The Disorder in Gender Identity Disorder

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ObedientFemme

to

Aug 30, 2002, 10:23:56 AM

[DRAFT]

The Disorder in Gender Identity Disorder

By Roberta Angela Dee

PREFACE:

Why reform transgender medical classification?

Twenty-seven years after the American Psychiatric Association (APA) voted to delete homosexuality as a mental disorder, the diagnostic categories "transvestic fetishism" (TF) and "gender identity disorder" (GID) in the Diagnostic and Statistical Manual of Mental Disorders, or DSM, continue to raise questions of consistency, validity, and fairness. Recent revisions of the DSM have made these diagnostic categories increasingly ambiguous, conflicted and overinclusive. They reinforce false, negative stereotypes of gender variant people and at the same time fail to legitimize the medical necessity of sex reassignment surgeries (SRS) and procedures for transsexuals who urgently need them. The result is that a widening segment of gender non-conforming youth and adults are potentially subject to diagnosis of psychosexual disorder, stigma and loss of civil liberty.

Reference: http://www.transgender.org/tg/gidr/

ABSTRACT

Sigmund Freud was perhaps the first psychologist to approach psychology as a legitimate science. The next psychologist to make such an attempt was the late Burrhus Frederic Skinner, the Harvard professor, lecturer and author of "Beyond Freedom and Dignity." In "Beyond Freedom and Dignity" (1971) Skinner controversially advocated mass conditioning as a means of social control.

What I admire most Skinner is his attempt to approach psychology from a measurable perspective, that is, to catalog the workings of the mind through measurable and repeatable experiments. Today, psychology is less scientific and more philosophical. It misuses language and attempts to apply vague and inaccurate words to specific conditions. The result is that the science of psychology is soft and plagued with the prejudices of the society it attempts to analyze and define.

WHAT IS A DISORDER?

The dictionary defines a disorder thusly:

Main Entry: [2]disorder
Function: noun
Date: 1530
an abnormal physical or mental condition: AILMENT <a nervous disorder>

Reference: Merriam-Webster Dictionary

The dictionary defines a disorder as it should be defined. Why does the DSM define it differently? In the DSM, the word disorder infers a disorder but is actually used to describe a state of mind. In the instance of the phase "gender identity disorder," it is used to describe an individual who is 'uncomfortable' with his or her anatomical sex.

The question we must ask is what makes them uncomfortable?

An individual born anatomically male but who identifies with being a woman is not uncomfortable with being a woman. If we define this individual in terms of gender, she is comfortable with being a woman. However, she is uncomfortable with the way society perceives an individual born of one sex who identifies with the opposite gender. If there is a disorder, it does not exist within the individual; it exists within the society.

If, for example, a woman has a cancerous tumor or is schizophrenic, a change in society's perception of her will not change her condition. However society views her, the cancer or psychosis still needs to be treated.

We all understand that there are far fewer homosexuals and left-handed people than there are heterosexuals and right-handed people. We do not, however, say that it is abnormal to be homosexual or left-handed. And why not? Simply because, if these people are left alone and treated as normal, they interface with society the same as everyone else. However, if society were to condemn people for being homosexual or left-handed, they would need to respond accordingly -- taking whatever measures they can willingly embrace to be accepted as normal.

At one time, the DSM deemed that homosexuals were "abnormal," in the pathological sense of the word. It stated that their condition needed to be treated. They needed to be cured. And although prejudices continue to exist against homosexuals, the medical profession no longer seeks to treat them as though they possess some sort of disease or disorder.

The next logical question is quite simply, "If we can accept variations in sexual preferences, why are we unable to accept variations in gender preferences?" Why are variations in gender preference perceived to be a disorder? And who perpetuates this perception?

WHAT IS GENDER?

"The term "gender" is used to describe those characteristics of women and men that are socially constructed, in contrast to those that are biologically determined. People are born female or male, but learn to be girls and boys who grow into women and men. They are taught what the appropriate behaviour and attitudes, roles and activities are for them, and how they should relate to other people. These learned attributes are what make up gender identity and determine gender roles."

Reference: http://www.who.int/frh-whd/GandH/genddef.htm

I do not agree with the idea that gender is entirely a social construct. We can observe gender differences in males and females long before they have interacted with society. For example, consider the following excerpt from a paper about early gender differences related to problem solving:

Boys and Girls Think Differently When It Comes to Problem Solving:

"For decades researchers and educators have discussed gender differences in math abilities among American children. A new study shows that, as early as first grade, differences exist in the strategies boys and girls use to solve math problems."

"To establish that gender differences in math exist and identify what the differences were, psychological researchers Martha Carr, Ph.D., and Donna Jessup, Ph.D., from the University of Georgia videotaped 58 first graders (30 boys and 28 girls) solving 10 addition and 10 subtraction problems. The students were videotaped solving the math problems individually and then in a mixed gender setting."

"Results showed that by January of their first grade year, gender differences existed but only in the way that the children approached problem solving, not in the number of problems the students solved correctly. In both individual and group settings girls were more likely to use overt methods -- counting on counters or counting on fingers -- to solve the problems. Boys were more likely to use retrieval -- relying on memorized answers -- in both individual and group settings."

Reference: Martha Carr, Ph.D., and Donna L. Jessup, Ph.D., University of Georgia, in "Journal of Educational Psychology," Vol. 89, No. 2, pp 318-328.

The problem with defining gender as a social construct is that it ignores those gender differences observed in early childhood development -- differences that are well documented in the scientific literature. Furthermore, in a society that so adamantly encourages masculine heterosexual men and feminine heterosexual women, if gender was totally a social construct, all males would become heterosexual men, and all females would become heterosexual women. So, while it is certainly true that male and females adapt to social stereotypes pertaining to gender, this adaptation is reinforced or negated by some other factor, that 'factor' being the individual.

I can more readily accept the definition of gender provided by the Engender Health organization:

"...gender refers to a set of qualities and behaviors expected from a female or male by society. Gender roles are learned and can be affected by factors such as education or economics. They vary widely within and among cultures. While an individual's sex does not change, gender roles are socially determined and can evolve over time."

Reference: http://www.engenderhealth.org/wh/sg/egwhat.html

The definition provided by Engender Health avoids stating that gender is a social construct. It distinguishes "gender" from "gender role." It's an important distinction.

TRANSGENDER VS TRANSSEXUAL VS TRANSGENDER

It has become popular to use the word 'transgender' as a so-called umbrella term to define transsexuals, transgenders, cross-dressers, drag queens, and the intersexed. We can even find this usage in much of the pseudo-scientific literature that attempts to analyze and define the gender community. Using transgender in this way is the cause of much friction between the various communities, and rightly so. Transgender is a specific condition, as is transsexual. Transgenders want to be respected for their uniqueness, as do transsexuals.

Adding cross dressers and drag queens to the mix only adds to the confusion about gender. Cross-dressing is not even a gender issue. It is a behavioral issue. The male cross-dresser only mimics. He has no desire to live as a woman, and no desire to become a woman. He is comfortable with his sex and his gender. He is neither transgender, nor transsexual. So, it is both inaccurate and illogical to include cross-dressers in the categorization of atypical gender identifications.

The male-to-female transgender like the male-to-female transsexual is born anatomically male. Both identify as women but are genetically male. The transgender accepts the reality that her body is normal although more masculine than she prefers. She might adjust her body to conform to her gender through use of female hormones, breast augmentation and other cosmetic surgeries. Yet, while she might use all or some of these techniques to become more female in appearance, she might also accept that fact that she is a woman with a man's body. And, there is nothing wrong with that choice.

No one should be able to dictate or mandate surgery because of an individual's gender preference. No one has the right to mandate that an individual's gender is only acceptable if he or she submits to having his or her genitalia altered. It's not only ethically and morally wrong; it's barbaric.

The transsexual, on the other hand, does not accept his or her anatomical sex. He or she seeks to more closely align their bodies with their gender preference by surgically altering his or her genitalia. Again, it's a choice.

In exchange for this extreme measure to become women or men, society grants them "legal" status as women or men, while still acknowledging that they are genetically unchanged. Sex reassignment surgery satisfies the emotional needs of the transsexual, as well as society's need to define gender on the basis of anatomy rather than psychology.

WHAT IS A "SEX CHANGE"?

The phrase "sex change" is intimately connected to the phrase "sex reassignment surgery" or as it is referred to in Europe, "gender reassignment surgery." Both phrases refer to the surgical procedure of altering an individual's genitalia to conform to the individual's gender preference.

Sex change is a term created by journalist to describe the procedure that Christine Jorgenson submitted in order to become a woman. Jorgenson had always been a woman. It was always her gender preference. Sex refers to the genetics of an individual. Suggesting that 'science' had progressed to the point where a man could be changed into a woman through a surgical procedure certainly helped to sell millions of newspapers. However, it had no basis in science, as there is no procedure, surgical or otherwise, that can reverse one's sex.

The myth that a sex change is accomplished through sex reassignment surgery (SRS) is perpetuated in part by Dr. Anne Lawrence. Although she never quite says that sex can be surgically altered, she infers it through her websites and much of her writing.

On this matter, she is extremely cautious. I defy anyone to provide a quote from Anne Lawrence where she suggests that the actual sex of an individual can be changed through any surgical procedure. Let me reemphasize the challenge: I defy anyone to provide a quote from Anne Lawrence where she suggests that the actual sex of an individual can be changed through any surgical procedure.

Anne's credentials are severely limited. She offers websites to perpetuate myths. Even her theory on autogynephilia is not her own. It was Dr. Barbara Anderson that introduced the theory of autogynephilia in the April 9 edition of Transgender Forum as a new way of thinking about the male-to-female experience. Autogynephilia, which means, "the love of one's self as a woman," was proposed by Ray Blanchard, M.D., of the Toronto Clarke Institute in 1989 to explain the cause of transsexualism among MTFs who are not sexually attracted to men. Lawrence did nothing more than incorporate this theory into her websites.

Katherine K. Wilson, Ph.D. is the Program/Clinical Director of the Arizona WinWay Center. Dr. Wilson received her Master's Degree in 1972 from the University of Nevada-Reno and her Ph.D. in 1980 from Arizona State University. Read what Dr. Wilson has to say about Anne Lawrence:

"Autogynephilia, on the merits of reason and evidence, seems to fall short of scientific credibility. In a social and historical context, autogynephilia joins a long litany of medical myths and stereotypes that reduce our rich capacity for gender diversity to mere sexual perversion."

"In his 1989 paper, "The Classification and Labeling of Nonhomosexual Gender Dysphorias," Dr. Blanchard stated: "All gender dysphoric males who are not sexually oriented toward men are instead sexually oriented toward the thought or image of themselves as women.""

"This presents an astonishing presumption that "all" MTFs who are not attracted to men are incapable of healthy sexual relationships with women. It implies that gender dysphoria is fundamentally different for those of us attracted to women than it is for those of us attracted to men. In reality, there are a great many caring, sexually functional relationships between MTFs and female partners. Not all transgender people suffer gender dysphoria, but those of us who do represent the entire spectrum of sexual orientations."

"Blanchard's research methodology was limited to his clinical population at the Clarke Institute and thus failed to include a broad cross-section of functional, well-adjusted transgender people in the real world. It is reminiscent of studies, before the 1970s, that portrayed all gays and lesbians as mentally ill based on subjects only from hospitals and prisons."

I was equally critical of Blanchard and Lawrence in opinion articles written for Transgender Forum. Their ideas lacked any scientific credibility. Interestingly enough, neither Blanchard, nor Lawrence has made any effort to substantiate their claims. They calmly allow the myths to perpetuate. Lawrence is essentially guilty of sloppy science.

Stating that surgery cannot alter sex is not being anti-transsexual. It is simply a statement of fact. Surgery cannot alter sex. Surgery can only alter appearance. This is not an indictment of the transsexual man or woman. It is simply a statement of fact. Whether preoperative or postoperative, the male-to-female transsexual is a woman; however, she can never be female.

CONCLUSION

The philosophical debates and conflicts that exist between transgender and transsexual individuals will continue to exist so long as we speak different languages or use a language saturated with inaccurate words and phrases. So long as we use transgender as an umbrella term or infer that we can surgically alter sex we will perpetuate the myths that afflict those of us who are transgender, transsexual or intersexed.

Furthermore, we cannot speak of gender in terms of the psychology of an individual while we attempt to define it on the basis of his or her anatomy, specifically, his or her genitalia. It doesn't work. It especially doesn't work for those of us who are intersexed.

Creating disorders and diseases for the mere sake of justifying sex reassignment surgery (SRS) doesn't work. There are valid reasons for SRS. However, the reasons simply are not rooted in a transsexual being diseased or with having a disorder.

In biology, we have a clear and precise definition of a cell. In physics, we have a clear and precise definition of a neutron. In every science, there are clear and precise definitions that make it possible for members of those disciplines to communicate intelligently. We desperately need the same levels of clarity and precision within the disciplines of sociology and psychology.

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TransCOYOTE

to

Aug 30, 2002, 3:29:36 PM

In soc.support.transgendered Message-ID
<20020830102356...@mb-cp.aol.com>, on 30 Aug 2002 14:23:56 GMT,
obedie...@aol.com (ObedientFemme) wrote:

> In biology, we have a clear and precise definition of a cell. In physics, we
> have a clear and precise definition of a neutron.

And in ObedientFemme we have a clear and precise definition of someone who has learned to read and write but who never learned to think.

> In every science, there are
> clear and precise definitions that make it possible for members of those
> disciplines to communicate intelligently. We desperately need the same levels
> of clarity and precision within the disciplines of sociology and psychology.

Unfortunately, sociology and psychology are about the products of human interaction in a dynamic, human-constructed world. The "clarity and precision" you seek are the product of something else entirely, for which you'll have to search elsewhere. May I suggest the Mattel factory.

www.mattel.com/our_toys/ot_barb.asp

TransCOYOTE

TransCOYOTE

to

Aug 31, 2002, 12:44:23 AM

In alt.support.srs Message-ID
<20020830204040...@mb-cp.aol.com>, on 31 Aug 2002 00:40:40 GMT,
obedie...@aol.com (ObedientFemme) wrote:

> When offering a creditable critique it is not sufficient to comment only on the
> last few lines. That would be akin to critique an entire novel on the basis of
> the final chapter.

Oh nonsense. You didn't write an entire novel. You wrote an article with a section clearly labeled "Conclusion" containing a summary statement reflecting the confusion that preceded it, and which I quoted in full and commented on. What's the problem? You asked for a more detailed response, and I gave it to you.

> Your use of phrases like "situational alignment," for example, exemplifies the
> lack of precision employed by an inexperienced writer employing less than a
> scientific approach to an analysis. The phrase is vague and within the context
> of what you are writing it means nothing. Clearly, you don't write to say
> anything; you write to sound intelligent. You miss both marks.

Actually, "situational alignment" is quite precise and says what I mean. Later on your say that I should "practice some economy" -- which is just what that phrase is an example of. Would "contextual alignment" have been better? It's not quite the same thing, but close enough for a newsgroup. Either way, it would have taken a number of additional words to say the same thing. But, oops, that would have made me even more verbose.

Anyway, sorry you can't understand what I write, but that's not surprising considering how you don't seem to understand what *you* write either.

> >The problem is not a "disorder" within the individual, but a misalignment
> >between her (or his) identity and sense of self and the expectations of
> >society *as* *conveyed* *to* *her* spontaneously in the course of everyday
> >life. That misalignment, when translated into medical terms, is a
> >"disorder." This disorder is then located within the individual rather than
> >in society because, while "psychology" is conventionally understood as the
> >study of normal and/or abnormal behavior, *applied* psychology, in the
> >guise of "therapy," is about *normalization* to a standard. That standard
> >is always contingent and situational and carries the weight of social
> >approval. That approval is a mechanism of social construction.
>
> This is gibberish, TransCoyote.

Gee, I was only filling in the gaps in what you originally laid out.

> I'm not even going to comment on most of this,
> except to say that "approval" is not "social construction."

But I didn't say approval was social construction. I said it was a MECHANISM of social construction, that is (uh oh here comes more verbosity), the various types of approval given to "normal" and expected standards of behavior serve to reinforce those behaviors and the society-shaping institutions they serve. It's abstract, but it's not that hard to see.

> I'll admit that I could have chosen an example that could have demonstrated
> gender differences at a younger age. However, the argument is targeting the
> idea that gender is a social construct.

If your argument is targeting the idea of gender as a social construct, it's missing the mark. Yeah, you coulda found a better example, but why'd you think that example would work in the first place? Social construction of gender does not mean there are *no* differences between genders, OR within genders, as you seem to think it must. You don't seem familiar with the concept you're arguing against.

> So, rather than focusing on the ages
> of the children involved in this study, you should have asked yourself whether
> society could have affected the male and female subjects in this manner.

But despite your example, you weren't actually talking about "male and female subjects," you were talking about *already* *gendered* *boys* *and* *girls* -- that's the infamous difference AND relationship between sex and gender. That's WHY your example isn't a good one.

> If you believe it did, then you need to explain and define the mechanism by
> which it was accomplished. If you don;t believe society affected the male
> and female subject, then you need to determine how these differences
> emerged, since they quite obviously exist.

I haven't looked at such studies in some time, but I know that, first, the gender differences are not absolute and there is significant overlap; second, the magnitude of difference changes as the students mature and continue to be socialized and acclimated to social expectations -- that is, as they are molded and shaped and built under society's influence.

> >You're also apparently assuming that the idea of "social construction"
> >requires everybody turning out the same, that "construction" implies
> >blueprints that are always followed and turn out standardized, correctly
> >gendered individuals. It ain't necessarily so.
>
> Of course not, and that's not what I state.

I know that's not what you *state* -- I said it's what you are "apparently assuming." Why? Because the presence of that background assumption is the only way that what you DO state makes any sense.

> >Also can't help noticing how when you acknowledge that society "so
> >adamantly encourages" heterosexuality, you are pointing directly to a
> >mechanism of social construction.
>
> That's your interpretation. You certainly haven't demonstrated that your
> interpretation has any basis in fact, only that you believe it does.

When society "so adamantly encourages" adherence to an institution as central as heterosexuality and the associated alignment of gender and sex, and backs up that "encouragement" <wink wink nudge nudge> with the threat of ostracism and stigma, it serves (similar to what I said above about "approval") to reinforce that institution and the other institutions built upon it. This encouragement cum extortion in turn shapes sexuality and gender as individuals are routed through those institutions, social constructions all.

> >It distinguishes "gender" from "gender role." It's an important
> >distinction.
> >
> >I understand the impulse to that distinction. But if gender is (as you
> >quoted above) a set of attributes and behaviors that society expects
> >individuals to adopt and enact, then the distinction breaks down. This
> >doesn't mean that the gender role enacted will always be what society deems
> >the correct one (see what I said about "blueprints" above.) But whether
> >correct or not, the qualities and behaviors adopted will be *some* mix of
> >those that society as a whole makes available to the individual for
> >adoption.
>
> Your point?

My point is that the distinction between "gender" and "gender role," which you say is important (and which at the theoretical level *can* be handled somewhat separately) quickly breaks down in the real world where gender, as set of attributes/behaviors, meets real people who, in adopting those attributes/behaviors, take on and perform gender roles that are themselves distinguishable (dare I say, "readable") only by virtue OF those very attributes/behaviors.

That's my point.

> >The way to see this more clearly is to understand gender not as a noun, or
> >even as an adjective, but as a *verb.* (Uh oh... something tells me I'm
> >about to be hit over the head again with a dictionary.)
>
> Yes, because the paper is discussing gender as a concept, as a noun. If you
> want to discuss it as a verb, then write your own paper.

Sorry, but I WAS responding to your discussion of gender as a concept, which I think is characterized by unacknowledged self-contradictions -- as opposed to *acknowledged* contradictions, which I've always believed are the very spice of life.

So you see, I'm just trying to spice up your life. And this is the thanks I get??? Sheesh!

> Well, I knew you would rush to defend Anne Lawrence, and that's your
> prerogative. The fact remains that with the exception of a few poorly informed
> individual within the gender community, she has not earned any recognition
> among her peers. She's sloppy and she's perceived as sloppy. I'm sorry that
> hurts your feelings, but you shouldn't take it personally.

I know you have a thing about Anne Lawrence and regularly splash accusations of Lawrencism on folks but, please, don't splash on me. I didn't defend or even mention her. The fact that you associate her exclusively with AGP and with not sharing your genetics-only view of sex and sexuality is your problem, not mine. Besides, why should your criticizing Anne Lawrence hurt *my* feelings? Makes no sense.

TransCOYOTE

David Weinshenker

to

Aug 31, 2002, 1:23:16 AM

TransCOYOTE wrote:
> When society "so adamantly encourages" adherence to an institution as
> central as heterosexuality and the associated alignment of gender and sex,
> and backs up that "encouragement" <wink wink nudge nudge> with the threat
> of ostracism and stigma, it serves (similar to what I said above about
> "approval") to reinforce that institution and the other institutions built
> upon it. This encouragement cum extortion in turn shapes sexuality and
> gender as individuals are routed through those institutions, social
> constructions all.

I wonder if "transgender" or "transsexuality" would arise in the same way as they do, in the absence of such societal enforcement of the gendered binary...

>neuro-psychical identity formation, includding gender identity
>formation.

Your "research" would be taken a tad more seriously if you weren't trying to sell "Natural Penis Enlargement Pills" on your transsexual "support" page at:

http://www.gendercare.com/Page75b.html

>substratum.The complex time series of gender identity formation, as a
>complex process, has an atractor, as defined by Poincaré's
>topology...this atractor is the gender, male or female.

I have to give you credit for this as it is always a nice touch to pretend to have an understanding of higher mathematics when trying to scam someone. This immediately raises you to the top 20 percentile of all good con men.

>Wal Torres,MSc
>Sexologist & gender therapist
>Coordinator of Gendercare.com-Gender therapy online

"Natural Penis Enlargement Pills" <sigh>.... second only in scamminess to your "Natural Breast Enlargement Pills" you're trying to sell on your home page.

Thank the Lord for Becky Allison and even Anne Lawrence who actually *do* provide good role models for TS woman. I shudder to think of the poor confused souls who will take advantage of your "gender therapy" offer via the Internet.

ObedientFemme

to

Aug 31, 2002, 9:44:33 AM

Dear Wal Torres:

I am neither a doctor, not have I ever made any claims of being a doctor. In fact, what is really most interesting is how the medical and academic communities have confused an understanding and appreciation for gender issues. Money is only one example. His belief that gender is nothing more than a "social construct" destroyed an untold number of intersex men and women.

I am very much aware that transgender, transsexual and intersex are three different conditions. It is why I have always argued so adamantly against using 'transgender' as an umbrella term. Here is yet another idea introduced by the academic community that has only confused gender issues.

You write about the cause of transsexuality and refer to some evidence. Your assertion is incorrect.

There is much speculation as what causes someone to become transgender or transsexuality. However, all of the theories are speculative.

In conjunction with Pedro Jurberg, in a paper presented to the World Congress of Paris 2001, you wrote: "Gender may not be defined anymore only by genitals and sex of rearing as determining factors: after David Reimers revelation of the truth about what he suffered oppressed by sex of rearing therapy, we need to renew our gender criterias." This is no startling revelation, and seems to suggest that you fail to distinguish between "sex" and "gender." Gender is not about the genitalia. Gender refers to the set of social roles with which any one individual identifies.

While some of your research might be applicable to the causes of certain physiological differences in those who are intersex, it really does not address the perfectly normal male who identifies with being a woman. You use 'sex' and 'gender' as synonyms. While in some cases it is appropriate to do so, it is not always appropriate.

You use phrases like "neural network substratum." It's an impressive phrase but what does it mean and it what specific way does it relate to gender?

I tend to agree with your assertion that the there is some somatic difference between individuals who are transgender and those who are not. However, I believe it is too early to suggest that the cause is hormonal or that it exists because of similarities in the brain that exist between genetically female women when compared to women who are transgender or transsexual.

Good luck in your search. In fact, your theories seem much more closely related to the truth than those suggesting that transgender and transsexual conditions exist because of some social construct floating around the planet.

Cordially,

Roberta Angela Dee
Founder of TG Woman

ObedientFemme

to

Aug 31, 2002, 9:47:57 AM

I pity anyone who would use Anne Lawrence as a role model. She has polluted the Internet with her pseudo-science and outdated websites. This hardly makes her a role model.

Roberta Angela Dee
Founder of TG Woman

Loree Thomas

to

Aug 31, 2002, 1:14:49 PM

obedie...@aol.com (ObedientFemme) wrote in message news:<20020830102356...@mb-cp.aol.com>...

As long as you stuck to the topic, your article was very good... unfortunately you sequed into pursuing your own personal agenda in a couple of places:

> TRANSGENDER VS TRANSSEXUAL VS TRANSGENDER
>
> Adding cross dressers and drag queens to the mix only adds to the confusion

> about gender. Cross-dressing is not even a gender issue. It is a behavioral
> issue. The male cross-dresser only mimics. He has no desire to live as a
> woman, and no desire to become a woman. He is comfortable with his sex and
> his gender. He is neither transgender, nor transsexual. So, it is both
> inaccurate and illogical to include cross-dressers in the categorization of
> atypical gender identifications.

Any blanket definition of a group of people will fall far short of the reality... In truth "the male cross-dresser" isn't a single easily defined behavior, rather it is a very broad and diverse group of people that shades very gradually into what you call "transgenders". There is no sharp dividing line that you can point to and say "on this side are men who mimic women and on this side are women who were born with male bodies". Your definitions only work if you blind yourself to shades of gray and deal strictly with the black and white.

In addition to that caveat, I found THIS very funny:

First:

> The myth that a sex change is accomplished through sex reassignment surgery
> (SRS) is perpetuated in part by Dr. Anne Lawrence.

Then:

> I defy anyone to provide a quote from Anne Lawrence where she suggests that
> the actual sex of an individual can be changed through any surgical
> procedure

What's this? You think if you ask the question it somehow makes your claim more valid? You are the one claiming Anne perpetuates the myth, so it is up to YOU to show where or how she does this, but as you so accurately state, there is nothing you can point at to support your contention.

Therefore your contention is false.

Further, as I know Anne personally (I was part of a discussion group with her just last night) I will tell you that based on what I've heard her say, your original statement is 100% false. Anne in no way believes or perpetuates that myth.

> Anne's credentials are severely limited.

At this point, you've gone into the totally rediculous. Anne is a transsexual, she has had SRS. You aren't because you haven't (by your own definitions). Anne is a medical doctor, you aren't. Anne is a Clinical Sexologist, you aren't. Anne treats many TS patients, you don't.

Her credentials are much better than yours for making pronouncements about sex and gender and transsexuals. At least she HAS credentials... you have NONE!

And quoting what others say about someone is a two edged sword... shall I dig up quotes about you from people (say Diane or Cathy)?

You could have written the same article without trying to build a hard and fast wall between TG and TV (the wall is in your head, it doesn't exist in reality) and without trashing Anne Lawrence. Your basic point remains valid even if you drop (or greatly alter) those sections.

Hugs,
Loree

Diane

to

Aug 31, 2002, 1:15:10 PM

On 31 Aug 2002 13:47:57 GMT, obedie...@aol.com (ObedientFemme) wrote:

>I pity anyone who would use Anne Lawrence as a role model. She has polluted
>the Internet with her pseudo-science and outdated websites. This hardly makes
>her a role model.

Troll troll troll.....
I'm getting that FAQ ready bor business RAD <lol!>

ObedientFemme

to

Aug 31, 2002, 1:49:21 PM

Loree,

Being transsexual or a medical doctor does not make anyone infallible. Ask John Money.