

# Polare Edition 12

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## Editorial

by Jasper Laybutt, Polare Editor

It is with great delight that I embark upon the dual role of editor and designer of *Polare*. I look forward to the challenge and the creativity that this will entail. Firstly, may I congratulate Craig on having brought *Polare* to the high standard that it has reached - it's no mean feat to have guided a fledgling community paper into a refined, professional publication. Thanks go also to the staff here at the Gender Centre, for the warmth and welcome they have shown me.

Naturally, with any change in editorship, the opportunity for fresh ideas and differing skills arises. Not only does *Polare* reflect my background in design, but it will also, over the months, shift toward becoming more of a resource, and in the process, will release from itself some of its former obligations.

My aim is to implement more fully a magazine format, integrating community contributions into defined areas. With this in mind, a number of columns are to be introduced, starting from this issue with "Health Report", "Quickies", "Community Noticeboard", "My View", and "My Story". The latter column, is one in which readers can relate their own transgender experiences while "My View" encourages readers to express an opinion on transgender related issues.

Outside of these columns will be the usual line-up of articles, both academic and human interest, with a greater emphasis on national and international sources. I welcome any feedback from you, and hope that you continue to enjoy *Polare*.

## Manager's Report

by Bill Robertson, Gender Centre Manager

Readers may note that *Polare* has had a significant shift in design and style. This is due to the fact that Craig, who previously held the position of resource development has resigned from this position. I would like to thank Craig for the excellent creative effort that he has given to the production of *Polare* over the past two and a half years.

So, to the new look ... Jasper Laybutt now holds the resource development position. He has many years of experience in desktop publishing. He brings his own unique style to *Polare*. The magazine will also make the subtle shift from a community magazine to a community resource.

Enjoy the reading!

## News in Brief

from the pages of Polare Number Twelve

## Feature Articles



Takarazuka is extremely popular amongst straight women, with the "male" stars ensuring the show's success.

### The Takarazuka Revue

Formed in 1914, the Takarazuka Revue is home to the phenomenally popular all-female cross-dressing school and entertainment troupe where thousands of young girls apply each year to be one of the 40 selected, ten of whom are accepted on the basis that they must become men.

### Trans, Dicks and Fannys

While many men who have sex with men (M.S.M.) also have sex with transgenders, safe-sex education strategies to reach these men have not been developed. This article highlights the social and behavioural risk factors which indicate that educating these men should be a priority.

### Switched On Wendy

The operation through which Walter Carlos became Wendy Carlos has always carried with it an element of sensationalism which has threatened to sideline her significant contribution, achievements and her 28 year career in contemporary music as a pioneer of synthesized sound.

### Realities

Joanne Charles explains that she has only recently come-out about her real self and has chosen to live her life in a more or less male role because of the loving relationship with her spouse.

### Wayne and Cheryl

*Polare Magazine* explores the relationship between Wayne, 36 years-old and has been in gaol for seventeen years, and his girlfriend Cheryl, who first went to prison in 1969 as a transsexual when very, very young and feminine looking.

### Problems in Transition

A post-operative change of mind is a situation as distressing for a disillusioned transsexual as S.R.S. is joyful for a successful transsexual. It is a puzzling and distressing situation, Ruth Farmer looks more closely at this vexing subject.

## Sex Changes Okay

**Cairo, Egypt:** Seven years after a university threw out a medical student because he had a sex-change and became a woman, Al-Azhar, the highest Sunni Islam authority in Egypt, has permitted transsexuality. "A man can undergo an operation to become a woman, and a woman can do the reverse, if a doctor deems intervention necessary to bring out signs of femininity or masculinity which are present but hidden", a new fatwa, or religious decision says. Since 1988 around 20 sex-change cases have been registered in Egypt. "Most of them involve men who become women", the Head of the Civil Status Bureau, Ibrahim Beseilla said.

## Queen Mother's Surgeon a Transsexual

One of the surgeons who performed the hip replacement on the Queen Mother in November last year has revealed that he is a transsexual. William Muirhead-Allwood said "for years I have called myself Sarah, I would rather be a woman than a man." The 49 year-old surgeon also said that both his family and medical colleagues have been understanding.

## New Zealand Recognises Transsexuals

**Wellington, New Zealand:** In March last year, New Zealand passed the amendment to the Births and Deaths Registration Act through parliament, with the new law having come into effect in September. This means that transsexuals can alter their birth certificate to the gender of choice, and to marry the opposite sex. This success has come after eleven years of lobbying to gain full recognition, however to exercise this right hinges upon having had gender reassignment surgery. According to long-time transgender activist Helen Frame, the opportunity to finally get some headway with the recognition for transgendered people came with the review of the Human Rights Commissioners Act in 1989. The then commissioner Peter Hoskin, accepted that there was discrimination against transgendered persons and gave his support to change the legislation.

## America Online Welcomes Trannies

**United States:** One of, if not the largest Internet service providers, notoriously conservative America Online finally opened the doors on the "Transgender Community Forum" - an online resource for the transgender community. This is a vast change from previous America Online policies which saw the prohibition of transgender related discussions in their "People Connection" service. The new transgender online forum includes a 48 person conference/chat room, seven file libraries, a message board and resource files. The forum was brought about chiefly through the lobbying of the "America Online Gender Group" and the "Gay and Lesbian Community Forum".

## Gender-Bending Cinema

**Sydney, Australia:** "The Dawn of Cinema" is a new program at the Museum of Contemporary Art (Sydney) which commemorates one hundred years of cinema. Curated and devised by Dr. Barret Hodshon, the program is a stunning collection of films from all over the world which provide a snapshot of the Victorian era. One of the program's themes is the way that many early film-makers attempted to come to terms with the sexual repression of that time; gender bending was a particularly popular preoccupation and is reflected in early cinema.

## Conference Highlights for F.T.M.s

**Kloster, Germany:** Hotly debated issues at the Harry Benjamin International Gender Dysphoria Association meeting in Kloster, Germany in September 1995 were whether an insensitive flap can support a prosthesis and what to wrap the prosthesis in. Dr. Hage continued the discussion of Metoidioplasty as an alternative to phalloplasty. Phalloplasty continues to be a choice between arterialized pedicle flaps and free flaps from various locations. The phalloplasty papers given reflected refinements in the microsurgical phalloplasty, and the arterialized flap procedures. There appears to be several subsets of patients now seeking phalloplasty: a) those who want a complete phallus with a full-length urethra, sensation, rigidity on demand and acceptable aesthetics - best served by a free surgical flap, b) those who want phallic length only - best served by a staged arterialized groin/abdominal flap, and c) those who are focused on preserving the external female genitalia and converting it to the male counterpart - metoidioplasty. Endocrinologically - exogenous testosterone in the female-to-male transsexual has an unfavourable effect on H.D.L. and H.D.L.2 cholesterol levels and a hazardous accumulation of visceral fat. In other words there is a shift to the male cardiovascular risk pattern.

## Hell for Trannies in Former Soviet Union

**Minsk, Belarus:** In Byelorussia, part of the former Soviet Union, any man who dresses in women's clothes is regarded as a homosexual, which is still illegal, although gays are no longer imprisoned. An added problem under the current regime (also under communism), is the legal obligation to have and carry an internal passport. This makes the pre-operative living test, or just living the opposite gender, very difficult. In Russia there is now no relevant (transsexual) law or any immediate prospect of any, so surgeons are reluctant to operate. In the Ukraine, the situation is better but sex reassignment surgery has been classified as cosmetic and must be paid for. Hyperinflation is the biggest enemy there. In dollar terms, the operation at \$800 is very cheap, until you remember that this is 120 million karbovantsy, and the average wage is about two million per month. Hormones apart from ordinary contraceptive pills are

## Trapped in the Wrong Sex

As a young boy Keven Morrow cried himself to sleep each night. For trapped within Keven's slowly maturing male body was the psyche of a girl weeping for a life she couldn't have. Now, more than 30 years later, Keven has achieved what he once thought was impossible.

## Osteoporosis

Osteoporosis is a bone mass loss caused by a hormone shortage. F.T.M. a most at risk are those transsexuals who commenced oral therapy, rather than beginning with intramuscular forms of therapy.

rarely available and expensive. There is no organised self-help network and doctors and psychiatrists are reluctant to help. At present, the only sources of information are from abroad or semi-pornographic magazines.

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# The Takarazuka Revue

## Japanese All-Female Musical Theatre Troupe

by Sally Brown & Kimberly O'Sullivan

Article appeared in Polare magazine: April 1996 Last Update: October 2013 Last Reviewed: September 2015



A Musumeyaku is flanked by two Otokoyaku, circa 1935.

**T**akarazuka is in an ancient Japanese town, situated five hours from Tokyo. It's also home to one of the world's most unusual all-female schools and entertainment troupes. Takarazuka was formed in 1914 by Ichizo Kobayashi, a railway company director who built a theatre at the end of his railway line to boost passenger sales. He predicted that the public would flock to Western-style musicals instead of classical Japanese drama, and in view of this, he installed the country's first women-only troupe which would provide a contrast to the traditional all-male Kabuki theatre.

***... they must adopt a male name, wear male clothes on and off stage, shield any personal relationships with men from the public and not marry.***

What he didn't predict, was the phenomenal attraction that the Japanese audience would have to the show's cross-dressing women, or "men". Ironically, this innovative troupe is owned and handled by an all-male, grey suited, conservative management.

There are over 400 members of the Takarazuka Revue divided into four troupes, each with a quintessential Japanese name: Flower Troupe, Moon Troupe, Snow Troupe, and Star Troupe. The women who populate these troupes dress and behave as either men or

women, and through rigorous training, learn the manners and deportment of their allotted gender, almost to the point of parody; Thousands apply to the school every year, and in return, the chosen girls, aged between sixteen and eighteen, must live a highly disciplined and monastic life for two years. Of the forty successful girls, ten are accepted on the basis that they must become men.

The School's motto is, "Be Pure, Righteous and Beautiful", yet despite this lofty ideal, school life is harsh, with a strong hierarchy in place amongst the students. A small insight into their daily life is that all first year students must arrive at school at 7:00am, dressed in grey skirts and starched white shirts to pick up dust from the skirting boards with tiny paintbrushes.

For a select number of the hand-picked students, the school can lead to incredible fame and status. Women buy tickets months in advance to watch the touring troupe of sequin-clad singers and dancers perform heart-rending versions of Western love-songs. Takarazuka is extremely popular amongst straight women, with the "male" stars ensuring the show's success. These men receive an extraordinary amount of attention from their fans, with theatres consistently packed with devoutly adoring women, who loudly swoon when their "male" favourites appear on stage. Many fans willingly wait for hours after the shows just to catch a glimpse of these performers.

These stars are popular because of, not despite of, the fact that they are women. Although they dress in tuxedos and wear their short hair slicked back, they all wear heavy make-up, ensuring no-one would mistake them for men. Yet, they are popular because they are the opposite of Japanese men. "In real life, men are kind when they are courting but change when they marry you," explains a Takarazuka fan, "but the men on stage are endlessly kind to their women." Says another, "Women act the male roles, so they can create the ideal man that women want. They don't have the bad sides of men." For Takarazuka, the most important thing in their life is their partner, wife or lover. This is an appealing contrast to the bulk of Japanese men who are married to their work and company!

The Takarazuka "male" stars must live the illusion of being men. For the duration of their career, which usually lasts till their mid-twenties, they must adopt a male name, wear male clothes on and off stage, shield any personal relationships with men from the public and not marry. Those who do form relationships with men must be discreet - boyfriends are discouraged. Being chosen as a "male" lead in the troupe is a less than democratic decision. There is considerable pressure for students who are over five foot five and have a flat forehead or cheekbones, to adopt the male role. Those who become men are taught to dance seductively with their leading ladies, and to adhere to a highly sexualized and Westernized mode of performance.



Yet for all the glamour, devotion, and fame the Takarazuka men enjoy, life is draining and restrictive. The constant attention from fans is exhausting, and Mira Anju, a current "male" star, rarely leaves her flat on her days off because she is followed everywhere by crowds of young women, politely, but insistently asking for autographs. She carves her way through sack loads of mail each week "company rules dictate that every letter must be answered - and every day is greeted by fans who press gifts of food, clothes and mascots into her hands.

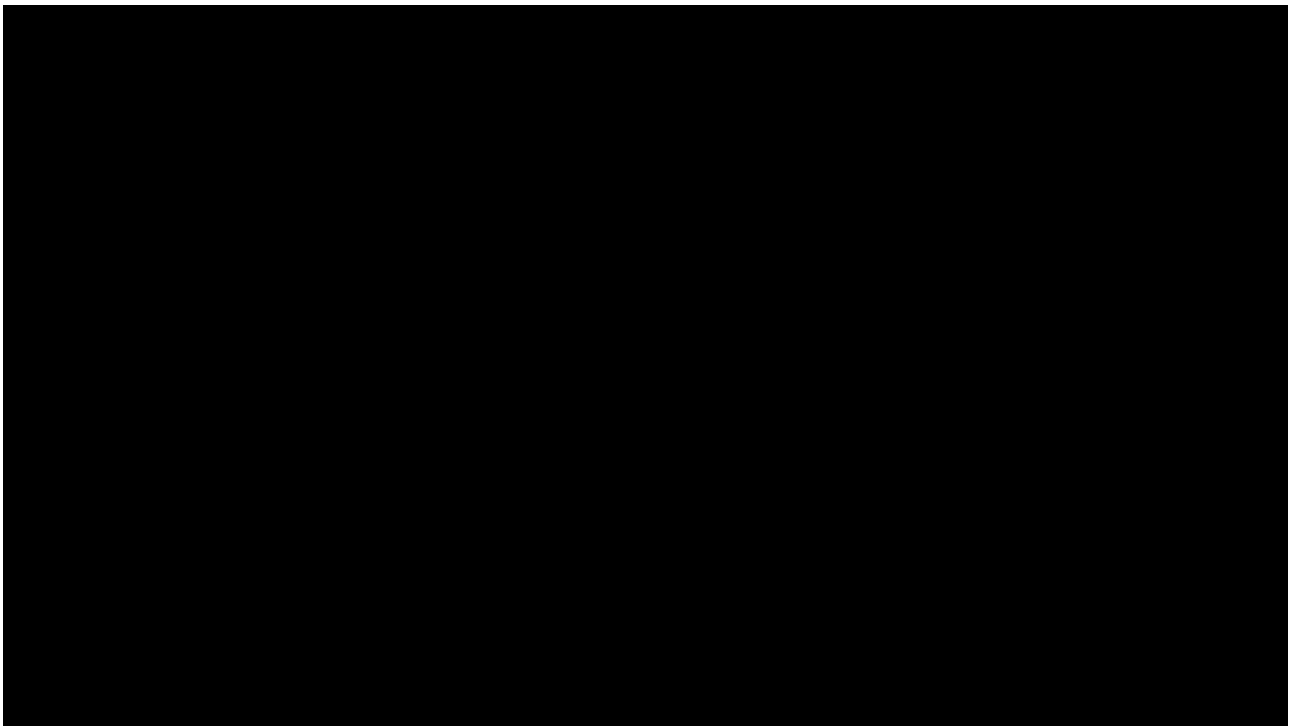
As the members of the Takarazuka Revue reach twenty-five, many of the women are pressured by their parents to leave and get married. Though Japanese society is changing, it is still almost unheard of for a woman to be single after this age. Paradoxically, the Takarazuka men are thought to make "good wives", because of the discipline and endurance that is involved in the Takarazuka training! After their retirement, the Revue players usually marry and take their place in Japanese society, with its inflexible adherence to traditional gender roles. How these women, particularly the "male" stars, survive is not known.

What is evident though, is that the Takarazuka Revue is the fastest growing show in popularity in Japan at the moment, and there is no sign of this slowing down. Though the performances, sets and costumes, with their Las Vegas mimicry, may seem garish to many Western eyes, Takarazuka is sweeping tens of thousands of Japanese women off their feet. The men of this troupe are shown idolatry only equalled by Western rock and pop acts.

in 1994, the Takarazuka School and Revue were the subject of a British documentary called *Dream Girls*.

## Takarazuka Review


**Edited from Wikipedia:**  The Takarazuka Revue is a Japanese all-female musical theatre troupe based in Takarazuka, Japan. Women play all roles in lavish, Broadway-style productions of Western-style musicals, and sometimes stories adapted from shojo manga and Japanese folktales. The troupe takes its name from the Hankyu Takarazuka rail line in suburban Osaka. The company is a division of the Hankyu Railway company; all members of the troupe are employed by the company. For further information about the Takarazuka Review, [please visit the Takarazuka Review website](#) .




This video is courtesy Women Make Movies and You Tube

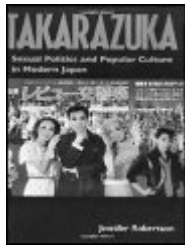


**A History of the Takarazuka Revue Since 1914: Modernity, Girls' Culture, Japan Pop**  
Author: Makiko Yamanashi  
Publisher: Global Oriental/Brill (2012)  
I.S.B.N.-13 978 9004203860

**From Fishpond Books**  Makiko Yamanashi holds a degree in art history and philosophy from U.C.L. She belongs to the Opera/Musical Study Group at the Tsubouchi Theatre Memorial Museum, Waseda University, and also works as a coordinator of cultural events in Japan and Europe. In Takarazuka City, she acts as a member of the Takarazuka Film Festival Committee and the Takarazuka International Friendship Association.

**Takarazuka: Sexual Politics and Popular Culture in Modern Japan**  
Author: Jennifer Robertson  
Publisher: University of California Press (1998)  
I.S.B.N.-13 978 0520211513

**From Amazon Books**  The all-female Takarazuka Revue is world-famous today for its rococo musical productions, including gender-bending love stories, torridly romantic liaisons in foreign settings, and fanatically devoted fans. But that is only a small part of its complicated and complicit



performance history. In this sophisticated and historically grounded analysis, anthropologist Jennifer Robertson draws from over a decade of fieldwork and archival research to explore how the Revue illuminates discourses of sexual politics, nationalism, imperialism, and popular culture in twentieth-century Japan. The Revue was founded in 1914 as a novel counterpart to the all-male Kabuki theatre. Tracing the contradictory meanings of Takarazuka productions over time, with special attention to the World War II period, Robertson illuminates the intricate web of relationships among managers, directors, actors, fans, and social critics, whose clashes and compromises textured the theatre and the wider society in colourful and complex ways. Using Takarazuka as a key to understanding the "logic" of everyday life in Japan and placing the Revue squarely in its own social, historical, and cultural context, she challenges both the stereotypes of "the Japanese" and the Eurocentric notions of gender performance and sexuality.

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# Trannys, Dicks and Fannys

## Men who have Sex with both Men and Transgenders

by Jo Alley

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A range of societal factors may place some transgenders at a disadvantage when trying to negotiate safe sex.

**W**hile many men who have sex with men (M.S.M.) also have sex with transgenders, education strategies to reach these men and to raise the issue of safe sex with transgenders, have not been developed in Sydney.

This is surprising as both M.S.M. and transgenders are recognised as important groups in terms of H.I.V./AIDS education and as seroprevalence amongst both sub-populations is high compared to the Australian population as a whole. This article highlights the social and behavioural risk factors which indicate that educating M.S.M. about safe sex with transgenders should be a priority. M.S.M. research generally should include relevant questions about sex with transgenders.

*The targeting of trannys must be accompanied by targeting of trannys' partners, most of whom are M.S.M.*

### Transgenders and Safe Sex

Perkins *et al.* (1994a page 20) give their largest estimate of the number of transgenders living in New South Wales, as 2500, with a high proportion living in Sydney.

As at 30th June 1995, twenty transsexuals were recorded as having been diagnosed as H.I.V. positive in Australia (National Centre in H.I.V. Epidemiology and Clinical Research, October 1995) The Gender Centre had eighteen H.I.V. positive transgenders recorded to their files for 1993 - If the Gender Centre figures and the largest estimate for transgenders

living in N.S.W. are used, a seroprevalence of 0.7 percent of transgenders can be estimated. This is nine times the percentage for the Australian population (Perkins *et al.* 1994a. page 65).

There has been only one major Australian study examining safe sex/needle use issues for transgenders. Of the 113 sexually active transgenders surveyed by Perkins *et al.* (1994b page 20), 41.6 percent indicated that they always used condoms for non-sex work relationships, while 27.4 percent never used condoms for non-sex work relationships. 30 percent (44) of the transgenders indicated that they were injecting drug users. However, only three had shared needles in the last six months.

Sex work had been practised by 45 percent of the 146 transgenders surveyed by Perkins *et al.* (1994a page 34 & page 37). Only three-quarters of the 66 transgender sex workers used condoms "always". Almost 5 percent of those engaged in sex work reported rarely or never using condoms. There is an enormous reliance on street work amongst transgender workers, which poses particular pressures in relation to H.I.V./AIDS.

A range of societal factors may place some transgenders at a disadvantage when trying to negotiate safe sex. Almost all sections of society, discriminate against transgenders. One third of the 146 transgenders surveyed by Perkins *et al.* (1994 page 58) reported discrimination by government employees, 40 percent reported discrimination by gays, 39.7 percent reported discrimination by their own families and 34.2 percent reported discrimination by police. According to Perkins *et al.* (1994b page 18) there is a high incidence of unemployment, drug abuse, involvement in sex work, and suicide amongst transgenders, although considerable numbers of transgenders do not fit this description, many do face considerable pressures.

Traditionally transgenders have not been in a strong negotiating position because of loneliness and a need for acceptance and affection. According to Perkins *et al.* (1994b page 20), "Since finding and keeping a lover is so rare amongst transgenders, he or she who is fortunate enough to acquire a regular sex partner will do almost anything to maintain the relationship". Having high numbers of sex partners for some transgenders may be related to the need for validation in terms of "passing" and desirability. Sexual partners for many transgenders include heterosexual and bisexual members of male groups out on the town for the night, gay men, M.S.M. who are not open about their sexual activities with men, other transgenders and lesbians.

### Sex between M.S.M. and Transgenders

A research project conducted across Sydney, Wollongong and Bathurst/Orange suggests that a significant number of M.S.M. have had sex with transgenders. During the past year, 12 percent (82) of 682 responders to Bangar (Hood *et al.* 1994 page 72) had sex with women, transgenders and men. 1.7 percent (12/682) had sex with transgenders and men. Small numbers of Middle-Eastern men and

Southern-European men reported having sex with transgenders.

A substantial number of M.S.M. responding to the Bangar study (Hood et alii 1994 page 38) reported having unsafe sex with their transgender partners. 10.3 percent (73/698) indicated that they had had unprotected anal or vaginal intercourse the last time they had had sex with a male, the last time they had sex with a female and also the last time they had sex with a transgender partner.

## Research

More specific research conducted with transgenders currently being undertaken by the Central Sydney Area Health Service Transgender Project, will provide valuable information about the social and sexual relations of transgenders within a context of discrimination and marginalisation. However, research should also be conducted with gay identified and non-gay identified M.S.M., about the meanings they attach to sex and relationships to transgenders.

M.S.M. research generally does not consider men who have sex with men who also have transgender issues. Yet over half of the 146 respondents to the study by Perkins et al. (1994a page 29) identified as homosexual, gay or bisexual, prior to gender changes. 88.4 percent (129) of the 146 respondents were born into the male gender.

Cross-cultural studies of men engaging in sex with men may also defy the conceptualization of M.S.M. and transgenders as completely separate groups. Anglo definitions of "transgender" are challenged. For example, in a study conducted in Northern Thailand, Jan W. de Lind van Wijngaarden (1995), outlines twenty-nine concepts/terms that are used to describe men who have sex with men in accordance with varying masculine/feminine traits, desire to change gender, sexual practices and roles.

Other research conducted in Vietnam has found that as some homosexually involved adolescent males move into adulthood, and become aware of their homosexuality and the societal belief that equates it with feminine behaviour; they then restrict their sexual pleasures to the passive role of fellating "masculine" men. Some of these young men move on to full cross-gender behaviour and present themselves in public as women (Carrier et al. 1992 page 547). The impact of these types of social roles on Australian Vietnamese men is currently being studied (McMahon 1996).

## Future Directions

In September 1995, a workshop was conducted by The Gender Centre about transgender issues for M.S.M. workers. This was an attempt to familiarize M.S.M. workers with transgender issues, enabling M.S.M. workers to begin to address issues for men who have sex both with men and transgenders.

The workshop was attended by staff from South Eastern Area Health Service, A.C.O.N. Western Sydney, A.C.O.N. Hunter and Hunter Area Health Service. The first five recommendations below were formulated by the workshop participants and facilitators:

1. Education strategies for M.S.M. about sex/relationships with transgenders should be included in the ACON M.S.M. strategic plan.
2. A working group involving SWOP, M.S.M. workers, The Gender Centre and ACON venues project should be formed to address M.S.M./transgender issues.
3. Where M.S.M. information and support telephone lines are available, advertisements should be placed in local newspapers targeting men who have sex with men and transgenders.
4. Sex with transgenders should be incorporated into some M.S.M. literature.
5. The possibility of training transgenders as "barefoot" educators of M.S.M., should be explored.
6. M.S.M. research (particularly metropolitan-based research targeting gay-identified men or non-gay identified men) should generally include relevant questions about sex with transgenders.
7. There is a need for quality social research which examines different conceptualizations of what the Western world defines as "transgender".

Workshop participants responded with enthusiasm to the issues raised and were interested in incorporating the issues in their work with M.S.M. It is hoped that this will lead to specific initiatives and resources targeting men who have sex with both men and transgenders. As Jill Hooley, from the Transgender Project notes, "There is a need to target M.S.M. The targeting of trannys must be accompanied by targeting of trannys' partners, most of whom are M.S.M."

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## Switched on Wendy

### Significant Contribution, Achievements and a Career in Contemporary Music as a Pioneer of Synthesized Sound

by Daniel Rue, Music Technology, June 1993

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Though not exactly obscuring the achievements of a twenty-eight-year career as a pioneer of synthesized sound, the operation through which Walter Carlos changed gender and became Wendy Carlos has always carried with it that element of sensationalism which has threatened to sideline her contribution to contemporary music. And that contribution has been considerable.



Wendy Carlos

**T**hough latterly regarded as something of a novelty album, the impact of *Switched On Bach* on an unsuspecting world back in 1968 cannot be overstated. Simply put: for many of the millions of people that heard it, it was the first use of pure, electronic sound as a credible means of producing music.

*You have to be a little obsessive, and a little bit aware of things as a left-hemisphere person.*

It couldn't have happened at a more opportune moment. Electronic music was, seemingly, still held in the stranglehold of the experimentalists Stockhausen, Cage, Berio et al. whose apparent rejection of anything that could be considered to have "entertainment value" had effectively restricted its appreciation to a small group somewhere at the margins of the avant-garde. Unlike many of her contemporaries working with electronic sound, Carlos apparently had no desire to "re-invent" music through new forms of notation, the introduction of random elements, or the reliance on chance, and was content to simply re-adjust our perception of what could be achieved through the processing of sound from electronic sources.

The release of *Switched On Bach* dovetailed perfectly with (indeed, was prompted by) the development of the music synthesizer - in this case the Moog - and in many ways acted as


the catalyst for the interest which was starting to surround this new and exciting departure in instrument technology. The choice of Bach concertos as the album's musical source was equally inspired. It carried with it the respectability that could only come from music written by one of the world's greatest composers, yet didn't place undue expressive and dynamic demands on an instrument still at a relatively early stage in its development.

Classically trained in music at Brown University and physics at Columbia, Carlos went on to become the first person to use vocoders - in the film score for Stanley Kubrick's *A Clockwork Orange* - and predated "new age" music by more than a decade with environmental/ambient compositions like *Sonic Seasonings*. After writing scores for Kubrick's *The Shining* and Disney's *Tron*, Carlos successfully replicated an entire philharmonic orchestra, using additive F.M. synthesis, on 1984's *Digital Moonscape*. And the ground-breaking continued with the album *Beauty In the Beast*, an exploration into alternative scales and tunings based on the music of Bali, India, Bulgaria, Africa and Tibet.

Carlos' most recent work is *Switched On Bach 2000*, a reworking of the compositions included in her original 1968 recording using current techniques and computer sequencing, digital recording and editing, and digital synthesis.

As Carlos says of her work, "It's a question of personal integrity. You have to be a little obsessive, and a little bit aware of things as a left-hemisphere person. You have to know what you're doing. But after that's all done, you put the driver in charge as being your soul, your emotion, your gut, your intuition".

### 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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## Realities

### Joanne's Recent 'Coming-Out'

by Joanne Charles

Article appeared in Polare magazine: April 1996 Last Update: October 2013 Last Reviewed: September 2015

**A**lready, I hear the cries of some friends who are so driven that they see no choices available in their life, while others will think me very naive not to have realised this sooner. Perhaps I have been so caught up in trying to deal with an issue long denied that I have been unable to see the reality associated with it.

Comments by two writers in recent issues of *Polare* highlight the different ways of dealing with gender dysphoria and the choices this entails. In her article on T.A.G.s perspective on "Surgically Acquired Legal Privileges" (*Polare 10*), Ricki Carne makes the personal comment that "... there is nothing about me which is male, save my chromosomes and nothing about me that is not female, save again for those microscopic chromosomes ..." In another article, "The Middle Way" (*Polare 11*), Geselle Galadriel makes several comments which portray a totally different reality.

***For those of us who have been brought up in a nominally Christian environment, it is trauma enough just confronting the fact of being different ...***

From the moment we start to deal with the issue of gender dysphoria at a personal level, we are confronted with an enormous range of (often conflicting) opinions, and therefore choices, from both the medical profession and others within the transgender community. For those of us who have been brought up in a nominally Christian environment, it is trauma enough just confronting the fact of being different to others of our apparent gender somehow it just does not seem right. Reading on the subject of transsexuality can bring one to the conclusion that the only thing to do is to (physically) change - to become the gender that we know ourselves to be.

But is this really the answer?

I have friends who are post-op and others who are happy so long as they can pass as females in society, and yet another friend sees gender as a role we play and has no difficulty portraying either. Born a male, she has twice been on hormone treatment and lived as a female, and twice gone back to being a male. She refers to herself as belonging to the "third sex", and for her, it is no more than a lifestyle choice. This then, is her reality.

But what of the rest of us?

Hormone treatment and surgery may change our bodies to a certain extent, and we may live as, and pass for, the gender which we choose to be, but the frustrating reality is that, in our own heart, we know that we are unable to fully function as that gender of choice (whether M.T.F. or F.T.M.). As Geselle says, "To Start your puberty and know that you can never complete it is close to a nightmare for me. To be taken almost to womanhood only to be dumped out of reach is frustrating beyond endurance ... my female need can never be met".

For me, as for any M.T.F., no amount of treatment or surgery can enable me to bear a child as a woman does and therefore I must forever feel incomplete. I must forever bear the burden of the gap between my spiritual and emotional self and the body that houses them. I may create the form of my real self but can never have the function. Germaine Greer may accord April Ashley acceptance as, "our sister and our symbol" (*The Female Eunuch* page 63), but this is only a hollow acceptance of the ultimate female eunuch unable to function as a real woman (is it any wonder that so many of us are so often filled with despair?). Nevertheless, the choice of how we deal with this situation is both personal and individual for each one of us.

It was with great relief that I came across the writings of Kate Bornstein who, to me, was the first to propound the transgender idea that we can be both genders but neither. Acceptance of the duality of our circumstance, of being both male and female but neither easier as an intellectual concept than as a daily reality, even though it is in fact the truth and the only path to sanity. Notwithstanding the outside pressures of society, within this concept there is an endless range of options, and therefore choices, where we may find a reality which will enable each of us to cope with our transgender life (use of the word transsexual, for me, always carried the connotation of the need for a sex-change).

I have only recently come-out about my real-self and have chosen to live my life in a more or less male role because of the loving relationship with my spouse, but this does not prevent me longing to be the woman that I am, even though I know that I can never be her. Rationalizing my situation, by telling myself that no matter how far I travel down the path to feminisation, I must eventually come to a point where I can go no further, makes life bearable but does not take away the longing. However, the choice of how I will live is mine, just as it is for each one of us. Doctors, Psychiatrists, friends, and lovers may advise, prescribe, direct but the choice, and therefore the responsibility, is individual and may for each of us.

Obviously, for Vicki and others like her, verisimilitude is reality and I am happy that they find peace there, but for me, like Geselle, there is only the middle way and a constant battle to find the balance that Linda has written about (*Polare 10*)

Ultimately, the important thing for each of us is to realise that it is okay to choose a different reality to others in the transgender community as long as it works for us. It is, after all, our lifestyle choice.

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# Wayne and Cheryl

## Maintaining their Relationship in Prison

by Wayne & Cheryl

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I'm very happy. I love [Wayne] very much.

**Polare Magazine:** How has prison changed since your time inside?

**Wayne:** I'm thirty-six years old and have been in gaol for seventeen years all up with ten years in child

welfare institutions before that. Prison was better back then because it was like a family. Crims were crims and they stood all together like they were brothers. If a crim had something that another crim didn't and he didn't need it he would give it. He wouldn't sell it or hire it he'd give it.

The attitude back then was one of solidarity that the inmates should stand united and rake their aggression out on the screws or the system instead of each other. And the officers were the same. It was us against them and them

against us. Now it's them against them and us against us.

**Cheryl:** I first came to prison in 1969 as a transsexual. I was very, very young and feminine looking. The difference in the system back then was that transsexuals were looked up to like goddesses. They were treated like the queen of England. Usually the so called heavies used to "sign on" with them - have a relationship with them and look after them.

And it wasn't usually stand over tactics. But that did happen sometimes. I was very lucky it only happened to me once. For the first twelve months he looked after me like there was no tomorrow. But in the end he was a "bad drunk" and got very, very violent. He physically assaulted me many times. I've still got the scars.

Finally after sixteen to seventeen months, I got myself dasso'd out of the gaol. For me to tell the authorities I would have been a dog and branded for life in gaol. That was really the only bad relationship I've had. I'd have the occasional slap in the mouth for being cheeky or being smart to guys but on the whole that was the only one that really hurt me. I've been really lucky.

Generally though, it was better back then. Transsexuals get a much harder time from the new breed of inmate who have come into the system. You'd get abuse - they'd scream when you'd walk past the yards. You'd never see that in the old days because someone would have punched and belted them all around the yard.

**Polare Magazine:** Why do you think the changes have taken place?

**Wayne:** Most obviously because of the drug users in prison. Now 75 to 80 percent of the guys in gaol are in for drug related offences. They are not real criminals and they should not be in gaol. They haven't committed any crime other than to support their drug habit.

But it's also about the oldest trick in the book - divide and conquer. Get us fighting amongst ourselves and we're leaving them alone. So an officer will approach one of the more well known inmates and say "be careful of that guy over there he's an informer or he's a child molester." There was also solidarity back then because it was all we had. You had a bible in your cell and that was it. If there was an issue that needed to be fought then nobody had anything to lose by fighting for it. We were all brothers - sure there were times when you fought and even times when you punched-on with one of your brothers but that happens outside too. I've punched-on with my real brothers outside many times.

**Polare Magazine:** On sexual assault, rock-spiders and psychiatrists ("trick-cyclists")

**Wayne:** I think that you'd find that the number of men in prison who've been sexually assaulted as children is a lot higher than you would ever imagine. Especially those that have come from boys' homes. It's a dark kept secret. I think it's why people hate rock-spiders so much, but it's not just that. I think the hatred that is caused by being molested in boys' homes is the hatred that makes people commit crimes against society. Especially when welfare took the kid that was being molested and put him in an institution where they were abused again.

The issue should definitely be talked about. I don't think it will be though. The first thing you'd need are people who really want to work with inmates who have that problem and they need to remain working with the inmate until the problem is resolved and the inmate no

longer needs to talk about it.

I've had psychiatric treatment since I was seven years old. Now I very rarely talk to a psychiatrist or psychologist because many, many times I've started to address issues only to get half way through before that person has gone for another job, gone to another gaol or I've gone to another gaol. I'm sick and tired of trying anymore. I think maybe groups could work though if they got support.

There's not nearly so much sexual assault in prison anymore although it still happens. AIDS has stopped all that and also gaol is different. There are more ways to let out your frustrations and more things to do.

**Cheryl:** I was raped prior to meeting Wayne. If I'd reported it I would have been a dog, the stigma sticks, and your name is no good in gaol. You've got to keep all the feelings locked inside and deal with them the best way you can. Rape isn't so common for transsexuals though. It's more common for boys. I don't know why that is. Maybe because they see boys as an easier mark. Most transsexuals have a bit of heart. They stand up for themselves and they would fight.

**Polare Magazine:** How did you meet?

**Wayne:** I first met Cheryl shortly after she had discovered that she was H.I.V. positive. She was very concerned about other people's reactions in the prison as she feared they would see a transsexual with H.I.V. and think that she must be spreading it around the gaol.

**Cheryl:** I caught the virus purposely. I was in a very depressed state of mind. I'm not the suicidal type but I'd lost hope. I thought "at least if I get infected it's a way out". The people I slept with were positive. They thought I was too. At the time I weighed 38 kilos - I was suffering from anorexia nervosa. I looked like someone out of a concentration camp. Everyone thought I had AIDS so it was easy to get someone to sleep with me.

**Wayne:** I then got the results of a blood test to show that I was also H.I.V. positive. That brought us closer together. Instead of me giving her the support she needed it was her giving me the support that I needed.

It wasn't long after that that we went two-out and we've been two-out ever since. We don't have a sexual relationship contrary to what most people think - they think that we must be in the cell having sex all the time. We don't. Not because we don't want to. It's mainly because of concern for each other's health. Just because we're both positive doesn't mean we can just go ahead and have unsafe sex, we can't otherwise we infect each other with each other's strain of the virus - we'd overdose ourselves with the virus for want of a better phrase!

**Polare Magazine:** The Relationship

**Cheryl:** If I had met Wayne before all this I would never have been in this situation. I'd still be negative. I'm not sad about it though I'm very happy. I love him very much.

**Wayne:** It's very hard trying to maintain a close relationship in prison. There's always the concern that you're going to be separated, that she'll be sent to one gaol and me another. We have been extremely lucky, in so far as we've had a lot of support from some of the professional staff and some of the executive staff to allow us to remain together at this stage.

A lot of people respect us for our honesty both about our relationship and about our H.I.V. status but some people resent us. Some people think that you lose your right to have a relationship when you come to prison. That's not right. To come to prison is the punishment. You're not meant to undergo further punishment inside.

**Polare Magazine:** What's it like being in a relationship with a transsexual?

**Wayne:** If someone had said to me four years ago that I was going to fall in love with a transsexual I would have punched them straight between the eyes! Now I have to sit here and say that it is without doubt the best thing that has ever happened to me in my life. Being with Cheryl has opened my eyes to so many things. All my life I've had it drummed into me that you've got to be a man, and do this to be a man and if you don't then you're a sissy or whatever. Some people would say that I'm gay because of this relationship. And I guess there was a time when the relationship first started when I was thinking "Shit am I gay? I must be gay". But I don't think I am. I regard Cheryl as a woman. Cheryl's been a transsexual all of her life. Other transsexuals that I know have only been women for the last three years of their life. I can't regard them as a woman in the same light that I regard Cheryl.

What makes a man? And what makes a woman? We think that if you're born with a penis that you're a man, a vagina and you're a woman. I guess being with Cheryl has taught me that that is a load of crap. What's inside a person is what makes them a woman or a man.

She was born a woman with a penis. There are people born with both a vagina and a penis - what do you call them? And my attitudes to homosexuality have changed as well. If they proved to me that I definitely was gay because of this relationship then I still don't care. I'm happy in this relationship. Why should I worry about whether it's a gay relationship or a heterosexual relationship?

All I know is that I was looking at fourteen years in prison with absolutely nothing to look forward to, with no desire to wake up the next day. Now, and over the last three years that we've been together I've been very, very happy. I do look forward to tomorrow and the next day.

**Polare Magazine:** Being a transsexual in a men's prison

**Cheryl:** Of course if I wasn't in a relationship with Wayne I'd want to be in a female prison - no hesitations at all. The only reason I haven't had the surgery is because I've been in prison. Now though, because I'm H.I.V. positive, even if I were outside they probably

wouldn't operate on me.

There's a lot of discrimination against transsexuals in here. If you've got bras or female clothes in your property it is very hard to get them out. They give you women's hormones so you act, feel, talk and get sexually aroused totally like a female and yet they want you to wear male attire and refuse to give you things like bras. You need bras to help the bust line grow. And to wear male underwear for a transsexual is a big thing. It takes away your identity. It's degrading.

**Wayne:** If people knew what transsexuals had to go through - discrimination from everyone including often their friends and families - then they'd have a hell of a lot of respect for them.

**Polare Magazine:** On death and dying

**Cheryl:** I know my time is very limited. I've been given eighteen months to two years to live but I'll outlive that, doctors are always wrong. I'm happy and that's all that's important. I don't think if a cure were found tomorrow that Wayne and I would take it.

**Wayne:** I am doing a fourteen year sentence with AIDS. I don't for one minute expect to live the fourteen years to one day get out. I have no desire to even try if I'm going to do it by myself. If Cheryl and I were to split, we'd both give up. Recently Cheryl was released. I was shattered and was sent to hospital. I gave up although I wanted her to go out and have some good quality time outside. She gave up too and came back after seven days.

The biggest fear I've had all my life is to not be useful in some way or another. And that fear hits home harder now than ever before. I really fear dementia, not being able to care for myself when I'm no longer of any use to anyone. Death? I welcome it. I've never been scared of it. I motivate myself to fight for Cheryl's benefit. While ever we're together we're getting some beautiful things out of life that I've never had before.

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# Problems in Transition

## Reasons for Failure

by Ruth Farmer

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**A** most distressing situation that arises in gender dysphorics is the problem of the male-to-female transsexual who has had sex reassignment surgery and then comes bitterly to resent it afterwards.

*The most obvious explanation might be that the candidate does not fit society's expectation of femininity.*

It is a puzzling and distressing situation, particularly when the person has in fact lived successfully in the chosen gender role for some time and should surely have a good idea of what they are planning to undertake. For a few, the difficulty arises because of health reasons, but for most dissatisfied transsexuals, this has not been the reason for their change of heart. I want to look more closely at this vexing subject.

A post-operative change of mind is a situation as distressing for a disillusioned transsexual as S.R.S. is joyful for a successful transsexual. This problem has plagued gender dysphoria teams and some transsexuals, for a long time. I have various ideas on why this happens.

The most obvious explanation might be that the candidate does not fit society's expectation of femininity. This is gender stereotyping, and at the extreme, can cause suicide when a post-operative transsexual fails to "pass" adequately as a woman. Gender stereotyping is said to be a criterion beloved of the gender dysphoria teams, yet it cannot be the only explanation, because I myself pass only indifferently (e.g. occasionally), but I am very happy with my life as a woman.

Another idea about the failures is that some pre-operative transsexuals mix mainly with other transsexuals, and get so much support from them that she thinks that she is quite okay as a woman - but she is not. When she has the S.R.S. and goes out into the real world, she finds that she cannot "pass" and so becomes unstuck. It is an interesting idea, but there are M.T.F. transsexuals who live quite successfully as women for the necessary two (or more) years required by the Standards of Care, but who still come to grief after the S.R.S.

Then there is the Irreversibility Syndrome. This proposes that the problem is not necessarily the S.R.S. itself, but the fact that it is so awfully permanent. It's done, you can't go back, and this is it. When that permanence hits the candidate, she has problems. One way to test this prior to S.R.S., would be for the candidate to undergo some relatively minor feminisation surgery (and there are several), which is irreversible, but not catastrophically so, e.g. breast implants. If the transsexual is "real", she will weather that storm and the final S.R.S. will only be a detail.

Only a detail? Yes. Something like that, which can change your whole life? Yes! The S.R.S. does not change one into a woman; it only makes it easier to swim, wear slacks in fashion, or wear slinky dresses. Pre-operative, one finds out whether or not one is a woman, a "true" transsexual is a woman from birth, despite the unfortunate mistake on your birth certificate made by the delivering doctor. If so, then the operation only ratifies that state. Believe me, it changes very little, and nothing at all in your basic attitudes. If you have not sorted out your psychology before the operation, you are in trouble. That is why the Standards of Care insist that a candidate must be reasonably psychologically healthy.

The fourth theory is just that the trouble occurs because the prospective candidate is not really convinced that the real transition occurs in your head, not in your groin. Without that conviction, the S.R.S. invites catastrophe. With the conviction, the S.R.S. is only a convenience for fashion, and of course, female sex.

I have read that the "success rate" of S.R.S. is now said to be some 70 percent. What about the people who make a bad transition? I have a deep sympathy for them. It is no use to point a finger of blame. It is only very wise to ensure that if you are contemplating the S.R.S., that you live at least for two years in the gender of your choice, and that you do not depend at all on other transsexuals. You will learn faster if you take the plunge into the "real" world outside of the transgender community. After all, that is where you want to spend the rest of your life.

If, after two years or more, you find that you are not really cut out for transsexuality, you have two choices: you can go back to being a man, or you can go on to be a permanent pre-operative transsexual, that is, without the S.R.S. The former choice might be distressing,



but it would be much less distressing than realising you had made a mistake - after they peeled you off the operating table. Permanent pre-operative status would be for those who could not stand the possibility of going back, but who were distressed or incapable of going on. This is not such a bad choice, actually. Womanhood is largely in the mind. As I have said, the S.R.S. only makes things easier.

To be a woman is only to be a slightly different shaped human being. Your ability to enjoy life does not depend on it. That comes from inside, and without it, life is not worth living " as a man, or as a woman!

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# Trapped in the Wrong Sex

## Weeping For a Life She Couldn't Have

by Rory Young

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**A**s a young boy Kevin Morrow cried himself to sleep each night. Locked inside his tiny frame was a secret he kept hidden from everyone, even his mother. For trapped within Kevin's slowly maturing male body was the psyche of a girl weeping for a life she couldn't have.

*The thought of being alone is far less daunting than not being who I want to be!"*

Now, more than thirty years later, Kevin has achieved what he once thought was impossible - he has become a woman.

The little boy who was Kevin grew to manhood, fathered a son, even became a Rugby League referee. But earlier this year he disappeared under a surgeons knife to be replaced by Christine, a woman so relieved to find her true-self that she has trouble holding back the tears. But this time they are tears of happiness.

"Ever since I can remember I had a terrible battle going on inside my body," Chrissy, forty-one, says. "Inside I knew I should have been a girl - but on the outside I was a boy. Unless someone has experienced these feelings, there are hardly enough words to convey how bitter and how confused you can become."

During his painful adolescence, Kevin would sneak into his mother's bedroom when he was alone in the house and run his smooth hands over her intimates and dresses.

"I would try on different garments and look at myself in the mirror." Chrissy recalls from her home in Sydney's west. "I even tried on her high heels. It used to feel so right. I couldn't tell my mother how I felt, but I think she suspected what I was doing."

Despite his inner turmoil, the young Kevin made a pact with himself. He would try to be "normal". He so desperately wanted the world to see him as a man that he denied the woman's instincts he was feeling.

"I felt attracted to men, but I didn't really know why," Chrissy says. "I wanted to be attracted to girls so I tried to tell myself that I was. But girls and I never really hit it off."

Kevin didn't have a physical relationship with a woman until years later when he met Roberta. Kevin was thirty.

"I loved Roberta, but it was more like a love that a brother has for a sister - or that a sister has," Chrissy says. "We moved in together, but when we made love, I would imagine that our roles were reversed. That seemed more natural for me. It was something I just couldn't get out of my mind. I told Roberta about my feelings right from the start. There were no secrets. She said that we could work things out."

Ten years ago, Roberta bore Kevin a son, Tommy. Each day Tommy saw his father come home from work to change into women's clothing.

"I guess part of me was still trying to prove that I was a man. When Tommy was old enough, we tried to explain why I was dressing as a woman," Chrissy says. "It was difficult, but he is very intelligent and seemed to understand."

But Kevin and Roberta's relationship foundered. It could not survive the overwhelming emotions surging through Kevin's mind and body.

"Roberta and Tommy moved to another house," Chrissy says. "In the end I don't think there was much choice for Roberta. We both knew that it had to be that way. Then one day, a couple of years ago, I was watching a television interview with some transsexuals. It was a revelation. I thought I was the only one who felt like this, trapped in the wrong body. I found out where I could get some counselling and within a few months I knew I wanted a sex change."

Intense counselling revealed that Kevin was indeed a transsexual. He went to his parents to tell them the secret he had kept hidden.

"My mother divorced my natural father when I was about twelve months old so I never knew him," Chrissy says. "I went to tell Mum and my step-father. It was the biggest shock of their lives. My stepfather said that people like me should be shot. I don't think Mum knew what to say. After a while they calmed down. I explained to them it was something I had to do. That was hard enough, but perhaps the most difficult thing was explaining my decision to my son. I wanted him to know that I would still be his daddy, no matter what."

Chrissy lives alone and has a job as a stores worker and packer. But her workmates have accepted her, as have her parents and her

neighbours. Even Tommy, showing remarkable understanding for a ten-year-old, seems to have come to terms with his father's change of sex.

"When we are alone I still call Chrissy "Daddy", Tommy says "That's something that will never change. Mum and I visit on weekends. We have a train set that Chrissy built and we play with that."

Chrissy says her operation was a complete success. She now faces a new life and an uncertain future. One day she would like to settle down with a man - but if that doesn't happen she won't be devastated.

"I am the person I always wanted to be," she says. "I wouldn't change my decision. I get on better with Roberta now than I ever did as a man. I am happier now than I ever have been in my life. The thought of being alone is far less daunting than not being who I want to be!"

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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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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.

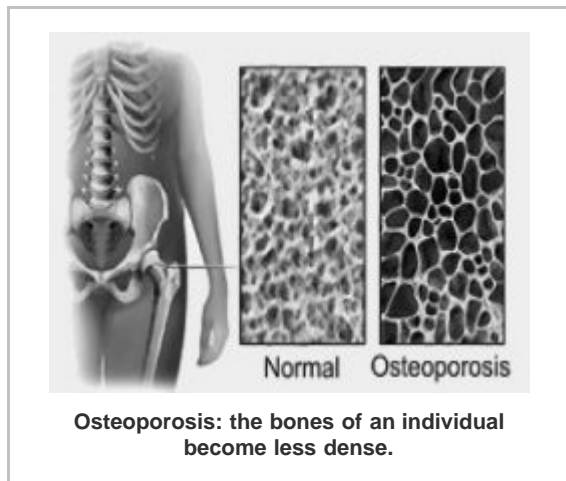
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# Osteoporosis

## Once it has Taken Hold, There is No Cure

by Boys Own, F.T.M. Newsletter U.K.

Article appeared in Polare magazine: April 1996 Last Update: October 2013 Last Reviewed: September 2015



**I**n the disorder, bone mass falls - that is the bones of an individual become less dense, and as a result they are more easily broken. We all know of the old lady who had a very small fall and broke her hip! Once the disorder has taken hold, there is no cure. The only things that one can do to help oneself are to keep fit and healthy, but the bone mass destruction cannot be reversed.

***Osteoporosis starts when there is a hormone shortage - hence the reason that so many post-menopausal women suffer from it.***

Those F.T.M.s who seem most at risk are those transsexuals who commenced oral therapy, rather than beginning with intramuscular forms of therapy. That is, those who began by taking testosterone in tablet form for a period, rather than having injections straight away.

The other group at risk are those transsexuals who have taken their hormones in such a way that at periods of time their body has suffered a hormone shortage. For example, this would include an individual who did not ensure they had their injections regularly enough, or skipped a few days every now and then. Or it would include those individuals who had had periods in which they did not take their hormones. Or it could include those who have a larger dose less frequently.

Osteoporosis starts when there is a hormone shortage - hence the reason that so many post-menopausal women suffer from it. The approach to dealing with this problem in older women is to provide them with Hormone Replacement Therapy (H.R.T.) at the time of their menopause and after it. The hormones they are provided with are female hormone - I don't suppose that therefore is an option for most F.T.M.s - though it would be interesting to see if there has been any research on the effects of providing a small dose of female hormones to counteract the possibility of Osteoporosis.

As I said there is no cure for Osteoporosis - but you can prevent further deterioration. This is done by monitoring your hormone levels and working out for you an appropriate dose, that maintains you within the normal masculine range.

To discover whether you have Osteoporosis, you need to discuss it with your G.P., who will consider sending you to see a specialist, or arrange X-Rays and Bone Scans.

This is certainly necessary for anyone who changed over ten years ago or more.

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