

Polare Edition 19

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

President's Report

by Kym Kovan, Management Committee President

Hello, I'm Kym Kovan, President of the Gender Centre. As I write this it is hard to realise that a large part of a year of great change at the Gender Centre has passed. So much change that, amongst many other things, I am the only one left of the original management committee that was voted in at the last A.G.M.!

We have had the usual movement of people in and out of the committee, work commitments etc., and also a few more dramatic ones where ethical/moral/political dilemmas could not be resolved but the end result is now a management committee that has all the needed knowledge and ability to do the role needed of it. I would like to reassure everyone that the basic directions given by the voting at and discussions after the last A.G.M. are being continued by the current committee, and they are all people active in our community in various ways and are well aware of the community's needs.

Part of what we have been doing is assessing the needs of the community and how the Gender Centre can best do its role of fulfilling those needs. We have commissioned a survey and also studied other reports that have been recently published. We are now restructuring the Gender Centre's activities to more closely match the needs of the community. This includes the full-time staff and the facilities of the Centre itself. It is an ongoing process, we have to keep our funding bodies aware of what we are doing and make sure that we can still do the tasks they ask of us.

We get funded quite specifically for certain things, such as H.I.V. related activities, and have to use our funds for those tasks. Where we feel the funding body's need does not exactly match the community's needs we are entering into discussion with the funding body to see if we can change the situation.

There is one thing that we as a committee see quite overwhelmingly and that is that the Gender Centre is meant to be a resource for all of the community to use, regardless of any political leanings or anything else. If you want us, we should be there, giving the facilities that you need. We are putting in place now the mechanisms that can make that happen and I hope that in the years ahead there will be folk that will have their life a little easier as a result.

This is the first in what I hope will be a long time of "President's Patter's", a way to keep you all informed of what is going on at the Gender Centre at the management level. I hope, in return, that you will give us feedback in any way that you can so that we can keep in touch with you. This particularly applies to those of you outside the Sydney Metropolitan area, your needs are as important as the folk living next door to me here in Sydney as I cannot talk to you in the same way I can talk to them. The management

Feature Articles



We are very disturbed by this, not least because we have four kids to care for and protect. Do I give up work, do we move house or do we fight back?

What Public Opinion Can Do

Stephen Whittle provides some hate-mail that was distributed throughout his neighbourhood and was directed at his family. However, the letter didn't have the desired outcome of angering the recipients that it was aimed at, they actually joined together for a party.

The Feminine Behaviour of Powerless People

It's becoming clear to psychologists that adjectives commonly applied to women aren't so much a description of femininity, but descriptions of the powerlessness. Zane Kotker investigates the social expression of those in power compared to the powerless.

What are Dads Made Of?

Joshua prides himself on being a devoted and doting father. But in the bitter divorce and custody battle with his estranged wife, his fathering is not at issue. What is, is whether he is even a man, a question at the heart of a legal strategy by his wife's lawyer.

What Genital Surgery Can and Can't Do

Let's assume we've accepted ourselves as the transgender people we'll always be, we just want to our genitals configured like other women's. It's important for a decision like this to be made with the knowledge of exactly what genital restructure surgery can and can't do.

Jessica's Transition Experience

Jessica believes that she was born a girl in a male body however her female side soon came out. She describes herself as happiest when in her sister's clothes and make-up, but when her father caught her in a dress she received the first of many bitter floggings.

Almost Heaven

norrie became worried when ze discovered "spotting", or bleeding from hir vulva and passes on the ordeal ze had with

committee has an "in-tray" at the Gender Centre, and would much prefer to find it full of notes from afar than a pile of forms to fill out!

health providers, as someone with a neo-vagina that needed medical attention, ze endured an experience in medical discrimination from a gynaecologist.

News in Brief

from the pages of Polare Number Nineteen

Mom Starts I.G.M. Help Group for Parents

Florida, U.S.A.: The mother of an intersexed infant whose child was a victim of Intersex Genital Mutilation (I.G.M.) at just five months of age has started a support group for parents of intersex children. Helena Smith of Jacksonville, Florida announced the formation of H.E.L.P. (Hermaphrodite Education & Listening Post) to help other parents cope with the enormous pressures of bringing up intersexed children. Mrs. Smith's own child, Patrick, had been admitted to Baptist Wolfson Hospital in Jacksonville to have a single undescended testicle removed. While the infant was there, the attending paediatric urologist asked to test the remaining gonad for cancer, but according to Mrs. Smith the doctor instead tested the gonad to ascertain if it was an ovo-testis - an organ containing both ovarian and testicular tissue. When he found that it was, he cut it off without her authorization or consent. When she confronted the doctor, he told her the organ was malignant and had to be removed. However after months of struggling with the hospital, and the doctor, Mrs. Smith finally obtained the pathology report on her child which confirmed what she had suspected all along: there was nothing wrong with her healthy child except that ze was intersexed. Said Mrs. Smith in a telephone interview "this has traumatised and wounded both of us terribly. Patrick is the most wonderful, precious gift I was ever blessed with, from the day he was born. He was perfect the way he was until a doctor decided to cut him up and try to make him into a girl - without my consent or his - at just five months of age". She added that Patrick refused to be categorized as a boy or a girl, when asked which he is, he'll only say "I'm Pat-Pat", his name for himself. Mrs. Smith has retained counsel and a suit is currently pending against the hospital and the surgeon.

Transgender Honour

Istanbul, Turkey: Demet Demir, a transsexual woman and the first person ever considered a prisoner of conscience by Amnesty International, because of sexual orientation, will be one of three activists given the 1997 Felipa de Souza Award for exemplary service to their communities. The award will be given on 2nd June by the International Gay and Lesbian Human Rights Commission (I.G.L.H.R.C.). Ms. Demir is from *Cihangir*, a district of Istanbul, and has worked on behalf of gay men, lesbians, transvestites, transsexuals, and sex workers throughout Turkey. She has been imprisoned numerous times, tortured, had her home broken into, and her telephone cables cut in efforts to silence her. Her accounts of aggressive persecution by *Cihangir* police are emblematic of the plight of transgendered people in Turkey. Reports from the Turkish gay group Lambda Istanbul state that Turkish transsexual and transvestite community have been facing vicious attacks from police in *Cihangir* including torture while in police custody.

Update: Transsexual human rights champion, Demet Demir has been arrested. Assume she'll be treated badly. Transsexual prostitutes in Istanbul are concentrated in an area known as Beyoglu and their situation has deteriorated as Islamic conservatives have gained political power. Their abuse at the hands of police has escalated in recent months from arrests and beatings on the street to forced entry and arson of their homes, and even to cutting off the water supply for the entire neighbourhood to force those in hiding out into the open. Transsexuals have also been forced out of their homes there by outrageous rental increases. They also charge that Nationalist Action Party vigilantes known as "Grey Wolves" are bussed into the neighbourhood by police. Ironically, drag entertainers have been standard fare on Turkish television, and the 1996 death of openly gay classical musician, Zeki Muren reportedly was second only to that of modern Turkey's founder *Kemal Attaturk* in uniting the nation in grief. There is also well-documented older history of open homosexuality including that of some revered national leaders.

The Gender Centre advise that this edition of Polare is not current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.

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

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

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

What Public Opinion Can Do

Bigoted Letter Backfires on Author

by Stephen Whittle

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

Just so we know why we continue to fight the battles, I have included below a verbatim copy of a piece of hate mail that has been sent to at least 100 people in our neighbourhood. It refers to my house, and though much of what is said is factually incorrect, I tell you it is still incredibly frightening when it happens. The letter was not sent to us, but was brought to us by a very shocked neighbour, shocked that anyone should consider writing such a letter!

We are okay, but as I'm sure you realise we are very disturbed by this, not least because we have four kids to care for and protect. Do I give up work, do we move house or do we fight back, or do we just do nothing? It's Sarah who is stuck at home with the kids and an eighteen-year-old Czech au pair, and they feel very vulnerable. Please keep us in your thoughts, all the best, Stephen.

The Stockport Family Values Society
Mauledeth Rd
10th March 1997

Dear Friends and Neighbours,

It has come to my attention that we have a group of transsexuals with children living in our community, on this very road at number 25. I wish to state that I have absolutely no prejudice against the gay community but it is a well documented medical fact that transsexuals are suffering from a form of schizophrenia so where is the wisdom in allowing these children to be brought up in a household boasting three transsexual women and two lesbians? One's mind can only boggle at what dubious activities are going on, polluting these children's minds. I certainly do not relish the thought of my children attending the same school as the offspring of this commune.

It is time to stop this moral degradation and return to decent family values where a child is brought up with one mother and one father. How many couples would raise a family in these conditions, and what effect will it have on these innocent children in later life irrespective of how much love the "parents" give? What on earth are social services thinking of?

I knew many gay couples who lead a normal decent, hardworking life but transsexuals do not or cannot integrate into normal society because of the nature of their mental disease. I understand that they are obsessed with sex with men, women and even each other.

I genuinely feel sorry for these people and I know that they have to live somewhere but I know that I and many other neighbours do not want them to reside in Mauldeth Road, if you have any opinion, either for or against then please attend our meeting at: The Crown Inn, Didsbury Road, Wednesday 19th March, 7:30pm.

The letter was not signed, nor an address given. We have reported it to the police but what now?

(Many people expressed empathy and support, urging Stephen and his family to gather their supportive neighbours and go to the meeting to confront their accusers, or to send a delegate, or to go with a camera and take photos of as many people as possible and threaten them with a lawsuit. Two days after the meeting, Stephen reported on what actually happened. - Editor).

Just to keep you all Informed: The meeting that had been proposed by Stockport Family Values to condemn our household was to take place in a local pub on Wednesday night.

The publican knew nothing of the meeting and was horrified to hear of it. He proposed that it was allowed to go ahead, in order that the perpetrator be identified, and then he would sue them for using the name of the pub.

A member of the local judiciary, he also contacted the police. Sarah and I were met by two neighbours, who walked down to the pub with us. When we got there, there were already about ten people who greeted us, as supporters, including the local community police officer and his wife. There were two other people there who left after about five minutes, having muttered and pointed at us: we think it was them who sent out the letter.

Gradually over the next twenty minutes the pub filled up and up and up, with people in support of us. It was a wonderful feeling to see so many people turn out: colleagues from our workplaces, the publican and his friends, and many neighbours and their friends.

The local newspapers sent a reporter and photographer, we didn't ask for them, they had been sent the anonymous letter by its writer, suggesting they turn up. The police officer, Adrian Palmer, and the publican, Peter Hitchin, spoke to the reporters and suggested they do a story about how many people had turned out in support, which is what they did. So we had our photos taken with all the "supporters" and the story is going in this weekend's evening paper.


Then we got everybody to introduce themselves to each other and we had a party in the pub. A great night out was had by all, a real neighbourhood feeling was generated, and we all must thank the writer of the letter for enabling so many people to make so many friends and to have such a great time. Incidentally, about an hour into the event, a colleague of mine turned up with her whole evening class of students, whom she had rallied.

Sarah and I, along with our housemates, Jon and Alex, really would like to thank everybody for the support we have received, and I want to say that all the email was great in that it helped us a great deal in keeping our sanity during this week.

Obviously, the people who write letters like this or worse don't go away. We will continue to fight, and if I ever find out who they are I will prosecute, for at the very least attempting to incite a breach of the peace. But I was horrified to realise how few offences the perpetrator had committed.

We recognise that we live amongst friends who are supportive. It is important that we all remember not to be complacent, and that bigotry still needs fighting. There are many isolated people without that support and with no protection. It is imperative that we fight for anti-discrimination laws so that trans people can be afforded at least some sort of minimal protection.

Stephen Whittle

Edited from Wikipedia:  Professor Stephen Whittle (O.B.E.) was born in 1955 in Manchester, United Kingdom. He was the middle child of the five children in his family and suffered from rickets in early childhood. In 1966 his mother, being concerned at how different he was from his sisters, entered him in the examination for Withington Girl's School. Being one of the highest scorers in the city in the exam that year, he received a scholarship to attend. It was during his time at Withington Girl's School that he started reading medical books. He knew that he was romantically attached to other girls at school – he never told them, and so his love was not reciprocated – but he also knew that he was sexually attracted to men. On top of that was a strong desire to be a man, to grow a beard and to have a hairy chest. He had read articles about people like Della Aleksander and April Ashley who had had a sex change. In 1972, at the age of sixteen, whilst visiting his doctor about a sore throat he read about a female to male transsexual person.



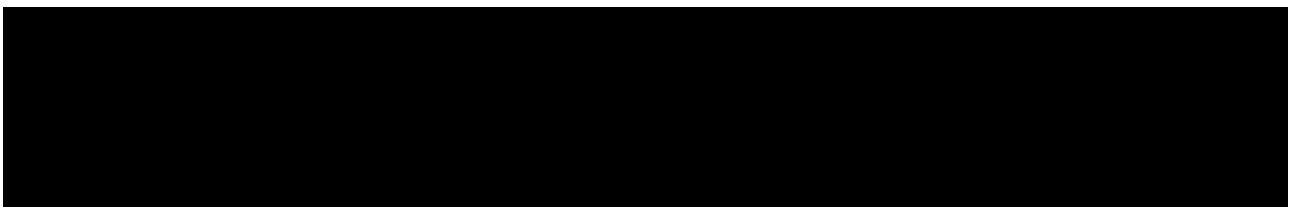
In 1974 Whittle came out as an F.T.M. transman, after returning from a Women's Liberation Conference in Edinburgh, which he attended as a member of the Manchester Lesbian Collective. He began hormone replacement therapy in 1975. He has been active in transsexual and transgender communities since the age of twenty when in 1975 he joined the Manchester TV/TS, the first support group for transsexual people in the United Kingdom. In 1979 he joined a former army officer and then royal sculptor, Judy Couzins, a transwoman in the Self Help Association for Transsexuals (SHAFT). In 1989, he founded the U.K.s F.T.M. Network which he coordinated until November 2007. In 1992, along with Mark Rees, the actress Myka Scott and an airline pilot Krystyna Sheffield, he founded and became vice-president of Press for Change, an organisation that works to change the laws and social attitudes surrounding transgender and transsexual lives. Whittle remains as one of the vice-presidents. Whittle underwent phalloplasty surgeries from 2001 to 2003. The Channel 4 documentary *Make Me a Man* followed his life during the surgeries.

Though unable to marry legally in the United Kingdom until the passing of the Gender Recognition Act 2004. He and his partner (now wife), Sarah Rutherford, have four children by artificial insemination.

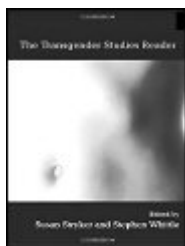
He has written and spoken extensively on his personal journey, his writings have included, among other things, an article on the ground-breaking transsexual employment discrimination case presided over by the European Court of Justice. In 2005 he was awarded The Sylvia Rivera Award for Transgender Studies by the Centre for Lesbian and Gay Studies for the monograph "Respect and Equality". In 2007, along with his co-editor, Susan Stryker, he was awarded a Lambda Literary Award for their annotated collection of fifty key historical and contemporary transgender science, political and theory texts - "The Transgender Studies Reader".

In 2002, Whittle was diagnosed with multiple sclerosis which has become an increasing problem since late 2005, yet he continues in his fulltime university post, and his fight for the human rights of trans people throughout he world. In recent years, he has collaborated with other members; Paisley Currah, Shannon Minter and Alyson Meiselmann, of the World Professional Association of Transgender Health W.P.A.T.H. on amicus briefs to courts in many jurisdictions. In 2007, he was the first non-medical professional and first trans person to become President of W.P.A.T.H.

He is the recipient of the Human Rights Award by the Civil Rights group Liberty, for his commitment and dedication to ensuring the advancement of rights for transsexual people through judicial means in the United Kingdom, Europe, and around the world; he was appointed Officer of the Order of the British Empire (O.B.E.) for services to Gender Issues; and was awarded the Virginia Prince Lifetime Achievement Award by the U.S.A.s International Federation for Gender Education.



This video is courtesy of the [Equality and Human Rights Commission U.K.](#) and YouTube



A Transgender Studies Reader
Author: Stephen Whittle and Susan Stryker
Publisher: Routledge (2006)
I.S.B.N.-13 978-0415947091.

From Amazon Books: Transgender studies is the latest area of academic inquiry to grow out of the exciting nexus of queer theory, feminist studies, and the history of sexuality. Because transpeople challenge our most fundamental assumptions about the relationship between bodies, desire, and identity, the field is both fascinating and contentious. *The Transgender Studies Reader* puts between two covers, fifty influential texts with new introductions by the editors that, taken together, document the evolution of transgender studies in the English-speaking world. By bringing together the voices and experience of transgender individuals, doctors, psychologists and academically-based theorists, this volume will be a foundational text for the transgender community, transgender studies, and related queer theory.



Respect and Equality: Transsexual and Transgender Rights
Author: Stephen Whittle
Publisher: Routledge-Cavendish (2002)
I.S.B.N.-13 978-1859417430.

From Amazon Books: In this fascinating work, theoretical discussions of sex, sexuality, gender and law, and an extensive range of primary and secondary research materials, are combined to provide an insightful analysis into the inadequacies of current law.



The Transgender Debate: The Crisis Surrounding Gender Identities
Author: Stephen Whittle
Publisher: South Street Press (2000)
I.S.B.N.-13 978-1902932163.

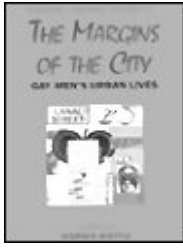
From goodreads: Transgender has become a cultural obsession. From the high camp of RuPaul to the working class transsexual icon, Hayley of Coronation Street, it pervades our lives. Yet for many it remains a freakish interest on the sidelines. For transsexual and transgender people, though, it is a reality bound up in complexities, legal contradictions, family discord, and a desperate need to explain what it means to be a man or a woman, or neither, or both. Addressing the historical, social, legal and medical issues surrounding this new community, this book throws a light onto the complex issues, clarifying them in a way that all those who think they know what they mean, will be called to question the certainties that gender roles are no longer about.



Reclaiming Genders: Transsexual Grammars at the fin de siecle
Author: Stephen Whittle and Kate More
Publisher: Continuum International Publishing Group (1999)
I.S.B.N.-13 978-0304337774.

From Barnes & Noble: An interdisciplinary work bringing together an international group of transgender writers, this text provides a collection of essays that are central to both academia and activism. Based on academic and "street" experiences, the book addresses the practical issues faced in changing the world view of gender while forcing theory a step forward from limitations of "queer", feminism and postmodernism. In a wide-ranging set of contributions, it addresses our engendered places now and what we can aim for in the future. It evaluates the mechanism we can use to galvanize both the micro theories of gender as a personal experience of oppression and the macro theories of gender as a site of social

regulation. The collection aims to take identity politics and reclaim identity for the "self".



The Margins of the City: Gay Men's Urban Lives

Author: Stephen Whittle

Publisher: Ashgate Publishing Group (1994)

I.S.B.N.-13 978-1857422023.

From World of Books: Within cities, gay life has always been marginalized in social, political and cultural terms, even although significant gay places have often been geographically centrally placed. This work looks at the physical and spatial development of gay places over the last twenty-five years in a social context.

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

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

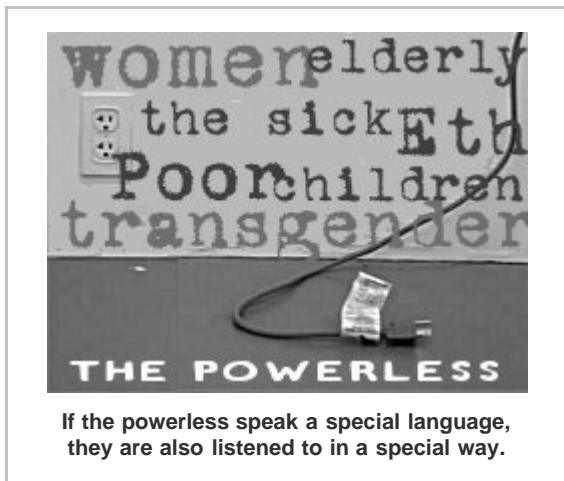
(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

The 'Feminine' Behaviour of Powerless People

Social Expression of Those in Power Compared to the Powerless

by Zane Kotker, Savvy Magazine, March 1980

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



Warm, sensitive, dependent, passive, emotional, cooperative, supportive, subjective. It is becoming clear to psychologists

... "Female" speech turned out not to be the speech of women at all: it was the speech of the powerless.

that the old string of adjectives describing women is not so much a description of femininity as it is of a social and psychological state of powerlessness. And the opposite adjectives generally applied to men - aggressive, active, cold, task-oriented, competitive, intellectual, objective, independent - do not represent masculinity per se, but more accurately describe the attributes of a person in possession of power. This is an idea still in transition, still being tested.

Women's speech, for instance, had been described by a linguist as full of questions and questioning intonations, overly polite, grammatically precise and marked by modifiers through which women could get out of admitting they said what they'd said. Women were thought to speak this non-assertive female dialect, designed to ward off wrath, because they were women. But when two psychologists, Faye Crosby and Linda Nyquist, took the list of "female" speech characteristics to a Boston police station and checked it against a spectrum of power behaviours, they found something enlightening: Both male and female clients pleading in front of the police desk spoke the "female" language. And female police officers working with male police officers behind the desk did not speak any of it. "Female" speech turned out not to be the speech of women at all: it was the speech of the powerless.

Women are hardly the only subordinates, either psychologically or socially. Children and the poor play subordinate roles everywhere, while in America blacks and certain ethnic and religious groups have long shared the back seat. Not to be forgotten, either, are the old, the sick, and even the later born (who often imagine power as existing outside themselves): some would argue the same for Southerners, for the unattractive, for the uneducated. The list is endless. Dominance and subordination make up a highly complex, and often mutually exclusive, pattern of categorisation. Each of us probably has a drawer full of identities to which others (and we ourselves) give various weights of powerlessness or powerfulness. Some are real, some are internalised myths. A man and woman standing before that police desk in Boston might be speaking in the style of the powerless there. But, at home, after they finally get their kids out of the clink, how do they speak to them? All of us stereotype groups, and these stereotypes affect us all, in turn. Take what happens to listeners.

If the powerless speak a special language, they are also listened to in a special way. In a study at the University of North Carolina, men and women judged by testers to be of equal articulate-ness were videotaped making the very same factual speeches. The tapes were shown to different groups of male and female students who were instructed to listen carefully. Then the students were questioned on the facts delivered by the speakers. The students remembered more and could answer questions better on the speeches delivered by men than on the same speeches delivered by women. Researchers Kenneth Gruber and Jacquelyn Gaebelien concluded that more attention was paid to what the videotaped men were saying simply because our society perceives males as more powerful. The powerless, no matter how well they speak, are apt to be ignored. "Wha'dja say, lady?" Other tests in which well-dressed and poorly dressed people speak, or in which blacks and whites speak, or in which children and adults speak, might further verify the testers' conclusion.

In a recent study of emotional expression at the University of Maine, eighteen women and eighteen men answered ten questions apiece. Five questions carried little emotional clout and five others were emotionally loaded. In answering the ten questions, women consistently used facial expressions, which emphasise emotion. Yet, oddly, the women were not any more expressive over the emotional questions than they were in response to the factual questions. The women were simply "putting out" emotion while responding to questioners. The men, on the other hand, were controlling emotion. This is shown by the fact that men revealed some small facial expression in responding to the factual questions, but when the questions zeroed in on emotional areas, the men's faces blanked out. Tester Paul Cherulnik thinks this is explained by the fact that women are simply trained to express emotion (whether it's there or not) while men are trained not to (even when they feel like it). One thinks of the steely faced chairman of the board whose sole "emotional" act may be to open the window of his thirtieth floor suite and step out. Even that will be preceded by the careful preparation of a note expressing undying love to the children and precise directions for funeral arrangements.

What good is this split? By what process of social evolution could it have developed? Why should dominants suppress emotion and subordinates express it? Ask a poker player. You don't want to reveal your vulnerabilities. Ask a mayor. You can't let them know you're scared or confused or they won't follow you anymore. Ask Queen Victoria why she never looked anxious lowering her backside onto space where she hoped soon to feel the chair. "If I did, I wouldn't be a queen!" Which is to say, "My people want me always to be secure - so they can be." It's not to look surprised in public, whereas the underlings can all roll their eyeballs in graveyards, giggle in the girls' room, or fall into fits of weeping at the theatre.

Which one of two strangers is dominant? That question seems to be in the air whenever strangers meet, and each of the strangers' behaviours will change in some way, according to how each perceives the answer. In a test involving forty-four men and forty-four women, Susan J. Frances of Humboldt State University in California asked each individual to hold a seven-minute conversation with a stranger of the same sex and another with a stranger of the opposite sex. She found that each pair maintained a turn conversing, but that men talked longer than women. This, explains Frances, is probably because holding the conversational floor is considered a power move, and the men (as well as the relatively silent women) had automatically assumed they were dominant in the male-female pairs. When facing another male, men talked at even greater length - trying to establish themselves as dominant. They even resorted to considerable "uhms" and "ahs" to fill and hold space. The females smiled and laughed more than the males did. Those women who did this the most later described themselves as uncomfortable during the conversation and as generally "retiring and deferential". Interestingly, the few men who did smile and laugh later described themselves as "friendly and social". Another thing women did more of was to look at their partners. Now anyone who's given a speech to a roomful of people will recall the difference in her own mood between the moment when her eyes chanced upon a listener who had fallen asleep and then upon another listener staring up raptly. If you gaze at someone while that person is talking, you reassure the speaker. The women performed this stroking service for the men far more than the men did for the women. Women also looked at the men while they themselves talked, revealing a need for feedback. Frances explains, there were no women among the forty-four who acted as if they considered themselves equal to or dominant over at least some of the men? Similar tests showing what happens in conversations between patients and doctors, or students and teachers, or mothers and children would be welcome.

These last three pairs exemplify temporary states of inequality. Boston psychiatrist Jean Baker Miller points out in her popular text, *Toward a New Psychology of Women*, in these pairs the task is for the superior to move the inferior along in level of skill or maturity until eventually the inequality is ended. Not so with the traditionally accepted inequalities of race, sex, class and so forth. Here the object is for the dominant to keep the subordinate in their places. And it is from this process that many characteristics frequently pinned on "passive" women and "active" men derive. Being dominant, whether in class, sex or race (or on the job ladder) traditionally means that you have to do certain things well, and this can be read to mean that you have to keep others, the subordinates, from doing them as well or at all. You have to master knowledge, skills and become task-oriented, all while, as we've seen, censoring emotional expression so that no one will spot your weaknesses. And on the broad side, you have to define the restricted roles of subordinates and convince them of the wisdom of this definition.

"Power corrupts", it has been said. This sleight of hand against others, in which the boss succumbs to a temptation to lead the underling to believe he's dumber, clumsier or inferior to make it easier to keep order, is one of those corruptions. The boss may even follow the time-worn course of rewarding subordinates for shows of submissiveness, passivity, docility, dependence, lack of initiative, lack of effectiveness in thought ("She's so cute, such a scatterbrain!") and for indecisiveness. For her own comfort, the new boss may deny that she is using subordinates to do the dirty work, and she may yearn to join with equals in a group denial. Eventually she may even convince herself that the subordinates ought to be serving her because, as everybody knows, they are inferior, submissive, passive, dumb, etc. "Thou shalt collect the garbage," she repeats daily, "and feed me, and clothe me and get me heat. I'll handle the real thinking". In her heart, she may suspect the worst about what she's doing and surely she'll suspect the worst about what she's doing and surely, she'll yearn to let herself go and have a good cry " she'll miss the "other" human qualities she's cast out of herself upon the great unwashed "them".

What about subordinates? Those labelled subordinate, Miller says, too often believe what the dominants say about them. Being subordinate means that you learn to study the smallest nuance of mood in the master. If you actually accept the master's definition of yourself, you'll worry constantly that you aren't giving enough to others. Women will serve their husbands and then their children - and there is no more demanding, if only temporary, master than the being Freud called "His Majesty the Baby". Yes, you will come to enjoy seeing children and others prosper and may not even resent the fact that your own needs and desires aren't part of the daily thrust. Alas, splendidly serving people brings few rewards. As Miller points out: Dominants don't develop the sensitivity of subordinates and people do not really know or care for their servants, even Super Mom. Or Super Worker, we might add. Of course, you may retain and even develop a sense of a better self but you do best to keep it hidden. You become Br'er Rabbit - you outwit the fox so cleverly that the fox he don't even know it sometimes. Whence "feminine intuition", Miller says: whence "feminine wiles". They're no gift, but the product of years a studyin' Massa. How to please the King? How to make Pharaoh smile? Wait 'till after you serve him the blueberry tart, dear.

As a political or economic subordinate, you will hesitate to rebel (if you can work up the sense that you ought to). Rebellion can bring less of food, clothing, and shelter or it can bring gaol or the label "mentally ill". In trying to chuck subordinate stereotypes, women generally accept lesser pay rather than the threat of no pay at all: no pay at all is the insult rather than physical assault. Mockery too. Small rebellions by secretaries who refuse to bring the coffee are met, Miller says, by bosses who throw up their hands and pretend the "girls" have stripped them of all their power. Bottom-rung and top rung subordinates usually resist identification with each other, though not always. As Caroline Bird put it in *Born Female*:

“When white girls went down south to work for Negro rights, they found themselves identifying with the blacks more than the white boys in the movement. They knew how it felt to shut up: take a back seat: accept segregation, exclusion from clubs, restaurants, and meetings: lower their rights to work "realistically" at the only tasks open to them: cope with imputations of natural inferiority: and see

Through management sticks close together, labourers have to be pummelled into identifying with each other. The young subordinate's urge is to leave powerlessness behind and try to identify with the dominant. This may mean you attack your own kind and cut your ties with Brooklyn or the kitchen. Used to giving all to serving others, subordinates who do rise will tend to bring cooperation with them as a social tool. This isn't because cooperation is a feminine device, but because it's a subordinate's survival mechanism. Underlings know that cooperation is a distinct improvement over doing all the work yourself. Newly arrived management's use of cooperation may not last long. Dominants generally consider cooperation a distinct step down, because they're used to being served. Subordinates moving up to dominance have to learn not to be paralysed by the threat of anger from or by direct competition with other dominants.

As women begin to hold more executive jobs and experience the possession of power, they discover a truth: Not all social programming for dominance or subordination is in a women's past one's daily function also affects personality. This is the opening tenet of Rosabeth Moss Kanter's widely read book *Men and Women of the Corporation*. Harvard men and Smith women both begin on the bottom rungs of corporate ladders, and though the women may come with more of a subordinate cast than the men, a few years in a particular office chair is bound to homogenise ways of thought and action.

The armless secretarial chair, for instance, tends to develop four quantities in its occupants, male or female. They are self-effacement, dependence on praise, emotionality and a parochial subjectivity. These are traits of course, long ascribed to women - most secretaries are women: most working women are secretaries - but Kanter claims these traits to be the natural outcome of functioning in a situation of powerlessness. The secretary is dependent on her (or his) boss. First, by showing self-effacement the secretary makes clear that she/he is not competing with the boss. The secretary supports and serves the boss in a microcosm of the world's subordinate-dominant twosome. The secretary is the cheerleader cheering, the valet laying out clothes, the wife patting and studying the husband's brow for signs of mood. Second, since the secretary doesn't get a whole lot of pay or any real power, even holding the job is at the whim of the boss, the secretary needs constant encouragement. The daily pat on the back becomes narcotic for most secretaries. This praise and assurance is sometimes given by bosses in the indirect form of intimacy. The boss will tell his or her secretary carefully hidden feelings toward other corporate figures. These tidbits become the secretary's crumbs of independent power, Kanter says. The secretary takes them to the ladies' room where she trades them off for the tidbits that other secretaries have garnered. (At last! A convincing explanation of why women are constantly pictured as gossips) Third, secretaries learn to be emotional as a way of acting out the suppressed emotions of the dominant boss, male or female; this is the office counterpart of the process which Miller described. Through secretarial-wit, many a boss is brought to laugh at, and thus acknowledge and be relieved of, otherwise unmentionable feelings. Secretaries supply the coloured travel posters and the cartoons pinned to file cabinets. Secretaries jump for joy when the contract is signed, when the deal goes through. But, fourth, secretaries are buys with detailed, rather meaningless, work and seldom learn what is happening in the company at large: This lack of hard knowledge often twists in the final screw that keeps the secretary in that powerless, armless chair.

When corporate beginners do move up to low-power positions, the climate changes, often growing noticeably hostile. The inequality switches. The beginner is now no longer subordinate, but neither is he or she truly dominant, in a low-power job. The actual inequality is so small that the low-power boss is constantly insecure, and he or she generally comes into daily harassment from the troops, be they the typing pool or the sales force. (A young teacher of high school seniors and a mother of teenage children meet much of the same; insubordination is its apt name.) Workers who will quickly muffle their aggression in the presence of a high boss only turn with a vengeance on the low boss and nip at his or her heels. The low-power boss absorbs all this hostility to avoid conflict. He or she gets bossy, becomes a nag and generally uses threats and punishments rather than persuasion and reward to get compliance from underlings. Such bosses have to be right; they take all the credit, they get rigid about rules, they breathe over every neck. Low-power jobs are usually routine, and ritual quickly replaces innovation or action; risk is avoided. The low-power boss holds on so tightly to a teacup of power that his or her knuckles whiten. Promotion had better occur, Kanger warns, before the mould of toothless hawk hardens around the individual.

What happens, in Kanter's overview, if a worker rises to a position of power but then gets stuck in it? There is a rug on the floor but no hope of moving out this door. The shock that a limited future generally produces is stuck if talented workers generally evokes the same responses in men as it does in women. These responses are not dissimilar to certain aspects of the subordinate's personality. If townspeople turn to each other with social jollity during snowstorm and blackout, stuck workers turn to each other for camaraderie. The crisis, however, doesn't end for the stuck worker. The skies darken. What was once buoyant luck for smart women and men gradually becomes an ominous or even malicious fate; self-esteem drops; bitterness and anger at management sets in; workers daydream and grow catty. Women may decide to quit and have babies; men decide to quit and run small businesses from their basement playrooms. Workers stop working very hard and abandon any attempts at changing the system. What's the use? Eat, drink and make a few jokes. Even at the expense of each other. Cliques develop. Camaraderie replaces achievement. The guys and gals at the office become a team.

Of losers. They gripe together; they group together to offer passive subordinate-type resistance. Zombie-like, they lower Massa's production quotas and sabotage the "they", with whom they once identified. Hell hath no fury like a talented, intelligent worker scorned. Losers mock any of their group who keep on trying to advance. Who are you kidding? There's no way out of here! In this, they evoke housewives making yearly rounds through piles of dirty socks via the great waking daydream of television or alcohol. And the depressed housewife's greatest scorn is for the woman next door who works for pay. The housewife's comfort is in women like herself: The powerless may comfort each other, but they do not empower each other. The stuck worker has fallen into the same pit.

Increasingly, girls are able to reject the definition of themselves as subordinates, and some even reject the traditional definition of power as aggressive; They want power, but on their "own" cooperative, supportive terms. Kanter, Miller and the new wave of psychologist seem to pause on a common note: Dominants miss what they've projected onto subordinates, and subordinates long for power but not always at somebody else's expense.

The two halves possess an impulse to come together. When they do merge, we can expect something like mutation, revolution, a new world order. The suffering servant brought to triumph at last may establish, if only temporarily, a more kindly, cooperative, supportive kingdom - and maybe not. But for a new world, women must first get more power. To get it women have to be able to throw off the definition of themselves as powerless or substandard and some, if not all, of the subordinate behaviours.

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

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

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

What are Dads Made Of?

A Question at the Heart of a Custody Battle

by Jeanne McDowell, Time Magazine

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

Joshua Vecchione prides himself on being a devoted and doting father. He is teaching his daughter Briana to use a computer, supervises play dates and reads to her in their home in San Clemente, California. His answering machine message is a booming "Hello, this is Daddy," trailed by the little voice "and Briana." Right off the top of his head, Vecchione knows his daughter's favourite colour (blue), how she likes her corn (scraped off the cob) and her favourite video (The Lion King).

This is a fathering issue, not a transgender issue. I want to co-parent my child.

But in the bitter divorce and custody battle with his estranged wife Kristie, Vecchione's fathering is not at issue. What is, is whether Vecchione is even a man. Twenty years ago, Joshua was Janine Vecchione. Then Janine had a sex change operation at Stanford University Medical Centre. That transformation is at the heart of a legal strategy by his wife's lawyer, Larry Ross, to obtain sole custody of Briana, 3. His argument: Vecchione is really and legally a woman, and therefore the couple's five-year marriage is null, since California law prohibits same-sex marriage. On 11th July a superior court judge in Orange County will decide whether Vecchione has to submit to a blood test to determine if he has a female genetic make-up (two X chromosomes).

Vecchione, 40, hasn't made a secret of his gender transformation. As he was growing up in a close-knit, Italian/American family in Mission Viejo, California. He always felt like a boy living in a girl's body, he recalls. "When I played house, I wanted to be the male figure. I wanted to shave like my brother and wear ties like my father." One revelatory incident was Janine's 1973 crowning as homecoming queen. "I really wanted to be homecoming king", Joshua says.

In 1976 Janine Vecchione began the long process of gender change. She started having hormone injections. She had a hysterectomy and double mastectomy. A penis and testicles were constructed, giving the emerging Joshua a range of sexual function, although he doesn't produce sperm. For almost twenty years, Vecchione has lived happily as a man. He has married twice, each time disclosing his gender change as a matter of trust. "It's very important for a transsexual to be honest and share information", he says. In 1991 he met Kristie, now 27, at a sign-language class, and the two dated for a year before marrying in Laguna Hills where Joshua owned a jewellery store and Kristie was studying to be a teacher. Two and a half years later, Briana was conceived through donor insemination using sperm from Joshua's brother.

When the marriage started unravelling last year, Kristie moved out and the couple informally shared custody of their daughter. Then, like many custody battles, the accusations grew ugly, Joshua insists his gender change was never an issue in the marriage. Kristie recognises that Joshua is a "significant person in Briana's life", but does not want to use the appellation "father" when talking about Joshua. "In reality it was a marriage between two women", says Ross on behalf of Kristie (who declined to be interviewed).

Nowhere in California law does it say a person can elect his or her gender. You may be able to change the outward manifestation, but the law recognises the gender you are born with. Ross's argument has never been tried in California, and only a few times in other parts of the country. In '76, a New Jersey appellate court ordered a man to pay alimony to a transgendered woman he had divorced. He had argued that his wife was really a man. On the other hand, in 1990 a California court denied shared custody to a lesbian whose partner had given birth to a child through donor insemination and who had not taken steps to legally adopt the child.

Meanwhile, the American Civil Liberties Union of Southern California has taken up Vecchione's case, arguing that he is being discriminated against and denied his civil liberties. Says A.C.L.U. staff attorney Taylor Flynn: "No matter how they want to argue, this is based on Joshua's transgender status." Experts predict Kristie Vecchione will have a hard time selling her argument to a judge. She was fully aware of her husband's gender change when she married and had a child with him. "A chromosome might make a difference in the outcome of a sports event", says Grace Blumberg, a specialist in family law at U.C.L.A. "But for the purposes of marriage law and fatherhood, it doesn't matter. California doesn't make marriage turn on one's chromosomes."

The increasingly vocal acrimony worries Joshua Vecchione. When Briana was born, the couple agreed to keep his gender change and the identity of the sperm donor a secret to protect the child. Now Vecchione is concerned about the emotional toll the public disclosure might have on his daughter, and fears Briana's friends might reject her. He says he never intended to become a poster boy for the transgender movement. "This is a fathering issue, not a transgender issue. I want to co-parent my child".

necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of Health.

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

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

What Genital Surgery Can and Can't Do

Physical Results and the Effect on our Experience of Sex

by norrie mAy-welby

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



There are no ultimately "right" or "wrong" answers to the question of surgery

Let's assume we've resolved any other underlying issues, such as child abuse, parental or societal disapproval of and taboos on genitals or sexuality, poor self-esteem, drug dependency, the general dehumanising effects of "male role conditioning" internalised homophobia, social stereotypes, lack of acceptance of sexual/gender diversity, and lack of transgender pride.

It's also important to note that most transgender people who live full-time as women do so without genital restructure.

Let's assume we've accepted ourselves as we are, as the transgender person we'll always be, but we just want to have our genitals configure like most other women's. It's important for a decision like this to be made with all the available information. We have the right to make our own decisions about our bodies and our lives. And to know that at any time we have the right to change our minds,

as many times as we want to.

It's also important to note that most transgender people who live full-time as women do so without genital restructure. And to note that of those who do have genital restructure surgery, few are fully satisfied with the results.

It's important to go into this with much more in mind than the glossy sales spiel the surgeon may give us, or the glamorous impressions popular media give about "sex transformations". It's important for us to be aware of exactly what genital restructure surgery can and can't do.

Our Identity

Genital restructure will not change our sex. We may be allowed to alter a piece of paper (our birth certificate) as a result of it, but we do not legally become female for all purposes. Nor do we become biologically female. In terms of our reproductive sex, this procedure removes it.

Genital restructure will not change our identity much. Apart from the piece of paper mentioned above, we can change almost every other document to our chosen identity; which includes our gender-identity, without having to have any medical alterations.

Some of us wanted genital restructure because we thought it would make us more of a woman. This procedure changes our bodies, and our experience of our bodies, but not who we are. If you ain't a woman before the op., you won't be one afterwards.

Our identity is pretty much who we think we are, how we interact with other people, and what they think of us as a result of this interaction. Most of the time social interaction will not involve what's between our legs. And even then, a lady with a little extra is still a lady.

Some of us may think, as I thought, that genital restructure would at least remove the sexual rejection we experience from some guys because, although they've found us attractive, they can't deal with our having a penis. Personally, I found that the sort of guys who reject us before genital restructure for having male parts are usually the same sort of guys who reject us after genital restructure for having a male past. Homophobia knows no fairness or sanity.

I now believe there are decent human beings who will accept us as we are. The less room we make in our lives for the sort of people who just want us on their own terms, the more room we make for those who will accept and love us as we are.

Physical Results

We may know all this, but still choose to have things rearranged within our body, as is generally our right.

However, all major surgery, such as this is, carries a risk to our health, and this risk may be greater because of such health-affecting conditions as age, heart disease, H.I.V., hepatitis, or other impairments. We should take these factors into account in making our

choice, but the surgical team is also bound by medical ethics to consider these factors in reaching a decision to operate or not.

These factors aside, it's important that we are aware of the physical limitations of the medical technology. It's not a simple foolproof procedure. And regardless of advances in techniques, the result is still very dependent on the material being worked with. In other words, even with a perfect surgical team using the most advanced techniques, the quality of results will vary because of differences between individual bodies.

Different people have different pelvic structures, for example, and such factors affect the possible depth of the constructed vagina. Such factors are often unknowable until surgery is in process, so the patient should be aware of risks such as this beforehand.

Different people have different healing rates and their bodies will recover from surgery in different ways. The external appearance will also vary between individuals.

Some people have the idea that all pudenda look like an air-brushed picture from *Hustler*. Actually, every woman's crotch is as unique as her face. The appearance of our surgically created pudenda may well be within the "normal" range, but it may well not look like what a standard porn shot would have us expect.

There is always the possibility that the result will look obviously surgically constructed, but most wouldn't draw attention from a quick glance in a change room. Of course, what people see depends on what they're looking for.

Surgeons may tell candidates for transgender genital surgery that the results will be indistinguishable from non-surgically created genitals. Well, this may be true if our sex partners don't examine us too closely, and it may often be the case that in the heat of the moment, they don't.

But of course a close examination will reveal differences between an organic and a surgical construction.

They may be getting high tech, fashioning "convincing" inner labia and so on, but there are always scars. These scars may be superficially invisible, or hidden under pubic hair, but a close examination will reveal them.

We have no cervix. We have "male" bone structure. There are a thousand things not changed by a change in our hormones or the arrangement of our genitals. Genital restructure surgery changes nothing but the structure of our genitals. It does not make us indistinguishable from biologically female people.

The effect on our experience of sex

Most people who have this surgery will experience a great change in the quality of sex. In my experience, post-restructure euphoria aside, this is not a change for better or worse. Post-restructure sex has a totally different quality. To compare it to before is like comparing trees and comic books. One is made out of the other, and both can be pleasant to look at, but how we experience each is totally different.

An intact boy can have sex with a watermelon and experience great sexual pleasure. Post-restructure, I find that I can't rely on physical stimulation. My mind has to be in the right place, my emotions have to be fully engaged.

Perhaps nerves are damaged in the process of surgery too. I have learned a lot from women who survive genital mutilation, such as happens with so-called "female circumcision" in some other cultures. I can still experience fully satisfying sexual pleasure in my dreams, for the nerve endings in my brain are undamaged. And I find that other parts of my body are more erogenous than I would have suspected. (Either some kind of body compensation has happened, or I just hadn't discovered the g-spot on my scalp before).

Post-restructure, some of us may experience total loss of sexuality. Some may be euphorically orgasmic. And probably most of us will move back and forth between these extremes.

Taking care of a neo-vagina

Many post-surgical complications can be avoided by carefully following the proper procedures. Don't have (anal or vaginal) penetrative sex until the surgeon gives you the all clear. Breaking this rule is one of the major reasons for prolapse (where the vagina more or less caves in), or rupture. It's also very important to carefully follow the instructions for dilation to keep the vagina open. This must be done more frequently at first, but must be kept up even years afterwards (for as long as we want to have a functional vagina, basically). Surgeons quite often give us a boring test tube to use, but we may find a vibrator does a better job, since it makes relaxing the muscles easier. And we'll probably do a better job of maintaining the routine if it's enjoyable!

Many of us are overwhelmed by excitement when we finally get to the surgeons' office to book our operation, and may miss the instructions given. Make sure you have the instructions in writing. It's a very good idea to take a friend with you who can remind us of them.

Acknowledging loss

I was initially ecstatic about the removal of my penis, and am now very happy with my body as it is, but there came a time when I had to process the loss of my penis.

Having genital restructure means not only losing a penis, but all that went with it, such as (in my case) the ability to achieve sexual satisfaction with purely physical stimulation. Acknowledging these losses is not a symptom of regret for a "wrong" decision. It is a healthy way of adapting to change.

When we lose something that's been a major part of our lives (and frankly, if we go to all that trouble to have something removed, then it meant a lot, good or bad, to us), there's a natural grieving process to go through. This may not strike us till years later, but if we allow the process and acknowledge the loss, we'll be a lot happier in the long run. Staying in denial of our feelings or stopping a normal emotional process may add complications of substance addiction, compulsive behaviour or depression, and sooner or later we still have to be honest with ourselves.

When I asked for help to process my loss, I was advised to make a shrine to my "former self", to help me fully acknowledge, accept and then let go of my former experience of myself, I made this "shrine" by pasting up my "boy" and "pre-op" photos on my wall. Allowing this process has allowed me greater self-acceptance as I am now, my experience of my body as different from my post-puberty adolescence as that was different from my infancy.

What if we choose the wrong answer?


No one is born knowing all the right answers. And no one even dies having learned all the right answers, what's "right" one year may not be the next. We simply do the best we know how at the time. The more we allow ourselves to adapt to different circumstances, and not give ourselves a hard time for not knowing "then" what we know "now", the more happiness and fulfilment we will experience.

There are no ultimately "right" or "wrong" answers to the question of surgery. We simply do the best we know how at the time. What more would we ask of anyone else?

Even if we discover afterwards that we wish we hadn't chosen as we did, we don't need to be unhappy forever. We humans have the abilities to adapt to what may initially seem to be the worst situations. If we are open to the widest possible range of things and willing to let go of limitations, we find happiness and fulfilment no matter what.

No matter what decisions you may make or made about genital surgery or other alterations, may happiness and wholeness be yours.


norrie mAy-welby

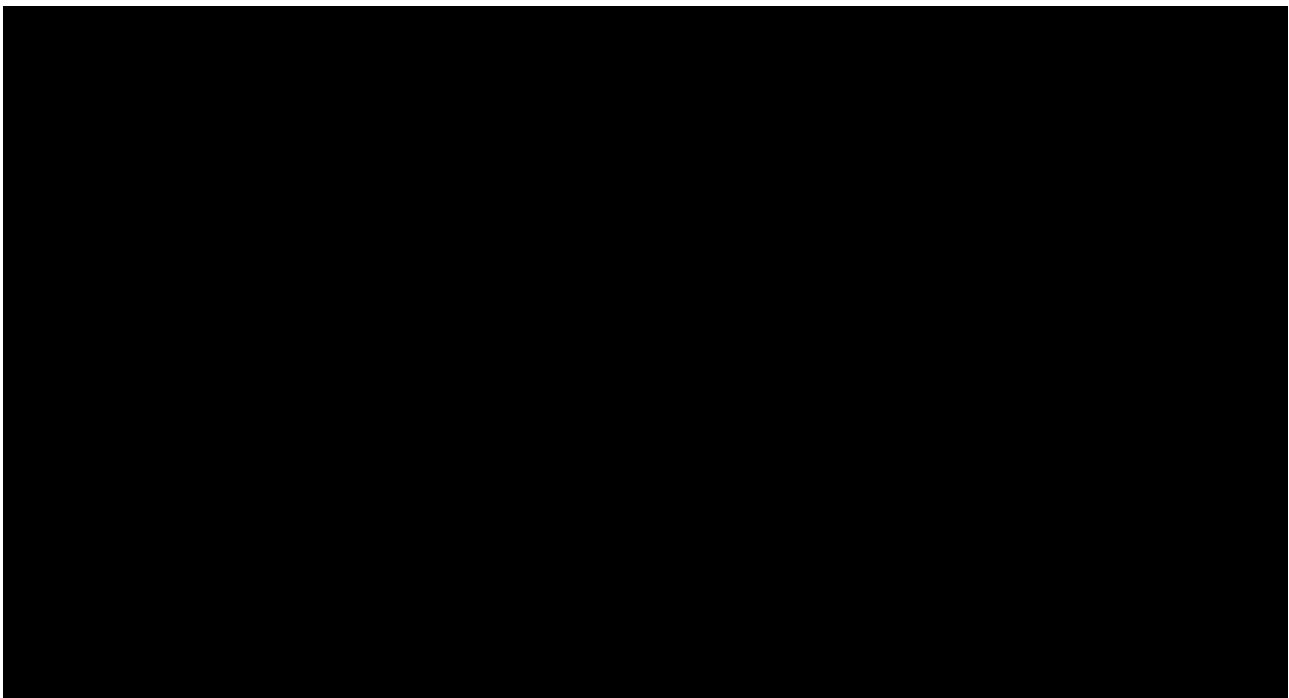
From [Wikipedia](#)  norrie mAy-welby became the first person in the world to be officially declared to be neither a man nor a woman, making Australia the first country in the world to recognise a "non-specified" gender.



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

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

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



[REDACTED]

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

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

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

Jessica's Transition Experience

Assaults and Beatings, I've Had My Share

by Jessica Elizabeth Blair

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

Today I am writing this account of my life. I hope that it will help someone else escape their gender prison. To my belief I was born a girl in a male body. Although my female side soon came out.

I was happiest when in my sister's clothing and make-up. When my father caught me wearing a dress I received the first of many bitter floggings. At school playing girl's games brought more thrashings. I never like rough boy's games such as football, cricket, and soccer. Girl's games like skipping and hopscotch were more my style. My family fought my sexuality and was utterly and thoroughly hostile and not supportive in any way at all.

I kept my female side bottled up and well corked because my family would not try to understand. I hid my female side behind "men talk" of girls and sex. I went out with girls but pretended to myself, that I was female and they were male. Although it really freaked, some of them out when it came to sex (because I can't have normal sex). Although some of my friends who are call girls tease me at times, by offering sex, they're very supportive and understanding.

The bottle burst in my late teens with attempted auto-castration and suicide. They said I was *non compos mentis* for a week. I recovered and was committed to a psychiatric centre (a malicious hell hole). After a week or so of psychiatry including E.C.T. and other very nasty treatments, I was discharged.

After my discharge the cork went back in and to suppress any female feelings I threw myself into my work. Until in 1976, when I made another self-mutilation and suicide attempt that was unsuccessful. My brother found me and although the pills were pumped out I was sick for a week. So back to Parramatta for three more months of "nasties".

My family is not supportive and still fighting my sexuality. A few years ago I was banned from their homes and totally disowned. I decided to change sex and gender I now live as a woman but as I'm in the middle of a legal battle my name cannot be legally changed until after a settlement is reached. Then I'll be able to pay for the operations and treatment.

I tried several psychiatrists, most just wanted to give me anti-depressants or psychiatric treatments. I finally found a good psychiatrist who is very supportive and easy to talk to. With the help and support of the Gender Centre, and my endocrinologist, maybe there is a light at the end of the tunnel. Now I have my referral in hand and although the setbacks keep coming. The doctors constantly say we need just one more referral or letter. I'm still eagerly waiting for my trans gender operation - soon I hope.

I am still recognised by neighbours and acquaintances no matter how I dress and make myself up. Assaults and beatings, I've had my share. After being recognised by a neighbours wife in the ladies' toilets I received another bashing. I'm moving to a different area so I will not be recognised as I have lived in Mount Druitt for over thirty years and very well known around the local shops and bus services.

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

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

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

Almost Heaven: My Vagina

In Search of Non-Judgemental Health Care

norrie mAy-welby

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



I told [the Gynaecologist] I was transgender ... She said she had worked in a hospital where they had performed the surgery but they had stopped because the nurses had moral objections to giving men vaginas

I just wanted to pass on a recent experience I had with health providers, as someone with a neo-vagina that needed medical attention. I

noticed I was 'spotting' that is, bleeding slightly from the vulva (is my doggy background showing here?), and became worried. I delayed going to a doctor immediately, for I feared that a G.P. wouldn't know how to deal with my surgically constructed part. I worried about it, and after about half an hour, I resolved to seek immediate medical attention if I was still spotting. I found that I was, and went to the local late night medical centre.

... the nurses had moral objections to giving men vaginas. I felt too vulnerable to ask if she shared their bigotry.

The old male doctor there briefly examined me, announced that the bleeding was from an external growth, and referred me to a gynaecologist. I wanted to be referred to a female gynaecologist, but he could only find men. I asked for a generic referral letter, and undertook to find a female gynaecologist myself.

Of course, having a gender identity somewhere between girly male and a tomboy, I was somewhat embarrassed about having to buy some panty liners

and ladies underwear. It took a determined effort to find some pants that fit the shape of my undercarriage without making a ridiculous statement with frills and flowers.

I spent the next morning at the Gender Centre trying to find a female gynaecologist, preferably with some knowledge of neo-vaginas. I had no luck in this last requirement, but I eventually made an appointment with a woman.

I told her I was transgender when I went in to see her. She said she had worked in a hospital where they had performed the surgery I'd had, but they had stopped because the nurses had moral objections to giving men vaginas. I felt too vulnerable to ask if she shared their bigotry. Regardless of the moral rightness or wrongness of my having surgery, it was a done thing, and I now needed medical attention.

She examined me, and told me there were more growths inside the vagina. She told me I'd need surgery to remove them, but this couldn't be done for several months. I left feeling as if my vagina was an open festering sore, a contagious leprosy I'd have to bear for months. For this I was given a bill for fifty dollars.

The more I reflected on her comments about moral condemnation of transgender genital restructure surgery, the more uneasy I was. If she didn't share the moral approbation she'd mentioned, wouldn't she have pointed this out? It was like someone saying, "I know someone who thinks people like you should be shot", without saying, "Of course I don't think that way."

I decided to try other options and went in to Sydney Sexual Health Centre the next day. After a wait of an hour or so, I was seen by a male doctor who was very pleasant and non-judgmental, accepted my explanation of my problem and treated me right there and then.

There was no charge to me, and I didn't even need my Medicare card.

In future, I won't worry about whether my gynaecological care is from a man or woman, but from a service I know to be non-judgmental, and as a bonus, more effective and efficient.

While this disease has been a bit yucky, there's also the sobering thought that I may have, caught something much worse and less curable. I'll count this a serious warning, and close escape. I have to be more vigilant in avoiding unprotected sex, and change my attitudes that lead to trying to get physical intimacy in lieu of emotional safety.


It's also had a major effect on how I see my transgendered physique.

I have been very offhand or ambivalent about having a neo-vagina, and during this incident I realised some bad aspects and some good aspects. The bad aspects were the fear that I couldn't find a doctor who'd know how to treat me, and the fear of medical

discrimination when and where I'm most vulnerable. The later fear perhaps even manifested, but I found ways around these things. The good aspect was realising that if I didn't have a vagina, I would still have had the infection, and it would've been in a place that would've been a lot more difficult, painful and unpleasant to treat.

So I'm a little less ambivalent now, and thank heaven for my vagina!


norrie mAy-welby

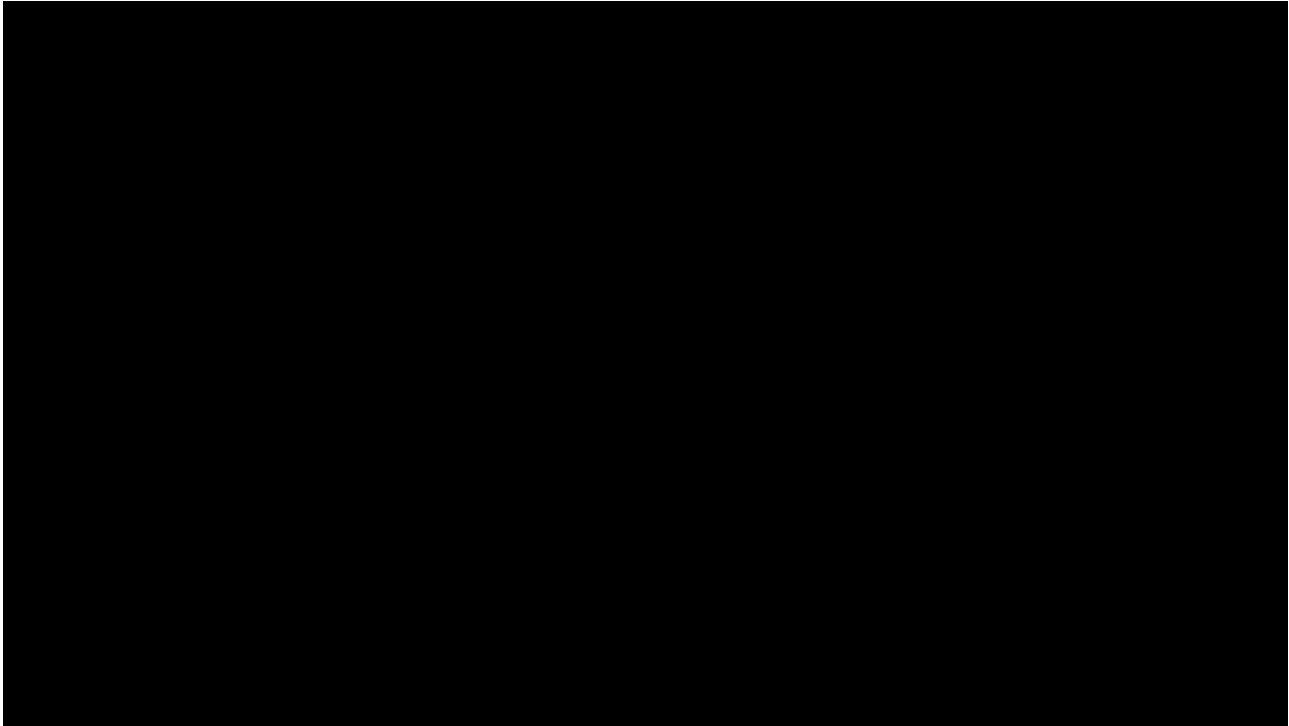
From [Wikipedia](#)  norrie mAy-welby became the first person in the world to be officially declared to be neither a man nor a woman, making Australia the first country in the world to recognise a "non-specified" gender.



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

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

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



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

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