

Polare Edition 10

Published: December 1995 Last Update: June 2013 Last Reviewed: September 2015

Editorial

by Craig Skinner, Polare Editor

Welcome to the 1995 Christmas edition of *Polare*, the last edition for 1995. The team here at the Gender Centre would like to take this opportunity to wish everybody a safe and happy Christmas, and a wonderful new year. With the current legislation being presented to the N.S.W. Government, 1996 looks like being an exciting year for the transgender community.

Of course, there's been a lot of discussion lately about the Trans Law Reforms. To look further into these issues, Aidi Griffin from the Transgender Liberation Coalition gives her view of the reforms and outlines what these changes could mean for transgenders. Ricki Carne from Transsexual Action Group provides us with her view of the reforms and responds to an associated article we printed in the last edition of *Polare*. Both the Transgender Liberation Coalition and the Transsexual Action Group are planning to discuss these issues in more depth in future editions.

As you know, this year *Polare* has begun to be published bi-monthly. There will be six editions next year, so I'm hoping that many of you are formulating wonderful ideas for articles. Feel welcome to phone me at the Centre if you'd like to discuss your ideas for a contribution. We welcome any contributions that are of interest to people with gender issues. They may be short stories, personal experiences, poetry or an informed point of view about gender issues. Anything you like. Generally your contributions should be no longer than 750 words (negotiable) and be written clearly. We reserve the right to edit any contributions to suit the style of the magazine, but can (upon request) provide you with a copy before printing if changes are made.

News in Brief

from the pages of Polare Number Ten



The Australian Democrats have endorsed a transgender lesbian as its candidate for the federal seat of Batman. Julie Peters is the first transgender candidate to be endorsed by a major party for a federal seat.

Elated at her endorsement, Peters said she was confident she could have an influence on legislation for the transgender, lesbian and gay communities and on broader policy issues around the economy, health and education.

Feature Articles



I could now actually reach and touch and feel and see and believe and embrace with my whole human self.

Being Me

This is what normal is to me. Why am I different? Why during earlier periods of my life, was I different? For all my being, I was a girl. I was a child, I was a human. So what's to be made of differences, when there are so few compared to our sameness as human beings?

Wake Up to the Facts

Whether you have anal sex, neo-vaginal sex, vaginal sex, oral sex - any sex. Whether you are the insertive or receptive partner, active, passive or both. The most reliable way to reduce the risk of coming into contact with the H.I.V./ AIDS virus is to have safe sex!

Trans Community Response to H.I.V./AIDS

The transgender community model of education and support in response to H.I.V./AIDS varies from traditional models and has evolved over a period of time and will keep on evolving as the community and individuals become more empowered as their human rights issues are addressed.

Teams and Stereotypes

Ruth Farmer explains the rejection by her local gender dysphoria team because they told her she was too old and did not pass the psychological test for womanhood caused her much unnecessary expense and heartbreak. She could better have used the money for electrolysis.

Imbalance

What does it mean when whatever you say or do is wrong, never enough, never right, appropriate, or what's expected. When what is inside must be hidden, to reveal it would invite ridicule. When a role is learned, acted, copied, to fit in, never natural because the natural is hidden.

Peters will be running in the safe Labor seat against A.C.T.U. President, Martin Ferguson who has been endorsed as Labor's candidate to replace the former Deputy Prime Minister, Brian Howe, who is retiring from Parliament. The party has also endorsed a gay man, Colin Edwards, as its candidate for the North Queensland federal seat of Herbert. Edwards has long been an activist in Queensland and helped establish the state's first gay and lesbian liaison position three years ago.

In 1992 he was also the party's candidate for the seat, which takes in the city of Townsville, receiving 14 percent of the primary vote.

His candidacy, however, was attacked by the Christian Coalition last week which raised concern that Edwards owned a sex shop in Townsville.

Boy Forced Into Cross-Dressing

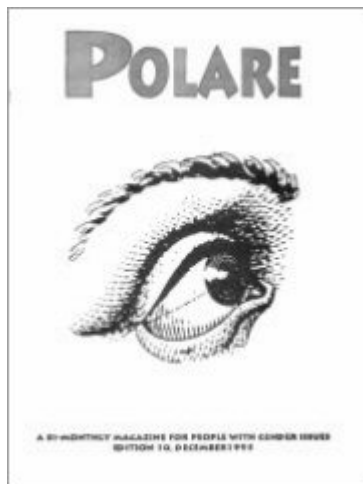
New York: A schoolboy was forced to wear a woman's wig, bra and skirt as punishment for talking in class while his teacher looked on and laughed, according to a \$A31.38 million lawsuit.

"They were laughing at me, the whole class," the 13-year-old boy said.

The teacher "was making jokes and teaching the class". The boy said that when he cried the teacher said: "What's that dog sound?" The punishment was known as "the box" at the Excelsior Seventh Day Adventist School.

Snippets

from the pages of *Polare* Number Ten



The tenth edition of *Polare* featured two lengthy articles in relation to the proposed transgender anti-discrimination legislation and issues that arose among the transgender community at the time. These two articles were written by Aidy Griffen of the group known as Transgender Liberation Coalition (T.L.C.), and Ricki Carne representing the Transsexual Action Group (T.A.G.). This was indeed a turbulent time in the Gender Centre's history and it is our intention to compile an article that addresses this divisive time in our community at a later date.

Many of the advertisements within *Polare* at this time gave an indication of the events that were occurring and being planned within our community, at the Gender Centre and outside. Among the Gender Centre's own ads were regular invitations to the Wednesday morning drop-in, held between 10:00am and 12 noon each week, reminders about the Gender Centre's needle exchange and outreach services, the supplies that were available and hours of operation, a new "Transgender Positive" support group, as the name suggests aimed at those transgender people who are H.I.V.+, exercise classes held every Tuesday night at the centre, expressions of interest for a support group for parents and family, and an invitation to the Christmas barbecue held at the Centre, on a Thursday evening from 6:00pm to 10:00pm.

External advertisements were placed by the Sex Workers Outreach Project (S.W.O.P.), Transgender Liberation Coalition, the Andrology Unit at Royal Prince Albert Hospital, an indigenous L.G.B.T. support group, Kirketon Road Centre, the Seahorse Society of N.S.W., and the newly formed Hunter Area Transgender Support (H.A.T.S.) based at Adamstown.

Businesses advertising in *Polare* back in December 1995 were the Professional Electrolysis Centre in Drummoyne, the Individual Wig, Darlinghurst, Chic Beauty Therapy at Elizabeth Bay, Newtown's Wigs International and A Touch of Glamour.

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Being Me

Oh How I Love Being Me!

by Louise Rose

Article appeared in Polare magazine: December 1995 Last Update: October 2013 Last Reviewed: September 2015



I could now actually reach and touch and feel and see and believe and embrace with my whole human self.

I am me! This is what 'normal' is to me. So why am I 'different'? Or why during earlier periods of my life, was I 'different'? For all my being, I was a girl. I was a child, I was a human.

Seeing all other children my age, younger and older, seeing adults; they were different to me. Seeing other people with skin colour and hair colour, fat, skinny, short, tall all different. Yet I could recognise them as human. So what's to be made of differences, when there are so few compared to 'our' sameness as human beings?

I never inwardly felt different about my gender or sexuality until I was taught the differences. I thought girls were genitally the same as me until I discovered otherwise. I'm sure that's true for most children in the early stages of

development. So I just went along innocently with life as all children do. I played games with boys and girls, preferring the safer girlie stuff, but I didn't feel different. The attitude of difference came out of environmental situations and outside projections that I was not like other boys my age, neither in behaviour or thinking and most of all instinctive actions and reactions to life around me. Playing with dolls, making peg dolls and little clothes, having tea parties, playing dress ups with mum and dad clothes (liking mum's best because I looked prettier) crying more as opposed to punching. These things were 'normal' for me.

I was and am now in life, just being myself. I can still remember Mum chasing me up, saying where's my necklace? Or where's my shoes, I've got to go out my darling little girl. These words from my mum were words that seemed okay, normal, correct. I also had the advantage of swapping and sharing the same gender-neutral clothing with my sisters. I was no different to them. Except when my parents and other people used gender specific pronouns like 'he' and 'him' for me, and 'she' for my two younger sisters. I just plodded along.

Then my family moved to Sydney and I began primary school. At this stage I was still thinking that other boys were like me, and I came in for some very rude awakenings. Other boys didn't play hopscotch, skipping, and they didn't dance. These were sissy, girlie things. So I tried the boys stuff. It was pretty good too, but I didn't feel comfortable. The topics of conversation didn't excite me. I could not relate to the boys way of thinking or seeing the world.

Then came high school and 'puberty blues' time. Being a year older than everyone in my grade (due to repeating second class), I stood out from the other boys. No matter how much I tried to masculinise myself by having short hair, I was different. My voice never broke, it mellowed. I had a sexier deeper voice but not a macho one. My skin was soft and I had more typical feminine fat distribution and my breasts were bigger than the boys, but not as big as the other girls my age. I was teased a lot, touched up by boys and was a curiosity to other students and teachers.

At the same time I was beginning to feel sexually attracted to boys and not girls, although I did go through a stage that seemed like sexual attraction to girls. But it was more of a longing and need to be with girls, being the ones I could relate to on an intellectual level. So am I a poofter like the boys are saying? Some boys are even talking about sex-change operations and bringing the subject up in sex education class. I had heard of this and had seen a film clip of Amanda Lear on Donny Sutherland's Saturday morning rock music show - Sounds Unlimited.

I was so taken in when Donny announced that Amanda Lear had had a sex-change at the age of fourteen. At this point I was fourteen to fifteen years-old, and for the first time I felt that I was not alone, or not so different because there was someone out there that was similar or even the same as me. I was no longer alone with my confusion and pain, and isolation. I changed to a Catholic high school in the hope that I could be a boy. Maybe if I joined the Army Cadets and tried to learn how to be a man. But it was at this school that the word transsexual was added to my vocabulary. I found it in the dictionary. What a bloody relief it was to know that there was a name for this state of being, that there are other people like me.

The teachers and students at my new school were a lot kinder to me, and much more understanding. Even my science teacher named

the condition of transsexuals to the class when another student was asking embarrassing questions in class. I left school with a school certificate, terrified and yet excited about a future where I could shed my all male world and be the female I wanted to be. I could now actually reach and touch and feel and see and believe and embrace with my whole human self.

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Wake-up to the Facts

About H.I.V. and AIDS

by Unknown Author

Article appeared in Polare magazine: December 1995 Last Update: October 2013 Last Reviewed: September 2015

Whether you have anal sex, neo-vaginal sex, vaginal sex, oral sex - any sex. Whether you are the insertive partner, receptive partner, active, passive or both. The most reliable way to reduce the risk of coming into contact with the H.I.V./AIDS virus and other infectious diseases during sex, is to use condoms, gloves and dental dams. Safer Sex: A Fact of Life!

If you are taping, strapping or tucking you could create a warm moist area leading to skin disorders, chaffing and dermatitis. Removing tape roughly could result in damaged/broken skin.

Hair Removal

If you shave or wax your body or pubic hair, be careful of cuts and scraping. Cover any cuts and abrasions before sex and never allow anyone's body fluids (blood, semen or vaginal fluids) on damaged skin. Be particularly careful if you shave your pubic hair, legs, chest or armpits and then engage in "trick sex" (having intercourse between closed thighs or under armpits etc.)

Needles

Some people may use syringes/needles for hormone injections. H.I.V. and other dangerous viruses including hepatitis can hitch a ride in a shared needle or syringe. If you inject your own hormones or help friends with theirs, keep a clean supply and never share needles or syringes.

Needles and syringes are available from the Gender Centre exchange program. They stock correct size needles and syringes for the administration of hormones and for intravenous drug use.

Needles and syringes can also be obtained from many chemists as part of their exchange programs for a small fee. Many community health centres and agencies provide needle exchange so ring your local drug information service for their location.

Taping, Strapping and Tucking

If you are taping, strapping or tucking you could create a warm moist area leading to skin disorders, chaffing and dermatitis. Removing tape roughly could result in damaged/broken skin. Any of these increase the risk of the virus penetrating your skin during sex, particularly if you get someone else's body fluids onto that region as might happen from unprotected "trick" sex. So:

- » always use condoms;
- » try to keep these areas as dry and clean as possible (unscented sterilised talcum powder may help) and let them breath a bit when you're in private; and
- » Remember tape carefully and remove any traces of adhesive with something gentle and soothing like eucalyptus oil.

Surgery

If you have recently undergone any surgery that has involved any areas of your body that may be exposed to body fluids during sex, then be sure to cover the area until your skin has completely healed.

Douching

If you have a neo-vagina (created through surgery), a natural vagina or engage in receptive anal intercourse you may practise douching to keep these passages clean. Douching weakens the lining of the anal passage or vagina and removes friendly bacteria and mucous, exposing the porous membranes (surface skin lining) and increasing the risk of H.I.V. transmission and the risk of contracting general infections.

The practice of frequent douching is generally discouraged by health workers. If you feel you must douche for personal comfort, then it should only be practised two to three times a week at most.

If you have a vagina then it is best to try and keep it slightly acidic as this will minimise the damage to friendly bacteria, while discouraging infections. This can be achieved by using a product called aci-gel that can be bought at the chemist. Use about one-third to a quarter of an applicator two times a week. If you continue to douche, try to maintain the acidity by using a mixture of warm water

and vinegar (one part vinegar to ten parts water).

Remember douching and gels are not an alternative for safe sex. Only condoms can protect you during intercourse from the H.I.V. virus and other sexually transmissible infections.

Douche equipment should never be shared without thorough cleaning between uses. If you have an offensive smelling vagina then see a doctor rather than douche. Doctors who work in women's health, for example through Family Planning N.S.W. have experience in vaginal care.

Who can you talk to about the H.I.V./AIDS virus? If you have any concerns or questions about H.I.V./AIDS, contact the Community Worker at the Gender Centre (02) 9519 7599, Monday to Friday 10:00am to 4:30pm.

Other agencies that may be of assistance include:

- » AIDS Councils;
- » Sexual Health Clinics;
- » Family Planning Centres; and
- » Private Doctors.

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Trans Community Response to H.I.V. / AIDS

Evolving as the Community and Individuals Become More Empowered

by Bill Robertson

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I would like to briefly talk today about the development of the transgender community model of education and support in response to H.I.V./AIDS. This model varies from traditional models because of the emphasis that is placed on social and support structures. We believe that the Gender Centre utilises an effective model of H.I.V./AIDS prevention strategies. This has evolved over a period of time and will keep on evolving as a sense of cohesiveness establishes itself amongst the community and as individuals become more self-empowered as their human rights issues are addressed.

I'd like to talk broadly about the evolution of the model and the ongoing challenge to the community and health providers especially in light of the recent likelihood of legislative changes:

- » Access and equity;
- » Participation;
- » Collective responsibility;
- » Increasing options;
- » Vision.

The Ottawa Charter has provided a useful reference point to continue to challenge, broaden and tease out the relevant issues in the ongoing planning process under which the Gender Centre has created their community model.

It is necessary to keep in mind that the Gender Centre is a community based organisation.

The Gender Centre was originally set up as Tiresias House, a refuge for homeless, low income transsexuals by Roberta Perkins in 1983. It had a collective ideal. This was perhaps contemporary thought and direction for that time and it provided part of a legitimising process. Also at that time there was a public and community perception that steered people with gender questions toward a medicalised model of transition.

The dysfunctional situation within Tiresias House reached a crisis point when funding bodies were considering to withdraw funding. It became evident that it was necessary to undergo a huge restructure and review process in the early-nineteen-nineties for the organisation to be able to survive and continue to have some forward growth. This was a difficult task from the outset due to the levels of distrust towards professionals. Some people in the community felt that it was necessary to manipulate, cajole and despise health and other professionals to get what they wanted. This was part of the ethos of the period. A vast majority of the community that were visible at that time had been abused, humiliated and degraded by everyone, including service providers, it was very difficult to get to the truth. Over time, with patience and persistence, influential leaders were targeted which in turn began to challenge old concepts, particularly in relation to trust and change. The community began to recognise that maybe here is a group that could be worked with. To get to this point probably took 18 months before the barriers began to come down, if only marginally. Historical perceptions were challenged and broadened. The introduction of inclusive language was adopted. An educative role was initially devised to skill up existing persons in management and those on the management committee to an acceptable level where a legal entity could be managed properly and responsibly.

It is useful to remember that community organisations seem to develop through a variety of growth processes. Like minded people work toward a common goal. Sometimes along the way, roles and boundaries become blurred for a variety of reasons, often because of personalities, politics, differing agendas and unclear definitions of what community representation actually means. Consequently no one is on the same page, the vision differs. Also it is useful to remember that most of us do not like change especially if we have initially created something.

The advent of H.I.V. provided the window of opportunity for community development under the N.S.W. model of H.I.V. prevention. Firstly, it provided a definite focus for one of the most deprived groups in the community. Service providers at this time were under the impression that due to the high risk behaviours of this group of people and their inherent self-destructive patterns that the community would disappear due to the anticipated high infection rates. There was a stereotypical perception that all transsexuals worked William Street and shot up dope, due to their visibility and publicity. This of course is far from reality.

With ongoing discussion it became evident that non-peer based education and prevention programmes would not be successful. The initial work that was done by the community and outreach workers, developed a framework and direction which paved the way for the development of the peer-based approach. With the employment of a social and support worker the number of actual social and support groups held moved from five per month to 20 per month in less than a year.

These forums provide an avenue for discussion and dissemination of information throughout the community. The bi-monthly community newsletter invites debate around a variety of issues relevant to the community. The development of a range of baseline services, including education, counselling, outreach, community, resource development, legal and referral to "tranny-friendly" health care services, all add to the development of the model and the community as a whole. People begin to get a sense of self from depths of isolation, abuse and discrimination that most transnys have tolerated and accepted as the norm.

The Ottawa Charter model provided a vehicle on which self-empowerment could be possible and it moved the priority of H.I.V. from way down the list of priorities, due to the necessities of day to day survival, to a place where it is becoming visible and risk behaviours surrounding safer sex practices are becoming possible.

Self-identification and self-definition are becoming the norm. Moving away from the medicalised model creating a range of options of lifestyle choices. Challenging the dimorphic constructs of male and female and their traditional associated roles and embracing the concept of transgender in the broadest sense. This is empowerment!

We are currently working toward the development of a team approach throughout N.S.W. where medical, community representatives and other professionals are working together. All groups recognising the role and value of each group within the team.

In conclusion, Australia needs to acknowledge the fact that H.I.V. prevention and education that is being provided in N.S.W. under the model that the Gender Centre utilises is unique throughout the world. Nowhere else offers the opportunity for persons exploring their gender issues to have a safe supportive residential and community environment where people can choose to live in alternate gender roles and fulfil the necessary requirement of the true life test as outlined in transgender standards of care.

I would like to leave you today with a poignant question.

How tranny friendly are your policies and attitudes in your work place?

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Teams and Stereotypes

Another Problem with Gatekeepers

by Ruth Farmer

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It is well known that medical teams take their jobs very seriously, but that they are perceived as requiring a stereotyped response from candidates

When I was up before the local Gender Dysphoria Team, I was told that I was too old for the operation, and that in any event I did not pass the psychological tests for womanhood.

They did not bother to see whether or not I was in fact "too old". My second team did: they simply required a thorough physical check-up including examination by a cardiologist. I was in great shape, so the circus could proceed."

Medical arrogance has been noted at many stages of the ordeal all over the world.

Rejection by the local team caused me much unnecessary expense and heartbreak. I could better have used the money for the electrolysis without which nothing is possible. One can be a woman of a kind without the operation. One cannot survive with a beard.

Age is not the only stereotype beloved by the first team. Some years ago a friend simply sailed through their rigorous procedures. She was short, delicate and pretty and was welcomed with open arms. Later, another candidate with not quite so much natural endowment succeeded in overcoming the team by sheer confidence and effrontery - even though, she carded much of her male ego with her.

It is well known that medical teams take their jobs very seriously, but that they are perceived as requiring a stereotyped response from candidates: "They hold my life in their hands, and I'm not about to throw it away. If they want me to bark I'll bark" Medical arrogance has been noted at many stages of the ordeal all over the world. Perhaps the God-complex is nowhere better exercised than when the practitioner is playing god. You are the only remaining

S.R.S. practitioner in this city, and you have seemed like a decent sort, so I am being honest with you; I cannot guarantee that I should have done so if you had held my life in your hands. There is too much fear.

What a basis for a doctor - patient relationship!

Teams obviously live in fear of making a mistake, not realising that they are not in the best position to judge on Gender Dysphoria. Who, then, is? The candidate. Yes, mistakes have been made, and I am sure that they will continue to be made, because the most rigorous testing in the world must to a certain extent be stereotypical. But the candidates are usually idiosyncratic, to say the least. They may be feminine, or not. But they have only one thing in common: the perception of themselves in an alternate gender role.

How come the mistakes, then? Briefly, the candidate really is not certain what she is letting herself in for, although she thinks she is: From my personal experience I think it would help a great deal for her to undergo some surgical procedures beforehand rather less drastic than S.R.S., to get a feel of what is really happening. Beyond that, anyone who is so lacking in imagination as to be unable to comprehend what the loss of a penis might mean, may perhaps be entitled to lose it. The whole point of the exercise is, however, not to become a eunuch but a female, psychologically and physiologically. As everyone now knows; the former is seen to be the most important.

And who is to delve into the psyche in sufficient depth to make certain? Not the gender dysphoria teams, with their fancy tests and simple criteria. I am surely a prime example of this. When I first came to the team I was not even certain that that was what I should be doing; I was coming with many questions, not, like my confident friend, with final answers. This was counted against me along with my apparently failing the psychological tests.

Tests? I wonder whether it is possible for a team to understand that a lifetime of indoctrination as a male makes it difficult to think as a female, if indeed there is such a thing. I think that the team does not fully appreciate the fact that gender dysphoria is not an urge to express femininity per se, as much as it is a terrible conflict with what one is and what one has been forced to become. To bridge the gap the requirement of fulltime living as a woman is a wise precaution, but it is not infallible because of the possibility of delusion. All of one's life, one has dreamed of being a woman, but one has built up a certain fantasy about it. The reality can be different. For a man who enjoys the male sex role the reality can be shockingly different. For one who doesn't it can still be quite a shock. It can be even worse if one does not "pass" perfectly.

The psychological tests can fail just for the reason mentioned: one has not (yet) acquired a feminine perspective, only a non-masculine

one. But further: in these days the whole phenomenon of gender is being called into question. On what is gender based? Invariably on stereotypes of every kind. Some of these are now being broken down - but not all. I believe deeply that transsexuals can tell us more about gender than any battery of psychological tests or experiments. The very existence of transsexuals defies the radical feminist ideology that the only difference between the sexes is the plumbing. We know we are different, although we cannot say just why. Nor it seems, can anyone else. I have asked feminist transsexuals: "If you feel so strongly against the concept of gender, then how did you ever know there was a problem in the first instance?" I have yet to receive an intelligible answer.

There is something very different in a woman's psyche, and in my opinion that difference reflects itself in various stereotyped behaviours, not the other way about. There is a real feminine mystique, and no one can discover it from the outside. Transsexuals are the only exceptions. Gender Dysphoria Teams are not.

How, then, is a team leader to proceed? Through intuition - and that is born, not made. My team leader had lots of it, so he was able to make an accurate evaluation of me, particularly after he had seen the quite extraordinary change in my personality when I was liberated from the mask of masculinity; you yourself had a hint of it yesterday. He saw it only because he was open to see it, and because I knew that. I don't think I would have felt as uninhibited with the local team. I felt that they did not trust me, and the favour was returned. It is known that teams try to make things difficult for candidates, to test their mettle. It is a stupid policy and in its zealotry is likely to overlook the very thing it is seeking: soul.

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.

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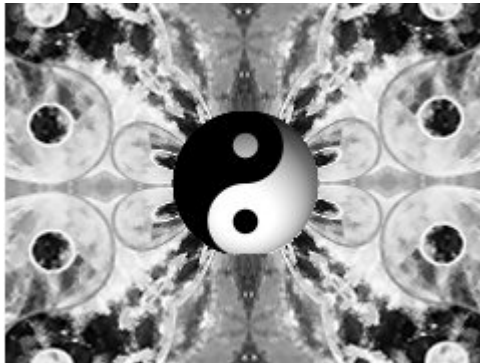
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Imbalance

Never Natural Because the Natural is Hidden

by Linda

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... with balance comes - harmony

As it acts in the world, the Tao is like the bending of a bow. The top is bent downward; the bottom is bent up. It adjusts excess and deficiency so that there is perfect balance. It takes from what is too much and gives to what isn't enough.

... whatever you say or do is wrong, never enough, never right, appropriate, or what is expected.

What does it mean I wondered when whatever you say or do is wrong, never enough, never right, appropriate, or what is expected. When what is inside must be hidden because to reveal it would invite ridicule or cause relationship problems with others. When a role is learned, acted, copied to fit in, never natural because the natural is hidden, atrophied, unborn, area and faculties unused - this is my 'self' a narrow social construct that must be defended from

within and without in a self-perpetuating cycle of repression and neurosis.

Everything I said or did couldn't logically be wrong or unacceptable, but my idea of 'self' was not congruent with the social reality around it, consequently the range of expression was stultified. Logically I had to change. Although I've used the word 'logically' this is only after reflection and the whole process seemed anything but that. I had to let myself change - to let this false 'self' that caused so much anguish disappear - a difficult process when contradictory impulses were to preserve and defend my own narrow insecurities. I'd always thought ahead wondering how 'I', this male persona, should behave in a given situation because all I knew was I'd never felt like one - (whatever that feels like!) I could never let anyone surprise me or catch me off guard otherwise my mental 'female' closet might come tumbling open. How to exist like that? It was impossible without profound imbalance that ruined every social relationship, created endless worry and made the world a hell. I had to shift my shape to one that had one thing above all others - 'balance'.

What did balance mean? It meant initially giving things up. Giving up old forms of behaviour and patterns of thought. It felt like a weight lifting off my mind. I knew there would be consequences, social ramifications, embarrassments, problems, but what has to be will be - sigh. Emotional change, getting used to myself, admitting who I was and accepting it, meant that intellectually all my received ideas on gender, sexual preferences, role, gesture, style of dress and so on became less fixed. I could use these more freely to express the natural 'real' person/s I had always been that had been bound hand and foot by these discourses.

Gradually, but with increasing strength, just being - not trying to be, reflecting, breaking old habits, something new appeared in my life. I was at ease with myself, 'I' liked this 'self' and so other people found they could get along with me. Something that had been there all the time making me angry and frustrated manifested itself now in a positive manner. It wouldn't be denied but softly insists on its basic right to exist and act in the world, because with balance comes - harmony.

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