

Polare Edition 18

Published: June 1997 Last Update: June 2013 Last Reviewed: September 2015

Editorial

by Jasper Laybutt, Polare Editor

Welcome to issue 18 of Polare.

After our last edition (*Polare 17*), I resigned as editor of *Polare* and am no longer working at the Gender Centre. I would like to thank the staff at the Centre, who over the last twelve months, have shown me great support. I regret that I can no longer choose to function as Resource Development Worker, and have based my decision to leave on the fact that I have seen too many Gender Centre staff suffer at the hands of community abuse and pressure. I can no longer work in an environment that has been subjected to so much unjust harassment. My own position as editor of *Polare* was not exempt from the thorny talons of politics. With a new management committee, (almost completely changed since last years A.G.M.), there is hope that the Centre may rise above the divisiveness that has rocked its foundations. I also welcome George into my role, and am certain that he will take *Polare* to new heights of professionalism and quality reading. I wish him the greatest success.

News in Brief

from the pages of Polare Number Eighteen

Bureaucracy Agrees to Recognise New Gender

Australia: A male-to-female woman has successfully had her hospital records changed to show her gender/sex as female. She has not had surgery, but has a permanent female identity. She had been known by the hospital in her pre-transition identity, but they were happy to change their records at her request, since it would only cause confusion if records currently available referred to her in a way that does not now apply to her. This was not down as a direct result of the recent legislation. The recording of a service users sex/gender by a hospital is usually not a matter of law, but of convenience. The hospital agreed that it would be more convenient to have the appropriate gender on all of their records. (It had been there partially, on records made after transition, but has now been changed on records entered prior to transition.) The woman in question contacted us for support and advice, but she did the actual work of talking to the hospital and have them agree to this change. Congratulations on this successful outcome and thank you for allowing us to share this inspiring story. We may not be able to change the whole world at once, but bit by bit, even as individuals we can make a difference!

Egyptian Transsexual Wins Inheritance

Egypt: The *Chicago Sun-Times* reports that an Egyptian sued his brother, who is now his sister because of a sex-change operation, saying she should receive only half share of their father's estate because, under Islamic law, a brother

Feature Articles



Grammy award-winning transsexual composer Wendy Carlos

Wendy Carlos Revisited

Wendy Carlos has written works for ensembles as diverse as the Kronos Quartet, the London Philharmonic, and the Boston Symphony, and film scores for short subjects and full length features. This article looks at the transgender composer's Grammy Award winning career.

Western Australia gets Transgender Law

With the passage of the Gender Reassignment Bill 1997 through its second reading in the Legislative Assembly, Western Australia has joined N.S.W., S.A. and A.C.T. in recognising those who have undergone gender reassignment procedures and protect them from discrimination.

Gender Subjectivism in the Construction of Transsexualism

Transsexual people are inexorably intertwined with medical practitioners through the establishment of medical policy. This document outlines minimal requirements for the care of transsexuals and includes a prescribed agenda and compulsory medical surveillance.

Tripping the Light Fantastic

The transsexual person runs a gamut of obstacles with no guarantee of success, yet transition is possible, it can be done. It just can't be done without disruption, sacrifice, hard work, stubborn determination, money and it can't be done in the absence of support.

Body of Evidence

Marcus Arana is revelling in his new body now. So relieved to be hormonally male, relieved to have a flat chest that he chides himself for missing his penis. It's a big deal for him, despite acknowledging that he was a man before transition, before hormones and surgery.

Transsexual Acceptance

As transsexuals, our respective disclosures are similar to what most members of the gay community would experience. Family

inherits twice the amount that a sister inherits. However, the judge ruled in the sister's favour, saying the sister was still a brother when the father died.

Judge Imposes Maximum Sentence For Assault in Chanelle Pickett Murder

Boston, Massachusetts, U.S.A.: Judge Robert Barton today imposed the maximum sentence under the law on William Palmer, who was found not-guilty of murder and convicted only of assault and battery in the death of Chanelle Pickett on 20th November 1995. Mr. Palmer had admitted to taking Ms. Pickett home and assaulting her there. The Judge sentenced Palmer to two years incarceration (2½ years with six months suspended), and five years probation. In delivering the sentence, Judge Barton commented to the defendant "Mr. Palmer should kiss the ground the defence council walks on". Judge Barton also cited the gruesome pictures of the victim which, by his own ruling, the jury did not see, leaving some observers to speculate that the judge had made an error in not allowing the jury to see the photographs. Gabrielle Pickett, the victim's twin sister, and also a transsexual, gave moving testimony to the judge, saying "it's hell being transsexual" and "Chanelle wasn't just a sister, she was my best friend. We grew up together, took hormones together, transitioned together ...". Outside the court house, Gabrielle declared to reporters, "this isn't the end of it, I will continue to work to end violence against transgender people". She later told reporters outside the court room "there was some satisfaction in the sentence, but it doesn't make up for the fact that the verdict was only assault and battery". Gender activist, Nancy Nangeroni told reporters gathered outside the court room "the judge, by this sentence, has made an unmistakable statement about the injustice of the verdict". William Palmer successfully avoided contact with the press. Prior to sentencing, about 45 demonstrators gathered outside the court house and handed out leaflets that read "Jury Upholds Death Penalty for Transsexualism" and carrying signs with pictures of Chanelle and saying "Justice: A Rich White Man's Game" and "End Violence Against Transgenders". The Judge requested a copy of the flyer by courier and was accommodated by activists.

rejection is not that uncommon when a transsexual has announced they are changing gender, however Gail can appreciate how family members must feel.

Why We Wrote the Book *Trans-X-U-All*

Tracie O'Keefe and Katrina Fox felt that many transsexuals were misinformed. So they wrote *Trans-X-U-All*, a book that provides information and considerations that can help guide any transsexual, their doctor, friends and family along their chosen course and beyond.

Snippets

from the pages of Polare Number Eighteen

Internal Gender Centre advertisements in edition 18 of *Polare* magazine included those for the Needle Exchange and Outreach services. The Needle Exchange service offered syringes, needles, spoons, water, swabs, fit packs, sharps containers, pill filters, dams, condoms, gloves and lube and advertised as a confidential free service for people with gender issues. The H.I.V. Outreach Service visited clients in convenient locations and offered supplies - condoms, lube, gloves, dams, fit packs etc. - or just someone to chat with, those interested were encouraged to contact the outreach worker at the Gender Centre. The outreach workers are also at Forbes and William Streets every Thursday night from 9:30pm - 12:00am.

The Gender Centre's proposed free telephone counselling service was also advertised with a call for volunteers from transgender people and other people with transgender issues. The service would go on to operate after hours and on weekends, by diverting calls to the volunteer's homes. The advertisement suggested that it was an opportunity to gain skills and participate within the transgender community, the service was sponsored by Lifeline.

A social and support group and two day workshop was also advertised for female-to-male clients. The free event was held on 12th-13th July 1996 and included information about H.I.V. awareness, self-esteem, peer-support, outings, sexuality and how it feels to be a man.

The Gender Centre in collaboration with the T.A.F.E. Outreach program advertised an upcoming computer course for transgender people and other people marginalised by gender or sexuality issues. The course was planned to last for ten weeks and was held in a safe transgender friendly learning environment.

Volunteers were sought for desktop publishers interested in design, word processing and sub-editing. *The Source* the Gender Centre's new newsletter was looking for community volunteers to produce this newsletter under the experienced guidance of Jasper. It was advertised as a great opportunity to up-skill yourself in the area of computer use and design. Some previous computer experience was desirable but not necessary, and volunteers were also expected to photocopy the newsletter and mail it to the readership.

An advertising manager position for *Polare* was also advertised. The position was strictly on a generous commission basis with the Centre's telephone, fax and computer facilities being made available for use. Some experience with sale or phone work was preferred but not absolutely necessary, the successful applicant was required to identify and solicit potential advertisers, create an ad rate sheet, coordinate receipt of artwork and see to the administration of invoices.

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Wendy Carlos Revisited

Grammy Award Winning Composer and Musician

by Unknown Author

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015



Wendy Carlos

Carlos has written conventional works for ensembles as diverse as the Kronos Quartet, the London Philharmonic, and the Boston Symphony, and film scores for short subjects and full length features. However, during her long recording career, she has hardly followed a conventional music course.

Wendy Carlos has written conventional works for ensembles as diverse as the Kronos Quartet, the London Philharmonic, and the Boston Symphony.

The hit recording, *Switched-On Bach*, the first classical album to go Platinum, propelled the Moog synthesizer into the public consciousness. After refining her techniques in *The Well-Tempered Synthesizer*, Carlos introduced the use of vocoders for synthesized singing in her score for Kubrick's film, *A Clockwork Orange*, long before space war movies made synthetic voices common. Her haunting Sonic Seasonings predated the now popular environmental ambience forms of New Age music by over a decade.

Shortly after writing horror music for Kubrick's *The Shining*, Wendy Carlos composed the score for Disney's *Tron*, which established a continuous blend between symphonic

orchestra and digital and analogue synthesizers, an often imitated combination. *The Digital Moonscapes* followed in 1984, introducing the "L.S.I. Philharmonic Orchestra", a digital replica of orchestral timbres virtually indistinguishable from their acoustic instrumental counterparts. In 1986 Wendy Carlos returned to a life-long interest in music using alternate scales and musical tunings as she composed a departure from conventional music, combining ideas from the cultures of Bali, India, Bulgaria, Africa, and Tibet, with new ideas in similar spirit. The result, *Beauty in the Beast*, was a trip to a world of stimulating sounds and scales. Out of this project, she came in contact with several microtonal pioneers, like legendary Ivor Darreg, & also American Microtonal Festival's Johnny Reinhard, now a close friend.

Carlos collaborated with (Weird) Al Yankovic on a humorous musical album, including a parody of Prokofiev's *Peter and the Wolf* with a whimsical extension of a Saint-Saens classic, called *Carnival of the Animals - Part Two*. This tongue-in-cheek blend of verbal and musical parody continued her L.S.I. Philharmonic timbres and orchestral recreation. This time it was performed directly into a Macintosh computer, using all the latest M.I.D.I. and S.M.P.T.E. technology, allowing both precision and human feel to the instrumental accompaniment.

With *Switched on Bach 2000*, Wendy Carlos came full circle by applying modern techniques and equipment to create a look back at the early classic, this time using the non-equal temperaments Bach' himself preferred. It provides listeners with an opportunity to experience how far the new medium has progressed in twenty-five years, and contains a performance of the much-requested *Toccata & Fugue* in d.

Over the last three years, in collaboration with synthesist and friend Larry Fast, Carlos has developed a state-of-the-art digital process of soundtrack restoration and surround sterilization conversion called: Digi-Surround Stereo Sound. She is a continuing consultant and developer of new voice libraries and tuning tables for Kurzweil/Young Chang. Wendy Carlos has delivered keynote papers at New York University, the Audio Engineering Society's Digital Audio Conference and other music/audio conventions, and is a member of the A.E.S., N.A.R.A.S. and S.M.P.T.E.. She consults for several Macintosh developers including Coda, Mark of the Unicorn, Opcode and Altsys, and has designed and implemented two new PostScript music fonts for Casady & Greene. Currently she is working on an unusual musical dramatic work which combines themes from *A Clockwork Orange* with a dark, forbidding, gothic *Black Mass*, due to be released this year. Wendy Carlos lives in Greenwich Village in New York. Hobbies include: eclipse chasing, photography, drawing, astronomy, reading, gourmet food, film, and a love of animals.

Wendy Carlos

From Wikipedia: 📄 Grammy Award winning composer and musician Wendy Carlos was born on November 14, 1939 at Pawtucket, Rhode Island, U.S.A. Carlos was aware of her gender dysphoria from an early age stating, "I was about five or six ... I remember being convinced I was a little girl, much preferring



long hair and girls' clothes, and not knowing why my parents didn't see it clearly."

In 1962 she moved to New York City to attend Columbia University and came into contact with information about transgenderism (including the work of Harry Benjamin). In early 1968 she began hormone treatments and soon began living full-time as a woman. After the success of *Switched-On Bach*, in May of 1972 Carlos was able to undergo sex reassignment surgery.

Carlos chose to announce herself as the featured interview in May 1979's *Playboy* magazine, picking *Playboy* because "The magazine has always been concerned with liberation, and I'm anxious to liberate myself". She has since come to regret the interview, creating a "[Shortlist of the Cruel](#)" page on her website, and awarding the editors of the magazine three "Black Leafs" indicating that she believes they are "Arrogant selfish prig[s], with a genuine sadistic streak."

Carlos prefers not to discuss her reassignment, and has asked that her privacy regarding the subject be respected. More information about Wendy Carlos can be found [on her website](#).

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Western Australia Gets Transgender Law

Gender Reassignment Bill 1997 (W.A.)

by Gayle Richards

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015



With the passage of the *Gender Reassignment Bill 1997 (W.A.)* through its second reading in the Legislative Assembly on 9th April (1997), Western Australia has joined with other states and territories having similar legislation, namely S.A. (1988), N.S.W. (1996), A.C.T. and N.T. Other countries which recognise transgendered persons at present include Germany, Greece, Italy and Holland. At least twenty-five jurisdictions in the U.S.A. and several Canadian provinces have similar laws.

The present State Government of Western Australia must be highly commended for this enlightened and progressive legislation, passed by a conservative government at a time when it was beset by far more pressing concerns.

It is estimated that there are at least 250 people in W.A. with gender dysphoria. About eighty have undergone gender reassignment procedures. The legislation has three main purposes.

- » The establishment of a Gender Reassignment Board which will be able to issue a recognition certificate to those who have undergone gender reassignment procedures, whether in W.A. or elsewhere;
- » To enable the Registrar General to register the gender of an individual as indicated on the recognition certificate and to issue a new birth certificate to accord with the altered register; and
- » To protect from discrimination on the ground of gender history where a person has undergone reassignment procedures.

Since the legal status of married persons is governed by the *Marriage Act 1961* of the Commonwealth Parliament, and in respect of this, the state legislation cannot allow for a recognition certificate to be issued to a married person.

The Gender Reassignment Board

The Board will consist of a President appointed by the Governor and who will be, or have been a Judge of the Supreme Court, or the District Court or the Family Court of W.A. and recommended by the Chief Justice of W.A., or a legal practitioner admitted for at least eight years. The Governor may appoint not more than five additional persons to the Board, or whom one shall be a transgendered person and one a person experienced in equal opportunity matters.

Recognition Certificates

To qualify for a recognition certificate, an applicant must satisfy the Board that the applicant believes their reassigned gender is their true gender and has adopted the lifestyle and has the gender characteristics of the reassigned gender and has received proper counselling in respect of his or her gender-identity.

A certificate may be issued if the applicant has had the reassignment procedure carried out in W.A., or has been a resident of W.A. for at least twelve months.

A recognition certificate may be issued if one or more of the following criteria applies:

- » The reassignment procedure was carried out in W.A.;
- » The applicant was born in W.A.; or
- » The applicant has resided in W.A. not less than twelve months.

A new birth certificate, which must not include any reference to the applicant's previous gender status, can be issued after registration

with the Registrar General.

Discrimination Prohibited

It is unlawful to discriminate against a person on the grounds of their gender history; by being required to comply with conditions not normally suited to the reassigned gender; in employment regarding promotion or dismissal; as a commission agent; as a contract worker; in a partnership; as a member of a professional or trade organisation or professional or trade qualifying bodies; with employment agencies; in education; in access to places and vehicles, goods, services and facilities; in accommodation; in real estate transactions; in clubs; in sporting activities; with application forms; and with superannuation and provident funds.

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Gender Subjectivism in the Construction of Transsexualism

Medical Caretakers Subject Trans People to Sexism in Diagnosis and Treatment

by Ann Bolin Ph.D.

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015

Transsexuals are a medically colonised minority who are subject to sexism in diagnosis and treatment by medical caretakers, especially the psychiatric sector. My understanding of this phenomenon comes from two years of participant observation and advocacy with a group of male-to-female transsexuals affiliated through a grassroots organisation, and from interview and correspondence with their medical caretakers (see Bolin 1982, 1983). Sexism emerges in two broad categories of caretaker and client interrelations: diagnosis and evaluation of the client as a bona fide transsexual and hence someone in need of treatment, and treatment itself, which includes therapy, hormonal management, and ultimately, surgery. A point of clarification is in order before proceeding. Transsexuals are defined here as genetic males who are actively pursuing or who have completed the surgery in which a physical sex change and gender reassignment will occur. Because transsexuals think of themselves as females trapped in male bodies, feminine pronouns are used in reference throughout this paper.



Ann Bolin Ph.D.

Transsexuals are inexorably intertwined with medical practitioners through the establishment of medical policy. Medical policy is consolidated through the Harry Benjamin International Gender Dysphoria Association, Inc. (1969 - present) in the form of guidelines known as the *Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons* (Berger, et al. 1980). This document outlines minimal requirements for the care of transsexuals and includes a prescribed agenda and compulsory medical surveillance.

... the male dominated medical, especially psychiatric sectors, employ their own stereotypes of women in judging how well transsexuals' appearances, presentation, and sex role performance fit into their conceptions of womanhood.

In order for a transsexual to qualify for the coveted surgery, she must acquire two psychological evaluations stating that she is indeed a transsexual and a good surgical risk. The recommendations for surgery can be made only by psychiatrists or psychologists. One of the two evaluators must have known the client as a primary therapist for a minimum of six months. In addition, the transsexual must have been hormonally reassigned as a female

and have lived in the female role for one year prior to the surgical conversion.

Medical policy has created a situation where the recommendation for surgery is completely dependent upon caretaker's psychological evaluations. The client is vulnerable to caretakers' conceptions about what constitutes evidence for classification as transsexual and a good risk for surgery. Ultimately, "... diagnosis remains based on the psychiatrist's subjective evaluation of patient's behaviour and what patients say they are experiencing" (Torry, 1983, p. A7). It is where evaluation and diagnosis intersect that problems of embedded sexism contribute to theoretical misconception and stereotypical expectation.

The medical profession struggles to understand a phenomenon that in its surgical resolution is only thirty-nine years old. In order to treat a client, caretakers must rely on research in the relatively recent field of gender dysphoria. This research includes alleged commonalities of transsexualism that have become elevated to the level of diagnostic criteria. These criteria, consisting of etiological correlates and behavioural characteristics, clearly reflect male preconceptions about females. Two such diagnostic attributes are the etiological correlate of dominant and over-protective mothers in association with physically or emotionally absent fathers (Stoller, 1968, 102., pages 263-264; Green, 1974a, pages 216-250; Green, 1974b, pages 47,51) and behavioural characteristic of heterosexual orientation (Benjamin, 1966, page 26; Walinder, et al., 1978, pages 16-20; Pomeroy, 1975, page 220; Kado, 1973, pages 13, 145; Raymond, 1979, page 84).

I have found no support in my research that these attributes are predictive of or invariably associated with transsexualism. Both these notions are, however, firmly entrenched in traditional notions about gender and sexuality reiterated and perpetuated by psychoanalytic theory.

For example, the dominant and over-protective mother in conjunction with the absent father is a staple of 'mother blame' theories that have been popular since Freud. One is reminded of Miner's tongue-in-cheek expose of the Nacirema belief that parents (actually fathers to a lesser extent) bewitch their children (Miner, 1985, page 13). Of course it is believed that dominant and over-protective

mothers cause transsexualism, after all, earlier in the history of psychiatry, these same mothers were responsible for causing homosexuality in their sons. But dominant and over-protective mothers can really be blamed on a more basic level. Do they not violate the roles of the traditional family, whose hallmark is the dominant, controlling father? In the dominant mother - absent father model, the father, too, is seen as deviating from his role as a profound presence in the family. If the father is absent, then de facto, he has relinquished control to the mother, who will undoubtedly adversely affect the gender development of her growing boy. This type of model, so representative of mother-blame theories in general, can be seen as an idiom for expressing traditional cultural premises about sex roles in the family second only to 'father knows best'.

Another characteristic often cited in the literature on transsexualism is heterosexuality: that is, a heterosexual object choice for a male-to-female transsexual is a male, while a lesbian object choice is female, based on the transsexual's feminine identity. A long-term and deeply abiding attraction to genetic males is viewed by caretakers as an index of true transsexualism. My data indicate that this is a dubious assertion. Of seventeen transsexuals who provided data on sexual orientation, one was exclusively heterosexual. Six were exclusive lesbians, nine were bisexual and one didn't know. Underlying the diagnostic criterion of homosexuality is the belief that there is only one sexual object choice for women, genetic or transsexual, and that is men. This view denies the dignity and human rights of those who choose the same gender in sex and/or love. In the case of male-to-female transsexuals, not only are they denied their dignity and human rights, but the revelation of homosexuality or bisexuality to a psychiatric evaluator could seriously jeopardise qualifying for surgery.

Without belabouring the issue, one vignette illustrates this point. Tanya, a pre-operative transsexual, saw a psychiatrist as part of an employment agency requirement. Because this psychiatrist was not involved with her evaluation for surgery, Tanya felt free to discuss a recent lesbian encounter and her openness to a lesbian relationship post-operatively. The psychiatrist was incredulous. He asked: "Why do you want to go through all the pain of surgery if you are going to be with a woman lover?" Such attitudes, coupled with the inquiry in power relations between caretaker and client, foster a situation where transsexuals inadvertently contribute to the maintenance of these sexist conceptions by telling their psychiatrists exactly what they want to hear. Transsexuals are avid readers of the medical literature and are well-versed in caretaker expectations, augmented by the transsexual grapevine. This should not deflect, however, from the central argument that these alleged attributes are part of more general psychiatric thinking that is far older than the classification of transsexualism itself as a psychiatric syndrome.

Another re-occurring theme prominent in the literature is transsexual hyper-femininity, defined in a variety of ways (Kando, 1973, pages 19, 24-25; Raymond, 1979, page 78; Money & Tucker, 1975, page 206; Driscoll, 1971, pages 66, 68). Transsexuals are described as conforming more to the feminine role than natural born women in every respect (Raymond, 1979, page 79). Again, my research, using a variety of instruments along with ethnographic method, questions this concomitant to transsexualism. What can account for the prevalent stereotype in the literature?

Hyper-femininity, in general terms, may be an artefact of the medical caretaker system. A number of researchers have pointed out that the medical and psychiatric communities reinforce sex role stereotypes in so many ways (e.g. Raymond, 1979; Chesler, 1973). In regard to transsexuals, this is undoubtedly a product of the psychological evaluation procedures in which the male dominated medical, especially psychiatric sectors, employ their own stereotypes of women in judging how well transsexuals' appearances, presentation, and sex role performance fit into their conceptions of womanhood. In this regard, Kessler and McKenna report that one clinician: said that he was more convinced of the femaleness of male-to-female transsexual if she was particularly beautiful and was capable of evoking in him those feelings that beautiful women generally do. Another clinician revealed that he uses his own sexual interest as a criterion for deciding whether a transsexual is really the gender she claims (1978, page 118).

One transsexual in my research population, an ardent feminist who preferred wearing t-shirts and jeans, stated: "Shrinks have the idea that to be a transsexual you must be a traditionally feminine woman: skirts, stockings, the whole nine yards". A number of transsexuals confirmed this view of their male psychiatrists.

Transsexuals, through their knowledge of caretaker expectations, knew that hyper-femininity was anticipated by many psychiatrists. They were aware that many male caretakers were relying on their own male versions of females, utilising cultural stereotypes of women. Rather than re-educating their male caretakers, many chose to superficially conform to caretaker expectations, realising this would facilitate the desperately desired surgery.

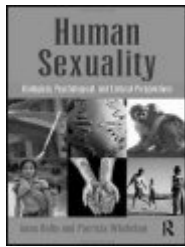
Other factors contributed to the stereotype of the hyper-feminine transsexual. Space does not permit an in-depth discussion of these. Suffice it to say that the process whereby transsexuals are chosen for complete gender identity programs of sex reversal selects for those individuals who are either more hyper-feminine or who know how to play the game. The result is the same: male psychological evaluators employing stereotypes of women in selecting transsexuals for gender clinics, will undoubtedly find what they expect to see. Thus transsexual hyper-femininity may be a result of a system in which "transsexual candidates [for surgery] are judged on the basis of what a man's view of a real woman is" (Raymond, 1979, page 92).

One might reasonably ask: "Where are the women practitioners who might mediate the sexism in the diagnosis and treatment of transsexuals?"


There are in fact, a number of women who are the therapists of transsexuals. They, however, dominate the helping mental-health professions such as social work, guidance and counselling, and master's level clinical psychology. The helping mental health professionals are not eligible to act as psychological evaluators of the transsexual's request for surgery. The *Standards of Care* explicitly state that: "The analysis or evaluation of reasons, motives, attitudes, purposes, etc., requires skills not usually associated with the professional training of persons other than psychiatrists and psychologists." Furthermore, of the two recommendations for surgery which must be made by psychologists and psychiatrists, one of the two must be a psychiatrist (Berger, *at al.*, 1980). (The current [1989] Standards of Care do not require that one of the two therapists be a psychiatrist, but do require that one of the two hold a doctoral degree Ed.) The apparent medical and psychological (in many states a psychologist is only legal with a Ph.D.) imperialism is discriminatory towards not only the helping mental-health professions, but towards women as well, since psychiatry and psychology (in

Anne Bolin PhD

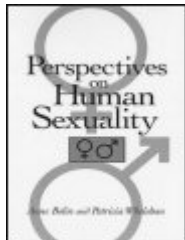
From the Elon University website: Dr. Anne Bolin is Coordinator of the Anthropology Major at Elon University, North Carolina, U.S.A.. She is the recipient of the Elon University Distinguished Scholar Award and the Senior Faculty Research Fellowship Award (2009-2011). Her research areas are: gender, human sexuality, gender and embodiment, sport ethnography and bodybuilding, gender identity, gender variance and Aboriginal Australia. Reflecting these research interests are an array of articles, chapters, professional presentations and books: *Perspectives on Human Sexuality* (1999; Bolin and Whelehan); *Athletic Intruders: Women, Culture and Exercise* (2003 Bolin and Granskog); and of *Human Sexuality: Biological, Psychological and Cultural Perspectives* (2009; Bolin and Whelehan). Currently she is co-editor in chief of a four volume, international encyclopaedia of sexuality to be published by Wiley-Blackwell. She is a Diplomate with the American Board of Sexology, a certified sex researcher, Fellow of the Society for Applied Anthropology, co-founder of the Human Sexuality and Anthropology Interest Group. Her research has been cited in an array of publications from the *Chronicle of Higher Education* to Portuguese *Vogue* magazine, to name a few. Anne is an active competitor in women's bodybuilding having competed at the state and national levels and recently qualified to compete as a professional with her first place finish at the Natural Physique Association Si-Flex Masters Universe Bodybuilding Championships.




Human Sexuality: Biological, Psychological, and Cultural Perspectives
Author: Anne Bolin and Patricia Whelehan
Publisher: Routledge (2009)
I.S.B.N.-13 978-0789026729

From Amazon Books:  *Human Sexuality: Biological, Psychological, and Cultural Perspectives* is a unique textbook that provides a complete analysis of this crucial aspect of life around the world. Utilizing viewpoints across cultural and national boundaries, and deftly weaving evolutionary and psychological perspectives, Bolin and Whelehan go beyond the traditional evolution and primatology to address cross-cultural and contemporary issues, as well as anthropological

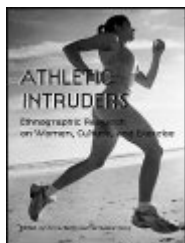
contributions and psycho-social perspectives. Taking into account the evolution of human anatomy, sexual behaviour, attitudes, and beliefs, this far-reaching text goes beyond what is found in traditional books to present a wide diversity of beliefs, attitudes, and behaviours found globally. In addition to providing a rich array of photographs, illustrations, tables, and a glossary of terms, this extraordinary textbook explores: pregnancy and childbirth as a bio-cultural experience; life-course issues related to gender identity, sexual orientations, behaviours, and lifestyles; socio-economic, political, historical, and ecological influences on sexual behaviour; early childhood sexuality, puberty and adolescence; birth control, fertility, conception, and sexual differentiation; H.I.V. infection, AIDS, AIDS globalization and sex work. Fusing biological, socio-psychological, and cultural influences to offer new perspectives on understanding human sexuality, its development over millions of years of evolution, and how sexuality is embedded in specific socio-cultural contexts, this is the text for educators and students who wish to understand human sexuality in all of its richness and complexity.




Perspectives on Human Sexuality
Author: Anne Bolin and Patricia Whelehan
Publisher: State University of New York Press (1999) (2003)
I.S.B.N.-13 978-0072973242

From Amazon Books:  In a book destined to become the standard reference on human sexuality, Bolin and Whelehan provide the first ever treatment that includes both the biological aspects and the cultural influences of this basic and much examined part of life. Never before has a book offered such a broad analysis including both anthropological perspectives as well as anatomical and physiological viewpoints. Included are many photographs and illustrations, making *Perspectives on*

Human Sexuality a much needed resource.




Athletic Intruders: Ethnographic Research on Women, Culture and Exercise
Author: Anne Bolin and Jane Granskog
Publisher: State University of New York Press (2002)
I.S.B.N.-13 978-0791455845

From Amazon Books:  Informed by feminism and the fields of anthropology and sociology of sport, this anthology investigates women's place in sport and exercise from a socio-cultural perspective, documenting women's struggle into the sports arenas of male hegemony. The nine ethnographic case studies explore issues of identity, embodiment, and meaning in various sports and exercise, including triathlons, aerobics, basketball, bodybuilding, weightlifting, motorcycle

riding, softball, casual exercise, and rugby.

In Search of Eve: Transsexual Rites of Passage
Author: Anne Bolin
Publisher: Praeger (1987)
I.S.B.N.-13 978-0897891158

From I.F.G.E. Books:  In this first comprehensive study of transsexual "rites of passage", Anne Bolin illuminates the array of social, psychological, and physical changes experienced by people in the process of changing gender. In these stories of symbolic death and rebirth, the author illustrates



how the rituals that accompany each stage of transition are integral to successful transformation. Her case studies also poignantly represent the extent to which gender roles are culturally constructed. As one transsexual comments, "Ms. Bolin places the emphasis where it should be - on the fact that the life of a pre-operative transsexual is a quest for identity not unlike anyone else's ... that while my search for truth change, growth, and comfort was not taking place in a usual fashion, it was, and is, a search common to all people".

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Tripping the Light Fantastic

Staying Sane and Whole while in Transition

Copyright © 1990 Dallas Denny

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015



Dallas Denny is a writer, educator, and mental health professional and is renowned for her work in advocacy, policy issues, and health practices involving transsexual and transgendered people.

Gender reassignment is one of the most radical and disruptive things that an individual can do. It strains and often severs social relationships, imposes economic hardships, involves a good deal of physical pain and a great deal of psychic pain, and requires study and hard work in order to even begin to hope to pass in the gender of choice. Transition must be pursued in the face of the general disapproval of society and the specific disapproval of loved ones, the reluctance of the medical community to provide services, a scarcity of resources, and countless legal and social obstacles. The body of one sex must be somehow whipped into the semblance of that of the opposite sex, generally after puberty has wreaked irreversible somatic changes. Old behavioural patterns must be unlearned and new ones added. A new life must replace the old.

[transition] can't be done without disruption, sacrifice, hard work, stubborn determination or money, it can't be done without support, and it can't be done without pain.

The transsexual person runs a gamut of obstacles, with no guarantees of success. Indeed, probably fewer than ten percent of those who set out to change their gender succeed in doing so. And yet, tens of thousands of people are happily and successfully working and living in the gender of choice. Transition is possible. It can be done. It just can't be done without disruption and sacrifice and hard work. It can't be done without stubborn determination. It can't be done without money. It can't be done in the absence of support, and it can't be done without pain.

My cross-dressing friends tell me that the transsexual people they know are no fun: "They whine all the time. They're preoccupied with their problems and their bodies. They need to lighten up." To them I say, "Please appreciate the tremendous pressures that these people are experiencing. Please understand that every aspect of their lives is affected by their decision to change gender, and that they must become somewhat self-absorbed in order to prevail against odds which are nearly insurmountable." And to those who are in transition, I say, "Lighten up!"

I don't have the space in this article to point out all the potential hazards in the mine field of transition. Our sorority simply isn't big enough. *Encyclopaedia Britannica* isn't big enough. You'll have to look elsewhere for that (you'll find a listing of such resources at the end of this article). I do have some strategies and approaches that may be of help. Here they are:

- » Keep your sense of humour (and if you don't have one, cultivate one). You will only be as unhappy as you allow yourself to be. You can plod miserably along, or you can enjoy yourself. You can find humour in the ludicrous situations you will find yourself in and the things people will say which have a whole different meaning because of your gender status. Those you meet along the route will prove amusing, if you allow them to be. They will be your comrades in arms, and some of them will become your friends. If you approach transition with a sense of wonder and awe, your experiences will be more pleasurable than they will be if you inject fear and guilt. Yes, it'll be damn difficult, but you can still have a good time. Being miserable and depressed does not make for a good prognosis.
- » Don't allow transsexuality to become your entire life. You shouldn't go through transition as if you were Ahab in pursuit of the White Whale. Ahab needed to get a life, and so do you. You mustn't defer your entire existence in anticipation of a hypothesized bliss once you jump genders. An empty life in the gender of original assignment will probably become an empty life in the gender of choice. Reassignment will not solve your problems; you'll still have the same troubles, but in a different gender. You would do well to have life goals other than transition. You should cultivate friends and interests outside the gender community.
- » Keep your perspective. You must not allow your transsexualism to become a fantasy or a fetish. As my

friend Rachel has said, "You must weave reality back into the fabric." Don't place undue weight on reassignment surgery; it won't magically transform you into a man or a woman. You should at all times know where you are and where you are going, and this should be firmly grounded in reality. You must come to terms with your physical and behavioural assets and liabilities and incorporate them into an emerging identity. You must have realistic ideas about the social roles of men and women, and what sort of man or woman you want to be. Remember that transition is a process - a becoming, if you will. You will be gradually changing. You won't just wake up one morning and find that you are magically different.

- » Don't box yourself in. You must somehow keep functioning. If you prematurely dismantle your old life, you will be unable to replace it with a satisfactory life in the gender of choice. You will be left with a twilight existence, an identification as a transsexual. And if this negatively impacts your earning potential, you can get stuck, unable to complete the procedures which will produce the bodily changes necessary to successfully pass in the gender of choice (for instance, electrolysis for the male-to-female; reduction mammoplasty for the female-to-male). You must maintain as much support as possible. You should know that in some cases that may mean clinging onto your old identity a little bit longer.
- » Let go of your crutches. As your body changes, it will become less difficult to pass. You should rely less on contrivance and incorporate your natural aspects into your presentation. This may mean using your own hair instead of a wig, doing away with padding, and using less make-up. Or it may mean using your birth name, if it has a chance of working, instead of an idealized feminine name. It may mean becoming comfortable with interests or aspects of your personality that aren't a good "fit" in the gender of choice. But whatever your perceived shortcomings are, you will need to face and come to terms with them and let them go.
- » Sacrifice and compromise. Being in transition will cause big changes in your life. You must be prepared to meet all challenges and to give your transsexualism a high priority. You'll be deluding yourself if you think you can maintain your previous standard of living in the face of bills from psychologists, endocrinologists, electrologists, and plastic surgeons. You must maintain your pace. If you delay procedures such as hormonal therapy because of lack of money or time, or for other reasons, your transition will eventually be delayed. And here I will insert a caveat for the male-to-female transsexual person: Don't put off electrolysis. You'll be sorry if you do. Once you are living in the gender of choice, it will be nearly impossible to bring yourself to grow the hair long enough for the operator to grasp it with her tweezers. And passing will be at best a struggle, and quite likely impossible, until the hair on your face is gone or at least appreciably diminished.
- » Be a good consumer. You must at all times act with discretion and proper respect for your body. You should not act out of desperation. Although services can be difficult to obtain, they are available. You will minimize your chances of failure if you use competent service providers. Otherwise you will risk delays in obtaining diagnosis (and hence hormones), a regimen of hormones inadequate to masculinize or feminize you, and even botched surgery. You have only one shot at transition, and it is decidedly in your best interest to proceed with reasonable precautions and care, making sure that your doctors know what they are doing.
- » Join a support group. It will be to your advantage to find your peers. Support groups can educate you, assist you with referrals, and help you to perfect a masculine or feminine appearance. You will probably make friends with other group members. But more importantly, you will see your peers in action, making decisions both good and bad. By observing them, and by talking with them, you can learn strategies for coping and avoid pitfalls.
- » Follow the Benjamin Standards of Care. The Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc., are guidelines to safeguard transsexual people and those who provide services for them. Many transsexual people see them as obstacles to be overcome, and so they are. But by following the Standards of Care, you will minimize your chances of failing in your transition, and maximize your chances of surviving failure, if it does occur. The Standards will let you opt out anywhere short of reassignment surgery. The best of transitions will be painful. The worst do not even bear thinking about. You should not expect a perfect experience, but by exercising common sense and foresight, you will minimize disruption and conflict, and have a smoother ride.

A Brief Resource List:

Denny, Dallas. (1990). *Deciding What To Do About Your Gender Dysphoria: Some Considerations For Those Who Are Thinking About Sex Reassignment*.

Denny, Dallas. (1991). *Discovering Who You Are: A Guide to Self-assessment for Persons with Gender Dysphoria*.

Denny, Dallas. (1991). *Dealing With Your Feelings: A Guide to Coming-Out for Persons with Gender Dysphoria*.

Chrysalis Quarterly. (includes the three booklets above).

The above are available from American Educational Gender Information Service (A.E.G.I.S.), P.O. Box 33724, Decatur, Georgia, U.S.A. 30033.

Devor, Holly. *Gender Blending: Confronting the Limits of Duality*; Indiana University Press (1989); I.S.B.N.-13 978 0253205339.

Elizabeth, Sister Mary. *Legal Aspects of Transsexualism*; International Foundation for Gender Education (1990); I.S.B.N.-13 978 0962597602.

Laing, Alison. *Speaking as a Woman* Creative Design Services (1989) I.S.B.N.-13 978 1880715031.


Stringer, JoAnne Altman. *The Transsexual's Survival Guide*; Creative Design Services (2000); I.S.B.N.-13 978 1880715161.

Stevens, Jennifer Ann. *From Masculine to Feminine and All Points In-Between* Different Path Press (1990); I.S.B.N.-13 978 0962626203.

TV-TS Tapestry Journal.

The above are available from International Foundation for Gender Education (I.F.G.E.), P.O.) Box 367, Wayland, Massachusetts 01778.

Dallas Denny

From Wikipedia:  Dallas Denny is a writer, educator, and mental health professional and is renowned for her work in advocacy, policy issues, and health practices involving transsexual and transgendered people. She has served as an advisor to the World Professional Association of Transgender Health, The University of Michigan, the Centres for Disease Control, the City of Atlanta, journalists, and filmmakers. For nearly twenty years she has taught a class on transgender issues at Emory University. She has made hundreds of presentations at universities, businesses, professional organisations, and conferences.



She has published three books and written or co-written more than twenty chapters in textbooks, hundreds of articles, editorials, and columns for magazines and journals, and assorted booklets and pamphlets. She is former Editor-in-Chief of the journals *Chrysalis* and *Transgender Tapestry* and founding executive director of the American Educational Gender Information Service, Inc., which is now known as Gender Education & Advocacy, Inc.

[Dallas Denny's Website](#) 




Identity Management in Transsexualism: A Practical Guide to Managing Identity on Paper.

Author: Dallas Denny

Publisher: Creative Design Services (1994)

I.S.B.N.-13 978 1880715079

From Amazon Books:  This is the only comprehensive guide to managing an identity change for the transsexual person. Denny shares her personal experience in tracking down the paper trail we all leave behind us. She gives solid advice and explicit directions where possible. An extra bonus is the Transgender Identity card. Just add your photo and personal data.

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Body of Evidence

Sometimes it is simply a 'dick' thing

by Marcus de Maria Arana

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015



Marcus de Maria Arana: "Of course I have a dick ... I got a whole drawer full of dicks. I got dicks in various shapes, sizes and colours. I got dicks that could whistle Dixie if you insert batteries".

Sometimes it is simply a 'dick' thing. Oh, sure, I've often said that my gender is between my ears and not my legs: But there are those times when I just want my dick to be big enough for me to wrap my fist around it.

I am revelling in my new body now. I'm so relieved to be hormonally male. I'm so relieved to have a flat chest that I chide myself for missing my penis. C'mon, lighten up! A dick ain't that big of a deal ... well to some it is a big deal, like Jeff Stryker. Can't I just be satisfied with what I've already got? Most of the time yeah. But there are those moments ...

It was at Band Camp, up in Humboldt County (yeah, THAT Humboldt County, land of marijuana) the last time the 'dick' thing came up, so to speak. In 1995 at the previous band camp I had been on hormones for eight months but I still had a 'D-cup' chest. People with whom I had gone to school, still called me Mary, even though I wore a nametag proclaiming me as Marcus. Okay I thought to myself, I'll cut them some slack this year, but not the next one.

Even after my chest surgery in January 1996, I began to plan my next visit to Band Camp the following September. I had a moustache and beard, a flat chest and muscular arms. Surely they will see me as the man I truly am. Yeah right! And monkeys will fly out my butt! I had created the perfect fantasy of acceptance and inclusion. Perhaps 'delusion' is more correct. I just wanna be loved, is that so wrong?

At least it's much easier writing Marcus Arana in the snow than it was signing Mary Weatherly. Damn near threw my back out every time trying to cross that 'T'.

I looked different enough from the previous year that most people were amazed. But there was this one guy who was normally open-minded but still had a great deal of confusion. He kept screaming at me to bring him beers. The first couple of times he bawled out "Hey Marcus, bring me a beer." I humoured him. But after the third time I was quite over it. I filled up an old bottle with beer from the keg and walked it over to him. "Here's your beer babe", I announced as I shook it up and squirted it all over him in a shower of suds and foam. I was not in the mood to be treated like his 'girl' or 'secretary' like he was telling me to bring him a cup of coffee. He wasn't pestering any of the other men to wait on him.

He became insulted, pouting like a little boy. "Did I say something wrong? Did I say something to offend you?" he inquired. My beer soaked reality check was completely lost on him. He got drunk and began to ramble on to me about his sister, who eventually came-out as a dyke. I lost track of where he was going with his diatribe, when suddenly he looked at me and asked, "What I want to know is do you have a dick?" "Of course I have a dick!" I shot back at him. I lurched off to my own campsite, also feeling the effects of the beer. "Yeah, I got a dick. I got a whole drawer full of dicks. I got dicks in various shapes, sizes and colours. I got dicks that could whistle Dixie if you insert batteries. I even got dicks that can answer my phone if I ask them to". But, none of these dicks can do what I would really like my own dick to do - they couldn't make a baby.

Not that I think that dicks are only good for pissing in the snow. And I know that dicks are not a golden ticket to fatherhood. There are a lot of men with dicks who have numerous children, but that doesn't make them good fathers. There are also many men who don't have dicks, or sperm shooting ones at any rate, who are also fathers in the best sense. They participate fully in the rearing of their children regardless of the lack of genetic connection. I know that fathers generally get the easy part of parenting. Hell, at least the 'makin' babies' part of it so, a dick doesn't confirm being a 'father' either.

Like my sense of masculinity, the dick thing is something that comes from deep inside me. Men are made to feel inadequate regardless of the size of their penises. So I feel like I need to defend my small, personal phallus. I do have a dick. It is simply smaller than most people expect. My dick brings me sexual pleasure. My dick looks good to me when I look at it in the mirror. I can see what I might have been born with.

A typical F.T.M. comment I've heard is "I want the eight inch cock I should have been born with!" The statistical truth is that not all of us would have been born with an eight incher. Some would be hung like horses and others would not. Does that mean that anything less

than Johnny Holmes makes us less-than-men? I think not!

I was a man before I started transition. I was a man before hormones and surgery. I was male the very moment I developed a sense of gender identity. For me that was at five years of age. Hormones and surgery only augment my masculinity, they don't create it. Anyone who invests their manhood solely in their genitalia is always at risk of losing it. Yeah, I would love to be horse-hung. Will I let that ruin my enjoyment at being Marcus? Not likely. Will I continue to run into challenges based upon my genitalia? Quite likely.

When I went to Social Security to change my card, I didn't know that I would run up against such solid prejudice. "You need a note from your surgeon, detailing your genital reconstruction", a supervisor bawled out at the top of her lungs. All eyes become riveted on me as the other citizens in the office turned to view the sex change freak. I wasn't embarrassed that people knew I had gone through gender transition. But I was appalled that the status of my penis was broadcast to the general public. I thought that my new drivers license complete with 'M' under sex would have been all the proof I needed to show that I was now Marcus. Apparently not!

At least it's much easier writing Marcus Arana in the snow than it was signing Mary Weatherly. Damn near threw my back out every time trying to cross that 'T'.

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Transsexual Acceptance

Gail's Personal Experience

by Gail Bennett

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015



A transsexual life can be very difficult.

I guess for the transsexual, our respective "coming-outs" are similar to what most members of the gay community would experience. Family rejection is not that uncommon when a transsexual has announced they are changing gender. Maybe I am too much of a humanist, but I can appreciate how family must feel. For all their lives, in my case, they have known me as a male and now, as a result of hormonal treatment my body exhibits female characteristics and my body's chemical make-up is female aligned.

... initial acceptance turned into comments of shame and anger which resulted with me being isolated from family last Christmas. That hurt greatly.

The reaction when I announced to my only sibling that her brother was going to become her sister was rather accepting at first, but it didn't take too long for that to change. That initial acceptance turned into comments of shame and anger which resulted with me being isolated from family last Christmas. That hurt greatly.

Because of the attitude of my sister and her family I became rather angry that they refused to accept my decision without question. With the benefit of time I realised my attitude was rather selfish and that I needed to become prepared to be more tolerant.

In mid-January my sister visited me in Canberra. I thought that over those few days she was with me she had developed an understanding of why I have made my decision. She stated that she could see I was very happy in my chosen gender, nevertheless her contact with me since she returned home to Newcastle has been somewhat minimal. I am still not allowed to speak with her teenage son and daughter, who I love intensely.

If my problems are great, then I pity those persons who have embarked on gender reassignment and who are married and possibly have children. The torment for them and their partners and children must be immense. Some partnerships stay together after sex reassignment surgery, but most dissolve. Some dissolve mutually, whilst other result in bitter custody battles.

A transsexual life can be very difficult. You are going through so much change. You may be the victim of insults from narrow-minded cretins or frustrated by the lack of financial resources to accomplish essential things such as electrolysis (in the case of male-to-female transsexuals).

A dear friend who resides in the United States has been constantly harassed by her family since her reassignment surgery two years ago. The family refuse to associate with her. The family of a male-to-female transsexual in Sydney harassed her surgeon and psychiatrist in an endeavour to stop her surgery. Families can be a very difficult thing to deal with.

During the process of "coming-out" I have found that genetic females seem to be able to more readily accept my gender reassignment decision than males. Any rejection from friends to date has come from males.

In a book called the *Transsexual Survival Guide* the author, Jo Ann Stringer quotes the reason for this attitude by men would appear to be aligned with the feeling of male-to-female transsexuals being traitors to their birth gender. From my experience, I think there is possibly some truth in that statement.

The fact is, I am not a traitor. I, and my fellow transsexuals, have endured many years of internal torment and anguish and we have been prepared to make a decision and to change our lives. For me, I believe that change is for the better.

For me, and heaps of other transsexuals life can be just so much better if people were more prepared to accept who we really are, and to not be so narrow-minded.

If a family member came home from their general practitioner one day and announced they must have a limb amputated, the entire family would gather around them and appropriately render support, but if that same family member announced they were embarking on gender reassignment, most likely, that family would treat him or her a leper.

I guess the only appropriate way to end this story is to say, "us human beings are a strange lot."

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Why We Wrote the Book Trans-X-U-All

A Great Number of Transsexuals Were Being Misinformed

by Tracie O'Keefe & Katrina Fox

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015



Trans-X-U-All by Tracie O'Keefe and Katrina Fox

Transex-U-All: The Naked Difference

by Tracie O'Keefe & Katrina Fox
Published by Extraordinary Peoples Press, March 1997
I.S.B.N. -13 978 0952948209

We call for the change in the law in many countries to bring the rights of those who are transsexual in line with the rest of humanity.

Two years ago when I and my partner, Katrina Fox, decided to write the book it was because we felt that a great number of transsexuals were being misinformed. Having been a life long transsexual myself and being a psychotherapist, clinical hypnotherapist and counsellor I knew that the universal standards of care were often of a very uneven standard. During our research for the book we met many truly humane, dedicated and well informed doctors, therapists, psychiatrists, psychologists, plastic surgeons, social workers and lawyers. Along with these people we also met some badly informed, ignorant, prejudicial so called professionals who had a "take the money and run" mentality.


There is no such thing as a "sex-change" in the human equation and transsexuals themselves believe that they do not change their sex but simply bring their bodies cosmetically in line with their real identity. Making that decision is easier if they are well informed about all the aspects of the transformation they are going to undertake. In the book we provide a huge amount of information and considerations that can help guide any transsexual, their doctor, friends and family along that chosen course and beyond.

I never regretted one moment of the decision I made thirty years ago to undergo my life change. For me it has been wonderful to live as I am. I have been married to two different men and now live with my beautiful lesbian lover and co-author in London's colourful Soho. My Harley Street practice takes up much of my time nowadays, helping many transsexuals make the right decision for themselves. I never diagnose anyone, as I believe that transsexualism is a self-diagnosing condition and the therapist's job is to help that person be sure. More than 70 percent of the people who apply for gender reassignment change their minds at some stage of the transformation. Making such a decision that affects the rest of your life in such a fundamental way is best done with lots of help. Those who change their mind also may need help and guidance to choose the new route they may wish to take.


In the book we guide the interested parties through the diagnosing, treatment, medical, psychological, social, sociological and legal issues that they will come up against. We talk about the kind of operations available and the procedures that are involved. We include stories from different transsexuals who have undergone or are undergoing treatment and from their families and friends too. There are also photographs of transmen and transwomen who walk amongst society as their destination sex unnoticed and undetected as doctors, lawyers, accountants, politicians and the man and woman next door.

We call for the change in the law in many countries to bring the rights of those who are transsexual in line with the rest of humanity. Far from just getting on our soap box, we give the practical reasons why society must now reconsider how and why it categorises minority sexes, genders and sexualities. Finally we take the leap of faith that identity may be inextricably intertwined with genetic make-up by presenting some of the latest findings in genetics. We hope you find it an "everything you needed to know about transsexualism" experience. Knowledge, we think, is empowering: Read and Enjoy!

Dr. Tracie O'Keefe D.C.H., B.H.Sc., N.D.

From Tracie O'Keefe's website:  Tracie O'Keefe is a qualified and registered clinical hypnotherapist (A.S.O.C.H.A., psychotherapist, counsellor, mental health professional and trainer, working from a naturopathic perspective in Sydney, Australia. She trained at a post-graduate level with the National School of Hypnosis and Advanced Psychotherapy in London, U.K. U.K.C.P.-recognised school). Her degree and doctorate were earned at the American Institute of Hypnotherapy in the U.S.A. and issued in co-ordination with the Bureau for Private Post-Secondary and Vocational Education in California. She has been a family and couples therapist, a sex therapist and addictions therapist for many years and a qualified naturopath and medical herbalist, who trained in nutritional medicine with the Australian Institute of Applied Sciences. She holds a Bachelor of Health Sciences Degree in Complementary Medicine from Charles Sturt




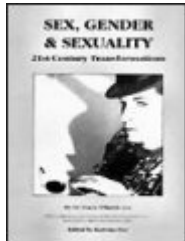
University. She is also an internationally published researcher, author and editor of the following books. [Read more about Dr. Tracie O'Keefe at her website](#) 



Trans-X-U-All: The Naked Difference


Author: Tracie O'Keefe and Katrina Fox Publisher: Extraordinary People Press (1997)
I.S.B.N.-13 978-0952948209.

From Google Books:  This fresh and concise work takes an exciting look at the world of transsexuals. It explains the whole gender reassignment process from start to finish and includes deeply moving stories written by transsexuals themselves, their lovers, families and friends. Scientific, factual, informative, it provides, in accessible language, a comprehensive guide to the world of transsexuality.



Sex, Gender & Sexuality: 21st Century Transformations


Author: Tracie O'Keefe and Katrina Fox
Publisher: Extraordinary People Press (1999)
I.S.B.N.-13 978 0952948223

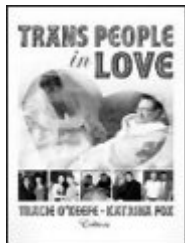
From Google Books:  This book dispels much of the mysticism around physical sex, gender constructs, and the diversity of sexuality. As well as considering gay, lesbian, transsexual and transgendered identities, it also looks at the intersex groups, such as hermaphrodites, and people who identify as androgynous or as being without sex or gender.



Finding the Real Me: True Tales of Sex and Gender Diversity


Author: Tracie O'Keefe and Katrina Fox
Publisher: Jossey-Bass (2003)
I.S.B.N.-13 978-0787965471

From Google Books:  *Finding the Real Me* is an extraordinary collection of real-life stories told by a wide-range of sex and gender diverse people. These healing tales of struggle and transformation reveal just how creative, resourceful, and adventurous the individuals in this community can be and also helps to bridge the gap between ignorance and understanding. As each incredible story unfolds we become part of the author's journey to self-acceptance and join the celebration of their new life. Page by page, we laugh, cry, and learn to appreciate these wonderful courageous people and the road they walked to be their true-selves. *Finding the Real Me* is a landmark book that encourages us to embrace diversity, to never fear our differences, and to remain always in awe of our amazing possibilities.



Trans People in Love

Author: Tracie O'Keefe and Katrina Fox
Publisher: Routledge (2008)
I.S.B.N.-13 978 0789035721

From Google Books:  *Trans People in Love* provides a forum for the experience of being in love and in relationships with significant others for members of the trans community. This honest and respectful volume tells clinicians, scholars, and trans people themselves of the beauty and complexity that trans identity brings to a romantic relationship, what skills and mindsets are needed to forge positive relationships, and demonstrates the reality that trans people in all stages of transition can create stable and loving relationships that are both physically and emotionally fulfilling.

Polare Magazine is published quarterly in Australia by The Gender Centre [Inc.](#), which is funded by the Department of Family & Community Services under the [S.A.A.P.](#) program and supported by the [N.S.W.](#) Health Department through the [AIDS](#) and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre [Inc.](#), the Department of Family & Community Services or the [N.S.W.](#) Department of Health.

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.