

OUTREACH



NEWSLETTER

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SUMMER/FALL 1986

The Androgyne Hypothesis: A Theory of Gender Dysphoria

by W. P. Rock, M. Litt., Ph. D.

Some years ago I began working in a therapeutic way with the androgyne hypothesis -- that every human psyche contains the disposition and characteristics of both sexes and seeks to realize them in wholeness. Since formulating this hypothesis in the mid-Seventies, I have been able to use it very successfully in general therapeutic practice and in groups that I have led throughout the United States. These ideas were presented in 1980 in San Diego at a conference on Androgyny.

One of the basic elements of Jung's theory of Individuation is that the primordial drive of the human psyche is towards wholeness. The life of the individual proceeds as a progressive opportunity to synthesize opposing factors in the Self. Jung developed a technique of dream analysis which permitted the analyst to track this ongoing development through the dreams of the analysand. This technique formed the basis of his therapeutic approach: to ground his patients in the reality of their own individuation process.

The Essentially Androgynous Nature of the Human Psyche

The most basic of these opposites are characteristics which the world labels as "feminine" and "masculine". The human psyche has the potential for equal quantities of "feminine" qualities (such as feeling, intuition, receptivity, nourishment, and darkness) and of "masculine" qualities such as assertiveness, intellect, activeness, and extroversion. When a child is born, he or she has a given potential to be completely androgynous, that is, having the psychological dispositions that are associated with both men and women. In a sense, the drama beneath all life dramas is a function of the relationship of these opposites.

cont'd on page 5

WHAT MOTHER NEVER TAUGHT ME

by J. Thomas

We all grow up thinking that our childhood's could have been better, that "if only" such and such had been the case, we would have been much better off. Certainly that was the case in my life. As a child, I can remember thinking how wonderful it would have been if mother and I could have been closer. I would have given anything if we had been able to spend more time together. Through those important growing-up years, why couldn't it have been more like I wanted it? Girlfriends who took lunch together and went on afternoon-long shopping sprees, spending hours poking through department stores, bargain hunting, and helping each other find our fashion wardrobes, sharing in each other's lives; that was the sort of relationship I wanted with my mom during those troublesome adolescent years.

I guess I wanted more from my mom than she could ever give. I wanted her to be, in addition to parent, my girlfriend, confidant, and mentor. I wanted her to instruct me in the fine art of becoming my own self-assured and capable adult woman.

This isn't that much out of line from what other people have expected from their parents. Friends have shared personal accounts, stories that sound very much the same. The boy that wanted to be closer to his dad and spend more one-on-one time hunting, fishing, going to ball games, or the girl, like myself, who wanted that special relationship with her mom, a relationship that would help her to validate the emerging feminine adult person.

What we are discussing at this point is a mixture of modeling and fantasy. I say mixture because where learning from a parent is concerned, I have found that both the process of imitation, the child copying behaviors of the adult (modeling), and unrealistically expecting certain events to occur as part of the affiliation between child and parent (fantasy), are operating.

cont'd on page 4

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HARRY BENJAMIN DIES AT 101;
 SPECIALIST IN TRANSSEXUALISM

by Eric Pace (reprinted from The New York Times of August 27, 1986)

Dr. Harry Benjamin, an endocrinologist who specialized in transsexualism and geriatric medicine, died Sunday [August 24] at his apartment in the Murray Hill section of Manhattan. He was 101 years old.

Dr. Benjamin, who retired about 15 years ago, was best known for his work on the phenomenon to which he gave the name transsexualism. This is some men's and women's painful and apparently ineradicable belief that they are women caught in men's bodies or vice versa.

He was widely considered to have been the first student of transsexualism to discern that it was different from homosexuality or transvestism -- phenomena with which it was often confused. He also saw that transsexuals required medical assistance.

"Told Him Everything"

His patients included the British writer Jan Morris, who was James Morris before having surgery. In a volume of memoirs, "Conundrum," Miss Morris recounts Dr. Benjamin's beginning a meeting with her by saying, "Sit down, sit down -- tell me all about yourself."

"You believe yourself to be a woman?<" he went on, "Of course, I perfectly understand. Tell me something about it -- take it easy, take it easy -- now tell me, tell me . . ."

"I told him everything," Miss Morris wrote, "and it was from him that I learnt what my future would be."

She said that during the meeting Dr. Benjamin mused, "I ask myself, in mercy, or in common sense, if we cannot alter the conviction to fit the body, should we not, in certain circumstances, alter the body to fit the conviction?"

Dr. Benjamin, along with like-minded psychiatrists and surgeons, worked out ways to treat transsexuals -- progressing from psychiatric evaluation to injections of hormones and to sex-change operations if they seemed warranted -- despite substantial opposition from other doctors.

"When I began my work," he said in a 1975 interview, "there wasn't a reputable hospital in this country that would have dreamed of permitting transsexual surgery. Now there are at least 30."

 * MARK YOUR CALENDAR *
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 * NOV. 13-16: St. Louis, *
 * Ari Kane to present *
 * paper on "Psycho- *
 * sexual Disorders" *
 * @ National SSSS *
 * *
 * DEC. 6: Boston, Outreach *
 * Institute Workshop, *
 * see this newsletter *
 * for details *
 * *
 * In 1987... *
 * *
 * Jan.- Western region *
 * SSSS meeting *
 * *
 * June- World sexology *
 * conference, Hei- *
 * dleburg, Germany *
 * *

KANE PRESENTS AT 2ND ANNUAL MEETING OF QUAD "S" IN MADISON, WISCONSIN

On Friday, June 6th Ariadne Kane presented a paper entitled the "Psychodynamics of Gender Shift." This paper focused on understanding the nature of gender shift that is desire on the part of an individual to want to express themselves in an alternative gender role (not with medical intervention) and how such a decision is determined. The psychodynamic of gender shift involves an individual's desire to consciously want to live and develop a lifestyle commensurate with an alternative gender role. By gender role shift I refer to an option for a person who wants to be considered a member of an alternative gender from that of the natural biologic sex. Such a person can be a male and live as a woman. There are several determinants that can be influential to a person's decision to choose a gender shift. They are: early childhood events, lack of reinforcement of a gender/sex congruity at puberty, lack of recognition of a person's self-worth (low self-esteem), body language, verbal communication, and the guilt associated with living in a current gender role.

In the paper that was presented, Kane cited two cases which are generalized from a large number of cases seen professionally over the last five years. Case 1 is that of a male wanting to gender shift to woman; Case 2 is that of a female wanting to gender shift to man. In addition to general discussion related to gender shift, the role of the helping professional was also discussed. Highlights of this segment of the paper included: 1) sex counselors and therapists must be sensitive to the client's concern, and must show that sensitivity; 2) the importance of early child, sex, and family histories in determining the motivation for gender shift; 3) that sex educators, counselors and therapists should have a reasonably clear understanding of their own personal gender role and issues, and 4) that helping professionals reserve judgments or prescribe radical courses of action until a professional rapport is well-established between the helping professional and the client.

[Copies of this paper can be obtained from the Outreach Institute. Please send a check or money order for \$3.00 to the Outreach Institute Book Service, Kenmore Station, PO Box 368, Boston, MA 02215.]

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PATHS TO UNDERSTANDING

by Skye

For most of the past 35 years -- since I was 6 years old -- I've been aware that I have wanted a woman's body. And because of that desire, I've thought myself crazy, sick, and weird; and, at different times, I've thought myself an unworthy friend, partner, child, and parent.

Let me clarify what I mean when I say that I've wanted a woman's body. I have not wanted to dress like a woman (although I have dressed, and have liked the feel and look of different fabrics and textures and colors than I normally wear). I have not wanted to behave like a giggly adolescent (although I wish I had been a giggly adolescent). I have not wanted to have sex with men (although I have fantasized a life as a prairie housewife -- as well as that of a Caribbean sailing sybarite). The trappings and accouterments of a woman's life haven't been important to me (nor have those of a man's life been important). Simply, I have wanted a woman's body.

In the years from my first discovery that something was "wrong" until now, I've focused on the "wrongness" of my fate. It's ruled my decisions causing me to exclude many people from intimacy, it's caused me to make several career decisions, it's caused me ... anguish. And in blaming my "wrongness" I further fed my "dis-ease".

I've thought that I wanted to be a woman because I grew up surrounded by women, because my father died when I was young, because I hate women, because I love women, because I was a skinny kid, because I was on the outside of all groups, etc.

What I didn't know until just this year, is that there were other factors at work, other forces that were shaping how I thought about myself, about my self-image, my self-esteem, about my future, and even more importantly, how I felt about those subjects. I had, for as long as I can remember, been shutting myself off from feelings and emotions: they were too dangerous.

How has this desire ruled me? A typical day of internal conversation with myself might run like this:

"I can't take this job any more. I'd really rather live in California. I wouldn't be depressed by the weather all the time. And I could make my change there. The situation would be better there. But I don't want to go to California. I think I'll go to Texas. No, I don't want to give up

cont'd on page 8

WHAT MOTHER NEVER ...

There can be little argument that we all learn a great deal of our adult gender role from our parents. Claude Steiner, eloquent spokesperson for the "Transactional" approach to psychotherapy, once stated that a girl learns what it feels like to be a woman from her father, and how to be a woman from her mother. Similarly, a boy learns how to be a man from his father while learning what it feels like to be a man from his mother. Granted, we are influenced in the development of our gender roles by our parents, but with regard to the second point, namely (fantasy) how we project onto our parents our expectations regarding the content of the relationship, this is where the family picture can become complicatedly interesting.

At the onset it was stated that few children felt that their affiliation with parents was ideal. As a psychologist, educator and parent, I have heard numerous accounts of men and women regarding how it was to grow up in their unique family constellation, what they expected from their parents, what was achieved in that relationship, and what was not. More often than not, the dissatisfaction stemmed from the content or specifics of the affiliation, what it should have been like between mother and daughter, father and son, etc.

"Mother and I never did get to be as close as I wanted. She was always too busy for me and we never had those special times together. She never was able to just take time out for the two of us, and for us to really get to know each other as people, to discuss what it was like for me, growing into womanhood."

Few of us ever achieve the idyllic child/parent scenario. Perhaps it was just never meant to be. Parents, after all, have their own lives to live, lives apart from their children. Certainly there is more to parenting than trying to satisfy every whim or desire of a child. Furthermore, communication isn't always that good between child and parent. Children may just think that because they want a certain quality relationship with mom or dad, that omniscient parents will know what the child wants and make it so. Only years later, will the reality of life and the human frailties of parents become known. My son once commented on the fact of how much more intelligent I had become in the matter of a few short years (three to be specific -- the years between his 15th and 18th birthdays).

There are two points here.

- 1) We nominally grow up in family

constellations where we learn gender roles as part of our normal development. Among the factors influencing our development (parents, other important adults, and the environment), parents figure prominently.

- 2) We fantasize the parent/child relationship, making it out to be more than it ever can, usually being disappointed with the never-to-be achieved daydreamed scenarios, but hopefully learning the distinction between fantasy and reality as a part of this development.

We have, thus far, been discussing an aspect of nominal gender role development, the parental influences and the impact that fulfilled and unfulfilled childhood expectations have on the emerging adult. Let's now look at the same influences in a less traditional situation.

Consider the family in which the child growing up is gender dysphoric. What will happen when the modeling and fantasy processes occur where the child is confused over his or her gender identity? What will happen in the family constellation when the traditional process of gender role learning is inappropriate for the confused child's psychological and emotional needs? What will happen in the family situation where the child is transsexual?

As part of my clinical practice I work with and counsel transsexuals, genetic males and females in transition to the sexual status that they feel themselves to be. Not surprisingly, these gender-confused individuals often report childhood's characterized with unfulfilled expectations and unsatisfying parent/child affiliations.

"If only my mother had understood where I was coming from when I was small. I wanted so to be her daughter. I would dream night after night of mother raising me as her girl-child, taking me with her to the beauty parlor, teaching me how to do my own hair, brushing and styling it for me, just teaching me how to be a woman. But she never realized she had a daughter in me; always she treated me as her son. And even now, when she knows of my transsexuality, she still refuses to accept me as a daughter."

What differences are there for the gender dysphoric family affiliation as opposed to the more traditional family in the modeling and fantasy process? Both are still operative in this

ANDROGYNE HYPOTHESIS ...

The Generation of Identity from Biological Gender

What happens to the androgynous potential in early years has to do with the socialization process which takes its cue from the biological sex of the child. All the forces of society (beginning with the family and gradually extending into other social and educational influences) reinforce the identity derived from the anatomical sex. The person adopts an identity drawn from visible and accessible role models, and from cues in the social and cultural environment.

The Rejection of the Psychological Opposite

The result of socialization is a conscious identification with the anatomical gender. Jung called this identity the persona. The aspect of the psyche which manifests the opposite sex become submerged, autonomous. The submerged feminine aspect of a man is the anima, and the submerged masculine aspect of a woman, the animus. These rejected characteristics are trapped under the residue of all aspects of the Self that are rejected by the persona. This repressed aspect of the Self, Jung called the shadow.

The persona carries the conscious identity. It rejects aspects that do not conform to the gender model. These, along with other antisocial elements become repressed as the shadow, which in turn, keeps the anima or animus deeply submerged. Most of the life of Western man is lived in this complex.

The Life Project of the Self to become Whole

The life-work of the Self, according to Jung, is to re-own the rejected and submerged aspects. This happens through the force of individuation, of nature itself, which gives clues, powers, opportunities and a growing awareness. The person uses these to struggle with the obscurity of the shadow and to wrest a sense of the submerged other.

In the process of the development of the Self, the shadow must be assimilated, and then the anima/us. Jung's dream work confirmed that this is a lifelong process, which, successfully, completed results in the realization of the total Self. It is the mystical union of opposites, the realization of the androgynous Self. This is the maturity, or optimal development of the human psyche.

The Normal Process of Projection

The process by which the shadow is neutralized and the anima/us assimilated is a dialectical interplay of subjective (dream) and objective life. The primary mechanism for this is called "projection". The person projects the anima/us onto a religious image, such as the Virgin Mary, or else, far more common in the West, upon the "love object". In fact, the enormous power of being "in love" is attributable to the force of individuation with which the psyche is attempting to integrate itself. A man falls hopelessly in love with the woman that his psyche has chosen as an objective correlative of his anima. Unfortunately, the actual woman is seldom able to live up to this projection, a situation from which many tragedies of love proceed.

Gender Dysphoria

In gender dysphoria there is a predisposition to act out the anima/us rather than to project it and relate to it in an external form. Because the anima/us is not accessible through projection, there is deep unease. This inaccessibility is caused by a predisposition towards the literal, the extroverted, towards matter. It seems to be a shadow aspect of the masculine psyche; a fixation on the material world, or outer reality. It represents a kind of blind spot.

The result is a compulsion to act out the submerged anima/us, a need to become it. For the cross-dresser, this becomes the compulsion to acquire the outer form of the anima/us. For the transsexual, this becomes a compulsion to consummate the acting out through actual surgical change. These compulsions have all the force of falling love, of the primal drive for individuation. In a sense the compulsion is a kind of detour caused by the frustration of that drive.

This compulsion to act out is experienced as virulent anti-social behavior. There is tremendous guilt and self-loathing that builds around the desire, with the result that the acts become all the more compulsive. The self-contempt that grows up around the complex prohibits the attitude of self-love that is essential to the individuation process. Everything stops with this self-loathing. The first stage of therapeutic work is to change this attitude into one of self-acceptance and finally, self-love.

Another derailing possibility is that the compulsion to act out becomes addictive. The "high" of the acting out

ANDROGYNE HYPOTHESIS ...

distracts the person more and more from authentic individuation through assimilation. In other words, if the acting out does not serve the process of individuation, it becomes an addictive, ritualized syndrome that prevents assimilation from taking place in an authentic way. Thus it is critical that persons suffering from gender dysphoria have the right kind of counselling early on.

Treatment for Gender Dysphoria

Only when a level of self-acceptance is reached can there be any kind of therapy to promote the authentic assimilation of the anima/us. I am convinced that recovery from gender dysphoria is not ultimately a question of acting out, but of realizing the opposite gender in an internal way, assimilating it authentically, internally and creating a lifestyle that allows for a fuller expression of the androgynous Self.

Treatment for gender dysphoria should contain the following elements:

- o Promotion of self-acceptance and self-love
- o Dream analysis
- o Activities that allow acting out in the service of assimilation (many non-Western cultures have ritual ways for allowing this)
- o Meditation techniques that allow the person to access the inner dispositional aspect of anima/us
- o Spiritual training which allows for the exploration and realization of the spiritual dimensions of anima/us
- o Encouragement towards identity with androgynous role models

Possibilities within Various Life Styles

Paradigm I: The "Straight" World

The "straight" world applauds the outer, the extroverted, the tangible, material world. "Men are men and women are women, and ne'er the twain shall meet". This paradigm fosters the tendency to deal with internal matters in external ways. This way of being conceals the inner, introverted, spiritual significance of things and greatly reinforces the tendency to act out rather than to realize the anima/us.

In the case of a man, for instance, what really needs to happen is an inner recognition and assimilation of the feminine disposition within. But this recognition cannot take place because the man's conditioning prohibits it. The result is a block which leads to acting out what is actually the need to realize the feminine self. This need is exacerbated because of the forbidden

quality of the compulsion. CD's in this paradigm tend to "act out" women as they were perceived in childhood.

Paradigm II: The New Age

The "New Age" value system of Paradigm II is very flexible with regard to identification. There are broad possibilities for life-style experimentation and Self-realization.

Anyone impersonating a "now" woman would have to wear [or not wear] make-up, go braless [or at times, wear a jogging bra], and have an open and fresh naturalness [or any other mood appropriate to the feeling of the moment]. A man can't "get himself up" in this way. It can be achieved only by internally accepting the feminine and living it out in an internal way. It is my hypothesis that if the level of self-acceptance is very high, and a truly androgynous way of being is achieved, the gender dysphoria would disappear.

Note: Editor's comments appear in [].

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"...the true opposite of depression is not gaiety or absence of pain but vitality: the ability to experience spontaneous feelings."
--Alice Miller

CALL FOR ARTICLES

Valuable articles in our newsletter are a result of our readers' submissions. If you feel that you have insight into the paraculture -- whether as a helping professional or as a member of the paraculture -- we hope you're willing to share your knowledge, observation, or other contribution.

Please send your manuscript, article or news clip to the Editor, Outreach Newsletter, PO Box 368, Kenmore Station, Boston, MA 02215. Please include sufficient return postage if you would like the work returned to you.

WHAT MOTHER NEVER ...

non-traditional family unit. The transsexual child, at some level, senses her true sexual identity and models appropriate adult role behaviors. She, in spite of the negative feedback when she imitates feminine behavior, or when she appears unduly interested in womanly activities, is attempting to learn her feminine role in the same manner as any other girl-child.

With regard to the issue of modeling, transsexuals learn their preferred role in the same manner as non-confused children. Transsexuals emulate desired gender-role behaviors as best they can. Practicing and incorporating the preferred behaviors is, more than likely, covert and secretive. The transsexual typically feels he or she can never let his or her parents know the truth, and is thus perhaps more devious in the acquisition of the attributes of the preferred gender. Fears of rejection, the loss of love, disapproval, humiliation, and punishment reinforce the need to be less than candid with the most important figure (model) in the dysphoric child's life.

Major problems arise from the covert and devious manner in which the transsexual goes about learning his or her preferred gender role. As a result of not being able to learn the role openly, the child is unable to receive good information or feedback as to the appropriateness of the newly-acquired behaviors. Covertly and deviously obtained, the new trappings of the desired role are never tested as the non-dysphoric child is able to test modeled adult behaviors.

How many times have we all watched our children learn how to become adults? The little boy being told how brave he is not to cry after falling off his tricycle ("What a little man you are!"), or the little girl being smiled at and hugged for being especially solicitous and caring about her little brother ("You're quite the little mother, aren't you?").

Appropriate gender-role behaviors are performed each and every day of a child's life, and are performed in a family situation where mother and father can view the accumulation of learning and unconsciously reinforce the child's socially appropriate behavior. The child is not reinforced for the way she or he feels. In many instances the messages sent from the parent are disapproving when cross-gender behavior is expressed. The father, on seeing his son act out feminine behavior, is chagrined. The mother may be equally disapproving. Usually the negative messages received by the confused child are clear.

"There is something terribly wrong with

the way I am, the way I feel. I am different, not like other children. Mom and dad don't approve of the way I am. They want me to be different. I had better not let them see how I really feel, who I really am. Better to not let the real me show around them or in public.

Little wonder then that the resulting gender behaviors and attitudes that develop for the dysphoric child are less appropriate than would be the case for the non-dysphoric child. What we typically see in many transsexual's behaviors are the extreme cultural stereotypes of each gender role -- the ultra-feminine woman or the macho man. Only after the transsexual has begun to experience life in the preferred role, where living full-time gives the opportunity to receive appropriate feedback, only then do we see the development of an integrated, sexually appropriate and believably real human being. Parenthetically, most gender programs require a period of living full-time (24 hours a day) in the new gender role before surgical reassignment is recommended.

As we have seen, two important factors operating in learning the gender role (modeling and fantasy) for the typical case continue to operate in the case of the dysphoric or transsexual child. However, in the latter case the process becomes convoluted, intricately involved with what can't be acted out or discussed openly. Specifically, the imitative part "goes underground" and becomes hidden from adults and society. With such covertness of behavior the door is opened for all the detrimental effects that accompany secretiveness. Importantly, this process occurs in formative developmental years, and in some cases, the resultant personality shows the effect in terms of moral and ethical values. One who grows up, constantly aware, as a child, that the deepest of self-identity is at odds with family and society, may form a different and aberrant view of family and society. Secretiveness, shame and guilt can all contribute to personality formation that moves the child away from society's normative positive values.

Fantasy resolution has been stated to operate differently for the transsexual child than for the non-confused child. This use of fantasy in developing gender role is said to operate in terms of the child projecting what he or she wants in the child/parent relationship onto the adult parent. Such projections may be thought of as fantasy (in that they are a child's representation of what the child/parent relationship should be) and as such they rarely are achieved. Subsequently the developing child sees such "daydreamed" relationships as

PATHS TO UNDERSTANDING

my place in _____. I'll stay here, and take a job as a secretary or a receptionist or a computer operator. Would you look at the legs on her! I'd kill for legs like that. But I can't live on that income. I'll start a business of my own. Why was I ever born a guy? Why am I stuck with this situation? I can't make the change anyway, what with this Adam's apple, this deep voice, this height. But Renee did it. So can I. Maybe I don't need to move anyway. Maybe I should stay in this job. But I'm so unhappy! If I made the change, at least that part would be different. If I were a woman, then I wouldn't always be daydreaming about it, it would be behind me. So, I'll make the change. But I'll be so ugly . . . Why can't I ever make up my mind?"

Now, let's add other dimensions to the image that you are building of me. I think I am skilled in my professional craft, and I make a more than adequate living at it. I also enjoy it more days than not. I think I'm a rather androgynous person (but I don't think that I'm androgynous-looking). I don't think that "gender confusion" has ever entered into my feelings: I have always known what I was, although there have been times when I've felt "trapped" inside this body, but I'm not certain that the feeling is any different than that of traditional native Americans who feel trapped inside their "bag of bones." However, while I have not been confused about my gender (which I tend not to label as "masculine", "feminine" or "androgynous" but rather as "me"), I have been totally confused, most of the time, about how I change this male body to a female body and retain all that I have: friends, work, standard of living, etc.

My physical transformation would not include a personality transformation (unless there were changes introduced by new hormones or lack of the old) although I would like to be happier and suffer less depression.

I'm consciously on-guard about showing any effeminacy. Most of my friends are women, and certainly my closest friends are women. I've not had a homosexual experience; I find most men to be boring companions, thus the predominance of women friends.

I think I would want my lifestyle to stay much as it has were I to make a change from male to female. Why, then, have I wanted to desperately to get rid of my male body? Why have I been so distressed at not having been born a woman?

And if I so badly want to change this body, why don't I go ahead and make the change? After all, I've taken estrogen to feminize my body. I'm into counseling. Why don't I just jump in and make the change? There's nothing stopping me.

Except me.

And I have stopped myself throughout my life in whatever pursuit I have begun. Those 180 degree arcs have been pervasive. I have switched careers, switched lovers, switched body-type desires, switched vocations, etc. as often as many people switch the channel selector for their television.

I had been to counselors, I had read all that I could obtain about transsexuals and transvestites, and I was still at a loss, unable to settle my life. My readings had included popular novels and scholarly articles, pornography and self-help. I thought that there had to be more forces at work on me than just this desire to be a woman -- what made me want this change? Why was it ruling my life so that I was excluding all else? Why was I unable to effect a change if I wanted it so much? I had no answers.

And I have been hard on myself, extremely hard. If something went wrong, it was my fault. I took the blame. I was the martyr who worked late. What was the reason for this self-punishment, this martyrdom?

In the past few years I've become literally wrapped up in myself, and had reached the point where I couldn't function: my work was suffering, I had withdrawn from relationships and from friends. I went out of my way to be unavailable. Life had become unproductive. I thought I was on the verge of insanity, of doing serious harm to myself (and many who know me would think me to be the model of control, easy-going, hardly-a-care-in-the-world type of person). I had reached the point where something had to change.

By chance, purely by chance, some "reasons" began to fall into place. The beginning was, when visiting a friend, I read an article about children of alcoholics that was in a journal called the Utne Reader. My stepfather had been an alcoholic, an abusive personality who argued and physically fought with my mother, my three sisters, and myself. There were many memories of vicious times, and fearful nights. The article struck home, and it certainly explained a lot about my behavior and the way I often felt -- which was not feeling at all. I then read the book from which the article had been excerpted: Adult Children of Alcoholics by Janet Geringer Woititz, Ed. D. Dr. Geringer points out

WHAT MOTHER: NEVER ...

fantasy. Therefore, the unrealized expectancies of the child, regarding the parent, serve to teach the distinction between reality and fantasy.

For the transsexual child the resolution of fantasy is more problematic. Why should this be the case? Perhaps the answer lies in the importance fantasy plays in each child's life. For the transsexual child with the non-acceptance of society regarding his or her central feelings of gender, many times there is a withdrawal into the self. Such children often become "loners"; they have few close friends; they compensate for their "felt inadequacies" by directing attention to academics, sports, or projecting an image totally opposite to their true feelings (the macho-ist of men or the most feminine of women). Among the many transsexuals I have known are a multitude of bright, successful career people, persons who excelled in solitary activities (swimming, track, musicianship, computer operation, etc.), activities that require a great deal of commitment and solitary rehearsal or practice.

The "loner" quality, withdrawing within and finding solace in fantasy are consistent with a transsexual personality. What distinguishes this personality from the non-gender confused individual is the paramount role fantasy can play for the transsexual. Developing a gender role consistent with your real self, in a society and family constellation where other's views are alien and therefore finding reality in your own fantasies is a very different sort of childhood from most children. The gender dysphoric child never has a chance to test the reality of his or her expectancies with regard to how the relationship should be when learning gender roles. This is a critical difference between the gender dysphoric child and the non-dysphoric child.

More specifically, the gender dysphoric child's fantasies are never tested. The normal little girl will eventually learn from her living as a girl-child in this culture that her expectations of "mother and daughter girlfriend status" are not generally met. From peers, other girls in her own group, she will similarly learn what is realistic and not realistic in her fantasied role of adult woman. Importantly, she learns that some fantasies are possible and may be realized while others are nothing more than "little girl dreams."

Not so for the transsexual. The transsexual generally constructs a reality of fantasy. He or she is continually living in a world of daydreams, some of which might come true, but others which cannot. However, living a secretive existence, there is no way to test the fantasy system for

these individuals. Adult transsexuals often report that they still feel cheated in not having had a parent treat them in the desired gender role when they were children -- even though, as adults, they have resolved this childhood fantasy.

"If only mom had treated me as her daughter, it would have all been different. My life would not have been such a mess." Much of what we see in the adult transsexual is this arrested gender development. It is the position of this article that the transsexual, in his or her development, does not differ appreciably from the normal child. Examining the transsexual, comparing and contrasting his or her behavior with non-confused children, bearing in mind that the same learning principles operate for both, can shed light on gender role development for this group of non-traditional children.

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HARRY BENJAMIN ...

"Prescription for Long Life"

Dr. Benjamin's interest in the human aging process was of long standing. In the 1975 interview, shortly before his 90th birthday, he observed, "The most important prescription for long life is having had the good fortune to have long-lived parents, and my mother lived to be 98."

The second most important prescription "is sensible living and having useful work to do," he said.

Dr. Benjamin, a banker's son, was born in Berlin, studied at universities in Berlin and elsewhere in Germany and came to the United States in 1913.

He was the author of "The Transsexual Phenomenon," published in 1966, and other books.

He is survived by his wife Greta, whom he married in 1925, and a sister, Edith Seelig of Lugano, Switzerland.

A memorial service is planned in Manhattan in the fall.

AN EXAMINED LIFE HAS LITTLE MEANING

PATHS TO UNDERSTANDING

that while her findings are based on the children of alcoholics, they pertain as well to any type of dysphoric household. According to Dr. Geringer, an adult child of an alcoholic:

1. Guesses at what normal is
2. Has trouble following a project through from beginning to end
3. Lies when it is just as easy to tell the truth
4. Judges her/himself without mercy
5. Has difficulty having fun
6. Takes her/himself very seriously
7. Has difficulty with intimate relationships
8. Overreacts to changes over which s/he has no control
9. Constantly seeks approval and affirmation
10. Usually feels different from other people
11. Is either super responsible or super irresponsible
12. Is extremely loyal, even in face of evidence that the loyalty is undeserved

Not included in this list, but something of which I suddenly became aware, through reading the book, was the intense self-hate I had -- not only for current self, but also for the inept kid who was unable to fight back, who was unable to stand up to the "ogre" who was unable to protect the family or himself from the dangerous stepfather. Then I realized that I was reliving a hatred I experienced at the time.

But it didn't explain all, because my feelings about wanting a woman's body existed before my stepfather entered our home. I knew that things would be better if I were a girl years before alcoholism (as I was aware of it) entered.

The subject of self-loathing was on my mind when I purchased, the next day, a book titled "Compassion and Self-hatred" by Theodore Rubin, M. D. I devoured Rubin's book, and again, many questions regarding the "why's" of my feelings and lack of feelings were answered. I was beginning to understand why I might be depressed, why others couldn't lift me out of depression, what I wanted to frantically be out of a certain, immediate situation -- after having been complacent with it for months or even years. I began to understand why I wanted out of careers, relationships, social events, etc.:

"In some forms of self-hate, constantly shifting and changing goals are used as an instrument of torture. [A patient] didn't realize for a long time that he had been using shifting goals as a ... prime method to drive himself on and away from himself."

But, there were still pieces missing.

So I read another of Rubin's books. This was titled "The Angry Book." I've always had a lot of difficulty handling my own anger -- there's a fear involved in expressing it. A fear that the expression of anger will explode into violence like it often did during childhood. So I've often buried my anger. The book carried forward some of the themes in "Self-hatred", and it also introduced the work of psychologist Karen Horney who also had written about self-hatred.

I then read three of her books: "Neurosis and Human Growth," "Feminine Psychology," and "Inner Conflicts." Pieces were really falling into place now! I can't in this brief article, describe all the behavior patterns and forces that she describes that emanate out of neurosis, but I will introduce several concepts that I believe affect the crossgender compulsion of mine.

But before I do this, I should restate my desire: my basic drive has not been to become feminine, to think and do in a "feminine" way. My drive has been to rid myself of my male body and to have a woman's body. I think that it hasn't been a desire for castration, although some might make a case for that. Instead, it has been an overwhelming desire to have rounded hips, a shapely waist, soft and long hair, soft skin, breasts, and a vagina. The thought has occurred to me that I may at an early age turned the castration desire to one of wanting femaleness; however, I can't determine when that was if it occurred. I thought, if I rid myself of my maleness and become a female, if I flee from this maleness towards femaleness, then I won't have to commit suicide; I could flee into reincarnation, a reincarnation within a lifetime.

Back to Karen Horney. A concept that is critical to understanding her definition of neurosis: Early in life, a situation or event triggers the individual to feel unworthy, undesirable, incompetent or in some other way inadequate. From that situation, the individual creates an "idealized self." Over time, the real self deposits into the idealized self all the good characteristics and retains for the self the negative characteristics. Thus, "If I could just be ..." or "If I were just ..." then all would be okay. Also as time progresses, the real self begins to feel less, to become less aware of his or her needs, to become detached from his or her emotions and real wants. For example, at a lounge I might really want to put a high-heel into the fool who keeps rubbing my thigh, but I may have learned

PATHS TO UNDERSTANDING

that it's not polite to raise a fuss, to show anger, or to cause a scene: that it's better to tolerate it with a smile, and then look for some other way to ease out of the situation. So I slowly absorb his abuse, never aware that I want to abuse him for his treatment of me. I am so detached from my feelings that I'm unaware of the anger that's built within me and I begin to feel bad not knowing why, just aware of something that's gone wrong.

Once you make the flight from yourself to an idealized self, you have to build the idealized self. Read the following quote from "Feminine Psychology", and apply it to a male seeking an idealized self. A male whose father and grandfathers are dead before the child is six, whose mother has married an abusive alcoholic. A male, who for whatever reason, is seeking to flee himself (reverse Ms. Horney's "male" to "female", "female" to "male", etc.):

"The entire complex of feelings and fantasies that have for their content the woman's feeling of being discriminated against, her envy of the male, her wish to be a man and to discard the female role, we call the masculinity complex of the woman. To the extent that the envy of the male is in the foreground, these wishes express themselves in resentment against the male, in an inner bitterness against the male as the privileged one... Such an unconscious envy renders the woman blind to her own virtues. Even motherhood appears only as a burden to her. Everything is measured against the masculine -- that is, by a yardstick intrinsically alien to her -- and therefore she easily perceives herself as insufficient."

So, with all this knowledge, how do I feel? I still become depressed. I still am in a recluse phase. I continue with my sporadic ingestion of estrogen, I still long to be rid of my maleness and want to be in my femaleness. Are the depressions shorter? I think so, but the tradeoff is that they may be more frequent. I often long for oneness, like the American Indian, with the earth -- not the universe but Mother Earth. Perhaps it is a bigger unity that I am after, but the desire for integration is very strong. I feel fragmented much of the time.

What lies ahead? I'm not certain. The inability to resolve conflicts, noticed by Geringer and Horney and Rubin in their alcoholic and neurotic clients and patients, is present in me, and perhaps is becoming more of a problem as I near the goal of having a woman's body: the stakes are higher, the decisions more important. I do not seem to be able to break long-established non-gender

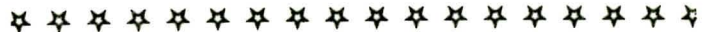
related behavior patterns even though I feel (and think) that I want to break them, even though I am aware of what I am doing and the why's of my doing. I think that I am no happier or more content.

But then I see a waist beginning to appear, I notice that my bottom fills my jeans, that my thighs are snug in my slacks, I feel my boobs jiggle as I run up the stairs. I feel good.

Then I think about my deep voice, my veiny hands, my high forehead, and I am caught in the middle of conflict. I stop taking the estrogen. Nothing is possible. Then I start again.

A female friend keeps asking, "What is it that you want? What's the bottom line?" Another says, "You know, it doesn't make any difference what kind of plumbing you have." But it does make a difference, to me. I know what I want. But then I change my mind. I want everything, at all times. I want tranquility. I want an end to my internal battles and conversations. I want peace with myself. I don't want to risk losing the love of my child. I want to maintain my standard of living. I don't want to be ridiculed for the way I might appear.

I'm stuck, reader, in the middle of my conflicts.



THE FORUM IS . . . OPEN

Not the Roman Forum, but your forum!

Some of the issues which are presented in the newsletter may not meet your intellectual, social, or personal views regarding crossdressing, transsexual, or androgyne lifestyles: let us know about it! We hope, through this newsletter, to keep you informed of significant events and ideas regarding gender; we hope that you, either in a professional or paraculture capacity, will comment and let us know what is on your mind.

For example, this issue carries two references to the DSM III. What do you think about it? Is it outdated?

Many of the articles and reviews deal with identity -- not just gender identity, but one's whole view of him/herself. Is this important? Or is it only the gender identity that's important?

Write!

Announcing a Workshop
CROSSGENDER BEHAVIORS
& LIFESTYLES

December 6, 1986

This workshop is designed to help professionals who work with clients presenting gender issues. The goals for the workshop are to provide a better perspective on the nature of gender issues and to provide hands-on coping strategies for helping clients who have problems with gender issues or behavior.

This all-day workshop will take place in Boston on Saturday, December 6, 1986.

Among the many topics that will be discussed are:

- o The nature of gender and its broad spectrum of expression
- o The psychodynamics of gender shift
- o Counseling strategies in work- with clients who present gender related issues
- o The role of medical interventions in this process
- o The language of props in identifying a person's gender role
- o Dynamic androgyny as a counseling tool for clients
- o Other issues pertaining to crossgender clients, lifestyles and issues

For more information, please write to the

Outreach Institute Workshops
Post Office Box 368
Boston, MA 02215

OUTREACH INSTITUTE ANNOUNCES AVAILABILITY OF TRANSEXUAL INFORMATION PACKETS

The Outreach Institute has taken the most relevant of its reprints regarding important aspects of transsexualism and made them available to the paraculture, and to professionals who may want to recommend reading material to their clients.

The information packets contain the Standards of Care (as developed at the Harry Benjamin International Gender Dysphoria Association), pertinent information regarding the acceptance of an individual of the new gender role, information regarding the affects of hormones, and other significant, but hard-to-find information.

Please see the Outreach Institute Book and Reprint price list found elsewhere in this newsletter for ordering information.

KNOW SOMEONE . . . ?

Do you know someone -- a helping professional, a member of the paraculture, a spouse, a friend -- who might want to receive our newsletter but who doesn't currently subscribe? Please send their name and address to us, and we'll be pleased to send them a complimentary copy.

It shouldn't need to be said, but we'll say it anyway, both your name and the name(s) you send us will be held in the strictest confidence.

AND, if you know a helping professional -- for example, an endocrinologist, a speech pathologist or guidance counselor, a psychologist, therapist or other medical services professional -- who might value an OPERN membership, please advise us. We'll be pleased to send them information about OPERN as well as a copy of the newsletter.