

metamorphosis

VOL.2, NO.3

METAMORPHOSIS MEDICAL RESEARCH FOUNDATION

JUNE 1983

F-Ms AND FEMALE PARTNERS

From a study of 80 cases of female-to-male transsexuals, Dr. Ira Pauly, an eminent sex researcher in the field of gender dysphoria, reports the following findings (reproduced in the article, "WOMEN WHO MARRY EX-WOMEN: Sex Change Marriages--gay or het?", The Advocate, Issue 113, June 6, 1973):

These F-Ms had similar family backgrounds with "an identification with a masculine but abusive father and the mother is perceived as weak, less admirable and in need of protection from father. A protective attitude develops towards the mother in these young girls which has many of the dynamics of the oedipal relationship between father and son."

Cross-gender behavior is manifested by age 3 and the process is likely complete by age 7 or 8. And by age 20, most of the F-Ms had permanently passed into the male role and been accepted as men in society. "Female transsexuals demonstrate fewer gradations and fluctuations of gender role behavior than their male counterparts, not overplaying the role but appearing in stable, heterosexual relationships with their female partners, who are considered heterosexual by their F-M lovers."

Female transsexualism is 'incurable' and "those favoring sex reassignment find there is no psychosis and the transsexual cannot be dislodged from his incongruent gender identity by any known psychotherapeutic or somatic treatment."

In another study, of 5 women who married "men who were formerly women", Dr. Richard Green, a noted authority on transsexualism, reports (in the same article) his clinical investigations:

(cont'd. on p.10)

GENDER TRANSPLANT

Tiny pieces of living brain were recently transplanted from newborn male rats into newborn females. The result: the females grew up believing themselves to be males despite their anatomy.

The object of the study, according to neuroscientists Gary Arendash and Roger Gorski, of the University of California at Los Angeles, was to determine whether part of the brain could survive and function when transferred from one animal to another.

The dramatic behavior change in the female rats (which now pursue other females in a frenzy) has convinced Arendash and Gorski that brain tissue can indeed survive such transfer. This conclusion is bolstered by autopsies showing that nerve cells from the transplanted tissue had hooked up to the host brain.

Other researchers have shown that transplanted brain tissue would connect with blood vessels and remain alive but Arendash and Gorski are among the first to show that the neurons themselves would interconnect and the transplanted brain part would function. (OMNI, date unknown)

TRANSSEXUAL TOMCAT?

A tomcat named "PUDDIN" underwent what veterinarian Don Garrison says is best described as a sex-change operation to save its life. The vet removed the tomcat's male organs and made a urethral opening quite like that of a female cat. The operation was the only hope for saving "PUDDIN" from a fatal bladder blockage which was swollen to four times its normal size. Eventually, the cat's kidney would have shut...

(cont'd. on p.2)

MMRF Notes

Please note the new telephone number of the MMRF: (416) 532-5769, Mon.-Fri. 6:30pm-11:00pm, Sat. & Sun. 9:00am-11:00pm (No collect calls).

Correction (Vol.2, No.2) MMRF NOTES should read: "Thanks to those..who.. returned the CONFIDENTIAL RESEARCH QUESTIONNAIRE." (We have received 13 CRQs to date. Please send yours). Omission (Vol.2, No.2) MY MALE METAMORPHOSIS (P.9) should read: "We lived together...as a couple of gay guys..."

The MMRF received, on April 20th, a grant application for research purposes from the Erickson Educational Foundation. MMRF Director, Rupert Raj, is waiting until the incorporation of the MMRF has been approved by the provincial government before completing and returning the application. He plans to use the funds (if granted) towards the proposed PENILE RESEARCH FUND.

If there are any members/subscribers who have not already been listed in the CONFIDENTIAL CONTACTS DIRECTORY and now wish to do so, please submit your listing as soon as possible.

Grateful acknowledgements to: Dr. Reed Erickson, Mr. Daniel [REDACTED], Dr. John Money, Dr. Paul Walker, and Dr. Leo Wollman, for their submissions of: information, referrals, newsletters, research papers, newsclippings and/or journal articles.

Members/subscribers, your submissions of: articles, letters, poems, cartoons, personal profiles, questions, answers, problems, personal ads, newsclippings, etc. are both greatly needed and much appreciated.

METAMORPHOSIS NEWSLETTER: \$15 for 6 issues, \$2.50 per issue. Copyright 1983. Editor: Rupert Raj. METAMORPHOSIS MEDICAL RESEARCH FOUNDATION, P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W1P4 Business Card Ads: \$5, Personals: \$3

TRANSSEXUAL TOMCAT? (cont'd.)

down and the bladder would have ruptured. "It's a little misleading to call it a sex-change", Garrison said, "but it's the easiest thing to call it so people understand." "PUDDIN" has become a neighborhood celebrity. (Orange County Register)

Gender Dysphoria Symposium

The Eighth International Gender Symposium For Gender Dysphoria will be co-sponsored by the Department of Psychiatry of the University of Bordeaux and the Harry Benjamin International Gender Dysphoria Association. It will be held in Bordeaux, France from September 16-19, 1983. The program committee has prepared a compact program of high quality scientific papers with experienced renowned workers. There will be 5 half days for presentation of papers with 2 half days devoted to surgery and 3 half days for follow-up studies and treatment and theoretical diagnostic considerations. Dr. Donald Laub, President, HBI-GDA, [REDACTED] Stanford, CA 94304.

THE TRANSSEXUAL VOICE--A newsletter written by and about transsexuals (contains ads) \$2 per copy, \$12 per year. Payable to: PHOEBE [REDACTED] Georgia, U.S.A. 30354

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DEAR RUPERT

I have enclosed my check for \$25. METAMORPHOSIS is a very informative and well-written newsletter and I have informed others. A F-M TS publication is something I have long waited for and I hope your newsletter continues to put out good quality material.

I appreciated the Zen booklet you sent. I am majoring in religious studies and plan as my career to teach courses in world religions at college level. I take special interest in Eastern religions and I have based my outlook of life around many of the Eastern principles.

I am 25 years old and have been living as a male for 5 years. I am post-op and the phalloplasty was done by Dr. Foerster in Oklahoma City. I have not yet had a urinary extension because according to Dr. Laub, the attempts to tunnel a separate passage in the neo-penis have failed because it eventually closes up. My only option is to have the urine pass through my hair-bearing tube which could cause many complications or have another phalloplasty that has a hairless tube.

After having phalloplasty, I cannot agree with you more that this does not result in an adequate penis. No phalloplasty has been able to duplicate the sliding smooth skin of the shaft or the perfect symmetry of the head on a genetic penis. To have sex with someone would mean immediate exposure* and this has led me to opt for abstaining.

I can understand your interest in researching a penile prosthesis as a viable alternative to expensive and painful surgery but I cannot see it surpassing phalloplasty unless it could be so well fitted and constructed as to pass as a genetic penis (can you imagine the reaction of an unaware partner if the prosthesis suddenly fell off during sex?)

The F-M TS basic necessity is the need to pass as a genetic male without having to be reminded that he

(cont'd. on p. 4)

F I L M

A SAHARA 'TOOTSIE'

Brooke As a Man

BY COLIN DANGAARD

TURNING ONE of the most beautiful women in the world into a dashing, handsome man took all the magic Hollywood could muster — but in the end, Brooke Shields looked so fine **WOMEN** stared! It

happened for Brooke on the movie "Sahara," where she plays a race-car driver in the famous 1927 Sahara Motor Rally.

Her name is Dale Gordon, 17-year-old heiress to the Gordon Car Company, makers of the Gordon Packard. In the race, the car is to be driven by Dale's father, but he falls fatally ill, hands over the keys and tells her to fulfill his dream — show the world his car is the best there is.

Dale is a great driver, but there's one problem — in 1927 only men are allowed to compete in such events. Movie producer Menachem Golan decided history would have its way, and that he would turn Brooke into a man. He flew into Israel — where "Sahara" was on location — with some of the finest suits money could buy, along with a \$5000 wig from New York, and a make-up genius.

Three hours later, Brooke looked stunning. "On the set," says Menachem, "people were coming up and asking us, 'Who IS that guy...?' Brooke is beautiful as a woman, but she is also handsome as a man."

On "Sahara," she spent one-third of her time in pin-stripes.

Menachem says he hopes his movie will suggest the romance and adventure of the '20's, with action sweeping across burning desert sands, knives flashing between warring tribes, a handsome prince in search of a bride, and Brooks surviving everything from panthers to scorpions.



Shields races, like a man

DEAR RUPERT (cont'd. from p.3)

is not. We desperately need a penis which can pass as a genetic male's. That is why I propose an alternative which will produce the desired results. I have been looking into the possibility of a penile transplant.**A urologist told me that a transplant is hypothetically possible if the transplanted penis' nerves, arteries and veins are the same diameter as those of the recipient. I also talked to a plastic surgeon who said that the alien skin of the penis would pose the most problem of rejection, but if it were removed and supplanted with skin grafts of the recipient, the chances of a "take" are greatly increased. When I had a consultation with Dr. Laub last January I brought up the subject of transplants. He said that he was waiting for better rejection drugs to be developed. Recently I heard of a promising new rejection suppressor called "Cyclosporine A" so I wrote to Dr. Laub about it and should be hearing from him shortly.

The positive attitude of the medical doctors I have talked to and the development of Cyclosporine A leads me to the conclusion that a penile transplant is a reality within our reach. After all, transplants are not new to the medical profession and thousands of successful internal organ transplants have already been performed. The only reason why research and operations have been performed on organ transplants and not penile transplants is that first, there are more people in need of organ transplants than penile ones and second, that being in need of an organ is life-threatening and receives more attention than transplants which are not.

A penile transplant will only become a reality if all F-M TSs push for adequate research on it and that will only happen if we draw national***attention to our need. For if we aren't interested in doing the leg work needed to get the attention (funds) for research--who

(cont'd. on p.7)

Urinary Assist Device

MY EXPERIENCE by Scott [REDACTED]

I have been using my Urinary Assist Device (U.A.D.) for about 3 months and find it satisfactory. I wear it inside my jockey shorts so I don't even have to pin it as suggested. It seems to fit without slipping along the bend between the top of the thigh and the torso, with the cup resting slightly off-center on top of the pubic bone. I grasp it by reaching down the waistband rather than through the fly and with the tube also over the waistband. Obviously, I open my pants up rather than reach through the zipper.

My relatively short experience has taught me a few things: 1) do not forget to wash the device frequently. It can harbor a lot of bacteria in the cup which can cause urinary/vaginal infections, 2) be very careful when using the device if you have been drinking alcohol. I experience numbness in the genital area after a few drinks which makes it difficult to be sure of the tight fit required. (I found out about this one the hard way!)

Since most of the Men's Rooms I've used have been "gross", to put it mildly, I am please to have the U. A.D. so I can stand and not have to sit, dragging my pant legs through the mess on the floor!

(Thank you Scott for your most informative and helpful article. We eagerly welcome other articles from our readers on: the U.A.D., the SANI-FEM urinary director, the Baculum, breast-binders (home-made, or store-bought rib-supporters or wide elastic bands for "midriff bulge"), the BULLGER UNDERGEAR or other (home-made or store-bought) "jock-socks").

* * *

"DON'T CURSE THE DARKNESS,
LIGHT YOUR OWN LAMP" (Zen Proverb)

"DON'T CALL ME 'BROTHER' TILL YOU
WALK A MILE IN MY MOCCASINS"
(Native Indian Proverb)

F-M GENERAL

Dr. James Barry rose to the rank of senior inspector-general in the British Army, fought duels, flirted with the ladies and belonged to men's clubs--yet, incredibly, was discovered to be a woman after she died in 1865.



All England was flabbergasted and the Army was mortified by the stunning masquerade, which Dr. Barry had arranged to pull off successfully for about 60 years--ever since she was 10 years old!

Born about 1799, Barry, whose real name was not known, was believed to have been the illegitimate daughter of a nobleman. According to biographers, she borrowed "James Barry" from an uncle. At about 10 she "shed her petticoats forever" and enrolled as a "literary and medical student" at Edinburgh University. At the tender age of 12, she was graduated as a surgeon's apprentice.

Recognizing the army as the road to opportunity, the youngster, described as "almost girlish", slightly built, with red hair and a prominent nose, put on a uniform in 1813 and began a steady rise through the ranks--eventually becoming senior inspector-general of the British Army.

An official report described the little doctor in high-heeled boots as "the most skillful of physicians" but also as "the most wayward of men".

Sent to Cape Town, South Africa, Dr. Barry, who had already earned a reputation as quarrelsome and temperamental, squelched teasing from a fellow officer by challenging him to a duel--and putting a bullet through his lungs. She later reportedly took a flesh wound in another duel.

It was at Cape Town that the youthful officer became known as a "lady-killer". According to author Kenneth Young, "she began to BE a man: she

enjoyed a racy story, liked a glass of wine, hunted and shot with gentlemen, and danced and flirted with young females."

But Dr. Barry (who sometimes carried an umbrella and frequently had a little poodle trailing behind her) was also devoted to duty.

She served as administrator of 8 hospitals in Jamaica and later led a battle to control a malaria epidemic on Malta that led to thanks from the Duke of Wellington. She always insisted on hygiene, and in 1855 in Corfu, Greece, she was credited with saving the lives of 455 of 472 British soldiers wounded in the Crimean War.

She was sent to Canada in 1857 and became a member of Montreal's exclusive gentlemen's club, the St. James.

Returning to London, she fell fatally, refused medical attention, and asked to be buried without examination. But her wish was never granted, and after her death on July 25, 1865, Dr. Barry's lifelong secret was finally revealed.



GATEWAY GENDER ALLIANCE

Publishers of the Phoenix
Monthly-International

International support organization
for the
female-to-male male-to-female
transsexual and crossdresser

PO Box 62283
Sunnyvale, CA 94088

(408) [REDACTED]
(6 pm to 12 pm PST)

WANTED!!!

Poems, limericks, free verse on themes related to: transsexualism, transvestism, and androgyny for inclusion in forthcoming book: An Anthology Of TS, TV, And Androgynous Verse. Send submissions to: Rupert Raj, METAMORPHOSIS, P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W 1P4. Thank you!

THE CONSTANT PRETENSE

*This body of mine...this physical shell,
Has brought more pain than words can tell.*

*What I am way deep inside,
I have always had to hide,*

*I've thrived on wishes and dreams,
And tried to suppress the tears and screams.*

*My time is consumed with this one great hope,
That until I can change, I'll be able to cope.*

*But the game just keeps getting harder to play,
Year by year, day by day.*

*The constant pretense brings much sorrow,
Yet I try to cling to my hopes of tomorrow.*

*For in tomorrow, I do see,
A whole new world through a whole new me.*

*A great mistake occurred when I entered this life,
For they call me a woman, and this is my strife.*

*A man is what I was meant to be,
But in the mirror, that is not what I see.*

*My will is bent as my illusions shatter,
Being true to myself is all that should matter.*

*They call me Jan, but I'm really John,
And still the facade goes on and on....*

*My strength to go on is often in doubt,
But still I pray for a way out.*

*Will someone help me change this body of mine?
So life will be more than meaningless time?*

*Will I ever be able to make this dream real?
Without guilt and worry of what my family will feel?*

*I know not when my answer will arrive,
So I stand on the edge, just waiting to dive--*

*To dive out of this void that is me...
And become the man I should truly be!*

(name withheld upon request)

The preceding poem appeared in Vol.1, No.4, April 19-81, the Phoenix Monthly-International and is reprinted with permission of the Gateway Gender Alliance, P.O. Box 62283, Sunnyvale, California 94088.

DEAR RUPERT (cont'd. from p.4)

will be? Are we going to be content with eating bread scraps our whole life or are we going to reach out for that steak which is within our grasp? I want steak so badly that I can taste it. How about you?

Please print this letter for I am very interested in hearing any comments you or your readers**** have about penile transplants and any suggestions on how to get "the ball rolling" will be well appreciated.

--Joe [redacted] Missouri

(*Compare with Mike [redacted] sexual experience with his former wife-- Vol.2, No.2, P.3.

**Sounds intriguing, innovative and possible--insofar as testicular transplants--and possibly also penile transplants--have already been performed on monkeys. I am extremely interested in, and fully support your research on penile transplants.

***Why not international?

***Readers, come on and submit your comments and suggestions.)

Thank you for writing to us. Contact between our two organizations will, I'm sure, be beneficial to the F-M transsexual cause and exchanging newsletters is a very good idea so that I can keep our F-M members informed of developments in your part of the world, especially phalloplasty, as it is important to discover if techniques being developed in this surgery in Canada and the U.S.A. are more advanced than those currently being used in Britain. I would also be grateful for more information about the Urinary Assist Device. I am arranging for your organization to be advertised in our next newsletter. I will also mention it to all of my contacts, here and abroad. Perhaps you could send me a few extra copies of your membership application form to distribute.

--Todd [redacted] F-M Co-ordinator, SELF-HELP ASSOCIATION FOR TRANSEXUALS (SHAFT), London, England

(*See Scott [redacted] experience with the U.A.D. on page 4).

(cont'd. on p.8)

Question Of The Month

February's Question: WHY--AND HOW-- DID YOU SELECT YOUR MALE NAME(S)? DID YOU ALSO CHANGE YOUR FAMILY SURNAME? IF SO, WHY?

Because I cannot yet live in confidence or successfully as a male, I chose names that are essentially asexual but are generally taken to be male names. I kept to the same initials (J.A.) for signature reasons and because I just wanted to. I tried to choose Irish or Scottish names because of my ancestry. ADARE is a place name in southern Ireland where some of my ancestors came from. JAMIE [redacted]

Friends teasingly called me LOU REED when I began cross-dressing. LOUIS G. SULLIVAN.

I masculinized my female name MARINA to MARINO. MARINO [redacted]

It is Scottish-Gaelic and EMMON means "there is the man". EMMON [redacted]

I got it from a movie I liked. JEREMIAL [redacted]

It was the only same-initial name I liked. It is my ex-husband's name. I just like it. SCOTT [redacted]

I asked my parents what they would like to re-name me. JOHN [redacted]

I just switched my first and last names around. I changed my last name because I wanted to make a clean break with the past. PETER.

* * *

June's Question: WHAT ARE/WERE THE BEST AND THE WORST EXPERIENCES YOU HAVE/HAD REGARDING YOUR TRANSEXUALISM AND SEX REASSIGNMENT?

Transsexual Perspective

The human experience embraces both ecstatic Heaven and anguished Hell. The transsexual perspective is at once a rare Privilege and a resented Prison.

DEAR RUPERT (cont'd. from p.7)

I have decided to become a member of the MMRF, so I'm enclosing a \$27 money order and the questionnaire.

Thank you for asking me to act as a MMRF Area Representative for New Zealand. I would like to do this but I doubt if there are many F-M TSs in N.Z. As far as I know, there are only about 3 others in Christchurch, besides myself. Still, it's difficult to say for sure.

My own story is not a success story. I'm 43 years old and I'm still having to work as a female. I was on male hormone treatment for 3 years but stopped it for various reasons. It did not seem to make much difference to my appearance although my voice did deepen and I developed a small Adam's Apple. My whisker growth was not very good and was very slow in developing--my chest had hardly any hair. Most people, at the time, seemed to think me a man but I didn't have much confidence in my appearance. I felt I was rather effeminate looking. I found out later that some people thought I was a gay guy! So at the moment I'm in "limbo" and very unhappy. I'm very envious of people like you and Mario Martino who look so terrific. It's all a matter of genes, of course--if only I was more masculine-looking (hormones could really have helped me then). I have enclosed a photograph of myself taken 2 years ago.

--Jamie [redacted] NZ

I've completed the confidential research questionnaire and think it's very relative and well put together. I also just completed a questionnaire from Dr. Laub (formerly with Stanford in California) who is conducting a similar research. In his questionnaire many questions didn't allow for individualized answers. I re-worded some and answered my own way instead of using the multiple choice answers or scales provided. I felt as if they were trying to fit us into molds rather than recog-

nizing our own individuality.

I would like to contribute to MMRF in the future but my finances are low right now. From your newsletter, questionnaire and personal correspondence I believe you will do a good job with your research and feel it is a good idea and needed.

--Jerry [redacted] Las Vegas, Nevada

I am enclosing \$26 (an additional \$1 to cover the bank service charge on U.S. checks) and some clippings of interest for the newsletter. I have completed the questionnaire as well as I could--and shame on you for your "heterosexist: format re: girlfriends--although I guess we gay TS men are the rareties. Yes, you may publish my poem in your book and sure, go ahead and put my name in the CONFIDENTIAL CONTACTS DIRECTORY. What ambitious undertakings you plan. Good luck!

--Louis G. Sullivan, San Francisco

EEF Newsletter

The ERICKSON EDUCATIONAL FOUNDATION (EEF) Newsletter has just resumed publishing again this Spring (Vol. 10, No.1). For a free (quarterly) subscription, contact: ERICKSON EDUCATIONAL FOUNDATION, P.O. Box 532, Ojai, California 93023.

Gender Serve

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ON TSISM AND TS SURGERY

A PERSONAL VIEW POINT

Even though, as a f-m transsexual, I love being a man, I am sometimes very pessimistic about my life as a transsexual man. Being reclusive and philosophic by nature, I tend to be alone a lot and that time by myself is filled with thoughts of the future--my future as a writer, as a journalist, as a person--but most of all, as a man. It would be beautiful if I could maintain a constant positive trend of thought about my "being a man". Unfortunately, I cannot. Sometimes it seems as if everything is against me--society fate, opportunity and even my own body. Each day, I am consumed in my masculinity. I wake up with thoughts and feelings of maleness, desires, hopes, dreams. It's the dreams that I go to bed with, hoping that the upcoming day will bring with it some miraculous, unforeseen occurrence--making any feminine trait that I might possess vanish.

I was reading an article in this publication called, "DR. LESLIE LOTHSTEIN ON PHALLOPLASTIC SURGERY". He was very frank and now I know what people mean when they say, "the truth hurts". He spoke of one incident that has been burned into my brain--where one f-m patient's "penis fell off" after ts surgery. I'm sure this doesn't happen all the time but just the re-creation of that in my mind terrifies me! It's like some joke that's horribly for real! Something so ridiculously terrible that it just couldn't be real, yet it IS real. That is why, even though I am grateful for male hormone treatments, that enhance my masculine appearance, I am terrified of transsexual surgery for the f-m man. This poses a problem for me. Of course I want a phallus, but at the same time, my fear paralyzes me from taking any steps toward surgery.

I live with ardent hopes and prayers for the day when surgery for the f-m man has more of an optimistic out-

look as far as results are concerned. We have the right to be able to have our lives put into the proper perspective--physically. Just as a child, born with only one leg or with sight only in one eye, deserves help in correcting the defective conditions they were born with, so does the f-m man! Some people may feel I am being too dramatic, taking my feelings to the extreme but I don't feel so, for what could be a more extreme birth defect than a male being born without his male genitals?

--Khalil [REDACTED]

Booklets

GUIDELINES FOR TRANSSEXUALS

INFORMATION FOR THE FAMILY OF THE TRANSSEXUAL

INFORMATION FOR THE FEMALE-TO-MALE*

RELIGIOUS ASPECTS OF TRANSSEXUALISM
COUNSELING THE TRANSSEXUAL

LEGAL ASPECTS OF TRANSSEXUALISM: A Handbook For Transsexuals**

A packet of the above pamphlets is available for \$10 (U.S.\$) from: the Janus Information Facility, 1952 Union Street, San Francisco, California 94123.

ON ACCEPTING THE UNACCEPTABLE: A Guide For The Relatives And Friends Of The Transsexual (Susan C. Huxford)***

The above booklet is available for \$2.50 from: GenderServe, P.O. Box 291, Station A, Hamilton, Ontario, Canada L8N 3C8.

*by Louis G. Sullivan, **by Joanna M. Clark, ***by Susan C. Huxford--all 3 of these--as well as the other 4--are highly recommended.

A MANUAL FOR FEMALES-TO-MALES+

AN ANTHOLOGY OF TRANSSEXUAL, TRANS-VESTITE AND ANDROGYNOUS VERSE+

LIGHTING THE LAMP and A HARVEST OF HAIKU (two volumes in one)+

+by Rupert Raj (in progress)

F-M MEN AND FEMALE PARTNERS (cont'd)

The 5 women were "all very feminine none considered 'butch'. All have culturally feminine jobs. All but one are physically attractive and none had difficulty in finding male dating and sexual partners. All but one have been exclusively heterosexual in previous relationships. The one exception was predominantly heterosexual. All but one (the youngest) had been previously married. Only one had been orgasmic in relationships with men, although with the exception of one, they had found these experiences enjoyable. Those previously non-orgasmic became orgasmic with their sex-changed partner. None show any psychiatric symptomatology and have no difficulty functioning as housewives or in employment.

All couples blend into their communities in an unremarkable manner and have no contact with the homosexual community. Their marriages are described as happy and so far do not show any signs of strain.... The sex-reassigned partner is without genitalia. Psychologically, he considers himself to be a man.... The wife considers her partner to be a man and herself to be heterosexual. Her marital relationship is socially accepted as typical of that between a man and a woman. If homosexual, her psychodynamics are clearly atypical. The term 'latent homosexuality' would also appear to be imprecise."

In a final study of 41 female-to-male transsexuals and their 21 female partners, Dr. Betty Steiner--psychiatrist-in-charge of the Gender Identity Clinic at the Clarke Institute of Psychiatry--and Dr. Stephen Bernstein, report their research results (published in the article, "FEMALE-TO-MALE TRANSSEXUALS AND THEIR PARTNERS", Canadian Journal of Psychiatry, Vol.26, April 1981) as follows:

"In spite of the lack of a phallus, both the transsexual and his mate view their relationship as hetero-

sexual. Both are extremely conventional and adopt very stereotyped roles as 'husband and wife'. Their relationship is stable, usually long-term and reportedly is sexually very satisfying to both partners."

The kind of female partner whom the F-M normally chooses is traditionally a more feminine, often physically attractive and 'pretty' woman. Often the relationship with the F-M is "the first time the partner has had the same sex erotic object choice, but neither view their relationship as homosexual." "Mostly, the partner shows little concern about the lack of a penis in the transsexual as they obtain orgasmic satisfaction by either manual or oral genital stimulation by their 'husband'."

Reportedly, the F-M adopts a strong paternal role in a relationship with children present and is seen by the children as a rather dominant assertive father figure. In 41% of the cases, the F-M "chose partners who had children and brought them to the relationship." Apparently, they were attracted to their partners partly because of their children, as they step easily into the paternal role in a ready-made family. This may satisfy a parental need in these F-Ms and also enhance their sense of masculinity by showing society that they can indeed 'father' a child--proof of their manhood."

"Many of the female partners report unsatisfactory prior relationships with men, particularly poor sexually....The choice of a F-M partner, 'a man without a penis', may be a safe compromise, perhaps protection against further pregnancies or defence against involvement with biological males with whom they have had unsatisfactory emotional experiences in the past."

"Many of these relationships were formed prior to any physical reassignment of the F-M. Generally, the relationship is sustained and may become even more durable during the period of transformation of the F-M into a 'man'". In fact, it seems to be very gratifying to both partners.

CLGA
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