

I KNOW I'M FTM. WHY DO I NEED COUNSELING?

by Jeff Shevlowitz

What is an FTM? Basically, there are two answers. On the more encompassing level, an FTM is any biologic female who, for any variety of reasons, has taken medical means to transform a female anatomical structure to resemble as closely as possible that of a biologic male. On a much narrower level is the biologic female who innately feels or "knows" herself to be a male.

Why the distinction? After all, both types end up having surgery (often several times) and living as men. Simply stated, there are many avenues which lead to surgery, some with more obstacles than others. If some of those difficulties are not addressed early and competently, the foundation upon which the rest of the individual's life will be based may be unstable.

It is in determining this, and perhaps other differences, that counseling is essential. Often the FTM is unsure, uncertain, confused, or, viewing this as a way of escape, gives the "correct" information simply to achieve medical intervention without exploring the reasons underlying the request. Under those circumstances, it is all too possible to embark upon a course of action which is detrimental to the individual who has made the wrong choice. Errors in this area, while not completely irreversible, can still be devastating. Some have found the answer in going back, sometimes after years of living as a man. Some choose to remain male, electing to spend the remainder of their lives playing a part. Both of these unfortunate instances could have been avoided by undertaking competent counseling at the outset.

Take the two basic ways of approaching the FTM experience and the difficulties associated with each. The first is the "classic" FTM. These people have, from earliest memory, felt "wrong" in their biology, that against all external evidence they are male. Finally embarking on the medical journey is not so much a decision as a life-saving necessity. These people, as females, are often subject to severe depressions, attitude and adjustment problems. They tend to adjust well post-treatment. They are moving from an existence of pretense, of expending energy trying to be, and acting the part of, a female, toward a life of comfort in their natural maleness. The FTM experience is, ultimately, a positive one as they are moving toward something.

The second type of FTM is usually unfamiliar with these innate feelings. Sometimes women, for one reason or another, reach the conclusion that being a woman is somehow less valuable or advantageous than being a man. Perhaps a victim of abuse, discrimination, or maybe a lesbian who for some reason is unable to deal with being gay. This last may be the most common. If you're attracted to women, but cannot, or will not, deal with being a lesbian, your most obvious alternative is to transform yourself into a male. One can easily envision the

continued on next page

THE MAN IN THE GLASS

BY
E. A. C.

When you get what you want in your struggle for self
And the world makes you king for a day
Just go to that mirror and look at yourself,
And see what THAT man has to say.

For it isn't your father or mother or wife
Who judgment upon you must pass:
The fellow whose verdict counts most in your life,
Is the one staring back from the glass.

Some people may think you a straight-shootin' chum
And call you a wonderful guy,
But the man in the glass says you're only a bum
If you can't look him straight in the eye.

He's the fellow to please, never mind all the rest
For he's with you clear to the end.
And you've passed your most dangerous, difficult test
If the man in the glass is your friend.

You may fool the whole world down the pathway of years
And get pats on the back as you pass.
But your final reward will be heartache and tears
If you've cheated the man in the glass.

OUR SPRING 1989 FTM GET-TOGETHER AND UPCOMING SUMMER 1989 SOCIAL

The ninth FTM Get-Together was held April 9, 1989 and drew another record attendance of 21 female-to-males, 5 significant others (i.e., wives and lovers), and 6 guests. Female-to-males traveled to San Francisco from as far away as Seattle and Los Angeles to attend the Get-Together. Even those who completed their changes years ago unanimously hailed these gathering as necessary and important events.

Despite the unusually hot weather, the crowd listened intently to our three speakers.

First on the agenda was psychologist/sexologist Walter Bocking. Originally from the Gender Dysphoria Program in Amsterdam, The Netherlands, Walter is presently working with Dr. Eli Coleman at the Program in Human Sexuality at the University of Minnesota in Minneapolis. Walter detailed his groundbreaking research project on "Homosexual and Bisexual Identity Development in Female-to-Male Transsexuals," or, as he put it, "female-to-males who are predominantly attracted to men."

"My attitude about sex, gender and being human," began our second speaker, Ari Kane, Executive Director of The Human Outreach and Achievement Institute in Boston, Massachusetts, "is that the United States of America is sex-ignorant, sex-negative, sex-secretive, and sexually non-functional." After the applause agreeing with this statement died down, Ari continued to give a sobering speech on choosing a path for ourselves and getting our lives together.

Our last speaker was Midi Onodera, a filmmaker from Toronto, Ontario, Canada. Midi asked for input regarding her video project on the female-to-male, now in the planning stages, and received many good suggestions on how to present this often-misrepresented syndrome. Several FTM's in the audience later met with Midi to discuss their ideas further. "I think it was a big success." Midi said, "and I feel good about proceeding with trying to draw up an outline for the documentary. I have a better understanding about the character who is dealing with gender issues [and] think you will find the character more positive than negative."

additional difficulties *this* FTM will face. She must "create" a man who she will be. She is moving from an innate sense of being a female and embarking on a life of pretense, expending time and energy acting a part for others, an act which will continue for the rest of her life. She is not moving toward an inner fulfillment, but is rather running away from something she was unable to successfully confront. Rather than a source of inner growth, the FTM experience is often a source of embarrassment and shame.

In either instance, competent, thorough counseling can make the transition smoother. It may help prevent the individual from making life-altering decisions which may not be in the person's best interest. You needn't stay with the first therapist you contact if you are not comfortable in their care. There are other therapists. Ask around for referrals. Not all therapists are informed about the FTM experience. Not all are sympathetic or knowledgeable to the same degree. Take time to contact a person with whom there is a constructive, positive rapport. Remember: You are establishing a foundation upon which the rest of your life will be based. That's worth the investment of time. Ultimately the decision is yours alone. With good counseling, you can make certain it is the correct one.

FTM VIDEO PROJECT NEEDS YOUR INPUT

Midi Onodera, a Canadian independent filmmaker, is currently in the research and development stages of a video documentary for and about female-to-male concerns. If you have suggestions about the content and form of the project, or would like to volunteer your time for conducting and/or sharing research in your area, please contact M. Onodera Productions, 85A Portland Street, Toronto, Ontario, Canada M5W 2M9; phone (416) 599-0498. Your input is encouraged and welcomed.

WHAT IS "FTM" ?

We are an informal group of female-to-males in varying stages of the female-to-male continuum, from those who just like to crossdress once in a while, to those who have lived as men for over a decade. The *FTM* mailing list has reached over 100 names, with the majority in California, but also reaching FTM's across the U.S., as well as England, New Zealand and Canada.

FTM hosts Get-Togethers every three months for female-to-males and their guests only, in order that we might exchange information and socialize with others who understand what we are going through.

For more information on *FTM* Newsletter and our Get-Togethers, contact Lou, 1827 Haight Street #164, San Francisco CA 94117.

HELP!

FTM welcomes your donations so that we can continue to provide *FTM* free of charge. A few dollars or U.S. postage stamps would help out a lot. Thank you!

Dear *FTM*,

I was delighted to see Janet WildRiver's letter in the 9/88 issue of *FTM*. My fiance C.J. is a female-to-male pre-hormone transsexual. We live in New York City, but feel isolated just the same. We don't quite fit in with heterosexual or lesbian couples. Still, most of our friends are lesbians -- they view us as "into role playing." They expect it's just a fantasy and they prefer if we don't speak of it. We have accepted that until now.

Recently C.J. has decided to go ahead with the long process of gender congruity. So now we are trying to contact others in the hopes of getting some badly-needed information and emotional support. There does not appear to be any support group specifically for the F-to-M in the New York area. We tried to start a support group by placing an ad in a local progressive paper. We printed our phone number for contact, but this proved to be a nightmare. The ad was not a complete waste though. We did receive a call from the editor of "Rites of Passage," the *F2M* newsletter, and have been placed on their mailing list. It was from this newsletter that we found out about yours. Now, at least, we know that we are not alone.

I know this will be a difficult journey for C.J. and I want to be supportive to him. I have many feelings I cannot talk to my friends about. I would like to hear from other girlfriends/wives of FTM's. Please write to:

Christina S. X

Dear *FTM*,

Perhaps you can understand I was very surprised to see the address of our group in *FTM*. I'm very glad to see that there is such a good magazine in the States. I'm also very sorry I can't come to the States for the Symposium about transsexualism. The last symposium was here in Holland and I have met a lot of people. It is very important to us that there are many doctors who are interested in our problems. Here in Holland is a hormonal doctor, Louis Gooren, who became a professor in transsexualism. This has been a great event to us!

Last week I got a letter from a boy from the States. He was interested about possibilities in Norway. It's a good deal when we can change informations to each other.

Perhaps you would like to write me back a little about life in the States?

With kindly regards,
Jean van A.

FTM NEWSLETTER

The only newsletter exclusively for the female-to-male transvestite and transsexual; published quarterly by FTM, 1827 Haight St. #164, San Francisco, California 94117

Editor: Lou Sullivan

BILLY TIPTON UPDATE

Family members continue to squabble over Billy Tipton's estate, the rights to his story, and the details of his life.

Tipton, 74, died January 21, 1989 of a bleeding ulcer, causing the secret of his female body to be revealed to the public. He had lived as a man for at least half a century without the help of hormones or surgery.

So far, Unistar, a Hollywood-based independent production company, has signed two of Tipton's adopted sons (Scott Miller and Jon Clark) for the rights to their stories. Unistar representatives say a deal for a television movie about Tipton is all but guaranteed. A third adopted son (Billy Jr.) and Kitty Oakes, who lived as Tipton's wife for some 20 years, are considering several offers for the rights to their stories.

In the meantime, investigation reveals that Tipton and Oakes possibly were never officially married, and that Miller and Clark were never legally adopted.

Dispute continues over two wills supposedly left by Tipton: one, handwritten and not notarized, leaves everything to Billy Jr., while the other, this one notarized, leaves everything to Clark.

ANOTHER FTM LEADER RETIRES

In a recent letter, Mario Martino, best known for his autobiography, *Emergence*, has informed *FTM* that, at age 52-1/2 he has retired from his service to the gender community and the Labyrinth Foundation in New York. His contribution and presence will be sorely missed.

Martino joins several other FTM leaders, notably Rupert Raj and Jude Patton, who have recently opted to move on to other pursuits after many years of being there for the FTM community.

Our sincerest best wishes to Mario in all his future endeavors.

BENJAMIN SYMPOSIUM IN SEPTEMBER

The next Harry Benjamin International Gender Dysphoria Association Symposium will be held in Cleveland, Ohio, September 20-23, 1989. For more information, contact the Association at 900 Welch Rd. #402, Palo Alto CA 94304.

MORE ON THE FEMALE-TO-GAY MALE

The Advocate, "The National Gay Newsmagazine," Issue #526 dated June 6, 1989, featured a lengthy article on the female-to-gay male written by *FTM* editor, Lou Sullivan.

GI George W. Jorgensen before sex-change operation



Christine Jorgensen in 1953, a year after sex-change operation.

CHRISTINE JORGENSEN DIES

FTM momentarily breaks its rigid "female-to-male only" policy in order to salute pioneer Christine Jorgensen who died May 3, 1989 at age 62 in San Clemente, Calif.

In 1952, at age 25, Christine became headline news (although she was barred from television) when she returned to the U.S. after undergoing sex reassignment surgery in Denmark, a procedure that at that time was virtually unheard of. For many of us "old timers," the publicity surrounding Christine was our first hint that a gender change was possible ... maybe even ... from female to male!

Christine died after a 2-1/2 year bout with cancer. "She was absolutely emphatic," said her publicist, "about the public knowing that this cancer was not in any way related to the operation or to any hormone treatment."

"I am very proud now, looking back," Christine said last year. "We may not have started the sexual revolution, but we gave it a good swift kick in the pants."

WOULD YOU LIKE TO RECEIVE FUTURE ISSUES OF "FTM" ?

WRITE TO US AT 1827 Haight Street #164, San Francisco CA 94117 !

IMPRESSIONS OF EUROPEAN TREATMENTS

by J.D.

There have been questions regarding treatment and operations in Europe, and I would like to tell you more about this. Having lived in Europe for many years and done my transition over there, I might be able to answer some questions.

First off I'd like to say something about the hormone shots. I started taking them 9 years ago in Holland and have just changed over to the American ones. The difference in them, and their results, are astonishing. The European shots were sexually extremely stimulating, to a point where there was no sexual control anymore and I had to stop taking them for a while. Muscular features did change, but there was little or often no hair growth. Also, receiving the shots every 2 weeks, I would develop a sizeable lump where the injection had been given that would remain up to a week and be very painful. The day after I felt very speedy and the following day very tired and sore. The American shots had almost the opposite effect. No lumps, no side effects the following days, not as strong of a sexual reaction, but very active hair growth.

Concerning the operations, I would say America is much more active in this field as the amount of clientele is larger. FTM's are really a minority in Europe and often do not expose themselves. Therefore it is not feasible for doctors to experiment in this field. The operation I had was done so badly, in fact, that I will need to repeat them here, as these techniques are most advanced. Another factor playing a larger role in Europe is the finances. Everyone in Europe has National Health Insurance and that means, by law, they have to pay for these operations, which puts the patient on a third-class hospital rating. That does not encourage the FTM to proceed with the operations, as one will only get the cheapest treatment, which often means doctors will perform the operations without previous experience in this specific field. If one has private insurance, they usually go to other countries to be operated, and America is the most recommended place.

"SAINT JOAN" GOING EAST

San Francisco's American Conservatory Theatre has announced that it will perform "Saint Joan," about female-to-male Joan of Arc, at the new American Festival Theater in Stratford, Connecticut, August 15-27, 1989.

Products & Resources for the Female-to-Male

Edition 1.0, 20 pages. Includes breast binders, clothing, media, and other products and resources available to the female-to-male. Send \$3 to cover postage and photocopying to:

K. Hollinger
P. O. Box 215354
Sacramento CA 95821

"Rites of Passage"

A Newsletter for Female-to-Males

Published irregularly, a subscription costs \$20 for 8 issues; \$3.50 per individual issue. Write to S. G., P. O. Box 615, Tenafly NJ 07670, or call John A. at (201) 224-7843 anytime.

F-M COUNSELING GROUP IN SO. CALIF.

Group therapy sessions for female-to-males only are being held the first Thursday of each month from 8:00-10:00 p.m. in West Los Angeles, Calif. Cost is \$15 per session. Contact Roxanne Cherry, M.A., at 213-202-1820.

MALE IMPERSONATOR ON THE JOB

"An Evening at La Cage," a new drag show, is currently playing at the On Broadway Theater, 435 Broadway, San Francisco (phone 415-391-9999). Inbetween all the male-to-female acts is one male impersonator, a regular in the show. Female Joe Clark performs as Michael Jackson, dancing and miming to his records "Bad" and "Man in the Mirror." The ticket price of \$17.50 may seem a bit high for two songs, but if you're also entertained by the male-to-females in the show, it might be worth seeing. Nonetheless, FTM is pleased to hear that male impersonators are still on the job!



FTM NETWORKING

Want to correspond with FTM's who would like to live with, help support a FTM. Will be leaving the service in early 1990. Will relocate in the Reno area. Georgia B:

*

White female, 30, interested in meeting charming female-to-male for social dating and friendship. Enjoy dining out, long walks, plays and boating. If interested, send response to G. I.,

*

Recently received my first copy of *FTM* and devoured it eagerly. Anyone in the Seattle area, I would like to meet you informally and perhaps eventually evolve a sort of "Gentleman's Club" which meets every month or so. I lived in London for many years and once was refused entrance to the Garrick Club where I most emphatically deserved to be! So now I wish to rectify that by creating such a Club with the help of a few FTM Gents. Right? *Right!* Please write - any and all - cute hetero gals welcome to correspond too, of course! Pre-ops and No-ops, please reply too. Love, Louis (P.S. Are there any FTM's in Charlotte, N.C.?) F. L. H.

My name is Erik T.

I am a 36-year-old FTM who is physically disabled who would like to correspond with any FTM's who would want to. Particularly I would like to know if there are other FTM's with physical disabilities who would also like to correspond with me.

*

Pre-op FTM would like to correspond and write to all FTM's and others. Will answer all. For networking and penpals: M.E.M.,

*

I spoke to a Naturopath about "Smilax Officinalis" or "Sarsaparilla." It's a natural source hormone precursor; it lays down a base to stabilize the hormones. Effective for P.M.S. I would like to correspond with other FTM's in Great Britain--your impression of treatment and clinics there, etc. Please write Lesley S

*

Kevin H would like to hear from other F-M's, TV's, or anybody who is sensitive to these issues. I live in the Los Angeles area and would especially like to meet people who live nearby.



FTM Networking WORKS!

It gets tiresome to have to always repeat the same line after a few dates, "Well, there is something I haven't mentioned yet...." or "By the way...." This is not a problem for David and Claudia, thanks to the *FTM* Networking column. David and Claudia are happy to announce that they got married June 1, 1989, with Lou as Best Man ... definitely a "best man," for without Lou's inspiration and the *FTM* newsletter, this might never have happened. It's good to see there is exposure of this sort, as it is sometimes difficult to step out and make, or meet new people who are not prejudiced towards FTM's, especially regarding relationships.

-- by David

INFORMATION FOR THE FEMALE-TO-MALE

Crossdresser and Transsexual

The first handbook to address
the needs of the female-to-male

- Crossdressing
- Passing as a Man
- Male Hormones
- Sex Reassignment
- Dozens of True Stories
of Females Who Crossed Over



2nd edition
48 pages, illus.

Send \$6 to:
L. Sullivan, 1827 Haight St. #164
San Francisco, Calif. 94117

THE SOUND OF YOUR VOICE

by Emmon

I came across a tape that might be of interest to other female-to-males. It's Carol Fleming's *The Sound of Your Voice*. It's a cassette version of her bestselling book.

She quotes John Wayne's advice to young actors about what projects as a masculine voice in this country:

"Talk low.

Talk slow.

Don't say too much."

Her research has born this out. By "slow," the Duke meant more space between words. Don't drawl. To this, another researcher adds Lee Iacocca's advice on "The Power Speaking Style,"

"Don't complain.

Don't explain."

On the tape Fleming teaches you how to change the style and timber of your voice and outlines a practice session. I have tried this advice and it works, rather quickly. It takes conscious effort at first but the positive responses from other people more than repay it.

The tape is available mail order from Audio Partners Inc., P. O. Box 998, Burlingame CA 94011, and in book and record stores. Give it a try.

Leslie Lothstein's *Female-to-Male Transsexualism* continues to be the only full-length book written on the subject. Upon publication it was immediately denounced by gender professionals everywhere, one reviewer in the Fall 1984 Harry Benjamin International Gender Dysphoria Assn. Newsletter stating, "The unnecessarily perjorative language used to describe patients and their parents, the wild assumptions and even wilder recommendations make, I believe, this book potentially damaging if read by patients or their parents -- as they have and will." Fortunately Lothstein's book is out of print, but unfortunately it is still available in libraries and used bookstores, and the harm it has done persists. Many of us experienced serious setbacks in our quests for self-realization after being exposed to this book. The following review first appeared in *Metamorphosis Newsletter*, December 1984:

Female-to-Male Transsexualism: Historical, Clinical and Theoretical Issues, by Leslie Martin Lothstein, Ph.D. (Boston: Routledge & Kegan Paul, 1983)

Reviewed by Lou Sullivan

It will be the task of this book to provide a coherent analysis of the phenomenology of female transsexualism (as a clinical disorder), to explore critically some of the working assumptions of female transsexual research and to provide a viable framework for evaluating, diagnosing and treating female transsexuals.

Dr. Lothstein does plenty of "evaluating," but when it comes to "diagnosing and treating," his theories are far

from a "coherent analysis." This publication is both dangerous and regressive, reminiscent of the early psychological theories of "what makes a boy homosexual" (overprotective mother, weak father, etc.) -- theories that have been tossed away years ago.

Lothstein makes his conclusions based on the fact that he read through the files of 53 female-to-males seen at Case Western Reserve University in Cleveland, Ohio, from 1974-82. He believes anatomy is destiny, and makes it clear by page 30 that he cannot understand how a female who is "maladjusted" could have a "satisfactory social-surgical outcome."

Lothstein begins with a review of the previous psychological theories on the female-to-male phenomenon: some studies linking the female-to-male's desire to be a man as a strong father-figure identification, others viewing it as an anti-father stand in order to "protect the mother." The contradictions in theories are truly amazing.

The transsexual-to-be identifies with a physically assaultive father who was unavailable to his weak, emotionally withdrawn wife and having a need to rescue the mother from him (playing the role of a surrogate husband). In effect, this family dynamic ... has remained unchallenged up to the present time.

Well, let this reviewer be the first to challenge it, then.

Lothstein's comments sent Moral-Majority repression chills down my spine. He repeatedly states that female-to-males "deny being lesbians" (inferring by his tone that we are) and that "black women may somehow be 'innoculated' against severe gender identity pathology." He dismisses Richard Green's study of children raised by female-to-male fathers:

Green's conclusions, that the children revealed conventional sexual identity development in rather 'unconventional families' must be viewed cautiously. Green's findings not only go against the grain of current psychoanalytic and learning theory, but also of common sense.

I challenge two major propositions regarding female transsexualism which have profoundly influenced clinical thinking: the first related to the so-called stability of the female transsexual; the second related to the continuity between childhood and adult manifestations of female transsexualism. Both propositions turn out to be false.

Lothstein cites four detailed female-to-male case histories, each a carbon copy of the one before it, each a Lizzie-Borden life story filled with rapes, incest, suicide attempts, mental hospitalizations, losses, illnesses, separations, abandonments, instabilities, sexual abuse and murders of family pets. I mean, these people had PROBLEMS.

Throughout this book I have presented historical material and clinical evidence which suggested that female transsexualism was not a normal variant of sexuality or an alternative lifestyle, but a profound psychological disorder.

We must always be wary when someone uses the word "normal."

Moreover, an analysis of my clinical sample suggested that female transsexualism has its roots in the pre-

oedipal period. It is a disorder which is "caused" by family dynamics, in which parents communicate and transmit distorted gender meanings to their daughters. Consequently, by the second half of the second year of life, some girls are unable to establish a core female gender identity and a nuclear self-system. Moreover, all female transsexuals were shown to have borderline pathology, developmental arrests, and a primary disorder of their self-systems.

Lothstein then attacks those who assist transsexuals in their transition period and believes they have caused the transsexual to "close the door to further personality growth and a richer inner life," an absurd statement from anyone who knows a transsexual.

One might argue that if the clinicians were interested in supporting (the female-to-male's) 'health' and 'stability,' then sex reassignment surgery would have been contraindicated.

"The quest for sex reassignment surgery," says Lothstein, "is no more than a fantasied solution of perfection." This reviewer believes anyone seeking perfection certainly would not consider female-to-male sex reassignment surgery, plagued with serious imperfections as it is. What an ego our male=perfection author has! He repeatedly quotes himself from his past publications as supporting evidence for his theories.

Many will look to this book for information on the medical aspects of the female-to-male change and its influence is the real tragedy of this publication. Only 20 pages (of 311) are devoted to hormone therapy and surgical techniques, and Lothstein seriously misinforms his readers of the physical and medical aspects of female-to-male sex reassignment. Without a shred of support, Lothstein states:

There is increasing evidence that male hormones alone do very little to masculinize the female transsexual.

Women with small bodies, slight frames, poor musculature, small hands and delicate features will not reveal dramatic changes when taking male hormones: they will appear as small-framed, slight, delicate-appearing males.

One of the major side effects of androgen therapy is the development of profound acne, the only treatment for which is the discontinuance of the therapy.

All lies, lies, lies. Just like anyone with acne, a female-to-male can be successfully treated with tetracycline, and anyone who has worked with female-to-males should be outraged at his deliberate deceptions concerning the effects of male hormones on the female.

It is only through psychotherapy that the female transsexual's selfobjects can be transformed and her exhibitionism, grandiosity and idealization be successfully internalized so that the goals of the self can be rerouted away from sex reassignment surgery... Transsexuals' perfectionistic ideals and goals need to be associated with their self-defects and their views of the father as an idealized, omnipotent selfobject realistically interpreted so that sex reassignment surgery can be avoided.

(The female-to-male's) anxiety results from several factors relating to her ego and self-pathology including: a lack of gender-self cohesion, a fear of dissolution of

the gender-self representation, fears of annihilation stemming from fantasies of fusion with the mother, and a need to disidentify as a female in order to fend off murderous impulses directed at her by her mother.

It makes me sick to think this is the first book written about the treatment and care of female-to-males. It is a dangerous and repressive book which no doubt will be read by gender therapists and female-to-males everywhere. Of course no one should be approved for sex reassignment surgery on a walk-in basis, but many of us have lived uncomplicated, honest and thoughtful lives and made our decision to change our sex with full knowledge of the limitations.

Lothstein has intentionally misinformed his readers in order to discourage females with gender dysphoria from realizing their potential and the options available to them. After claiming to "provide a viable framework for evaluating and diagnosing" the female transsexual, he himself admits there's no way to tell who is a REAL transsexual (blissfully beyond his redemption) and who, through his "treatment," can be dissuaded from "engaging in defensive and compensatory male behaviors (like cross-dressing and the development of perversions)."

He relates that physicians began recording case histories of female transsexualism in the early 1800's, but "it was not until the publication of Krafft-Ebing's *Psychopathia Sexualis* (1894) that these disturbances were recognized as being worthy of medical investigation." Oh, lucky were our ancestors to have lived in peace! What transsexuals have gained through medicine (hormones and surgery), we've paid back dearly as easy targets of those who need to believe THEY are the "normal" ones.

... in order to understand the etiology of a specific woman's transsexualism, the clinician will have to inquire into her underlying transsexual fantasy content, the nature and extent of her erotic imagery, the unconscious symbolism of her dream life, and her daydreams and conscious imagery. All of these experiences and processes need to be teased out and understood if we are to grasp the etiology of a specific woman's transsexual wish.

Most therapists are also unprepared to deal with the pervasive feelings of excitement, confusion, anxiety, frustration and rage which characterize and impede the treatment process. Moreover, these feelings may spill over beyond the therapy session and effect other staff, who may complain about the patients' behavior, especially if they use the men's room (sometimes comically referred to as "toilet trauma").

This is no joke. It seems we have a long way to go before we can hope to be treated as people in our own right. Before gay liberation, there was nothing to assure those who loved their own sex of their own self-worth. Now, 15 years later, homosexuality is no longer considered a mental disorder. I hope Lothstein's cruel book will lead the psychiatric profession down the same path -- toward a better understanding of transsexualism. Unfortunately, transsexuals do not have the strength in numbers to demand that this repression STOP now.

N.B. My favorite typo in Lothstein's book:

"Indeed, some women go to considerable lengths to appear male, even stuffing their pants with cotton (cotton wool) to stimulate a penis." (p. 258)

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behaviors that created all the rough in my life and in my relationships. It's taken a few more years of therapy progression, a couple more women and subsequent endings to get here, sitting, writing to you guys knowing I can't, nor would I stop you, from "mistakes," but hopefully offering something that will make getting through the rough easier.

Women can't read your mind ... and to know your mind you'll need to get beyond what you interpret a man "should" be. You are a person before you are a man or a woman. Begin to learn who you are, go beyond the obvious female to male. And with yourself and her, try a little tenderness.

FTM "MALE" BOX

Dear Readers of **FTM**,

In this case I will tell you a bit about the situation in The Netherlands. We have here a "men's group" with 150 members. Every three months there is a meeting somewhere in the country. In these meetings 70 to 80 members get together, some with their wives, others alone or with their family.

Twice or three time a year we have a theme, varying from hormonal treatments, side effects, social problems or operation-technics. There are several speakers and one of them once was Walter Bockting. So it was very amusing to read he had also spoken at your meeting in April.

The most important reason for people to come to our meetings is the possibility to meet others, change information, hear the news about operations technics and be available to the new generation of *transsexuals*. They have a long road to go, and it's easy for the older ones to give some warnings and attention. We don't have a magazine especially for our members. Our meetings are based on charity, this means that I will send letters to our people. They who will come to the meeting pay me back for the stamps. If somebody wants something to eat or drink they will bring it with them.

There is no real difference in our group between transsexuals or transvestites. Most crossdressers are not sure enough about themselves. After some talkings with others, they are sure about the life they want. If it is only crossdressing, they don't need our group anymore. It is for a woman easy to dress in men's clothes in this world. Some of them sometimes will return, just because they like it to meet friends.

There is also a special group here for transsexuals of both directions and transvestism. This group has 200 paying members and is named TenT (transvestism and transsexualism). I also am the chairman of this group. Not all people can stand transvestism. This group gives out a magazine named Transformation. Perhaps one of you would like to write a letter in this?

One of your members wrote in **FTM** about the differences between here and The States. His experience with hormone shots I have never heard before, although I have met around 150 FTM's during the last 10 years. The lump where the injection had been given is only painful if it has not been done well. It's an oil-based substance and it's

very important to give the injection very slowly. It's true that there are many people here with just a little hair growth. The hormones which are used here are Andriol and Sustenon. Which are used in The States? Perhaps we can change information about this?

For so far my writing about our men's group. I'm waiting for your response. With kindly regards,

Jean van Aarle
Hemelsbleekweg 10
5425 PB Mortel
The Netherlands

Dear **FTM** Members,

I am a 23-year-old FTM in London and am writing to you on behalf of myself and members of the GDT (Gender Dysphoria Trust), formerly SHAFT. The GDT is for MTF as well as FTM but the ladies greatly outnumber us.

In the GDT we don't meet as a group as you do. People are more secretive here in the U.K. I think generally we have more problems legally than you do. I believe that in the States you are allowed to get your birth certificate changed, which we can't do, so in the eyes of the law we are still females. It makes life difficult with regards to employment, marriage, etc. How long has it been allowed in the States to get the birth certificate changed and did it take a lot of lobbying? Our problem is a lack of people willing to put themselves in the public eye and stand up to the government and our laws. That's what it really needs, but obviously people want to try to be anonymous and live a normal life when they change over and have surgery. I have to admit that I don't want my name all over the papers as I'm training to be a doctor and don't want to be conspicuous.

I haven't actually begun my therapy yet, but will soon, and I have the full support of my medical school. At the moment I am investigating what surgery is available. We have a selected few people over here who do good mastectomies, but almost without exception none of us have any genital surgery done. I was hoping that in the States the state of surgery is better than here. That is one of the reasons I'm writing to you: to find out if you have more information than we do, or if any of your members have had phalloplasty done and would be willing to give us some details of exactly what they've had done. Also, do you have the names and addresses of any good surgeons in the States who do phalloplasty and how much it costs?

I and probably other members of our group would like to correspond with some FTM's in the States.

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