

Polare Edition 29

Published: May 1999 Last Update: June 2013 Last Reviewed: September 2015

Editorial

by Craig Andrews, Polare Editor

This is the third of our trial of three "bumper" issues at 44 pages. There has been an encouraging number of contributions from our community in this issue - which is so terrific to see. Two "My Story's" as well as a "My View" contribution and a personal account with a medical update from Ms. Hogue. An exciting and interesting twist on identity with a gorgeous butch lesbian's account of gender and sexuality.

There is an interesting (and affirmative) case from the U.S. regarding prisoners and hormones in jails.

The Gender Centre has been expo-"crazy" since the last issue, and there are reports on these also. Outreach Worker, Phinn, has provided an informative piece on Scabies, and our Social & Support Worker, Sean Taylor, has an update on activities and events running this year.

An informative and insightful personal account of Klinefelter's Syndrome hopefully imparts some understanding and awareness of this variation of sex development.

Once again the "Manager's Report" has mixed results for trans people. She would welcome community feedback on the topics therein.

You're always welcome to respond, debate, have a gripe or agree with writers here in *Polare* and these can be mailed in or emailed in.

Manager's Report

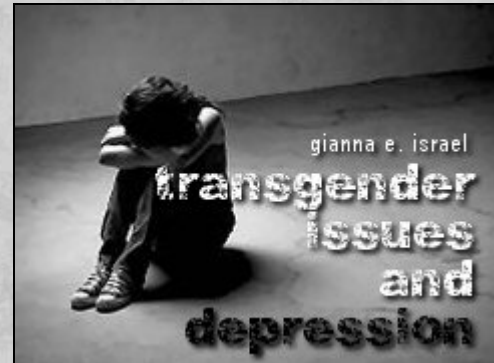
by Elizabeth Riley, Gender Centre Manager

Counselling

We have been concerned for some time at our capacity to provide quality counselling to members of the community. Following the resignation of the Community Worker late last year we entered into discussion with Central Sydney Area Health Service to explore the possibility of replacing the Community Worker position with a Counselling position. C.S.A.H.S. have agreed to provide us with a counsellor on a one day a week limited basis. This counsellor's role will be limited to working with residents of the service.

We expect that this will provide a sound base for us to then engage our own counsellor on a part-time basis to provide the same quality service to the entire community. We are also exploring the possibility of providing client access to a clinical psychologist where such need might arise. It seems likely that this service will be offered through C.S.A.H.S. and will offer a positive continuum of care to members of the community wishing to access the centre for counselling.

Feature Articles



Depression is not about having one or several isolated bad or low-energy days; its about feeling badly and having an emotionally poor quality of life, day after day, with no hope of relief in sight.

Transgender Issues and Depression

Depression is the leading health issue in transgender and non-transgender populations, yet sufferers are unlikely to seek treatment which is tragic because depression is one of the best understood mental illnesses, with recognizable symptoms and effective interventions.

Transsexual Denied Drugs while in Prison

Transsexual woman Torey South will receive damages from the California State Department of Corrections after U.S. District Judge David Levi ruled that prison officials had acted with deliberate indifference to her medical need in cutting her access to hormone treatment.

Surviving

Eva experienced an extremely homophobic family and school life but doesn't remember identifying as any gender as a child.

Although aware of gender differences, she was an overtly effeminate child, at age four she wanted to be a ballerina. This is her story.

Gender Discrimination

Discrimination and victimisation are illegal in Australia, everyone is protected by laws covering such areas. But realistically is it just a grand illusion? Does the law protect all people equally, or are there small or even big weaknesses in this ideal?

When Genes Don't Fit

Kitt met Jessica at a new job late in 1990. Over the ensuing weeks they shared confidences, Kitt that she was lesbian, Jessica that she was born male. It was a revelation for Kitt. Finally there was someone who knew what she was feeling when she said she felt like a male.

Why Don't You Want to be a Woman or a Man?

The experiences of many post-transition years have allowed

We are also in discussion with Dr. Louise Newman looking at the possibility of her providing psychiatric service to clients one half day per week at the Centre. We hope this will make access easier for clients wishing to see a psychiatrist. Louise will be bulk-billing to clients who are unemployed or part-time employed.

Department of Employment and Training

The Gender Centre recently participated in the production of a video with the Department of Education and Training. The video centres on the theme "Valuing Diversity" and aims to foster a culture that acknowledges difference in all people. While we were involved in a short segment covering transgender issues the video also included segments on sexuality, race, disability and so on.

The video is expected to be completed later this year and will be distributed to all primary and secondary schools in N.S.W.

I think it extremely encouraging that D.E.T. has chosen to include a transgender component in the video and I am hopeful that this, along with other awareness raising strategies, will ultimately lead to the improved status of transgender people in our society.

C.H.A.S.P.

We have received our Certificate of Quality from the New South Wales Community Health Accreditation and Standards program (C.H.A.S.P.), following the review of the Centre which was conducted last year. Staff are busy implementing recommendations from that review and the Centre remains committed to providing the best service possible to the transgender community.

Training

The demand for training from the centre has increased by more than 50 percent in the last year. This reflects a much stronger willingness in the community at large to put aside prejudice and stereotyped perceptions and learn first hand about the nature of transgender-identity. Training sessions are invariably positively received and although we are still only reaching a small percentage of the wider community I believe we are making an impact. Since many transgender organisations around the world are involved in raising wider community awareness the future looks promising.

The N.S.W. Institute of Psychiatry has engaged two transgender lecturers out of a total of eleven lecturers for its six month course on Gender, Sexuality and Mental Health. A transgender woman from Berlin was a guest lecturer at a psychiatric conference held in Sydney in April. Our voice is beginning to be heard and our expertise acknowledged. It is still very recent times where we were the subjects of gender discourse with limited opportunity to participate. Now we are becoming the teachers. A significant step forward.

Women Only

On a perhaps less positive note the debate over transgender inclusion/exclusion in women only space is still raging, even after a quarter of a century. I was recently invited to speak at a transgender forum at Sydney University. Two other speakers were also invited, one favouring inclusion, one favouring exclusion. While the dominant response of the women present was supportive I was somewhat dismayed that the concerns expressed by these women, most of whom were in their early-twenties, were the same concerns being expressed 25 years ago before most of them were born. The predominant ones were; "conforming to gender stereotypes", "moving into women's space and taking over" and "not being socialised as a woman".

I wonder if we are making much progress. Certainly the recent decision by the Women's Room at Macquarie University to exclude a transgender woman would suggest that we are not. Even more alarming in that particular case is the fact that the transgender woman involved has been accessing the Women's Room for the past year and now suddenly finds herself unwelcome. As a counter to this I suppose we should acknowledge those organisations that have responded more positively such as Lesbian Space Inc. And we are at least now being invited to participate in the debate. I guess there is no alternative but to keep quietly plugging away.

I do sincerely wish though that we could close the door on this debate. Would transgender women, who perhaps number 1 in 35,000, pose any real threat, (even if we were the horrendous human beings that some choose to want to believe?) Surely there are many more pressing issues facing the women's movement that warrant its energy. The transgender debate has been a distraction for far too long. We have attained a notoriety that far exceeds our reality. Included or excluded I will continue a commitment to equity and human rights. I invite members of the women's movement to do the same.

Transgender versus Transsexual

Jennifer Diane Reitz to learn and grow enough to see that the real reason for going through the perilous journey of transition is not to be a woman or a man, but to be an individual expression of our heartfelt selves.

Potatoes and Cross-Dressing

Stacy and Judi have a deeply loving relationship and cross-dressing, which in some marriages acts as a catalyst and a binding glue, is for them the final burr under their saddles. When discord hits their lives, it almost always ends up being blamed on cross-dressing.

A Different Way of Being

Kylie describes herself as a tattooed, leather-wearing, motorbike-riding butch bear who is also a "most-op M.T.F. transsexual. Each of these facets make the whole of who she is, yet as she explains, it was a case of not knowing exactly where she fitted into a gendered world.

Klinefelter's Syndrome and Me

"You've got breasts," David's new doctor said. "Those are symptoms!" Over the next hour he took a karyotype (chromosome count), hormone levels and sperm count. The result wasn't obesity, it was something new to him, and all his past doctors, it was Klinefelter's Syndrome.

There seem to be many conflicting perceptions within and outside the trans community over the meanings of the words transgender and transsexual. The N.S.W. Anti-Discrimination legislation uses the terms interchangeably including the term transsexual in the belief that it is a more recognisable term in the wider community. Both terms in this legislation are defined as someone who lives or seeks to live in the gender opposite to their birth gender regardless of whether they have had surgery or are taking hormones. Legislators at the federal level seem to have adopted the view that transsexual means post-operative and transgender means pre or non-operative. Many non-trans lay people also have adopted that perception. Within the trans community the same varied perceptions seem to exist and these are evident from the different writings of trans authors around the world. My understanding of the origin of the two words has a bearing on my interpretation. The term transsexual as I understand was devised by the medical profession in the late nineteen-forties and we were therefore being defined by an outside body. The term transgender was coined in the late-nineteen-eighties by the transsexual community partly as a process of self-defining and self-determination and partly because it was seen to more accurately reflect the process of gender transition. That it is a crossing of gender and not a crossing of sexuality. I had also assumed that the term transgender would ultimately replace the term transsexual.

I am often asked to explain the difference between the two terms and the explanation becomes complex given that there are a variety of interpretations involved. Since staff at the Centre are often consulted on many areas relating to transgender-identity it is important that we find a unified answer to this question. I think it is also imperative that the transgender community take the initiative over this. We must avoid the risk of definitions being imposed on us by outside forces. I would ask readers to give some thought to this question and we will look at ways of accessing your feedback in the near future either by community consultation or survey. We will also put the question out to trans organisations in other parts of Australia and the world.

N.S.W. Police Service

I have been asked to join a committee with the aim of producing N.S.W. Police policy in relation to the transgender community. Issues that will be addressed include employment, harassment, treatment of transgender people whether victims or perpetrators of crime and appropriate record keeping. The first meeting is scheduled for 18th June and I am seeking feedback from any member of the community who have had dealings with the police. If you have an issue that you would like addressed in the development of police policy then contact me with the details and I will raise it at the meeting.

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Transgender Issues and Depression

Some Individuals Allow Themselves to Suffer Tremendous Pain

by Gianna E. Israel

Article appeared in Polare magazine: May 1999 Last Update: October 2013 Last Reviewed: September 2015



Depression is one of the best understood mental illnesses

Depression is the leading mental health issue faced by transgender persons. However, unless a client or reader's depression has progressed to crisis proportions it is the subject I am least likely to receive questions about. Depression is also the leading mental health issue faced by those who do not have a transgender-identity. With this knowledge it should be clearly understood that when transgender persons are depressed, it does not mean that having a transgender-identity or fulfilling one's cross-dressing needs is pathological, mentally disordered or medically diseased.

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Both transgender and non-transgender populations are equally unlikely to receive treatment for depression. This is tragic, because depression is one of the best understood mental illnesses, with recognizable symptoms and effective interventions. People do not seek treatment for a variety of reasons. Some individuals allow themselves to suffer tremendous pain, believing that obtaining help is shameful or a sign of weakness. Typically these persons have bought into the notion that mental health issues are stigmatizing or less important than medical conditions. In other words, people are more likely to seek treatment after contracting a painful, sexually-transmitted disease than get help for depression. It does not seem to matter how much emotional turmoil the person is suffering.

Within both populations, there also exist numerous persons who recognise that they are moderately to severely depressed. Some of these individuals do not seek treatment because they believe it will be ineffective or they are suspicious of the medical and mental health professions. Because transgender persons continue to be discounted, misdiagnosed or characterised as pathological, particularly by professionals unfamiliar with gender-identity issues, it is understandable that some will feel hesitant in seeking support for depression. This concern is an important dynamic in supporting transgender persons. I will address it after providing basic information about depression itself and how it is identified.

Depression is a mood disorder characterised by extended feelings of sadness, loss, restlessness, discouragement, hopelessness, self-doubt and guilt. These feelings are often accompanied by noticeable changes in a depressed individual's regular sleeping, eating and sexual habits. They are also likely to have changes in self-perception, think negative thoughts on an ongoing basis, have difficulty making decisions, and sometimes, contemplate self-destructive acts. Their emotions typically swing sharply between feeling angry, sad, melancholic or moody.

Depression is not about having one or several isolated bad or low-energy days; its about feeling badly and having an emotionally poor quality of life, day after day, with no hope of relief in sight.

The preceding description reflects the state of mind that characterises depression and lends understanding to why people do not seek treatment. The more severe the depression the more limited an individual's ability to think realistically or recognise options which might improve their quality of life. Simply stated, most depressed persons routinely discount treatment options until everything else has failed. This type of "clouded" judgement also frequently slows the resolution of gender issues. Depressed transgender persons frequently feel compelled to move ahead in their transition without seeking adequate support. Also, in order to gain acceptance and reduce emotional turmoil, they may disclose their transgender issues without having taken into account potential consequences or its effect upon others.

It is well documented within professional literature that depression can be caused by either one or a combination of medical, psychological or circumstantial factors. As a result there are a variety of treatment approaches which are designed to address this disorder. Therefore, while it is a positive step for people to acknowledge they are depressed, deciding ones' own course of treatment or self-medicating is irresponsible and dangerous. A professional familiar with the treatment of depression should be consulted. In some circumstances anti-depressant medications may be useful, particularly when an individual is in crisis or experiencing debilitating emotional pain. Most anti-depressants are designed to take the edge off of the extreme lows or sharp mood swings which accompany severe depression. They provide temporary emotional relief allowing the individual an opportunity to build coping skills. Anti-

depressants vary in their recommended length of use and several also address depression-related anxiety or manic-depression.

Education within individual psychotherapy also plays an important treatment role and may be coupled with medication. In learning about depression, people frequently feel that the tremendous pain they are suffering will never end. Being reassured that despondent feelings do resolve and that positive change is possible is an important part of treatment. It is also helpful for people to find out that they are not alone, and that there are numerous instances of successful treatment. Because depression exacerbates social isolation, peer support or group therapy can provide individuals with positive social contacts and an opportunity to hear how others combat depression.

It should be noted that in providing depression treatment to transgender persons, there exist several dynamics which frequently prevent persons from seeking help. As previously mentioned, transgender persons routinely have been characterised as mentally disordered because their cross-dressing and gender-identity issues seem unusual to non-transgender persons. Regrettably such attitudes still exist today within the medical and mental health professions, particularly in locations that do not have access to up-to-date professional literature on gender-identity issues. Both care providers and transgender persons should understand that having a transgender-identity or individual cross-dressing needs does not cause depression; rather they are caused by experiencing seemingly unresolvable social and circumstantial pressures. Learning effective coping skills which concurrently resolve these pressures while preserving a person's gender identification is the correct approach in these situations.

Transgender persons also avoid treatment for depression because it is widely believed that in order for treatment to be effective, both gender identity and depression issues must be addressed at the same time. This is not always the case. In some situations it is possible to provide symptom relief without having to immediately deal with gender-identity issues. Individuals may seek support for their depression, stressing that they are not interested in discussing gender-identity issues until they feel safe doing so, if it should it become necessary. Those who feel that disclosing their gender issues may prove compromising or be met with negativity, may choose not to. Rather, they can utilize the break from emotional anguish which is available through traditional depressive-symptom relief to seek gender-specialized resources for their cross-dressing or gender-identity issues.

Having two care providers, one who dispenses depression treatment and the other who offers gender-specialized support is useful in many circumstances. This is particularly so when a transgender person does not yet have a sufficient level of communication skills and knowledge about gender-identity issues to disclose to a helping professional unfamiliar with gender-identity issues.

The interpersonal difficulties and social hostilities which transgender persons experience can play a large role in causing or aggravating depression. This is particularly true for individuals who are coming to terms with gender issues without the assistance or awareness of gender specialized resources. "Coming-out," disclosure concerns, balancing transition costs, social isolation, family rejection, and being single or unable to find acceptance from a significant other, are some of the recognizable sources of depression in transgender persons. Less frequently acknowledged contributors to depression include; unresolved gender-identity conflicts in pre and post-operative persons, pre and post-surgical emotional adjustment, poor body image and low self-esteem.

Transgender hormone administration also may play a causal role in depression. Because hormones are powerful chemicals, an increase or decrease in dosage can bring on changes in mood. Transgender persons and their physicians need to recognise that routine laboratory testing of blood-based hormone levels helps insure that dosages are effective, yet not so high as to create debilitating mood swings or dangerous medical complications. Gradual changes in hormone dosages are a sensible precaution that provide an opportunity for physical and emotional adjustment. Also, individuals who are initiating hormone administration frequently are poorly prepared for the emotional changes that go with it. These persons are encouraged to adjust their thinking and seek support for their needs much as women do during menopause. This is particularly so for transgender women who choose to cycle their hormones so as to mimic the biological rhythms genetic women experience.

Lastly, care providers need to be aware that a lack of access to hormones also produces high rates of depression, emotional mood swings, and occasionally suicidal feelings. This is particularly so when public institutions, and medical or mental health providers deny transgender persons access to hormones because it is against policy or care provider staff are unfamiliar with gender-identity issues. Transgender persons should not be denied access to hormones or cut-off from pre-existing prescriptions solely because a care provider is disinterested or unfamiliar in supporting transgender persons. Transgender hormone administration is a routine medical procedure and transgender persons are no less entitled to informed medical care than other patients.

Transgender persons can suffer depression caused by situations or disorders that are in no way related to gender issues. Transgender persons need to recognise this, and research treatment options before things reaching a crisis. It is senseless for individuals to suffer from depression when successful treatment options exist. In many circumstances severe and long-term depression can be halted with early intervention.

If you are a person suffering from depression, start searching for help now and do not give up until you find it. Most gender-specializing care-providers are familiar with treatment and available resources. If you do not have a gender specialist in your area, traditional mental health counselling and psychiatric resources are listed in the "community section" of your local telephone directory. Lastly, if you would like to read more about combating depression, most bookstores and libraries have numerous professional and self-help titles available. One I recommend is *The Depression Workbook*, by Mary Copeland, (New Harbinger Press).

Gianna E. Israel

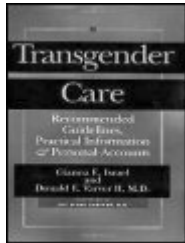
From Susan's Place:  Gianna E. Israel was a therapist and author of many online articles regarding transsexuals and gender transition as well as the 1997 book *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*.

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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Transsexual Denied Drugs in Prison

Federal Judge Rules in Transsexual's Favour

by Bill Wallace, San Francisco Chronicle - Friday, 24th October, 1997

Article appeared in Polare magazine: May 1999 Last Update: October 2013 Last Reviewed: September 2015



South, who has lived most of her adult life as a woman and had been taking female hormones since she was a teenager ...

A Transsexual who was formerly a state prison inmate will receive damages from the State Department of Corrections for arbitrarily cutting off her hormone therapy when she was transferred between two state prisons.

... the defendants denied, delayed and intentionally interfered with proper treatment of her serious medical need ...

Under an order issued in U.S. District Court in Sacramento last week, Torey South, 37, will return to court for a jury trial to determine the amount of the damages she will receive from the California prison system.

In granting South's request for a summary judgement of her civil lawsuit against the corrections department, U.S. District Judge David Levi ruled that prison officials had "acted with deliberate indifference to her serious medical need.

In making that determination, Levi echoed the earlier findings of Federal Magistrate Judge Dale Drozd, who concluded that prison officials had violated South's constitutional right to be free of cruel and unusual punishment by deliberately withholding necessary medical care.

"The record reflects that the defendants denied, delayed and intentionally interfered with proper treatment of (South's) serious medical need," Drozd wrote in a recommendation to the court adopted by Levi.

South, a transsexual who has lived most of her adult life as a woman and had been taking female hormones since she was a teenager was an inmate at the California Medical Facility in Vacaville and the California Men's Colony in San Luis Obispo while serving a three-year prison sentence for robbery.

When South entered the prison system at the Northern California Reception Centre at San Quentin, she was found to be a transsexual who was suffering gender identity dysphoria. No medication for her condition was prescribed during the two months she was at San Quentin, but when she arrived at the medical facility in Vacaville, the diagnosis was again transsexualism, and South was placed on female hormones.

South continued to receive the medication for eighteen months until she was abruptly transferred to San Luis Obispo for administrative reasons. Although she pleaded with medical professionals to give her the hormones, they refused.

Once she was taken off the medication, South suffered hot flashes, dizziness, vomiting, stretch marks, a loss of breast volume and the disfigurement of her breasts.

Law students at the University of California at Davis King Hall Civil Rights Law Clinic sued on South's behalf in federal court and won a temporary court order, requiring the prison system to give her the hormones while the issue was adjudicated.

State prison officials appealed the ruling, but a three judge panel of the U.S. Court of Appeals in San Francisco found that the judge had acted properly.

Last year, South was released on parole. Meanwhile, her federal lawsuit continued to make its way through the system.

In February, Drozd recommended that South be awarded a summary judgement against the state and that the case continue to jury trial to determine the amount of money she should receive as compensation.

In a final ruling on the case last week, Levi concurred with Drozd's recommendation. South, who is now living in the Bay Area, could not be reached for comment yesterday.

However, Susan Christian, the attorney at the King Hall Civil Rights Law Clinic who supervised the students who worked on South's lawsuit, hailed the federal court's ruling.

"We're very proud of the students work," she said. "This was very legally challenging and it was quite an accomplishment, not only on behalf of our client but potentially for other transsexuals in the California prison system."

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Surviving

... As an Effeminate Child in an Extremely Homophobic Family

by Eva

Article appeared in Polare magazine: May 1999 Last Update: September 2013 Last Reviewed: September 2013



I was an overtly effeminate male child - at four I wanted to be a ballerina.

I do not remember identifying myself to any gender as a child. I was myself. I was aware of the differences of gender, but never gave my own a great deal of thought. I was an overtly effeminate male child - at four I wanted to be a ballerina. This caused great consternation amongst my family - "You can't be a Ballerina", I remember them telling me. Then I wanted to be a nurse. My family was lower income bracket, "working class". My father was a Wharfie, mother a housewife, grandfather a spray painter, grandmother a Barmaid and so forth. They were extremely homophobic. As I grew older, my alienation from my family grew with my age.

My relationship with men in my family has deteriorated so drastically that the defamation I received at school was proportionate to that I received at home.

The men were all brutal alcoholic thugs. I wondered later when I tried to see if there was cause to my being a transgender - whether it was a rejection of the male culture I was exposed to as a child, or just genes. The social environment I grew up in was extremely homophobic, in the outer western suburbs. As is the format for many effeminate males, my tribulations escalated at High School.

I went to Fairfield Boys High. I imagine it is still rough, but I doubt it could be any rougher. I was exposed to taunts and bullying at school and home. My relationship with men in my family has deteriorated so drastically that the defamation I received at school was proportionate to that I received at home. I survived as most of us do.

I left home early, and started cross-dressing immediately. I had freedom. At eighteen I started hormones. I have spent the last fifteen years finding who I am. The little contact I have had with family unencouraging, after spending almost half my life living in the gender of my choice they still refer to me as "He" and call me by a name that is totally alien to me, my christened name.

I believe the lack of family support and understanding with the compacted social unacceptance compound the difficulties of being and becoming a transgender. It is not surprising so many of us lack self-esteem, are depressed and resort to drug escapism. But many of us come through the tunnel to the light on the other side, stronger and able to guide those on their journey. I believe in always being kind and supportive to my sisters and am saddened to see sisters empowering themselves by unempowering other sisters. Resorting to the tactics of those that have repressed them.

Unfortunately, my health is now poor and my ability to give to my community is limited. But I hope I have become a stronger, more courageous person. I do not define myself by gender. I am a human being and I have soul and try to be spiritual and compassionate. I would like to say to all my sisters, be brave and strong and love one another, as I love you all.

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Gender Discrimination

Victimisation and the Illusion of Legal Protection

by Sarah Rutherford

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Discrimination and victimisation are illegal in Australia and everyone is protected by laws covering such areas. Very desirable, but realistically is it just a grand illusion, and a few well chosen words on paper giving the pretence of people being protected? What if, like myself, you are in gender no person's land, what protection is there then? Does the law protect all people equally, or are there small weaknesses in the ideal, or holes big enough to drive a semi-trailer through?

... but patience, tolerance, ignoring abuse, walking away, resisting the urge to retaliate - no matter how repetitious the attacks, or how severe, is not always easy.

I am gender dysphoric, which is fancy medical terminology for the fact that my brain and body do not match. In appearance I am male, whereas my brain insists, and has since I was four years old, that I am female, which leaves me with a slight conflict. Legally I am a male, yet I live as a woman. My legal papers, driver's license, Medicare card etc, have been altered into my female persona, and mostly I am regarded as a female, but despite legal statutes, I do not have the same rights and protection as genetic women are entitled to.

Legally I cannot be discriminated against, or victimised, yet both happen to me almost on a daily basis, ranging from silly looks, to verbal abuse and occasional physical threats to my wellbeing. Prejudice runs deep in a community which cannot tolerate differences that go against the standard 'norms'. Legally, I am protected and can rely upon the police to enforce such protection on my behalf. That is the theory, yet in reality my protection and wellbeing are seen as a trivial and inconsequential matter by law enforcement agents. Unless I am physically attacked and sustain serious injury, I have no protection, and even then, to some, my lifestyle and the way I dress makes me guilty of encouraging such attacks.

From my experience it would appear that a person's rights and legal protection exist only if one follows the paths that society sets, such as are regarded as 'normal' and do not cross the boundaries between the accepted roles and divisions between males and females. Equality of protection exists for all, who live within the acceptable gender dichotomy.

Although attitudes are slowly changing, as proven with the recognition of the gay movement, unfortunately such change is based upon a majority opinion, constant exposure and powerful lobby groups who can change the laws and people's attitudes. Transsexuals, however, are not powerful, we are not a large group, and although our numbers are growing year after year, we do not have the recognition needed to change public misconceptions and opinions.

If I have no apparent legal protection, what alternative is there? I take the law into my own hands? If I attack those who attack me with apparent immunity, then I risk being labelled the protagonist, and being charged as such, as opposed to actually being recognised as the victim.

By retaliating, I also risk lowering myself to the standards of my attackers, whose attitudes I am trying to change, by my hopefully setting a better example.

I abhor the treatment I receive on a regular basis, but if I was to react to every taunt, snigger, abuse or snide comment, I would never have a minute's peace, nor stop fighting. I am in a catch twenty-two situation, in that because of my lifestyle I am seen to encourage negative responses. If I complain, chances are I would make matters worse, or in the least, be laughed at for complaining. If I retaliate, I am in the wrong immediately. Where then is the answer?

A combination of avoidance of areas and situations that would encourage abuse, and an understanding of where those might occur, is vital. This does not mean hiding, but being sensible about where I go and what I do, and because one cannot predict where trouble might arise, a little prevention and forethought goes a long way. By ignoring verbal attacks, not responding to people's stares, glares, and stupid attitudes, and by behaving in as 'normal' manner as possible, I hope that people will eventually see that abusing me in any form is a waste of their time. Confidence is something I do not have a great deal of, yet the more I show, the less bother I sometimes appear to attract.

This all sounds fine, but patience, tolerance, ignoring abuse, walking away, resisting the urge to retaliate - no matter how repetitious the

attacks, or how severe, are not always easy. Why should it be left to me to do this, when the law of the land clearly states that I have a right to protection and the right not to have to tolerate such unwanted, unfair treatment? The simple truth of the matter is the fact that the law exists, and except for extremes, it is not possible to enforce it properly, nor is much of its content taken seriously by those whose responsibility it is to enforce it. As a minority group, with very little public understanding or empathy, transsexuals are not taken seriously in the legal sense by the police, other institutions or enforcement mechanisms.

Equality, legal protection, freedom from discrimination, freedom from victimisation of any kind are there for everyone, providing they stay within the parameters of the acceptable social and societal standards. The illusion of protection for all citizens is just that, an illusion, for opinion it seems, is stronger and more powerful than any legislation, no matter how genuine the legislators. It is not however a question of changing or modifying the laws, but altering people's hearts, minds, attitudes and raising people's awareness of the rights of all people, no matter what their situation, gender, race or background. In an ideal world I would be able to say I have no concerns about contact with the public at large, but we are a long way from such a perfect concept.

Recognition must come first followed by acceptance and understanding of who transsexuals are, and why they are transsexual. Education is a vital element in helping people understand that there is more than simple black and white, but a multitude of greys and colours in between. I am not different, except for the fact that my gender of birth is not my real gender. I am in every way as ordinary, and equal to anyone else in the community, and I am entitled to full legal protection like any other citizen, and not just the illusion of protection.

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When Genes Don't Fit

Grappling with My Intense Feeling of Really Being a Male

by Bob Roehr, The Sunday Journal, (Prince George's County, Maryland, U.S.A.)

Article appeared in Polare magazine: May 1999 Last Update: October 2013 Last Reviewed: September 2015

Kitt Kling comes to the door of his home in Greenbelt, Md. A dark beard and a thatch of grey hair frame his face, a large frame, and a middle-aged gut lurk behind a charcoal sweater. He knew that he was different from about the age of five or six, but "there was no way to explain to anybody, I didn't have the words for a long time."

... Finally there was someone who knew what she was talking about when she said, that she felt like a male

"When I was a teenager, I knew I felt like a guy. Or at least, that was the only way I could think of it to myself. Yet I knew that biologically I wasn't. My physical attractions for the most part were to women. My feelings about myself were that I'm male. Well I guess I'm a lesbian. So I came to grips with that fairly easily."

"I could be the tomboy, I could be the first female in my high school to take auto mechanics (in 1968), things like that. Fortunately it was at a point where women's Lib. and the women's movement was just starting to open up."

Kitt joined the Army and became an air traffic controller, a career she continued as a civilian in Alaska. She faced sexual harassment on the job, a drunken supervisor literally chasing her around the desk.

And all the while she was grappling with "my intense feeling of really being a male." She coped with stoic resignation, "This is the body I've got, I'll make the best of it, do what I can."

Kitt wanted to have a child. "One of the only times of my life when I actually felt happy about being a female was when I was pregnant," he says. "I felt happy, comfortable, physically pretty good. It was a nice feeling of accomplishment. There is something really cool about creating a life." She breast fed Samantha, who turns seventeen this month.

The Change

Kitt met Jessica Xavier at a new job in late 1990. Over the ensuing weeks they shared confidences, Kitt that she was a lesbian, Jessica that she was born male but had recently gone through gender reassignment surgery and was living as a transgendered woman.

It was a revelation for Kling. Finally there was someone who knew what she was talking about when she said, that she felt like a male. Jessica "was able to steer me in the direction I needed to go to find my answers," he said.

Kitt began seeing a therapist who specialised in gender issues. The following year she began hormone therapy and began living as a man.

Things went smoothly at work. Then ten-year-old Samantha handled it well at home, aided by monthly visits to a therapist to head off any problems. But Bev, Kitt's girlfriend of several years could not. She was a lesbian and could not live with the man Kitt had become. She moved out.

Kitt's mother reacted with horror, She had accepted rather easily the earlier news that her daughter was a lesbian. But this was different, now she tried to take Samantha from Kitt.

Maryland child protective services came knocking at the door when Samantha was fourteen. The complaining party's name and address had been obscured with a black marking pen, but "I knew just by the wording that it was her" says Kitt. "You don't grow up with someone, especially someone for whom English is a second language and not recognise it, "I know my mom's syntax," Interestingly enough, the gender change was never a big issue (with child protective services). "They knew, they were obviously very concerned at first, but it was nothing they focused on."

The neighbours were supportive and Samantha was happy and doing well in school. All the lengthy investigation turned up was that Samantha had once tried pot and Kitt knew nothing about it, that was enough to land the parent on a central registry that keeps him from working with kids.

Medical Emergency

"I felt a crushing pain in my chest, I thought I was having a heart attack," Kitt says recounting an incident two years ago at work. Yet that fear was countered by an even greater fear, one of discovery. His boss was "a good old boy type" who did not know that Kitt was transgendered. And knowledge of the Tyra Hunter incident burned bright in Kitt's mind, how would the ambulance crew react when they

discovered breasts bound down beneath the suit coat and dress shirt? "I sat there and thought to myself, god. What do I do now? Do I go to my boss and tell him I have to leave, and hope I make it to the doctor's office? Do I call for an ambulance and risk my shirt being opened?"

I just lied. I told him that my doctor was right down the street. Fortunately it wasn't a heart attack.

Kitt found other ways to cope with smaller everyday challenges in life. He avoided the shower at the pool by telling the staff he had "some unusual physical problems" and kept his shirt on while the kids (where he was teaching at a summer computer camp) played in the water. In February (1998) he had chest surgery, "It was a very liberating thing, I got over a lot of fear and anxiety. He enjoyed last summer in just a t-shirt.

"We do make kind of an unusual family, and yet, we are not really all that unusual," says Kling. "We have the same struggles that everybody else has. His girlfriend Remy owns a business. There are days when we think, it is time to sell off the equipment. I'm going on college tours with my daughter and we are trying to figure out where the scholarship money is going to come from, like everybody else is."

I know that it was a difficult path for me to follow and finally find the right end spot for me" says Kitt. "I'm comfortable now,"

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Why Don't You Want to be a Woman or a Man?

The Real Reason for Going Through the Perilous Journey of Transition

by Jennifer Dianne Reitz

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Jennifer Diane Reitz

I just want to be an ordinary woman" cries out the Male-to-Female transsexual. "I wish I had just been born a man in the first place!" storms the Female-to-Male Transsexual. These are common enough statements. I too have said both of them, properly gendered to fit me of course, and felt them to be the absolute truth. And in a part of my heart, they are.

Gender roles are always limiting for the simple reason that they are scripts, artificial stereotypes based on averages rather than true self-expression.

But the experience of sixteen plus years have allowed me to learn and grow enough to see a few things that I could not entirely see, back during my transition. And the biggest lesson I have learned, is the real reason for going through the perilous journey of transition - and it is not to be a woman or a man.

Curious statement? Let me explain.

Being a "Woman" or a "Man" is more complex than you may realise. The simple words convey a very great amount of information. To say that someone is a "Woman" not only defines a physical sex, but also suggests a companioning gender identity, a common set of

behaviour traits related to both, and ... a socially created role as well.

One of the first things that the very young transsexual finds is that the natural behaviours that they express just being in the world, are not accepted by those around them. In every way, in every action, there are expectations that conflict with natural expression. The penalties for failing to meet these expectations can be very harsh, and so the young transsexual most often picks up on this and finds ways to adjust or act that reduce suffering.

This means that the young transsexual soon learns to become affected in behaviour, to become unnatural. They try very hard to conform, to fit the expectations given them, so as not to be caused hurt. It does not take many years of this, before understanding of what is natural behaviour and what is affected behaviour, is lost or compromised.

When the transsexual reaches a time where something must and can be done about their gender issues, there is often a great deal of separation from both life, and true-self going on. The best the lost soul can do is to grasp at the nearest ideal or form of the original suppressed self. The transsexual identifies with and seeks to emulate the desired gender role, just as they emulated an uncomfortable one.

Gender roles are very elaborate and structured. They contain virtually complete scripts, complex expectations, that cover every aspect of life, from little matters such as walking or sitting, to large matters, such as choice of career or options for lifestyle.

Lost to their core selves after years of self-suppression, the closest artificial role to that sought after self becomes overwhelmingly desirable. But the transsexual will usually learn, after several years, that this too, is not entirely right. Much better than before, but still confining.

This is a state not limited to transsexuals. Gender roles are always limiting for the simple reason that they are scripts, artificial stereotypes based on averages rather than true self-expression.

When I went through transition, I thought at first that I wanted to be a traditional woman, or some variation on the concept, a mother, a wife, a proper fit to the social role. Within months, for me at least, this started to chafe, and by the time of my surgery, I was angry at the entire concept. Few transsexuals realise the concept of role and their limits so quickly, and they suffer accordingly.

What I grasped so early was that the reason I was going through transition was not so that I could be a "Woman". I had no desire to conform to an artificial role of any sort whatsoever. I realised that trading one narrow set of expectations for another set of narrow expectations - even if that new set was closer to my core-self - would not make me happy. I would be less unhappy, but still miserable, in the conventional and limited role of a woman in society.

The reason I was transitioning, was not to become a woman, it was to become myself - whatever that actually turned out to mean.

The hormones definitely gave me a body that pleased me, that "felt right", a chemistry and perception that made me feel comfortable for the first time. Surgery finally gave me the genitalia that conformed to my own inner feeling of how I should be shaped. No longer did I feel deformed, but instead finally felt healed.

But I quickly found that I did not want to be limited by any expectations of how or what I was supposed to be. I wanted no part of the role that society uses to define being a "Woman".

I reasoned it thus: If transsexuality is a real thing, and if it is caused by innate gender differences in the brain, then it has nothing whatsoever to do with social roles. Social roles must be derived from natural expressions of average behaviour, turned into stereotypes. These stereotypes become rigid expectations.

If I truly had a female brain, then I would naturally already be a woman, and the adoption of any social role would be equivalent to acting out an affected performance. Much of my suffering had derived from feeling forced to perform an artificial role. The only path to enduring happiness would come from being myself. If my brain was truly as female as I believed, then my natural behaviour, my unaffected self, would make that obvious. If my brain was something else, it did not matter, what mattered was that I would be free.

Surgery and hormones did serve me well. They gave me contentment and peace of mind. They made me feel good, and feel physically and mentally healed. There is no other reason to do either. Surgery and hormones will not make anyone into a "man" or a "woman". What they can do is to alter shape, perception, chemistry, and flesh to a form that the transsexual can live with comfortably. Really being a man or a woman can only come from expressing one's true self, naturally.

What I learned is that the reason to go through transition is definitely not to be a definable, labelled thing, such as a "Man" or a "Woman".


The reason to go through transition is to be able to be content with the flesh that we wear, so that we can concentrate on being a changing, dynamic, unique individual expression of our heartfelt selves.

Whatever that mysterious-self may turn out to be.

I have learned that no other path leads to enduring happiness.

Understand this.

Jennifer Diane Reitz

Edited from Wikipedia:  Jennifer Diane Reitz was born in 1959 in Baker, Oregon U.S.A. is an American writer, web comic author, and computer programmer, known for creating web comics such as *Unicorn Jelly*, *Pastel Defender Heliotrope* and *To Save Her*, and computer games such as *Boppin*. She is also the proprietor of *Transsexuality*, a website with general information on transsexualism and the home of the *COGIATI* gender identity test.



Jennifer is also a transsexual woman who underwent sex reassignment surgery in 1982. Since her transition, she has lived in a polyamorous relationship with three spouses. She currently lives in Olympia, Washington U.S.A. and considers herself agnostic. She identifies as bisexual, leaning toward lesbian.

Jennifer created the *COGIATI* (Combined Gender Identity And Transsexuality Inventory), a prototype test for people who think they might qualify as pre-op., pre-transitional male-to-female transsexuals, but feel uncertain. She claims on her *Transsexuality* website that some medical professionals have adopted her prototype test instead of developing a better version, and she expresses mixed feelings about this. She cautions that the *COGIATI* has many flaws and is not a reliable test for diagnosing transsexualism or gender identity disorder. Her insistence that the *COGIATI* is unfinished and not to be taken seriously and its emphasis on stereotypical gender roles has sparked controversy as some people who have taken the test in the process of exploring their gender identity have later said that the test's results skewed their understanding of themselves.

Learn more about Jennifer Diane Reitz at the [Transsexuality](#)  website.

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Potatoes and Cross-Dressing

So what, you may ask, does boiling potatoes have to do with cross-dressing, anyway?

by Stacy & Judi Clement

Article appeared in Polare magazine: May 1999 Last Update: October 2013 Last Reviewed: September 2015



... the cross-dresser will show signs of the need to have the opportunity to release the steam ...

My wife and I have been dealing with my cross-dressing and how it fits into our relationship since before we were married ten or so years ago. We bounce among acceptance, repression, denial, pain, and hatred (sometimes for my cross-dressing, sometimes because of it).

Saying that I "had to be me" was a bit too theatrical. And speaking of it as a hobby did not fit accurately for me. It is and was a part of my personality; an essential fragment ...

Ours is a deeply loving relationship and the cross-dressing, which in some marriages acts as a catalyst and the glue that binds, is for us the final, major burr under each our saddles. When discord hits our life, it almost always ends up being blamed on the cross-dressing. Blame is key in our duels and because I am the one with the transvestic paraphilia, I accept the blame.

I struggled long and mightily to find a way to express to her that this cross-dressing thing was not going to go away and that it would have to be incorporated into our life together if we were to stay together. Telling her that it was a part of me and needed expression was accurate but rather ethereal. Saying that I "had to be me" was a bit too theatrical. And speaking of it as a hobby did not fit accurately for me. It is and was a part of my personality; an essential fragment of the whole that wakes daily, loves passionately and drives too fast; it was one of the facets that made her fall in love with me, and me her. But none of these

characterizations was deep enough, accurate enough, or understandable enough.

I am an educator by passion and rely heavily on storytelling and mental imagery to convey ideas. My favourite tool is the metaphor and the analogy (I consider them to be one, unified tool). It is no accident then that I have long searched for a metaphor for my cross-dressing and I can now tell you, gentle readers, that I have come up with one that, though it is a bit long and drawn out, works explicitly well for me, and for, I think, my wife in describing how I perceive one aspect of my cross dressing as it directly relates to her.

Of course, there are many aspects of cross-dressing and each one may be best suited for a different metaphor. This analogy is associated with the need to cross-dress, how it works in a relationship and what can happen if it is suppressed, not allowed to be expressed - I told you it was a long analogy.

I used to be in the kitchen a lot, always a valued help to my mother. Okay, so I was always a presence and sometimes a help. Point is, I spent a lot of time in the kitchen when there was cooking going on; still do in fact.

One of the things that I got to do as a child was to monitor the potatoes. When company was coming and mashed potatoes, or boiled potatoes, was on the menu, I would climb up on my kitchen stool and I would get to make sure that the potatoes cooked, properly and thoroughly. In fact, I would forgo the television or playing outside to watch the potatoes boil. Now this is not an easy task, to be sure.

The monitor is responsible for making certain that the boiling continues at an even roll, never boiling over, boiling dry, or stopping altogether. A heady responsibility for any six-year-old and I announced my successes as potato monitor when dinner was at last served.

"I made the mashed potatoes," was what I said, and in fact, had it not been for me and my diligent monitoring, so far as I knew, the potatoes now mounded white in front of me would have been so missed from the table as to be equally noteworthy as there delectable presence now was.

So what, you may ask, does boiling potatoes have to do with cross-dressing, anyway?

For a long time I tried to associate the sublimation of cross-dressing with placing a lid on a boiling pot; the lid securely in place would surely blow if steam were not allowed an escape of some sort. That association, while not altogether incorrect, did not fit closely enough and did not allow for necessary alternatives, save the lid being on or the lid being off. So I formulated the following analogy of cross-dressing and boiling potatoes as a means of understanding the pressures, the tumult, and the potential for cross-dressing as it comes into a relationship.

The cross-dresser is the pot in which the potatoes are boiling. The cross-dressing is the boiling itself, combining the potatoes and the water and spices therein that are the other facets of the person and the relationship. The lid is the sublimation, either by design or by guilt. The goal, for both the cross-dresser and his partner, the cook, is to keep the pot boiling without allowing the water to boil out and the potatoes to burn, or to keep the lid on too tightly so as to allow the pot to boil over and either soil the stove or to put out the flame beneath the relationship. The pot boils along nicely, sometimes with the lid nestled over the pot and the pressure building, sometimes with the lid askew so as to allow more steam to escape, and sometimes with the lid completely off and the water rolling feverishly. Each position of the lid; nested on, askew, and off, creates a different set of opportunities for the potatoes and for the cross-dresser in their relationship, and simultaneously permits unique circumstances to occur.

The lid nested tightly on the pot and the potatoes boiling wildly creates pressure. The cross-dresser is not allowed his need for emotional expression and the pressure on the pot grows. The effect of not removing the lid comes in explosion, either in the form of the pot itself (the cross-dresser in this analogy) damaging itself, or in the form of the water boiling over.

The water boiling over results in a mess to clean, and if you have ever cleaned a stove where potato water has overflowed you know how difficult it is, or with repeated overflows or a really severe one, the flame goes out (the flame in this case is the passion and love between the cross-dresser and the mate) and the cooking stops. The alternative to allowing the boiling over is to remove the lid, either occasionally or permanently, to allow the pressure to equalise or diminish.

Now what happens if the lid is removed occasionally? The steam dissipates and the potatoes boil along to a delicious completion. The same is potentially true if the lid is removed completely. However, both methods require diligence by the cook (in this analogy, the significant other) so as to prevent boiling dry or boiling over, but both methods allow similar results.

With both methods of success just outlined, precautions and alarms must be minded. If the lid is to be removed when the potatoes are at the brink of overflowing, the cook must be cognizant of the warning signs of immanent overflow. The experienced cook watches for little spurts of stems from around the lid, listens for a change in the sound of that steam escaping and watches for watery discharge around the top of the pot. These signs noted, the lid can be removed before the water boils onto the stove. Likewise the cross-dresser will show signs of the need to have the opportunity to release the steam; the legs get shaved, the eye lingers on the fashion pages of the newspaper and the plans to be 'alone for a while' emerge.

The spouse who is experienced in reading the signs can act on them and encourage a weekend shopping spree or tryst for her girlfriend, lesbian lover, or passionate queen, or she can get the sponge ready to clean up the next, inevitable boil-over.

Cooking potatoes without a cover, not surprisingly my favourite culinary method, also requires specific methodology for success. Care must be taken to not allow the water to run dry. This may come in the form of the cook adding water to keep the boiling action alive or by reducing the flame slightly. This method allows for the nearly direct interaction between potatoes and cook. Spices can be added, stirring may be done and water level can be monitored without removing the lid or chancing overflow.

This method also does not preclude the cook from doing other things in her kitchen and allows for the fragrant aroma of the potatoes to permeate and add to the smells of the kitchen. Likewise, this allows the cross-dresser the opportunity for expression of self, by means of adding his aroma to the others in the kitchen, prevents him from making a mess on the stove by boiling over, and keeps the flame of the relationship burning brightly.

Now before you jump to the understandable conclusion that it is the spouses' or the cook's responsibility to monitor the boiling of the potatoes and all its many idiosyncrasies let me anthropomorphize the pot just a moment and tell you that that is just not so. It is the pot's responsibility to communicate throughout the cooking process "how it is doing."

This is done subtly by allowing steam to escape from beneath the lid, emitting those gentle kitchen sounds that tell the seasoned cook that more water, less fire or removal of the lid altogether would help the process. This, as any great cook will tell you, is a process that is slightly different for each pot, with each relationship with a cook and indeed may, and probably will, change as the pot, and the cook, mature. Make no mistake, without finely tuned communication between the pot and the cook, the process may well go awry. Also be mindful that when a pot and a cook come together for the first time, or come together in a new situation for the first time, the subtleties of communication might need refining, specific to the situation.

The cross-dresser and spouse must form a unique communications system unlike any anywhere else used. It is the hallmark of successful partnerships that above all else they communicate very, very well.

Of course we all wish that dealing with a cross-dressing relationship was as easy or painless as cooking a pot of potatoes. Those couples who are successful may tell you that it is never easy, but that the flavours that fill their lives are worth the effort.

Some cross-dressing relationships may well benefit from an evening in the kitchen boiling a pot of potatoes. The results may not only be a more healthy relationship but also a dish of tasty mashed potatoes. For a real treat add a bit of spice, parsley or sage, to the relationship and to the potatoes. And, as Julia Child would say right now, Bon Appétit!

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A Different Way of Being

Kylie: Tattooed, Leather Wearing, Motorbike Riding, Butch Bear and Most-Op M.T.F. Transsexual

by Kylie Paintain

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I was no longer interested in trying to live up to other people's expectations of who I should be or how I should live my life.

On my Internet web page I describe myself as a tattooed, leather wearing, motorbike riding butch bear who is also a most-op M.T.F. transsexual. All of these are facets of my identity, each contributing to make the whole of who I am. In addition to this, some of these facets of my identity are apparently contradictory, M.T.F. and butch for example. Rather than being a negative though, I think this helps to dismantle some of the stereotypes about butches and M.T.F.s.

I have not been butch all my life. When I first transitioned I did what was expected of me and did the feminine thing - long blond hair, make-up, skirts/frocks ... the whole deal

I can't honestly say if I have known I was either M.T.F. or butch since birth. Since I was born male I guess the butch facet is open for debate. And unlike many other M.T.F. transsexuals, I never had the feeling of being a girl. For me it was more a case of not knowing exactly where I fitted into a gendered world, I didn't feel like a boy or a girl. Maybe because of this none of the facets of my identity are static. I know that certainly hasn't been the case so far.

As I have already said, I was born male and have for at least part of my life lived in a way that some butches appear to idolize. I grew up in a working class suburb of Auckland, New Zealand. From my teenage years on, I hung out with working class guys drinking, working on hot rods, doing drugs, driving fast, getting married, having kids etc. To me this has little

to do with being butch but this history does show itself in the way I am butch.

I have not been butch all my life. When I first transitioned I did what was expected of me and did the feminine thing, long blond hair, make-up, skirts/frocks ... the whole deal. I got to a point where this felt as fake to me as when I had been trying to live as a man so I stopped doing it. I still looked/appeared feminine but I spent a lot of time (six years) trying to work out just who I was. I was no longer interested in trying to live up to other people's expectations of who I should be or how I should live my life. At the end of this time I had moved to Australia, met new people and had come-out as a dyke even though at this stage I had never heard of any other M.T.F. dykes.

Even when I came-out it wasn't as a butch. I came-out in 1993 as a dyke into a community that was dominated by andro and 1980s feminist lesbians. 'Tranny', 'Butch' and 'Femme' were dirty words in this community. 'Butch' and 'Femme' were only used as jokes and as a way of putting people down.

If transsexuals were even mentioned it was not in any positive way. The thing was, I was curious about just what butch and femme were about and how I could make these terms fit with my emerging identity as a butch. Fortunately it was about this time that I discovered the Internet and the wonders of things called mailing or discussion lists.

The first lists that I got on were lists like Sappho and Dykenet, lists run by and for the general lesbian community and predominately U.S.. Not a particularly supportive environment for a M.T.F. trannie and emerging butch.

But it was while on these lists that I came across my first positive images of butches, femmes and gender-queers. Strong voices of butches and femmes defending their identity to hordes of unbelievers. People who were proud of their histories and their identities as butches and femmes. It was from these folk that I started my learning process. I started to see book titles being mentioned in relation to butch/femme. I was also invited to join a list called 'Boychicks'. On 'Boychicks' I got to discuss what butch/femme meant to other people who self-identified as either butch or femme. This gave me an insight into the various ways people defined butch and femme. Through this and the reading that I did, I worked out a way I could be butch, M.T.F. and be true to myself.

I am not one of those butches who you will see wearing a suit and tie or a tux, they simply don't work for me. I guess I go back to my roots and show my butch-ness through more traditional working class clothes like t-shirts, jeans, boots, leather vest and jacket. But I am a different butch today than I was four or five years ago. As I learn more about myself and others around me, my way of being

butch changes and shifts to reflect my journey through life. For example I now add 'bear' to my identity and that in turn is now part of the way I am butch.

Though I transitioned quite a while ago (late 1980s) I didn't have sex reassignment surgery until late in 1997. Up until that point I didn't have the money or the support to have surgery. I had been around a lot of the pro- and anti-surgery debates and they all gave me a headache. I didn't relate to the idea that I 'needed' certain surgical reassignment to make me 'real' or 'complete'. Yet I didn't believe that the reason I wanted the surgery was because I hadn't evolved far enough as a pangendered being yet either.

Hell I just wanted to get rid of that thing. Not that it was ever that big. I was never going to be in a position where the traditional inversion surgery was going to be an option. So much so that my surgeon sent me off for a chromosome test, the test came back 'normal' (XY). I got the results and told my partner that I was normal, which gave us both a laugh.

It's interesting that pre-surgery I found the genital shots in Loren Cameron's *Body Alchemy* really reassuring even though I'm an M.T.F. The shots of metoidioplasty results looked just like I did! It was the first time I'd seen genitals that looked like mine anywhere.

The options for vaginal creation available to me just didn't appeal because I would have been left feeling physically uncomfortable and at my age the types of surgery required to effect them would have been painful and in fact, downright dangerous for someone with my medical history. The main reason I had surgery was to achieve a level of comfort with my body that I just couldn't manage pre-surgery. I was not in it for a fully functioning replica.

Furthermore, as a butch, my main concern was clitoral sensation - not vaginal penetration. So I talked it over with my surgeon and we decided no vagina, just labia and a fully functional clit.

This is a happy surgery story. My girlfriend tells me I was as high as a kite when the bandages came off but I think that may have had a lot to do with the drugs I was on, I don't remember much. I do remember looking down and thinking, "now that looks a lot better". However I did not have a sudden revelation about my inner woman, nor did I comprehend my gender any better than I had before.

I saw my surgeon for the last time in February 1998. I don't need to see him ever again. I feel relieved more than anything else. It works, I can pee straight, I can feel, I can have sex with my girlfriend and feel uninhibited. That'll do me.

I don't believe there is any one way of being butch or a bear. I think there are as many ways of being as there are people who own gender-queer identities and none are more 'right' or 'wrong' than any other. I believe that we can learn from each other and perhaps open ourselves to other ways of being that we may not have thought of.

When I had my S.R.S. I chose not to have a neo-vagina created. As most people see the creation of the vagina as the final stage of the S.R.S. process I call myself a most-op, i.e. by others' standards I haven't had the complete operation.

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Klinefelter's Syndrome

The Trials, the Tribulations, the Frustrations

by David Brager

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My father kept saying that these would be the best years of my life. The years of junior and senior high were going to be the best that life could be. Such concepts give Stephen King the power to inhabit the dreams of cheerleaders everywhere, and for me, not much better, for I was fat. Had I simply been fat, it would have been tolerable. But I went beyond fat. I had breasts, and everyone I knew seemed to know it. Everyone, that is, except the doctors I went to see.

The job usually took me eight hours a night, sometimes longer. The first night after the [testosterone] shots began it took me three and half hours.

Year after year, from when I was twelve until I was nineteen, every doctor said the same thing, "You're Fat. Go on a diet." I could almost read the minds of each one as I walked in their office for the first time. "Hello Tubby", was written on every scowl and grimace. And year after year, the chants at school of "You need a bra" took me lower and lower down the path of self-defeat.

It was a long first year in junior college, and now I was going to see a new doctor. Here we go again. The doctor looked at me with a concentrated expression, "You've got breasts" were his first words. I shall never forget his next line. "Those are symptoms". Over the course of the next hour, he called my mom and got permission to have a rare and costly test done. He then ordered that they do karyotype (chromosome count) on me, as well as a hormone level test and a sperm count. The test took a week, and the conclusion was not obesity. It was something totally alien to me, and apparently to all the other doctors I had seen.

What is Klinefelter's Syndrome?

In the "perfect" human genetic body, there are twenty-three pairs of chromosomes in the nuclei of every gene. However, some people have extra chromosomes that cause frightening and staggering changes to them, which are most noticeable at birth. Down syndrome is probably the most famous. But in Klinefelter's Syndrome, a boy is born with male effects and female defects. What I mean, is that with a child before puberty you would never know that a Klinefelter's Syndrome boy was any different than a "real boy". That is, until puberty.

In the course of puberty, a lot of changes happen to boys. They get muscular, grow body hair, their voice deepens, their emotions go crazy, they get more aggressive, and their genitals mature. In the course of my puberty, I got breasts and fat, had no body hair, had a high voice, stayed fairly calm, and my genitals stayed as minimally hairless and small as they ever had been.

Here is the best description I have heard on what happened to me at puberty. A Klinefelter's Syndrome body matures to a female environment. It begins producing oestrogen, and it begins saving up energy (in fat) which the body will then flush out of the system at menstruation. However, since I did not have the plumbing for a menstruation, the stored energy (fat) went nowhere (or everywhere in my system). In 7th grade, I weighed 120 pounds. Then, I began this mutated form of puberty, I gained 30 pounds every year. The 120 became 150 (8th grade) then 180 (9th), 210 (10th), 240 (11th), 270 (12th), 300 (College Freshman), and then I found a doctor who diagnosed me. But now, I must share the most staggering fact of all.

Klinefelter's Syndrome is common!

It is so common that it is found in 1 out of 500 births. But if it's so common, why do so few doctors and teachers know about it? I don't know, but this page sets the course to make people more aware of the problem.

What's the big deal? It's only breasts and fat, right?

The major problem faced by me, and every other Klinefelter's Syndrome victim, is that maturity and learning go from normal to very, very slow after puberty kicks into action. It takes energy to learn, and I didn't have any. My grades throughout Elementary School were average, and in many cases above average. But as my body began to get pumped full of oestrogen, and my muscles weakened due to a lack of Testosterone, I became lethargic and weak.

I could not keep up physically, nor could I keep up intellectually. In some things, like computers, I worked well, for I could sit in one place and learn. If I had to move around, go visit the library, do research, exercise, or make any effort at all, I was muted by a weakness that was always labelled as fat and lazy. The doctors apparently never needed to look further, for it was just easier to assume that they knew what they were doing. Show me some proof that a hormone makes a difference. After the discovery of my extra chromosome, I went to Seattle to see a leader in the field of genetic dysfunction. It was an even luckier day when it turned out he was on staff at a U.S. Department of Social and Health Services hospital in Seattle.

Dr. Alvin Paulson (now retired), who was assisted by Dr. Alvin Matsumoto (who was at the University of Washington Medical School, and is currently listed as on staff with Virginia Mason Hospital in Seattle), began me on my lifetime of hormone therapy. With them, I began a shot of testosterone every fourteen days. And from the very first day, things began to happen.

I came back from Seattle to my regular life. I had a job as a weekend night custodian at a restaurant. The job usually took me eight hours a night, sometimes longer. The first night I worked, after the shots began, it took me three and half hours. And that is how long it took every week thereafter. I actually had time to relax and do a good job instead of having to slave and do a below average job, for something was different. I had energy like I had never had before.

My lack of self-esteem was the last thing to begin changing, and so began what would turn into eighteen months of therapy with a social worker. It ended with me walking taller, and feeling a bit more intolerant towards the bullies. No one could tell me I wasn't good enough now. I just needed to prove it to the only person that needed to know: Me!

Know Yourself, Love Yourself, Change Yourself:

I began to find significant changes in myself. I was later told that these changes happen to others at puberty, but I was happy to have an opportunity to go through it all. It began with a quest for discovery. I made a list of everything I thought I ever wanted to do, but hadn't done. This included many things that still haven't done, like skydiving, but along with others, like getting some of my writing published. I still upgrade the list from time to time.

Once I began to see things that I felt I was proficient enough to learn, I gorged myself in knowledge. My parents had a one-hour photo machine in their real estate appraisal business for which I worked and I dabbled in photography. I also dipped into fireworks, hypnosis, journalistic writing and poetry. But in the end, like the friend that never leaves, I found myself in computers. Through the actions of myself, and the encouraging words of others, I gained confidence, which helped my self-esteem: jack-of-all-trades, but master in six.

I am still working to get a Pyrotechnicians' License. It interests me mostly in being able to set off the fireworks even after they got outlawed, and then to get paid as well. But I am well read in explosives, though I hardly recommend anyone to go beyond knowledge these days. Still, it is a challenge to simply make gunpowder from scratch that doesn't fizzle.

My Grades and My Studies:

A big problem with my mind is that it seems to have a singular focal point. I can only concentrate on one problem at a time, though the complexity of the problem can be immense. But if I am writing a document, such as I am at this moment, I have also the focus to ignore anything that is off topic, for I think in tangent logic. If something else gets my interest, it takes a lot of effort to return to the initial task and complete it, for my interest and curiosity has shifted elsewhere. To put it in better words, a friend once said that I speak in parenthesis.

This is a major problem with the way classes exist in most schools. You take five classes, and you get fifteen hours a week to variety to keep on track. I just cannot do it. On the other hand, when a class presents itself to five days of eight hours a day and then a test on Saturday, I excel.

Looking back, my grades in Junior High and Senior High reflect slowness. In fact, I never used drugs in either school (I discovered Pot in College), but my G.P.A. went 2.0, 1.9, 1.8, 1.7 and then I had my last semester, which had my one and only "A" in High School and that was from a computer class.

College was a bit easier for a time when they allowed Z's. If you got a Z, it didn't count against you like an F did. So, being logical, I figured that by mind-term, if I didn't have an A, B, or C, I would withdraw from the class, and it wouldn't hurt me. This, combined with a computer error in my favour, which the Junior college said they could or would not fix, and so I should just shut up and accept it (a three credit hour "A" was recorded as a fifteen credit hour "A". resulting in sixty credit points). I turned my 1.6 G.P.A. into a 2.83 G.P.A., and allowed me to be accepted by Washington State University.

Maturity is built not on age, but on experience and responsibility. When I went to W.S.U., I had achieved not much of either. I could not play the petty game with grades as I did in junior college, and I discovered something even more difficult. The school was built on a mountain top, and I was in no condition to climb that many steps. I learned a lot at W.S.U., but not by going to classes. I learned a lot about people. I learned a lot about strata of societies. I learned a lot about the importance of others in my life, as well as the importance of my time alone. It was a much needed break from living at home, and I enjoyed my year away, but I still had a lot to learn about life and responsibility.

The next year, I returned home to work for the family computer business, and then enter appraising real estate.

In late 1984, my parents bought a house, and I moved into it. I began learning about responsibilities, but at times, I just could not handle it. I basically learned to pay people to help me for I could not cope with the awesome responsibilities that living alone required. My maturity levels continued to increase slowly, but they took an incredible leap in 1987, when I met the first woman who ever was interested in me.

I had been shopping for a mate with children. The sperm count that was taken all those years ago had come up empty. Not even one sperm, dead or alive, was found in the sample. So it became clear that the easiest way to get children, was to find some that already existed.

Jennifer had met me once before, and as I had bombarded her with a bunch of questions, she put me down as a pest. But when I learned that her mother was in hospital, I took her mom some books on tape to listen while there and she called her daughter to come by "now!" with a tape recorder. Jen's look on her face wasn't good when she came through the door, but once we started talking, we

never stopped. We've been married seven years now, having pulled her through hell, and she's still a special gal.

So what's the point?

I have written this article to express the life I have lived, and what has happened to me, in a nutshell, from puberty to affinity. The key to this article is if you see someone with any of the following symptoms, you may want to see them get to a doctor that will check them for Klinefelter's Syndrome and then take care to see that their dosages are well monitored.

The Symptoms

After puberty: Arm span exceeds height by more than an inch; No or very little body hair and no facial hair; High voice; Minimal muscle growth in arms/legs; Weak or no energy; Small testicles; Breast Tissue (not just fat, but actually firm breasts); Low Testosterone level; High oestrogen level; Karyotype reveals XXY sex chromosomes.

What other Klinefelter's victims have done

One time on Prodigy, I asked around for Klinefelter's Syndrome'ers and found about ten. Half of these had said that they had sex change operations. One of the men left said he had had no shots or therapy ever and is in his fifties. Most Klinefelter's Syndrome people have had sex with someone of their same gender during puberty. Studies I have seen shown that 80 percent of all boys experience something along this line, but only 10 percent of the population appears to be "gay". There does not appear to be any defined indication if any of the 20 percent that did not have a gay experience ended up gay.

All Klinefelter's Syndrome people appear to get lethargic after puberty, and have a difficult time learning, but all of them said computers were a snap, or something of interest. The guy who said he was in his fifties, also mentioned that his parents were doctors, his siblings were doctors, and he is the only one that is committed just to computers, but did not do well in school, for he couldn't concentrate that well.

So is that all?

Well, actually, this is the start. From here, we need to find out what can be done for the others to recognise that Klinefelter's Syndrome people are not given an easy hand, and that they may need more learning opportunities or boosts. It may take a little longer to get anywhere, but with therapy and a little help, the work should be worth it.

Information of Klinefelter Syndrome

Klinefelter Syndrome is probably the most common chromosomal variation found in humans. In random surveys, it is found to appear about 1 in every 500 to one in every 1,000 live born males. Since the largest percentage of these men would have never been diagnosed otherwise, it shows that in many cases affected individuals lead healthy, normal lives with no particular medical or social questions. Klinefelter Syndrome is diagnosed through a karyotype; a chromosome analysis usually done on a blood sample.

Klinefelter Syndrome is caused by a chromosome variation involving the sex chromosomes. While Dr. Harry Klinefelter accurately described this condition in 1942, it was not until 1956 that other researchers reported that many boys with this description had 47 chromosomes in each cell of their bodies instead of the usual number of 46. This extra sex (X) chromosome causes the distinctive make-up of these boys. All men have one X chromosome and one Y chromosome, but sometimes a variation will result in a male with an extra X. This is Klinefelter Syndrome and is often written as 47XXY.

Common Characteristics

The most common conditions that males with Klinefelter Syndrome may have are sterility, breast development, incomplete masculine body build, and social and/or school learning problems. The most common characteristic of men with Klinefelter Syndrome is sterility.

Frequently, adolescent boys with Klinefelter Syndrome may undergo some breast tissue development. In some cases, this may necessitate surgical removal of the breast tissue.

Although most boys with Klinefelter Syndrome are tall (the average is 6ft½in.), they may not be particularly athletic or coordinated. The penis is usually of average length, although the testes are small. There may be a decreased growth of facial hair. Studies indicate an increased risk of speech and language problems which contribute to social and/or school learning problems. Boys with Klinefelter Syndrome may be more immature, shy and dependent than their brothers and other boys their age. They may be somewhat passive and apathetic; they may lack initiative, be very sensitive, and have a fragile self-esteem.

Treatment

The most common form of treatment involves administering Depo-Testosterone, a synthetic form of testosterone, by injection once a month. The dose gradually needs to be increased and given more frequently as the boys get older.

Health.

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