THE JOURNAL OF GENDER STUDIES

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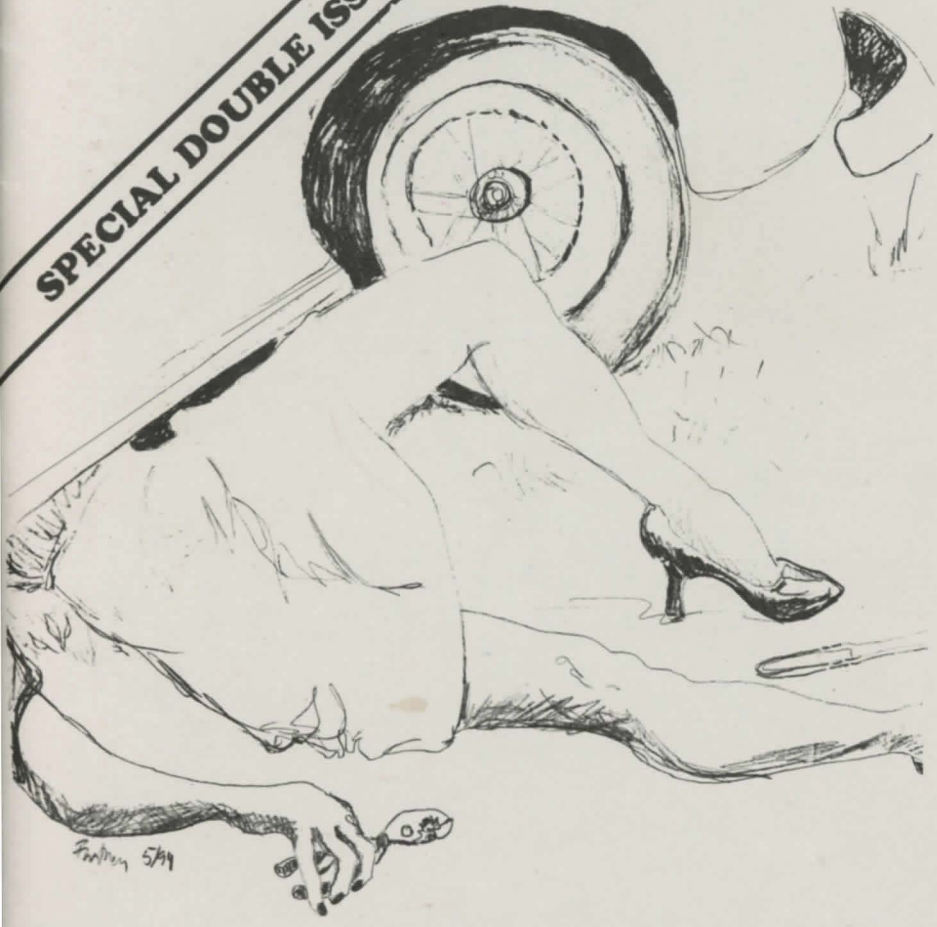

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The Outreach Institute of Gender Studies is a not-for-profit educational corporation of the State of Maine. It serves as a resource for helping professionals, transsexuals, crossdressers, and androgynes.

JOURNAL OF GENDER STUDIES VOL XV–XVI 1993–1994

FROM THE EDITOR...

In this double issue of the *Journal of Gender Studies*, we have included articles long needed to be written and shared with all concerned with the gender world.

Anne Fausto-Sterling has written a most important piece advocating the recognition of sexual/genetic variation in *Homo sapiens* as a natural phenomenon and not as "congenital birth defects." It should certainly stir some debate about how biologic determinism and genetic variation conspire to make the simplistic male-female pattern somewhat more complex.

Martine A. Rothblatt gives us an introduction to and history of the issues of TS/TG health law. It is well referenced and provides some insight into the rights and restrictions that have been part of the struggle for tolerance of the TS/TG person in America.

Nina Reyes provides a wonderful feature comparing the original Marilyn Monroe (Norma Jean) cult figure with an equally original Marilyn Monroe (a la femme impressionist Jimmy James). She raises the question of who the personality of Marilyn was and is and whether she will always be with us in spirit as a timely American cult/art figure.

Rounding out this issue we include articles about gender in jury selection, several important book reviews, a theater review, and a new and different photo artist and her work with male crossdressers and the "feminine mystique."

All of the above are in keeping with our philosophy that the *Journal* is the vehicle for sharing the dynamism of gender diversity intellectually, socially, and artistically.

I want to apologize for the lateness of this issue. We have been undergoing some restructuring and it has taken longer than expected for us to get back into full swing. We are now known as The Outreach Institute of Gender Studies. Our purposes and aspirations are the same as those we have nurtured over the past 20 years (see inside back cover).

If you like the *Journal*, perhaps you could recommend it to the office library. We will be accepting ads from health care professionals and the GAIN Network of the Institute continues to grow, but we need many other health care professionals in the network to keep OIGS active. Your help and support are most welcome. Please write to the editor at: 126 Western Avenue, Suite 246, Augusta, ME 04330. The editor and publisher extend thanks to all who continue to patiently support this publication.

—Ari Kane, Editor and Publisher

Human Outreach and Achievement Institute Changes Name, Maintains Comprehensive Services

The Human Outreach and Achievement Institute has changed its name because of the growing involvement of the Institute in a wide panorama of gender-related educational and research activities.

The **Outreach Institute of Gender Studies** will continue to sponsor Fantasia Fair, the oldest gender convention of its kind in the world. In addition, the Institute will continue to produce the *Journal of Gender Studies*, as well as an array of other educational and outreach programs directed at audiences including helping professionals, gender-conflicted individuals, their friends and loved ones, and the community in general.

For more information about the Outreach Institute of Gender Studies, contact us at our new address or phone number:

The Outreach Institute
126 Western Avenue, Suite 246
Augusta, ME 04330
207-621-0858

Cover artist—A resident of Ashby, Massachusetts, Mariana Furtney Fyfe has exhibited her works regularly at the Fitchburg Art Museum. She holds a degree in Commercial Art and teaches classes in drawing and painting. An extremely versatile artist, she uses oil paint, watercolors, and mixed media to produce paintings, murals, stage sets and, most recently, illustrations for a book of poetry. The cover illustration was drawn especially for *JGS* in 1994.

ABOUT THE BOARD OF OUTREACH INSTITUTE FOR GENDER STUDIES

All members of the Board have been involved in a number of outreaching projects over the past nine months.

Alison Laing has given presentations at several paraculture and health care centers, both in the greater Philadelphia area and other parts of the country. Her book and videotape *Speaking as a Woman* is a hallmark in the gender world. She is also taking responsibility for coordinating Fantasia Fair XX.

Dallas Denny, in addition to her leadership in AEGIS (American Educational Gender Information Service), has given a major workshop at the Regional SSSS (Society for the Scientific Study of Sex) meeting in Atlanta. She is the author of two important publications, *The Annotated Bibliography on Gender Dysphoria and Transsexualism* and *Strategies for Coping with Transition for Transsexuals.*

Tom Heindl, our most recent addition to the OIGS Board, serves as our chief financial officer. He has also done some outreaching work in his region of the United States.

Ari Kane has been involved with several projects related to gender education. In addition to serving as editor of *JGS*, he has been involved with the planning of the 20th reunion at Fantasia Fair this year. He has also developed and facilitated the GARP (Gender Attitude Reassessment Program) and is the consultant for a new educational video series called *The World of Gender* with Horizons Institute.

He has given several important presentations on gender diversity and the paraculture as a crucible for understanding gender issues. He has given presentations for the AIDS Nursing Unit of the Massachusetts General Hospital in Boston, the Program of Gender Exploration at Wellesley College, and at several SAR (Sexual Attitude Reassessment) workshops.

He will, along with Marilyn Volker and David Prok, be giving an all-day GARP at the Institute for the Advanced Studies of Human Sexuality in San Francisco in June 1994.

Marilyn Volker has been in the vanguard of sex education in the age of AIDS. In addition to teaching Sexology at several colleges in South Florida, she has been doing training and education for MDs at several schools of medicine and for the Veterans Administration National Health Care Project. She has been doing workshops for the Pentagon on AIDS in the military and has also been a developer and cofacilitator in our newest offering, the GARP. We recently gave a preconference workshop at the Annual National Meeting of AASECT (American Association of Sex Educators, Counselors and Therapists).

THE FIVE SEXES:
Why Male and Female Are Not Enough

by Anne Fausto-Sterling

In 1843 Levi Suydam, a 23-year-old resident of Salisbury, Connecticut, asked the town board of selectmen to validate his right to vote as a Whig in a hotly contested local election. The request raised a flurry of objections from the opposition party, for reasons that must be rare in the annals of American democracy: it was said that Suydam was more female than male and thus (some eighty years before suffrage was extended to women) could not be allowed to cast a ballot. To settle the dispute a physician, one William James Barry, was brought in to examine Suydam. And, presumably upon encountering a phallus, the good doctor declared the prospective voter male. With Suydam safely in their column the Whigs won the election by a majority of one.

Barry's diagnosis, however, turned out to be somewhat premature. Within a few days he discovered that, phallus notwithstanding, Suydam menstruated regularly and had a vaginal opening. Both his/her physique and his/her mental predispositions were more complex than was first suspected. S/he had narrow shoulders and broad hips and felt occasional sexual yearnings for women. Suydam's "feminine propensities, such as a fondness for gay colors, for pieces of calico, comparing and placing them together, and an aversion for bodily labor, and an inability to perform the same, were remarked by many," Barry later wrote. It is not clear whether Suydam lost or retained the vote, or whether the election results were reversed.

Western culture is deeply committed to the idea that there are only two sexes. Even language refuses other possibilities; thus to write about Levi Suydam I have had to invent conventions—s/he and his/her—to denote someone who is clearly neither male nor female or who is perhaps both sexes at once. Legally, too, every adult is either man or woman, and the difference, of course, is not trivial. For Suydam it meant the franchise; today it means being available for, or exempt from, draft registration, as well as being subject, in various ways, to a number of laws governing marriage, the family and human intimacy. In many parts of the United States, for instance, two people legally registered as men cannot have sexual relations without violating anti-sodomy statutes.

But if the state and legal system have an interest in maintaining a two-party sexual system, they are in defiance of nature. For biologically speaking, there are many gradations fanning from female to male; and depending on how one calls the shots, one can argue that along that spectrum lie at least five sexes—and perhaps even more.

For some time medical investigators have recognized the concept of the intersexual body. But the standard medical literature uses the term "intersex" as a catch-all for three major subgroups with some mixture of male and female characteristics: the so-called true hermaphrodites, whom I call herms, who possess one testis and one ovary the sperm- and egg-producing vessels, or gonads); the male pseudohermaphrodites (the "merms"), who have testes and some aspects of the female genitalia but no ovaries; and the female pseudohermaphrodites (the "ferms"), who have ovaries and some aspects of the male genitalia but lack testes. Each of these categories is in itself complex; the percentage of male and female characteristics, for instance, can vary enormously among members of the same subgroup. Moreover, the inner lives of the people in each subgroup—their special needs and their problems, attractions and repulsions—have gone unexplored by science. But on the basis of what is known about them I suggest that the three intersexes, herm, merm and ferm, deserve to be considered additional sexes each in its own right. Indeed, I would argue further that sex is a vast, infinitely malleable continuum that defies the constraints of even five categories.

Not surprisingly, it is extremely difficult to estimate the frequency of intersexuality, much less the frequency of each of the three additional sexes: it is not the sort of information one volunteers on a job application. The psychologist John Money of Johns Hopkins University, a specialist in the study of congenital sexual-organ defects, suggests intersexuals may constitute as many as 4 percent of births. As I point out to my students at Brown University, in a student body of about 6,000 that fraction, if correct, implies there may be as many as 240 intersexuals on campus—surely enough to form a minority caucus of some kind.

In reality though, few such students would make it as far as Brown in sexually diverse form. Recent advances in physiology and surgical technology now enable the physicians to catch most intersexuals at the moment of birth. Almost at once such infants are entered into a program of hormonal and surgical management so that they can slip quietly into society as "normal" heterosexual males or females. I emphasize that the motive is in no way conspiratorial. The aims of the policy are genuinely humanitarian, reflecting the wish that people be able to "fit in" both physically and psychologically. In the medical community, however, the assumptions behind that wish—that there be only two sexes, that heterosexuality alone is normal, that there is one true model of psychological health—have gone virtually unexamined.

The word "hermaphrodite" comes from the Greek names Hermes, variously known as the messenger of the gods, the patron of music, the controller of dreams, or the protector of livestock, and Aphrodite, the goddess of sexual love and beauty. According to Greek mythology, those two gods parented Hermaphroditus, who at age 15 became half male and half female when his body fused with the body of a nymph he fell in love with. In some true hermaphrodites the testis and the ovary grow separately but bilaterally; in others they grow together within the same organ, forming an ovo-testis. Not infrequently, at least one of the gonads functions quite well, producing either sperm cells or eggs, as well as functional levels of the sex hormones—androgens or estrogens. Although in theory it might be possible for a true hermaphrodite to become both father and mother to a child, in practice the appropriate ducts and tubes are not configured so that egg and sperm can meet.

In contrast with true hermaphrodites, the pseudohermaphrodites possess two gonads of the same kind along with the usual male (XY) or female (XX) chromosomal makeup. But their external genitalia and secondary sex characteristics do not match their chromosomes. Thus merms have testes and XY chromosomes, yet they also have a vagina and a clitoris, and at puberty they often develop breasts. They do not menstruate, however. Ferms have ovaries, two X chromosomes and sometimes a uterus, but they also have at least partly masculine external genitalia. Without medical intervention they can develop beards, deep voices and adult-sized penises.

No classification scheme could more than suggest the variety of sexual anatomy encountered in clinical practice. In 1969, for example, two French investigators, Paul Guinet of the Endocrine Clinic in Lyons and Jacques Decourt of the Endocrine Clinic in Paris, described 98 cases of true hermaphroditism—again, signifying people with both ovarian and testicular tissue—solely according to the appearance of the external genitalia and the accompanying ducts. In some cases the people exhibited strongly feminine development. They had separate openings for the vagina and the urethra, a cleft vulva defined by both the large and the small labia, or vaginal lips, and at puberty they developed breasts and usually began to menstruate. It was the oversize and sexually alert clitoris, which threatened sometimes at puberty to grow into a penis, that usually impelled them to seek medical attention. Members of another group also had breasts and a feminine body type, and

they menstruated. But their labia were at least partly fused, forming an incomplete scrotum. The phallus (here an embryological term for a structure that during usual development goes on to form either a clitoris or a penis) was between 1.5 and 2.8 inches long; nevertheless, they urinated through a urethra that opened into or near the vagina.

By far the most frequent form of true hermaphrodite encountered by Guinet and Decourt—55 percent—appeared to have a more masculine physique. In such people the urethra runs either through or near the phallus, which looks more like a penis than a clitoris. Any menstrual blood exits periodically during urination. But in spite of the relatively male appearance of the genitalia, breasts appear at puberty. It is possible that a sample larger than 98 so-called true hermaphrodites would yield even more contrasts and subtleties. Suffice it to say that the varieties are so diverse that it is possible to know which parts are present and what is attached to what only after exploratory surgery.

The embryological origins of human hermaphrodites clearly fit what is known about male and female sexual development. The embryonic gonad generally chooses early in development to follow either a male or a female sexual pathway; for the ovo-testis, however, that choice is fudged. Similarly, the embryonic phallus most often ends up as a clitoris or a penis, but the existence of intermediate states comes as no surprise to the embryologist. There are also urogenital swellings in the embryo that usually either stay open and become the vaginal labia or fuse and become a scrotum. In some hermaphrodites, though, the choice of opening or closing is ambivalent. Finally, all mammalian embryos have structures that can become the female uterus and the fallopian tubes, as well as structures that can become part of the male sperm-transport system. Typically either the male or the female set of those primordial genital organs degenerates, and the remaining structures achieve their sex-appropriate future. In hermaphrodites both sets of organs develop to varying degrees.

Intersexuality itself is old news. Hermaphrodites, for instance, are often featured in stories about human origins. Early Biblical scholars believed Adam began life as a hermaphrodite and later divided into two people—a male and a female—after falling from grace. According to Plato there once were three sexes—male, female and hermaphrodite—but the third sex was lost with time.

Both the Talmud and the Tosefta, the Jewish books of law, list extensive regulations for people of mixed sex. The Tosefta expressly forbids hermaphrodites to inherit their fathers' estates (like daughters), to seclude themselves with women (like sons) or to shave (like men). When hermaphrodites menstruate they must be isolated from men (like women); they are disqualified from serving as witnesses or as priests (like women), but the laws of pederasty apply to them.

In Europe a pattern emerged by the end of the Middle Ages that, in a sense, has lasted to the present day; hermaphrodites were compelled to choose an established gender role and stick with it. The penalty for transgression was often death. Thus in the 1600s a Scottish hermaphrodite living as a woman was buried alive after impregnating his/her master's daughter.

For questions of inheritance, legitimacy, paternity, succession to title and eligibility for certain professions to be determined, modern Anglo-Saxon legal systems require that newborns be registered as either male or female. In the U.S. today sex determination is governed by state laws. Illinois permits adults to change the sex recorded on their birth certificates should a physician attest to having performed the appropriate surgery. The New York Academy of Medicine, on the other hand, has taken an opposite view. In spite of surgical alterations of the external genitalia, the academy argued in 1966, the chromosomal sex remains the same. By that measure, a person's wish to conceal his or her original sex cannot outweigh the public interest in protection against fraud.

During this century the medical community has completed what the legal world began—the complete erasure of any form of embodied sex that does not conform to a male-female, heterosexual pattern. Ironically, a more sophisticated knowledge of the complexity of sexual systems has led to the repression of such intricacy.

In 1937 the urologist Hugh H. Young of Johns Hopkins University published a volume titled "Genital Abnormalities, Hermaphroditism and Related Adrenal Diseases." The book is remarkable for its erudition, scientific insight and open-mindedness. In it Young drew together a wealth of carefully documented case histories to demonstrate and study the medical treatment of such "accidents of birth." Young did not pass judgment on the people he studied, nor did he attempt to coerce into treatment those intersexuals who rejected that option. And he showed unusual even-handedness in referring to those people who had had sexual experiences as both men and women as "practicing hermaphrodites."

One of Young's more interesting cases was a hermaphrodite named Emma who had grown up as a female. Emma had both a penis-size clitoris and a vagina, which made it possible for him/her to have "normal" heterosexual sex with both men and women. As a teenager Emma had had sex with a number of girls to whom s/he was deeply attracted; but at the age of nineteen s/he had married a man. Unfortunately, he had given Emma little

sexual pleasure (though he had had no complaints), and so throughout that marriage and subsequent ones Emma had kept girlfriends on the side. With some frequency s/he had pleasurable sex with them. Young describes his subject as appearing "to be quite content and even happy." In conversation Emma occasionally told him of his/her wish to be a man, a circumstance Young said would be relatively easy to bring about. But Emma's reply strikes a heroic blow for self-interest:

> *Would you have to remove that vagina? I don't know about that because that's my meal ticket. If you did that, I would have to quit my husband and go to work, so I think I'll keep it and stay as I am. My husband supports me well, and even though I don't have any sexual pleasure with him, I do have lots with my girlfriends.*

Yet even as Young was illuminating intersexuality with the light of scientific reason, be was beginning its suppression. For his book is also an extended treatise on the most modern surgical and hormonal methods of changing intersexuals into either males or females. Young may have differed from his successors in being less judgmental and controlling of the patients and their families, but he nonetheless supplied the foundation on which current intervention practices were built.

By 1969, when the English physicians Christopher J. Dewhurst and Ronald R. Gordon wrote "The Intersexual Disorders," medical and magical approaches to intersexuality had neared a state of rigid uniformity. It is hardly surprising that such a hardening of opinion took place in the era of the feminine mystique—of the post–Second World War flight to the suburbs and the strict division of family roles according to sex. That the medical consensus was not quite universal (or perhaps that it seemed poised to break apart again) can be gleaned from the near-hysterical tone of Dewhurst and Gordon's book, which contrasts markedly with the calm reason of Young's founding work. Consider their opening description of an intersexual newborn:

> *One can only attempt to imagine the anguish of the parents. That a newborn should have a deformity...[affecting] so fundamental an issue as the very sex of the child...is a tragic event which immediately conjures up visions of a hopeless psychological misfit doomed to live always as a sexual freak in loneliness and frustration.*

Dewhurst and Gordon warned that such a miserable fate would, indeed, be a baby's lot should the case be improperly managed; "but fortunately,"

they wrote, "with correct management the outlook is infinitely better than the poor parents—emotionally stunned by the event—or indeed anyone without special knowledge could ever imagine."

Scientific dogma has held fast to the assumption that without medical care hermaphrodites are doomed to a life of misery. Yet there are few empirical studies to back up that assumption, and some of the same research gathered to build a case for medical treatment contradicts it. Francies Benton, another of Young's practicing hermaphrodites, "had not worried over his condition, did not wish to be changed, and was enjoying life." The same could be said of Emma, the opportunistic hausfrau. Even Dewhurst and Gordon, adamant about the psychological importance of treating intersexuals at the infant stage, acknowledged great success in "changing the sex" of older patients. They reported on twenty cases of children reclassified into a different sex after the supposedly critical age of 18 months. They asserted that all the reclassifications were "successful," and they wondered then whether reregistration could be "recommended more readily than (had) been suggested so far."

The treatment of intersexuality in this century provides a clear example of what the French historian Michel Foucault has called biopower. The knowledge developed in biochemistry, embryology, endocrinology, psychology, and surgery has enabled physicians to control the very sex of the human body. The multiple contradictions in that kind of power call for some scrutiny. One the one hand, the medical "management" of intersexuality certainly developed as part of an attempt to free people from perceived psychological pain (though whether the pain was the patient's, the parents', or the physician's is unclear). And if one accepts the assumption that in a sex-divided culture people can realize their greatest potential for happiness and productivity only if they are sure they belong to one of only two acknowledged sexes, modern medicine has been extremely successful.

On the other hand, the same medical accomplishments can be read not as progress but as a mode of discipline. Hermaphrodites have unruly bodies. They do not fall naturally into a binary classification; only a surgical shoehorn can put them there. But why should we care if a "woman," defined as one who has breasts, a vagina, a uterus, and ovaries and who menstruates, also has a clitoris large enough to penetrate the vagina of another woman? Why should we care if there are people whose biological equipment enables them to have sex "naturally" with both men and women? The answers seem to lie in a cultural need to maintain clear distinctions between the sexes. Society mandates the control of intersexual bodies because they blur and bridge the great divide. Inasmuch as hermaphrodites literally embody both

sexes, they challenge traditional beliefs about sexual difference: they possess the irritating ability to live sometimes as one sex and sometimes the other, and they raise the specter of homosexuality.

But what if things were altogether different? Imagine a world in which the same knowledge that has enabled medicine to intervene in the management of intersexual patients has been placed at the service of multiple sexualities. Imagine that the sexes have multiplied beyond currently imaginable limits. It would have to be a world of shared powers. Patient and physician, parent and child, male and female, heterosexual and homosexual—all those oppositions and others would have to be dissolved as sources of division. A new ethic of medical treatment would arise, one that would permit ambiguity in a culture that had overcome sexual division. The central mission of medical treatment would be to preserve life. Thus hermaphrodites would be concerned primarily not about whether they can conform to society but about whether they might develop potentially life-threatening conditions—hernias, gonadal tumors, salt imbalance caused by adrenal malfunction—that sometimes accompany hermaphroditic development. In my ideal world medical intervention for intersexuals would take place only rarely before the age of reason: subsequent treatment would be a cooperative venture between physician, patient and other advisers trained in issues of gender multiplicity.

I do not pretend that the transition to my utopia would be smooth. Sex, even the supposedly "normal" heterosexual kind, continues to cause untold anxieties in Western society. And certainly a culture that has yet to come to grips—religiously and in some states, legally—with the ancient and relatively uncomplicated reality of homosexual love will not readily embrace intersexuality. No doubt the most troublesome area by far would be the rearing of children. Parents, at least since the Vietnam era, have fretted, sometimes to the point of outright denial, over the fact that their children are sexual beings.

All that and more amply explains why intersexual children are generally squeezed into one of the two prevailing sexual categories. But what would be the psychological consequences of taking the alternative road—raising children as unabashed intersexuals? On the surface that tack seems fraught with peril. What, for example, would happen to the intersexual child amid the unrelenting cruelty of the school yard? When the time came to shower in gym class, what horrors and humiliations would await the intersexual as his/her anatomy was displayed in all its nontraditional glory? In whose gym class would s/he register to begin with? what bathroom would s/he use? And how on earth would Mom and Dad help shepherd him/her through the mine field of puberty?

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.In the past thirty years those questions have been ignored, as the scientific community has, with remarkable unanimity, avoided contemplating the alternative route of unimpeded intersexuality. But modern investigators tend to overlook a substantial body of case histories, most of them compiled between 1930 and 1960, before surgical intervention became rampant. Almost without exception, those reports describe children who grew up knowing they were intersexual (though they did not advertise it) and adjusted to their unusual status. Some of the studies are richly detailed—described at the level of gym class showering (which most intersexuals avoided without incident); in any event, there is not a psychotic or a suicide in the lot.

Still, the nuances of socialization among intersexuals cry out for more sophisticated analysis. Clearly before my vision of sexual multiplicity can be realized, the first openly intersexual children and their parents will have to be brave pioneers who will bear the brunt of society's growing pains. But in the long view—though it could take generations to achieve—the prize might be a society in which sexuality is something to be celebrated for its subtleties and not something to be feared or ridiculed.

Anne Fausto-Sterling is a developmental geneticist and professor of medical science at Brown University in Providence. The second edition of her book Myths of Gender: Biological Theories About Women and Men, *published by Basic Books, appeared last fall. She is working on a book titled* The Sex Which Prevails: Biology and the Social/Scientific Construction of Sexuality. *The preceding article was reprinted by permission of* The Sciences *and is from the March/April 1993 issue.*

GARP: GENDER ATTITUDE REASSESSMENT PROGRAM

An Open Letter to Health Care Professionals

The Gender Attitude Reassessment Program is an integral part of the training of a sexologist and sex therapist. It is the next logical level of addressing the issues of self-actualization, sexuality, and gender in contemporary society. Through the use of video, overheads, large group presentations, small group discussions, and individual and group activities, the whole area of gender role behavior and presentation of self is explored and analyzed.

As professionals in the field of sexology, many of us are aware of the difficulties that individual clients encounter when addressing issues of gender and sexuality in their lives. It is incumbent upon us, as the people from whom they are seeking help, to fully understand the dynamics, the prospects, and the problems of all aspects of sexuality, gender, and role behavior and patterning. The dynamic of the self interfaces and changes in remarkable ways as we interact with others in everyday life. Our ideas and concepts of our own selves are sometimes at variance with social prescriptions or expectations.

When it comes to the issue of gender and role behavior in society, many times we are befuddled and uncertain. We know how society expects us to respond, but we may feel totally different in terms of our immediate "gut" feelings. Our attitudes and perceptions are colored by society's prescriptions for appropriate behavior for males and females. And many times this does not allow us to be authentic and true to our deepest feelings and sentiments.

During the workshop, participants will learn some useful ways to measure a gender role, both verbally and visually. We explore the whole concept of cueing; we will also examine the anima/animus as a qualitative measure of the feminine/masculine set of attributes. It is intended to raise our consciousness about the three basic parameters of gender: perceptions, roles, and presentations. These and other tools that are part of the GARP experience can effectively be applied in various clinical and educational settings and in working with clients and students who may have gender conflicts.

A significant goal of the GARP is the exploration of the diversity of gender expression and how it relates to one's personal sexuality. In this workshop we look at how males and females present aspects of their complex gender personas. We will examine the worlds of the conventional male and female, the crossdresser, and the crossgender individual to gain some insights into their world of gender perception and role presentation.

The GARP experience is designed to create a dynamic, interactive cyberspace for looking at the totality of individual and general aspects of the gender world from a variety of different expressions. Selected use of videos, films, role play exercises, gender role inventory, creative expressions on paper, and applied and interactive activities are a part of the GARP. This workshop works at bringing it all together.

Participants should plan a full day off for the program (depending on arrangements with the sponsor). It will encompass all aspects of gender and role behavior in contemporary society and the intricate matrix of change in perception that is occurring as we move into the 21st century. The GARP has proven to be an exceptional and insightful learning experience for all clinicians, sex educators, counselors, and therapists.

If you would like to arrange for a GARP to be presented in your region, you may do so by contacting the Outreach Institute of Gender Studies, 126 Western Avenue, Suite 246, Augusta, ME 04330. (Phone: 207-621-0858) Please feel free to contact us and make arrangements for a GARP to be presented at your agency or institution.

Sincerely,
Cofacilitators Ari Kane, Marilyn Volker, David Prok

THE CHASED

To lost them
He has gone to the top of mountains
Down rivers flowing with rapids
Into forests, to hunt with bow and arrow

He has worn disguises
Secreted himself behind lurid magazines
Spent days watching movies
Of war and conquest
But still they find him

They appear apparitionlike
Move off when he screams
They dangle at his edges
Legs exposed, skirts flapping
They want to have their way with him
Lift your skirts, expose your legs
They sing

—Ira Saypen

"It's Jean Harlow and Billy the Kid in eternity. It's just the idea of two people on stage and all this audience of different people overhearing what they're saying. Jean Harlow says, "Before you can pry any secrets from me, first you must find the real me. Which one will you pursue?" It ends where she just... sits in the chair and spreads her legs.

—George Harrison
Rolling Stone
Rock 'n Roll Reader

MAY THE BEST MAN/WOMAN WIN

by Nina Reyes

I marathoned Marilyn Monroe movies after seeing Jimmy James two weeks ago, trying to determine whether Jimmy James is really better at Marilyn than Norma Jean was, or whether his extraordinary performance was simply a knock-off. I began with the stingy premise that Marilyn was a phenomenon in the white-boy American imagination more certainly than she was ever flesh-and-blood woman, and that Marilyn, as an archetype, had merely faded with the death of Norma Jean. It never entered my mind that Marilyn had suffered a mortal fate. Jimmy James had too evidently invoked Marilyn in his performance.

I had never seen a Marilyn Monroe movie before, had only seen stills and cheesecake shots and Andy Warhol prints. In fact, my Jimmy James enchantment was unintentionally grounded in highbrow Marilyn iconography that seems to be an enduring fetish in the United States: silk screens of her face, booboo-pe-do singles, and her trademark look of innocent surprise have so thoroughly inserted Marilyn into the American cultural thesaurus that no one, really, needs to know much more about Marilyn than they can summon from the collective American cultural unconscious. After watching five films—including a silly little 30-minute "documentary," which was far more vapid than any character Marilyn Monroe ever played—this sense that Marilyn was familiar, that I knew Marilyn so well that the movies were really a waste of analytical time, was complete. More startling was the realization that Jimmy James is, in fact, a far more believable Marilyn than Norma Jean ever was.

Cringe. But it's true. Terribly chauvinistic as it is, in Marilyn's case, a man makes a better woman than a woman did. For one thing, he's got inanity, by nature of gender politics, under control—I can't imagine wincing at Jimmy James' Marilyn's vacuity, but hearing Marilyn say blithely, "I'm dumb," was deeply embarrassing. Further, it is not merely rhetoric to argue that Jimmy James has created Marilyn no less surely than Norma Jean did, and since critics, biographers and avid fans of Marilyn alike grant that Marilyn's most extraordinary talent was her virtually unequaled mastery of illusion, it is fair to report that Marilyn, sans Norma Jean, is back on stage. Unlike Norma Jean, Jimmy James knows how far Marilyn can stretch: When the ditz is done, he strips off the Marilyn maquillage and gets down to his own refined talent of impersonation. If it seems absurd to flag Jimmy

James' performance with the legend, "Marilyn Returns," it is an accurate assessment of the phenomenon at hand. That is, there is nothing counterfeit about Jimmy James' Marilyn.

In fact, Jimmy James has done Norma Jean one better. Where Norma Jean took material features of her natural-born self and elaborated, Jimmy James mixed intangibles—like gesture and intonation, the component elements that make mystique to recapture the Marilyn that passed into iconography when Norma Jean died. From his breathy voice and his teetering glide—which, like Marilyn's relies heavily on the availability of walls, tables and strong, wide shoulders to avert a tumble—to his sweet side-long glances and his smile with eyes half-slit, Jimmy James is Marilyn. Even Geraldo Rivera, in a show that featured "Mistresses of Illusion: Drag Queens on Parade," was captivated by Marilyn in Jimmy James, gently cradling Marilyn from behind in a cheek-to-cheek bump, bliss and surprised pleasure evident on his face. With a Marilyn gurgle and a look of mystified innocence, Jimmy James told his Club Cabaret audience that he even thought Geraldo was "pumping" him from behind.

But the proof that Jimmy James has brought Marilyn back from wherever she's been since Norma Jean died is that when Jimmy James quits his Marilyn persona, he is warm, believably human—and through with that helpless shit that was Marilyn's trademark as much as her halo of angel white hair was.

Even more wonderful about Jimmy James is that his talent is not limited to his ability to bring Marilyn back to life. When he begins to growl out a Billie Holiday tune, for example, the Lady enters the room as if to crowd off any lingering memories of her blond, white-girl contemporary. Daring the audience to think he can do any impersonation, he launches into a who-is-who in camp appeal: Cher, Barbra Streisand, Bette Davis, the Divine Miss M.

In this sense, Jimmy James has brought Marilyn into the 1980s as a modern woman. On stage in glittering performance drag, not only is Jimmy James' Marilyn gorgeous, eager and helpless, but she quite consciously uses feminine guile to woo her audience. When Jimmy James' Marilyn sheds her performance attire, she shows just how versatile and canny a girl has to be to keep an audience in thrall.

However, amid all the cotton candy spun around Jimmy James' Marilyn, I found myself mired in the peculiar psychology of camp. Don't be absurd, I calmed myself gently, this is all about Jimmy James.

But I had to wonder. Five films had convinced me that Jimmy James and Norma Jean had a persona—namely Marilyn—in common. But where

Norma Jean distilled the idealization of femininity in a single body, Jimmy James has managed an even greater feat—Marilyn and all those other divas in a single body, and still a sweet, terribly endearing boy. Don't mean to not have a sense of humor about it or anything, but it strikes me as unfair that men get to be both men and women in the gay community, while lesbians are stuck in the role of, at best, androgyne.

Jimmy James, of course, is not responsible for any of this. Quite to the contrary—his incarnation of Marilyn serves a radically subversive agenda, where women can be men or men can be women (because who can tell from the audience whether Marilyn has simply chosen to beam down in a form that can do Jimmy James, or Jimmy James is doing Marilyn—which is not simple either, if you think about it), where a white boy can invoke the magic of a Black woman singing the blues, and give tribute—not insult—to the Lady by bringing her sound and her memory to the audience.

Still, there is something that is at once fundamentally disturbing and delightfully absurd to me about sitting in a room full of men and women, predominantly gay, where the audience has gathered to worship the talent of a man who can be a woman. It is not as though anyone has gathered to worship a woman, because although Jimmy James certainly had Geraldo in a dither—everyone is equally cognizant of the fact that this is a man playing a woman, that the gathering is in honor of a man's incredible talent. But neither is it as though Jimmy James would be receiving the same adulation that he gets as Marilyn, or as a man capable of mastering the illusion of Marilyn perfectly, were he simply doing a Marilyn Monroe routine without donning the white hair, white skin, white teeth get-up. At least, Norma Jean certainly didn't get the treatment without the costume.

No, the truly peculiar thing about sitting in a room full of men and women, predominantly gay, where the audience has gathered to worship the talent of a man who can be a woman, is that it simply does not work in the reverse. Imagine a gathering of men and women, predominantly gay, paying homage to a woman's ability to successfully recreate Cary Grant. With the exception, perhaps, of Julie Andrews in "Victor/Victoria," of Linda Hunt in "A Year of Living Dangerously," women don't get instant acclaim and adulation in this day and age for their ability to do men.

Of course, following the trends set by Madison Avenue, with an appropriate popular-culture lag time, androgyny is in. Quite apart from that, there have always been hard-core dykes who have followed in the footsteps of Stephen Gordon, Radclyffe Hall's lesbian protagonist in *The Well of Loneliness.* But the fact of the matter is that male impersonators are not hot items on the entertainment circuit.

Which is not to say, of course, that women, as men, have not made their way into the entertainment world. For instance, when Billy Tipton, a woman who lived her entire professional life as a man simply in order to succeed in the music business, died recently, it was revealed that even her children did not know that she was a woman.

But gender parody remains one of those forms of entertainment that is peculiarly chauvinistic. While drag queens enjoy a fair following in the gay community, everyone still makes jokes about women who are judged to be too masculine. For that matter, ultra-feminine dykes are ridiculed, too. The nice androgyne image seems to be the narrow road of style lesbians are allowed.

In the gay and lesbian community, perhaps the most compelling element of doing a gender parody is that it slaps the straight world so directly across the face. For once, in a scenario that is designed to allow heterosexuals to gawk and point rudely, gay men and lesbians get to laugh at Geraldo Rivera for being sucked into a form of entertainment that has been nurtured in our community. Men dressed as women—even men who dress in women's clothes but expend no energy cultivating the nuances of femininity—when they are men who are sexually oriented to other men, are appropriating heterosexual gender norms with a vengeance. A man is no less than a man because he entertains men and women clad in women's apparel.

When Jimmy James as Marilyn was working the audience early in his performance two weeks ago, he searched for a birthday boy. He came up with a birthday girl instead. "Well, you look like a fellow anyway," Marilyn breathed sweetly into her cordless microphone. The audience laughed with gusto. The woman looked embarrassed for a moment, her own femininity called into question by this woman-who-is-a-man-who-is-a-woman with an ease that might have been alarming. Midway through a rendition of "Happy Birthday," Marilyn glanced furtively at the birthday girl and innocently told the audience that she had never sung her stunningly seductive "Happy Birthday" to a girl before. Delighted by Marilyn's addition of yet another layer to the gender parody, the audience screamed its approval.

But I read personals. I see advertisements placed by men in gay and lesbian publications that say, over and over again, "sks strt lking, strt acting male." Presumably, that means no one with a wiggle in his walk need apply. A notable minority of personals explicitly disinvite swish correspondents—one I read recently stated that "effeminacy of any degree in a total turn-off, no matter how attractive." Echoes of a particularly perverse kind of sexism.

Another red flag for this form of intolerance in our community is the fact that the ultra-political gay men and lesbians react with anger when cameras are trained on the show girls in a gay and lesbian parade. It is sensationalism, they argue, that causes the explosion of flash bulbs when the drag queens make their entrance. The media, they continue, are only interested in the most peripheral elements of our community. So? Are we any less interested, ultimately, than the straight media are? Are we any less formidable because our population includes drag queens? Has our community not yet absorbed the fact that drag queens vote too? The fact of the matter is that Geraldo's audience, which was undoubtedly white-bread, as usual, and the gathering at Club Cabaret were clapping for precisely the same reason—Jimmy James' Marilyn is fabulous.

Where Norma Jean was forced to resort to aid from vaseline-lensed cameras, a sophisticated version of Clorox, carefully applied eyelashes and lipstick, rehearsed expressions, and a patina of helplessness over her own determination, Jimmy James has engineered his rise to stardom by assessing Marilyn's limitations. He invokes Marilyn for only the first third, or so, of the show, then moves on to impersonations that rely entirely on his versatile voice and his genius for capturing nuance.

Where Norma Jean sacrificed her Norma Jean self to the relentless glamor of Marilyn, ultimately losing her life when, as the legend goes, all she really wanted was to be well-loved—Jimmy James has adopted Marilyn as though the persona was a waif, refusing to throw his own interests aside on her behalf. In all senses of the phrase, Jimmy James is the man for Marilyn: He is a man who can be a woman because he is a man, and who can be a man even as he is a woman. So, too, then is Jimmy James a man and a Marilyn for lesbians and gay men.

If the gay and lesbian community can applaud his performance, his consummate talent in meshing boy with girl, then it certainly should not be ashamed when nationally distributed publications leap to take cover photographs of his Marilyn. Ultimately, by allowing our pride in Jimmy James to breathe beyond the doors of the cabaret, we will be doing far more for the community than a couple of pictures of good gays in white shirts and ties will ever, ever do.

Jimmy James is a well-known female impersonator who does a wonderful impression of Marilyn Monroe. This article is reprinted from Next, *May 24, 1989.*

"The union of the sexes is four membered... the complex union of the male element of the one with the female element of the other, and the female element of the first with the male element of the second. The mystical life of the androgyne is realized not in one bisexual being but rather in the quadripartite union of two beings.

—Nicholas Berdyaev
June Singer's *Androgyne*

TRANSSEXUAL AND TRANSGENDER HEALTH LAW

by Martine Aliana Rothblatt, Esq.

What Is Transsexualism?

There are many different definitions of transsexualism,[1] reflecting the ambiguity and confusion over the definition of the underlying word "sex."[2] The medical and legal communities today largely define sex, the noun, as a categorization of people into males and females depending upon whether they have penises and vaginas, respectively.[3] Therefore, to these communities, transsexualism is the evident desire to change one's genitals to the other sex's genitals.[4]

Sociocultural experts tend to define sex as a categorization of people into males, females, and androgynous subtypes depending upon their behaviors and personal identity beliefs.[5] Therefore, in sociocultural terms, transsexualism is the process of changing from one set to another of sex-typed behaviors and beliefs.[6]

All the definitions of transsexualism comprehend that a person's sex is an important part of their self-expression. Hence fundamentally, transsexualism is the process of changing one's expression of their sexual identity.[7] The self-expression may be exercised through speech, apparel, body language, sexual hormonalization, and various kinds of cosmetic surgery, including alteration of the genitals.

Medical Community View

In seeking to better express their sexual identity, transsexuals have interacted since the 1960s with several kinds of health care professionals: psychologists, psychiatrists, endocrinologists, and plastic surgeons. In order to encourage uniformity of a high level of care to transsexuals, the psychiatric and psychological communities have stated a professional consensus on what the transsexual condition is in their *Diagnostic and Statistical Manual,* 3rd edition revised[8] (hereinafter referred to as DSM-III-R). A somewhat similar consensus is stated internationally in the World Health Organization's *International Classification of Diseases,* 9th edition[9] (hereinafter referred to as ICD-9). Since the DSM-III-R and ICD-9 provide only diagnostic guidelines, not treatment recommendations, a group of transsexual health care providers developed a specific set treatment guidelines called the Standards of Care of the Harry S. Benjamin Gender Dysphoria Association, Inc.[10] (hereinafter referred to as the Benjamin Standards of Care). These medical community views on the nature of transsexualism are the foundation of today's health law regime.

DSM-III-R

The purpose of the DSM-III-R is to provide a "common language of mental health clinicians and researchers for communicating about the disorders for which they have professional responsibility."[11] The DSM-III-R defines a mental disorder as a:

> *clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom.*[12]

However, excluded from the definition of mental disorder are "deviant behavior, e.g., political, religious, or sexual" and "conflicts that are primarily between the individual and society," unless the deviance or conflict is a symptom of a "behavioral, psychological, or biological dysfunction in the person."[13]

The DSM-III-R contains cautionary language that it provides only diagnostic criteria, not information regarding the causes of conditions, their management and treatment.[14] The DSM-III-R further cautions that the diagnostic criteria may not be valid when applied to persons with different cultural values from those of the clinician,[15] and that the definition of a diagnostic category of mental disorder "does not imply that the condition meets legal or other nonmedical criteria for what constitutes mental disease, mental disorder or mental disability."[16]

The DSM-III-R defines transsexualism as a disorder evidenced by: "a persistent discomfort and sense of inappropriateness about one's assigned sex in a person who has reached puberty" coupled with a "persistent preoccupation, for at least two years, with getting rid of one's primary and secondary sex characteristics and acquiring the sex characteristics of the other sex."[17] Transsexualism is further defined as a kind of "gender identity disor-

der" in which the person with the condition "not only is uncomfortable with the assigned sex but has the sense of belonging to the opposite sex."[18]

The DSM-III-R goes on to define gender identity and sex by stating:

> *Gender identity is the sense of knowing to which sex one belongs, that is, the awareness that "I am a male," or "I am a female." Gender identity is the private experience of gender role, and gender role is the public expression of gender identity. Gender role can be defined as everything that one says and does to indicate to others or to oneself the degree to which one is male or female.*[19]

The DSM-III-R notes that the transsexualism disorder should be "subdivided according to the history of sexual orientation, as asexual, homosexual (toward same sex), heterosexual (toward opposite sex) or unspecified."[20]

To summarize, the DSM-III-R says that transsexualism may or may not be a "mental disorder" depending on the reason a person suffers distress due to the difference between their assigned sex and the sex they believe they are.[21] If the distress is because one's sexual appearance does not match their sexual identity, then that person is said to have a mental disorder of transsexualism.[22] However, if the distress is solely because the expression of one's sexual identity is in conflict with society's rules on sexual expression, then no mental disorder at all exists.[23] Finally, if a person desiring to change their sexual appearance to that of the other sex neither suffers mental distress nor risks injuring themself, then no mental disorder exists.[24]

ICD-9

The ICD-9 is similar to the DSM-III-R, but it also covers an exhaustive list of nonmental health conditions. The ICD-9 defines transsexualism as "sexual deviation centered around fixed beliefs that the overt bodily sex is wrong. The resultant behavior is directed toward either changing the sexual organs by operation, or completely concealing the bodily sex by adopting both the dress and behavior of the opposite sex."[25]

The ICD-9 definition of transsexualism is considerably broader than that of the DSM-III-R. It does not require a preoccupation with genital surgery, nor does it specify a minimum period of time for cross-sex desires to exist. Although the ICD-9 lists transsexualism as a sexual deviation, it also implies that this categorization is not appropriate if the only reason for changing bodily sex is to achieve a state of normalcy.[26]

Benjamin Standards of Care

The Harry Benjamin International Gender Dysphoria Association, Inc., publishes a periodically revised booklet called *Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons* (the Benjamin Standards of Care). This booklet adopts the DSM-III-R's definition of transsexualism, but relies primarily on the term "gender dysphoria," defined as "that psychological state whereby a person demonstrates dissatisfaction with their sex of birth and the sex role, as socially defined, which applies to that sex, and who requests hormonal and surgical sex reassignment."[27] Only clinical behavioral scientists are qualified to make a diagnosis of transsexualism,[28] and that diagnosis must be based on independent knowledge of the patient's transsexual nature for at least two years.[29]

Unlike the DSM-III-R, the Benjamin Standards of Care provide specific guidance to health care practitioners. It is "declared to be professionally improper to conduct, offer, administer or perform hormonal sex reassignment and/or surgical sex reassignment without careful evaluation of the patient's reasons for requesting such services and evaluation of the beliefs and attitudes upon which such reasons are based."[30] Only clinical behavioral scientists are deemed competent to make such evaluations, and neither hormonal nor surgical sex reassignment is permitted unless such behavioral scientists provide a firm written recommendation to such effect.[31] The clinical behavioral scientists must have known the patient in a psychotherapeutic relationship for at least three months prior to recommending hormones and at least six months prior to recommending surgery.[32] A second, doctoral level behavioral clinician must provide a written recommendation in order to obtain genital or breast modification surgery,[33] and the patient must have lived at least one year full-time in the "social role of the genetically other sex."[34]

The Benjamin Standards of Care also note that "hormonal and surgical sex reassignment has been demonstrated to be a rehabilitative, or habilitative, experience for properly selected adult patients."[35] Warnings are also provided to not charge transsexual patients excessive fees[36] and to respect the patient's privacy.[37]

In summary, the Benjamin Standards of Care agrees with the DSM-III-R's definition of transsexualism, but limits the class of persons that can make the diagnostic determination. The Benjamin Standards of Care also endeavor to limit the freedom of patients and doctors to hormonally or surgically achieve expression of sexual identity. The limitation is accomplished by requiring written recommendations from one or more qualified mental health professionals. Scant advice, other than some time periods of

psychotherapy and cross-living, is given with regard to the criteria for issuing a recommendation. Basically, the only guidance is that "the clinical behavioral scientist's recommendation for hormonal and/or surgical sex reassignment should, in part, be based upon an evaluation of how well the patient fits the diagnostic criteria for transsexualism...."[38]

There is an interesting element of irrationality in how the DSM-III-R is applied by the Benjamin Standards of Care. A transsexual who is not suffering mental distress does not meet the DSM-III-R's criteria for a diagnosis of transsexualism mental disorder.[39] According to the Benjamin Standards of Care, such a well-adjusted person should not be referred for transsexual surgery because they do not meet the DSM-III-R diagnosis. Since transsexuals must get a clinical behavioral scientist's recommendation in order to express their sexual identity, the Benjamin Standards of Care encourage transsexuals to present themselves as mentally distressed, whether or not this is true.[40]

The Benjamin Standards of Care adopts just one small portion of the DSM-III-R, and fails to include the discussions of just what constitutes a mental disorder in the first place. The Benjamin Standards of Care fails to contemplate that there are transsexuals who desire hormonal or surgical sex reassignment but don't qualify as having a mental disorder. This is because they are at peace with their timetable for gender transition or because their distress is a result of societal discrimination, not personal psychopathology.

Sociocultural View

While the medical community believes that sex is either a male or female state, there is also a sociocultural view that sees sex as a continuum of role possibilities.[41] In this view transsexuals are not merely persons who believe they were labeled the wrong sex, but are also persons who occupy a vast middle ground of different sex-types. From a sociocultural perspective, transsexuals are not in any way medically ill or mentally disordered, but instead are part of the normal diversity of human sex-types.[42]

Geneticist Anne Fausto-Sterling has recently observed "that sex is a vast, infinitely malleable continuum that defies the constraints of even five categories."[43] Beside the typical male and female categories, she had also defined herm, ferm, and merm as various types of genitally intersexed persons that occur in as many as four percent of all births.[44]

Recent scientific research indicates that sexual identity arises from brain cell patterns.[45] Hence it appears as if transsexualism is really a form of intersexuality in which the brain and body are wired for two different sexes.

There is no sharp dividing line between a male brain and a female brain, but only a set of statistically significant aptitude differences among sexes in large populations.[46] Accordingly, Dr. Fausto-Sterling may well be correct in viewing sex as a "vast, infinitely malleable continuum."[47] People are born with many varying degrees of sexual brain patterns, sexual anatomy, and overlap between brain patterns and anatomy.

If intersexuality is as pervasive as Dr. Fausto-Sterling and others believe, then transsexualism simply describes people that want cosmetic surgery so that their outward appearance better matches their inner view of themselves. Transsexualism is just part of normal human sexual diversity.

Another sociocultural view is that sex is not a biological reality so much as a cultural construct.[48] In this view, technology has eroded the biological reality of sex differences to the point that anyone can choose to be any sex they like. Even seeming paramount differences such as fathering children or nurturing infants can be assumed by any person with the assistance of technology such as artificial insemination and surrogate motherhood.[49] If sex is a cultural construct, then transsexualism is simply a typical lifestyle choice to change from one subculture to another.[50]

Legal Guidelines for Transsexual Health Care

Transsexuals are persons who want to change the expression of their sexual identity to better conform to their inner view of themselves. The only difference between transsexuals and persons who seek other types of cosmetic surgery is that transsexual surgery involves the sex organs in a way that challenges the religious-based morals of society. While law in a secular society should not discriminate against persons based on whether their private behavior offends other group's religious or quasireligious beliefs,[51] this section shows that such arbitrary discrimination is precisely the case today in transsexual health law.

Positive Transsexual Health Law: Europe

Since 1972 Sweden has had a law dealing with transsexual medical treatment.[52] This law provides that

> *any person who since his youth has felt that he belongs to a sex other than that officially recorded for him in the parish register and who has acted in accordance with this conviction for a considerable period, and who must be assumed will continue living as if*

he were a member of this sex, may, after applying in person, be pronounced to belong to the other sex.[53]

Applications must be made to the Swedish Social Welfare Board, which has the sole authority, subject to review by the Administrative Court of Appeal, to authorize surgical alteration of the genitals from those of one sex to the other. Criminal sanctions are specified for the violation of this provision, or for the violation of the transsexual's confidentiality. Medical treatment for transsexuals other than genital surgery is not regulated.

No country other than Sweden and Italy specifically require governmental approval for a sex change operation. Germany,[54] Italy,[55] Turkey,[56] and Holland[57] have laws that govern the conditions under which a person may change the gender of their name or their legal sex. Generally these laws are consistent in that a change in legal sex will be effected only (1) by a court, (2) for single people, (3) for people permanently incapable of reproduction, although in Turkey the single status occurs automatically upon legal sex change and in Italy the single status occurs only if one spouse sues for divorce.

In the case of Germany, the legal sex change will be effected only if the person "has undergone surgery changing external characteristics that achieves a clear approximation to the phenotype of the opposite sex."[58] In the case of Holland, the legal sex change will be effected only if the person's application is signed by at least two experts testifying to the certitude of the person's transsexual nature (i.e., actual sex reassignment surgery is not necessary).[59]

In none of the European laws is there any specification of the rights and obligations of transsexuals and health care organizations in the medical treatment process or hormonal and surgical sex reassignment.[60] However, Germany, Holland, and Sweden do either explicitly or implicitly require a period of cross-gender living prior to authorizing a legal sex change. Also, given the legal regimes of all the mentioned countries except Italy and Turkey, it would appear unlikely that doctors would feel comfortable treating married transsexuals because at the end of the treatment process, no change of legal sex status would be possible unless the person was single.

Positive Law Relevant to Transsexuals: The United States

Transsexual health law in the United States is even sparser than in Europe. The only mention of transsexualism in federal law is its exclusion as a "medical disability" from the Americans with Disabilities Act.[61] Several

states have statutory provisions permitting birth certificates to be amended upon the accomplishment of sex reassignment surgery, and two states forbid the amendment of birth certificates based on a sex change.[62] The most significant piece of legislation for American transsexuals applies only in Minnesota.[63] This statute forbids discrimination on the basis of sexual orientation in housing, employment, public services, education and business. "Sexual orientation" is defined as, inter alia, "having a self-image or identity not traditionally associated with one's biological maleness or femaleness."[64] While this statute is very helpful to transsexuals in Minnesota, it does not directly bear on health law issues other than prohibiting transsexual discrimination in public health services.

U.S. courts have generally recognized the rights of transsexuals to obtain medical care in accordance with medical diagnoses and prescriptions.[65] In this way, the judiciary has crafted the DSM-III-R in particular, and to a much lesser extent the Benjamin Standards of Care, into a body of de facto U.S. health law.[66] It is to these medicolegal guidelines that we next turn.

De Facto Transsexual Health Law: Hormonal

The Benjamin Standards of Care note that the "administration of androgens to females and of estrogens and/or progesterones to males may lead to mild or serious health-threatening complications."[67] Accordingly, it is specified that hormones be prescribed by a physician, that the transsexual patient be warned of the health consequences, and that the patient's blood chemistry be periodically monitored.[68] These are sensible provisions that would apply to any other medication with a similar potential for bodily change.

However, there is no logical basis for the further limitations on access to hormones that are imposed by the Benjamin Standards of Care. These limitations include a requirement for a written recommendation from a mental health professional based on three months of psychotherapy and an independently confirmed belief that the patient has wanted to change their sex for at least two years. The only reasoning given for these limitations is that hormonal sex reassignment "may have some irreversible effects."[69] However, other prescriptive cosmetic-effects drugs may have irreversible effects, and numerous life activities can have irreversible effects. Why are hormones singled out as requiring a psychiatric recommendation? Apparently it is only because hormones affect a person's sexual status in society, and a sexist society has difficulty with people who want to change their sexual status.[70]

Health law must concern itself with a consistent, rational, and fair approach to medical treatment for transsexuals. The fact that the part of the

body that the transsexual wants to change is sexual in nature must remain an irrelevant factor in a secular body of law. Accordingly, it is recommended that hormonal sex reassignment therapy be available on demand for healthy patients subject only to full disclosure of the prescriptive drug risks and periodic blood chemistry monitoring.

De Facto Transsexual Health Law: Surgical

The Benjamin Standards of Care prohibit sex reassignment surgery in the absence of two written recommendations from appropriate mental health professionals. The recommendations may only be issued if the patient has a diagnosed transsexualism mental disorder, has lived for at least a year in the opposite sex, and has already been under hormonal sex reassignment therapy. Of these limitations, only the requirement for preexisting hormonal sex reassignment enjoys a rational basis.

The requirement for recommendations from mental health professionals is sexist per se because such a recommendation is not required for any other kind of plastic surgery. For example, a person can change their nose, the shape of their torso, or their entire hairline without getting a psychiatrist's permission. Why does one need such permission for sex reassignment surgery? No reason is offered in the Benjamin Standards of Care other than that such surgery "may be requested by persons experiencing short-termed delusions or beliefs which may later be changed and reversed."[71] However, this same point applies to many other kinds of cosmetic surgery and, for that matter, to all manner of risky activities in life. It appears that it is only because of society's difficulty in dealing with sexuality that a special discriminatory standard of care has been developed to limit access to cosmetic sex reassignment surgery.

There also appears to be little rationality to requiring a patient to live in the opposite sex role for a year as a condition of approval for sex reassignment surgery. First, there is ever growing disagreement and ambiguity in society over just what a sex role is, and whether there even are or should be different sex roles.[72] Unique feminine and masculine sex roles are fast disappearing in the military and civilian workforce, as well as in the social arena. Second, the effect on a person's life of coming out as a different sex is likely to far outweigh the effect on their life of sex reassignment surgery. Coming out is just as irreversible as sex reassignment surgery, but coming out is a lot more visible to the outside world. The Benjamin Standards of Care show a lack of understanding of transsexual realities by positing a "one-year test" as a litmus test for access to sex

reassignment surgery. Indeed, such a test often puts transsexuals in a cruel situation of being neither male nor female, having to look one sex and use the toilets of the other.[73]

The only sensible prerequisite for sex reassignment surgery should be a one-year prior period of hormone reassignment therapy. The reason for this is that the hormone reassignment therapy will help ensure the aesthetic success of the sex reassignment surgery.[74] A physician's record of hormone prescriptions and blood tests will provide the cosmetic surgeon with evidence that this requirement has been fulfilled.

Implications of Demedicalization of Transsexual Health Care

The demedicalization of transsexual health care proposed in this article carries important implications for mental health professionals, for tort liability, and for medical insurance. Each of these implications is discussed below.

Role of Mental Health Professionals

Mental health professionals in the transsexual field should concentrate on dealing with cases of mental distress, not on judging the "reality" of a person's sexual identity. Changing the outward expression of one's sexual identity can cause great stress and anguish. Psychotherapy may be helpful in alleviating this stress.

The stress of a transsexual can best be managed by first affirming the normalcy of wanting to express a different sexual identity. Once this is accomplished, the therapist can focus on helping the transsexual handle the reactions of others to his or her decision to change their social role and sexual appearance.

The DSM-III-R contains a list of conditions that are not mental disorders but may appropriately be a focus of professional attention or treatment. These conditions are called "V Codes."[75] In a demedicalized regime, transsexualism should be a "V Code."

Tort Liability

The Benjamin Standards of Care might conceivably have value to cosmetic surgeons as a prophylactic against tort liability from disgruntled patients.[76] However, experts believe a successful tort or criminal prosecution of a sex reassignment surgeon is highly unlikely absent egregious conduct.[77] Cosmetic surgeons will be fully immunized against tort liability for wrongfully

changing someone's sex by a properly drawn up and executed informed consent and waiver. No psychiatric opinion is needed for legal security.

Medical Insurance

With transsexualism no longer a medical illness, there is no current prospect of medical insurance coverage for the costs of sex reassignment surgery. But very little sex reassignment surgery is covered by medical insurance today.[78] Also, it would be morally wrong to falsely label transsexualism as a medical illness in order to obtain insurance coverage.[79] The solution to the difficulty many transsexuals have in paying for sex reassignment surgery is to work to include all cosmetic surgery in the list of covered conditions for medical insurance.

Conclusion

Transsexualism is a normal part of human sociobiological diversity, stretching back thousands of years and spanning the globe.[80] Modern technology has now permitted transsexuals to express their sexual identity with great effectiveness, just as technology has permitted gifted artists and engineers to express their identities with unprecedented impact.[81]

The use of biotechnology to express sexual identity is a private matter with no harmful effects on other people.[82] Nevertheless a quasilegal regime has evolved that unfairly impedes transsexual endeavors with a mental health yoke.[83] The only possible reason for this impedance is that transsexuals challenge deeply rooted sexist and heterosexist belief systems.[84] To protect the integrity of these patriarchal systems, while still dealing with the unending reality of transsexualism, society says the transsexual is "crazy," and sex changes will be allowed only as a "cure" for "mental disorders," not as an open expression of sexual identity.[85]

Following the lead of other oppressed minorities, transsexuals are moving from invisibility and shame to empowerment and pride.[86] Thus liberated from a mindset of disability, the Health Law Standards of Care proposed herein will further free transsexual expression from mental health professionals. As time goes on, ever-growing numbers of transsexuals will help engender a revolution in human expression.[87] This revolution will achieve the freedom for people to navigate their entire personality, not just those roles that are permitted based on a label imposed at birth. The liberal achievement of this new level of wholeness and self-actualization is the ultimate goal of transsexual health law.

Health Law Standards of Care for Transsexualism

Principle 1. Transsexualism is an ancient and persistent part of human culture and is not in itself a medical illness or mental disorder. Transsexualism is the desire to change the expression of one's sexual identity.

Principle 2. Persons have the right to express their sexual identity through noncoercive behavior and through changes to their physical appearance, including the use of hormones and cosmetic surgery.

Principle 3. Providers of health care (including surgical) services to transsexuals have a right to charge reasonable fees for their services, to be paid in advance, and to require a waiver of all tort liability except negligence.

Principle 4. It is unethical to discriminate in the provision of sex reassignment services based on the sexual orientation, marital status, or physical appearance of a patient.

Standard 1. Physicians shall provide hormonal sex reassignment therapy to patients requesting a change in their sexual appearance subject only to (1) the physician's reasonable belief that the therapy will not aggravate preexisting health conditions, (2) the patient's compliance with annual blood chemistry checks to ensure a continued healthy condition, and (3) the patient's signature of an informed consent and waiver of liability form. If the patient is married, the physician may also require the spouse to sign the waiver of liability form.

Standard 2. Surgeons shall provide sex reassignment surgery to patients requesting a change in their sexual appearance subject only to (1) the surgeon's reasonable belief that the surgery will not aggravate preexisting health conditions, (2) the surgeon's reasonable determination that the patient has been under hormonal sex reassignment surgery for at least one year, and (3) the patient's signature of an informed consent and waiver of liability form. If the patient is married, the surgeon may also require the spouse to sign the waiver of liability form.

Standard 3. Surgeons providing sex reassignment surgery shall collect and publish on an annual basis the number of sex reassignment surgeries perfomed and the number and general nature of any complications and complaints involved. The publication requirement of this Standard shall be satisfied by providing the collected statistics in writing to all prospective patients inquiring into the surgeon's sex reassignment services.

Notes

[1]The term transsexualism was first used in Cauldwell, "Psychopathia Transsexualis," 16 *Sexology* 274 (1949). See, generally, Comment, in "Transsexuals in Limbo: The Search for a Legal Definition of Sex," 31 *Maryland L. Rev.* 236 (1971).

[2]"The total physical and behavior differences, properties, and characteristics by which the male and female are distinguished; either of the two groups, male and female, into which organisms are divided, especially according to their distinct functions in the reproductive process; activities relating to or based on sexual attraction, sexual relations, or sexual reproduction; sexual intercourse." *Living Webster Dictionary of the English Language* 884 (1971). In an excellent analysis of the question "what is sex," Edward David observes that "the sharpening of the analytical tools for determining sex has led to an increasing awareness that sexual classification can pose a theoretically complex problem. There are many factors that are relevant to sex determination, and there are cases in which those factors do not unanimously point to 'male' or 'female' as the appropriate label for an individual. Where there are contraindications one cannot say without qualification that the person is male or female." Comment, in "The Law and Transsexualism: A Faltering Response to a Conceptual Dilemma," 7 *Conn. L. Rev.* 288, 289 (1975). After surveying various factors relevant to sexual classification, David correctly concludes that "gender identity, is arguably the most important" and may govern a person's "whole sexual gestalt." Id. at 292. In short, sex should be a classification of persons based on their psychological identity of maleness, femaleness, or androgyny.

[3]Hence doctors specify the sex of newborns by inspecting their genitals, and the legal system requires proof of conversion of a penis into a vagina before it will change a person's birth certificate from male to female. See, e.g., 410 *Ill. Comp. Stat. Ann.* 535/17 (1992) ("For a person born in this State, the State Registrar of Vital Records shall establish a new certificate of birth when he receives ... an affidavit by a physician that he has performed an operation on a person, and that by reason of the operation the sex designation on such person's birth record should be changed."); *N.J. Stat.* 26:8–40.12 (1992) ("The State registrar shall issue an amended certificate of birth to a person born in this State who undergoes sex reassignment surgery and requests an amended certificate of birth which shows the sex and name of the person as it has been changed.")

The medical and legal communities also have more comprehensive (not genital-specific) means of defining sex. One leading sexologist lists seven variables which interact to produce the ultimate sex of a person: chromosonal, gonadal, hormonal, internal morphological, external morphological, legal assignment and subsequent socialization, and psychosexual identity. J. Money, "The Sex Chromatin and Psychosexual Differentiation," in *The Sex Chromatin* 434–435 (K. Moore, ed. 1966). A classic statement of the legal requirement for a confluence of several kinds of sex to determine a person's ultimate sex is: "Where there is disharmony between the psychological sex and the anatomical sex, the social sex or gender of

the individual will be determined by the anatomical sex. Where, however, with or without medical intervention, the psychological sex and the anatomical sex are harmonized, then the social sex or gender of the individual should be made to conform to the harmonized status of the individual...." *In the Matter of Anonymous,* 57 Misc. 2d 813, 815; 293 N.Y.S. 2d 834, 836 (1968).

Perhaps the wisest view on sex is that it cannot be so rigidly defined: "for the simple man in the street, there are only two sexes. A person is either male or female, Adam or Eve. The more sophisticated realize that every Adam contains elements of Eve and every Eve harbors traces of Adam, physically as well as psychologically." H. Benjamin, *The Transsexual Phenomenon* 4 (1966). Virginia Woolf came to the same conclusion decades earlier: "Different though the sexes are, they intermix. In every human being a vacillation from one sex to the other takes place, and often it is only the clothes that keep the male or female likeness, while underneath the sex is the very opposite of what it is above." V. Woolf, *Orlando* 189 (1928).

[4]In contemporary usage, the term transexualism is used as a name for the sex-reassignment method of rehabilitation, as well as for the syndrome treated by means of sex reassignment. The syndrome of transexualism is ... becoming socially, economically, and hormonally rehabilitated in the role of the sex of reassignment, prior to the final and irrevocable step of surgery." J. Money, *Gay, Straight and Inbetween* 88 (1988). A transsexual need not complete genital reassignment surgery. For example, a male-to-female hormonalized transsexual opting out of genital reassignment surgery ("non-op transsexual") could be described as a legal female with clitorial hypertrophy, ectopic ovaries, and vaginal agenesis. This is similar to the description of the famous ophthalmologist–tennis pro transsexual, Renee Richards, who was described in her court case as fully female, despite the presence of XY chromosones, and anatomically no different from a hysterectomized and ovariectomized woman. *Richards v. United States Tennis Association,* 93 Misc. 2d 713, 719; 400 N.Y.S. 2d 267, 271 (1977).

[5]See, e.g., *Bodyguards: The Cultural Politics of Gender Ambiguity* 2 (1991) ("distinctions between male and female bodies are mapped by cultural politics onto an only apparently clear biological foundation. As a consequence, sex/gender systems are always unstable sociocultural constructions.")

[6]Id. at 260.

[7]R. Garet, "Self-Transformability," 65 *S. Cal. L. Rev.* 121, 126 (1991), analogizes transsexual expression to religious or economic expression by noting that "transsexuals are no more unnatural than, say, converts or immigrants, and that sex-reassignment surgery is no more unnatural than celibacy or the practice of ritual circumcision."

[8]American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders,* 3rd edition revised (1987) (DSM-III-R).

[9]World Health Organization, *The International Statistical Classification of Diseases, Injuries, and Causes of Death,* 9th revision (1977) (ICD-9).

[10]Harry S. Benjamin International Gender Dysphoria Association, Inc., *Standards of Care* (1990) (Available from HBIGDA, Inc., 1515 El Camino Real, Palo Alto, CA 94306). These Standards do not prescribe the kind of surgery to be performed, which is left up to individual surgeons. Generally, for male-to-female transsexuals, the penis is inverted to line a cavity excavated as a neovagina. However, other practitioners use a segment of the colon to line the neovaginal cavity, the benefit of which is self-lubrication. For female-to-male transsexuals, skin grafts are generally used to fashion a neopenis. New ground was recently broken in China were a male-to-female and a female-to-male transsexual with compatible biochemistry transplanted to each other their respective genitals and reproductive tracts. "Professor Xia Zhaoji, who did the operation at the No. 3 Hospital of the Beijing Medical University, revealed that without using sex hormones, the previous male, now a 'female,' has obtained fine skin, shapely body and tender temper while the previous female, now a 'male,' has grown a pale moustache and adopted a bold and unconstrained character. On July 24, 1991, Professor Xia and his colleagues did a 19-hour operation to swap testicles and ovaries between them following strict blood and tissue checks." "Patients Recovering Well After Sex Change Operation," *Xinhua General News Service* (March 9, 1993). In 1972 the American Medical Association first recommended the use of sex reassignment surgery for diagnosed transsexuals. L. Lothstein, "Sex Reassignment Surgery: Historical, Bioethical, and Theoretical Issues," 139 *Am. J. Psychiatry* 417 (1982).

[11]DSM-III-R, supra note 8 at xii.

[12]Id. at 401.

[13]Id. at xxii.

[14]Id. at xxv.

[15]Id. at xxvi. Transsexualism is well-known as a cross-cultural phenomena. It is not considered a psychological problem outside of Western medicine, and was not even considered a mental disorder in the West until the 1970s. See, e.g., J. Money, supra note 4 at 89 ("Gender crosscoding and living as a woman has ancient history among the hijras of India. Partly a caste and partly a cult with their own presiding deity, the goddess Bahuchara Mata, the hijras are a community of people who, in the medical terminology of the West, would be called male-to-female transsexuals.") See also, L. Feinberg, *Transgender Liberation* 7–8 (1992) ("The high incidence of transgendered men and women in Native [American] societies on this continent was documented by colonialists who referred to them as berdache.... Many berdache were tortured and burnt to death by their Christian conquerors. Other colonial armies sicked wild dogs on the berdache.")

After reviewing evidence of age-old transsexualism in Oman ("xanith"), Pakistan ("kushra"), Myanmar ("acaults"), China, Thailand, Singapore (highest statistical incidence of transsexualism in the world), Poland, Russia, and Czechoslovakia, one expert in the field concluded: "Contrary to the belief of some that transsexualism and related gender transpositions are symptoms of a decadent, fin-de-siècle, occidental culture, it is of note that these phenomena can be encountered in very

diverse sociocultural systems.... This indicates that disturbance in gender identity/role development is a risk the human species is subject to, rather than that it is induced by a certain environment." R. Reid, "Psychiatric and Psychological Aspects of Transsexualism," *XXIIIrd Colloquy on European Law: Transsexualism, Medicine and the Law* 14, 16 (Amsterdam, 1993). "The historical, cultural, anthropological, and literary development of sexual transformation and surgery is well documented.... Incidences of sexual transformation procedures [occur] in early Greek and classical history, the Renaissance, and modern times; cultural examples from American Indian tribes as well as Indo-European and Asiatic cultures are included." Lothstein, supra note 10 at 418.

[16]DSM-III-R, supra note 8 at xxix.

[17]Id. at 74. A draft revision of the DSM-III-R, called DSM-IV, deletes the term and condition "transsexualism" and partially replaces it with "gender identity disorder." For adults, the proposed DSM-IV classification of "gender identity disorder" is very similar to the DSM-III-R definition of "transsexualism" except in two important respects. First, no specific time period, such as DSM-III-R's "two years," is given for the duration of cross-gender desires in order to qualify under the diagnosis. Second, the proposed DSM-IV makes very explicit the implicit DSM-III-R condition that a gender identity disorder exists only if there is "clinically significant distress or impairment in social, occupational or other important areas of functioning." American Psychiatric Association, *DSM-IV Draft Criteria (Task Force on DSM-IV)* O-9 (March 1, 1993).

Assuming the DSM-IV draft becomes official, a person identified as a "transsexual" can no longer be assumed per se to have a mental disorder. However, a person would be deemed to have a "gender identity mental disorder" if they meet all four of the following criteria: (1) a strong and persistent cross-gender identification (evidenced by a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or conviction that one has the typical feelings and reactions of the other sex); (2) a persistent sense of inappropriateness in the gender role of one's sex (evidenced by a preoccupation with getting rid of one's primary and secondary sex characteristics or a belief that one was born the wrong sex); (3) no physical intersexuality; and (4) clinically significant distress or impairment in social, occupational, or other important areas of functioning due to gender identity. Id.

[18]DSM-III-R, supra note 8 at 71.

[19]Id.

[20]Id. at 75. The draft DSM-IV replaces this language with a subdivision of "sexually attracted to males, females, both or neither." DSM-IV, supra note 17. The reason for replacing "heterosexual" and "homosexual" with "sexually attracted to males, females..." was that (1) experience has shown that nonspecialist clinicians are frequently confused about whether these labels are applied according to the patient's biological or psychological sex, and (2) both transsexuals and homosexuals are sometimes offended by these labels, neither group wishing to be likened to the

other." R. Blanchard, *In Consideration of Specifying a Bisexual Subtype of Gender Identity Disorder in the DSM-IV* 10 (monograph distributed at the 1993 Meeting of the American Psychiatric Association).

Transsexualism and erotic or affiliative orientation are wholly distinct aspects of human neural development, with about 30% of male-to-female transsexuals expressing a preference for female partners and about 10% of female-to-male transsexuals expressing a preference for male partners. L. Gooren, "Biological Aspects of Transsexualism and their Relevance to its Legal Aspects" *XXIIIrd Colloquy on European Law: Transsexualism, Medicine And The Law* 12 (Amersterdam, 1993). However, prenatal and neonatal differential brain hormonalization, ultimately reflected in differential neural structures, may account for both sexual identity and sexual orientation. The hormonalization that accounts for sexual identity appears to occur at a different point in time, to be metabolized in a different way, and to produce different brain structures than the hormonalization which accounts for sexual orientation. See generally, W. Byne & B. Parsons, "Human Sexual Orientation: The Biologic Theories Reappraised," 50 *Arch. Gen. Psychiatry* 228–239 (1993).

[21]DSM-III-R, supra note 8 at xxii.

[22]Id. at 71.

[23]Id. at xxii.

[24]Draft DSM-IV, supra note 17 at O-9. The preoccupation of psychiatry with transsexuals appears to be an artifact of (1) surgeon's requirements for psychiatric referrals as an ostensible shield against tort or criminal liability, and (2) transsexuals presentations of themselves as highly distressed in order to get psychiatric referrals to surgeons. But as noted researcher Dr. Marie Mehl observed in 1986: "There is no mental or psychological test which successfully differentiates the transsexual from the so-called normal population. There is no more psychopathology in the transsexual population than in the population at large, although societal response to the transsexual does pose some insurmountable problems. The psychodynamic histories of transsexuals do not yield any consistent differentiation characteristics from the rest of the population." Quoted in S. Stone, "The Empire Strikes Back: A Post-Transsexual Manifesto," *Bodyguards: The Cultural Politics of Gender Ambiguity* 292 (J. Epstein and K. Straub, eds.) (1991). See also, S. Johnson & D. Hunt, "The Relationship of Male Transsexual Typology to Psychosocial Adjustment," 19 *Arch. Sex Behav.* 349–350 (1990) (the entire transsexual population cannot be usefully defined as either psychologically sick or healthy; factors extrinsic to transsexualism per se are responsible for psychological health).

[25]DSM-III-R, supra note 8 at 463.

[26]Id. at 462.

[27]Benjamin Standards of Care, supra note 10 at para. 3.4.

[28]Id. at para. 4.2.3.

[29]Id. at para. 4.6.1.

[30]Id. at para. 4.1.4.

[31]Id. at para. 4.2.5.

[32]Id. at para. 4.6.2 and 4.8.1.

[33]Id. at para. 4.7.5.

[34]Id. at para. 4.9.1.

[35]Id. at para. 4.14.1. The most recent (1990) evaluation studies of postoperative transsexuals article patient satisfaction for 87% of male-to-females and for 97% of female-to-males. A follow-up study of thousands of postoperative transsexuals found only 18 male-to-females and five female-to-males who regretted the procedures and returned to their original gender role. Reid, supra note 15 at 12–13. While satisfaction with sex reassignment surgery is clearly overwhelming for all transsexuals, if "gender reassignment surgery is indicated for a female-to-male transsexual, the prognosis is generally better than for male-to-female transsexuals, since integration in the aspired gender role has often been achieved before the first contact is made with a doctor about the possibilities of a sex-change operation." G. Kockott & E.-M. Fahrner, "Male-to-Female and Female-to-Male Transsexuals: A Comparison," 17 *Arch Sex Behav* 539, 545 (1988). In essence, even though surgical results are technically better for male-to-female transsexuals, the greater ease women have passing as men than vice versa provides the typical female-to-male with a more solid social background in the new sex, and this is the posited basis of the differential greater satisfaction reported by female-to-male transsexuals.

[36]Benjamin Standards of Care, supra note 10 at para. 5.3.2.

[37]Id. at para. 5.3.1.

[38]Id. at para. 4.3.1.

[39]See discussion at note 17, supra.

[40]"It took a surprisingly long time—several years—for the [gender identity] researchers to realize that the reason the [transsexual] candidates' behavioral profiles matched Benjamin's [psychological profiles of transsexuals] so well was that the candidates, too, had read Benjamin's book, which was passed from hand to hand within the transsexual community, and they were only too happy to provide the behavior that led to acceptance for surgery." Stone, supra note 24 at 291.

[41]See note 5 supra.

[42]See note 15 supra.

[43]Fausto-Sterling, "Are Five Sexes Not Enough?" *Sciences* 21 (March/April 1993). See reprint, this issue of *JGS*.

[44]Id.

[45]R. Friedman and J. Downey, "Neurobiology and Sexual Orientation: Current Relationships," 5 *J. Neuropsychiatry* 131 (1993); L. Gooren, supra note 20 at 18 ("The implication of the above scientific insight that the sexual differentiation of the brain occurs [hormonally] after birth is that assignment of a child to the male or female sex by the criterion of the external genitalia is an act of faith.")

[46]"It is possible to be female and have some male mind attributes, and this simply depends on the presence or absence of the male hormone during certain stages of pregnancy." A. Moir & D. Jessel, *Brain Sex* 50 (1991). See also, W. Byne,

"Human Sexual Orientation: The Biologic Theories Reappraised," 50 *Arch. Gen. Psychiatry* 228 (1993) (an exhaustive literature review concludes that neonatal hormonal levels establish a template for mental gender identity, which is not expressed behaviorally until age 3–4 years, during which time the brain quadruples in size, but that environmental factors can also affect neural pattern development, and thus a biologic-environment interactionist model is needed for understanding sexual orientation and sexual identity).

[47]Note 43, supra.

[48]Note 5, supra.

[49]"Despite the multiplicity of sex differences, those that are immutable and irreducible are few. They are specific to reproduction: men impregnate, and women menstruate, gestate, and lactate.... However, in the light of contemporary experimental obstretrics, being pregnant is no longer an absolutely immutable sex difference. The hormones and stimuli required for normal fetal development are intrinsic and within the early embryo." J. Money, *Sexology of Erotic Orientation* 54–55 (1988).

[50]See "Article of the Health Law Committee," *First International Conference on Transgender Law and Employment Policy* 18–20 (1992).

[51]"The makers of our Constitution undertook to secure conditions favorable to the pursuit of happiness. They recognized the significance of man's spiritual nature, of his feelings and of his intellect. They knew that only a part of the pain, pleasure and satisfactions of life are to be found in material things. They sought to protect Americans in their beliefs, their thoughts, their emotions and their sensations. They conferred, as against the Government, the right to be let alone—the most comprehensive of rights and the right most valued by civilized man." *Stanley v. Georgia* 394 U.S. 557, 564 (1969), quoting *Olmstead v. United States* 277 U.S. 438, 478 (1928) (Brandeis, J., dissenting). See also, *European Convention on Human Rights*, Art. 8 ("Everyone has the right to respect for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety, or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.") The European Court of Human Rights found that France had violated this article and interfered with the privacy of a transsexual when it failed to register her in her new sex. *Case of B. v. France*, 25 March 1992.

It is true that private sexual conduct has not found constitutional privacy protection as against the legislative power of the State. *Bowers v. Hardwick*, 478 U.S. 186, reh'g denied, 478 U.S. 1039 (1986). However, for a trenchant analysis that Bowers actually paved the way for constitutional protection of sexual identity if defined as dialogue that generates group-oriented involvement in a political process, see J. Halley, "Equal Protection for Gay, Lesbian and Bisexual Identity," 36 *UCLA L. Rev.* 915 (1989). The gist of Halley's thesis, as relevant to transsexuals, is that discrimination against the freedom of transsexual efforts to express their sexual identity constitutes an unconstitutional interference with transsexuals' efforts, as à group, to effect legislative change and impact the political process.

[52]SFS 1972: 119, Act Concerning Pronouncement of Sexual Identity in Certain Cases.

[53]Id. at Section 1.

[54]BGB 1, No. 56, 1654–1658 (1980), Law on the Changing of Names and the Determination of Sex Membership.

[55]*Gazzetta Ufficiale* No. 106, 2879 (del 19 aprile 1982), Norme in materie di rettificazione di sesso.

[56]Act of 11 Mai 1988, No. 19812, 1–3 *Resmi Gazete* (12.5.1988).

[57]Act of 24 April 1985, *Staatsblad 1985*, 243.

[58]F. Pfafflin, "Psychiatric and Legal Implications of the New Law for Transsexuals in the Federal Republic of Germany," 4 *Int. J. Law Psychiatry* 191 (1981).

[59]Note 57, supra.

[60]See generally, excellent review in M. Will, "Legal Conditions of Sex Reassignment by Medical Intervention: Situation in Comparative Law," *XXIIIrd Colloquy on European Law: Transsexualism, Medicine and the Law* (Amsterdam, 1993).

[61]Americans with Disabilities Act, 42 USC 12211 (1992). While not listed as a medical disability under federal law, Section 6803 of the Bureau of Prisons' Health Services Manual provides that: "It is the policy of Bureau of Prisons to maintain the transsexual inmate at the level of change existing upon admission to the Bureau. Should responsible medical staff determine that either progressive or regressive treatment changes are indicated, these changes must be approved by the Medical Director prior to implemention." Quoted in *Cuoco v. Quinlan*, 91 Civ. 7279; 1992 U.S. Dist. Lexis 17476 (S.D.N.Y. 1992).

[62]See note 3, supra. Other states in addition to the referenced Illinois and New Jersey statutes with legislatively permitted sex change are Alabama, California, Hawaii, Maryland, North Carolina, Pennsylvania, Virginia, and Texas. States that legislatively deny the right to a legal sex change are Ohio and Tennessee. ("The sex of an individual will not be changed on the original certificate of birth as a result of sex change surgery.") *Tenn. Code. Ann.* 68-3-203 (1992). No state prohibits the right of a doctor to perform or a patient to receive sex change surgery.

[63]*Minn. Stat.* 363.01–23 (1992).

[64]Id. at subdivision 45.

[65]See, e.g., *Marty Phillips v. Michigan Department of Corrections*, 731 F. Supp. 792, 798 (W.D. Mich. 1990) (court-ordered continued hormonalization of prisoner at his/her request per DSM-III-R diagnosis of Gender Identity Disorder); *Davidson v. Aetna Life & Casualty*, 101 Misc. 2d 1; 420 N.Y.S. 2d 450 (1979) (court denied insurance company the right to consider sex reassignment surgery as part of a cosmetic surgery exclusion when a doctor had prescribed the surgery as medically necessary pursuant to a DSM diagnosis).

[66]*Doe v. Boeing*, 121 Wash. 2d 8; 846 P. 2d 531 (1993) (referencing Benjamin Standard of Care requiring cross-living prior to sex reassignment, but not strictly

imposing this standard on employer even though employee was diagnosed as transsexual).

[67]Benjamin Standards of Care, supra note 10 at para. 4.5.1.

[68]Id. at para 4.5.3.

[69]Id. at para. 4.4.2.

[70]"Today, all gender education teaches that women are 'feminine,' men are 'masculine,' and an unfordable river rages between these banks. The reality is there is a whole range of ways for women and men to express themselves. Transgender is a very ancient form of human expression that predates oppression. It was once regarded with honor. A glance at human history proves that when societies were not ruled by exploiting classes that rely on divide-and-conquer tactics, 'cross-gendered' youths, women and men on all continents were respected members of their communities." L. Feinberg, *Transgender Liberation* 7 (1992). Further evidence of widespread sexism comes from the conclusions of a 1980 United Nations Report that women constitute half the world's population, perform nearly two-thirds of its work hours, receive one-tenth of the world's income, and own less than one-hundreth of the world's property.

[71]Benjamin Standards of Care, supra note 10 at para. 4.1.1.

[72]S. Law, "Homosexuality and the Social Meaning of Gender," 1988 *Wisc. L. Rev.* 187, 212 ("differences between men and women are social, rather than inherent and natural....")

[73]See, e.g., *Doe v. Boeing*, 121 Wash. 2d 8 (1993) (transsexual employee required to cross-live as a woman prior to sex change surgery fired from job for looking too feminine in the male restroom employer required her to use).

[74]"Hormones are indispensable tools for the induction and maintenance of the characteristics of the sex the transsexual reckons him/herself to belong to. They are relatively safe drugs in appropriate dosages." L. Gooren, "The Physician's Role in Relation to Transsexuals" *XXIIIrd Colloquy on European Law, Transsexualism, Medicine and the Law* 8 (Amsterdam, 1993).

[75]DSM-III-R, supra note 8 at 359.

[76]Benjamin Standards of Care, supra note 10 at para. 1.

[77]Comment, "The Law and Transsexualism: A Faltering Response to a Conceptual Dilemma" 7 *Conn. L. Rev.* 288, 295 ("a successful prosecution against a physician for sex reassignment surgery is far-fetched, especially if the patient gives an informed consent to the operation.") Of course a surgeon would still be liable for ordinary negligence, notwithstanding the fact that the patient was transsexual. *Suria v. Shiffman*, 486 N.Y.S. 2d 724 (1985).

[78]But see *Davidson v. Aetna Life & Casualty*, 101 Misc. 2d 1; 420 NYS 2d 450 (1979) (transsexual surgery must be covered under insurance policy which had blanket exception for cosmetic surgery).

[79]However, when transsexualism causes medical illness, which is when it causes sufficient psychological distress to be a mental disorder, then it should qualify for insurance coverage as noncosmetic surgery. A main thesis of this article, however,

is that much if not most of transsexualism does not meet the standard of a mental disorder, and thus cannot be a medical illness.

[80]"Thousands of artifacts have been unearthed dating back to 25,000 B.C. that prove these societies worshipped goddesses, not gods. Some of the deities were transgendered as were many of their shamans or religious representatives.... An Egyptian sculpture of a bearded Queen Hat-shepsut dressed in the garb of pharaoh (1485 B.C.), for example, shows the persistence of popular folklore about the bearded woman as a sacred symbol of power and wisdom. A link between transvestism and religious practice is also found in ancient myths associated with Greek gods and heroes. The myth of Achilles notes that he lived and dressed as a woman at the court of Lycomedes in Scyros before he acquired his martial skills." Feinberg, supra note 70 at 8, 10.

[81]While transsexuals have techno-evolved from cross-dressing to sex reassignment surgery, similar techno-evolutions are the movements in art from painting to motion pictures and in engineering from wooden bridges to space stations.

[82]See, e.g., *Christian v. Randall*, 33 Colo. App. 129; 516 P. 2d 132 (1973) (female-to-male transsexual permitted to retain custody of four children as court found no evidence that children are adversely affected by sex change of parent).

[83]See discussion from notes 30–40 supra.

[84]One of the earliest patriarchal societies were the Hebrews: "The woman shall not wear that which pertaineth unto a man, neither shall a man put on a woman's garment; for all that do so are abomination unto the Lord thy God." Deuteronomy 22:5. "The historical purpose of cross-dressing laws is to discriminate against women. What possible purpose for dressing the sexes differently if there is no underlying intention to treat them differently? Appearance discrimination extended to include gays and transgenders." C. Williams, "Criminal Law and Practice Article," *First International Conference on Transgender Law and Employment Policy* 284, 286 (1992).

[85]Social nonconformists frequently get labeled as mentally disordered. Homosexuality was included in the DSM as a mental disorder until 1973. It was then conceded, in response to activist pressure, that gay men and lesbians have "no impairment in judgment, stability, reliability or general social or vocational capabilities." DSM-III 261, 283 (1980). Compare with the quotation at note 24, supra.

[86]"Transgender People Coming Out," *San Francisco Chronicle* A1 (May 28, 1993). ("Even as transgender celebrities and characters are entering popular culture with increasing frequency, their everyday counterparts are coming out of the closet and demanding to be accepted on their own terms.") The Platform for the 1993 March on Washington, the largest gathering ever of sexual minorities, opened with the statement: "The Lesbian, Gay, Bisexual and Transgender movement recognizes that our quest for social justice fundamentally links us to the struggles against racism and sexism, class bias, economic injustice and religious intolerance. We must realize if one of us is oppressed we all are oppressed." The inclusion of "Transgender" in this rights movement was the result of vocal insistence on the

part of a newly empowered transgender leadership. Author's interviews with Phyllis Randolph Frye and Leslie Feinberg (April 1993).

[87]Estimates of the number of transsexuals worldwide vary greatly. The most conservative estimate, based on DSM-III-R statistics, would be just over 100,000 persons. DSM-III-R, supra note 8 at 75. Interestingly, however, "there seems to be a relation between the openness, the level of acceptance by society of transsexualism and the prevalence of transsexualism." J. Doek, "General Article" *XXIIIrd Colloquy on European Law: Transsexualism, Medicine and the Law* 4 (Amsterdam 1993). A medium-range estimate, based on the incidence of transsexualism in Singapore, which has a high level of acceptance for transsexuals, would be over 1,000,000 persons. Id. A high-range estimate would be based on psychologist John Money's observation, quoted favorably by geneticist Anne Fausto-Sterling, that "intersexuals may constitute as many as 4 percent of all births." Fausto-Sterling, supra note 43 at 21. The only reason that transsexuality is not considered intersexuality per se is that we are not today technically capable of assessing whether a transsexual's neural patterns are inconsistent with their anatomy, although postmortem autopsies indicate that this may well be the case. L. Gooren, supra note 20 at 13. The reasons for nonneural and neural intersexuality (transsexuality) are the same: differences in neonatal hormonal levels as compared to the general population. Id. at 5. Hence if Money and Fausto-Sterling's figure holds for neural intersexuality (transsexuality), then the global transsexual population may be as great as 200,000,000 persons (1 out of every 25 people).

In some countries more of the transsexuals are female-to-male than male-to-female, but both varieties are always present. For example, in Poland there are five times as many female-to-male transsexuals as male-to-female. J. Godlewski, "Transsexualism and Anatomic Sex Ratio Reversal in Poland," 17 *Arch. Sex Behav.* 547 (1988). As of 1980, it was estimated that over 1,000 sex reassignment surgeries were performed each year in the United States. Lothstein, supra note 10 at 418. A similar number are probably performed in Europe and Asia, implying that the postoperative transsexual population is now growing by at about 30,000 persons per decade.

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MY FATHER'S SON

tramping through snowdrifts up to my waist
white dawn adventurers daddy and me
his long legs ambling with casual grace
in search of the perfect Christmas tree
eight years old shrugging off the cold
freezing my feet and hands
all part of being a man
his firstborn the chosen one
MY FATHER'S SON

running home from school and so excited
I just couldn't wait to show my dad
report card all A's with one A-minus
he'd be so proud of the son he had
I got my chance but he just glanced
at that not-quite-perfect bit
and asked "what happened with this?"
fifth grade and already under the gun
MY FATHER'S SON

something shifted in me instead of crying
couldn't please him so I just stopped trying
in the banquet of life I settled for crumbs
making sure there'd be no way I could become
MY FATHER'S SON

now I pass the mirror and see his reflection
wrinkles lines and hair streaked gray
the remnants of doubt and self-deception
still lurking beneath the surface-clay
but now there's a mix of healing and sick
of courage and hope and fear
and my eyes well up with tears
when I see how I've learned and gone beyond
MY FATHER'S SON

—Steve Trinward

Steve Trinward is a poet/songwriter and a computer programmer with specialization in linguistic translations. He lives in the greater Boston area.

PACKING THE JURY: How Male and Female Stereotypes Figure in Panel Selection

By Mary B.W. Tabor

James Paul Linn likes women. He likes the way they think. He likes the way they respond to him. And when they are in a jury box, Linn says, he can usually get his client off the hook. That, says the former Texas prosecutor who is now a defense lawyer in Oklahoma City, is why he has spent the last 42 years trying to pack his juries with women.

"Gender makes a big difference when you're picking a jury," he says. And after four decades of assembling these panels, he has his own sex-based rules of thumb, some of which go like this:

- *Women are more compassionate than men in most criminal cases, but they can be ruthless when it comes to sex crimes.*
- *Men tend to be harder on defendants.*
- *Heterosexual men tend to respond negatively to gay men.*
- *Homosexuals, men and women alike, are sympathetic to mistreatment. ("Like black people, they are sensitive to injustice because they have a lot of it put on them.")*

Those differences—real or perceived—were very much on the public's mind last week when 12 jurors in Los Angeles deadlocked in the case of Erik Menendez, one of two brothers accused of killing their parents. Like a grade-school contest, the jury split "girls against boys." The six women voted to convict the 23-year-old Menendez of manslaughter. The six men voted for murder. The split, by sexes, jurors later told reporters, was not a coincidence.

Sympathetic, victim-sensitive women. Money-conscious, merciless men. Rightly or wrongly, these are the kind of stereotypes that trial lawyers have come to rely on in both criminal and civil cases. Sometimes they hold true. Sometimes they don't. Regardless, they are, in part, what kept women (and blacks) off juries in this country until well into the 20th century. And they are now at the heart of a debate gathering steam in courtrooms and living rooms across the country over how much a juror's sex affects how he or she votes.

Last fall, the Supreme Court heard arguments in an Alabama paternity and child-support case in which the state used its peremptory challenges to strike men from the panel. The all-female jury decided in the government's favor, and lawyers for the man cried foul. The court has been asked to decide the constitutionality of excluding jurors solely on the basis of their sex. Exclusions based on race, instead of sex, are already forbidden. But those in the business of guessing how jurors will vote still try to pick them with those characteristics in mind.

In many cases, the assumptions are predictable. In sexual abuse and harassment cases, paternity suits or lawsuits alleging bias, trial lawyers agree that women are usually more friendly to the plaintiffs. While there are always exceptions, "my experience is that in a sexual harassment case, it's easier to explain it to women," says Roxanne Barton Conlin of Des Moines, the former president of the Association of Trial Lawyers of America.

On the other hand, prosecutors tend to like male jurors for trials involving complicated financial dealings, or when a conviction might lead to the death penalty or a long prison term. "If you want to punish someone, and you find them guilty, men will punish them," says David B. Graeven, a trial consultant in San Francisco.

But some of the stereotypes trial lawyers live by surprise people who don't spend much time in court. Philip H. Corboy, a civil litigator in Chicago, said his 45 years in the courtroom have taught him many subtleties about the matter of gender and juries. With an attractive, intelligent woman as a defendant, watch out for female jurors who might be jealous of her, he says. The same goes for male jurors who might be jealous and resentful of a handsome man who is a defendant, he said.

In "scar cases," especially where people's faces have been cut, women lean toward the victim. ("They understand and appreciate the damage done by a scar," he said.) If you plan to put an old woman under a vicious cross-examination, he says, stay away from male jurors. ("Not a man in the world is going to forgive me for making a liar out of an old woman.") Why? Because, Corboy said, they remind men of their mothers.

But not all little old ladies sit around knitting. Some play poker. With jurors, too, stereotypes can prove misleading. Gerry Spence knows that. As a general rule, said Spence, whose high-profile criminal practice has included defenses of Imelda Marcos and other celebrities, female jurors don't like him. ("I'm big, I make noise and look fierce, so some women are afraid of me.")

Several years ago in Louisiana, he managed to get a jury he was pleased with, except for two women on the panel. After a three-month trial, Spence was happy with a hung jury. The vote, he found later, was 10-2, and Spence

assumed the 10 were in favor of acquittal. He was wrong. The two votes were, indeed, cast by the two women. The were the only votes in his favor.

As for Linn, he once kept a woman on a jury because he assumed that her work as a hospital volunteer would put her among the most compassionate of the compassionate. It turned out the woman worked in the emergency room with people who had been in car crashes, who had gunshot wounds and other traumas. She was not without compassion, but she was also no pushover. In the end, she was the only one of the 11 jurors to vote guilty. It took four days, Linn recalls, for the other jurors to bring her in line. "I learned you have to be careful," he says.

In the trial of Lyle Menendez, the older brother charged with patricide, the jury split, but not along sex lines. The reason, jury watchers said, may have been that the abuse he allegedly endured stopped sooner, so other factors in the case seemed relatively more important. Or maybe it was a different chemistry between the defense lawyer, also a woman, and the jury.

But in the aftermath of the Erik Menendez case, the female jurors said their male counterparts had been boorish and biased against women and homosexuals. One female juror described Menendez as "bright" and "a nice guy." No such niceties from the men. In their testimony, the boys said that they had killed their parents in 1989 because their father had sexually abused them and they were afraid of being killed. Late in the trial, prosecutors suggested that Erik might be gay. That may have been enough, some jury watchers speculated, to alienate any men who might have been leaning to leniency.

Reprinted from USA Today.

"The therapeutic idea is to make cross-dressing not a guilty secret, but a part of life. Do it as much as possible.... As he gets easier about cross-dressing and stops thinking his wife is judging him harshly... what they end up with is a special sort of spice that is a part of their own private lovemaking, and nobody else's business.

—Dr. Leah Schaefer
Men in Love

✍ ✍ ✍ Call for Papers! ✍ ✍ ✍

The *Journal of Gender Studies* welcomes submissions from its readers. These may be articles, reviews of books or movies, your opinions, responses to articles that have appeared in *JGS*, comments, questions, rebuttals, or letters to the editor. Please send your submissions typewritten, double-spaced, or on disk to the Outreach Institute, 126 Western Ave., Suite 246, Augusta, ME 04330.

THEATER REVIEW

The Opposite Sex Is Neither

by Kate Bornstein. Reviewed by Ben Brantley.

Kate Bornstein, the creator of and sole performer in "The Opposite Sex Is Neither" at Performance Space 122 in the East Village could be an entire discussion panel on "Donahue" all by herself. A former man who became a woman and is now a lesbian, Ms. Bornstein has constructed a series of mystically connected monologues in which she embodies a host of characters on different levels in the twilight zone of sexual identity: a male impersonator, a "she-male" drag queen and five others who have, through surgery or sartorial camouflage, crossed the gender line from both directions.

In fact, Ms. Bornstein has actually appeared on both "Donahue" and "Geraldo," and she seems, in an odd way, well suited to a mainstream medium. Looking a bit like the film actress Julie Hagerty, with a stronger jawline and bigger teeth, Ms. Bornstein emanates a sunny nonthreatening wholesomeness and rationality. And she tends to speak in neatly shaped homilies that emphasize the importance of finding peace within one's own skin. There is definitely irony in her performance, but its edge seldom gouges, and her overriding tone is one of friendly earnestness.

And while she has the compelling presence of a searchlight, which she freely trains on her audience—the front row of which, for the show I saw, seemed to consist almost entirely of young women with G.I. haircuts—she is never combatively confrontational.

It seems appropriate, therefore, that for the device connecting her seven monologues, Ms. Bornstein has borrowed loosely from that sweetest example of cinematic Capra-corn, "It's a Wonderful Life." Instead of playing an angel who must earn his wings doing good deeds on earth, Ms. Bornstein portrays Maggie, a "goddess in training," who, to achieve full divine status, must channel the souls of seven people "who have transcended their identity."

Ms. Bornstein, who lives in San Francisco, is also a journalist, and, in rooting her various characters in specific sociological detail, she recalls that other noted performer journalist, Anna Deavere Smith. But while Ms. Smith maintains an academic distance from her impersonations, Ms. Bornstein

wraps each of hers in a warm mantle of empathy. She is expert in conveying the pain and disorientation of people who belong nowhere in the established social order, and she is specific in describing the anatomical details that partly create those feelings.

Even so, the piece leaves curiously little aftertaste of morbidity or sensationalism. The performance's main problem lies in the fact that no matter where her characters fall on the gender line, their moments of anguish and epiphany are often much the same, as are the conclusions they reach. And there is simply not enough physical or emotional variety in these characterizations to keep monotony at bay.

Nonetheless, Ms. Bornstein has some glorious moments. She is particularly effective as a transsexual who, having created his (her?) self-image of womanhood watching television commercials, spouts advertising slogans with a laceratingly glamorous fury. "Sometimes I need a little Finesse," the character chants plaintively. "Sometimes I need a lot."

As an author, Ms. Bornstein manages several resonant epigrams. "I was a perfect gentleman," she says, playing a female jazz musician inspired by the real-life story of Billy Tipton, who lived her life as a man. "It takes a real woman to make a perfect gentleman."

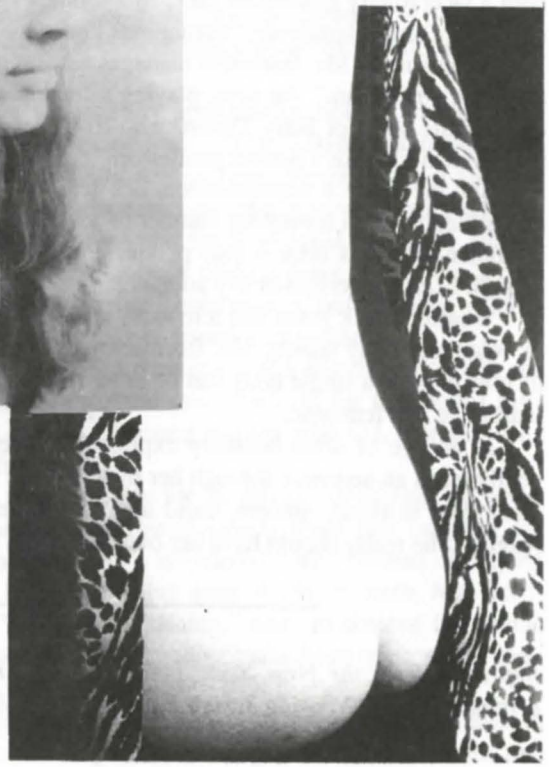
But the piece's sophistication lies less in its text than its physical manipulation of an unsettling number of levels of illusion. The very fact of a woman who was once a man playing a man who was once a woman is enough to create vertigo in any audience.

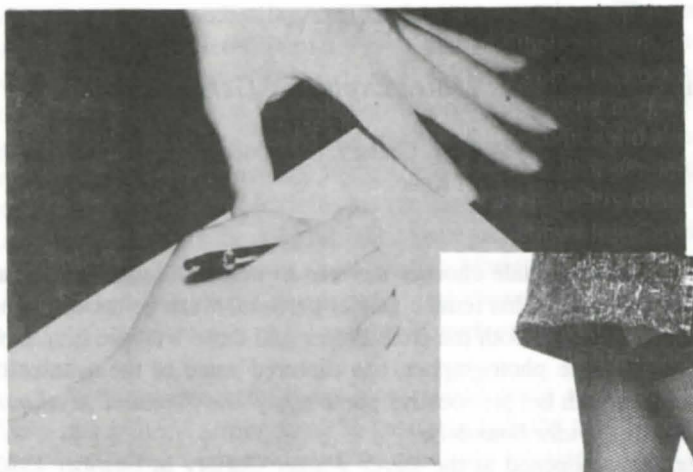
Wearing black jeans and a leotard, and with minimal but precise shifts in voice and body stance, Ms. Bornstein is sharply convincing in showing us how protean a single body can be in terms of our conventional notions of masculine and feminine.

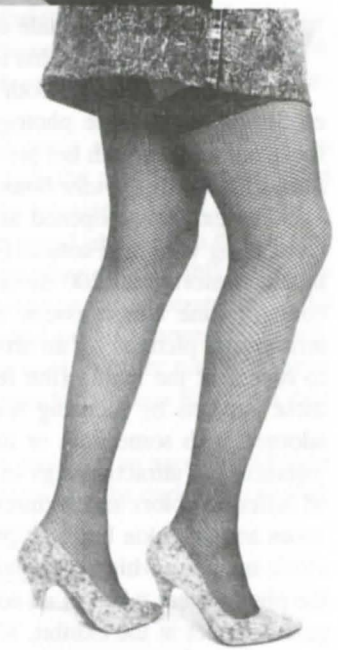
In an age of often hostilely expressed gender politics, Ms. Bornstein gently leads an audience through her own psychic labyrinth without antagonism. She is sweet, sincere, lucid and sometimes as corny as Kansas in August. She really should have her own television show.

Reprinted from the New York Times, *Living Arts section, August 1993, originally titled "Viewing Sexual Identity from a Varied Vantage."*

Photographs by Helen Strong...







See Arts Review, page 58

ART REVIEW

The Feminine Mystique: Males Exploring Gender Boundaries

by Helen Strong, Berta Walker Gallery, Provincetown, Massachusetts, October 1993. Reviewed by Ari Kane.

When an adult male chooses to wear an item of femme apparel as an indicator of his femme gender persona, it can be an intriguing experience for both the crossdresser and those who see him. Helen Strong, a freelance photographer, has captured some of the essence of this phenomenon with her provocative photo essay *The Feminine Mystique: Males Exploring Gender Boundaries.*

The exhibition opened at the Berta Walker Gallery in October 1993. Coinciding with the Fantasia Fair, an annual convention for crossdressers, it included more than 200 diverse photographs in both black and white and color of nine crossdressers. Strong took two years to shoot, select, and arrange her pictures for an artistic showing to the public. She has been able to represent the anima (the femme part of the psyche; see C.G. Jung) of these subjects by focusing her camera on one particular body part that is adorned with some item or items of femme apparel or accoutrement. For instance, the attractive legs of one crossdresser sheathed in femme hosiery of different colors and textures and completed with an array of high-heeled shoes and an ankle bracelet, provide the viewer with a sense of an esthetic-erotic imagery, which is prevalent in Euro-American sexuality. The fact that the photos were taken of an adult male adds an additional dimension to this particular set in the exhibit. We are forced to raise the issue of gender, not sex, in almost all of the photos shown.

Gender blending is certainly a part of major directions and currents in this decade. We see it in the musical world through performances by such personalities as Madonna and RuPaul; in the cinema with stories like *The Crying Game*; in major art exhibitions like *Dress Codes* shown at the Institute of Contemporary Art in Boston; in literature with a huge outpouring of works by feminist authors. These cultural elements have challenged the mainstream in Euro-America to look at the gender issues of femininity and masculinity, perhaps as a blending of some stereotypes from past decades.

Despite the consciousness-raising that has been done about the diversity of gender expression and presentation, we see attempts to hold on to conventional femme images in these photos. The unique quality of Strong's

work is to create another form of the feminine mystique. The combination of the body part covered partially with items of clothing or accoutrement, posed in an esthetic way, gives a type of cultural symbol to the anima of the adult male crossdresser. In addition, Strong photographed her subjects in interesting and diverse environments like the dunes of Provincetown, a small local theater, individual homes, and even a private greenhouse. She has portrayed each subject with his preferred selection of femme apparel, i.e., shoes, hats, furs, or colorful fabric patterns. Not since the rich, colorful work of another well-known photographer, Mariette Pathy Allen (her photo essay *Transformations: Crossdressers and Those Who Love Them* in book form), has there been a photo exhibit of such esthetic and artistic merit as this one.

In a discussion with Helen, she related some of the background in doing this project. Strong says, "I knew the fun, the colorful aspect of the crossdressers but was unaware of the relatively 'closeted' life of these guys. In many of the locales where I traveled to visit and photograph the person, there were many roadblocks to doing the shooting comfortably. In some cases, I met partners of crossdressers who were not very tolerant about the crossdresser's activity. We were sneaking in and out of apartments, changing in alleys, and darting from one car to the next in order not to be seen. Who said the life of the crossdresser who comes to Fantasia Fair is an easy one?"

Helen Strong has pushed the rigid gender envelope in another and more significant way, using her talents with the camera and the darkroom, to shatter the stereotypes and dare the tyranny of convention.

Ari Kane is founder of Fantasia Fair.

BOOK REVIEWS

Crossdressing, Sex and Gender

by V.L. and B. Bullough. Published by University of Pennsylvania Press, 1993. Reviewed by A. Kane.

As long-time thinkers and explorers about the phenomenon of gender, the Bulloughs have set forth some of their ideas and fruits of their labor in this current volume. In one sense, it is a culmination of many years of social and historical research into many diverse aspects of this subject.

The book is divided into two distinct areas, one being the cultural and historical background into the world of crossdressing and crossdressers, and the other, a look at the modern perspectives of crossdressing and crossgendered behavior (CD/CG).

In the first half of the book, the authors focus on some ethnic and cultural practices of males who present as women and engage in some of the labors traditionally done by women. Motivations for these behaviors vary with the particular cultural and religious values of each society. For instance, there is a discussion about the Hindu belief in androgyny, which makes it easier and more acceptable for males to adopt feminine gender roles and patterns. The authors cite the Hijra of India and their behavioral pattern as disciples and devotees of the goddess Kali as an example of genderal and social blending within a larger cultural framework. There are also chapters that deal with some Western practices and experiences with crossdressing and the theater world, and some specific cases of males and females who "gender shifted" and lived and presented themselves in the preferred other gender. Some of them crossdressed for political or social reasons, while others did so for military glory. Many of the cases cited were from England, France, and Holland. All of this makes for fascinating reading and does provide a good basis for stating that CD/CG behaviors and practices are universal in scope and have been going on since the beginning of recorded history.

The second half of the book provides some contemporary perspectives about the world of gender. Here the authors focus on the history and development of the medical model as a way for Western society to control diverse sexual practices and hence to influence how males and females should behave and present, socially and morally.

In the 18th and 19th centuries, the medical community became involved with developing a different paradigm for explaining and controlling sexuality. Since there were only two recognized sexes, there must be two distinct genders with separate social, emotional, and spiritual dimensions. Sexual behaviors were classified as normal or abnormal, and it was implied that genderal behaviors could likewise be classified as such. In short, the medical model served both the state and religious institutions in providing a basis for classifying and controlling both sexual and genderal behaviors. The Bulloughs provide the reader with a clear historical path about how our current attitudes about sex and gender were shaped by the limited viewpoint of medical, religious, and political people forcing their values on the mainstream of Western sexuality.

One of the consequences of the medical paradigm of "two sexes equals only two genders" was the way in which gender expression and crossdressing behaviors could manifest themselves in Western cultures. The authors devote a chapter to drag queens crossdressing on and off stage. It was crossgender casting in the theater that provided opportunity for males to semi-legitimately explore other gender roles, presentations, and expressions. The theater and movies became an important setting for this because it was entertainment and was tolerable to the power structure. However, any of these behaviors and presentations outside the theater or cinema would be considered intolerable, with dire personal and political consequences.

Another "fallout" from the medical model was the introduction of the term transsexualism and the notion of gender dysphoria. Here is a good discussion about the development of genital alteration via sex reassignment surgery as a way of providing a "solution" to an individual problem and yet preserving the basic medical paradigm.

The chapter entitled, "The Emergence of Organized Crossdressing (TVism)," is perhaps one of the more innovative in the book. It is here that the authors introduce and develop the idea of organized groups of crossdressers for various nonsexual contact. Having crossdresser social contact groups for males whose sexual orientation is that of the mainstream (heterosexual), who were married in the conventional sense and had an insatiable curiosity and desire to wear the apparel and accoutrements of the other sex, was new and destined to contradict the basic tenant of the medical model. They cite the organizing and outreaching efforts of Virginia Prince, who was truly a pioneer in the organizational development of social contact groups for CD/CG males. Her writing and speaking out have been a major factor in the creation of the CD/CG paraculture social movement. The writing in this chapter is good and provides the reader with a unique insight into

one of the many aspects of the counterculture in America during the second half of this century.

Other chapters focus on explanations for CD/CG behaviors and also give us a peek at directions for deeper understanding and tolerance for sexual and genderal diversity. In all, the book is a welcome addition to the literature on the world of CD/CG behaviors.

The Lenses of Gender

by Sandra Bem. Published by Yale University Press, New Haven, CT, 1993. Reviewed by A. Kane.

There are many assumptions made when discussing the diverse issues associated with gender. These are woven into the fabric of our cultural and social institutions, as well as within individual psyches. They perpetuate the notion of "masculine" power and oppress the rights and opportunities of women and sexual minorities. This is the basis of a fascinating study about how certain factors in the complex world of gender expression work to create a social, political, and economic inequality between the sexes.

Dr. Bem defines three basic factors underlying this unequal status between men and women. Called "cultural lenses," these are androcentrism, gender polarization, and biologic essentialism. According to Bem, androcentrism defines males and masculine experience as the norm, with females and feminine experience as a deviation from this norm. Some of the roots of androcentrism can be found in Judeo-Christian theology, Greek philosophy, and Freudian psychoanalytic theory. The author is scholarly and very convincing in presenting her evidence to support this lens of the gender matrix.

The second lens she calls gender polarization. The assumption here is that male-female differences predominate over virtually every aspect of human experience. These include modes, styles, and codes of dressing; social roles; ways of expressing emotion; and sexual desire. One of the principal outcomes of this polarization is seen in the social and historical development of homosexuality. She believes that this development was a deliberate scheme created by the patriarchal hegemony to divide and maintain the gender dichotomy between males and females. Bem quotes a passage from

Freud's *Essays on the Theory of Sexuality*, in which he states that the "sexual instinct of the individual and the sexual object are merely soldered together" and that "psychoanalytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of special character." According to Bem, it was the successors of Freud and his theories who rejected the basis for understanding human sexual experience as an interaction between instinct and object choice. "Freudians" such as S. Rado and C. Socarides promoted the notion that the "same-sex impulse" was latent in every homosexual but not found in any heterosexual. Dr. Bem is masterful in using these revelations to gather support for gender polarization as the second lens of gender inequality.

The third lens of gender postulated by the author is the notion of biologic essentialism, which is the major justification for the existence of the other lenses of gender. Bem points out with clarity how the "biology is destiny" argument has been used by politicians in establishing the laws that effectively polarize the sexes. The legal and social issues that gave rise to inequalities between the sexes were challenged by an articulate group of American women in the mid 19th century. Dr. Bem also includes good discussions about other aspects of this gender lens, like prenatal hormone theories, body form and function, and some of the notions coming from the field of sociobiology. Throughout the text, Bem uses persuasive arguments to show how these three lenses of gender created a cyberspace for how masculinity and femininity are perceived and become invisible parts of gender development patterns of males and females in America.

In the final chapters of the book, the author presents her hypothesis of how a person acquires this troika of gender lenses and constructs a traditional/conventional gender perception and the associated social role behaviors. Her conclusion is that any debate about genderal differences between the sexes should be framed with a clear understanding that the paradigm is based on a patriarchal-masculine orientation and that this orientation severely limits a true development of gender parity between males and females. This is must reading for all who want to learn about gender issues from another perspective.

Ari Kane is Director of the Outreach Institute for Gender Studies and Editor of the Journal of Gender Studies.

Katherine's Diary: The Story of a Transsexual

by Katherine Cummings. Published by William Heinemann, Port Melbourne, Australia, 1992. Reviewed by Dallas Denny.

Beyond Belief: The Discovery of My Existence

by Christina M. Hollis. Published by Genesis Publications, Galena, IL. Reviewed by Dallas Denny.

For many years, my only contact with other transsexual people was via their autobiographies. The first I found was *The Man-Maid Doll* by Patricia Morgan. I noticed it on a clearance table in an outlet mall, and managed to lag behind my girlfriend long enough to pay for it and stuff it into a paper bag. Later, I read it with fascination and disgust (fascination with Morgan's change, and disgust with her lifestyle).

Morgan's book was less the story of her transsexualism than the story of a long and lucrative career as a prostitute. Her lifestyle was characterized by trouble with the law, abusive relationships with men, and excesses of alcohol and other drugs. Somehow, during all the tumult, she had sex reassignment surgery.

Not that I knew much at the time, but Morgan didn't fit my private picture of transsexualism. She seemed more like an aggressive gay male who liked the attention paid to her by men because of her breasts and vagina. Still, I figured that if she had had SRS she must be transsexual. And she certainly fit all the stereotypes promulgated by the medical literature. I couldn't quite myself to throw the book away, but I put it in the bookshelf and forgot about it until it came time to write this essay.

Recently, I reviewed for this journal *Feelings: A Transsexual's Explanation of a Baffling Condition* by Stephanie Castle. Now I have been asked to review two new transsexual autobiographies, *Katherine's Diary: The Story of a Transsexual* by Katherine Cummings, and *Beyond Belief: The Discovery of My Existence* by Dr. Christina Hollis.

Dr. Hollis' book consists of journal entries, beginning with the onset of crossdressing late in her life, and culminating in the immediate postoperative period. For many of the entries, she annotates the text with notes describing her feelings and the circumstances at the time she wrote. The entries span several years of rapidly escalating crossdressing and her quest for sex reassignment.

Cummings' book is a retrospective look at her life told from a (just) postoperative perspective. She describes her career as a librarian and her crossdressing during several decades of travel through Australia and America. She was present at the seminal crossdressing event of the 60s, a weekend attended by and written by such people as Virginia Prince, Dr. Wardell Pomeroy, and Darrell Raynor. Cummings' narrative ends just after her surgery with a tone of obvious regret and despair, backwards-looking at a ruined marriage rather than forward-looking to life as a woman.

Let me say now that having endured more than twenty transsexual autobiographies my major problem with them is that without exception they focus on the pain of being transsexual. It is almost as if the authors wish to justify what they have done by explaining how miserable they were before, and how happy they are now. No one, with the possible exception of Holly Woodlawn, who once answered, when asked if she felt like a woman trapped in a woman's body, "No, darling, I feel like a man trapped in high heels," has focused on the joys of being transgendered—and Woodlawn could give Morgan a run for her money in the depravity department.

Cummings' and Hollis' books do not break from the tradition. They are riddled with angst. But where they differ from earlier autobiographies is that both seem to have significant regrets about what the effect their transition has had upon their lives and their relationships with others. While on the one hand they proclaim how they are now liberated and happy, it doesn't take much reading between the lives (I had meant to type reading between the *lines* here, but perhaps the typo is instructive) to see that they rushed into surgery without resolving the issues of separation from their families. Cummings goes so far as to write that she would gladly go back to living as a man in order to be with her former wife and family—but she isn't sorry she had surgery, oh, no.

Both Cummings and Hollis fit the criteria for what has been considered secondary transsexualism. Their desire to pursue sex reassignment came late in life—Cummings' gradually, after a long career of crossdressing, and Hollis' suddenly, with no prior history of crossdressing. Once their decision was made, they moved swiftly, with the drive and energy for which males are famous, and surgery was a fait accompli after only a couple of years.

For some time, the good folks from the Boulton and Park Society have been talking and writing about *Gender Euphoria,* a phenomenon in which an individual becomes increasingly infatuated with their new presentation and rushes headlong into decisions which will have lifelong consequences. They warn that eventually such persons may find that they have destroyed their lives in pursuit of a hoped-for happiness which never quite

materializes. Both Cummings and Hollis, writing from a perspective only months after surgery, seem to be awakening to this remorse.

Autobiographies should have some significance, or they are merely an exercise is self-aggrandizement—or, as I have just noted, in the case of transsexual people, as an exercise in self-justification. Both Cummings and Hollis seem to be struggling with their ambivalences, and have put it into book form, but one must ask—what is the importance of their books to other people?

Cummings' book contains some fascinating history, for she was active in the early days of organized crossdressing in the United States, and writes of the same people and gatherings as does Darrell Raynor in *A Year Among The Girls* and Virginia Prince in the 100th issue of *Transvestia.* But aside from that, the lesson of her book, and of Hollis' is probably not what either of them intended, for the reader is left not with a sense that they made the correct decisions, but that they rushed headlong into something the consequences of which they were just beginning to understand at press time.

Sex reassignment is a miracle of the late 20th century, and it is the right decision for many of us. But it is an unwise decision in many cases, to which Cummings and Hollis, and perhaps Patricia Morgan, might be able to attest.

Dallas Denny is executive director of the American Educational Gender Information Services and a board member of HOAI.

Gay Issues in the Workplace

by Brian McNaught. Published by St. Martins Press, New York, 1993. Reviewed by A. Kane.

The issues surrounding the hiring and continued employment of people with aconventional sex and/or gender-diverse lifestyles are complex and fraught with emotion, prejudice, and homophobia. What McNaught does is to clarify what the issues are and offers a field-tested approach to coping with these issues in the workplace.

One of the chapters in the book is entitled "Homophobia and Heterosexism." Here for the first time one can read in plain language what homophobia is and how to recognize it and respond constructively to those who reflect a negative bias to lesbian, gay, bisexual, and crossgendered people.

In the same chapter, there is a good discussion about heterosexism and those who may unknowingly use this concept to create bias and divisiveness in the corporate workplace. The author offers cogent examples of both homophobic and heterosexist practices that exist throughout American society.

Another positive feature of the book is a well-thought-out list of questions and answers for corporate supervisors, personnel directors, and other management people to sharpen their sensitivity to the orientation issues in corporate America. This is an important work for all who want to know some of the coping strategies suggested, as well as the issues surrounding sex orientation in the corporate world.

Ari Kane is Director of the Outreach Institute for Gender Studies and Editor of the Journal of Gender Studies.

BOOKS RECEIVED

Since the beginning of publishing *The Journal of Gender Studies*, we have received many books to review. Within the last two years, there has been a proliferation of titles about various aspects of femininity and feminism as well as masculinity. We call attention to some of the titles and authors in print that focus on the broad spectrum of gender.

From time to time we will review a book from one of these publishers in the field of gender. Please feel free to call or write us about any of the titles listed below. We encourage you all to visit the local library and see what is available on the subject of gender, feminine/masculine, and androgyny.

Alice Walker and Zora Neale Hurston: The Common Bond, edited by Lillie P. Howard. (Contributions in Afro-American and African Studies, Number 163.) Published by Greenwood Publishing Group, Westport, CT, 1993. 184 pages, $49.95.

Contemporary Lesbian Writers of the United States: A BioBibliographical Critical Sourcebook, edited by Sandra Pollack and Denise D. Knight. Published by Greenwood Publishing Group, Westport, CT, 1993. 688 pages, $99.50.

Gender, Culture, and Power: Toward a Feminist Postmodern Critical Theory, by Ben Agger. Published by Greenwood Publishing Group, Westport, CT, 1993. 192 pages, $49.95.

International Handbook on Gender Roles, edited by Leonore Loeb Adler. Published by Greenwood Publishing Group, Westport, CT, 1993. 552 pages, $95.00.

Management and Gender: Issues and Attitudes, by Margaret Foegen Karsten. Published by Greenwood Publishing Group, Westport, CT, 1993. 288 pages, $59.95 hardcover, $19.95 paperback.

Prostitution: An International Handbook on Trends, Problems, and Policies, edited by Nanette J. Davis. Published by Greenwood Publishing Group, Westport, CT, 1993. 424 pages, $79.50.

Social Stratification and Socioeconomic Inequality. Volume 1: A Comparative Biosocial Analysis, edited by Lee Ellis. Published by Greenwood Publishing Group, Westport, CT, 1993. 256 pages, $55.00.

Wome in Office: Getting There and Staying There, by Joanne Rajoppi. Published by Greenwood Publishing Group, Westport, CT, 1993. 200 pages, $45.00.

Women's Rights and the Law, by Laura A. Otten. Published by Greenwood Publishing Group, Westport, CT, 1993. 264 pages, $59.95 hardcover, $18.95 paperback.

Women's Two Roles: A Contemporary Dilemma, by Phyllis Moen. Published by Greenwood Publishing Group, Westport, CT, 1992. 192 pages, $45.00 hardcover, $16.95 paperback.

Between Men and Feminism, edited by David Porter. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $15.95 paper.

Beyond Accommodation: Ethical Feminism, Deconstruction and the Law, by Drucilla Cornell. Published by Routledge, Chapman & Hall, New York, 1991. $45.00 cloth, $14.95 paper.

Contemporary Feminist Theatres: To Each Her Own, by Lizbeth Goodman. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $17.95 paper.

Disciplining Foucault: Feminism, Power and the Body, by Jana Sawicki. Published by Routledge, Chapman & Hall, New York, 1991. $42.50 cloth, $13.95 paper.

Erotic Welfare: Sexual Theory and Politics in the Age of AIDS, by Linda Singer. Published by Routledge, Chapman & Hall, New York, 1992. $49.95 cloth, $14.95 paper.

Feminist Epistemologies, edited by Linda Alcoff and Elizabeth Potter. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $16.95 paper.

Feminist Theory and the Classics, by Nancy Sorkin Rabinowitz and Amy Richlin. Published by Routledge, Chapman & Hall, New York, 1993. $65.95 cloth, $16.95 paper.

From Mammy to Miss America and Beyond: Cultural Images and the Shaping of US Social Policy, K. Sue Jewell. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $15.95 paper.

Gender and American History Since 1890, by Barbara Melosh. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $15.95 paper.

Gender Consciousness and Politics, by Sue Tolleson Rinehart. Published by Routledge, Chapman & Hall, New York, 1992. $49.95 cloth, $16.95 paper.

Gendered Anthropology, by Teresa Del Valle. Published by Routledge, Chapman & Hall, New York, 1993. $74.95 cloth, $17.95 paper.

Gendered Fields: Women, Men and Ethnography, by Diane Bell, Pat Caplan, et al. Published by Routledge, Chapman & Hall, New York, 1993. $59.95 cloth, $16.95 paper.

Maid in the USA, by Mary Romero. Published by Routledge, Chapman & Hall, New York, 1992. $49.95 cloth, $15.95 paper.

Men's Silences: Predicaments in Masculinity, by Jonathan Rutherford. Published by Routledge, Chapman & Hall, New York, 1992. $74.50 cloth, $15.95 paper.

Mimesis and Alterity: A Particular History of the Senses, by Michael Taussig. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $16.95 paper.

Over Her Dead Body: Configurations of Femininity, Death, and the Aesthetic, by Elisabeth Bronfen. Published by Routledge, Chapman & Hall, New York, 1992. $59.95 cloth, $17.95 paper.

Secrets of Life, Secrets of Death: Essays on Language, Gender and Science, by Evelyn Fox Keller. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $15.95 paper.

The Female Nude, by Lynda Nead. Published by Routledge, Chapman & Hall, New York, 1993. $49.95 cloth, $15.95 paper.

Women in Movement: Feminism and Social Action, by Sheila Rowbotham. Published by Routledge, Chapman & Hall, New York, 1992. $52.50 cloth, $16.95 paper.

GENDER AWARENESS AND INFORMATION NETWORK (GAIN)

GAIN provides referral services and educational resources for health-care givers whose clients seek counseling on issues related to gender conflict and gender dysphoria. Members include helping professionals from the fields of education, medicine, guidance and counseling, sex therapy, ministry, law and law enforcement, and other human services. GAIN is the professional arm for The Outreach Institute of Gender Studies (OIGS). The institute sponsors educational, personal growth, and social activities for the community of cross-dressers, transsexuals, and androgynes.

- Seminars
- Workshops
- Supervision
- Journal of Gender Studies
- Evaluation and Referral Network
- Book Resources

GAIN Membership Application

Please complete and return with your $75.00 remittance to Outreach Institute, 126 Western Ave., Suite 246, Augusta, ME 04330. Make checks payable to Outreach Institute.

Name_____

Address_____

State_____ Zip_____

Telephone (Office)_____

(Home)_____

Best time to reach by phone_____

Membership includes one year's subscription to the *Journal of Gender Studies*, two 1-hour consultations regarding clients with the Director of GAIN, and your choice of two of the following information packets:

1. The Needs of the Male-to-Female Transsexual
2. The Female-to-Male Transsexual
3. Wives/Partners/Significant Others of CD/TV/TS Persons
4. Crossdressing and Transvestism for CDs and TVs
5. The World of Androgyny and Androgynes

☐ As part of my GAIN membership, I would like to receive packets ____ and ____.

☐ I am not interested in becoming a GAIN member at this time, but I would like to purchase the following packet(s): _____. I am enclosing $30.00 plus $4.25 shipping and handling for each.

☐ I am interested in participating in the Evaluation and Referral Network.

The Outreach Institute of Gender Studies

Statement of Purpose

It is the purpose of OIGS to educate and conduct research in all aspects related to the phenomenon of gender. As a social construct, gender phenomena includes a unique and a variable set of attributes that communicates and identifies to all who a person is, what a person does and how a person acts. It is the basis by which societies and cultures become structured. To achieve these goals this Institute will:

- Provide programs which broaden understanding about diversity of gender perception and expression.
- Create and implement research projects and studies designed to further understanding about gender phenomena.
- Publish relevant and useful information, research results, new ideas and paradigms about gender phenomena.
- Serve as a resource for all persons wanting information about various topics related to gender phenomena.
- Develop creative graduate programs in gender studies.
- Make available information and other written materials on various topics related to gender phenomena.
- Clarify the relationship between gender and sex orientation and the lifestyles of people in society.
- Create specific programs which can allow for personal growth and explanation of a particular pathway, for any human being.
- Promote the idea that cultural gender diversity is a positive human expression both within a nation and internationally.

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