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The Anima /Animus Within

J. Thomas Ph.D.

I have written several articles for Outreach Beacon* over the last couple of years in which I have shared my views and experiences as I have shifted my life from a man to a woman, male to female. Certainly my writing has been influenced by my own particular mix of life experiences—my own blend of the Participant-Observer dynamic.

I *participate* in the gender shifting process having been born anatomically male (raised as a boy-child into manhood, marrying females twice, and fathering two families), all the while experiencing gender dysphoria to the extent that I eventually sought and obtained a transsexual solution. I *observe* by virtue of my education and professional experience being that of a Psychologist/Researcher who spends a significant portion of her counseling hours listening to others with gender conflict issues of their own.

Years ago while hopelessly mired in self-pity that often accompanies this dysphoria of gender, I remember thinking how unfortunate it was that I would never be able to apply my abilities as a scientist to my own life situation. How could a transsexual study herself with any modicum of objectivity? Being bound up with all the emotion and confusion of conflicted gender, the process, the life challenges, it would just be too difficult to see and comment on what was actually happening.

Throughout most of my years I had noted the course my life had taken, attempting to identify a meaning, a higher process,

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We've Changed Our Name

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

—Ed.

something that would provide a reason for all of what I seemed destined to experience. My odyssey couldn't just be a random meaningless event. There must be some rhyme, some plan for all of this. It was with trepidation then (and unknown outcome) that I began to record, in journal form, the adventure I found myself embarked upon. And through this process, three things became clear.

First, I found my journal entries helpful. There were feelings and changing attitudes that, when written down, facilitated self-examination. I became aware of certain aspects of my transition state that here-to-fore, had gone unnoticed. I found myself better understanding what certain of my clients might be going through. The journal entries provided a subjective documentation of my changing state; with each day, week, and month I marveled at my progress. How could I have ever felt that such and such statement, made six months earlier, was what I really thought? How on earth could I have ever held such a view?

The second thing I noted was that my participant-observer status was not a liability. I was able to view my own journey a half step away from the center. I would experience a change, feeling the full force of what was happening (as the participant) and then I would find myself saying "Wow! what was that all about? What could that have meant? Why do I suppose I felt that?" In effect I was finding that I was able to step outside of myself and examine these great changes in my own life. My participant status wasn't crippling my ability to function as an objective observer.

Finally I caught a glimmer of why these dramatic changes in my life came about. I have begun to perceive how the shifting of my gender role allowed me to get in touch with a part of my personality that had never developed. It is this latter aspect of my emergence, that I hope to share with you in this article.

In dealing with gender identity conflict there is a tendency to assume that the person "in-conflict" is very different from other persons. After all aren't we talking about persons disturbed enough with their gender roles to do something about the situation? Most of us don't question the sex role we were born into. We accept our anatomy and live entire lives in the appropriate gender role: masculine males and feminine females. Certainly crossdressers and transsexuals, persons who take on the props of the other gender (clothing) to live a preferred role are not the same sort as non-crossdressers.

Carl Gustav Jung, noted Swiss psychiatrist, may have provided a key to unlocking this most fascinating of conundrums.

Perhaps the cross-dresser and non-crossdresser are not all that disparate. Perhaps they even share important aspects of humanity. Jung contended that we all are born with the capacity to develop our masculine and feminine natures equally. We are, at birth, archetypally androgynous. Usually our biological sex, of course, determines the gender role in which we shall be raised. Baby boys are given blue blankets, baby girls pink, and the socialization process begins.

Normally a conscious identification without anatomical sex develops as we are socialized into our gender role. Males become comfortable with being raised as boys and females comfortable being raised as girls. Jung called the result of this socialization of the psyche the "Persona", (again males identifying as boys/men, females as girls/women). But what happens to our other half of the gender aspect, the part we started out with and was cast off? It gets submerged. The fragments of the other half of our personality gets pushed out of our consciousness. The submerged feminine aspect of a boy/man Jung termed the Anima and the submerged masculine aspect of the girl/woman he called the Animus..

Although out of our consciousness, this other aspect of our psyche (Jung's term was the "Shadow") is still influential in our life. According to this theory the life along work of the "Self" is to reown these rejected and submerged traits. We are always trying to get in touch with our androgyny; to get back to the beginning state where we could freely express both our masculinity and femininity.

How do we reclaim that part of our personality that was lost due to our early socialization? We can see attempts to reclaim our androgyny in our careers, our leisure activities and interest, and in our personal relationships.

Consider some of the non-traditional career choices that men and women pursue. The male nurse, hairdresser, school teacher, etc. may be expressing a more feminine, nurturing and creative aspect of "Self" just as the female business executive, policewoman or construction worker expresses a more stereotypically masculine aspect. Consider also the leisure activity choices we make. Many of us cross gender lines in leisure activities. An example is the male who gardens, cooks or even sews, or the woman who participates in non-traditional female activities such as Judo, Jello-wrestling, or pumping iron.

The way most of us get in touch with our "other half" is to project our traits into a love object. We select a love interest that

exemplifies those rejected and submerged attributes of the lost half of our androgynous self. In effect we attempt to become whole again through our primary relationship. Unfortunately few humans can live up to all that we expect of this idealized other half. It is an awesome responsibility to put upon a less than perfect partner or mate; perhaps this is why we can fall into and out of love so easily.

The Jungian theory, I feel, describes a process that all humans go through. In that respect it can also serve to bring together the cross-dresser with his non-crossdressing counterpart. If, as this approach claims, we have been socialized into identifying with only one half of our potential (our androgynous self) and are working to discover our full potential (our submerged aspects), couldn't that be precisely what the cross-dresser is attempting to achieve [via an alternative approach]?

We refer to cross-dressing and transsexualism as acting out disorders. The cross-dresser is acting out his need to wear the clothing of the opposite gender. The transsexual is acting out his or her gender confused state. Is that really what we see in such behavior?

If Jung were right on target and if we are all merely trying to reclaim our total humanity, then were born with the potential to be both masculine and feminine and that wholeness was lost. Women are attempting to become complete human beings by getting in touch with their masculine aspect; men attempting to become complete by understanding their feminine side. Most of us are able to do this through our careers, our leisure activities and our personal relationships. Some of us can't achieve wholeness through the typical methods of self-actualization.

A transsexual client told me when discussing her gender confusion:

When I lived as a man, I looked around for a woman to share my life with. I wanted a nurturing, loving, woman who could be supportive to her man, who could devote herself completely to her man and share my life with me. I never found such a person. You know when I made my decision to live the rest of my life as a woman, I think at some level, I decided to become the woman that I couldn't find.

Perhaps the client was telling me that he was going to become his anima, that he was going to literally design, create and

live the life of his perfect feminine counterpart. The client may have resorted to actualizing his anima since there was no one available to project the rejected and submerged aspects upon. Other cross-dressers may be using the props of the other gender (the clothing, cosmetics, and mannerisms) to get back in touch with their wholeness. For the transsexual it may be necessary to achieve reconfiguration of the anatomy before he or she is able to reclaim their wholeness.

The process of actualization of Self may be the same for us all. Some of us actualize through a career path, while others achieve wholeness through our activities or through our love relationships. There may also be some who choose living in an alternative gender role part of their lives or through beoming the other sex to become complete human beings.

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TRANSEXUAL PHALLOPLASTY

A. Gilbert, M. D., M. Gilbert, R. N., E. Horton, M. D.

Historically, male-to-female transsexualism (male transsexualism) has been considered more prevalent than female-to-male (female transsexualism). During the past thirty years gender identity clinics have reported the ratio of male transsexuals as two to eight times as frequent as female transsexuals. many psychosocial and cultural explanations have been forwarded to explain this discrepancy. the clearest explanation is cultural. It is far more acceptable for a biologic female to dress and act in a male role than for a male to dress and act in a female role - thus the greatest "need" for male-to-female transsexuals to seek gender identity approval. Other researchers also claim that in our "male-dominated society" males get what they want before females do. Finally, many of the male-to-female "transsexuals" initially screened in clinics are in reality transvestites or effeminate homosexuals and not true transsexual patients.

Recently there has been a dramatic shift in the ratios of male versus female transsexuals seen in the gender identity clinics that perform phalloplasty (penile construction) surgery. One group reported 72 requests in the first 8 months of 1985 with a 2:1 female-to-male predeominance. Our experience is similar. Over the past year we have had 77 requests with a 3:1 ratio of female transsexuals vs. male transsexuals.

We have applied the following criteria to our gender identity program. The patient must attend an approved psychotherapy program for at least one year before definitive transsexual surgery. The patient may start receiving male hormones six months after the initiation of psychotherapy and after the approval of a psychotherapist and endocrinologist.

Interestingly, in most gender identity clinics, a higher ratio of female transsexuals are approved for sexual reassignment surgery compared with male transsexuals. However, many female transsexuals only proceed with mastectomy, chest contouring, hysterectomy, and oophorectomy. these patients usually live as males in stable relationships and often marry if permitted by state law. however, they continue to live in silent frustration and psychic pain. Phalloplasty surgery has been considered by many patients and therapists as too expensive and the final results too

unpredictable. In fact, many adjustment problems following sex reassignment surgery are due to devastating complications that become physically, psychologically, and financially debilitating to the patient.

MASTECTOMY AND CHEST CONTOURING

For the transsexual, mastectomy and chest contouring surgery are often carried out with the hysterectomy and oophorectomy. These operative procedures precede definitive genital surgery and allow the patient, the therapist, and the gender clinic to observe the patient under surgical stress and study the patient's reaction to surgery.

There are three basic aims in mastectomy and chest contouring. The first is to remove all breast tissue. The second is to contour the chest wall by "feathering out" extra breast skin and adjacent fatty tissue. The third aim is to convert the female nipple-areola complex to a male appearance.

The transverse transareolar incision is the best surgical approach to achieve these goals. Other surgical approaches are inadequate to remove all breast tissue and often produce obvious scars. The surgical removal of all breast tissue and the contouring of surrounding fatty tissue creates a redundant skin pocket that requires reshaping. The nipple and areola are removed, defatted, flattened, and replaced on the chest wall as a full-thickness skin graft. Redundant breast skin is also removed. This surgery is usually successful, but may be prone to well-recognized complications such as hematoma (collection of blood under the skin flaps), partial necrosis (death) of the nipple, loss of nipple sensation, and breast asymmetry. The chest scars are red, raised and obvious initially, but following maturation will begin to lighten in color and soften in texture. The scars are often well hidden in the body hair over the chest wall.

HYSTERECTOMY AND OOPHORECTOMY

We encourage the hysterectomy and bilateral oophorectomy to be performed through a midline abdominal incision or a very low modified Pfannenstiel (transverse) incision. Several important lower abdominal structures including the inferior epigastric artery and veins and the rectus abdominis muscle must be preserved and protected for subsequent phalloplasty surgery. therefore, the midline incision is the safest

route to the uterus and ovaries. If a modified Pfannenstiel incision is selected (preserving the inferior epigastric artery and veins and the rectus abdominis muscle) this incision can subsequently be incorporated into a transverse bdominoplasty incision for lower abdominal and pubic contouring.

PHALLIC (PENIS) CONSTRUCTION

The construction of a vagina in a biologic (genetic) male usually requires one or two stages and has been reproduced by many competent surgeons throughout the world, many with their own special techniques. The incorporation of skin grafts (particularly full-thickness skin grafts) have aided surgeons in creating a functional, aesthetic, often secreting vagina.

On the other hand, successful construction of a phallus (penis) is extremely difficult. Penile reconstruction presents surgeons with one of its greatest challenges. The anatomy and function of the penis is unique and not easily reproduced by the transfer and utilization of any other tissue in the human body.

Early attempts at phallic reconstruction following penile ablation or injury were recorded by Borgoraz in 1936, Frumkin in 1944, Maltz in 1946, and by Gillies in 1948. Gillies technique which was also applied to female to male transsexuals utilized a tube of abdominal skin for the urethra enclosed within an outer flap of abdominal skin which was later tubed ("bucket handle") and carried through multiple stages of surgery to the perineum. Although this became the most popular of the early techniques, many complications were encountered including hair in the urethra, fistulae, and strictures. Most importantly, the final product did not have a suitable aesthetic appearance and had no sensation. Bone and cartilage grafts were used as stiffeners but were not satisfactory due to inadequate fixation and resorption. For the transsexual patient, Gillies placed the clitoris on the top of the reconstructed phallus to preserve some sensation. In addition, he only partially closed the vagina to cut down on secretions and to obviate the risk of a space that might become a source for infection.

In 1973, Laub et. al. described a phalloplasty technique in 12 patients producing a more aesthetically pleasing neophallus (new penis) but one that did not allow for voiding while standing since there was no attempt to create a urethra throughout the length of the penis. A vertical lower abdominal flap was created centrally between the pubic area and the umbilicus. The epithelial

skin surface was turned inward creating a skin-lined tube. The subcutaneous surface (Camper's fascia) was turned outward and covered with a split thickness skin graft, producing a better aesthetic appearance by reducing the possibility of body hair on the shaft of the penis. However, by tubing the epithelial surface internally, hair grew into the tube. Although the new penis had no feeling the patient was able to have sexual coitus by stiffening the tube with the insertion of a temporary prosthesis (baculum) into the skin tunnel.

The groin flap, as reported by Puckett, was also utilized for penile reconstruction in sex reassignment. This reconstruction was insensate, required multiple operations, and creation of the urethra could be difficult. Again, there was no attempt to close the pre-existing vagina. Even if a penile prosthesis was used within this type of reconstruction to simulate erection, a potential problem of erosion and extrusion existed because the neophallus had no feeling.

Penile reconstruction with nearby skin-muscle myocutaneous flaps have also been attempted. The rectus femoris, rectus abdominis and the gracilis thigh muscles have all been used with moderate success. However, the nerves to these muscles cannot be routinely preserved and when muscle is denervated it will atrophy (shrink). Late results with denervated atrophic myocutaneous flaps are not desirable. Most importantly, these flaps also lack sensation and no erotic feeling is expected following this type of reconstruction.

Our reconstructive unit has had a long involvement in phallic reconstruction. Close cooperation between the plastic surgeons, urologists, and gynecologists have produced improvements in the function and appearance of the new penis. Ideally, penile reconstruction should address the following requirements:

- A one-stage microsurgical procedure that can be predictably reproduced.
- The creation of a competent neourethra to allow for voiding while standing.
- The restoration of a penis that has both tactile and erogenous sensibility.
- Enough bulk to tolerate the insertion of a prosthetic stiffener to allow for successful sexual penetration (intromission).
- Be aesthetically acceptable to the patient.

In an attempt to meet our five criteria, 15 such reconstructions have been performed with one failure. Except for the insertion of a prosthetic stiffener, we attempt to totally construct the phallus in one stage.

CASE HISTORY

A 32 year old female-to-male transsexual was approved for definitive genital surgery by our Gender Identity Committee. A neourethra was created by dissecting and releasing the labia minora that surround the native female urethra. A full thickness skin graft was tubed over a catheter and anastomosed to the labia to extend the urethroplasty. The neourethra was then covered with a right gracilis myocutaneous flap for scrotal and phallic bulk. A left radia forearm flap was elevated and transferred to the neophallus. The flap was wrapped around the augmented urethra and revascularized (the radial artery was anastomosed (joined) to the inferior epigastric artery and the brachial vein was anastomosed to the inferior epigastric vein). The right internal pudendal nerve was then coapted (joined) to the lateral antebrachial nerve of the transferred flap. Postoperatively, the patient developed a proximal urethrao-cutaneous fistula that was subsequently surgically closed. In addition, the patient underwent the aesthetic creation of a "subcoronal groove" utilizing a full-thickness skin graft and the insertion of sclastic scrotal implants to simulate testicles. Twenty-four months later the patient has a phallus that contains erogenous and tactile sensibility throughout its length allowing him to achieve orgasm. The patient is also able to void while standing.

DISCUSSION

The utilization of free tissue transfers (the transfer of skin, subcutaneous tissue, nerve tissue, and blood vessels, flaps from one part of the body to another part) have revolutionized penile construction by decreasing the number of surgical steps and increasing the selection of "donor" sites. The selected flap is surgically dissected and elevated from its donor site and then transferred to the perineum where it is revascularized by microsurgical techniques. The donor nerve (from the transferred flap) is coapted (joined) to the internal pudendal nerve (the nerve of erogenous sensibility). Following transfer of the flap, the donor site is reconstructed with a skin graft, because the defect is too

large to be closed directly. As a rule the skin graft scar heals well over time and matures to resemble the surrounding normal tissue. Patients have accepted the skin graft well but scarring remains of the considerations when selecting tissues for flap transfer.

The microvascular transfer requires recipient arteries and veins (usually the inferior epigastric artery and vein) as well as the internal pudendal nerve. Due to the importance of these vessels any pre-phalloplasty surgery (i. e., hysterectomy), must take into account and preserve the rectus abdominis muscle and the inferior epigastric vessels. At present our preferences for free flap selection are either the upper lateral arm flap or the radial forearm flap. The upper lateral arm flap usually has predictable anatomy and gives a relatively hairless area of skin; however the neurovascular pedicle is often somewhat short. The flap may also be too thick and nonpliable depending upon the patient's body habitus (shape). A portion of the donor site over the lateral upper arm and elbow can often be closed primarily although a skin graft is always required to complete closure.

The radial forearm flap is a flap that is usually more hairy but is thin, pliable, and large enough with a long neurovascular pedicle. The disadvantage of the forearm flap is the need to skin graft the forearm and sacrifice of a major artery to the hand (although no reports of vascular compromise or hand loss have ever been reported).

During penile reconstruction a urethra is reconstructed with a full-thickness skin graft taken from a hairless area of the body. The skin graft is tubed and joined to the native female urethra. The normal female urethra is very short and lacks the curved bulbous portion of the male urethra. For this reason, frequent urethro-cutaneous fistulas occur postoperatively. Preoperative testosterone treatment promotes growth of the labia minora tissue that can be used to aid the urethral reconstruction by lengthening and curving the native female urethra. Other authors have advocated a two-stage phalloplasty in which the urethra is lengthened and curved into a "pseudo-bulbar" construction during the initial stage before the second stage free flap transfer and urethroplasty (Bouman). Despite the need to repair urethro-cutaneous fistulas in a subsequent operation, all of our patients are able to void while standing.

Sensation (feeling) to the phallus returns within six to twelve months postoperatively carrying protective sensation and erogenous sensibility through the internal pudendal nerve. Our patients report erotic sensation, the ability to masturbate, and the

subsequent ability to achieve an orgasm with the constructed phallus. This is a great advance over the previously reconstructed phalluses that were insensate.

To date no permanent predictable stiffener has been developed for a reconstructed penis. Peneile prostheses developed for impotence and other other reasons are too large to be introduced into a surgically created penis. As previously discussed, Laub has developed a pocket within the penis into which a stiffener can be temporarily introduced and removed. However, the pocket often acquires pubic hair growth within it and has been constructed in lieu of a urethra. Many of the transsexuals that we interview have no desire for a stiffener for sexual penetration.

Scrotal reconstruction may be carried out with the existing embellished female labia. The labia majora often grow under testosterone therapy and if enlarge may be transposed posteriorly and implanted with silastic testicular prostheses. If the labia majora are not large enough for scrotal reconstruction we prefer transposition of a gracilis myocutaneous thigh flap that can be transferred into the perineal area and subsequently implanted with testicular prostheses.

Aesthetically our phalloplasties are an improvement in quality over previous techniques. As stated, free tissue transfers allow the surgeon to select tissues that are innervated, thin, pliable, hairless, and have good blood supply where possible. Of course, the selection is dependent upon the patient's body habitus (shape, obesity, and hair distribution). The patient is advised that he may have to occasionally shave the shaft of his penis postoperatively. A secondary procedure to create a subcoronal groove with a full-thickness skin graft gives the appearance of a circumcised penis. Most importantly, the patient is warned that there is no guarantee regarding scars and wound healing. Poor scars may result despite optimal surgical techniques.

In summary, phalloplasty surgery has been advanced by micro-neurovascular surgical techniques allowing a one-stage definitive procedure with the reinnervation of the phallus postoperatively. As our experience grows these techniques will continue to be advanced and improved.

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Yesterday, Today and Tomorrow

by V. Prince, Ph.D.

(The following is a major excerpt from a speech given by V. Prince at the first IFGE Convention held in Chicago in 1987.)

The main thrust of this convention is the future. Where do we go from here? Do we just keep struggling along as we have for the last 27 years with a few public activities, a few publications and a bunch of widely scattered social groups, none of which have any real goals individually or collectively? Or, alternatively, do we come to see the activity of cross dressing and those who practice it as something more than just a kind of weird behavior on the part of some isolated and in some way abnormal individual? This has been the situation throughout history. But history is a process of building up some aspect of human life or social behavior little by little until a situation comes to pass in which the slow quantitative change suddenly develops a qualitative change.

This change of quantity into quality is a philosophical proposition which occurs over and over again in both nature and human relations. My reason for bringing it up in the present connection is that I think our "movement," if you will permit the term, is ready to undergo such a change. But the movement is made up of you the individuals, so that for the movement to change you the individuals have to change. Individual drops of water do not move but when many come together in one place the pool starts to move downhill.

That is what we are doing at this convention. The pool is made up of many drops -- each of you -- so that for the pool to start to flow, to become a "movement," you individual drops have to move.

I am not suggesting that you change your way of living. I neither want you to suddenly go down to the office in heels and a chiffon formal or to tell all the neighbors, relatives, etc. No, I don't want you to change what you do, I just want you to change what you THINK. There is an old saying -- "As a man thinketh, so he is." So, if I can change your thinking I will change you. "What do I have to do?" you ask. It's easy! All you have to do is to stop thinking of yourself and other cross dressers as kind of kookie simply because you do something most other men neither

do nor understand. Stop thinking of yourself as a sort of psychological and medical curiosity. All of us have entertained these and similar ideas in the past and many still do. "But the times they are a-changin'," or so the song says, and it is time that we cease looking upon the act of cross dressing in these negative ways. "Well, what other ways are there?" you ask.

Every one of you is well acquainted with the idea of women's liberation and I expect that most of you support it and some of us are members of the National Organization of Women. But few men or women have stopped to consider that men need liberation even more than women, but they don't know it because they are already on top. Being the ruling class, it never occurs to them that there is any better place to be than where they are -- the nobles of society.

With women having been the peasants of society and serving the nobles for thousands of years, women's desire to change their status is both reasonable and clear. But if you are born a noble how can you improve on that? What is better is to be a free noble and not one bound to a centuries old set of behaviors, expectations, requirements and life styles that prevent men from ever realizing a lot of their own potentials? Yes, men need liberation but not in the same way as women.

Women have needed liberation to, that is, the freedom to do the kind of work that interests them, of becoming a professional person like a doctor, a lawyer, or a scientist, or to go into politics and government at local, state and federal levels. They needed to learn how to stand on their own feet, make something of themselves and to be independent persons, not appendages to some male, father, brother, husband, etc. And those possibilities have largely been achieved.

But men already have these things. Men need liberation from, not to. They need escape from the conceptions of manliness as one who is supposed to know about all manner of things, who is able to handle most any situation, who is there to comfort others not as strong as he is, to provide a shoulder to cry on and an encouraging pat on the back and words of cheer. He is expected to always be strong, be capable of handling whatever may arise and to be a leader. If he falls too far behind his peers in these ways he is regarded as a wimp or a panty waist by other men and his own self esteem drops proportionately. So it is liberation from these expectations that men need.

If such liberation should be achieved some day men would be able to be and do what they felt like being and doing and not

what society or other men tried to get them to be. This would be reflected in their work, their attitudes toward others, the kind and degree of expectations that they laid on themselves rather than taking their cues from society and other men. It would show up in independence of behavior, interests and dress. A society composed of both liberated women and liberated men would indeed be a remarkable place to live.

That's all very nice, but what has it got to do with us? It has everything to do with us because, as cross dressers, you are already well on the way toward that goal. Any man who is held captive by others or by ideas and customs has enemies — namely his captors, masters and concepts. In meeting society's demands and expectations of our masculinity, a man must confront his own femininity. This is a difficult prospect because it is diametrically opposed to the masculinity that he is expected to feel and manifest to others. Thus, ever since a boy was called a sissy himself or watched what happened to some other boy who was so labeled he makes a great effort never to let that happen again. This leads either to isolation out of fear, going through life in frustration and anger with accompanying physiological symptoms of ulcers, heart attacks, and other conditions, or at the extreme, the development of the over-compensating attitudes we call machoism, where by making enough noise, attracting enough attention, doing enough daring and possibly destructive or criminal things a man "proves" that he is a "real" man.

The result is that for most men their greatest challenge is their own inner femininity because they are afraid that its discovery would stigmatize them in the eyes of other men. It is well known that a majority of men do not develop physically close relationships with other men as women do with other women. Some men do not show emotions such as hurt, grief, fear, or tenderness lest such manifestations shall be taken as a sign of weakness — read femininity. Men always keep other men at a physical and psychological distance as a moat protects a castle.

Should another man manage to penetrate a man's psychological defenses he just might discover something about that man which could be interpreted as not sufficiently masculine (and thus, feminine), negatively impacting one's self esteem. You all understand what I'm talking about because you have gone to great lengths to keep your cross dressing secret from brother, father, coach, boss and friends lest they should decide that you were indeed too feminine and not a real man. Have you ever

reflected on the fact that you can hold hands, hug or give a hello or goodbye kiss to another CD if you were both dressed whereas you would not think of doing the same thing if you were both dressed in men's clothes? That is because you have escaped FROM those masculine expectations and requirements when you are dressed as a woman. But unknowingly you behave that way when dressed because you CAN behave that way. It's a touch of freedom.

Where does this leave us as far as the future of cross dressers is concerned? I would like to get all of you to see yourselves in a different light. Not to act on the defensive and apologetic side concerning your feminine interest but to assert yourself, stand proud, and confident. Crossdressers of whatever persuasion, gay or straight, TVs, TG, or TSs are in point of fact the very vanguard of Men's Liberation. Because we have faced up to our own inner femininity that frightens so many men. My personal comment about myself is, "I have met my femininity and SHE is ME." All of us have met this femininity that so concerns other men and we have made a degree of peace with her. We have given her real time existence and 3-dimensional reality and we enjoy her when she is present. In this process we have to a degree and for the time being literally been liberated from all that masculinity that so encumbers the lives of other men and our own lives when our femme-self is not present.

I believe it is more accurate to view ourselves as pioneers in a men's liberation movement that is now in its infancy. In as far as we are coming to terms with our feminine sides, we are explorers in the field of holistic masculinity, pointing the way to others. Now let me hastily make a statement before you misinterpret this statement. I am definitely not saying that what we do, namely wearing dresses, heels, and makeup should be done by all other men. Crossdressing is a way that we have developed to contend with the society's repression of the feminine within us.

However, we sometimes place more importance on the clothing than is warranted. Clothing, besides keeping the wearer both warm and modest, is just a kind of admission ticket to a certain way of life. Women's clothing is a means to an end, not an end in itself. To most crossdressers, whether they know it or not, the feminine clothing simply creates a mind-set or mood in which they can be the kind of person they feel they cannot normally be. Ideal liberation for both men and women is not to become women or men respectively, but to achieve the right to express and enjoy life beyond the boundaries implied by the labels "masculine" and "feminine."

Merissa has suggested that we need to become a real community and I agree. A community is a group of people with common interests, common goals and some consensus on how to achieve them. In the past we have been a disorganized group of people with common interests but not with common goals because we have not taken the trouble to think beyond ourselves. We have enjoyed our pleasures and suffered our guilts on a personal level, never really asking why there are so many others with the same interests and the same fears and guilts. We are a community without really knowing it. What we really need to do to become a true community is to realize that: *a*) each of us is one of a large number, and *b*) we all have a common opponent and goal.

The social idea that men should not try to become whole human beings by developing their YINS as well as their YANGS, to use the Chinese terms, but rather should be satisfied to remain only half humans — nobles who live in their castles on the cold but stimulating mountain tops — never to enjoy the flowers and the warmth of the meadows below.

I see this convention as a kind of collimating lens — one that receives light coming in from many directions and puts it out all going in one direction. That is, it makes all beams parallel. We come to this convention not only from all geographic areas but from diverse psychological directions too. We are of various persuasions regarding our dressing: some among us are gay, most are just straight TVs, a few of us are transgenderists and some are post-operative transsexuals.

Naturally the views of these various groups are diverse and each of us is primarily concerned about the meaning and importance of cross dressing to our own selves and our own group. This means that each group presents a different picture to society and society is therefore confused. A society that is confused and doesn't quite understand something will react negatively to it in order to protect its own values.

The types of people that make up our paraculture should, therefore, recognize that we have a common goals and that we would all be better off if we could present a united front to society in the hope that it might understand us, hopefully accept us, or at least just let us do our own thing. To bring this about we have to stop confusing society with multiple presentations and differing explanations which induce society's negative reactions. To do this we have to find the common denominator between gay and straight CDs, and between full-time TGs and pre- and post-op

TSs. In short, we have to markedly reduce the internal strife and polarization between the various kinds of CDs and like the collimated beam of laser light, all face in the same direction and realize that the real problem is not each other but social ignorance, misunderstanding and opposition. We have to find what we all have in common and present this to society in such a way as to dissolve its ignorance and offer an understanding of our crossdressing.

As I see the situation presently, it no longer seems of vital importance whether you are gay or straight; this is a personal decision basically unrelated to dressing. Nor is it very important whether you dress intermittently according to desire and opportunity, as most of you do, or whether you live full-time as I and some others do. It's not even important whether you plan on or have achieved sex reassignment surgery. The common thread running through all these life styles is the need and desire to express and experience one's own self-concept and total potential. In doing so we can become both better and more complete human beings.

Once a common understanding of the significance of crossdressing has been achieved within the paraculture, we can accept the common goal of helping our society become aware of the need for people to be free and to be complete. This does not mean just political freedom or racial freedom but social freedom — the freedom to express whatever is part of oneself as long as other people's rights and freedoms are not trod upon in the process. Gender, as an outgrowth of sex and the division of labor in life's tasks, served a useful purpose for past generations. However, rigid gender roles in the context of contemporary economic and social conditions with our current knowledge and broadened understanding of ourselves and the world we live in is anachronistic. Sexual differences of anatomy, physiology and psychology will remain, of course, but distinctions of social expectation, requirements and limitations as to life styles, interests, talents, dress and occupations will slowly disappear. This is already visible in the "younger set." If you were an 18-year-old CD today, how would you dress to satisfy your desire to be like a girl? About all you could do would be to wear two earrings instead of the usual one. Young women of today wear little makeup or jewelry and many of them have boyish haircuts. They dress, act, drink, smoke, swear and give you the finger if they get angry at you, just like the boys do. About the only differences left are those based on anatomy; boys wear jock straps

and girls wear bras.

To conclude these remarks, I'd like to see each of you leave this convention and start your own personal tomorrow with a new outlook on your cross dressing. Namely, that it is not a kinky behavior, that it is not sick, that in itself it is not an indicator of sexual partner preference, but rather, that cross dressing is merely a means of your achieving a condition of more complete humanness. Be proud of the fact that you are in fact one cut above other men by virtue of having discovered the other side of yourself. You all harbingers of Men's Liberation because you too have recognized inner femininity, made a degree of peace with it, given it real life and brought her to this gathering. And as I look out over this audience I hope I am looking at the future leaders in the struggle to achieve full human status for both men and women. Remember! If you can imagine something it is human, if something is possible it is human, if it is desirable and satisfying it is human, if it is enjoyable and fulfilling it is human, and if it indeed IS human it ought to be available to all humans regardless of their sex.

Having made that peace with your own woman within, you have more freedom to interact with other people because you now have a handle on both sides of the coin of human nature. You understand the active and the passive, the assertive and the receptive; you have the outer strength to act if the situation warrants it and the inner strength to let the situation pass you by, if that is a more appropriate response. You know from personal experience what it is like to be a man and what the benefits and privileges of being a woman are and you are able to select whichever pattern you wish at a given time. Moreover, you are beginning to understand that your clothing at the time really has little to do with it. A liberated human, whether in pants or skirts, has a choice between an assertive, attacking reaction to a situation or a passive, accepting, let-it-go-by reaction. And it makes no difference what the sex of the human being is.

So go forth from this convention to your own personal futures, love the woman in you as yourself (which she really is) and do your part in our common effort to liberate not only ourselves but all other men.

We Get Letters

Dear Editor:

Your 1986 Winter Newsletter contained a review by B. A. Lind of my book, *The Uninvited Dilemma*. The review was quite positive. However, I wish to clear up a few inaccuracies.

B. A. Lind quoted me as stating "homosexuals only dress in such clothes to attract sex partners." What I wrote was, "They usually crossdress to attract other homosexual males who prefer effeminate males, and it is often their style of dress based on personal preferences." She further stated that "heterosexual crossdressers are masochistic, latent homosexuals, who can easily be cured by therapy." I made no such statement. I did write: "Sometimes heterosexual transvestism is linked to mild forms of sadomasochism." Anyone who has ever looked at magazines that cater to transvestites would have difficulty refuting that statement; and I certainly did not label all heterosexual transvestites in this manner. I prefaced the statement with the word "sometimes." At another place in the book I did indicate that one therapist told me that she felt behavior patterns in heterosexual transvestites could be modified. That is her conclusion, and I clearly indicated that. I said nothing about a *cure*.

Based on my interviews, most crossdressers seem to have no desire to modify their behavior, and I personally doubt that a *cure* is possible; no more so than it is for homosexuals. How does one cure what one is? Finally, at no place in the book did I indicate I thought heterosexual transvestites were latent homosexuals. That statement arises from the reviewer's imagination, not from the text.

Cordially,
Kim Elizabeth Stuart

Dear Editor:

I liked Ms. Stuart's book on transsexualism: *The Uninvited Dilemma*. My only negative comments were on subject material not directly germane to her study.

In my review I mistakenly used quotation marks to set aside, for emphasis, paraphrased statements in summary from Ms. Stuart's book. It was incorrect punctuation, for I did not seek to imply that the statements were direct quotes. I apologize for this error in style.

As to my interpretations of her meaning, her clarification of my paraphrasing is instructive, but does little to correct content. Her letter implies that if one were to only read the book they would find the balance of her statements. For example, "Sometimes, heterosexual transvestism is linked to mild forms of sadomasochism." What about other times? She does not choose to tell us about the other times -- instead she verifies her belief that it is linked to mild forms of sadomasochism by telling about a woman who makes a living catering to the sadomasochistic desires of some of her clients. Then, as in her letter, she goes on to note the contents of TV publications. Perhaps I would have been more accurate if I had said: "Sometimes, Ms. Stuart links transvestism to mild forms of sadomasochism."

In general, I would have preferred Ms. Stuart to have used the word "*cross-dresser*" (prefaced by adjectives such as heterosexual, homosexual, or transsexual to define the term) instead of the word "*transvestite*." In the cross-dressing community the term transvestite is technically limited to heterosexuals. Gay cross-dressing is usually referred to as "drag"; and in context, Ms. Stuart, I take offense to "and some are professional female impersonators." Some are war heroes, too. The word "some" does not include a requirement to state the balance of your meaning, i. e., what significance is implicit by stating "some" other than more than one? But what is the reader to interpret from such undefined generalities, other than the inherent bias of the stated observation itself.

When an author cites an authority in a book, and does nothing to express her own opinion, her reader is left with the straight forward opinion that she agrees with that authority in context of the statement.

Let us take, in context, the example Ms. Stuart cites in her letter as it appears on page 139 of her book. "Transvestism is a sexual condition; but according to Lin Frazer, behavior patterns

such as cross dressing can be modified by heterosexual transvestites with psychotherapeutic help." Yes, Ms. Stuart says nothing about her opinion about a *cure* (as cited in her letter) to **modify** this direct statement in her book. Yet, let's continue to the next sentence which is the crux of the paragraph. "Behavior patterns in transsexuals are considered beyond the control of transsexuals, however." The second statement in context of the first leaves the reader to believe that the transvestite's behavior cannot be modified. Her letter implies she could have said something else: a) about the value judgment of her "authority", and b) it is probable that both transsexual behavior and transvestite behavior patterns are difficult to modify for different reasons. Since I did not have the benefit of her letter I was left with the context of the paragraph.

I must frankly admit that the term "latent homosexuality" does not appear in her book linked with the term "heterosexual transvestite." Therefore Ms. Stuart is correct in her objection to my use of the term in quotes. However, when you read the book, which I strongly recommend, see if my interpretation is imagination or intuition based upon her use of the word guilt in its classic psychotherapeutic setting. (The bias is mine, I guess.)

In conclusion, I would love to see Ms. Stuart do a book about crossdressing in general. If it is as well researched as her study of transsexuals, it would be a winner. Please buy a copy of *The Uninvited Dilemma*. It is, in this reviewer's opinion, probably the best book on transsexualism currently available.

Book Reviews

Sexuality Counseling, A Training Program
by K.F. Schepp.

The need for special training about counseling on the many issues of human sexuality has become so apparent, as we face several key issues like the AIDS crisis, teenage sex and pregnancy, and sexually transmitted diseases (STD), etc. that the arrival on the bookshelves of this title will become a must reference for educators, therapists and other health care professionals.

Sexuality Counseling is divided into three major sections. Section I deals with the self assessment of foundation skills and covers such topics as: interpersonal and family dynamics, sexual

language, pleasuring, alternative life styles and more. It is the most complete review of human sexuality presented in an informal yet professional way, and includes selected examples for each subtopic. At the end of each segment, there is a list of additional resources for those wanting more detailed study of that topic.

Section II is concerned with the skills that Dr. Schepp feels are important for training counselors in this field. These include methods of discovering problems caused by misinformation, counseling for sexual health and sexual lifestyle, atypical sexual behaviors and much more. For example, in her treatment of atypical sexual behaviors, she discusses the issues centered on crossdressing, transsexualism and androgyny. A glossary of terms is printed which describes commonly-used terms when referring to a segment of this paraculture. She talks about the continuum of behavior patterns within this paraculture and provides several cogent examples of alternative gender lifestyles. She also does something unique, at least to this reviewer. That is, she details the role of the health care professional in counseling people with gender conflicts. A balanced list of resources regarding alternative gender lifestyles is also provided.

Section III, the final section, treats of integrating the skills of a sex counselor, in sorting out the issues, the ability to give a relevant assessment of the client's problem(s) and to recommend an appropriate course of action. Here the case method is used to illustrate the way a health care professional should use their skills and knowledge in providing a client with the appropriate assessment of their problem(s).

The book itself provides an excellent resource for sex educators, counselors and therapists.

As a counselor/educator for the past twenty years, Dr. Schepp reflects the ideas and critical concerns of many clients, students and colleagues that have influenced the development of this work. It also demonstrates a balance between a warm sensitivity and a professional commitment to broaden our horizons on the subject. It is a must reference for all health care providers who work in the field of human sexuality.

-A. Kane, Reviewer

Editor's note: this book is available in most professional sections of bookstores; it can also be ordered from Accelerated Development Publishers, Muncie, Indiana. φ