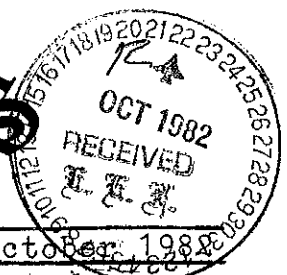


11/1/82

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METAMORPHOSIS



Vol. 1, No. 5 "THE NEWSLETTER EXCLUSIVELY FOR F-M MEN" October, 1982

PENILE PROSTHESES

I have previously referred to the penile prosthesis (eg. in my poem "PENIS ENVY", Vol.1, No.1, P.5). The particular type of prosthesis to which I was there referring, is NOT the inflatable penile prosthesis ("Controllable Erection") produced by American Medical Systems, Inc. which fits inside the penis of a genetic male or the surgically-constructed phallus of a female-to-male transsexual. The specific kind of penile prosthesis about which I am now writing (and am principally interested in) is a non-surgical penile prosthesis which can be used for both urinary and sexual purposes, thus acting as a "substitute penis" by itself.

Currently, there is no such penile prosthesis available (to my knowledge). In the past, there have been several attempts made, by various medical bio-engineers, technicians and sculptors, to design and construct a workable, functional "prosthetic penis" specifically for the use of the F-M.

From 1968-1972, Dr. Mario Martino, Director of Labyrinth Foundation Counseling/Gender Services, Inc., was working on the design and creation of a "phallic prosthetic device" to be used for urination and sexual intercourse. The experimental model was rubber-like in texture but caused skin irritation. The material was soft and pliable, non-allergenic and non-toxic. It would take on the temperature of the body after being worn for a time. The first two inches were firmer than the last four. The device was attached to the body by means of a "plug" inserted into the vagina. A "cup" attached to the top of the prosthesis would be

(cont'd. on p.7)

JOURNAL OF A TRANSEXUAL

NEW

(Haworth)

By Diane Leslie Feinberg, © 1980
(Excerpts reprinted by permission)

This intriguing little booklet was written by a "very masculine woman" who lived convincingly as a man for four years on a sex-change program before leaving that program."

Diane says in her Journal that "an equal number of women as well as men are entering sex-change programs. Some people stay in their new lives, others leave the programs after a time and try to go back to living as their original gender." (as she did herself).

Ms. Feinberg had initially undergone testosterone therapy and had had her breasts surgically removed. She describes her unique situation in her own words: "...my hormone-lowered voice and facial hair and the fact that I've had a mastectomy makes the question of whether to wear men's or women's clothing, including a bra, an important one, and...determines whether or not I will be confronted with situations ...of fight or flight." "I am considered queer in a men's or women's bathroom: too feminine to be a man, too masculine to be a woman. There is no escape from the contradiction." "...once I'm covered by a coat, I could argue that I'm a woman till I'm blue in the face. It gets me nowhere....As long as I do not argue that I'm a woman, I'm treated more like a human being."

(cont'd. on p.2)

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Subscription: \$12 for 6 issues.
P.O. Box 5963, Station 'A',
Toronto, Ontario, Canada M5W1P4.
Editor: Rupert Raj, B.A.
Artist: Katherine A. Johnson

JOURNAL OF A TRANSSEXUAL (cont'd.)

Diane goes on to describe how, each day, she has to plan to avoid certain streets in her neighbourhood, so as to avoid teenagers throwing stones at her. And, she tells us how salesclerks call her "faggot", while making gestures of masturbation. And also, how her female factory co-workers wonder if she is a boy or girl, a man or woman--and again, the problem of which washroom to use. And further on, she details a subway incident between herself and a young "queer-basher" who physically assaults her.

Ms. Feinberg appears to me to be a "masculine lesbian" rather than a female-to-male transsexual, as evidenced by the following passage: "When I first entered a sex-change program a decade ago, in order to avoid embarrassment, my parents disposed of all pictures of me (as) a little girl or young woman.... When I later took back control of my body after four years of being on the program, my parents discarded all pictures of me...as a man. I have one photo left....One woman who has long hair; she's not yet dressed up to go out to a gay bar. The other woman has short-cropped hair, wearing half a suit with a tie, jacket on the couch...Captured tenderness between two women."

Additional proof that Ms. Feinberg was most probably mis-diagnosed as "transsexual" is her statement: "I am a woman. I am the way I am. It is a fine way to be."

The moral of this story is simple: Not everyone who undergoes sex re-assignment is a "true transsexual". So, patient and psychiatrist alike, think long and hard before making the mostly irreversible commitment to hormones and surgery!

The JOURNAL OF A TRANSSEXUAL is available for 70¢ from: World View Publishers, 46 West 21 Street, New York, New York, U.S.A. 10010.

ON ACCEPTING THE UNACCEPTABLE

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of the Transsexual

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Susan C. Huxford
B.A. (McMaster), B.Ed. (Toronto)

Publication date: March 31, 1982

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Rupert Raj, Metamorphosis, P.O.
Box 5963, Station A, Toronto,
Ontario, Canada M5W 1P4.

DEAR RUPERT

Regarding your announcement of the forthcoming text by Lothstein: I can tell you from personal experience that the University Hospitals' program is terrible. I don't know Lothstein but since he is Co-Chairman of the program he bears responsibility for it. They are only interested in manipulating transsexuals into getting tied up for years and years in psychotherapy of dubious benefit so that they can study us like white rats--they are not interested in helping us and do not respect us (Lothstein was quoted in the Cleveland Plain Dealer as saying that he thinks TSs are 'crazy'!) I have read some of Lothstien's writing and it is good but his practice is harmful. I strongly urge you to be cautious in praising him and hope you'll allow me to relate my experiences with his program in METAMORPHOSIS to protect others from the U.H. program.

It's very important that we share the oft-times horrendous experiences we have with "gender programs" in order to serve our brothers and sisters from being harmed by those who are supposedly there to help us but are in reality exploiting us. What do they get? Money (years of psychotherapy means a lot of money) and research data they can publish to advance their careers. What do we get? At the least, delayed, at the most, thwarted in our quest for physical transformation. Admittedly FTM surgery isn't perfect. But Lothstein's alternative, psychotherapy, does not work and even he does not produce evidence that even imperfect surgery is less beneficial to TSs than subjecting us to Freudian psychobabble for what most of us are sure is a biological phenomenon.

Keep up the good work on the newsletter and feel free to publish this letter if you would like to.

--Erik Julian Clark, Cleveland, Ohio

As the sister of a F-M transsexual, I am grateful for your deep concern and compassion towards this great human suffering. Your hard work makes it easier for the transsexual and his family to deal with and better understand the situation.

Loving someone and being unable to do anything except support them is frustrating.

My brother, David, sent you a copy of my poem, entitled: FOR DAVID AARON, and you have my permission to print this poem and any other writings I may submit to you.

Thank you, Rupert, for being there for those who need you. Your personal experience makes believing in your work quite easy.

Sincerely, MAURA LIEBMAN

FIGHT IT WITH LOVE (Maura Liebman)

Body and mind grow together,
unattached.
A desperate soul searches for the
match.
The burning mind searches for
water
To cool the flames of a son who is
a daughter.
Desperation and suicide enter into
the mind,
To overlook this pain, one would
be blind.
Open your eyes, families and
friends
And soothe the one you love, for
he depends
On YOU for survival of a disease-
He's begging on his hands and knees
For relief of these endlessly
lonely times.
If he had one person who cared
he'd be fine.
Take his hand and pull him above
The dilemma which drowns him--
Fight it with love.

(David is extremely fortunate in having such a loving and supportive sister as you! If only more were as understanding/accepting.)

(cont'd. on p.6)

What Happens When A Teacher Has A Sex Change



In 1975, Doris Richards, a successful teacher, finally found out why she was "different." When doctors told her she was predominantly male gendered, she began a transformation.



Steve Dain, formerly Doris Richards, suffered harsh publicity and lost his teaching job because of his sex change. He still insists, however, that for the first time in his life he feels free.

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Teaching, October, 1977.
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What Happens When A Teacher Has A Sex Change
by Anna Sklar

Steve Dain: I Was Always Different

"I never felt like a man trapped in a woman's body," Steve Dain says of his "former life" as Doris Richards. "I was just *different*."

Just how different Doris Richards was began to be particularly apparent to her when she went to college. Dain says Doris (Dain speaks of his former life in a mixed combination of first and third person) didn't date much in high school and stayed away from men in college as well. After she got her teaching credential and a teaching position, Doris began remaining at home more and more often. "I didn't want to be a recluse," Dain recalls. "But Doris could never relax. With her characteristics and mannerisms, if Doris relaxed she would be taken for a butch or a dyke. And if I had been a dyke, it would have been OK. But I wasn't and yet I was labeled that and I really resented it. I have fought this all my life."

It was in 1975, the year she was voted Most Popular Teacher by her students, that Doris felt she had met the goals she had set for herself and began to look more closely at her life and herself—and why she was different. She read an article in a magazine called "Women Who Dare To Become Men." "When I saw in that article that there was a center at Stanford, I thought, Gee, that's just across the bay. I didn't think, Oh, good; now I can become a man. I just thought I could find out what was wrong with me."

At Stanford, Dain underwent an extensive series of psychological tests, plus a two-hour interview with a staff psychiatrist, before being given a complete medical checkup to make certain he had no physical impairments that would interfere with the surgical treatment and hormone shots.

Dain says that the Stanford tests confirmed that his problem, his difference, was not his fault. Becoming a man, he says, has made him feel free for the first time in his life. Before all the publicity he said: "I go out and no one notices me. I am invisible. It's the most wonderful feeling in the world."

Would he tell people who didn't know him, especially students, that he was a transsexual?

"No, I would not. I had no intention of telling people at school. I believe a teacher can have a private life separate from public life," he says. Dain, in fact, is strongly op-

posed to bringing such issues as bisexuality and homosexuality into the classroom. He says he has taught sex education at Emery High for ten years and did not discuss these issues then and would not now. "If a student asks what is a transsexual, I would define it. A transsexual is an individual whose gender is in conflict with his or her sex."

When Dain is asked if Doris was a feminist, he becomes somewhat defensive. He says his sister accused him of copping out and told him that "women's libbers" would hate him. But Dain says, "I've been Teacher of the Year; I have my own home, my own car; I make \$20,000 a year as a teacher. I did succeed. It's not a matter of changing and becoming a man because I felt, Oh, I'm squashed; I can't get what these men have got, so I'm going to look like a man and get what they've got. No, I'm not a copout."

Dain had told a reporter that there are many transsexuals teaching, but he acknowledges now that transsexualism affects only a small minority of the population. The current estimates indicate there are about 20,000 transsexuals in the United States. Dain, who meets with other individuals who have had sex-change surgery, says he knows of other sex-changed teachers who have been able to continue teaching. He says he knows of one man (who was a woman) teaching business education in Arizona. He says that man was in a large school and was allowed to stay in the same school, although eventually, for personal reasons, this man did decide to transfer to another school district.

Although the legal battle Dain now is engaged in concerns the rights of transsexuals and the rights of teachers, Dain insists: "I've never gotten involved in campaigns. I'm not fighting for transsexuals; I'm fighting for myself."

Dain also insists that the fight is his own struggle and that he has to go through it alone. But other individuals are involved. Pat Costello, a longtime friend, has lived with Dain for more than six years. Dain says there is no physical relationship between them. "We're friends. I like her a heck of a lot." Looking back on his decision to go through with the sex change, he says, "You know, when I started this whole

thing, I had to make the decision that this was my own struggle. I didn't know if Pat would remain by my side, but I couldn't count on her being there. If she left, that was fine; if she stayed, that was fine." Costello stayed and Dain says, "I'm glad she stuck around, really. She's a fantastic companion."

Until March 1977, Dain had been living under severe financial stress. Because the school district would not certify that he was employed, he was unable to get a loan from his credit union. Finally, with the help of some friends, he obtained a loan, at fairly high interest rates, from a finance company. Neither the CTA nor the CFT has been able to provide much financial assistance, although both organizations have assigned attorneys to help him. Recently he signed a contract with the William Morris Agency and in March received some money from ABC as an advance payment for a fictionalized screenplay about his sex change. He is working as a consultant with the writers assigned to the story.

In the past, accounts of transsexualism often have come from transsexuals themselves—like Jan Morris, who wrote *Conundrum*. But Dain says he did not seek publicity and was not allowed to maintain the anonymity he says he wanted. Anonymity for transsexuals apparently is possible; many are able to assume new identities and move into new communities, and some doctors report that women who become men tend to have an easier time in making the transition than do men who become women.

Despite the controversy and even the villification, Steve Dain appears amazingly calm, rational and equipped with a great sense of humor about himself and his new role as a "media freak." He says it will be two years before his case against the Emery Unified School District will be settled, but he says right now he lives each day as it comes and tries to deal with new experiences.

He talks about setting new goals, perhaps writing a book about his experiences. He knows the notoriety eventually will die down, but he worries if he'll ever be able to return to teaching. "I love teaching," Dain says, "and I love young people. I don't know if I can teach again. They've heard about this case all the way to Australia."

He may be right.

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

Your newsletter is great! It is exactly what I've been looking for.

I am 17 and began hormones last July. I'm going to attend a different school this year as my psychiatrist sees no reason for me to go on in misery for 2 more years of high school. I live with my mother and older sister. My father doesn't know about me at all; he took off to California when I was only 4.

I sometimes feel that people think of me as a freak. I began working out with weights but then I quit for awhile because I get so depressed about my breasts, and then, after awhile, I start lifting again.

Right now I feel so despressed all the time. Not that I'm going to do something stupid like kill myself. But I get so scared as I think, "What's the sense in going on suffering like this all the time?" My psychiatrist keeps telling me that she thinks I will be happy someday and that I will be proud of myself someday too. Do you? I hope I will!

I thought that when I started the hormones I would be so happy, and now that I'm on them, it's a let-down because I thought everything would be better. But it's not true. I mean, I'm happy with the results but man, I feel like I'm flippin' out sometimes. I know after I get rid of these things (breasts) my life will be better--not perfect, but better. There's no sense in believing that, after all the surgeries and everything, life will be a breeze--because there ain't no such thing.

But anything has got to be better than feeling like you're some kind of freak because you feel like you are half-man because your body tells you that you're also half-woman. I can't think of any worse feeling than that! It has to be the cruelest thing that Nature can do to an innocent little baby. Wow! What a way to start out in this wild world. No wonder some people

feel like they're going to flip out!

I feel a lot of the time that I hate women. I also feel a lot of the time that I hate men--because I am one, but I'll never be like one because I feel handicapped. I hate how people don't understand and I hate how nobody knows exactly what causes this. I always think that if I was born normal, I would've been bigger and better. I hate how I'm only 5'2" and am built almost exactly like my mother. I have so much anger inside of me and I don't know how to get rid of it. It's not healthy!

Most people say that they can exercise and feel better because they leave their troubles behind. But how can transsexuals leave their troubles behind while they exercise when it's on their bodies all the time?

Keep up the good work. It is well-appreciated!

--David Liekman, 750 Garden City Drive, Monroeville, Penn. 15146

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PENILE PROSTHESES (cont'd. from p.1)

placed directly over the urinary meatus. The artificial phallus had to be washed regularly in order to prevent urinary infection or vaginitis. The prosthetic phallic device could be worn at all times and was to cost \$125. Attempts to add a scrotum with testicles failed for technical reasons. Unfortunately however, the PPD was never released to the F-M consumer because of reasons (probably technical) unknown.

In 1974, Dr. Martino contacted a medical technician in Ann Arbor, Michigan, (Dennis Lee) who had created an apparently realistic-looking penile prosthesis which could be used for urination only and had to be glued onto the pubic area. It also had a scrotal sac attached to it. However, the skin-texture of the prosthesis had to be made more flexible (it was too firm) so the technician took it to Dow Corning-who make the silicone of which it is made-and they would manufacture it only if he could assure them of a sufficient market. In addition, the urine cup had to be improved. Sadly enough though, the test model sent to Dr. Martino (after his initial \$200 downpayment) did not resemble a phallus nor could it be urinated through. So, Dr. Martino's lawyer sent him a strongly-worded letter and Mr. Lee promised to further improve the device. But finally, in the end, he took \$1000 from Dr. Martino and would not refund the money even after threats from the lawyer to sue. Since they would have to go to Michigan to sue, they decided to forget about it. Dr. Martino reported that this penile prosthesis was "nothing more than a firm, hollow dildo."

From 1972-1973, Mr. Werner Schulz, then consultant in microsurgery and biophysics at Stanford University School of Medicine, designed and constructed an artificial phallus for the purpose of sex only.

Testes were attached to the phallus; the latter had to be strapped onto the abdominal or pubic area with a strap, jock-strap or very tight, flesh-coloured, elastic pants. There were two experimental designs: a mechanical (hand-erected) model and a hydraulic-mechanical model (hydraulically-erected). Once again, the same old sad story, the Stanford University Gender Program discontinued the usage of this artificial phallus for its F-M patients. Moreover, I received no response to the two letters I wrote to Mr. Schulz in the past, concerning this.

In 1978, Dr. Paul Walker, Director of the Janus Information Facility, (then, Co-Director of the Gender Clinic at the University of Texas Medical Branch) and the team there, were attempting to produce a totally realistic-appearing, artificial phallus, which could be surgically attached to the body (or alternatively cemented to the body) and which would have to be removed every few months for cleaning. At the time, Dr. Walker reported that he was "quite optimistic that this device will be a viable alternative to surgical phallus construction." But alas, yet once again, in 1981, Dr. Walker advised that the project had been abandoned (without explaining the reasons why).

In 1975, Dr. John Money, Director of the Psychohormonal Research Unit at Johns Hopkins Hospital, reported that medical supply houses would not make genitals (male and female sex organs) but in 1978, he stated that "For many years there has been no plastic surgeon at Johns Hopkins committed to phalloplasty. I am strongly in favor of a penile prosthesis as superior to surgery." And again, in 1982, he wrote that "surgical prosthesis makers are phobic about genital prostheses."

During our June (1982) conference, Dr. Money and I discussed the pros and cons of phalloplasty and of penile prostheses. He told me that some time ago, he had requested a

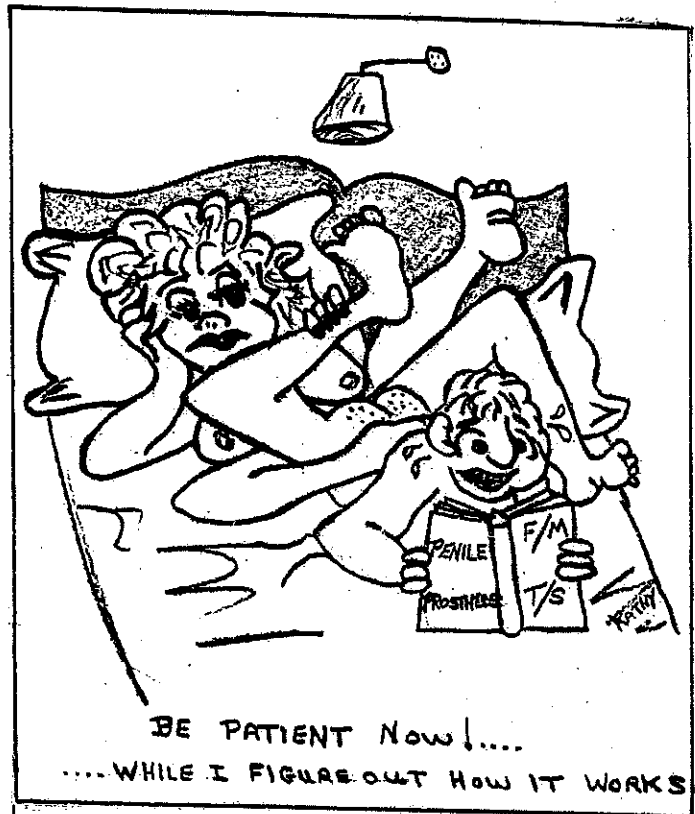
PENILE PROSTHESES (cont'd. from p.7)

medical sculptor to fashion a penile prosthesis for a married F-M patient of his for the purpose of coitus. The resulting device bore thin, needle-like protrusions of rubber (or silicone) on its surface which irritated his wife during intercourse and consequently, its usage had to be discontinued.

Dr. Money said that the only two real obstacles in the way of constructing a workable penile prosthesis would be those of: urinary infection (caused by urine leaking from the urinary meatus instead of passing directly through the urine conduit inside the phallic tube; no matter how tightly the top of the tube fits over the urinary meatus, some drops of urine almost always manage to escape and leak out); and bacterial infection (caused by bodily perspiration, heat, friction and especially, the hair in the pubic area). If these two major technical problems could be resolved, Dr. Money foresees no other formidable obstacles.

To summarize, there have been five unsuccessful attempts to design and create a non-surgical penile prosthesis for the female-to-male transsexual. For one reason or another, every attempt has failed, (or has been abandoned, rejected, or discontinued). Yet, notwithstanding this discouraging series of failures, I still maintain that such a penile prosthesis would be a very beneficial device for the F-M and moreover, superior to phalloplastic surgery at present. I am therefore planning to set up a trust fund (METAMORPHOSIS MARATHON TRUST FUND) with the intention of soliciting monetary contributions for the specific purpose of funding experimental research in the design and construction of a penile prosthesis capable of both urinary and sexual functions, which is to be used for the gender-dysphoric (F-M) and the genitally-deficient man, as well.

--Rupert Raj



I AM MAN

I may sit beside the sea
amidst the rocks and waves
alone--I may need to be,
if it, my soul shall save.
I may crave a woman's love--
(she's so affectionate)
or lie and daydream, there of
somewhat more passionate.
Whatever aspect of myself
it happens I should show,
I am a man, before all else.
This always--you shall know.
I may laugh and I may cry
in this life I live.
I may fail before I die
in the love I give.
I may look like something else
instead of what I be,
but I will somehow show myself--
the man in me, you'll see.
And when I'm totally a male
I will have reached my goal.
(for the difference in a dream and
a tale
is the extent of toll).
If you should take my outstretched
hand
and share the road ahead with me,
you must acknowledge--I AM MAN,
as I gain my private liberty.

--Khalil Jondache