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# Tranny Sex

## An Unnecessary Luxury Easily Sacrificed

by norrie mAy-welby

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For the purpose of this article, "tranny" refers to "M.T.F.", the case the author is more familiar with, although much may similarly apply to "F.T.M.."



norrie mAy-welby

**F**or the last fifty or so years, medical doctors have been turning transnys into drug dependants with life-long addictions to a psychoactive drug that renders us much less psychologically and physically able to enjoy sex. The medical doctors seem to think that sex, or at least the enjoyment of sex, is an unnecessary luxury easily sacrificed to achieve the goal of making us more "acceptable". None of the medical doctors seem to have considered the enormous damage to our health and sense of wellbeing caused by a significantly reduced ability to enjoy sex, particularly masturbation. Yes, masturbation, a gift given to us by Mother Nature so

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that we could directly experience pleasure in our existence, despite what our critical parents or judgmental society had to say about us.

These drugs are hormones, the addiction that seems hitherto unacknowledged. But every day that it stays in the too-hard-basket for transnys, D.& A. workers and medical professionals, another tranny gets hooked, and more and more damage is done to those already hooked. They are drugs! We should at least get out of denial long enough to acknowledge this. Hormones for transnys are commonly either synthetic, brewed in a chemical laboratory, or equine, distilled from horse's urine. They are not a natural addition to the human body like Vitamin C or riboflavin.

What is only tangentially acknowledged in the pharmaceutical manuals is that these drugs are potentially psychoactive, causing an increased tendency to depression, subservience, emotional dependence, less ability to challenge "authority", strong mood swings, lack of concentration, poor memory and low self-esteem. The wisdom of routinely prescribing such drugs to a set of people whose personal resources are already much taxed by the hostile environment of a rigidly gender policed society is questionable, to say the least. Because of the abovementioned effects, the tranny adversely affected by hormones is less inclined or equipped to challenge or question this drug regime. Further, because these are psychoactive drugs of physical and psychological addiction, the addict is even less likely to challenge the authority of the prescribers, upon who they are dependant upon for supply.

The resources, self-will and self-interest of many transnys on these drugs are so far diminished by the time that even more sinister physical effects manifest that they tend to accept without question the diminished physical ability to enjoy sex or masturbation. Apart from the psychological effects of depression and such outlined above, the expression of sexuality is further crippled by a lessened ability to achieve erection (If you are tempted to think this is favourably indicative of "girliness", consider how sexy a woman unable to experience clitoral arousal would feel), a lessened ability to reach orgasm, often an inability to ejaculate, experiencing physical pain from arousal (as the biological mechanisms that facilitate erection atrophy), and even a much reduced capacity to enjoy being fucked, as the once erogenous prostate gland withers away under the onslaught of foreign hormones and testosterone deprivation.

I don't know how typical this is of other transnys, but in my case the medical doctors also routinely prescribed mogadon®, serepax®, prothiaden®, temazepam and rohypnol®. Yes, all at once, and no, I didn't "doctor shop". They saw this level of doping as medically appropriate, and I, experiencing all of the effects listed above (in varying degrees), was in no state to question them. Rendered insensitive to my own body by both the hormones and the more recognised depressants, I never even thought to ask them why arousal caused me such pain. And they never thought to warn me, apart from vague long-term concerns about cardiovascular effects, employment and relationship prospects, and the increased danger of tobacco. Thanks, guys.

It's hardly surprising that someone who experiences agony every time their penis is aroused will agree to its removal, particularly when they are so isolated from their own body, feelings and emotions by the standard transsexual medical philosophy ("Trapped in the wrong

body!") and drug "therapy".

It seems to me that the sole concern of the medical profession prescribing drugs and surgery for transnys is "Can we make this person into a reasonable simulation of a woman?" Not whether the tranny will be happy, or capable of experiencing full sexual satisfaction (for this is clearly not an issue, given the documented effects of the hormones, and the post-operative effects of prostate atrophy and genital nerve amputation), but will the tranny seem like a woman (which is usually defined as a man's idea of a woman) and (in the case of genital realignment) be suitably satisfying to their sexual partners? (Trannys incidentally, are told by the plastic surgeons that their genital realignment will make them indistinguishable from women. Perhaps with the sort of partner who doesn't care to really look or go down there, but otherwise, it just ain't so.)


As the philosophies of health authorities move from "sickness management" to "fostering wellbeing", full potential for happiness and self-expression is an outcome that should take priority over conformity to (socially or surgically) constructed gender "norms". As long as we depend on the approval of others, we can never truly be happy and free to express ourselves.

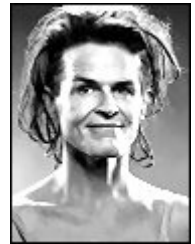
Trannys and ways of being beyond rigid gender conformity have existed long before the medical profession took ownership and control of transsexuality. There are non-medical options beyond sexual conformity, and for transnys with a poor body image, low self-esteem or internalised homophobia, I would suggest that it may be beneficial to address the underlying factors {which may often stem from the family of origin, sexual repression, genital taboos, childhood abuse (whether physical, sexual, emotional or psychological), no longer useful belief systems, body stereotypes, undeveloped stress - coping mechanisms, and/or vulnerability to other people's judgments about gender and "acceptable" behaviour), rather than simply pursue the current cosmetic approach (of drugs and surgery).

I would never tell any tranny that they should or should not take any particular drug, nor presume to tell them what surgery is good or bad for them, but informed choice requires information. Do what you truly feel best sisters, but make sure you've got all the facts and know all your options and their consequences.

The Hippocratic Oath, while I am not sure if medical doctors in this country take it, has these pertinent words to say to all medical providers: "First, do no harm.". Bear this in mind before you prescribe psychoactive and powerfully addictive drugs that could cripple your patient's sexuality.


## **norrie mAy-welby**

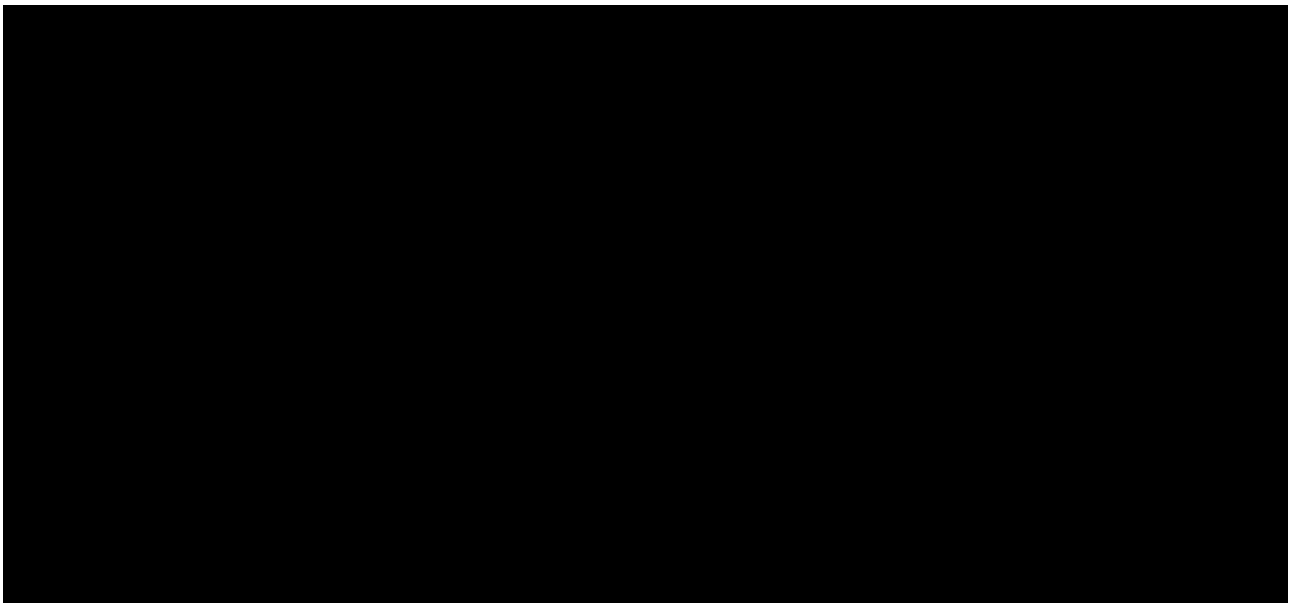
From [Wikipedia](#)  norrie mAy-welby became the first person in the world to be officially declared to be neither a man nor a woman, making Australia the first country in the world to recognise a "non-specified" gender.



Born in Paisley, Renfrewshire, Scotland, as a male and moving to Perth, Western Australia at the age of seven, norrie underwent male-to-female reassignment surgery in 1989, but later found that being a woman was not what zie felt like either. Zie moved to Sydney in the early 1990s. Doctors stated, in January 2010, that norrie was a neuter, neither male nor female, as hir psychological self-image was as a neuter, hir hormones were not the same as a male's or female's, and zie had no sex organs.

One of hir worries about being labelled male or female is that zie now looks like neither and is physically neither as well. Because of this, if hir passport states gender as being one or the other, it is possible that zie might be detained for not fitting what the gender field says zie should look like. This was one of norrie's reasons for seeking recognition as gender neutral. Of hir own sexuality, norrie has stated: "I'd be the perfect androgyne if I was completely omnisexual, but I'm only monosexual. Just think of me as a big queen girl."

norrie has been an integral part of the Gender Centre in many ways since moving from Western Australia many years ago. [Visit hir website for more about norrie](#)  Meanwhile, this excellent video has appeared on You Tube, an interview with norrie in which zie explains her views on many topics





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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.