



FANTASIA WEEK-ENDS HELD IN MIDWEST & MIDATLANTIC REGIONS

By A. Kane

At the October meeting of the Outreach Board of Directors a program offering Fantasia Weekends in selected parts of the United States was approved.

On March 17th through the 20th, the first Fantasia Weekend was held in the mid Atlantic region of the United States. Choosing a site in northern Virginia (near Washington, DC) a dynamic program was presented. Participants came from as far as North Carolina and northern Pennsylvania.

The program included an all day personal grooming session with Make-Up Clinic and discussions about fashion coordinating. There was an experiential workshop on gesturing and comportment. A seminar was presented on sociological aspects of the paraculture. Highlights of the social program included a shopping experience at a fashionable woman's apparel shop in Alexandria, dinner at a fine restaurant, and attendance at a femme impersonator show in Washington, DC. As one participant put it, "Coming to the Fantasia Weekend was a major step toward my total self-expression." Another stated that "The value of coming to the program was the beauty and warmth of emotions shared by all of us in helping to clarify and feel more comfortable with the issues of crossdressing."

The second Fantasia Weekend was held May 5th at a resort area in western Michigan. It is just off Lake Michigan and 131 miles from Chicago. This site was selected in order to attract participants from major centers of the midwest. People came from Illinois, Indiana, Wisconsin, and Ohio. Highlights of this program included a Make-up-Clinic, Elements of Comportment and

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TRANSSEXUALS AND THE HELPING PROFESSIONAL

by A. Bolin, PhD

Part 1

(This article was submitted to us by A. Bolin in an attempt to look at the transsexual issues from an anthropological viewpoint. Readers are invited to comment on Dr. Bolin's ideas. Cogent and relevant responses will be published in the next issue of the Outreach Newsletter)

A remarkably diverse array of people labeling themselves transsexual are subject to misconception, generalization and stereotypical expectation by the medical community (psychiatrists, surgeons, endocrinologists, etc.) and the mental health sectors (Psychologists, counselors, social workers, etc.). I will discuss the dynamics of the interaction between the transsexual client and medical-mental health caretakers whereby a homogenous picture of transsexualism is perpetuated.

This research is based on a year and a half of participant-observation with transsexuals, most of whom are associated with a support group known as the Cross Dresser's Society. People in the Cross Dresser's Society provide the membership for an umbrella organization with advocacy goals, herein referred to as the Androgyny Center.

The research population consists of approximately twenty-five males who are either actively pursuing or who have completed surgery in which a physical sex change and gender reassignment occurs. The majority of affiliates of the Cross Dresser's Society (and therefore, the Androgyny Center) are preoperative. Preoperative transsexuals are in the period of transition. They are truly in a 'liminal state', 'betwixt and between'; female neophytes, if you will.

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The Human Outreach and Achievement Institute is a not for profit, educational corporation of the Commonwealth of Massachusetts. It serves as a resource for helping professionals, crossdressers, androgynes, and transsexuals. The OUTREACH NEWSLETTER is edited by A. Kane and all inquiries should be addressed to the Outreach Institute, Box 368 Kenmore Station, Boston, MA 02215

NEW BOOK ACQUISITIONS

I. SECOND SERVE by R. Richards

With the publication of Second Serve we have the latest in a genre of transsexual autobiographies. In it, Renee Richards discusses and shares with the readers details of her early childhood experience which set the stage for her gender dysphoria. Coming from a family of doctors and choosing that profession herself, it is interesting to note how the syndrome of gender dysphoria can affect anyone regardless of family background and social conditioning.

The book is filled with major events in her life which contributed to her ultimate decisions. The experience as a woman tennis professional stand out as the most difficult period in her life. Here we see how Renee is struggling to establish her new womanhood among women whose main concern is winning the match.

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LETTERS

(The following letter was received after presentation of a paper entitled "Cross-dressing Behaviors and Androgyny" given at the Quad "S" meeting in Philadelphia this past April.)

Dear Ariadne,

On behalf of the Executive Committee of the Eastern Region, it is my great personal pleasure to thank you for your exceptional contribution to SEXOLOGY: Retrospective & Prospective, "Crossdressing Behaviors and Androgyny." As you can probably surmise, the response we elicited from most of the attendees was uniformly positive. For many, this conference proved to be the most scholarly as well as emotionally embracing they had ever attended. Indeed, the collegiality, the sharing, the warmth, were deeply evident throughout the entire meeting.

These kinds of accolades are in no small measure due to the participants like yourself who generously offered us your precious time, energy and fine scholarship. For this, we are profoundly grateful.

Although it is true that the ink on this year's program is barely dry, already we are looking ahead to an equally satisfying and interesting meeting for 1984. We earnestly hope you will be just as eager to offer us your participation and collegiality then. Please do mark your calendar for April 6-8, 1984, and we will anticipate your presence with joy.

Thank you again, and you will, of course, be hearing from us soon.

Cordially,

/s/ Natalie B. Alfandre
Executive Director

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OUTREACH NEWS NOTES

(FANTASIA Weekends)

A COMPREHENSIVE LONGITUDINAL STUDY OF CROSSDRESSING BEHAVIORS is being conducted by Dr. Richard Docter, Professor of Psychology at California State University. The study will, hopefully, provide more intensive and thorough examination of certain gender related behavior. It will span gay and heterosexual cross dressing, bi/genderism, transgender behavior, and pre and post operative transsexualism. Emphasis will be on data collection across the years of one's life, rather than at a point of a given life history. All participants will be sent interim progress reports from time to time. An overview of the progress of the study, as well as, a quick look at what our respondents throughout the nation are telling us will also be included. Wives or girl friends willing to contribute their views are also invited to participate. If you are interested, please write to the Institute for details.

A PANEL PRESENTATION ON CROSSDRESSING AND TRANSSEXUALISM was given at a meeting of the regional midwest section of the American Association of Sex Educators, Counselors and Therapists (AASECT) on April 16th. On the panel were Naomi O, Eve B, and Karen D. Both Naomi and Eve attended the Fantasia Fair and have been involved with the Outreach Institute for the past two years. Appearing before a packed room of helping professionals each gave a brief personal history and presented their views on cross dressing and transsexual behaviors. Many of the sex educators and therapists were very impressed with the wealth of current information provided as well as the mature professionalism of the panelists. More of these types of programs are needed if we are to further better understanding by helping professionals of this paraculture.

THE METAMORPHOSIS MEDICAL AND RESEARCH FOUNDATION, centered in Toronto Ontario, has been founded with the following aims: to provide research and information on surgical aspects for female to male transsexuals, to counsel gender dysphoric females who are transitioning toward being new men, and to serve liaison with gender clinics and professional associations. For details about membership in the association and its benefits contact Mr. R. Raj at P O Box 5963, Station A, Toronto, Ontario, M5W, 1P4, Canada.

Gesturing, and two major seminars, one dealing with Legal Aspects of Cross Dressing and the other concentrating on Various Coping Strategies for Dealing With Cross-Dressing Issues in One's Daily Life. The social program included a get acquainted cocktail party and rap session, a Fantasy Fashion Show, a special Femme Impersonator Program and a memorable candle light Banquet.

The entire program took place in a safe & secure environment and allowed participants to share in depth their joys and anxieties about their personal crossdressing experiences. The esprit de corps and warm friendship that developed were phenomenal, considering the short time that participants were all together. "This is my first experience with meeting other crossdressers and learning some practical and educational aspects of my thing", said one weekender. Another said, "This is without doubt the most meaningful cross dressing experience I have ever had."

In both of these Fantasia Weekends the Institute has learned much about programming needs of new and experienced cross dressers. A common element that emerged from both weekends was the feeling by participants of being comfortable with themselves and gaining more self confidence with the naughty issues of the paraculture.

The Institute has planned two more Fantasia weekends in California. The first will occur on July 7th through 10th in the city of San Francisco and the second will take place August 4th through the 7th in Laguna Beach (Southern California). Please write to the Institute for details about each of these. ###

A RESEARCH PROJECT on WOMEN who are presently in a RELATIONSHIP with a CROSS-DRESSER is being done by R. Peo, a doctoral student at the Institute for Advanced Study of Human Sexuality. All wives and girl friends who are interested in getting involved with this project may contact Mr. Peo at P O Box 4887, Poughkeepsie, NY 12602.

(TS & Helping Professionals)

The transsexual herself views herself as a "female trapped in a male body", therefore, feminine pronouns are used in reference throughout this paper. She is involved in a "rite of transition" which culminates in the coveted female status whereby she achieves isomorphism in both gender and identity.

The transsexual "rite of transition" includes: counseling or therapy, living and working in the role of the female or assuming the female role part-time but anticipating full-time involvement, electrolysis, and hormone therapy. Sometimes an individual will have breast implants and/or bilateral castration prior to the surgical creation of a vagina.

The medical and mental health caretakers are critical in the transsexual's transition from male to female. They provide the services of therapy, hormonal management and surgical reassignment. The link between caretaker and client is established through medical policy which directly bears on the client consumers. Medical policy relating to transsexuals is formulated by the Harry Benjamin International Gender Dysphoria Association. Its membership consists of psychiatrists, surgeons, endocrinologists, and mental health professionals who work with gender dysphorics, a euphemism for transsexual.

Medical policy is consolidated in guidelines known as the "Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons". This document, the first of its kind, was initially approved by the attendees of the Sixth International Gender Dysphoria Symposium in 1979, and subsequently revised and approved in 1980 and 1981.

The purpose of the "Standards of Care" is to provide an "...explicit statement on the appropriate... (treatment)... to be offered to applicants for hormonal and surgical reassignment." It is an effort to provide uniform care where previously a plethora of ideas on the subject abounded. It is, therefore, a document which may be referred to by the caretakers and whose minimal requirements are recommended strongly.

The item described in "Standards of Care" most important to the preoperative individual is the "psychological evaluation". It is simply the caretakers estimation of whether the applicant is a good risk for hormonal and surgical reassignment. Before she may obtain hormones, the transsexual must procure a written recommendation for such therapy from a psychiatrist or mental health worker who has known her in a "psychotherapeutic relationship" for a minimum of three months. In order to qualify for surgical reassignment, she must present the surgeon with two written recommendations from mental

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-----RENEWAL TIME - LAST CALL-----

All subscribers to the Outreach Newsletter who would like to renew their subscriptions to our quarterly publication for 1983 are asked to send their \$ 10.00 remittance to the Institute. Please complete the form below and return it with your money order or check (US funds only) to our office. NOTE: For 1983, all who subscribe to the newsletter before July 1st for 2 years will receive a special discount of \$ 2.50, i.e. 2 year's subscription will only cost \$ 17.50.

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Book Acquisitions

Many of the events in Renee's life prior to surgery are not unlike the experiences of other cross dressers. Spending ten years in the armchairs of several psychotherapists did little to help her cope effectively with the issue of her transsexualism. Still the question remains of why some cross dressers become gender dysphoric enough to follow the road which ultimately leads to sex reassignment. Her autobiography does not give a final answer, but does shed light on some of the critical factors in the transsexual phenomenon.

II. ARIADNE by J. R. Brindel

This is a historical novel about ancient Crete and the woman who ruled that country in 1400 BC. The legend of Ariadne and Theseus is well known to lovers of Greek Mythology. However, this novel goes beyond the simplicity of that myth.

Here Ariadne is considered not just a queen and head of state but the holy conveyor of a system of beliefs that regarded child-birth as the primary miracle. Further that she was charged by "the earth mother" to direct and moderate all of the great events in the cycle of the seasons.

The author has created a wonderful story around this concept. Her use of symbology in the novel to unveil the nature of the feminine within each character is brilliant. She provides clear images of all the characters in her interpretation of the legend.

The novel gives us a window through which one can view femininity as a guiding principle in the rebirth of our total being. It makes for enjoyable reading and is recommended by the reviewer.

(This title is available from the Institute Cost \$ 7.00 + \$ 2.00 postage and handling.)

A CROSSDRESSER'S GUIDE TO THE UPPER MIDWEST, a where to go and what to do directory has been published by WITV NETWORK. Copies are \$ 4.00 and can be purchased by writing to WITV NETWORK, P O Box 813, Madison, WI 53701. ###

I JUST WANT TO BE ME

I wake to face the world
And all its fears for me.
I tell myself, another day
Of pain, anxiety.

I'm transsexual unassigned
The pressures I feel are great.
Someday things might be better,
My time is getting late.

At times I wonder shall I run, hide
Or do I keep trying
Praying society will understand
Will extend its love?

The questions uncertain
Frightening as well
The answers may be bittersweet,
Only time will tell.

Another perplexity
Comes from my children
Who now I do not see,
They think it wrong
My transsexuality.

As they grow older
Will they understand
This untimely plight?
Perhaps, someday
They'll see it was right.

I feel the woman within
Longing to be free,
To take her place in life,
To be part of society.

But when this happens
Will it be a lie,
Will the new born woman
Cause the male in me to die?

Perhaps my thinking's wrong
If so, I'll take the blame
As woman comes from man
We are one and the same.

Someday the world may
Understand true femininity
Complex, yet simple!
I just want to be me.

-C Hartman

(TS & Helping Professionals)

health workers, one of whom must be a psychiatrist. One of these recommendors must have known the client in a psychotherapeutic relationship for six months. In addition, the transsexual must provide evidence that she has lived for one full year in a full-time capacity as a female. Any surgeon who performs sex reassignment surgery without obtaining two recommendations is considered guilty of "professional misconduct".

The underlying premise upon which the "Standards of Care" rests, is the Diagnostic and Statistical Manual of Mental Disorders

(DSM III), published and endorsed by the American Psychiatric Association. It is a manual of criteria to aid the mental health professional in assigning a client to a psychiatric category. An "accurate" diagnosis of a client's psychiatric condition is considered a prerequisite for therapy. In this sense the "Standards of Care" require that the psychological evaluation "...for hormonal and/or surgical sex reassignment should, in part, be based upon...how well the patient fits the diagnostic criteria for transsexualism...in the DSM III...".

No one would deny that the "Standards of Care" are invaluable in preventing irreversibly surgical mistakes. These guidelines ideally provide protection for both the clients and the caretakers. Yet inherent in the "Standards of Care", and in the policy relations of caretaker to client is inequity in the power relations, such that the recommendation for surgery is completely dependent on the caretaker's evaluation. This breeds a situation in which the psychological evaluation may, and often is, wielded as a club over the head of the transsexual who so desperately wants the surgery.

In this field of interaction the client is vulnerable to a caretaker's conceptions about what constitutes evidence for a DSM III classification of transsexualism and a good surgical risk.

It is the interface of diagnosis and the psychological evaluation that the problems of theoretical misconception, stereotypical expectation and generalization occur. The mental health caretakers struggle to understand a phenomenon that in its surgical resolution is only about 28 years old. In order to treat a client they must rely on the research in the field of gender dysphoria.

This research includes alleged commonalities of transsexualism which become elevated to the level of diagnostic criteria. My own research, including attendance at the recent 7th International Gender Dysphoria Association meetings and communication with prominent caretakers, discloses the widespread use of etiological correlates and behavioral characteristics attributed to transsexuals. These attributes are used in the therapeutic encounter as diagnostic criteria. Such "pigeon holing" ignores the diversity of the transsexual population.

Stereotyping clients occurs on two levels. One is the presumed homogeneity of transsexuals, but another more fundamental assumption about the phenomena is embodied in the DSM III. Germaine to the DSM III is a "mental illness model" for diagnosing an individual's problems. "(It)...assumes a priori an intraorganismic locus of all psychic ills".

Social and cultural variables are then necessarily subordinated to the mental illness perspective. It is paradoxical that concepts of mental illness are actually rooted in the socio-cultural matrix which then spawns a "...social policy that has called people sick, and therefore, has had to find illness for them".

The transsexual is a victim of the medical-psychological process whereby she is labeled mentally ill and ipso facto in need of psychiatric care. This premise is formalized through the psychological evaluation requirements in the "Standards of Care". The problems of stigma and the possible impact of the mental illness label are overlooked. The intra-organismic approach considers the therapeutic encounter as the primary factor in transsexual mental health, yet a great deal of conflict resolution occurs simply through adopting the female role full-time. Living and working as a woman for a year may be the single most important factor in resolving gender identity conflicts as opposed to the required six month therapy (many therapists require a year, some more at the cost of \$ 35-65 a session).

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(Part 2 continued next issue)