

Welcome to the second issue of *Chrysalis Quarterly*. Our theme for this issue is "Being a Good Consumer." It complements last issue's theme, "Transition and Health."

Transsexual persons should be good consumers—but often are not. They tend to face the reality of their inner selves through a haze of doubt, guilt, insecurity, and ignorance; this is compounded by the apathy, distrust, prejudice, and ignorance of the general public—and, unfortunately, sometimes of service providers. Often, transsexual persons stew in their own juices until they can stand it no longer, and then act in a desperate frenzy. To say this is self-destructive would be an understatement. Transsexual people should plan for transition just as for any other major life change—education, career, or marriage. They should not "closet" themselves for years and then expect to blossom overnight. Nor should they stop in mid-transition, accepting deviant lifestyles because they have found some acceptance as she-males, drag queens, or street hustlers. Unfortunately, the haphazard and slipshod manners and lifestyles of many transsexual persons lead them into continual difficulty throughout the transition process, and eventually land them in the gender twilight zone.

Successful feminization or masculinization is possible, and with planning and perhaps some luck, can be accomplished with minimal disruption and anguish. There are, unfortunately, myriad ways to foul up—and the consequences are maladjustment, unhappiness, disfigurement, disability, and even death.

The mistakes made by some transsexual people are legion. I worry about those who have sent large amounts of money though the mails to purchase illegal hormones; who have prematurely dismantled their lives—before there was any reasonable chance of passing in the gender of choice—leaving them with inadequate support systems; who have tried to transition or even have surgery before beginning electrolysis or before they have let the hormones do their work; who needlessly reveal their transsexual status at an early stage; who have had trouble giving up their transsexual status for that of a "real" man or woman, ending up in gender limbo; who have expected hormones (or surgery) to turn them into men or women overnight; who have been "pumped" with illegal silicone until they look like caricatures of women and men; who have taken inappropriate dosages of hormones or who have taken hormones in inappropriate ways; who have denied they needed therapy (yet who obviously did); who have come on great guns, and then disappeared into the closet. Others have calmly and methodically gone about the business of turning themselves into men and women. I have no doubt that the latter individuals will make it. I have my doubts about the others.¹

A Word on the DSM III-R

The inclusion of transsexualism in The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM III-R) has legitimized it as a mental illness. In apparent hopes that it will somehow influence

¹From the Fall, 1990 issue of *Insight*, (Montgomery Medical and Psychological Institute, Inc., quarterly newsletter). It provided the inspiration for the theme of this issue of *CQ*.

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insurance companies to pay for sex reassignment surgery (SRS), some factions of the gender community embrace this DSM III-R status.

In a better world, perhaps insurance companies would line up to pay for SRS. But they do not line up to pay for liver transplants and other expensive procedures, and they are unlikely to change their policies about SRS. Although transsexual persons are crazy by DSM III-R standards, they are specifically excluded from handicapped status by federal legislation, and their record in antidiscrimination cases is dismal in the courts of this nation. They have the worst of both worlds.

Psychiatric diagnosis is buying and will continue to buy transsexual people nothing but prejudice and discrimination. Status as handicapped persons will buy them little more. Transsexualism is a physical disability (the body is functionally and cosmetically unacceptable), and should be considered as such.

Only when transsexual people achieve acceptance as whole and sane persons will they stop being treated as devalued persons by this society. It is time for the gender community to petition the American Psychiatric Association for removal of gender dysphoria from mental illness status. It is likewise time to send lobbyists to Washington to wake up our legislators to the fact that transsexual men and women are just another of the many minorities that make up the citizenry of the United States.

A Word on the Standards of Care

We at AEGIS believe that transsexual people should go about their transitions in a logical and structured way. That elusive quality, common sense, is especially important when one is reinventing oneself. Each of us, after all, has only one body, and we can ill-afford to damage it.

When seeking help with changing your sex, there is every reason to take the same sort of cautious approach that you would take when

purchasing a house or an automobile. You should shop carefully for service providers, proceeding only when you have checked them out and are certain that they are legitimate, well-trained and credentialed, and well-intentioned. You should comparison-shop, selecting the person or agency which best fits your needs. You should frequently assess the services you are receiving and ask yourself whether your providers are doing an adequate job. You should not be afraid to "fire" psychologists, physicians, or electrologists, or even gender clinics. Alternatives are available.

The Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc., are a set of minimal guidelines. They exist to protect both transsexual people and providers of services for transsexual people.

The Standards are the Consumer Reports of transsexualism. They are the path through the maze. A reading of them will show you what you need to do, and what your service providers should be doing.

The Standards of Care are not just a series of hurdles that you must jump. If you follow them, you will be minimizing your chances of doing something that you will later regret.

Additions to the CQ Staff

CQ is lucky to have Margaux Ayn Schaffer a talented graphic artist joining the staff. Her input shows up for the first time in this issue, augmenting the excellent work of Stephanie Rose, who singlehandedly laid out the premiere issue. Stephanie and Margaux have worked long and hard to give an already impressive magazine an even better look. Margaux has designed the new AEGIS logo, as well as the new logo for CQ.

Holly Boswell is also a graphic artist, although she joins us as Associate Editor. Her article, "The Transgender Alternative," appears in this issue, and her editorial input will be apparent in future issues. CQ