of a healthy crossgender experience is seeking and fulfilling primary identity needs which vary from individual to individual regardless of position or transition status.

Prejudice shows when an HIV+ transsexual woman is barred from attending a transition support group because she has considered not having surgery for fear of setting off a downward-spiraling medical calamity. It would appear that an individual facing crossliving experiences in addition to HIV issues would need just as much, if not more, support than an average transgendered individual. *(Prejudice can be found when we play "more transgendered than thou," and in the bashing of crossdressers by many transsexual persons.— Ed.)*

Prejudice shows in the refusal of major transgender publications to acknowledge or at least provide contact points for other transgender minority support organizations. Example: I have noted that female-to-male support organizations and items of interest are infrequently mentioned in most publications. Almost every transgendered person I know initially spent a great deal of time searching out a support organization. Imagine their frustration when they finally discover an organization, only to find it will not serve them, and yet has no listing of other organizations.

Prejudice shows when a well-heeled transgendered individual encounters another transgendered individual who is obviously homeless, and doesn't so much as offer a smile of support or word of encouragement. How easy it is to ignore the plight of another human once our own security appears stable. Little if any support exists for the transgendered homeless. Frequently, the individual at the beginning of transition may be barred from male, female, and sometimes gay-oriented shelters and social services. Many of these individuals are youths alienated from family. Prostitution, chemical dependency, and high risk of victimization with no legal recourse leaves these individuals possibly damaged for life.

Prejudice happens when the larger transgendered community refuses to acknowledge the presence of transgendered individuals detained in mental and correctional facilities. The transgendered incarcerated are at extremely high risk of emotional and sexual abuse. This includes rape, gang-rape, sexual slavery, and torture. Those currently crossliving or wishing to do so are usually denied gender-appropriate clothing and hormones specifically because our society labels transgender phenomena as a lifestyle choice rather than as a character of one's primary identity.

Let us now forget that prior to the middle of this century, transgendered individuals were systematically thrown into prisons and mental wards because the medical and social institutions of the time viewed transgender phenomena as a "deviancy." Unlike homosexuality, transsexualism and transvestism are still listed in *The Diagnostic and Statistical manual of Mental Disorders of the American Psychiatric Association* (DSM III-R). How easy it would be for society to reframe the gender and sexually-oriented components of an individual's primary identity into a deviance again.

Illustrated here are a small selection of the prejudices which threaten to segregate the transgender community as a whole and undermine its potential as a source of acceptance, healing, and education. Not to be overlooked is one of the most common prejudices acted out by members of our community— acceptance based on "passability." This particular prejudice dramatically illustrates the core foundation supporting prejudice: our inability to see beyond stereotypes and see an individual for who he or she really is— a person with individual needs, experiences, and expressions.

Editor's Note: AEGIS is interested in and devoted to providing fair representation of transgender minorities and their issues within our publications, studies, conventions, and other educational endeavors. If you are interested in minority issues, please contact Gianna Eveling Israel at AEGIS-WEST, P.O. Box 424447, San Francisco, CA 94142 (415) 558-8058. ♀♂

CQ's Quotations From the Literature

Thirty-five Years of Sensitivity in Psychiatric Thinking

Those patients seen by me who wanted to change their genital status were all borderline psychotics who wanted other parts of their bodies altered. They wanted plastic surgery for their faces and noses and entertained other self-destructive fantasies... Do we have to collaborate with the sexual delusions of our patients? Are we not rendering them a sad disservice?

– Meerloo, J.A.M. (1967). Change of sex and collaboration with the psychosis. American Journal of Psychiatry, 123(2), 167-168.

(The) interrelationship of cultural antinomianism and a psychiatric misplaced emphasis is seen at its grimmest in the practice known as sex reassignment surgery. I happen to know about this because Johns Hopkins was one of the places in the United States where this practice was given its start. It was part of my intention, when I arrived in Baltimore in 1975, to help end it... Moral matters should have some salience here. These include the waste of human resources; the confusions imposed on society where these men/women insist on acceptance...; the encouragement of the "illusion of technique," which assumes that the body is like a suit of clothes to be hemmed and stitched to style; and, finally, the ghastliness of the mutilated anatomy... As physicians, psychiatrists, when they give in to this, abandon the role of protecting patients from their symptoms and become little more than technicians working on behalf of a cultural force.

– McHugh, P.R. (1992). Psychiatric misadventures. American Scholar, 61, 497-510.