

# Polare Edition 26

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## Editorial

by Craig Andrews, Polare Editor

**L**ots to read and report on in this issue 26 of *Polare*. Camp photos (front and page 19), a personal message from the "First Lady" (page 8) and our li'l intrepid transgender jet-setters - (pages 5 and 12) return jet-lagged, pens in hand to tell you all about it. Loads of letters to the editor this time round (page 6) and I seem to have ended with a bit of a theme on "Mirrors" (pages 14 and 17).

A huge thank you to Ms. Erica who put plenty of snaps on disk for the Gender Centre to include in this *Polare*. Thank you Erica! To finish up ... *Polare* has an exclusive on the discovery of a new syndrome that has been "discovered" - Double X Syndrome (page 10).

## Manager's Report

by Elizabeth Riley, Gender Centre Manager

**I**t is with great excitement that I report on a number of Gender Centre initiatives that are truly historic moments for the transgender community. The establishment of a working party under the auspice of the Department for Women represents an enormous step forward towards true equity for transgender people.

The working party was set up following an extensive period of lobbying various government ministers; The working party comprises permanent representatives from the Anti-Discrimination Board (A.D.B.), the Office of the Director of Equal Opportunity in Public Employment (O.D.E.O.P.E.), the Health Care Complaints Commission (H.C.C.C.) N.S.W., Department of Education and Training (D.E.T.), the Department for Women (D.F.W.) and the Gender Centre. Representatives from other government departments will be called in when required. The aim of the working party will be to address, and devise strategies for dealing with, the many issues facing transgender people in their everyday lives. I am greatly optimistic that in time the efforts of the working party will improve conditions for all transgender people.

The long-term networking with employers is starting to produce dividends. We have now established a wonderful working relationship with the Body Shop, which includes a positive approach to transgender employment, and an absolute commitment to human rights. The striking feature of the Body Shop's approach is their thoughtful preparations to guarantee that transgender employees will be treated with respect and dignity. They are determined that our partnership will be a successful and illuminating one for all involved. Expressions of interest from other organisations are slowly filtering in and I am sure significant changes in attitudes will increasingly provide access to employment for our community.

An increasing level of training has been conducted through

## Feature Articles



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### Boys will be Girls

In the recent years, Bangkok has become a Mecca for sex-change operations. Not only are transsexuals coming from Japan, Taiwan and the U.S., but also from Europe and Australia. Adding to the patient base is Thailand's large population transgenders known locally as katoey.

### The Third International Congress on Sex & Gender

The Gender Centre's Elizabeth Riley reports from the Third International Congress on Sex and Gender where 169 delegates representing transgender communities worldwide, many of whom chose to express their gender with wider diversity than the standard binary option.

### When Medicine Goes Too Far

Intended beneficence drives the medical management of children born intersexed. Many physicians assume that intersexed children, with their unusual genitalia, will be rejected by family and peers. So they recommend early cosmetic surgery to try to erase the signs.

### The Third International Congress on Sex & Gender

norrie mAy-welby reports from the third International Congress of Sex and Gender held in England and says that many of the doctors and therapists present accept a more diverse range of options available to transgender people, not only the long-standing medical model.

### Gender Mirrors

Have you seen your reflection in a mirror lately? Did you see a man, woman, transgender person? Sometimes looking at our reflection can be disappointing, other times exhilarating. Our reflection can also spark ideas about what and where we would like to be in the future.

the Department of Education and Training. The Gender Centre has provided training to teachers, student counsellors and students within the system on transgender issues and gender in general. Particularly encouraging is the Department's willingness to invite transgender people to address students. This is groundbreaking in the extreme and provides us with a wonderful opportunity to educate new generations to adopt better levels of respect for diversity. This may well be the first time anywhere in the world that transgenders have been given the opportunity to talk openly with young people, and it clearly marks a shift in the traditional thinking that has historically generated oppressive attitudes towards us.

We have been working closely with Corrective Services to ensure the effective implementation of the Transgender Prison's Policy which will see transgender People granted access to the goals of their gender-identity. While this has been in the pipeline for a few years, We are finally on the verge of seeing its implementation, This too is an exciting step forward in acknowledgement of transgender-identity and again, we believe, N.S.W. will be the first place in the world to initiate such a policy. Encouragingly we understand that the British Justice System has now requested information on this policy with the view to developing a similar one.

The long-term significance of the above, and other ongoing initiatives, will be to change cultural attitudes towards transgender people and create an environment where we can expect the same levels of respect and dignity that the majority of people take for granted.

## President's Report

by Leslie Findlay, Management Committee President

**T**he A.G.M. was held at the Y.W.C.A. on Wednesday the 30th September, from 7:30pm to 9:30pm. About 35 members attended, and after receiving the reports from the President, Col Eglington, and other management committee members, there was a very useful exchange of views on norrie mAy-welby's proposal to extend the wording on Gender Centre promotional material by including the words "transgender qualities" so that we better describe those of us in the community. The resolution was passed, and you will begin to see the new description as we use up the present stocks of promotional material and reprint new stocks.

At the election of the new management committee, Col Eglington and Polly Purser withdrew their nominations which resulted in the new committee being elected unopposed. The committee then elected new individuals to fill the various positions, and the new committee was as follows:

- » **President:** Lesley Findlay
- » **Vice-President:** norrie mAy-welby
- » **Secretary:** Kenn Robinson
- » **Assistant Secretary:** Cindii Edwards
- » **Treasurer:** Beverley Storrs
- » **Member:** Lisa O'Brien
- » **Member:** Bernadette Creswick

Since then, norrie mAy-welby and Lisa O'Brien have resigned, Cindii Edwards has taken over the position as Vice-President, and Dhanu River had been co-opted onto the committee.

Cindii Edwards has also volunteered to be coordinator of the float for the Gay and Lesbian Mardi Gras, and would be very appreciative of any and all the assistance that the membership can give. This will be a combined float, as Cindii proposed, the theme of "Tranny Care" applies to us all, boys and girls.

Elizabeth had a very successful trip to the U.K. representing the Gender Centre at the third "Transgender Agenda" conference, and she will be producing a full report for us soon.

The Tuesday night drop-in is continuing to be successful, Phinn and Sean are doing a terrific job. Lisa O'Brien has been helping as well, and all three deserve a big hug when you see them. Wednesday morning is still a bit quiet, so if you are in the area, do try it, even if we use Australian Tea.

Enjoy the rest of this issue of *Polare*, and keep bombarding Craig with your personal stories, as we all like to read those.

## News in Brief

from the pages of *Polare* Number Twenty-Six

### The Mirror Cracked

Carl's jaw hit the floor when he first became aware of people that considered their transsexualism a gift. Ten months he no longer resents the hand that he was dealt in life and knows that his transsexualism has made him a better person than him would've been without it.

### The Stigma of Being Transsexual

As a community we have come a long way, but Caroline feels that there is a way to go just yet. She considers that we have to educate society at grass-roots level with education programs in schools rather than having people believing what they read or see in the media.

## 1998 Minto Bush Camp

We had an absolutely magnificent time away at Minto Bush Camp. There was a turnout of fifteen people and everybody thoroughly enjoyed each other's company. As a worker with the Gender Centre, it was really exciting and fulfilling to see so many people come out of themselves and be in touch with nature's surroundings. We had lots of moments of laughter especially when everybody cross-dressed for Saturday night dinner. There were moments of chess playing, Chinese checkers, football, cricket and skinny-dipping. I had an amazing experience being able to swim naked without feeling paranoid or fearful of my body. I had nothing to hide, because I was around other people who identified as transsexual. norrie put on some shows when we were all sitting around the campfire. I thought the shows were absolutely wonderful. They were about gender. It was so beautiful to see everybody's expressions. We played charades around the fire also which led to Daniel and myself putting on a show as well. I would like to facilitate this event twice a year, preferably in the summer months due such a successful weekend and lots of positive feedback. I would like to thank everybody who participated in the event and I'd also like to thank the Management Committee who partially funded Minto Bush Camp - Sean.

The Minto bush camp was a terrific experience with a good number of young people coming along. This camp was a really good activity to have been involved in. Food was great, and there was a really good mix of people there at the camp. Sleeping arrangements were good, we weren't out in a tent anywhere and I'd really recommend that people get involved in future camps. We went bushwalking, sat by the fire and talked and just relaxed and had fun. - Melissa

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# Boys will be Girls

## In Bangkok, the 'Sex Change' Mecca

by Jerry Hopkins

Article appeared in Polare magazine: October 1998 Last Update: October 2013 Last Reviewed: September 2015



**Dr. Preecha Tiewtranon,**  
Assistant Professor of Plastic  
and Reconstructive Surgery.

**I**n the recent years, Bangkok has become a Mecca for what most of us call a 'sex change' operation and doctors call 'sex reassignment surgery' or S.R.S. Not only are transsexuals coming from Japan, Taiwan and the U.S., but also from Europe and Australia. Adding to the patient base is Thailand's

large indigenous population of transgender people known locally as the *katoey*. The specialist surgeons are there, the price is right, there's a greater acceptance of transsexuals and well, it's a good place for recreation and rehabilitation.

While no one seems to know quite how many of these procedures have been performed in Thailand, Dr. Preecha Tiewtranon, an Assistant Professor of Plastic and Reconstructive Surgery at the country's leading university medical school, does on average, two or three a week.

Maybe it's his slick Internet page? It is detailed and candid and includes examples of his artistry, as well as hotel costs and warnings about possible medical complications (among them minor infections, 'wound disruption' and a short vagina that may later require surgical lengthening). Indeed, going by Internet listings of surgeons in the United States, England,

Sweden, the Netherlands, Belgium, Germany, Singapore and Taiwan as well as Bangkok, Pattaya and Phuket in Thailand, S.R.S. is something of a growth industry.

Kelly Lynn Deloito, a thirty-six-year-old Hawai'ian-Portuguese, examined some of Preecha's earlier work on her 'sisters' before deciding whether to have the op. Another compelling factor was the cost \$US5,000 in Thailand, as opposed to \$15,000 in the U.S. (Thai's pay about half what foreigners pay).

The financial saving allows for a vacation in an exotic country, one of the most Buddhist of nations, Buddhism being the major world religion most accepting of homosexuality; *katoey* may not always be embraced in Thailand, but they are at least tolerated without prejudice, and gay entertainment venues are numerous. (And most TVs and TSs, whatever they may claim, remain gay men regardless of what they have done to their wardrobe and anatomy).

Before moving to Thailand, I had a live-in relationship with Vanessa, a transsexual in Hawai'i. I had met Preecha several times in his office when I was accompanying transsexual friends of friends who came to Bangkok to complete their gender metamorphosis. When Vanessa's friend Kelly came over for S.R.S., Preecha invited me to see how it was done.

After putting on my operating room 'scrubs', a paper hat, mask and booties, I was led into a brightly lit operating room at the spanking new Bumrungrad Hospital where Kelly lay on her back, anaesthetised, covered almost entirely by a leaf green cotton sheet. Her arms were supported at her sides as if on a cross, and strapped down to prevent movement, her legs were spread wide and hung in slings at the knees, also belted into place: still another strap held her waist. Except for her head and her hands with their manicured nails, all that could be seen was her groin; a penis lay limp on her abdomen.

Preecha briskly entered the room, fresh from a breast augmentation in a nearby operating room, and was helped into a clean surgical gown and Latex gloves. He proffered a cheery hello and slipped onto a low, stainless steel stool on wheels, rolled into position between the patient's legs, lifted her genitals and examined them.

Seemingly satisfied, he sketched a few lines in purple ink on the flesh beside the penis and then was handed an electric scalpel and began what he said was his '500-and-somethingth' sex change operation.

I thought about Vanessa in Hawai'i. Like most transsexuals, she didn't have her genitals surgically removed, satisfying herself with breast implants and weekly hormones shots, which discourages body hair growth and softened the angular corners that men have. Giving up orgasms, a natural consequence of the surgery, as a strong deterrent for her. Also, it was expensive and so, well, final. (Preecha told me later than most Japanese transsexuals have their testicles surgically removed rather than have the oestrogen

***While no one seems to know quite how many of these procedures have been performed in Thailand, Dr. Preecha Tiewtranon ... does on average, two or three a week.***



injections. The effect, he says, is the same.)

Despite her reluctance to go all the way, Vanessa was able to pass as a woman. When she poured her 162 centimetres and 52 kilos into a lemon yellow or Chinese red (these were her two favourite colours), size seven Spandex mini dress and stalked a smoky bar in heels, her little ass swinging seductively, she was irresistible.

One night, I stood on the sidewalk outside a Honolulu bar with some other queen, Vanessa joined us. "I smell fish!" one of the queens cried.

This is the nicest thing one queen can say, meaning the other is so convincing she gives off the metaphoric scent of her non-existent or surgically created vagina. "Yes indeed Miss Vanessa! You are the one. Tuna, straight from the can!"

Not all are so blessed, of course.

In the beauty contests many habitually enter - where most lip-sync to recordings by Diana Ross, Marilyn Monroe, Grace Jones, Judy Garland, Liza Minnelli, Bette Midler, Cher, Madonna and other favourites - judging is weighted to avoid penalising participants because they lack possibility. Points awarded for wardrobe, talent and poise are more important than those given for beauty or femininity.

Nonetheless, looks count, and during the time Vanessa and I were together, I met several queens who would have died, or even killed for her height, weight and shoe size.

Kelly Lynn Deloitto was Vanessa's best friend, one of seven children and one of fraternal twins; at birth, her brother weighed more than four kilograms and she only one and a half, a factor to which she now attributes her small and alluring stature. She met her boyfriend when she was 'working the phones' in San Diego, which means she took out an ad in one of the local sex papers offering her services as a transsexual, a not uncommon occupation in the U.S. for these women. They fell in love, she changed jobs, working for a short time as a housekeeping supervisor in a hotel before they moved to Maryland, where Clay gave her a Jaguar and paid for her airfare and surgical costs in Thailand. It was, he said, an engagement present.

The night before the operation, I took Kelly and her friend Kalei, out for drinks. (Kalei, who is also Hawai'ian and Portuguese, had had her sex change and breasts done by Preecha in years past and now was back to have her hips and thighs built up with silicone shots, not by Preecha but by another physician in Bangkok). We went to Casanova, the katoey bar at Nana Plaza.

I had taken others there before, so when I walked in, the girls flocked around and pulled off their tops to show their breasts, doing the same to Kelly and Kalei, who didn't mind at all. Some of the girls even dropped their G-strings. More than you-show-me-and-I'll-show-you-mine, this was a hands-on experience, as the girls checked out each other's implants for elasticity amid squeals and oohs and aaahs.

Pretty soon, Kelly was stripped to her underpants and heels, showing off her silicone hips and thighs, which is something the local girls rarely have done.

The next day at the hospital, after having her blood tested for H.I.V. and getting an enema and going through all the rest of the pre-operative rigmarole, Kelly said soberly, "I know that no matter what we do, we'll never be the gorgeous women we want to be, we'll still be pre-op or post-op transsexuals. But this means I'm doing all I can do. This is my new birthday.

In the operating room, an anaesthetist stood near Kelly's head. Five nurses were in attendance, as well as Preecha's associate, Dr Sattha Siritantikorn, formerly one of his students. After making his initial cuts with an electric instrument that simultaneously sliced and cauterised, the flesh was peeled back on both sides of the penis. The testicles were removed, the skin left in place to form the labia majora and minora, and a hole was cut between the anus and where the testicles had been. The surgeon enlarged the cavity with his gloved fingers. The other physician introduced a stainless steel suction tube to remove the blood.

Preecha then turned his attention to the penis, skinning it and removing most of the interior and leaving the hollow flap of skin still attached to the body. The penis skin was then turned inside out and the end was sewn to form a sleeve, which then was pushed into the vaginal cavity, an act that gives this surgical procedure its medical name, 'penile inversion'. A ten centimetre long sort of dildo, looking like an elongated, narrow egg was slipped into the cavity as the sleeve was stitched into position around it. The dildo was removed and the doctor inserted his fingers to feel if all was well.

Years ago, the skin of the penis was discarded and the skin was taken from another part of the body to form the vagina. This technique was abandoned because of the scarring where the grafts were taken and because the skin had no elasticity, whereas the skin of the penis is highly elastic. In some cases, the penis is too short to be practical as a vagina and a second operation may be necessary, using a piece of the colon to extend the vagina's length.

A catheter was then pushed into the urethra so that the patient could urinate during the first days of recovery. The doctor began stitching the catheter into place, and using the root of the penis and the shortened urethra to form a clitoris. Or, at least, a reasonable facsimile; there was no guarantee that it would be sensitive to stimulation. Ninety minutes had passed.

Preecha left for another operating theatre where he was due to perform another mammoplasty, as Sattha slipped onto the stool to begin the final stitching, forming the labia. Two small drains were inserted in the labia ridges to take away seepage during the five days that Kelly would remain in the hospital. The vagina was rinsed with a huge syringe of water and a funnel-like instrument was inserted with a condom pulled over the end of it. A surprising length of gauze soaked in antiseptic was then pushed through the funnel and into the condom, filling the cavity, to keep it open and clean. The funnel was removed, the condom was tied off and stitched to the patient's flesh to keep it in place.

Sattha invited me to examine his and his mentor's handiwork. Did it look like a vagina? There was a lot of swelling and some discolouration, natural following any surgical procedure. And the stitches and drains and catheter distracted from the beauty of the surgeon's creation, but yes, it did. Next the whole vaginal area was packed with gauze that was then taped into place with ten centimetre wide adhesive. Now only the catheter and second tube for blood drainage remained. Kelly was wheeled out and taken to a private room.

The next day, when I visited, she held up a jar. Inside floated what looked like a chicken neck with a penis top and two small eggs. "What do you think?" she asks of her abandoned testicles. "I can get them gold-plated, they'd make nice earrings, yah?"

Five days later she was back in her hotel room, where I found her lying on her back, nude, silicone breasts standing erect like pale oranges, a dildo, a real one this time, inserted into her vagina (with a condom and lubrication). Following doctor's orders, she did this several times a day to keep the cavity open and stretched.

"Look how much I had in there!" she exclaimed as she pulled it out. It looked like fifteen centimetres. "I'm so happy!"

That night we all went to a cabaret to see a drag queen show to celebrate. Two months later, Clay married the 'new' woman.

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# Third International Congress on Sex and Gender

## Elizabeth Riley Reports from Oxford, England

by Elizabeth Riley

Article appeared in Polare magazine: August 1998 Last Update: October 2013 Last Reviewed: September 2015

The conference was held at Exeter College, Oxford University, 18th-20th September 1998. 169 delegates representing transgender communities around the world attended. It was exciting to see that among the delegates were a large percentage of F.T.M.s and many people who chose to express their gender with wider diversity than the standard binary option of male and female. There was a clear sense of a worldwide transgender community coming of age and courageously prepared to self-identify and self-determine.

Several papers covering a wide range of topics were presented and a number of workshops were conducted. Topics included issues from medical techniques to lifestyle and family issues. Papers were presented on the basis of themes with generally three people presenting their papers in each session. Unfortunately, sessions were scheduled in timetabled blocks so it was not possible to attend every session. However, the sessions I did manage to attend were extremely informative and presented valuable perspectives on the issues facing transgenders in general, as well as specific issues relating to certain countries. It was interesting to note the different degree to which transgender rights were recognised in different countries.

One of the most interesting papers I was privileged to hear was delivered by Claire McNab, a member of Britain's "Press For Change:" transgender lobby group. Claire was speaking under the theme of "Critiques of Science and Medicine" Her paper, titled "Get Your Hands Out Of My Genes: Trans People and the Perils of Scientific Research" raised some major points for concern in the scientific and medical obsession with discovering the "cause" of transgenderism. Following is an abstract of that paper which clearly expresses those concerns:

**"A polemical and political analysis of the risks posed to trans people by research into the origins and causes of transgenderism, examining in particular the discourses of researchers into brain structure and genetics, and the potential uses and abuses of research findings. Drawing on the experience of research into the body, with particular reference to twentieth century experiences of social Darwinism, eugenics, and the politics of fertility.**

**Research into the origins of transsexualism has provided an important counter to the prevailing psychological explanations of the basis of transgender expression, and may have been critical to some key legal cases. However, it does not liberate trans people from the presumption that as deviant people, their abnormality can be tolerated only if it's origins are proven and unavoidable. Research into causes of transgenderism is not merely an extension of colonial discourses which objectify and disempower trans people; it carries with it severe threats, including the screening of prospective parents and testing of foetuses to prevent the birth of trans children (already proposed by researchers in the field), and it threatens to create new hierarchies of "proven" and "unproven" trans people. Such research should be resisted, and transgender rights championed as a fundamental freedom and a reflection of human diversity."**

This places us in the interesting binary between: an assumption that if a cause can be established for transgenderism we will all become socially acceptable and overcome the common "deviant" perspective, contrasted by the very real danger that establishment of that same cause might lead to preventative processes aimed at eliminating the existence of transgender people. This provides very solid food for thought and I agree wholeheartedly with the closing sentence of Claire's abstract.

While this paper, and the other papers presented under this theme, struck a powerful chord for me, all the sessions I attended were highly valuable and were strongly reaffirming of transgender identity. It is the intention of the organisers to publish all the papers delivered at the conference and we look forward to receiving our copy and making it available as a resource to the transgender community in Australia.

In relation to the home front I was asked on a number of occasions to explain the role of the Gender Centre. I admit to being quite surprised at the amazement people expressed when they learned that our organisation was government funded. Most transgender organisations exist on scant funds provided through donation or membership, so they were quite in awe that in N.S.W. we could boast a supportive government. It gave me a new appreciation of the status we have managed to achieve in N.S.W. and of the invaluable

***... if a cause can be established for transgenderism we will all become socially acceptable, contrasted by the very real danger that establishment of that same cause might lead to eliminating the existence of transgender people.***

resource we have in the Gender Centre. I would venture to say, in most areas surrounding transgender rights worldwide, we are leading the way in N.S.W..

Finally, I am pleased to be able to report that the Australian contingent has won the right to host the Fifth International Conference on Sex and Gender in Sydney in the year 2002. We are excited at the opportunity this will afford every member of our community to enjoy the benefits of interaction with the international community. Organisation of the event will be a big task and we will be calling for volunteers in the months preceding the conference. Since 2002 also sees the staging of the Gay Games in Sydney we are hoping to stage the conference on either side of this event to ensure maximum international attendance.

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# When Medicine Goes Too Far

## In Pursuit of Normality

by Alice Dreger, Professor of Clinical Medical Humanities & Bioethics at Northwestern University, Feinberg School of Medicine, Illinois U.S.A., reprinted from the [New York Times](#) Tuesday 28th July 1998.

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Alice Dreger, Professor of Clinical Medical Humanities & Bioethics at Northwestern University, Feinberg School of Medicine, Illinois U.S.A.

I realised recently that I suffer from a genetic condition. Although I have not actually had my genome screened, all the anatomical signs of Double-X Syndrome are there. And while I could probably handle the myriad of physiological disorders associated with my condition, bouts of pain and bleeding coming and going for decades, hair growth patters that obviously differ from "normal" people's, the social downsides associated with it are troubling.

***Many physicians assume that intersexed children, with their unusual genitalia, will be rejected by family and peers.***

Even since the passage of the *Americans With Disabilities Act 1990 (U.S.A.)*, people with Double-X remain more likely than others to live below the poverty line, more likely to be sexually assaulted, and are legally prohibited from marrying people with the same condition. Some potential parents have even screened foetuses and aborted those with Double-X in an effort to avert the tragic life the syndrome brings. Perhaps you know Double-X by its more common name: "Womanhood".

This fact of my "genetic condition" came to me one evening as I sat in a conference room of our local hospital participating in a community dialogue sponsored by the Human Genome Project. Our group had just finished reading a rather bleak description of the anatomy and life of the "average" woman with Turner's Syndrome: "webbed neck, short stature, no chance for bearing children" and so on. Turner's Syndrome, which affects roughly one in 2,500 girls born each year, arises when a person is born with a single X chromosome and

no Y. It is essentially, a "single-X" syndrome.

Our group was discussing the genetic screening of pre-implantation embryos, and given the depressing description of Turner's provided to us, no wonder most everyone in the room, pro-choicers and pro-lifers alike, saw Turner's as a "sad" genetic disease.

But I had by then, been studying human Intersexuality - anatomical sexual variations, including Turner's - for several years, and had talked with and read the biographies and autobiographies of many people born intersexed. I knew that women with Turner's would describe their lives with more balance. So I began to think about how a woman with single-X and a sense of humour could describe the life of those of us women with double-X, and came up with the above portrayal.

My point is not that people with unusual genetic conditions do not suffer more than those without them; clearly, many do. But I am troubled that I see ever more cases in which psycho-social problems caused by stereotypes about anatomy are being "fixed" by "normalising" the anatomy. There are serious downsides to this, both for the person being "normalised" and for those around her.

Take for example, the "treatment" of short stature. Some pharmaceutical companies and physicians have advocated giving human growth hormone injections to very short children in an attempt to help them grow taller than they otherwise would. Profound short (and tall) stature may lead to disorders like back problems because our culture structures the physical world for average-height adults. But no one advocates using the hormone to prevent back problems.

Hormone treatments are used because of the presumption that an adult of short stature will not fare as well socially as one of average size. Indeed, statistically, taller men are more likely than shorter men to be hired, given a raise, or elected President.

Average-sized people see short people and tend to feel sorry for them. Getting short children to grow more seems pretty beneficent.

The same kind of intended beneficence drives the medical management of children born intersexed. Many physicians assume that intersexed children, with their unusual genitalia, will be rejected by family and peers. So they recommend early cosmetic surgery to try to erase the signs.

What's wrong with these "normalisation" technologies? First, it isn't clear that they work. It seems that if an unusual anatomy leads to a psycho-social problem, "normalising" the anatomy should solve the problem. But of the few follow-up studies that have been done on intersex surgeries, none examine the psychological wellbeing of the subjects in any real depth. Most simply report on the statues of the

post-surgical anatomy, while a very few report on whether the subjects are married (psychological health is presumed from this).

Psychological follow-up on the growth hormone treatments is similarly lacking. A study published in the 23rd March [1998] *Lancet* reported that a randomised trial of the hormone in short "normal" girls resulted in the treated girls' averaging a final, height of almost three inches more than the control group, but added that "no significant psycho-social benefits have yet been shown".

More worrisome than the loss of focus in these studies is the fact that these treatments often backfire. Children subjected to these kinds of treatments often report feelings of inadequacy and freakishness as a direct result of their parents' and doctors' attempts at normalisation. And the treatments are not without physical risks. For example, intersex surgeries all too frequently leave scarred, insensate, painful and infection-prone genitalia.

So anatomy focused have we become that children with unusual conditions are often not provided any professional psychological counselling.

Nor are their parents, who are dealing with their own feelings of confusion, shame, grief and worry. The result is the message that the problem is primarily anatomical and by consequence, a "fault" of the child and perhaps also the parents.

By extension, a dictate then kicks in: If you can fix it, you should. A friend of mine recalls the time a plastic surgeon came up to him at a party, looked at his nose and said, "You know, I can fix that". When my friend said, "No thanks", the plastic surgeon appeared to think my friend a little crazy. As normalising technologies become more accessible, people are expected to be bothered by their "unusual" features and expected to want to fix them.

Some surgeons say they normalise intersexed children because it is too hard to be different. One points out that we still live in a nation where dark-skinned people have a harder time than light-skinned people do. But would he suggest we work on technologies to "fix" dark skin? Would we call people who refuse to lighten their children cruel luddites?

The funny thing is, when I ask people with dark skin if they would change their colour, they tell me no, and when I ask women if they would rather be men, they tell me no, and I get the same response when I ask people with unusual anatomies if they would take a magic pill to erase their unusual features.

They tell me instead, that they would support an end to social stereotypes and oppression, but that they would not trade themselves in for a "better" model. This sentiment even comes from conjoined twins. Chang and Eng Bunker, the conjoined brothers born early in the nineteenth century and dubbed the Siamese twins, confessed that they preferred their state because it enabled them to bring a "double strength and a double will" to each purpose. Similarly, women born with big clitorises confess to liking their unusual anatomy. But this is the absolutely forbidden narrative - not only rejecting normalisation but actively preferring the "abnormal".


What do I suggest? First, a few basic realisations. In spite of medical advances, unusual anatomies generally cannot be fixed in any significant way without significant risk, and that risk, when medically unnecessary, should be approved by the person at risk.

We also need to remember that just because it makes sense that you ought to be able to fix anatomically based psychosocial problems anatomically, that doesn't mean it is so. Working to eliminate social stereotypes would be more effective and better for everyone in the long run. I do not wish to see options entirely withdrawn from mature patients; I am suggesting we slow down the "normalisation" of children, many of whom are likely to gain much more from acceptance and psychological support than injections and scalpels.

But how do we fix the social problem? When I talk about intersex, people ask me, "But what about the locker room?" Yes, what about the locker room? If so many people feel trepidation around it, why don't we fix the locker room? There are ways to signal to children that they are not the problem, and normalisation technologies are not the way.

Instead of constantly enhancing the norm - forever upping the ante of the "normal" with new technologies - we should work on enhancing the concept of normal by broadening appreciation of anatomical variation. Show potential parents, medical students and genetic counsellors images of unusual anatomies other than the deeply pathologised ones they are typically given. Allow those with the unusual anatomies to describe their own lives in full and rich detail. Even let them tell the forbidden narrative of enjoying their Double-X Syndromes.

## Turner Syndrome

Edited from [Turner Syndrome Society of the U.S.A.](#):  Turner Syndrome is a chromosomal condition that describes girls and women with common features that are caused by complete or partial absence of the second sex chromosome. The syndrome is named after Dr. Henry Turner, who was among the first to describe its features in the 1930s. Turner Syndrome occurs in approximately 1 of every 2,500 female births and in as many as 10 percent of all miscarriages.

Diagnosis is made through a test called a karyotype, which is usually performed on cells in the amniotic fluid before birth and on cells in the blood after birth. The most common feature of Turner syndrome is short stature. The average height of an adult Turner Syndrome woman who has not received human growth hormone treatment is 4ft.8in.. Individuals tend to be a little shorter at birth. Growth failure continues after birth, and most girls with Turner Syndrome fall below the normal female growth curve for height during early childhood. Turner Syndrome girls who are not treated with hormone replacement usually do not have a pubertal growth spurt; many will continue to grow at a slow rate until they are in their twenties. Many girls who undergo growth hormone treatment have been able to achieve the lower range of typical adult height.

Approximately 90 percent of Turner Syndrome individuals will experience early ovarian failure. In the general population, the ovaries produce eggs and hormones necessary for the development of secondary sexual characteristics. Oestrogen replacement therapy is necessary for breast development, feminine body contours, menstruation and proper bone development. About a third of Turner Syndrome individuals will show some signs of breast development without oestrogen treatment;

however, many will not complete puberty, and those that do often have premature ovarian failure. Therefore, the majority of individuals will require oestrogen from puberty until the typical age of menopause. Fertility without assisted reproduction therapy is rare (less than 1 percent).

For further information about Turner Syndrome, please refer to:

Turner Syndrome at [Wikipedia](#)

[O.I.I. Australia](#) [Turner's Syndrome Association of Australia](#)

[Turner Syndrome Society of the U.S.A.](#)

[Turner Syndrome Support Society \(U.K.\)](#)

## Alice Dreger

Edited from the [Northwestern University website](#): Alice Dreger, Professor of Clinical Medical Humanities and Bioethics, earned her PhD. in History and Philosophy of Science at Indiana University in 1995. Throughout her career as an academic and patient advocate, Dreger has made a practice of using the tools of the humanities — particularly history — to work on issues of social justice in science and medicine. A fellowship recipient of the John Simon Guggenheim Memorial Foundation, Dreger is internationally recognized as an expert on sex anomalies, conjoined twinning, and contemporary scientific controversies. The unifying concept in her work has been the idea that evidence constitutes an ethical imperative.

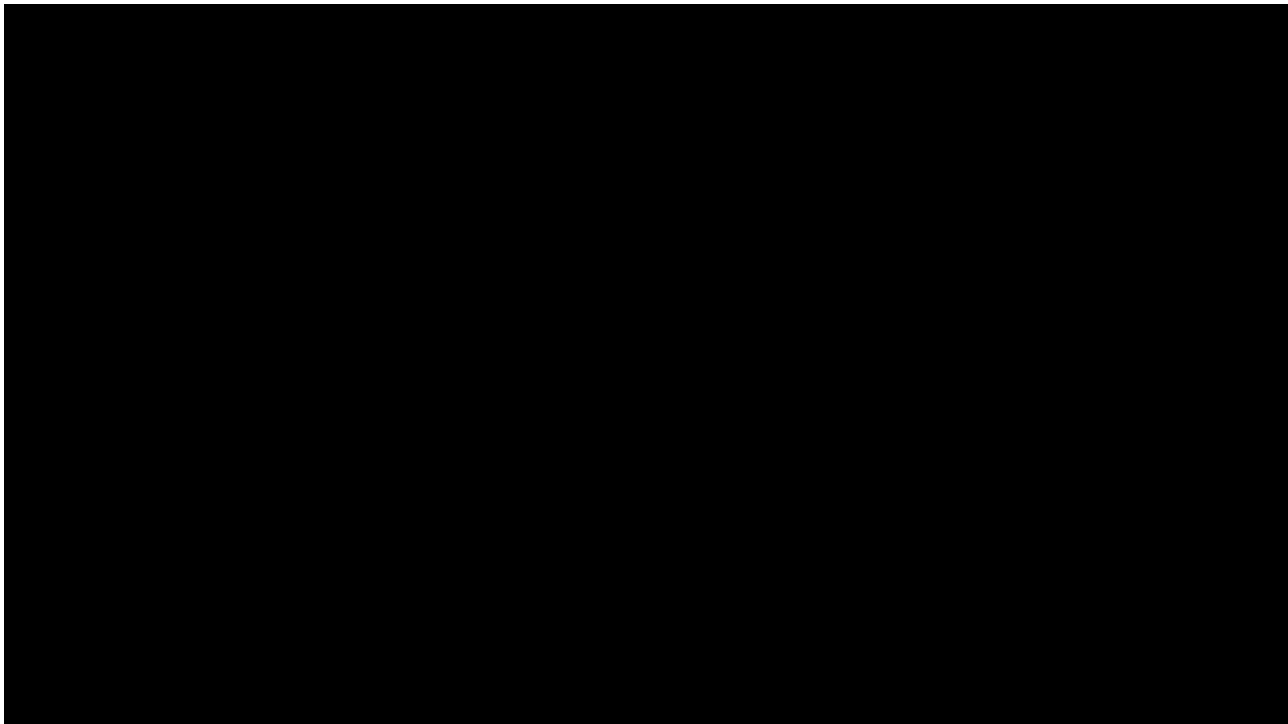


Since 1998, Dreger's essays on science, medicine, and life have regularly appeared in the *New York Times*, the *Wall Street Journal*, the *Chicago Tribune*, and the *Washington Post*. She is today a regular columnist for the Hastings Centre's Bioethics Forum and a guest blogger for *Psychology Today* where many of her essays have been named "essential reads" by the editors. She has appeared on dozens of broadcasts as an expert on sex anomalies and conjoined twins, including on CNN, H.B.O., A&E, Biography, Discovery Health, the BBC, and the Oprah Winfrey Show.

An award-winning writer, Dreger focused her first two books on the biomedical treatment of people born with atypical sex anatomies. *Hermaphrodites and the Medical Invention of Sex* (1998) is now in its sixth printing. The edited 1999 anthology *Intersex in the Age of Ethics* constituted an expansion of a special issue of the *Journal of Clinical Ethics* as guest-edited by Dreger.

In 2005, after serving as a Director of the Intersex Society of North America for seven years, Dreger led an unprecedented consensus group of clinicians, affected adults, and parents known as the Consortium on the Management of Disorders of Sex Development. She functioned as the project coordinator and editor-in-chief of the *Clinical Guidelines for the Management of Disorders of Sex Development* and the companion *Handbook for Parents*.


For more information about Alice Dreger, please visit her [website](#)



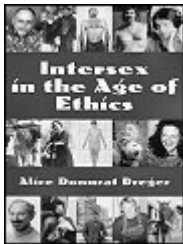
Alice Dreger works with people at the edge of anatomy, such as conjoined twins and intersexed people. In her observation, it's often a fuzzy line between male and female, among other anatomical distinctions. Which brings up a huge question: Why do we let our anatomy determine our fate? Find out more in this video courtesy of TEDx and You Tube.




Author: Alice Dreger  
Published by: Harvard University Press (2000)  
I.S.B.N.-13 978-0674001893.

**From Amazon Books:**  Punctuated with remarkable case studies, this book explores extraordinary encounters between hermaphrodites - people born with "ambiguous" sexual anatomy - and the medical and scientific professionals who grappled with them. Alice Dreger focuses on events in France and Britain in the late nineteenth century, a moment of great tension for questions of sex roles. While feminists, homosexuals, and anthropological explorers openly questioned the natures

and purposes of the two sexes, anatomical hermaphrodites suggested a deeper question: just how many human sexes are there? Ultimately hermaphrodites led doctors and scientists to another surprisingly difficult question: what is sex, really? *Hermaphrodites and the Medical Invention of Sex* takes us inside the doctors' chambers to see how and why medical and scientific men constructed sex, gender, and sexuality as they did, and especially how the material conformation of hermaphroditic bodies - when combined with social exigencies - forced peculiar constructions. Throughout the book Dreger indicates how this history can help us to understand present-day conceptualizations of sex, gender, and sexuality. This leads to an epilogue, where the author discusses and questions the protocols employed today in the treatment of intersexuals (people born hermaphroditic). Given the history she has recounted, should these protocols be reconsidered and revised? A meticulously researched account of a fascinating problem in the history of medicine, this book will compel the attention of historians, physicians, medical ethicists, intersexuals themselves, and anyone interested in the meanings and foundations of sexual identity.



Intersex in the Age of Ethics  
Author: Alice Dreger  
Published by: University Publishing Group (1999)  
I.S.B.N.-13 978-1555721008.

**From Amazon Books:**  The range of ethical issues that arise in regard to the treatment of intersex infants, children, and adults is representative of clinical healthcare ethics generally. By incorporating the perspective of patients and their stories in its account, *Intersex in the Age of Ethics* does more than introduce the question of healthcare ethics in microcosm, it leads the reader to examine the effect of ethical reflection on the lives of patients.

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# Third International Congress on Sex and Gender

norrie mAy-welby Reports from Oxford, England

by norrie mAy-welby

Article appeared in Polare magazine: August 1998 Last Update: October 2013 Last Reviewed: September 2015

A fairly large number of Australians presented at the Third International Congress of Sex and Gender held in Oxford, England last month. Only one was from the old school of one option transsexual medicine. The others included a contingent from International Foundation for Androgyny Studies, a couple of intersexed academics, a pro-visibility professional, and a prominent spansexual activist. This was a microcosm of the entire conference, energised by transgender community professionals, academics, and activists.

*This Congress was full of transgendered professionals exploring and expanding the range of options for transgender people*

(By "transgender community", I mean the whole range of transsexual, cross-dresser, intersex, male-to-female, female-to-male, bi-gender, surgical, non-surgical, "part"-surgical, hormonal, non-hormonal, partners, parents, young and old present.)

Herbert Bower, from Melbourne's Gender Dysphoria Clinic, wailed about the "widening gap between the medical model and the non-medical model." However, what he failed to grasp was obviously well understood by the majority of (transgender and non-transgender) doctors and therapists present: - That there are more than two models for transgender people to choose from. They talked not about "the medical model", but about plural and diverse models that allowed for combinations of selections from the full range of medical and other options.

Esben Benestad / Esther Pirelli, a bi-gendered therapist from Norway rejected the term "Gender Dysphoria". "I've never met anyone who is not happy about their gender. They're very happy about it. It's their bodies they are dysphoric with." Zie suggested that this (gender-related) body dysphoria is not dissimilar to other body dysphorias such as bulimia or anorexia, or those that lead to presentation for plastic surgery.

In a session on treatments for young people, Esther said "The quest is not for the possibly transgendered child or adolescent to understand or take care of the world, but for the world to understand and take care of the transgendered." Zie asserts that transgenderedness is not a disease (and can thus not be treated), but that the main source of pain and trouble for transgendered young people is the way they are met and perceived by the world. The main therapeutic route to a better situation for the identified transgendered is to treat their world of significant others: parents, teachers, siblings, and so on.

Claire McNab, a prominent activist with Press For Change, conducted workshops on using mass media and particularly the internet for lobbying, education, networking, support, and producing swift mass actions. Press For Change is the British umbrella group for transgender activism.

Perhaps because of the packed and competing program, few people attended my H.I.V. paper, but we did network on this issue during the Congress. I was most disturbed to hear of H.I.V. funding being withdrawn on the basis of less AIDS beds being needed, as a presumed result of combination therapies. Well funded peer-based H.I.V. prevention programs are also a likely cause of declining AIDS cases, and cutting support for prevention programs will have disastrous results.

Elizabeth Riley, Coordinator of The Gender Centre in Sydney, advocated for the advantages of "visibility". Being out about ourselves allows us to be educative, usually creating positive responses in people who "just hadn't met anyone like that before." Of course, this doesn't mean being an advocate twenty-four hours a day, seven days a week. In my workshop (which deconstructs sex and gender), I pointed out that although I asserted my gender as "neuter" for the Australian Electoral Commission, I was happy to have a gender-normative passport. Sometimes, "passing" can be the sensible expedient (for example, in getting through Customs easily), and other times maybe more appropriate to insist on recognition of our own specific identity.

Julia Greenberg, a legal academic from California, talked about the legal status of transgender people. She outlined various determiners of gender, hormonal, anatomical, psychological, and chromosomal. If these are not all congruent and one has to be chosen as the determining factor, she posits that it makes most sense to determine the social gender according to the individual's psycho-social gender-identity.

The final plenary heard of an intersex infant recently born in England. It is still not clear which gender is "most predominant in this individual, but one has to be specified on the birth certificate. The registration of birth can be delayed for up to nine months, but the psycho-social gender will still be unknown by then, and even a best guess of the predominant somatic gender may be later "disproven". This case highlights the difficulties caused by legal insistence on a single (exclusive) gender-identity that may have no basis in reality.

The first Congress was very much dominated by non-transgendered professionals searching for the answers for their troubled patients.

This Congress was full of transgendered professionals exploring and expanding the range of options for transgender people, our families and friends, and the wider societies we live in. This was a change in dynamics from "Here is the answer for you, if you fit criteria X, "to" What combination of options might suit you? and "What support do you need in order to be happy where you want to be?"

It was an exceptionally illuminating, educative, networking and supportive experience, well worth the expense of travel, the outrageous cost of living in England, and the discomfort of upending our body-clocks. The next one will be in Pennsylvania, but there was wholesale support for Sydney in 2002.

Thanks to A.F.A.O., Australian Federation of AIDS Organisations (who put up most of the bucks for the airfare), SWOP (my lovely employer who paid the Congress registration, my wages, and travel allowance), The Gender Centre (who threw in a bit to help out with airfare and extras), and to Bobi, who (through a broad email appeal to Press For Change) billeted me in London and showed me a couple of the traps.

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## Gender Mirrors

### Do You See a Man? A Woman? A Transgender Person?

by Gianna E. Israel

Article appeared in Polare magazine: October 1998 Last Update: October 2013 Last Reviewed: September 2015



Gianna E. Israel

**H**ave you run into the gender mirror lately? What happened when you looked at your reflection? Did you see a man, woman, transgender person? Sometimes looking at our reflection can be disappointing, other times exhilarating.

*I grew to enjoy seeing those masculine traits as long as they didn't cause problems*

A lot happens each time we look into any mirror. Certainly we see our reflection. However if we linger long enough we can also see other things. Seeing one's reflection can spark memories of who we are and where we've been. This includes our disappointments and successes perhaps. Our reflection can also spark ideas about what and where we would like to be in the future.

Many transgender men and women feel very dissatisfied when they look in the mirror. Occasionally seeing the remnants of their previous gender role may make them feel regrets for what they could not experience in their former lives. Some also feel bad about remnants of their old gender because of others' opinions. They may have been told that they didn't give their original gender role a chance to work, and so try to fit in, making their life more difficult.

As a transgender woman I am quite pleased to have lived as myself, as a woman, for many of the past years. Before then, for a number of years, I disliked looking in the mirror and seeing traits of masculinity. However as my life became more settled I grew to enjoy seeing those masculine traits as long as they didn't cause problems. After all, how many women could profess to having both pretty and tomboyish traits.

Granted, I realise some people may view my reflections as different. There are occasions when looking in the mirror can be acutely painful. For some, the gender may be wrong. Or, perhaps a person's facial structure isn't as wished. Sometimes a person may just be having a bad hair day. There are other reasons why it can be hard to look in the mirror. These can include some outside reason, or possibly some inner hurt not noticeable by others.

Can you think of outside reasons a person may not like looking in the mirror? If you are like many of my clients and myself, I bet you can list half a dozen reasons. At the top of the list is harassment and persecution. It's sometimes hard to feel good while looking in the mirror while much of the world is saying we look ugly, deviant, or should die. Those people are giving us the message that they don't care about our feelings and that is emotionally devastating at times.

Some of the internal or inside reasons a person may find it painful to look in the mirror are easy to understand. A person may not feel comfortable with their gender presentation because of its newness. Or, the person may suffer from depression or lack of confidence. The fact is, it isn't easy being transgendered. Building the self-esteem needed to feel good about yourself when the world is against you is very hard work! There are a lot of issues to focus and think about before feeling good about oneself is possible.

One of the questions I encourage my counselling clients to ask when they look in the mirror goes as follows: Is this a person I find lovable and respectable? If the answer is yes, you have a head start into asking that others treat you with the same respect that you give yourself (and hopefully others). However, if the answer is no, you would be well-served to keep looking in the mirror until you can pinpoint lovable and respectable traits unique to you.

Sometimes it isn't possible to find an overwhelming number of lovable and respectable traits immediately. I know personally, during difficult times I may have felt comfortable with my gender identity, however finding other positive traits wasn't so easy. It took several serious minutes of reflection. Sometimes I found it necessary to call a friend I trust and tell them I was having an identity crisis.

An identity crisis happens most frequently when you look in the mirror and say, who or what the hell is that? Is that a freak? Is that a complete stranger? During times like this don't call 911! Instead, remind yourself that you are not alone in the search for who you are. Everyone else does the same thing, sooner or later, transgender or not. Take time to learn what is good about yourself. Once you figure a few positive things out, tape a note or list right next to your mirror. Think about what the list says, and become accustomed to feeling and seeing what is good about you.

I like self-identity mirror exercises. Perhaps the neatest one goes as follows. Some mornings before you put on your clothing and face for the day, take a moment to look in the mirror. This nude reflection you see is who you really are. You are that much a man, woman, transgender person and human. What I like most is that we can add to and take away from various presentations and appearances. We are gifted with the ability to transition from wild and exotic to sensible and sociable in a manner of minutes with just a change of wardrobe and make-up. Learn to recognise this flexibility in yourself. Take into consideration the fact that the more flexible and willing to change that you are, the more adaptive you will become while dealing with life's circumstances.

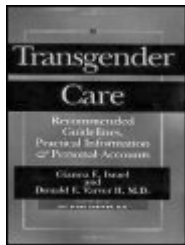
## Gianna E. Israel

**From Susan's Place:**  Gianna E. Israel was a therapist and author of many online articles regarding transsexuals and gender transition as well as the 1997 book *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*.




She also published numerous articles on transgender issues, including a regular column in the magazine, *Transgender Tapestry*, and a series of gender articles which are published on Usenet and in C.D.S. Publication's TG Forum. Her writings on gender issues had a significant impact on the field and had an enormous impact on many people's lives. She spent nearly 20 years providing gender-specialized counselling, evaluations, medical recommendations, and mental health services across the United States. She even offered appointments by telephone for individuals without local support or who found office visits difficult. She was a member of H.B.I.G.D.A. and worked with thousands of transpersons in all stages of transition. She passed away on 21 February 2006 after a long illness and is a sorely missed supporter of the trans community.

A full list of her essays on the "Differently Gendered"  website



**Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts**  
Author: Gianna E. Israel, Donald E. Tarver and Diane Shaffer  
Publisher: Temple University Press (1998)  
I.S.B.N.-13 978-1566398527.

**From Amazon Books:**  By empowering clients to be well-informed medical consumers and by delivering care providers from the straitjacket of inadequate diagnostic standards and stereotypes, this book sets out to transform the nature of transgender care. In an accessible style, the authors discuss the key mental health issues, with much attention to the vexed relationship between professionals and clients. They propose a new professional role; that of "Gender Specialist".

Chapters 3, 4, and 5 provide definitive information (in the context of consulting health professionals) on hormone administration, aesthetic surgery, and genital reassignment surgery. Chapter 6 takes up the little-examined issue of H.I.V. and AIDS among transgender people. There is also a chapter devoted to issues of transgender people of colour, as well as a chapter on transgender adolescents. The book contains a wealth of practical information and accounts of people's experiences about coming-out to one's employer or to one's friends or spouse. Several essays spell out the legal rights of transgender people with regard to insurance, work, marriage, and the use of rest rooms. The second part of the book consists of thirteen essays on a range of controversial topics.

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# The Mirror Cracked

## People Actually Consider their Transsexualism a Gift?

by Carl Buijs

Article appeared in Polare magazine: October 1998 Last Update: October 2013 Last Reviewed: September 2015



**I**n a support group last evening, someone asked what we saw when we stood naked in front of a full length mirror. I dislike doing this, but did as suggested and stared at this body for many moments. And cried. And cried. This is not fun. It is a curse.

***I no longer resent the hand I was dealt in life. I know my transsexualism made me a better person than I would've been without it.***

Well, one shouldn't stand naked in front of full length mirrors. It's a very stupid thing to do! When I started my career at the Gender Team of the Free University Hospital, Amsterdam, I was given a stack of papers with questions. A lot of them were quite funny because they were totally irrelevant or impossible

to answer, but one in particular stood out: "How do you feel when seeing yourself in a mirror, naked?" I laughed my guts out, I just couldn't believe that they actually thought I'd ever done such a thing.

For me, growing some hair here and there, losing some fat here and, well no, actually just there, and gaining some muscle volume in significant places has worked wonders. I trust I needn't tell anybody that my upcoming mastectomy is going to work some more.

Many, many months ago (ehm, ten actually) I listened to people in this newsgroup saying that they were happy about their path in life, that they considered their transsexualism a gift, and that they wouldn't have wanted it any other way. My jaw is still bruised from its collision with the keyboard when it dropped. I thought that they'd been out in the sun too long. Now, ten months later, I find myself among the people who take pity in the cisgendered, who lead such boring lives and experience no significant events in life that shape one's character. I no longer resent the hand I was dealt in life. I know my transsexualism made me a better person than I would've been without it.

I have now found out why I can say this now, and why I couldn't believe this could be true for my body, let alone me, only a year ago. The difference is happiness. I once thought that if I'd be able to accept my transsexualism instead of resent it, I'd be happy. Turns out it's the other way around. Happiness came to me, and all of a sudden I became at peace with my transsexualism.

How did happiness come to me? It's all in the follicles! Simple, isn't it?

Okay, okay, it's in the follicles, the fat distribution, the muscle volume. It's in the improved body image in the strangers in the street "sir'ring" me. It's in the fact that I can ask my parents for a tie as a birthday present. I don't care if they like that or not, but I don't have to pretend to be happy about getting a purse anymore (as if I ever was the type of person for that, but I digress).

My point being?

Do whatever you can to change the things you don't like. Try to accept the things you can't change as far as you can, and forget about the rest. For me, apart from getting on hormones, talking/listening to lots of different people with lots of different outlooks on their transsexualism has helped a lot in changing my attitude towards my own transsexualism.

And don't look into mirrors when you're naked until you have changed enough to be at peace with what you see.

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# The Stigma of Being Transsexual

## We Need to Educate Society at a Grass-Roots Level

by Caroline Layt

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Caroline Layt

I feel that as a community, yes, we have come a long way, but I feel that there is a way to go just yet. We have to make society aware that we are just normal people living our lives, rather than what people hear, read or see in the media. The media often portrays transsexual/transgender people in a not so nice light.

***If we get an education program into the schools, maybe this will enable us over a period of time to change society's perceptions of transgendered/transsexual people.***

You often hear the story in the media about how a guy comes onto a girl only to discover that she's "not a real girl". It is trash journalism at our expense. "Nudge, Nudge, Wink, Wink" type stuff, because everyone seems to think this type of journalism is funny, well when it is indirectly aimed at me, I fail to see the

humour.

To gradually stop this type of humour, I propose that we have an education program in place at the grass roots level. We have to lobby politicians to allow this sort of program to go ahead. If we get an education program into the schools, maybe this will enable us over a period of time to change society's perceptions of transgendered/transsexual people.

I am definitely not ashamed of who I am, but when people find out about me I am quite often made to feel this way. Pretty hard stuff to understand, when I have done nothing wrong. To be treated like a criminal is hard to take.

It only seems to happen to me at my place of employment and surrounding suburbs. It also mainly comes from males, probably trying to come to terms with their own insecurities.

I work at a gym in the south-west of Sydney as an aerobics instructor and also as a part-time aerobics co-ordinator. I am at present the most popular instructor by numbers and feedback. Obviously I am very proud of this fact and that people hold me in high regard. My life is going along very well at the moment, but for the small percentage of men that train at the gym, whom I perceive as always wanting to have a go at me. My transition around the area was no secret and I always feel that people are very eager to do me in, so to speak. They feel that it is their right to tell the world about me as in their eyes, "I am not normal". I imagine them telling their mates, "Did you know she used to be a boy, man, male, bloke, etc." With their uneducated humour they aim to hurt. They all stand around laughing and looking at me as if I was a cardboard cut out. My partner, Paula Dayne tells me that I am paranoid at times, and maybe she is right but sometimes I can't help but feel the butt of their innuendo and lack of education. I don't care what these people think of me, as I don't think much of them, but I don't take ridicule very well. Unfortunately all "T" girls have been subjected to this one time or another and being passable doesn't help, just the fact that they know about your past is enough for them to give you a hard time. Once again, hopefully an education program will slowly eradicate these experiences.

For most "T" girls we are righting a wrong. This is definitely how I feel and hopefully with more time, I won't care what some moron thinks of me. I already feel 99 percent there and with my upcoming surgery (19th September) I will feel physically 100 percent. I already know that I am mentally 100 percent female. I know that Paula told me that after her surgery she felt that no one could physically pick on her anymore. She no longer had a secret or anything to hide, except for a past.

I feel that both Paula's and my best years are ahead of us. From a personal point of view, I am good at my job, people like me and I have a good life. Why should I run away and hide, because a few idiots don't like me. I also feel that society doesn't have a problem collectively with us, but usually individuals cause problems for us. People are fascinated by transgendered people, but I feel in the majority of cases they couldn't care less what we do or have done with our lives. It is only the uneducated and misinformed bullies who usually have a gripe because they believe everything that they hear about us must be true. Ask them what their problem is and they will tell you that it is unnatural for what we have done. Ask them why it is unnatural what we have done and they will either not be able to answer or quote you something from the Bible. Fear of the unknown is their driving force. Once we educate these types of people, we may be able to live in more peace and not have to hide our pasts so much.

I heard a story of how a "T" girl was going to get married, no one knew of her past, not even her groom. She was "dobbled" in one

week before the wedding. Everyone rallied around the groom-to-be, but she was deserted by all her friends, simply because she was transsexual. Where is the fairness?

Maybe she should have told him. I feel that people deserted her because of the shock. They no longer knew the protocol of how to treat her, so they distanced themselves. They also obviously felt betrayed, that she had "lied" to them. It didn't matter that she was now female and looked it too. All that mattered was the stigma of her once being physically male. No one cared about her feelings, no one took time out to think about her, all they could think of was the injustices she had caused. They didn't care that she hadn't lied and the fact that her past was nobody's business. This is why we hide it, because it is often used against us. When people are educated with transgendered issues, then it may one day be socially acceptable as having asthma or even being gay. This is why being gay has less of a stigma, because gay and lesbian people have stood up, outed themselves said they are proud of it. Whereas if we outed ourselves, we risk losing everything. I am sure that many "T" girls' boyfriends know about them and accept that, but I wonder how many would accept all their friends and work colleagues knowing about their girlfriends' past? Gay people also don't have to worry about their partners' prejudices because they both feel the same way.

I went to lunch a few months ago with a group of participants from my aerobics class and we somehow got onto the subject of Carlotta. One of the girls, Sylvia was amazed that people could change their gender. Not knowing about my past she denounced "these people" as a bunch of loonies, as that is how she was brought up to think.

The moral of this story is that she had no idea of what a transsexual was. She thought that a transsexual was a man in a dress. Can you blame her for this thinking? She knows no better, she was brought up to believe this. With re-education she would be okay with this issue. She is not a bad person. I feel bad that I didn't out myself to her, but individually I was afraid that she would stop coming to my classes.

There are a lot of people like Sylvia out there who just need education on the subject to change their misguided views on transsexual/transgendered people.

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