

metamorphosis

VOL.2, NO.5

METAMORPHOSIS MEDICAL RESEARCH FOUNDATION

OCTOBER 1983

WHAT'S IN A NAME?

How and why do transsexuals select their 'new' names? The answer to this question is of both psychological and etymological significance.

In my opinion, it can be broken down into three primary classifications: high similarity, moderate-low similarity and no similarity. And, these three can then be broken down again into one or more of the following secondary categories: surname reversal, modification, initials, alliteration/assonance, androgyny/unisexuality, symbolization, and, identification.

The 'high similarity' group wish to maintain a continuity or unbroken line with their pre-transitional self. Their reasoning is that they are still the same person as before sex-reassignment, at least psychologically, and so, they retain their surname (family name) or else, modify it somewhat, eg. 'Danny O'Connor' becomes 'Canary Conn'. Or, as occurred in one rare case, the first and last names are reversed so as to preserve personal identity and maintain psychological continuity. Another example which approximates this reversal is the case of 'Richard Raskin' who switched the first name (in modified form) to that of the last, eg. 'Renee Richards'.

Members of the 'high similarity' group very often modify their first names to correspond with their gender opposites. That is, the names are either masculinized or feminized eg. 'Rose' becomes 'Ross', 'Marie' turns into 'Mario', 'Judy' transforms into 'Jude', 'Robert' changes into 'Roberta', 'Michael' emerges as 'Michelle', 'Lyndon' modifies into 'Lynda', etc.

Those of this group who don't modify

(cont'd. on p.10)

MMRF Notes

INCORPORATION: On August 3, 1983, the Ministry of Consumer and Commercial Relations issued a charter to the founding directors to constitute a corporation without share capital under the name "METAMORPHOSIS MEDICAL RESEARCH FOUNDATION" (Ontario Corporation Number 528862).

The first Board meeting of the MMRF is scheduled to take place on October 16th in Toronto. The four founding directors and the foundation accountant will be in attendance.

Once the preliminary design of the MMRF logo has been suitably revised to specification, subsequently approved by the directors and ultimately graphically reproduced, membership cards and certificates will be printed up and then issued to foundation members.

We are pleased to announce the welcome addition of two more members to our Board of Professional Advisors: Neil [REDACTED] A.B.D.--a graduate student at New York University currently working on his doctorate in the Human Sexuality Program there, who is also an A.A.-S.E.C.T.-certified Sex Counselor; and, Stephen [REDACTED] M.A.--the Director of TRANSCEND Vocational And Educational Counseling Service in Springfield, Massachusetts.

Alise [REDACTED] R.N., B.A., Director of TS COUNSELING in San Francisco, CA, has suggested: "An affiliation between GenderServe, METAMORPHOSIS and TS COUNSELING affording the opportunity for an exchange of ideas, approaches and information regarding the Transsexual in Canada and the U.S. Also, to allow those transsexuals associ-

(cont'd. on p.7)

Sex Change Surgery Changes Income Too

Men who underwent a sex-change operation to become women earned less money in their work than before the surgery, says Stanford University psychiatrist Dr. Norman Fisk. However, women who became men earned more money than before, the doctor added, who interviewed 175 transsexuals in a 1980 study. (National Enquirer, June 24, 1980).

* * *
Transsexuals can be found working or studying in a wide cross-section of vocations. Consider, for example, the following trades and professions. (The statistics in parentheses indicate the number of transsexuals I personally know to be employed or studying in those fields): general medicine (1), ophthalmology (1), surgery (3), psychiatry (1), nursing (3), social work (4), teaching (9), law (3), law enforcement (2), clergy (5), educational and vocational counselling (3), sex counselling (7), sex therapy (4), respiratory therapy (1), physical educational therapy (1), recreational therapy (1), X-ray technology (2), accounting (1), bookkeeping (1), music (2), fiction writing (5), photography (1), engineering technology (1), graphic arts/technology (4), land surveying (1), gardening/forest service (1), clerical (4), secretarial (1), shipping-receiving (3).

BERDACHE: N.A. INDIAN 'DRAG QUEEN'

In anthropological terminology, a "berdache" refers to an American Indian male who assumes the gender role of a woman--including the socio-sexual roles of "wife" and "housekeeper" in relation to a male sex partner. The following letter was submitted by Dr. Reed Erickson, President of the Erickson Educational Foundation, to Dr. Walter Williams, Associate Professor of History at the University of California in Los Angeles.

"Your paper 'American Indian Responses to the Suppression of the Homosexual Berdache Tradition' is...

(cont'd. on p.3)

DEAR RUPERT

Enclosed please find \$40 for a couple membership for my wife and myself and an additional \$5 for publishing my business ad in your newsletter. I am also returning the completed CRQ and am submitting my listing for publication in the CCD.

I am involved in a small, part-time venture--a vocational and educational counseling service. It will aid in helping TSs in on-job transitions, changing school and college records, name changes, living and career choices, vocational programs, etc. At present I operate out of our house on a word-of-mouth basis.

I am a F-M TS myself and was born in 1940. My first inclination of being different came around 4½ years of age. I felt it grow as I got older. I never realized until around 7 years ago that what I was experiencing had a name. I remember in 1952 Christine Jorgensen hit the papers and I cried. If only the reverse was possible. I found out in years to come that it was and began hormonal treatment and underwent surgery. I have not had phalloplasty as yet and don't intend to until some further kind of perfection is reached.

I have been quite happily married for 2½ years. We are in the process of remodelling our recently-bought home.

My main interest area is TSism. However, I won't limit myself. My background includes some Union work and Education. At present I am a supervisor of 30 people in an Accounting unit.

I am active in the XX Club of Hartford, Conn. and have done radio and TV appearances as well as an extensive amount of college lecturing. I have tried to keep up a correspondence with F-M TSs nation-wide.

Thanks for the invitation to join the MMRF's Board of Professional Advisors. I would be very glad to serve.

--Stephen [REDACTED] Springfield, Mass.

(cont'd. on p.3)

BERDACHE (cont'd. from p.2)

a fine presentation of facts long hidden. One of the facts obscured too long is that stated in the large scale study sponsored by the Institute for Sex Research at Indiana University (Sexual Preference), namely, that masculinity or effeminacy are ingrained characteristics, and that efforts to try to change such traits were either unsuccessful or resulted in psychological disturbances to the individual whose character was being PERVERTED by social CONFORMITY. This is confirmed succinctly by the Mohave berdache: 'To thine own self be true'. 'I'm true to myself and my own nature. I think that is all anyone has a right to ask of me.'"



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DEAR RUPERT (cont'd. from p.2)

I'm a Brazilian medical doctor and am now temporarily living in Belgium --where I just recently had transsexual surgery (mastectomy and hysterectomy)--'cause in Brazil this type of surgery is unavailable.

I would like to help other people like myself so I want to study a course in order to learn everything about transsexualism. I would very much like to specialize in plastic surgery and then to practice it in Brazil.

I finished my studies in Medicine last year and will return to Brazil in December in order to complete my formation(?) in surgery--working with one plastic surgeon for some years. But I would like to get some experience in transsexual surgery so as to perform same in my country. So, I'm writing to ask you to send me information on the surgery and also about your Foundation. I would like to inquire also whether you have courses or contacts to get a stage in a hospitable where they can learn the scope and practice this kind of plastic surgery?

I'm enclosing \$25 for my membership fee as well as the completed CRQ--which I think is most interesting re: the statistics. And I would like to be listed in the CCD.

Yes, I would like to join the MRF's Board of Professional Advisors but I don't know if I will be able to help much in my present circumstances. I will fight meanwhile to work and study hard so as to be able, in the near future, to help other persons with this problem.

I haven't read THE GENDER TRAP but in the bookreview by Susan Huxford there was a mis-information about the conversion of penis to vagina. This is possible and there is a Brazilian plastic surgeon who has perfected this technique and, until being interrupted by the Brazilian laws prohibiting this type of surgery, he had utilized it with success in a lot of cases.

--Dr. Conrado, Brussels, Belgium

Male Sex Hormones

ANDROGEN by injection is usually required in sufficiently large doses to suppress menstruation, to encourage some hair growth on face and body, to lower the voice, and to accomplish a slight shrinkage of the breast tissue. These changes can greatly benefit the emotional state. The dosage of androgen is subject to great individual differences, eg. 200 to 250 mg. DELATESTRYL (Squibb), ie. testosterone enanthate, may be necessary in the beginning, but can usually be reduced after menstruation has ceased to 100 mg. every two weeks. Androgen treatment could cause temporary acne and edema with weight gain. Oral androgen medication is mostly unsatisfactory except for maintenance after a total hysterectomy and mastectomy. Methyl testosterone is best to be avoided. BUCCAL ORETON PROPIONATE 10 mg. is to be preferred, taken twice a day.

--Prepared by Harry Benjamin, M.D., 1968; revised by Leo Wollman, M.D., 1969.

* * *

Generally, side effects are rare, but periodic re-evaluation of weight, blood pressure and liver function are important. Liver function may be adequately assessed by a battery of blood tests once every 6 to 12 months. Any abnormalities should be pursued as indicated. Under medical supervision it seems perfectly safe for properly trained patients to give themselves their regular maintenance injections. It is important, however, to have regularly-scheduled visits to the physician for appropriate check-ups.

--Excerpted from ON THE PROPER USE OF SEX HORMONES AND SILICONE by Charles Ihlenfeld, M.D., GENDER REVIEW, No.2, Sept. 1978.

This is my new approach to correspondence with you. It's named THE NOCTURNAL PRESS. If you'd like to find out more details of its contents, then write to: Joe [redacted], P.O. Box 41, Dennison, Ohio 44621

DEAR RUPERT (cont'd. from p.3)

Re: the comments on the hysterectomy in last issue's "DEAR RUPERT" column (on page 8), contrary to this author, I did experience a number of the listed changes after my operation. This is most likely because I cannot take male hormones due to a previous liver condition. I did notice a sudden drop in sex drive and in orgasmic intensity, and also, large mood and energy-level swings which no one had informed me of beforehand. I am also having some problems with osteoporosis. If one cannot take the male hormones, I'd suggest one not have this procedure (hysterectomy) or, get a tubal ligation if contraception is a problem (which, for us, it usually isn't). I know several F-Ms, including Steve Dain, are doing very well in the male role without this operation (hysterectomy).

--Emmon [redacted] California

Tell me, have you ever known of a F-M male to be a transvestite?* I mean he likes to dress in female lingerie 'cause it turns him on' sexually, and the thrill of it all is showing it to a man, and knowing that that man is 'into' other guys--not women--and that you 'turn this man on' in the aspect that he knows you're a man beneath the lace and silk and heels. (He can also see your mustache and chest hair, your short haircut, etc. along with the lingerie). This is complicated to explain. One hears of male TVs all the time donning female erotic wear but for a F-M man, it seems like it is more of a phenomenon 'cause he's a man that has fought hard to establish his masculinity in every way, and it'd seem as if by putting on feminine lingerie, he'd be 'undoing' everything, but that's not true at all because oddly enough, at those times he is very aware of his masculinity!!! Is that odd? Well, I feel this way. It's something that is so 'complicated' that I very rarely talk about it.

--K.J. *Yes, I know of one other.

RADCLYFFE HALL: LESBIAN OR F-M TS?

RADCLYFFE HALL was born in 1883 in Bournemouth, Hampshire, England, and lived her early village life in the last years of Queen Victoria's reign. She was the author of THE WELL OF LONELINESS (Jonathan Cape Ltd., 1928; Avon Books, New York/Scarborough, 1981; Virago Press Ltd., London, 1982)-- which was banned as obscene in 1928 by the British courts after a notorious and dramatic trial.

Richard Williams and Ed Jackson, in their article, "AN INTOLERABLE OUTRAGE" (THE BODY POLITIC: Gay Liberation Journal, No. 46, Sept. 1978) describe THE WELL OF LONELINESS as "a classic of lesbian literature" which is "a loosely-disguised autobiographical account of a woman's growing awareness of her 'inversion' (the then current term for homosexuality...). It is the story of Stephen Gordon, a male-identified lesbian who has numerous love affairs with women, becomes a successful writer in London and volunteers on the front as an ambulance driver during the First World War."

They go on to say that "Radclyffe Hall saw herself as a champion of homosexuals and wrote (her novel of lesbian love) as a passionate plea for understanding." They cite Hall's own declaration at the time, "I have written a long and very serious novel entirely upon the subject of sexual inversion. I have treated it as a fact of nature--a simple, though at present tragic, fact. I feel very strongly that the subject is more than worthy of my book."

Indeed this near-million-seller (jokingly known as "the Bible of lesbianism") has, in the long run, substantially advanced "the public struggle for homosexual emancipation.

Well, this is all very fine and good except for just one 'little' thing-- I believe that that there is a very strong possibility that Radclyffe Hall was, in actual fact, a female-to-male transsexual and not a lesbian as popularly acclaimed. But, because the formal concept of 'trans-



sexualism' was not then known (nor yet, the medical treatment of 'sex reassignment surgery' and endocrine therapy) Radclyffe would naturally refer to herself as a sexual 'invert' (lesbian).

My contention that Hall could very likely have been a F-M TS, derives from the following facts. Although christened 'Marguerite Radclyffe Hall', she called herself 'John' in adult life. She frequently appeared in public dressed in male attire (tailored suits, silk shirts, gold cufflinks, neckties and scarves, black slouch hats, men's shoes and boots, heavy silk masculine underwear, men's dressing gowns and pyjamas). She wore her hair very short, cut in a man's style (see photo).

In addition, there is considerable evidence in Hall's own characterization of 'Stephen Gordon'--the heroine of her book--who is, of course, a fictionalization of the author herself.

Alison Hennegan (who wrote the introduction to the 1982 Virago Press edition) says that Hall characterizes 'Stephen Gordon' as "a member of the 'third' sex, a person who was born with a male soul and mind trapped in a female body....She (has) broad shoulders and narrow hips....She (has) large hands and feet, small breasts, 'masculine' features. She (is) thin-flanked and

(cont'd. on p.6)

muscular, (has) fine physical co-ordination and (is) proficient in rational argument....She... observe(s) the world with a unique dual-vision, combining the perceptions of male and female."



Hennegan goes on to say that, "As the male whom her father so passionately desired her to be (naming her 'Stephen' in his desperate desire for a son)...she would have made a fitting successor to her father, Sir Philip....As the man she almost is,...her virtues (are) exemplary: her physical courage; her strongly muscled body; her fine brain; her chivalrous regard for women. But to a society based on rigid gender distinctions, Stephen is an abomination."

Moreover, 'Stephen' herself (who is clearly a mouthpiece for the author) declares, in the novel, "Yes, of course I'm a boy....I must be a boy, 'cause I feel exactly like one...." And again, "I'm just a poor...freak of a creature....I'm some awful mistake--God's mistake--I don't know if there are any more like me, I pray not for their sake, because it's pure hell." And yet again, "If I loved her the way a man loves a woman, it's because I can't feel that I am a woman. All my life I've never felt like a woman....I don't know what I am;...and yet I know that I'm different...." And still yet again, "Why should I live in this great isolation of spirit and body...? Why have I been afflicted with (such) a body...? What have I done to be so cursed?...I shall never be a great writer because of my maimed and insufferable body-" "...I'm not complete and I never shall be...."

The above declarations of 'Stephen' (which are, therefore, also those of Radclyffe Hall) appear to me to be tantamount to near-conclusive proof of Hall's transsexualism--although not medically diagnosed as such nor

yet self-professed in those actual terms. Readers, what do you think? Was Radclyffe Hall a lesbian (sexual 'invert') or a female-to-male transsexual? (Read the book first).

In 1907, Radclyffe Hall met Mrs. Mabel Batten, the society hostess, under whose influence she became a devout Catholic. She lived with her until 'Ladye' Batten's death in 1916 and through her met Una, Lady Troubridge who was to become her life-long companion. Lady Troubridge wrote THE LIFE AND DEATH OF RADCLYFFE HALL.

Radclyffe Hall published seven novels and also a volume of short stories.

In 1930, she received the Gold Medal of the Eichelbergher Humane Award.

Between 1930 and 1939, she lived in Rye, Sussex, England but she spent much of her time in Italy and France in pursuit of a lover, Evguenia Souline.

Radclyffe Hall died of cancer in Dolphin Square, London, in 1943.

(Photographs courtesy of THE BODY POLITIC: Gay Liberation Journal, Number 46, September 1978)

WANTED!!!

Poems, limericks, free verse on themes related to: transsexualism, transvestism, and androgyny for inclusion in forthcoming book: AN ANTHOLOGY OF TS, TV, AND ANDROGYNOUS VERSE. Send submissions to: Rupert Raj, METAMORPHOSIS, P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W 1P4.

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QUESTION OF THE MONTH

WHAT IS YOUR MESSAGE RE: TRANSSEXUALISM AND SEX REASSIGNMENT FOR a) OTHER TRANSSEXUALS?

"Give cross-living a good long trial. Particularly confront the notion that you can 'carry on as usual', i.e., keep the privileges specific to your born gender while adding on those of your new gender role. It isn't going to work that way."

"There ARE females-to-males who are GAY men!"

"Make sure you're sure, then go for it!"

"It's not easy but it's worth it!"

"Don't give up--there is always a way."

"Make sure it's what you want--check all resources and be prepared to go it alone. Gather your strength"

"Keep at it!"

"You must persist!"

"Reality is not a dream come true."

"Patience is the one thing you'll need an abundance of."

"Build your self-confidence."

"Stop being so anti-gay!"

"Never give up on your situation."

"Message I quietly emulate--content, quiet, strength in realizing the person I am. No sexuality needs to be forcefully projected. No need to 'overkill' to get the message across"

b) TREATING/RESEARCHING PROFESSIONALS?

"Be more 'attainable'!"

"Learn more, listen to us TSs."

"Show more concern for the humans you treat."

"We are people, not statistics or 'guinea pigs'."

"Get off my back and put yourself in my shoes instead."

"Understanding, successful techniques."

(cont'd. on p.8)

DEAR RUPERT (cont'd. from p.4)

Just thought I'd drop you a line to let you know how much I appreciate METAMORPHOSIS. I particularly enjoy your "QUESTION OF THE MONTH" section. Thank you for caring enough to commit so much of your personal time for the benefit of all us F-M TSs everywhere.

--John [REDACTED] Nova Scotia

MRRF NOTES (cont'd. from p.1)

ated with our organizations, that might be travelling between the Toronto-Hamilton and San Francisco Bay areas, a reference point for contact. So doing, so that we can better counsel our Transsexual clients."

The submission of any information on: passing, hormones, surgery (including phalloplasty), penile prostheses, urinary assist devices, breast binders, legal aspects, names of publications, gender clinics, physicians and surgeons, TS peer-support groups, etc.--for publication in the forthcoming booklet A MANUAL FOR FEMALES-TO-MALES--is requested.

M-F TS Autobiographies

A FINER SPECIMEN OF WOMANHOOD by Sharon Davis, 1983. A.F.S.O.W., P.O. Box 892, Edgewood, Md. 21040 (\$14).

SECOND SERVE by Dr. Renee Richards, Stein and Day, 1983.

Motto Of Valour

To valiant hearts nothing is impossible. Never be afraid of life. The bullets of adversity are no more than tests of our spirit. Don't dread the future but look forward to what is ahead of you with confidence that you shall always be the master of circumstances and never their servant.

--Jacques Coeur, THE MONEYMAN (to King Charles VII of France) by Thomas B. Costain.

* * * * *

QUESTION OF THE MONTH (cont'd.)

"More humanity."

"Impose less rules, time limits."

"Be a humanitarian--feel!!"

"Provide more information."

"Talk to me!"

"If you are going to work with transgender patients, study to make yourself aware of the personality/motivational differences between the F-M and the better-known M-F phenomena. Too many professionals whom I've encountered 'analogize' from their reading about M-F patients when they are first dealing with F-Ms."

c) THE LAY PUBLIC?

"TSism is a medical condition--probably genetic in origin. It is a physical rather than a moral problem."

"You and I, we are both people. That's what's important."

"Knowledge and acceptance."

"Don't judge a book by its cover."

"Learn more, listen to us TSs."

"They have to be more informed."

"Just accept and try to learn more, be open-minded."

"Be informed, try to understand."

"We're people just like you, only different in exterior make-up."

"We're OKAY."

"We're just like everybody else in every other way and are just as dumbfounded by this affliction as anyone since we can't help the way we feel, and if we try to 'make the book match the cover', it is hell-like trying to harmonize opposites--impossible!"

d) YOUR FAMILY?

"They are supportive and I love them the more for it."

"Thanks for remembering that I am still me despite all the changes."

OF IMPORTANCE TO US ALL

(Is It Any Wonder?)

Is it any wonder, that in this world, what makes him a boy and her a girl are things that are big and yet so small-- things of importance to us all?

If I am what is in my mind, bar-bells and sports cars you may find, things they say are "of a man" no matter what his chosen land.

If I am what is in my heart then one would not know where to start because it reigns so far and wide, from city to the country-side--

From years ago when I was three to now, when I'm who I want to be-- from tears shed over skirts I loathed, ribbons and all those girlish clothes!

To tuxedos and plain blue jeans and whatever being a man means-- to at last being recognized as not a girl, but 'one of the guys'.

Is it any wonder, I withstand what I must, to be a man?

--Khalil [REDACTED]

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STEPHEN [REDACTED], DIRECTOR

(cont'd. on p.9)

QUESTION OF THE MONTH (cont'd.)

"You didn't 'go wrong' or do anything wrong. My condition is an innate one, probably genetic in origin."

"To change their vision of me as a female to that of a male."

"Thank you for loving ME as I am."

"The love is more important than the social conventions."

"Don't make such a big deal out of it. Family says they're upset because it's such a hard life, but ironically, they are what makes it hard with their tears, pleas not to change and guilt trips."

"I'm not sorry and want no pity for who and what I am."

"I know it's hard for you too. Thanks for trying to understand."

"Don't care."

e) YOUR FRIENDS?

"Mostly, they have been great."

"Please don't try to put me in a mold. I want to be free and want you to accept me as I am."

"Thanks for caring enough to try to understand--and for it not to matter when you didn't."

"Accept me as an ordinary man who is rehabilitating himself from a disability; I appreciate honesty and I need your feedback."

"Loyalty to my masculinity."

"Thanks for the help."

"As you've seen the exterior change, the interior remained the me you always knew."

"I'm still the same person I always was inside--I just needed a body-change."

"Just love me for me and be supportive."

"I love you all!!!"

* * *

October's Question: DID YOU HAVE ANY COMPLICATIONS SUBSEQUENT TO:
a) THE MASTECTOMY? b) THE HYSTERECTOMY? IF SO, PLEASE SPECIFY.

QUOTABLE QUOTES

In the investigation of transsexualism, we are only just beginning to touch the tip of the ice-berg.

--Susan Huxford, Exec. Dir., FACT

To the (non-transsexual) person on the outside looking in, it is "gender dysphoria" (a disturbance or disorder of the gender or the "mind") but, to the (transsexual) person on the inside looking out, it is "sexual dysphoria" (a discomfort or "dis-ease" with the sex or the body). A difference of perspective. --Susan Huxford, Exec. Dir., FACT

Transsexuals have an emotion that we don't have. It's not an emotion like anger or fear. It's a gut feeling. We can't experience what they are feeling or what they are going through.

--Dr. Ray Blanchard, Res. Psych., Clarke Institute of Psych.

I find the whole study of transsexualism to be fascinating....Transsexuals are a tragic group of people....They are a difficult patient population to work with.

--Dr. Betty Steiner, Psychiatrist in Charge, Clarke Institute of Psych.

The surgically trained underscore the technical limitations inherent in procedures designed to metamorphose females into males. They suggest that since, as one surgeon quipped, "It's easier to make a hole than a pole", fewer females will seek a surgical solution.

--Dr. Richard Green, Dept. of Psych., State University of New York

For many years there has been no plastic surgeon at Johns Hopkins committed to phalloplasty. I am strongly in favor of a penile prosthesis as superior to surgery.

--Dr. John Money, Dir., Psychohormonal Res. Unit, Johns Hopkins Hosp.

(Send us your "QUOTABLE QUOTES")

WHAT'S IN A NAME? (cont'd. from p.1)

their first names to their precise gender-equivalents, nevertheless, do retain their same initials. And, they alter their first names to reflect their 'new' sex, eg. 'James X' becomes 'Janice X', 'Cathy Y' turns into 'Charles Y', 'John Z' changes into 'Julie Z', etc. A special advantage of keeping one's initials is the obvious one of cheque-signing, not to mention monogrammed possessions.

Next, the 'moderate-low similarity' group, like the 'high similarity' group, retain their surnames also, but not their original initials, eg. 'Ken X' transforms into 'Louise X', 'Geraldine Y' emerges as 'Bill Y', 'Bruce Z' modifies to 'Donna Z', etc. An essential advantage of keeping one's surname is the beneficial one of claiming an inheritance without undue legal hassle.

Finally, the 'no similarity' (or, 'high dissimilarity') group wish to discontinue all connection with and break off from their past life. Their motivation is that they want to begin a whole new life with a brand new identity without any reminder whatsoever of the trauma suffered prior to sex-reassignment. So, they change both names and both initials, eg. 'John Doe' becomes 'Betty Smith', 'Jane Jones' turns into 'Bob Johnson', etc. One reason members of this group dispense with their original surnames may be in order to protect their families and relatives from embarrassment or harrassment. Another reason might be so as to minimize the possibility of discovery by a former friend, acquaintance or business associate.

The above motives spring from practical considerations, in part, as does also the choice of androgynous/unisexual names, eg. 'Leslie', 'Pat', 'Chris', 'Jay', 'Sandy', 'Robin', 'Lee', 'Alex', 'Sal', 'Laurie', etc. The pragmatic value of such ambivalent ('either-or') names is clear--especially during the transitional stage. However, some TSs drop the use of such androgynous names (eg.

Jay) once their transition is complete and then, select a definitively masculine or feminine name.

Such gender-definitive names may symbolize: a) the fact of their sex reassignment, eg. 'Renee' (French for "rebirth") or b) the personification of their newly-adopted gender role, eg. 'Emmon' (Gaelic for "There is the man"), 'Guy' (English and French), 'Butch', 'Belle(a)' (French or Spanish for "beautiful"), 'Beau(regarde)' (French for "handsome" or "good-looking").

And, there are those TSs who adopt the names of people whom they admire or otherwise identify with--frequently, famous celebrities, eg. 'Rita' (Hayworth), 'Marilyn' (Monroe), 'Candace' (Bergen), 'Jackie' (Onassis), (Lady) 'Diana(e)', etc.

Members of the 'no similarity' group may also, on occasion, choose names that are alliterative (the same consonant for both names) eg. 'Canary Conn', 'Mario Martino', 'Renee Richards', 'Rupert Raj', 'Stella Stevens', 'Tony T.', or, assonant (the same vowel for both names) eg. 'April Ashley'.

Finally, there are those transsexual entertainers who employ only one name, eg. 'Capucine', 'Coccinelle', 'Tula'.

--Rupert Raj

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Susan C. Huxford, B.A., B.Ed.
Director

Agent for

FACT

FOUNDATION FOR THE ADVANCEMENT
OF CANADIAN TRANSSEXUALS

P. O. Box 291, Station A
Hamilton, Ontario
Canada
L8N 3C8

Telephone:
(416) [REDACTED]