and deeming those who believed in the Standards "SOC-ups." Unfortunately, while attacking the Standards of Care, the authors offered nothing to replace them.

While the majority of people with transsexualism are reasonably well-adjusted, there are a few with extreme psychopathology. Additionally, there are any number of men and women who are not transsexual, but who demand sex reas-

### *Following the Standards of Care*

As the recipient of services, you are entitled to know what HBG-DA and your service provider expect of you. Here are the steps transsexual people must follow, as outlined in the Standards of Care.

### *Obtaining Diagnosis*

To do this, you must consult a clinical behavioral scientist (for sake of convenience, let's use the term therapist). This is an individual with specialized training in human sexuality, and, hopefully, in transsexualism. It may be a psychologist, psychiatrist, counselor, marital and family therapist, or social worker. The therapist must have a minimum of an M.A. degree, and must be either licensed or certified in the profession.

To receive a diagnosis as a transsexual person, you must fulfill the requirements for Transsexualism, as defined in the DSM III-R (Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association).

The therapist will, of course, not give you a diagnosis of transsexualism if, in his or her opinion, you do not meet the criteria.

There is no set number of visits, but the therapist must see you over a 90-day period before diag-

nosis. Some therapists will require longer periods for evaluation. Most therapists will ask you to take a series of tests; this will help them to evaluate your intelligence, personality characteristics, and interests.

### *Beginning Hormones*

Upon diagnosis, your therapist will either provide you with a letter or forward a letter to an endocrinologist or internist you have specified. This document is your authorization for hormones. The endocrinologist will start you on a regimen of counter-sex hormones.

### *Preparing for Real-Life Test*

Over time, hormones will cause significant physical changes. While this is happening, you will need to see an electrologist, if you are male-to-female. You will save money (for later medical expenses and in the eventuality that you face unemployment), and begin to prepare those around you for the forthcoming changes. You may want to initiate legal procedures such as name change or divorce. If you are in an occupation which is sex-typed, you may want to seek vocational training in a new field or further your education. You may elect to pursue plastic surgeries such as rhinoplasty

(nose), hair surgery, and tracheal shave (Adam's apple) during this time.

You will begin appearing in public as the opposite gender. You will need to use the opportunity to perfect your feminine or masculine appearance, learn techniques for dressing and applying makeup, and work on your voice and mannerisms.

### *Real-Life Test*

At some point, you will begin living and hopefully working in the gender of choice, each and every day. You will finalize legal arrangements, and begin to build a life as a woman or a man. This is not as easy as it sounds. You may pursue plastic surgeries such as augmentative mammoplasty while in real-life test.

### *SRS*

If you desire sex reassignment surgery, you can begin making arrangements after you are settled and comfortable in your new gender, but at least a year after beginning real-life test. If they do not desire SRS, male-to-female people might consider orchidectomy. Female-to-male people will obtain reduction mammoplasty, hysterectomy, and perhaps oophorectomy (removal of ovaries).

signment. Surgeons and those who prescribe counter-sex hormones have a responsibility to society and to the individual. They must be certain that the individual will not later regret having had invasive hormonal and surgical treatment.

The Standards are more carefully put-together than you might realize. They allow bail-out at any point. Until the day of SRS, it is possible at any point to abandon plans for sex reassignment and successfully return to one's original gender, with a minimum of disruption. Of course, the further down the road of sex reassignment one walks, the more compromised one will be, but then, the further down the road one walks, the lower the probability that the course will be reversed. By placing it at journey's end, the Standards ensure that few people will regret the dramatic and irreversible process of sex reassignment surgery.

### Some Suggestions for HBGDA

It is perhaps unfortunate that the Standards are minimal rather than optimal. Some gender clinics and individual service providers have been overzealous in their treatment of transsexual persons. This can be very damaging. For instance, the gender program at the Clarke Institute of Psychiatry requires success in real-life test before the initiation of counter-sex hormones. This unfortunately does not take into account the extreme physical

difficulty many individuals have before their habitus is changed by hormones. A "man-in-a-dress" appearance causes negative societal reactions; this can lead to psychological trauma, and in addition can be physically dangerous in an era when gay-bashing is all too common. And all the while the cellular clock is ticking, making the probability of successfully passing in the future more and more unlikely.

Similarly, some service providers require unrealistic periods of real-life test—more than five years, in some instances—requiring the individual to live with what has become a physical deformity and a barrier to normal sexual relations long after he or she has been successfully integrated in society. As there are no guarantees that SRS will ever be approved (or even that the service provider ever had any intention of approving SRS, and has not just been stalling), one's life can be bled away.

Consequently, my first suggestion to HBGDA is this: Formulate optimal Standards of Care. These need not replace the current minimal standards. They would instead serve as a supplement, to let service providers and transsexual people know what is reasonable and appropriate, or at least what is the norm. It would be simple to gather data about current treatment—HBGDA need only write those who currently see transsexual peo-

ple and ask them for their requirements.

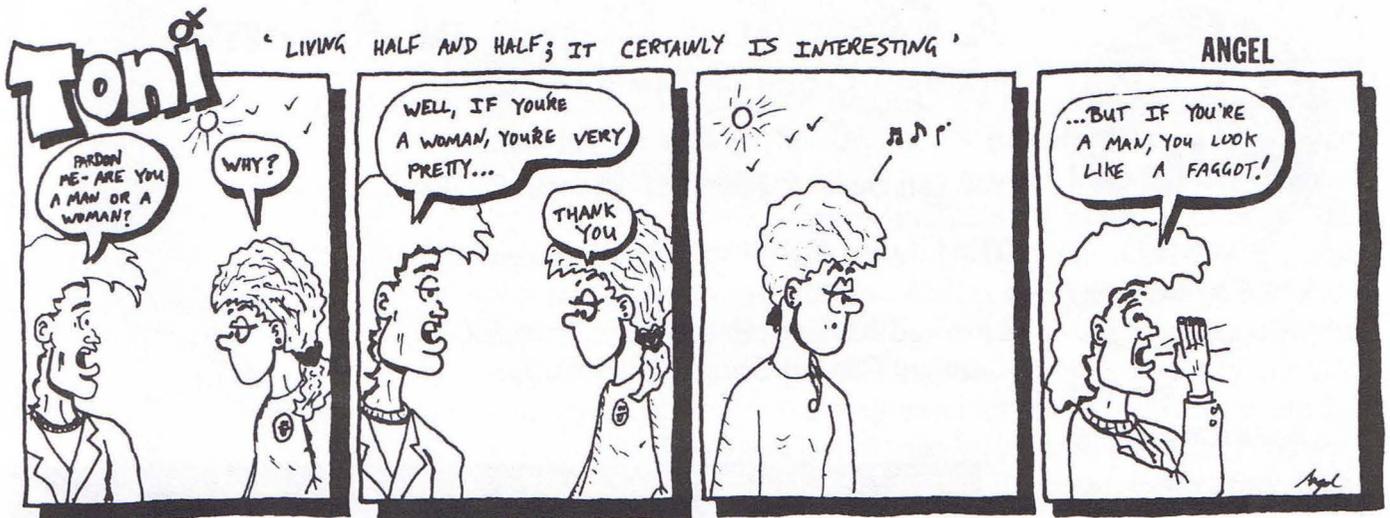
My second suggestion is to make the current Standards more behavioral in nature. While the real-life test requirement does just that, and while the criteria for transsexualism in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM III-R) are entirely behavioral in nature (and endorsed by HBGDA), the definition of success in the real-life test is not operationalized—that is, defined in behavioral terms.

Can success be defined as merely wearing a dress for one year? Of course not. The individual must be fully functional, and that means living and working in the gender of choice. HBGDA realizes this, and so speaks of "successfully" living in the gender of choice. Currently, however, the definition of "success" is left to the service provider, who may have unrealistic and stereotyped notions of masculine and feminine functioning to which the transsexual person may choose not to subscribe.

Adding measurable criteria for "success" in real-life test could only improve the Standards of Care.

The Standards of Care are available from The Harry Benjamin International Gender Dysphoria Association, Inc.:

HBGDA  
1515 El Camino Real  
Palo Alto, CA 94306  
(415) 326-4645 ☽☽



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straightforward, explaining who you are and what you want. You will probably get a lot of negative responses. Don't fret. Keep a record of them. Don't stop at the first yes, either. Continue until you have several choices, and then call them back again and do a telephone screening. Chances are, it'll save you time and money.

Gay Hotlines and Physician Referral Services may be of some help, but in general, they know as little about gender problems as anyone else. Still, it won't hurt to try. You might visit a gay bar and pick up some of the free literature. It's free because of the advertisements. All sorts of service providers have ads. Those who routinely treat gay men and women will be less likely to have a problem with you than those who don't. You'll find psycholo-

gists, attorneys, and cosmetologists aplenty.

The easiest and best way to find services is through the gender community. The gender community is an unofficial network of support groups, clubs, publishers, service providers, and transgendered persons. It can be extremely invisible, but it is there, active in every state (except perhaps North Dakota). Once you are plugged in, it is amazing how many magazines, newsletters, and meetings there are. And those magazines, newsletters, and meetings are great sources for referrals. Support groups, in particular, tend to know who provides quality services, and who does not. You'll find that not only those who run the group, but the members, will be happy to supply you with names. If you get even one lead that pans out, the small price of admission to the support group will have been worth it.

OK, so how do you break into the gender community? The easiest way is to send \$12 to the International Foundation for Gender Education (IFGE), at P.O. Box 367, Wayland, MA 01778—or call them on the telephone at (617) 899-2212. Request the latest copy of *Tapestry*, their house journal. In it, you will find a comprehensive listing of support groups, social organizations, and gender clinics, as well as advertisements and notices of upcoming events. You'll also find personal advertisements from transgendered people, some of whom may live surprisingly close to you. It's well worth the money.

Just because you're transgendered, you don't have to accept second best. If you shop wisely, you'll find quality services. If you don't, you'll waste money. It's up to you. But I know you. You'll do the right thing.

Won't you? ♀♂



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*Ms. LaBarber is a certified electrologist practicing in Atlanta, GA. Her advertisement can be found elsewhere in this issue.*

## *Electrology*

*by Debbie LaBarber*

**Q:** *What should I ask when choosing an electrologist?*

**A:** Ask the price, of course. But do realize that the cost per hour, either high or low, has no relationship to the quality of an electrologist's work. Your electrologist should be frank in explaining how electrolysis is accomplished, answering all your questions, and not promising any speedy, overnight results.

Sanitation is very important. Your electrologist should wear gloves and use a disposable table covering. Needles/probes should be of the pre-sterilized, disposable type, or should be sterilized according to the standards of the Centers for Disease Control. CDC recommends either an autoclave or dry heat sterilizer. Some electrologists require you to buy a needle at the beginning of your treatments and use this needle each time you come in. This is fine, but this needle should also be sterilized between treatments to avoid bacterial growth.

Formal training in electrology, along with continuing education and years of practice are important. An electrologist with extensive experience is best. It takes a few years before an electrologist has dealt with all hair types and skin conditions. Involvement in trade associations helps keep an electrologist aware of new developments in the industry.

**Q:** *What should I watch for during treatments?*

**A:** Depending on the type of electrolysis you are receiving, skin may swell, scab, or get red spots. This is a temporary condition and should last only a few hours to a few days. Your electrologist should start you at a moderate current level the first visit, then increase current level as the skin allows. Make your first appointment a short one.

Hair grows in a cycle, so hair removed today will not reappear as regrowth for 2 to 4 weeks. Each time you clear an area, less and less hair reappears. After about a three-month period, you should notice a big reduction in growth.

Remember—you are the ultimate judge. Don't be afraid to try a new method. If your present electrologist doesn't offer other modalities, try a new one.

Currently, there are two types of electrolysis and four different ways to apply them. The current type, time, and application, along with the needle size, gives an electrologist many options in choosing what will work best for your particular

needs. What works great for one person or one part of the body may not work that well on another person or on a different part of the body.

Your electrologist should keep good records of your treatment history so that you can track your progress.

Remember: electrolysis doesn't take forever—but it does take time. If you follow the suggestions in this

article, a competent, professional electrologist should not be difficult to find... and you will soon be on your way to new beauty and self-confidence.

*Unfortunately, Georgia is one of those states which does not license electrologists. We at AEGIS find this reprehensible. Ms. LaBarber is pushing for a licensure law, and we applaud her and support her efforts—Ed. ♀♀*

## *The Good, the Bad, and the Hairy: Three Consumers Give Their Views on Electrolysis*

**Tamara:** The willingness of an electrologist to do a free consultation and provide client references is essential. Anybody can make unsubstantiated claims, but the question is whether they can clear someone economically and quickly, regardless of experience, cost, or credentials. The bottom line is customer satisfaction.

**Miranda:** It's essential to choose an electrologist who can clear you. I've had friends who, after two years of weekly treatments, were as bad off as before. It was very discouraging for them, for they had timed their transitions carefully. Some of them went into real-life test anyway, even though they still had heavy facial hair. It wasn't pretty.

Or course, so long as you're getting treatments, it's going to look as if you're getting cleared. You won't know for sure whether electrolysis is working until you've been a month or more without treatment. So my advice is to go to someone who has actually cleared people.

**Barbara:** And not only people. Transgendered people.

**Miranda:** That's right. Facial hair on (pardon me) men is different from facial hair on women. It takes different settings on the machine, and a different insertion technique.

**Barbara:** I've seen a lot of people go into real-life test without

being cleared, and in my opinion, it's always a mistake. These people always claim that their beards don't show, but who are they kidding? You can see the hair clear through their Derma-Blend.

**Miranda:** They fall into a trap. Once in real-life test, it's emotionally very difficult to allow your beard to grow out long enough to be treated.

**Barbara:** Yeah. These people fall into traps. They find it difficult or impossible to find work, because it's apparent to everyone what they are. They're unwilling to work as men, and unable to work as women. They can no longer afford to have electrolysis.

**Tamara:** These are the people who sometimes end up working as prostitutes.

**Barbara:** Yeah, and they're always the ones who are so impatient to have surgery.

**Tamara:** Yes, and they're the ones who are least likely to get it.

I'd like to make a few more points before we quit. A lot of states don't license electrologists. So a license isn't always essential, but you should look for some sort of diploma or evidence of training. Your electrologist should use disposable needles, or allow you to purchase your own, and should wear rubber gloves. You will need to pick someone who is discrete, and won't tell the whole world about your situation. Actually, you

needn't reveal your motives for having facial hair removed. You can say that you've always been troubled by ingrowns, or make up some other excuse. However, this may cause the electrologist to undertreat, thinking you just want the beard thinned. Be sure that the electrologist understands that you want to be completely cleared.

**Miranda:** I'd like to point out that the electrologist who charges the most per hour is often the least expensive in the long run. You have to take into account experience, the speed of working, and the kill rate. A good electrologist will clear you in many fewer hours than a less experienced electrologist.

**Tamara:** On the other hand, the electrologist who charges the most per hour may work at the same speed and have the same kill rate as someone with a lower hourly rate.

Many people ask me, "How can I tell if the treatment I'm getting is any good?" Based on my experiences, good and bad, if you can feel resistance from a hair, then it's being tweezed, and you'll see it again. On the other hand, you should also be careful to avoid "overtreatment," in which case you may suffer skin damage, even though the hair isn't killed. Current alone will not kill the hair. The probe has to be inserted correctly.

**T**here are signs that the gender community is organizing to take positive action to safeguard the rights of transgendered persons.

JoAnn Roberts, who is active with Renaissance Education Association in Pennsylvania, has mailed "A Bill of Gender Rights" to the gender community. Roberts writes, "The intent of the U.S. Constitution is to guarantee equal treatment under the law and the role of the Constitution is to protect minorities from the majority when the majority is clearly and patently wrong. It is wrong to think that one's physical sex (and, therefore, one's sex role) is more important than one's intellectual or physical capabilities. Under this logic, women are 'inferior,' homosexuals are 'inferior,' and all transgendered people are 'inferior' to the average, white, adult American male."

In a similar vein, the newly formed Gender Alternatives League of Napa, CA, has published "The Gender Activist Declaration of Independence." Cynthia Howard, the Executive Director of the League, writes, "Today marks a historic event for the gender community. It is a day that marks the beginning of a full commitment by members of our community to freedom of gender expression and the attainment of our Civil and Human Rights. Today the Board of Directors and founders of the Gender Alternatives League signed the 'Gender Activist Declaration of Independence.' The Advisory Council, which consists of leaders of various transgender organizations, will be signing this Declaration shortly. This document marks for us an evolutionary point in our history."

Ms. Howard urges all organizations to sign and return the declaration to her.

AEGIS supports both the "Gender Activist Declaration of Independence" and the "Gender Bill of Rights," which follow in their entirety.

# A Bill of Gender Rights

It is time for the transgendered community to take a stand, a strong stand against all gender-based discrimination simply because some people are different and simply because some people do not fit into current social norms of gender roles. It is time for the gender-based community to articulate this stand in words that clearly define exactly what its gender rights are. It is time to stand alongside other minority rights movements to declare these gender rights as follows:

## The Right To Choose A Gender Role

Every human being has within themselves an idea of who they are and what they are capable of achieving. That identity and capability shall not be limited by a person's physical sex, nor by what any society may deem as "masculine" or "feminine" behavior. It is fundamental, then, that each individual has the right to choose a gender role that is comfortable for them, regardless of their genetic sex or sex role.

Therefore, no person shall be denied their Human or Civil Rights on the basis that their chosen gender or perceived gender role is not congruent with the genetic sex or sex role.

## The Right to Freely Express a Gender Role

Given that each individual has the right to choose a gender role, it then follows that each individual has the right to freely express that gender role in any manner that does not infringe on the freedom of another individual.

Therefore, no person shall be denied their Human or Civil Rights on the basis that a private or public expression of their chosen gender role or perceived gender role is not congruent with their genetic sex or sex role.

## The Right to Make One's Body Congruent With Gender Role

Given that each individual has the right to choose a gender role, it then follows that each individual has the right to change their body or alter its physiology so it better fits their chosen gender role. These changes may be cosmetically, chemically or surgically induced, provided these changes are supervised by the appropriate licensed professional and the individual accepts sole responsibility for their actions in this regard.

Therefore, no person shall be denied their Human or Civil Rights on the basis that they changed or wish to change their body, cosmetically, chemically, surgically or by any combination of these, to better fit their gender role.

## The Right to Sexual Expression Congruent with Gender Role

Given that each individual has the right to choose a gender role, it then follows that each individual has the right to express their sexuality within their chosen gender role.

Therefore, no person shall be denied their Human or Civil Rights on the basis of sexual orientation or perceived sexual orientation. Further, no individual shall be denied their Human or Civil Rights for expressing their chosen gender role through private sexual acts between consenting adults.

# *The Gender Activist Declaration of Independence*

*We, the members of the gender community, being of sound mind and sound conviction, do declare the following*

*We are members of the human race and are of every religious creed, color, nationality, ancestry, physical condition, social status, marital status, age, gender, sex, and sexual orientation.*

*Our community is composed of people who wish to emulate the opposite gender or become members of the opposite sex. It also includes their spouses, domestic partners, relatives, friends, and associates.*

*Those people in our community who are not mentally ill, who forsake the old labels, who reject the old standards of allowing denigration and discrimination against our community, who choose to fight for their freedom and rights, and the freedom and rights of others, shall be known simply as "Genderists."*

*The term Genderist shall mean to be characterized by an attraction or predisposition toward the other gender role or the activities of the other gender. More specifically, it means to cross the gender line and appear as the gender of one's choice. It may or may not mean changing the sex of the body in order to accomplish that goal fully. The term is meant to include everyone in the gender community. It is universal and has no negative connotations. It is a name for our community that allows us to build our new future without perpetuating an old past.*

*We choose the name "Genderist" to show our dedication to our activist cause. We choose this name as a standard for our pride and as our unifying banner, not as a new label. No one will be labeled a Genderist, yet anyone can become one. A label is something someone else places upon you that is derogatory in some fashion or that has disparaging connotations. "Feminist," "Gay," "Lesbian," and "Black" are all standards of pride adopted by the members of those minorities to show that they are fighting for their freedom and true equality. The name "Genderist" is our standard of pride and shows unity of purpose and our commonality with other minorities.*

*We have no more insanity, criminality, or differences in sexual preference than does the rest of humanity. The only similarity between us and the tiny minority of mentally ill persons in the gender community is that we once suffered from a common past of self denigration, labels, bigotry, discrimination, and hate. There is no difference between members of our community and society. We are moral, ethical, capable, and productive people who do different things and have other preferences just like other members of society.*

*We, the majority, intend to create a new future. We will not allow our activity to be labeled and listed in the mental illness manuals or to have our name used in a derogatory fashion by anyone. By these words we give notice that any slander, libel, or defamation against our community, or a member of our community, will be taken as an intentional attack against our whole minority. The individuals in our community will act in unison to stop any such attack against our integrity.*

*We have no need for the degrading labels or their negative connotations. The statements from the mental health profession and others that we are sexual deviates, perverts, abnormal, sick, criminal, et al., are unjustifiable, false, and derogatory. The mental illness designation is based on a biased examination of only 2% of our group, and thereby has no validity. The other labels are based on intolerance, hate, fear of difference, and religious and educational misinformation, and have no validity. We reject the old notions that we are not part of the normal society or that we have no rights.*

*We reject the old line of thinking that says we should hide our behavior as though we were somehow criminal. We have the right to choose and express our preferred gender publicly and freely and to be treated as first class citizens without discrimination in any form against us... We have the same right as anyone else to change our physical imperfections and to be treated by the medical profession without judgement because of our choice... We have an unquestionable and bona fide right to our Civil Liberties and Human Rights. No other person has the right to deny our minority those rights which they do not deny to themselves.*

*We recognize that the practice of discrimination and denigration foments strife and unrest, retards the evolution of civilization, and adversely affects the interest of all people in our society. We oppose this malevolent pattern of behavior against us or anyone else, as it is destructive. We oppose those who feel they must keep us and others from freedom and equality. We vow to fight to attain our goals and back those, who, like ourselves, must wage a fight against oppression. We will do for ourselves what no one else is willing to do for us. We believe that all people should be treated equally and deem that Human Rights and Civil Liberties are meant for everyone. By our own hand we seal this Declaration on this day and stand by it with pride in ourselves, our community, and our league.*



## *Notes From the Yellow Brick Road*

*by Lea Perrin*

**S**ince October, 1990, I have been living as a woman. I relocated to a town where a few people had known me in androgynous transition, but virtually no one had ever met me in a purely male state. It is continually fascinating how expansive life became once I gave myself the authority to change. The dimensions of existence are far broader than could be imagined during the years of being too scared of and caring too much about other people's conditional friendship and judgement to dare to really live. A lot of this expansion isn't related just to confronting my gender dysphoria, but is probably true for anyone who has stopped allowing control of their lives to be given over to fear of others.

No value can be derived by telling anyone about your past, even on the most intimate basis. There is no benefit in sharing facts about a former lifestyle you don't intend to perpetuate. Why would a person want to ever rehash it? It would be very much like constantly opening a healing scab for the pleasure of remembering what it felt like to be injured.

The exact memories of various challenges faced in becoming whole are fading. There were things to do like tell employers and family, and appear in front of my children in a dress for the first time, but memory of the intense pressure and anxiety is gone. It would make no sense to try to recapture those feelings; it is merely enough that those things are over and I shall never have to do them again. Now I am forgetting what it was like to do things in a male way. In watching the Gulf War on TV, I knew intellectually that I was once in Viet Nam, but could not relate to the men in the Middle East. There was no remembered camaraderie of experience. It felt natural to be patriotic and supportive by wearing a red, white, and blue ribbon on my sweater. There were no distant trumpets that called.

My life partner, K.D., and I are lesbians. We were both lesbian before we met, and our lives have joined together in a deep love and joy. Some lesbian friends would be quite surprised if they knew I had lived as a male. Several years ago, a well-known female musician, very popular with the feminist/lesbian set, was outed as transsexual. She was immediately thrown out of the musical group, and lost all of the "friends" she had made over the years.

The act of outing is a little horrifying. Anecdotal reference, even positive, to anyone who should not share private knowledge can be a damaging thing. Personal prejudices and the political or religious agendas of some people can be vicious. The only defense against them is avoidance.

There is no way, though, to avoid the fact that some people who knew me in transition have a tendency, in innocence, to share gossip with others. I met a person last week, and the course of our conversation made it clear that a mutual friend had shared some information about me. In chatting, my new acquaintance did not relate directly to my former status, but was close enough that I was sure our mutual friend had told "the rest of the story." It really didn't make any difference in our meeting, but I am certain that the new acquaintance will no doubt relate an anecdote to someone else as well.

The question arises: If people with some knowledge of my past continue to be kind, to give respect, to do business, to treat me as a woman named Lea—the only way we ever met—then have I not in any event achieved my goal of living my life exactly the way I always wanted?

There actually shouldn't be any difference in the quality of my life, for no one can make me any less a woman or a person than I allow. People in general accept me without question. Most do not know my past and I feel no inclination to tell them. But even if they were told by another source, what else can they

do but accept or reject me as the person I am today? I do business with people who know and people who don't. But with either, I am all that I have ever wanted to be... in living my physical life as the woman I have always been in my mind. In the end, my acceptance in the world will only be for the value as a person I provide to those who encounter me. If a person rejects me for who I am, not what I can do, then the loss is theirs—not mine.

The sum of my experience, in part, was developed because my former physical presence forced me to learn certain cultural habits and skills most typical of males, positive and negative. While my synthesis was superficial, the learning was sufficient to make me a successful individual in spite of my dysphoria.

My tenacity and courage has allowed me to alter my physical presence enough to finally live life the way I would have chosen to be born, but with cumulative knowledge of both gender lifestyles. Fortunately, I have been able to translate the male experiences into acceptable female usage, while at the same time being able to acknowledge the roots of their creation and acquisition.

Self-permission to exist is the reason for my current acceptance as a whole person—from those who didn't know me before and for whom my developed physical presence gives little clue, and for those who have known me in business or socially for a time. It seems very natural to both groups that I appear in skirts. Anything else would be inconsistent to them and to me.

A person has a choice to participate in open acknowledgement and public education of those not aware of the facts of their experience, but no one has a responsibility to do it. Those who don't feel the need to heed a call to possible martyrdom should have no guilt in refusing to publicly acknowledge a limiting former existence. One's only responsibility to oneself is to live in a way that gives the best opportunity to participate in total

experience. Anything less, stopped by fear of the conditional approval of others, is crime against self. You have only you to blame if you do not escape it.

While in high school, I had a dream in which I put on a beautiful white dress, went to school, and no one paid the least attention to me. I told a casual male school chum about the dream the next day—probably because it was so real and disturbing. I was amazed when he said to me, "You might as well. No one would care or be surprised anyway." There was no physical delicacy or effeminacy about me to offer visual ground for the comment, so his remark, quickly spoken, shocked me in its offhanded casual agreement. I never discussed the dream again with anyone, nor acted upon it for years. And yet, that reaction is what I found as I finally "put on that white dress and went to school" twenty-six years after the dream. No one is the least surprised or cares. I should have just done it so many years ago. ♀

"I was three or four years old when I realized that I had been born into the wrong body, and should really be a girl. I remember the moment well, and it is the earliest memory of my life..." So begins Jan Morris' account of her journey from male to female. As a man, James Morris was an army officer, a celebrated foreign correspondent (he accompanied Sir Edmund Hillary's successful expedition to Everest in 1953), a renowned author, husband, and the father of four children. During the period of transition, Morris became acutely conscious of the specific qualities distinguishing the masculine and the feminine, and her depiction of the subtle psychological and physical changes she experienced is uniquely revealing.

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*In Sickness and in Health:  
Linda Peacock &  
Jack/Jacque Nowling*

**L**inda Peacock, the president of the Atlanta-based Sigma Epsilon chapter of Tri-Ess, The Society for the Second Self, is one of the first genetic female Tri-Ess officers. The Fiesta chapter in New Mexico also has a female president, and we're unclear whether she or Linda was first elected. Linda is married to Jacque Nowling, a crossdresser and member of Sigma Epsilon.

**CQ (To Linda):** *As you know, the magazine has been concerned with health issues. In our conversations, you mentioned that Jacque is in bad health. And so, this interview. How does the crossdressing fit in with Jacque's health problems?*

**Linda:** The one thing that I notice the most is the physical relief that Jacque gets from the crossdressing. It alleviates a lot of the stress, eases his mind. Physically he becomes—even his physical appearance is less stressed out. The lines seem to ease from his face. His blood pressure drops. He feels better. His head doesn't hurt as much. It seems to have some sort of an impact physically.

**CQ:** *A good impact.*

**Linda:** A good impact. A very good impact.

**CQ:** *What sort of health problems?*

**Linda:** He has an arachnoid brain cyst, which is inoperable. It's called an arachnoid because it's like a spider that's imbedded in the side of his brain. It's probably been there from birth, but it's possible that it has grown. It causes severe head pains. It causes depression. It affects his balance. Causes dizziness, some sight problems. Lately, we've noticed that it's causing weakness in his left arm. It's on the right side of his brain, and that affects the left side of the body. It may be affecting him almost like an arthritic condition. He's virtually blind in one eye, and has a forming cataract in the other eye. He has severe blood pressure problems. The blood pressure is basically under control by medication. We figured it out; his medicine costs about \$25 a day.

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*The crossdressing in all honesty has not really been a problem. There are certain aspects of it that I have problems with, and we compromise on some things... I think I'm more accepting of it because of the way it does seem to effect him. Jacque is a gentler person.*

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So this is the effect of the cyst. He's also in a high pressure job that alone is stressful. Matters of family illness cause even more stress. His mother is critically ill, and has been for some time. She's not expected to live much longer. That's been a big strain. And then he travels and is on the road a lot. So he's not at home.

**CQ:** *So more stress than the ordinary person, and also this health problem, and the cross-dressing is a big source of relief? Psychic relief?*

**Linda:** It has a physical effect in his case. He can be just on the verge of total collapse, and can put on his dress and his wig, and it just seems to have an easing effect on him.

**CQ:** *(To Jacque): Do you feel worse at some times than at others? At some times does your health effect your ability to dress?*

**Jacque:** Sometimes I'm just too exhausted to put on the makeup. But I think one reason I felt better in the last three weeks is I could come out. In the towns I was in, I went out to the clubs for a couple of hours.

**CQ:** *(To Linda): And how does all this affect you?*

**Linda:** Maybe you're getting into SO issues. (SO = Significant Other—Ed.)

**CQ:** *That's fine.*

**Linda:** The crossdressing in all honesty has not really been a problem. There are certain aspects of it that I have problems with, and we compromise on some things. I basically give him free rein to do what he wants. I don't like it when he's on the road and he goes out, but he tries to be very careful. I'm very protective. It's OK if he and I are out, but I don't like it when he's off by himself. I think I'm more accepting of it because of the way it does seem to effect him. Jacque is a gentler person. Perhaps a little more understanding than Jack is. Not as domineering. Jack can be very domineering, and Jacque generally isn't. I don't know that Jacque is any more emotional than Jack. I think possi-

bly Jacque is a stronger person than Jack is. And there's some sort of effect, a—psychic is not the word—supernatural effect that comes over his person. A metamorphosis, perhaps. Jack and Jacque are the same person, basically, but I just think the crossdressing brings out some of the inner parts that aren't evident in Jack but are evident in Jacque.

**Jacque:** Ten years ago this woman was in therapy. She was downtrodden. She had been mentally abused by her first husband. If I spoke in a loud voice, she would jump. Since we've been married, she's blossomed into what you see here today. She has gone into management in her firm, and she's president of this group. (*Sigma Epsilon is Tri-Ess' chapter of the year—Ed.*)

**Linda:** Let's just say the opportunities came through his encouragement.

**Jacque:** Here's where I'm coming from. She has given me something. The dressing, the acceptance, being fully open about it, and I feel like I've given her something. She's now the dominant person in the relationship. And it's not bad. It's good. The only thing that I still handle are finances, but then, I'm an accountant. Other than that, she takes the lead in the majority of things.

**Linda:** In the relationship, as Jack has grown older, as the medical problems have started to build, there's been almost a role reversal, and there's a lot that I've had to do that I probably would have never thought I could do. His faith in me—his seeing something in me that I didn't see in myself, helped me to grow. As he becomes weaker, I seem to become stronger.

**Jacque:** I think by the time of my retirement, in six years, there will be more personal growth. I'll become the house husband and Linda will be the breadwinner. And this push that she has gotten in these years will have rounded her into a totally different person, and she'll be able to handle it. ☽

*This story originally  
appeared in Plain Tales  
From the Hills.*

## *His Wedded Wife*

*by Rudyard Kipling*

**S**hakespeare says something about worms, or it may be giants or beetles, turning if you tread on them too severely. The safest plan is never to tread on a worm—not even on the last new subaltern from Home, with his buttons hardly out of their tissue-paper, and the red of sappy English beef in his cheeks. This is a story of the worm that turned. For the sake of brevity, we will call Henry Augustus Ramsay Faizanne, “The Worm,” though he really was an exceedingly pretty boy, without a hair on his face, and with a waist like a girl’s, when he came out to the Second “Shikarris” and was made unhappy in several ways. The “Shikarris” are a high-caste regiment, and you must be able to do things well—play a banjo, or ride more than a little, or sing, or act,—to get on with them.

The Worm did nothing except fall off his pony, and knock chips out of gate-posts with his trap. Even that became monotonous after a time. He objected to whist, cut the cloth at billiards, sang out of tune, kept very much to himself, and wrote to his Mamma and sisters at Home. Four of these five things were vices which the “Shikarris” objected to and set themselves to eradicate. Every one knows how subalterns are, by brother subalterns, softened and not permitted to be ferocious. It is good and wholesome, and does no one any harm, unless tempers are lost, and then there is trouble. There was a man once—

The “Shikarris” shikarred The Worm very much, and he bore everything without winking. He was so good and so anxious to learn, and flushed so pink, that his education was cut short, and he was left to his own devices by every one except the Senior Subaltern, who continued to make life a burden to The Worm. The Senior Subaltern meant no harm; but his chaff was coarse and he didn’t quite understand where to stop. He had been waiting too long for his Company; and that always sours a man. Also he was in love, which made him worse.

One day, after he had borrowed The Worm's trap for a lady who never existed, had used it himself all the afternoon, had sent a note to The Worm, purporting to come from the lady, and was telling the Mess all about it, The Worm rose in his place and said, in his quiet, lady-like voice—"That was a very pretty sell; but I'll lay you a month's pay to a month's pay when you get your step, that I work a sell on you that you'll remember for the rest of your days, and the Regiment after you when you're dead or broke." The Worm wasn't angry in the least, and the rest of the Mess shouted. Then the Senior Subaltern looked at The Worm from the boots upward, and down again, and said—"Done, Baby." The Worm held the rest of the Mess to witness that the bet had been taken, and retired into a book with a sweet smile.

Two months passed, and the Senior Subaltern still educated The Worm, who began to move about a little more as the hot weather came on. I have said that the Senior Subaltern was in love. The curious thing is that a girl was in love with the Senior Subaltern. Though the Colonel said awful things, and the Majors snorted, and the married Captains looked unutterable wisdom, and the juniors scoffed, those two were engaged.

The Senior Subaltern was so pleased at the same time that he forgot to bother The Worm. The girl was a pretty girl, and had money of her own. She does not come into this story at all.

One night, at the beginning of the hot weather, all the Mess, except The Worm who had gone to his room to write Home letters, were sitting on the platform outside the Mess House. The Band had finished playing, but no one wanted to go in. And the Captains' wives were there also. The folly of a man in love is unlimited. The Senior Subaltern had been holding forth on the merits of the girl he was engaged to, and the ladies were purring approval while the men yawned, when there was a rustle of

skirts in the dark, and a tired, faint voice lifted itself.

"Where's my husband?"

I do not wish in the least to reflect on the morality of the "Shikarris"; but it is on record that four men jumped up as if they had been shot. Three of them were married men. Perhaps they were afraid that their wives had come from Home unbeknownst. The fourth said that he had acted on the impulse of the moment. He explained this afterward.

Then the voice cried, "O Lionell!" Lionel was the Senior Subaltern's name. A woman came into the little circle of light by the candles on the peg-tables, stretching out her hands to the dark where the Senior Subaltern was, and sobbing. We rose to our feet, feeling that things were going to happen and ready to believe the worst. In this bad, small world of ours, one knows so little of the life of the next man—which, after all, is entirely his own concern—that one is not surprised when a crash comes. Anything might turn up any day for any one. Perhaps the Senior Subaltern had been trapped in his youth. Men are crippled that way, occasionally. We didn't know; we wanted to hear; and the Captains' wives were as anxious as we. If he had been trapped, he was to be excused; for the woman from nowhere, in the dusty shoes and grey traveling-dress, was very lovely, with black hair and great eyes full of tears. She was tall, with a fine figure, and her voice had a running sob in it that was pitiful to hear. As soon as the Senior Subaltern stood up, she threw her arms round his neck and called him "my darling," and said she could not bear waiting alone in England, and his letters were so short and cold, and she was his to the end of the world, and would he forgive her? This did not sound quite like a lady's way of speaking. It was too demonstrative.

Things seemed black indeed, and the Captains' wives peered under their eyebrows at the Senior Subaltern, and the Colonel's face set like the Day of Judgement

framed in grey bristles, and no one spoke for a while.

Next the Colonel said very shortly, "Well, Sir?" and the woman sobbed afresh. The Senior Subaltern was half choked with the arms around his neck, but he gasped out—"It's a damned lie; I never had a wife in my life!"—"Don't swear," said the Colonel. "Come into the Mess. We must sift this clear somehow," and he sighed to himself, for he believed in his "Shikarris," did the Colonel.

We trooped into the ante-room, under the full lights, and there we saw how beautiful the woman was. She stood up in the middle of us all, sometimes choking with crying, then hard and proud, and then holding out her arms to the Senior Subaltern. It was like the fourth act of a tragedy. She told us how the Senior Subaltern had married her when he was Home on leave eighteen months before; and she seemed to know all that we knew, and more too, of his people and his past life. He was white and ash-grey, trying now and again to break into the torrent of her words; and we, noting how lovely she was and what a criminal he looked, esteemed him a beast of the worst kind. We felt sorry for him, though.

I shall never forget the indictment of the Senior Subaltern by his wife. Nor will he. It was so sudden, rushing out of the dark, unannounced, into our dull lives. The Captains' wives stood back; but their eyes were alight, and you could see that they had already convicted and sentenced the Senior Subaltern. The Colonel seemed five years older. One Major was shading his eyes with his hand and watching the woman from underneath it. Another was chewing his moustache and smiling quietly as if he were witnessing a play. Full in the open space in the centre, by the whist-tables, the Senior Subaltern's terrier was hunting for fleas. I remember all this as clearly as though a photograph were in my hand. I remember the look of hor-

*(Continued on page 28)*

## *Crossdressers and Hormones*

*by Michael Williams*

**A** good friend of mine once asked why I take hormones. Quickly, I gave him the same answer I've given several doctors over the past seven years: I told him I took .625 mg of Premarin to help relieve the anxiety of being a crossdresser.

He asked me to explain myself. I told him how my job, my surroundings, and my hectic schedule would not let me spend as much time dressed as I desired. I could never shave my legs or underarms, let my fingernails grow, or pluck my eyebrows. However, my occupation and the associated responsibilities didn't offset my desire and need to think, act, and be feminine at times. I had to find a way to solve such a problem.

The answer was not simple.

It started in 1980 with an article I read about estrogen replacement therapy. I don't remember the specific magazine now, but it was one of those women's journals you always find on the coffee table at a friend's house.

ERT, as it is known, is prescribed after menopause, when estrogen is no longer produced naturally in the female body. There are lots of reasons doctors prescribe ERT. The main reason, however, is to keep women looking and feeling feminine.

As I couldn't crossdress as much as I wanted and I sincerely wanted to feel feminine, ERT seemed a likely path. I started reading and researching everything I could find regarding estrogen. I tried to become an expert. I visited medical school libraries and university libraries. I read article after article. I talked with transsexual people and other crossdressers. I talked to doctors. I spoke with women who were on ERT.

I found that estrogen is not a foreign substance. The male body produces minute amounts, which is overpowered by testosterone. Transsexual people use massive amounts of estrogen and progesterone (or androgens) to upset the delicate balance and overpower the normal production of hormones. The job becomes easier after surgical castration.

I discovered that there are several different types. Premarin is a conjugated estrogen. First produced before World War II, it is made from the urine of pregnant mares (I've often wondered why the drug companies didn't make estrogen from pregnant women's urine). Conjugated estrogens are naturally occurring. There are several other types of estrogen and estrogenic substances on the market. Some are natural and some are synthetic; the synthetic compounds are stronger than the natural products.

The more I learned, the more I became convinced I could participate in a simple ERT program if I could find a doctor to listen to me. I was convinced the estrogen program would give me the feelings and changes I wanted.

It took me nearly two years before I was ready to start taking estrogens. I visited three different doctors before I found one who would prescribe Premarin for me. The first doctor said that if I were transsexual, he would prescribe the medicine, but he would not give it to a crossdresser. The second had no experience and was not interested. The third listened to me and then wrote out a prescription. Since then, I have found other doctors who listened and prescribed estrogens.

A physician who did her residency in a large city hospital told me that lots of pre-operative transsexual people and crossdressers request estrogen. It's easy to find a doctor who will help if you ask around.

There's a lot to consider, if you are thinking about using estrogens. First, be prepared for lots of changes in yourself. This is real medicine and it does a real job. More importantly, consider: how long are you going to take the estrogen? What are you going to be after you finish or stop taking hormones? Are you prepared for life without hormones and the person you will become without estrogens? These are three important questions that must be answered if you are a crossdresser and you are thinking about taking hormones.

Are you going to take the hormones at the same rate as do trans-

sexual persons? If so, after six months to a year, you will look very much like a woman. If you stop, you will resemble a large woman for quite a while. On the other hand, you may look like a very feminine man. One thing is certain: you won't look like the person you are today and you won't stay the same after you stop taking the estrogen. You will change, and change again.

Most of the changes are reversible. They happen very, very slowly, but after a while, they are measurable. If you think it takes a while to lose five pounds of fat on your waist, think about how long it will take you to lose five pounds of breast tissue. Ask any woman if she fears gaining a few extra pounds on her hips. Part of the weight and size you will gain is fluid, which you can lose fairly rapidly, but the majority of your new dimensions are going to be plain old fat. And it's the same type of fat that you gain by eating potatoes and junk food.

The hormones will definitely add size and dimension to your breasts, hips, and thighs. They will cause you to lose muscle tone and texture. Your hair will thicken, though not enough to banish your bald pate. As the hair thickens, it will change texture and become soft and fine, like a woman's.

You will notice a change in the fat distribution around your waist. If you are lucky, you will develop a waistline; however, it will never be as definite as that of a true female. Your pelvic bones aren't as wide and your tailbone doesn't jut out the way a woman's does. You have to start on hormones at age 10 or 12 to get that sort of development.

In a very literal sense, you will go through the basic physical changes of puberty. Compare yourself as you are now with the way you were at puberty. Are you ready for that again?

I have been using the hormones for about seven years. I have seen all these changes and I have been off the hormones for as long as a year at a time.

I was once asked if it was possible to have a fetish concerning hormones.

I don't know.

Starting hormones is like getting a tattoo. Your life will never be the same again, no matter what you do. You will see changes, and as a crossdresser or a transsexual person, you will enjoy the changes. You will be more feminine than ever. Your skin will become so soft and you will feel closer to being a female than ever before. You will walk around during the day, knowing that you are closer to the female side of life than those other men around you.

For a while, that is truly enjoyable. But if you are a CD, and have a heterosexual lifestyle, then after a couple of months, the hormones will take their toll on your love life. You will start experiencing impotence. That is not good. Now your plumbing is not working as it should.

If you have children, you are going to have more problems. They will wonder why Dad is growing breasts. Of course, you can hide the growth for a while, but if you stick with the regimen, those little breast buds will make their presence known after a couple of months.

One of my greatest concerns is the damage I may do to my family. My wife knows all, but my children don't. I've discussed the subject with both CDs and transsexual people. Whenever they told or were found out by their family members, they lost their family's love and affection. No one has escaped unharmed.

The family of any CD or transsexual person has the most to lose. It's sort of like having a convicted criminal in the family. But even a convict can be excused. He broke the law. He's in the same category as all those other people who broke the law. A crossdresser—well, that's something else again.

In the past ten years, I have seen more and more crossdressers who are taking hormones with no intention of having sex change surgery or of living as a woman. I think I'm a classic example defining why.

I have obligations I can't turn my back on. I have a wife and children. My responsibilities to them overshadow my own needs in other areas, including my gender dysphoria. I don't do a lot of things I would do if I didn't have a family. If I were single, I wouldn't be living in small town, USA. I would be in a job that allowed me to travel all the time. I wouldn't have a mortgage and orthodontist bills. I would have freedom to crossdress, and, if I so chose, to change my sex.

Many other crossdressers have similar obligations. They have found they can't have their cake and eat it, too. On the other hand, the overwhelming desire to crossdress is still present. They wake up in the morning, wishing they could just slip into something from their wife's closet, instead of dragging out wool blend suits, starched, buttondown white Oxford shirts, heavy, leather brogans, and the same belt they've been wearing for three years.

Oh, yes, there are those days you can sneak into a pair of panties, and that occasional trip out of town. Then you get to watch TV

in a motel room, all dressed and made up. But that's not any fun. It alleviates the anxiety, and you feel better the next day—but the demanding desire will return. It always has, and it always will.

A little purple pill once a day or even once every other day can do a great deal to help out. It helps when your wife says she will allow almost anything, but she draws the line at shaving legs or underarms. It helps when you have to spend three weeks in a dormitory setting, working with 30 other guys. During all those extended days and nights, when you want to escape into the feminine world you dream about, and you can't, the knowledge that you are in one sense feminine is comforting.

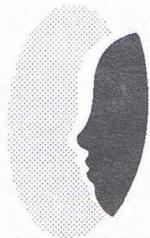
We, as a society, are not as skeptical of medicine as we were 30 or so years ago. We depend on pills and potions to cure what ails us. There's medicine to put hair back on our heads, to relieve us of allergies, to stop the pain of headaches, and to regulate our cholesterol and heartbeat. We have become a nation of pill-takers. We

use pills to put us to sleep at night, to keep us awake, to help us lose weight, and to keep our blood pressure under control.

Estrogen is a magic pill. It will make us more feminine in six short months. It will give us something to fill a bra with. It fattens us in the right places and tightens our bodies in other places. It will make those blue jeans fit better. It will make our skin smoother and we can look better with our makeup. It's a reversible cure-all. Next year, if we decide we've had too much, hell—we just stop the pills and in another six short months we're back where we were.

If you think deeply, we never liked where we were or who we were, anyway. So if everything doesn't completely reverse, then we'll deal with that six months from now. Anyway, there's no real harm done that can't be undone one way or another.

There are some real dangers to taking estrogen: liver problems, heart problems, risk of cancer. Some of the same warnings are on the labels of cigarettes, saccharin,



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pesticides, and dozen of other chemicals we use everyday. In minute doses, estrogen shouldn't hurt you. That's what a doctor told me. However, to be on the safe side, he said to stay in contact with a doctor all the time. Read the package insert. Estrogen can cause some problems for some people. But in today's society, where so many people will smoke a joint that came from some jungle in South

America, or use an illicit drug manufactured in a filthy garage laboratory or under a tree, the thought of taking a pill manufactured under exacting clinical standards is hardly a risk.

What next? I'm 40 years old. I would like to spend more and more time under the feminine side of life's billboard. My desire to take hormones grows each year, as I continue to realize that I'm living

my life and I don't have to structure my own unique existence to meet someone else's needs, desires, or rules of conduct. I am balanced, as I said earlier, between the obligations and needs of my own family and my own desires.

I will continue to struggle with balancing those two sets of needs, using the rules my wife and I have established for our own harmony. ☪☪

*(Continued from page 24)*

ror on the Senior Subaltern's face. It was rather like seeing a man hanged; but much more interesting. Finally, the woman wound up by saying that the Senior Subaltern carried a double F.M. in tattoo on his left shoulder. We all knew that, and to our innocent minds it seemed to cinch the matter. But one of the bachelor Majors said very politely, "I presume that your marriage-certificate would be more to the purpose?"

That roused the woman. She stood up and sneered at the Senior Subaltern for a cur, and abused the Major and the Colonel and all the rest. Then she wept, and then she pulled a paper from her breast, saying imperially, "Take that! And let my husband—my lawfully wedded husband—read it aloud—if he dare!"

There was a hush, and the men looked into each other's eyes as the Senior Subaltern came forward in a dazed and dizzy way, and took the paper. We were wondering, as we stared, whether there was anything against any one of us that might turn up later on. The Senior Subaltern's throat was dry; but, as he ran his eye over the paper, he broke out into a hoarse cackle of relief, and said to the woman, "You young blackguard!" But the woman had fled through a door, and on the paper was written, "This is to certify that I, The Worm, have paid in full my debts to the Senior Subaltern, and, further, that the Senior Subaltern is my debtor, by

agreement on the 23rd of February, as by the Mess attested, to the extent of one month's Captain's pay, in the lawful currency of the Indian Empire."

Then a deputation set off for The Worm's quarters and found him, betwixt and between, unlacing his stays, with the hat, wig, and serge dress on the bed. He came over as he was, and the "Shikarris" shouted until the Gunners' Mess sent over to know if they might have a share of the fun. I think we were all, except the Colonel and the Senior Subaltern, a little disappointed that the scandal had come to nothing. But that is human nature. There could be no two words about The Worm's acting. It leaned as near to a nasty tragedy as anything this side of a joke can. When most of the Subalterns sat upon him with sofa-cushions to find out why he had not said that acting was his strong point, he answered very quietly, "I don't think you ever asked me. I used to act at Home with my sisters." But no acting with girls could account for The Worm's display that night. Personally, I think it was in bad taste. Besides being dangerous. There is no sort of use in playing with fire, even for fun.

The "Shikarris" made him President of the Regimental Dramatic Club; and, when the Senior Subaltern paid up his debt, which he did at once, The Worm sank the money in scenery and dresses. He was a good Worm; and the "Shikarris" are proud of him. The only drawback is that he has been christened "Mrs. Senior

Subaltern"; and, as there are now two Mrs. Senior Subalterns in the Station, this is sometimes confusing to strangers.

Later on, I will tell you of a case something like this, but with all the jest left out and nothing in it but real trouble. ☪☪

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## The Transgender Alternative

by Holly Boswell

When a transsexual sister of mine observed that “so many of us simply stall out and fail to achieve our goal of sex reassignment surgery,” I felt compelled to question her premise: “Maybe a lot of these people who apparently stall out have found a more comfortable and appropriate middle ground. Maybe there aren’t so many transsexual people after all.” Crossdressers may also have a sense of this, yet be equally unsure of this middle ground.

The middle ground I am referring to is transgenderism. I realize this term (heretofore vague) also encompasses the entire spectrum: crossdresser to transsexual person. But for the purpose of this article—and for what I hope will be a continuing dialogue—I shall attempt to define transgender as a viable option between crossdresser and transsexual person, which also happens to have a firm foundation in the ancient tradition of androgyny. (All my references will address the male-to-female orientation).

The prefix “trans-” means: across, beyond, through, or so as to change. Words like transition, transformation, transparent, transpersonal, transcend—all are relevant to transvestism (cross-dressing), transgenderism (identifying oneself across gender lines), and transsexualism (realigning biology with dominant gender). While we may choose to use any of these terms to categorize ourselves, we may come to understand ourselves better if we view each of these three zones within the greater spectrum of gender. The term “gender” has recently become accepted as defining one’s personal, social, and legal status independent of biological sex; e.g., ascribing traits of aggressiveness, nurturance, competitiveness, expressiveness, and so on.

Many people confuse sex with gender. Sex is biological, whereas gender is psychosocial. So if biology does not truly dictate gender or personality, then dichotomies of masculinity and femininity only serve to coerce or restrict the potential variety of ways of being human. “Until we redefine behavior in terms of human, rather than masculine or feminine, we are locked in a dance of death,” says Professor Anna Kuhn of the University of California at Davis.

---

*“The man whose spirit  
has been obsessed  
by a beauty so long  
brooded upon, that he  
has almost become  
that which he contem-  
plated...”*

---

—The Irish Poet, George  
Russell

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*"... androgyny provides both a vision of Utopia and a model of mental health... (it) does not require the individual to banish from the self whatever attributes and behaviors the culture may have stereotypically defined as inappropriate for his or her sex."*

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Transgenderism serves as a bridge of consciousness between crossdressers and transsexual people, who feel unnecessarily estranged within our own subculture. And in the vast majority of instances, we are not so much "gender conflicted" as we are at odds—even at war—with our culture. It is our culture that imposes the polarization of gender according to biology. It is our culture that has brainwashed us, and our families and friends, who might otherwise be able to love us and embrace our diversity as desirable and natural—something to be celebrated. Crossdressers are instead made to feel they must still be "men," but men who are deviant misfits, or even perverted fetishists. Transsexual people must often deny their maleness altogether and become stereotypical, second class females (a sad fact) in order to assimilate into society. Occasionally these options may be appropriate, but most often I doubt how conducive these forms of socialization are to personal growth and happiness.

I believe the truth of a solution to our dilemma is all-encompassing—not polarized. We know, deep in our hearts, that we are more than our culture dictates. We can reject those limitations, in all their manifestations, if we have a vision that transcends—if we believe we must go beyond. We need to recognize that each of us, in our own small way, are makers of our culture. We can exercise that function best by expressing our true selves—not by simply fulfilling our culture's expectations. We are all in transition, in that broad evolutionary sense.

Whether we are in any way gender-conflicted, or prone to the dictates of our culture, personal resolution need not be strictly an either/or proposition—male or female. Jungian June Singer noted that many people who become disturbed, sick, or unbalanced may be stuck in the masculine/feminine dichotomy. Psychologist George Kelly observed that disturbed peo-

ple tend to flip back and forth between the poles of their constructs rather than test midrange alternatives. Assagioli, a psychosynthesist, noticed that when our diverse inner elements no longer clash or remain unconnected, when they begin to merge, we experience a release of energy, a sense of well-being, and a greater depth of meaning. When it is balanced and healthy, human growth proceeds in all directions.

Androgyny is not a new concept, but it has recently returned to our cultural consciousness as an idea that holds great potential for personal and social development. It has been called "the eleventh megatrend." Sandra Bem, a pioneer in this field, says, "... androgyny provides both a vision of Utopia and a model of mental health... (it) does not require the individual to banish from the self whatever attributes and behaviors the culture may have stereotypically defined as inappropriate for his or her sex." In fact, the only time being male or female is of undeniable consequence is when reproducing. This is not to say that the psychosocial issues of gender are not important.

When considering the evolutionary potential of androgyny, it is worth noting the transitional form of polyandrogyny. This form encourages a full variety of options, including "pure" femininity and masculinity as well as any possible combination. Ultimately, more people may come to embrace a full range of psychological characteristics and social roles, which is monoandrogyny in the classic sense. Not to be confused with unisex, this would unleash far greater heterogeneity and uniqueness for each individual. Mention should be made that some people fail to exhibit traits of either gender. This is the "undifferentiated" category that is the antithesis of androgyny.

Author Elemire Zolla believes there may come a time when the unmitigated male or female will appear as disturbing as the unabashed androgyne of today—"a stifling denial of latencies." Plato

said, "Nature was originally one and we were a whole, and the desire and the pursuit of the whole is called love." We must always begin by loving ourselves. The verb "to heal" means to make whole. Human life can be viewed as the constant process of healing an inner split. Jung called this process "individuation," the fundamental challenge of which is the integration of one's contrasexual elements through an active, ongoing dialogue between consciousness and the unconscious. Researchers have found that the most creative and brightest people have androgynous qualities, including greater maturity, social adjustment, and fuller enjoyment of sexuality. Humanistic psychologist Abraham Maslow characterized peak experiences and self-actualization in terms of wholeness, unity, interconnectedness, and synergy. As psychiatrist Victor Frankl noted, "A higher dimension is simply a more inclusive dimension."

So what does androgyny have to do with transgenderism? Any person, mainstream and not particularly gender-conflicted, can opt for androgyny. Yet those of us who don't fit that description, who may still yearn to cross over, if only to return to a balanced state,

need to examine our options. Crossdressing may be a bold beginning (perhaps an end in itself), but nonetheless offers the potential for integration and wholeness. Transsexualism, while perfectly appropriate for some, may often be more of an overstated resolution—indeed, a form of escape. Trading one set of stereotypical gender restrictions for another is a denial of wholeness, unless one simply feels more centered in the gender of choice (given this culture), hence more able to strive for wholeness in that form. However, other transsexual people who may never realistically "pass" in society might find greater solace through androgyny.

I would like to offer a constructive challenge to those of us who are uncertain about defining ourselves as strictly crossdressers or transsexual people. Are you truly a crossdresser, or is this only an indication of far greater potential for gender evolution, which is turn a deeper imperative for personal growth and integration? If you believe yourself to be transsexual, are you losing as much ground as you are gaining? Are you unnecessarily sacrificing your preferred style of lovemaking, or your ability to procreate (especially if you're a lesbian)? Are you truly becoming

yourself, with a long-term life-plan intact, or are you allowing yourself to be compromised by external expectations? Our high-tech culture promises a quick fix, but there are significant health risks. Your life is precious, and good health is crucial. The freedom to choose one's gender is a potent sword that cuts both ways. Be true to yourself.

Androgyny, while offering the broadest opportunity for psychological integration and evolution, still poses a great threat as a cultural taboo. Since our culture is far less comfortable with ambiguity than stereotypic role-playing, the aspiring androgyne faces potentially greater resistance and rejection. But the transgenderist, whether crossing over part-time or full-time—even while masking their genital incongruity—gives honest expression to a reality that defies cultural norms. The resulting impacts on human potential, relationships, society, even global harmony and ecology, are still largely unexplored.

As our cultural consensus shifts to accommodate change and evolution, much can be achieved preventively through more enlightened socialization of our children. Indeed, many of the woes of this world may be resolved through gender liberation. ♀♂

## Three Profiles of Transgenderism

### *The Advanced Crossdresser*

Alexandra lives as a part-time fantasy, though too potent to be confined to the bedroom or strategically planned outings. She maintains her life as a male, for any number of reasons, but feels a deep need to explore the womanhood she knows is a profound part of her. She has grown past sexual fetishism, and has "come out" publicly into an expanded personhood, learning to deal with the inevitable challenges with family, spouse, children, friends, and career that our culture imposes.

### *The Androgyne*

Alex, whether manifesting part- or full-time, does not always try to "pass." She is attuned to her inner being, which she recognizes as fully androgynous, and strives to live within that shifting, dynamic balance. She may seek her compromise through hormone therapy and/or a liberal expression of style in all her daily interactions—not to mention the fullest range of interpersonal and social relations she makes. S/he is, perhaps, a harbinger of our future.

### *The Pre-transsexual Person*

Alexis rejects the lifestyle imposed on her as a male, and lives as a woman full-time. However, she feels content to retain her male genitals, though she may have breast augmentation and electrolysis in addition to hormone therapy. She may live as a lesbian, or in a "modified" straight relationship, but chooses her own definition of herself, short of conventional assimilation.

# Reviews

## Shocking Asia

1981

Geiselsgasleijg-Film Productions

First Film Organisation Ltd., Hong Kong

(Available for rental in many video stores)

Rating: ♀

*Review by Dallas Denny*

Shocking Asia is a German-made documentary film. It seeks to titillate and amaze the viewer by graphically displaying Far Eastern practices which seem outlandish or exotic to Western eyes. It is comprised of a number of short segments showing such things as drinking the blood of snakes (which are considered to be aphrodisiacs in Japan), self-mutilation during religious celebrations, and museums dedicated to displays of phalluses in various states of tumescence.

Shocking Asia would rate a CQ caterpillar, but for one thing: it contains, so far as I know, the only publicly available filmed depiction of sex reassignment surgery (SRS).

The surgeon is Dr. S.S. Ratnam of Singapore, who has published extensively on transsexualism in the medical journals, and who had been doing male-to-female SRS for over ten years when Shocking Asia was made.

The brief segment on Dr. Ratnam's patients begins with a shot of some of them soliciting in an alley in the city. One of these women is later shown being operated by Dr. Ratnam. The scene is rather graphic, showing everything from the initial incision to the removal of the denuded penis, and insertion of breast prostheses as well.

Although the commentators seem unduly cynical (this holds throughout the entire film, and not just for the section on transsexualism), and despite the obviously exploitative nature of the film, the transsexual section is handled in a surprisingly sympathetic manner, and is worth watching.

Shocking Asia is available for rental in many video stores; the second shop I tried had it. Be sure to avoid the sequel, Shocking Asia II: The Final Taboos. You want the original. I wouldn't suggest buying it, but if you are curious about SRS, or are contemplating it for yourself, you might pick up Shocking Asia and fast-forward to the relevant section.

But if you are squeamish, forget it. ♀♀

## Hormones: 1991 Edition

by Sheila Kirk, M.D.

60 pages, paperback

Available for \$8.00 postpaid from IFGE

P.O. Box 367

Wayland, MA 01778

Rating: ♀

*Review by Hilga Henson*

Dr. Kirk's little book about hormones has been eagerly awaited by many in the gender community. I ordered my copy as soon as I got my notice from IFGE that it was in print. I regret to say that I was disappointed. I learned little from the book, but perhaps that is because my idea of a good time is haunting the stacks in the medical library at Vanderbilt University. Those who want an introduction to the use of counter-sex hormones will probably find it useful.

### Rating System

- ♂ Don't Bother.
- ♀ Only if the price is right
- ♀♀ Definitely worthwhile
- ♀♀♀ Most Excellent.

As a gynecologist, Dr. Kirk has years of experience in prescribing estrogens and progestins to genetic females, and, as IFGE's on-board physician, she doubtless has experience in prescribing them for genetic males. She knows what she is talking about—she just doesn't say enough. She does not include references, and does not go into enough detail about the positive and negative effects of hormones to give the book much bang for the buck. Let's face it; you'll find lots more information on the little piece of paper the pharmacist puts in the bottle with your prescription.

To her credit, Dr. Kirk prefaces the work with a disclaimer, warning those who take hormones to do so only with proper medical supervision. She does not, however, delve into issues of who should and should not take hormones. This is unfortunate, for the gender community is full of people who have absolutely no business taking them.

For years, feminists have been claiming that estrogens are widely overprescribed by physicians, and that their dangers are minimalized because it is typically women and not men who receive them. Dr. Kirk unfortunately subscribes to the mainstream medical philosophy. The fact is that hormones are not nearly so benign as Dr. Kirk and other physicians would lead us to believe. For example, males treated with estrogens for prostatic cancer have shown an increased rate of cardiovascular events (Henriksson & Edhag, 1986) and mortality (Glashan & Robinson, 1981). Transsexual males on estrogen and cyproterone acetate (an antiandrogen) showed thromboembolic events, hyperprolactinemia, and depressive mood changes at rates many times greater than chance indicated (Asscheman, Gooren, & Eklund, 1989).

Absence of evidence is not evidence of absence. Hormones undoubtedly do pose significant health risks. The studies which would clearly show those health risks have, unfortunately, not been done. But remember—until a few decades ago, studies had not conclusively shown the health risks of cigarette smoking.

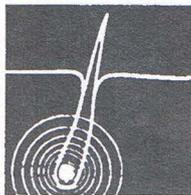
What Dr. Kirk wrote is quite good. Unfortunately, she quit writing far too soon. ☹

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*As a gynecologist, Dr. Kirk has years of experience in prescribing estrogens and progestins to genetic females, and, as IFGE's on-board physician, she doubtless has experience in prescribing them for genetic males.*

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# Bits n Pieces

*April, who is diabetic, had a March date for sex reassignment surgery with the physician we identified as Dr. M. in the last issue of CQ. The following transcript was made from a recording of April's description of her trip.*

## *My Trip to Brussels*

*by April Lockhart*

I'd like to report on the success of my trip. I'd like to, but dammit, I can't. No, everything seemed to go wrong with this trip. A friend drove me to Atlanta from Augusta. My flight was leaving at about 6:00 in the evening. I walked up to the Sabena ticket counter, and they said, "Oh, Sabena doesn't fly out of Atlanta anymore." They tried to get me on a plane to New York or Boston, where the flights were going out, but they couldn't. I would have missed them both. So I had to spend a night in the airport Sheraton. It cost \$138. The next afternoon I did get a flight out. We got to New York, and it was snowing like everything. I mean, it was snowing. I went up to the Sabena counter at the right time, and they said, "We'll have to wait about fifteen minutes while we de-ice the plane. We were two hours late leaving. The next morning, we were flying in, and the captain said over the intercom, "We're going to have to land at the backup airport because the airport at Brussels is fogged in." A few minutes later he said, "We can't land at the backup airport. It's too fogged in. We're going to Luxembourg." Well, it was a three hour bus ride to Brussels.

I visited relatives in Germany. They hadn't seen me since my change, and it went very well. Then I headed back to Brussels. I had to wait two hours in Cologne. I had luggage—unbelievable. After I got it out on the train tracks, I didn't want to take it all back inside, so I sat out there for two hours in the cold.

On Sunday morning I had a 10:00 appointment with Dr. M. He gave me a cursory physical and took my temperature, and poked

around on my belly. He said, "Ok, you're doing fine. You're going into the hospital tomorrow."

The next day I was admitted to the hospital. They ran an EKG, which they do for anybody over 40. They did an X-ray, found out my heart's a little big—if Dr. M. had asked me, I'd have told him that. I told them I was diabetic and that I'd had surgery on the veins on my neck, but everything was going well. My blood pressure was down to what it was the day before, so Dr. M. said, "OK. In the morning."

Next morning rolled around. A woman came in with a safety razor, and she had no mercy. No suds, no nothing. I was running a temperature, but they didn't seem concerned. They were getting ready to go. They even gave me the pills. Put me on cloud nine. I was lying there, and they stuck a thermometer under my arm. I was running a temperature of more than 100 degrees (*100 degrees axillary is equivalent to 101 degrees orally or rectally—Ed.*) So Dr. M. decided he was not going to operate.

It was probably a good thing, because three days later, I still had a fever. I was sitting in his office, shivering and sweating at the same time.

So I didn't get the operation. Dr. M. refunded the majority of my money, and I just killed time until I was supposed to leave.

If you go for the surgery, just hope and pray there's nothing physically wrong with you, because if there is and Dr. M. finds out about it, he will not operate.

Some people have asked, "Weren't you disappointed?" Yes, I was, a little. But when I think about what could have happened, with me running a fever—well, I might not be sitting here talking to you. I'd rather be alive. I enjoy life too much.

Dr. M. wants me to have another EKG. He also wants a test where they shoot you with radioactive dye to check out your heart.

(Someone in the group asked April when she was planning to go back).

It may be in October, but it will probably be in November. And this time, I won't take so much baggage. ♧

*The following is an excerpt from the AEGIS booklet, "Deciding What to Do About Your Gender Dysphoria: Some Considerations For Those Who Are Thinking About Sex Reassignment," by Dallas Denny, \$4.00 postpaid from AEGIS, or free with subscription to Chrysalis Quarterly.*

### *Your Age and Sex Reassignment*

If you are under eighteen years of age, you will in all likelihood be unable to obtain hormonal or surgical help, unless your parents intervene in your behalf. With the help of your parent or guardian, you may be able to obtain hormones, but surgery is very rare before the age of majority. It can be frustrating to see the effects that gonadotrophins are having on your body and be unable to do anything about it because you are unable to obtain hormones. But age 18 does come. At least, it has for everyone in the world up until now.

In general, the younger you are when you begin reassignment procedures, the fewer physical problems you will have. The gonadotrophins your body naturally produce will have had less time to work, and there will be less to undo. More importantly, the opposite-sex hormones seem to have a more dramatic effect in the earlier years.

Young people are less likely than their elders to have as much emotional and social baggage of the gender of birth: marriage, children, career, military history. They are less likely to have a life characterized by activities and relationships which clearly indicate the gender of original assignment. They will be less likely to have engulfed themselves in hypermasculine or hyperfeminine activities, and will have less of a history to rearrange and live down.

On the other hand, young people may have relatively strong rela-

tionships with their parents, who, even in young adulthood, can exert considerable influence and exercise significant control over their lives. They are likely to be significantly affected by peer pressure. Young people often have more difficulty in asserting themselves and less experience in the rigid self-discipline that reassignment requires. They have avenues which are untried, and may opt to remain in the gender of birth in order to explore such avenues, in particular marriage, career, and the military. They will have had less time to come to terms with their gender dysphoria than those who are older.

The elderly person will be more at risk for health problems, and may face additional obstacles because of age. For example, reassignment surgery will be more difficult to obtain after age 50, and may be almost impossible to obtain after age 60.

On the other hand, the elderly may have lost some of their social obligations. Retirement, the empty nest syndrome, and even widow or widowerhood can reduce the number of social responsibilities which may be negatively impacted by reassignment. Additionally, elderly people may have fewer problems in passing in the gender of choice, for the aged frequently develop a certainly androgyny; for example, a deep voice is much less unusual for a woman in her sixties than it is for a woman in her twenties.

Age is not an absolute contraindication for vaginoplasty or phalloplasty. Reassignment surgery has been successfully performed on persons in their seventies. ♧

### *Dorm-In-A-Storm*

*by Melanie Brett*

It has been the thought of many in the transgendered spectrum, and certainly in the minds of in-process transsexual persons, that a "haven of care" would be a dream come true.

There are times in the evolution from one sex to another that indicate a more pronounced need for

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*In general, the younger you are when you begin reassignment procedures, the fewer physical problems you will have. The gonadotrophins your body naturally produce will have had less time to work, and there will be less to undo. More importantly, the opposite-sex hormones seem to have a more dramatic effect in the earlier years.*

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*The point I wish to drive home with reference to dorms and every other aspect of our most eventful and difficult journeys is that we, as the transgendered, wherever on the continuum, must stop wasting our precious and valuable emotional, mental, and physical energies trying to make the rest of the world love us, nurture us, and accept us.*

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“a place away” from the madding crowd: a place where one could commiserate, trade ideas, emotions, and heal oneself by helping others through their own long tunnels. I’m talking about a dorm in a storm.

The “Dorm” could limit residence to the most critically-determined times for each visitor/client, so as not to abuse the privilege of free room, board, and medical services. Its entrance requirements would be extremely practical and fair to the institution as well as to the clients. Say, a three month stay, during a period of preparation for a new job, of growing hair and nails; of perfecting female speech, riding oneself of the albatross of male tone and inflection; of intensive hair removal; and of assessing the creation of a new identity, both philosophically and practically—the social security card, credit cards, and driver’s license type concerns. The phones would be abuzz with an exchange of preparatory information and planning. A library would inform and bolster courage.

Alas, here’s the pin that pricks this dream-balloon. Who pays for this long-needed utopia?

All levels of government stand only to profit from the act of returning vital contributors to the mainstream of daily life, and to their tax roles. Humanitarian motives aside, however, there are, and I must say, understandably, very few politicians who would stand on floors of legislatures or draft bills to champion such funding. Popular support just isn’t there, and frankly, may never be.

The transsexual community must stop trying to find acceptance and blessing from those apart (including their own families in so many cases), and make its headway within its own circles of the syndrome, among its own labor force, among its own qualified professionals, with its own brand of conviction yielding tailor-made creative solutions.

Just as higher educational assistance loans are dispensed cyclically (what a delicious word) and repaid over time by honorable, graduated students, then, too, Dorms-In-A-

Storm must be self-perpetuating establishments.

Initially, funding for the “first-stringers” of the resident program would require an empathic donation or investment for site/space, utilities, food, counseling programs, demonstrations, lecturers, discussion, and more, but the second team would start the pay-back revolving funding needed to keep things going for those who would follow.

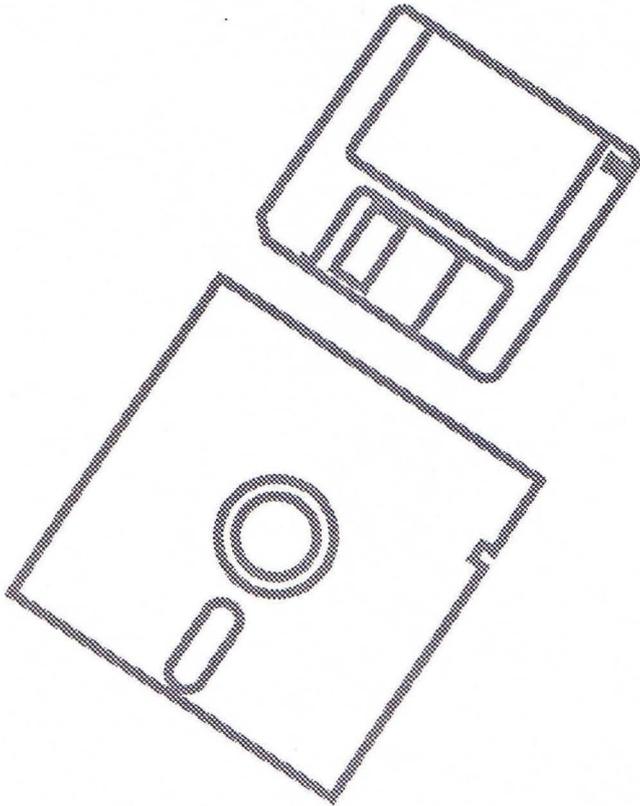
I know this is all very sketchy, and budgets and operational modes must be generated through discussion and planning sessions. The point I wish to drive home with reference to dorms and every other aspect of our most eventful and difficult journeys is that we, as the transgendered, wherever on the continuum, must stop wasting our precious and valuable emotional, mental, and physical energies trying to make the rest of the world love us, nurture us, and accept us. My guess is, at least in this generation, they will not. We must, therefore, with an understanding of their denial, take control of our own destinies to become post-transsexual people or non-transsexual people.

After all, isn’t that what all our minute-to-minute struggles and concerns are all about—to become bona-fide men and women, mainstreamed beside the more genetic fortunate, and to leave our once-worn caterpillar casings behind to whither?

I trust the dorm-in-a-storm will remain a seed of growth and eventual reality. And who knows—if the rest of the world notices how great it works, they might just turn around and help us.

One midnight, ten years back, I stood shivering in the middle of the Jefferson Memorial, immobilized by the words of the Declaration of Independence, now inscribed in stone. Generations before, Jefferson had, in the company of another minority, scratched those words on parchment. Over time, they worked, so others carved them in stone. ☞

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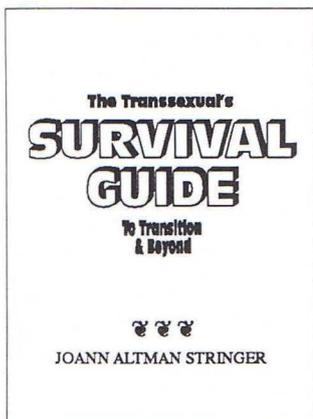
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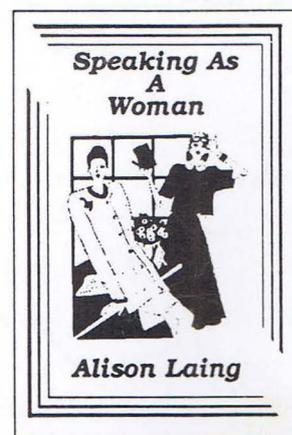
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