OUTREACH NEWSLETTER

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TRANSSEXUALS AND THE HELPING PROFESSIONAL

by A. Bolin, PhD

Part 2

(This article was submitted to us by A. Bolin in an attempt to look at the transsexual issues from an anthropological viewpoint. This is a continuation of Part 1 which was published in the Spring 1983 Newsletter. 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.)

Concepts of transsexual homogeneity are perpetuated in other ways, such as in the application of popular and prevalent notions about etiological and behavioral concomitants. I have isolated four such alleged attributes proposed by well known researchers of gender dysphoria as the following: Dominant and over protective mothers in association with absent fathers (in a physical or emotional sense), effeminate childhoods, heterosexual orientation (males are deemed the appropriate sexual object choice for the transsexual since her gender identity is female), and the penis as an organ of hate and disgust.

I have found no support in my own research for the contention that any of these four conceptions are invarably associated with transsexualism. What is significant in the heterogeneity in the career of the gender dysphoric. Transsexuals cannot be pigeon holed except in the sense that each have a long history of wanting to become a woman. They are a diverse group with complex biographies, psycho-sexual histories and a veriety of strategies for coping with gender identity conflict. While some may evince one or more of these characteristics, others conform to none. Among the transsexual I have questioned on these items ('n' varies), there is no statistical justification for

cont'd on pg 4

A WIFE'S EXPERIENCE AT FANTASIA FAIR

- by Flo North

For most of our 30-year married life, I didn't know about my husband's crossdressing habit. On discovery of this four years ago, I was emotionally upset and didn't know where to turn for help. We finally found a good counselor who helped me overcome some of my difficulties in coping with my husband's behavior.

In 1982 he went to a social weekend program for crossdressers in Provincetown, and returned full of enthusiasm about his experience. He told me about Fantasia Fair, a nine living and learning vacation for crossdressers. He also said there would be a workshop for wives and girlfriends of crossdressers, which he wanted to attend and to which he invited me.

I was filled with mixed emotions about this decision. Our marriage was undergoing some "rough sledding" with a real possibility of divorce as an outcome. Further counseling was not helping us to resolve the complex issues in our relationship.

After much thought about it, weighing the pros and cons, I said I would attend only this Workshop for Wives, and when it was over I would return home. Penny (my hubby's femme name)purchased a plane ticket in advance for my departure, right after the Wives' Workshop.

Well, I went to this Workshop and met five other wives with similar experiences. This brought me "out of the closet". With Niela Miller, a professional Gestalt therapist and counselor, serving as a facilitator, each of us told our story. It was like removing a huge weight off our shoulders. The experience of sharing so personal an issue with other women who had similar problems was emotionally very satisfying.

cont'd on pg 3

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The OUTREACH NEWSLETTER is edited by A. Kane, and all inquiries should be addressed to the Outreach Institute, Box 368 Kenmore Station, Boston MA 02115

HASTY PUDDING THEATRE AND DINNER BENEFIT

The Outreach Institute has planned a Benefit Program to raise funds to continue its important work. We have arranged for a block of tickets to attend a performance of the Hasty Pudding Theatrical at Harvard University, Saturday night, March 10, 1984, followed by a sit-down dinner. All those interested in this affair are invited to contact the Institute for reservations. -- The cost is $60, and a $30 deposit by December 20th will hold your reservations for the Theatrical and the Dinner. Please make your check payable to the Outreach Institute.

LA CAGE AUX FOLLES

-- A Review by A. Kane

Before this musical was to be previewed this summer in Boston, I received a call from the promotional agent of the show, inviting me to attend the opening performance, and perhaps to prepare a review. This was the first I'd heard of this new production, so I accepted. What follows are some of my impressions.

The musical is in two acts, with several scenes in each act. All of the set changes are done before the viewer's eyes -- these are imaginative and the back drops are quite realistic, a tribute to the superb set design by David Mitchell.

The opening number is stunning. The costumes are rich and colorful, not sleezy or trite. The dance troupe, called "Les Cagelles" consisted of 12 accomplished artists -- 10 male and 2 female, and you could not distinguish one from the other. Entitled "We Are What We Are", the opening number is vibrant, with the performers undergoing three costume changes and two set changes before your eyes.

A word about the costumes: They are without doubt the best ever designed for a femme impressionist review. Choice of colors and skillful use of accessories make them an integral part of the show's success.

The choreography throughout the musical is alive and almost magical. The dancers perform as femmes, as well as men and women, throughout.

The story, set in the south of France, is about the relationship between Georges, Impressario of a night club called La Cage aux Folles, and Zaza, his lover and top billed female impressionist at the Club. Georges has a son, Jean-Michel, by a prior marriage, who is 24 years old and wants to marry the girl of his dreams. Jean-Michel was raised by his father and Zaza (aka Albin) who served as a "surrogate mother" for Jean-Michel's upbringing.

As the story unfolds, the parents of Jean-Michel's fiancee, Anne, want to meet his parents. This creates a problem for Jean-Michel who insists that his genetic mother

cont'd on pg 7

WE GET LETTERS . . .

(This letter is from a person who placed a book order with the Institute.)

Dear Ms. Kane,

In my small effort to help others that are having difficulty in accepting themselves when it comes to gender, I plan to donate some of the books that I have been getting from you to the local library. I would like to know if it is O.K. to leave your address on these books so others are able to have a place to turn to?

I want to take this time to say THANK YOU for being there when I needed help in understanding myself. All of the material I have obtained from the Institute has been a great help in understanding myself.

Sincerely, Nancy N, Ft Walton, FL

(The following letter from Dr. Thomas Brod, who responds to Part 1 of Dr. Bolin's article "TS & The Helping Professional".)

Dear Editor,

In the article in your Spring 1983 Newsletter by A. Bolin, PhD "Transsexuals and the Helping Professional", Dr Bolin makes a very serious error. She states that the underlying premise of the psychological evaluation for sex reassignment has to do with psychiatric diagnosis, and then goes on to talk about the problems inherent in using a mental illness model in the evaluation of transsexuals. It may be that there are some mental health professionals -- possibly even most generalists in the field -- who seek to discern "psychopathology"as a determinent in evaluations. But those of us who have worked in the field of gender dysphoria have learned (from our patients) a very different attitude. The deep psychodynamic reasons why various individuals undergo sex reassignment are quite varied, but in all circumstances it

cont'd on pg 6

WIFE'S EXPERIENCE

Space does not permit me to detail the many facets of the Workshop. However I will summarize what the Workshop experience did for me.

- It clarified values and issues that were important for our relationship to continue.
- It made clear that we really did love each other (after 30 years of marriage)
- We set the stage to accept what can't be changed, and to negotiate priorities in our relationship.
- It enabled us to share Penny's secret habit with our three young adult daughters.
- It provided a healthy basis for real and meaningful communications between us.
- It allowed for a renaissance of our relationship.

To seal the new bonds of our time-tested marriage, we bought each other a second wedding ring as a reminder of this experience at Fantasia Fair.

(Editor's note: Flo and Penny returned to Fantasia Fair in 1983 and Flo spent the full nine days in Provincetown with Penny.)

WORKSHOP FOR WIVES AND GIRL FRIENDS

In response to many requests to conduct an all-day Workshop for Wives and Girl Friends of Crossdressers, we have planned such a program in Boston for January 28, 1984. The deadline for registration is December 20, 1983, and the Workshop will be limited to 25 persons.

For details and registration information, you may call 617-266-3444 Monday-Friday 9 to 5 EST.

(TS & Helping Professionals - cont'd)

any of these characteristics, either alone or in combination, to be considered as diagnostic markers.

How then are these misconceptions perpetuated? The mechanism is the psychological evaluation, and the method is biographical editing and old fashioned lying. The preoperative individual recognizes the importance of fulfilling caretaker expectations in order to receive a favorable recommendation for surgery.

I know three transsexuals who have lived preoperatively and worked as women for one year, one and a half years, and three years, respectively, without therapy. They are adjusted and comfortable in the female role. Their major problems are embedded in the requirement for obtaining the psychological evaluation which imposes an additional financial burden, and a minimum of six-month delay before a written recommendation may be obtained. This is not to say therapy is unnecessary for transsexuals, but is to say the mental illness model overestimates the importance of psychiatrists in the lives of some individuals.

The ingredients of the caretaker-client interaction are dishonesty, distrust, and hostility which circumvent the benefits of the therapeutic encounter. Effective therapy cannot occur in a climate in which the transsexual feels she must superficially conform by hiding significant portions of her life, such as her sexual history and experience.

Transsexuals have learned through the literature, personal experience and the grapevine to be dishonest with therapists. As an example, Kass, a preoperative transsexual, is typical in her remarks: "...(psychiatrists and therapists)... use you, suck you dry and tell you their pitiful opinions, and my response is 'What right do you have to determine whether I live or die?' Ultimately the person you have to answer to is yourself, and I think I'm too important to leave my fate up to anyone else. I'll lie my ass off to get what I have to. (surgery)"

In addition, the client now has the extra burden of the stigma of the DSM-III (Diagnostic and Statistical Manual of Mental Disorders, published and endorsed by the American Psychiatric Association, 3rd edition, 1980) label of mental illness. Her only recourse is one in which she contributes to the perpetuation of stereotypes and generalizations, and thereby fosters impressions of a homogeneous population. This leads to a self-fulfilling prophesy of caretakers' categories and promotes a situation in which both caretaker and client suffer.

As avid readers of the medical literature, transsexuals are active agents in contributing to the maintenance of caretaker diagnostic criteria. The majority of informants have either read or have some familiarity with the distinguished scientists in the field of gender dysphoria. One person even provided me with a computer assisted search of the medical literature. Knowledge of caretaker expectations is further augmented through the grapevine, and through transsexual networks which extend nationwide. Transsexual folklore is rich with information on manipulation and utilization of caretaker stereotypes. The transsexual knows what she can honestly reveal, and what she must withhold.

Since the role of ethnographer is completely divorced from the dynamics inherent in the process of the psychological evaluation, transsexuals have freely admitted to deception of caretakers. They document their histories to include characteristics they know will create a picture of classic transsexualism, an erroneous concept, but one dear to the hearts of caretakers.

One vignette of a caretaker-client interaction is illuminating in showing such over-popular misconceptions. Tanya, a preoperative transsexual saw a psychiatrist as part of an agency employment requirement. Because in this situation the psychiatrist held no keys to the psychological evaluation, Tanya (a bisexual) discussed a recent lesbian encounter, and her openness to a lesbian relationship post-operatively. The psychiatrist was

cont'd on pg 5

TS & HELPING PROF.

incredulous. He asked "Why do you want to go through all the pain of surgery if you are going to be with a female lover?"

This parochial attitude is manifested in the common misconception of transsexual heterosexuality. It denies to the transsexual the options available to the genetic woman, overlooks the independence of gender identity and sexual object choice, and places the bisexual or lesbian transsexual as a poor risk for surgery.

Of the fifteen informants who have provided data on sexual orientation, all of them are either of bisexual or lesbian proclivities. Four are currently living in lesbian relationships. Transsexual lesbianism is, however, unreported in the literature, although it is common knowledge among transsexuals. Lesbianism is just one example of a broader class of information which must be concealed from the caretakers.

Mitigation

One avenue to inhibit this self-fulfilling prophesy lies in the nationwide networks of transsexual support and advocate organizations, such as the Androgyny Center. The Androgyny Center, and groups like them, while providing services such as medical referrals and peer group counseling, also have political action aims such as stigma reduction and education of the local community, including the medical and mental health sectors. The Harry Benjamin International Gender Dysphoria Association is an ideal forum for the education goals of these advocate organizations. Through the Gender Dysphoria Association transsexuals have the opportunity to influence medical policy and directly confront the alleged correlates to transsexualism in two ways: research and lobbying.

Advocate organizations have certain advantages in conducting research grounded in their own membership and with the aid of social scientists (tanssexual and non-transsexual) unaffiliated with the medical-mental health complex. The primary advantage is data gathered in advocate groups is completely divested of the influence of the psychological evaluation.

cont'd on pg 8

OUTREACH NOTES

- Tiffany Club House -- After much negotiation and raising the necessary capital, the residence/visitor facility for Tiffany Club members has become a reality. It serves as an important model for other social contact groups who are thinking about a location for their social activities. Congratulations to Merissa and her Board for their perseverance in achieving this goal.
  (For more details about Membership in the Tiffany Club, write P.O. Box 19, Wayland, MA 01778.)

- The Board of Directors meeting of the Outreach Institute took place on October 17, 1983. Many issues were discussed and some important decisions were made regarding memberships, programs and financial goals. Details of the meeting will appear in the next issue of the Newsletter.

- National Meeting of A. H. P. -- The Association for Humanistic Psychology met in Toronto, Canada early this summer. Ariadne Kane and Niela Miller presented a 2-hour workshop on Androgyny, Intimacy & the Crossdressing Experience. Over 60 helping professionals from all parts of the U. S. and Canada participated. It was a dynamic and experimental type of program and we succeeded in raising consciousness about how a crossdressing experience can provide for a better understanding of gender issues and open mindedness for a glimpse of the world of the androgyne.

- Outreach/GLAD Alliance -- At a social gathering in Provincetown, for members of the Gay and Lesbian Advocates (a group concerned with providing legal services involving gay and/or lesbian law suits), there occurred some discussion about how the Outreach Institute could interface with this group. The result was an informal alliance which would allow crossdressers to contact GLAD for professional services. For more information on this important area of legal services, please write to the Institute.

WE GET LETTERS

is only the patients themselves, as individuals who can make the final decision. The "standards of care" of the Harry Benjamin International Gender Dysphoria Organization have been devised in order to assist the individuals in having sufficient time and professional attention to make an informed decision. My experience is that it is *absolutely incompatible* for a psychotherapist to be performing any kind of an "evaluation" and maintain a neutral interested/listening stance. It spoils the very process of the extended evaluation for the therapist to be in a judging position; the evaluation is a *mutual process* -- it is not the patient being evaluated by the therapist.

My experience, and that of many others in the field, is that of the people who initially present as "convinced without a doubt, after years of introspection", only a small fraction choose sex reassignment as their best solution. You see, the "evaluation" is really assisted-introspection that permits a new perspective on what it means to feel different, and how to handle sadness, isolation and despair -- psychotherapy at its best.

I have taken the trouble to write this letter out of my deep belief that the psychological evaluation is an essential part of the sex reassignment process. I hate to see this aspect, which is already easily circumvented in the contemporary medical marketplace, undermined by misinformation being disseminated in the otherwise vital transsexual community.

Sincerely, Thomas M. Brod, M.D.
Santa Monica, California

(In issue #74 of "Christopher Street", a literary magazine by and for the gay/lesbian community, appeared an article "The Woman Who Lives Inside" written by Darrell Yates-Rist. It is a personal account of his experiences with the heterosexual cross dressing community at Fantasia Fair 1982. What follows is a response to the article's general approach, by an another attendee to FF'82 who is thoroughly comfortable with his crossdressing.)

Dear Editor,

In a recent article in *Christopher Street* titled "The Woman Who Lives Inside", author Darrell Rist paints a generally negative picture of the heterosexual cross-dresser. This shouldn't surprise us because it is obviously written from a gay viewpoint. It's my feeling that gay men dislike and avoid women sexually, and the heterosexual (straight TV) cross-dresser adores women in every way -- so much so that he tries to emulate them by cross dressing and developing a femme life pattern.

The article describes a Fantasia Fair participant as a crossdresser "belying a ruthless masculinity within himself". This participant could not be a sweeter, more lovely human being in either gender role.

The author's impressions of a TV comprise the latest in a long line of faulty media approaches to this behavior, which depict crossdressers as psychopaths or clowns. Crossdressers have been reading this tired cliche of themselves in all manner of magazines, newspapers and "scientific" journals. Many crosdressers that I know lead a rather gentle life style, interweaving their masculinity *and femininity* into a composite whole.

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WE GET LETTERS

The photos that accompanied this article showed great sensitivity, poignancy and understanding. The sharp eye of the photographer, Mariette Pathy Allen, has created some very artistic and positive images of Fair participants who come to Provincetown.

Let us hope that readers of "The Woman ... Inside" article will be challenged to look more closely at some of the important issues about crossdressing, gender roles and androgyny.

Sincerely, Ms. I. Rate Reader
Bloomington, Indiana

(The following is from a participant at one of the FAN/FAIR WEEKENDS held earlier this year.)

Dear Ari,

Thank you so much for letting me come to your affair last weekend near here, and for giving me a helping hand out of the closet. It was a delightful experience for me. Your more formal sessions were very helpful and instructive, and it was nice to be able to talk over one's problems with others who face similar ones.

I was glad to meet Sandy and Betty Ann Lind, whose GGA chapter meetings I hope to attend. Your trips out of the Inn to the dress shop, the restaurant and the Rogue, I particularly enjoyed. Every step out of a closeted atmosphere, meeting and talking in public, increases one's self-confidence, and encourages one to go out alone en femme.

Please let me know if there is anything that I can do for you or for the Institute in this area. I will be glad to help in any way that I can. If you have another Weekend here, which I hope you will do, I will be a very ready volunteer. If I can possibly manage it, I hope to be able to attend your Provincetown Fair in October. You have opened up new vistas for me. One just hopes that they will lead to one's self-fulfilment.

Yours, Jean Dane - Arlington, VA

LA CAGE....

come to this important dinner occasion. Anne's father is Minister of Culture and Christian Morality in the region, and does not tolerate any social behavior that strays from his narrow moral values. Hence Zaza must disappear, the real mother must be found so that all may give their consent and potential dowry to the young couple.

Many comic situations arise in response to this dilemna. The play is well acted, vibrant in its words and music, sets and costumes, and beautifully choreographed.

"We live life at an angle" says Zaza, the femme impressionist and the main character. Played by George Hearn, who is well cast for the role, I couldn't help but reflect on the quote as applicable to all segments of the crossdressing community.

Since its unprecedented one-month pre-Broadway run in Boston, the show has opened in NYC, and will also be played in Los Angeles. If you are lucky enough to get tickets to see it, you'll be delightfully entertained, and you may even catch the new bug called "La Cage Fever".

A CALL FOR ARTICLES

For subsequent issues, we invite our readership to submit articles, either professional or personal, about some aspect of the paraculture, to the editors.

The article should be at least two 8½x11 doublespaced, typewritten pages in length. They should be received at least one month prior to the date of publication of the Newsletter. Dates of publication are April 30, July 31 and November 30.

The Editors reserve the right to edit all materials for publication, to conform with space requirements and standards of good taste.

(TS & Helping Professionals - cont'd)

Because the transsexual is anonymous and a participant in research, rather than a client whose goal is surgery, she may feel free to express the wide range of her experience and behavior, disclosing information at variance with contemporary medical-mental health expectations. In addition investigators who are not therapists or doctors are spared the transsexual tradition of hostility toward caretakers. The social scientist, working with advocate organizations, therefore has the benefit of rapport and honesty, as opposed to hostility and dishonesty so often a part of the caretaker-client therapeutic relationship.

The Gender Dysphoria Association's meetings are a major outlet for research on transsexualism. Even though advocate organizations are currently becoming more involved in the Association by sending representatives to the meetings, some of whom are even voting members, it is, however, significant that at the recent meetings (March 1981) only one paper was based on research from a self-help organization. The majority were based on data which in some way was associated with the psychological evaluation, either stemming from the therapeutic or the surgical endeavor.

I believe it is critical that advocate organization research be presented at these meetings to begin the questioning of rampant over-generalization. If a medical bias against transsexuals working in the field of gender dysphoria does in fact exist, as one transsexual counselor suggests, then non-transsexual social scientists can be of help, lending a legitimizing hand to the status of advocate organization research.

Mechanism for lobbying in order to affect change in medical policy also exist within the Gender Dysphoria Association. The Association's committee system is receptive to consumer petitions. For example, the Androgyny Center prepares a position paper on the "Standards of Care" with suggested revisions. The paper was received by the program chair and directed to the appropriate committee for discussion. Another advocate organization circulated a petition for the removal of transsexualism from the DSM-III. These advocates cited cross-cultural evidence, relying on anthropological reports of the Berdache, as a case against the DSM-III mental illness classification.

The results of these lobbying efforts remain to be seen. I am particularly doubtful about the removal of 'transsexualism' from the DSM-III, as psychiatrists have a vested interest in enhancing their own credibility at the expense of labeling their clients. Homosexuality was considered a mental illness for 60 years before the American Psychiatric Association rescinded the classification. This was the consequence of many years of gay political lobbying efforts. Transsexual advocate organizations are in their infancy. It may take years for these organizations to achieve the necessary political clout to effect a removal from the DSM-III.

The evidence is just beginning to emerge, generally through researchers who are unaffiliated with the psychological evaluation procedure, that the transsexual phenomena is more diverse than previously thought. The Gender Dysphoria Association provides the forum in which prevalent conceptions about correlations of transsexualism can be questioned. I believe that research based on advocate organizations, reflecting the diversity of the population, will begin to offset the dynamics of dishonesty. With time, perhaps, some of the diagnostic criteria utilized by caretakers will be discarded in light of new evidence, and clients will feel less compelled to contribute to the perpetuation of caretakers' expectations.