

Polare Edition 42

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Editorial

by Katherine Cummings, Polare Editor

My thanks to those who contacted me to tell me what they thought of issue 41 of *Polare*. Most of the comments were favourable but even the negative ones were useful and may have their effect on future issues.

There were, however, far fewer responses than I had expected and hoped, and almost no comments on new features such as the book review. I will include a book review in this issue but without feedback from you, the readers, I can't tell whether you find the new features to your liking or not ... or whether you couldn't care less one way or the other.

I was disappointed that few readers responded to my call for contributions. I can write a certain amount of new material and I can pull stories off the Internet and look for bits and pieces in other publications but it would be better if there were more points of view than mine being reflected in *Polare*.

Many of you who responded to the questionnaire said you would like to write or illustrate for the magazine. You can, and I hope you will. All I ask is that, if possible, you send your contribution on a computer disk (P.C., not Mac) or email it to me, as I prefer not to have to re-keyboard material unnecessarily. If you do not have access to a computer or the Internet, then, of course, I will accept type written or even handwritten material.

The book review in this issue is by Beatrice Faust, a leading Australian feminist. It deals with Deidre McCloskey's autobiographical piece, *Crossing*, which was published in 1999 and was praised by many reviewers. The *New York Times* called it an "outstanding book of the year". I came across Ms Faust's review in the *Economic Record* for March, 2001 when I was searching electronic journals for other reasons than transgender. I thought the review was worth reprinting in *Polare* and obtained permission from Ms Faust. You will find the text on page 18. You may not agree with all the points made by Ms Faust, but it is salutary sometimes to see ourselves as others see us. I have certainly been made to think about the relationship between physical appearance and femininity.

Deidre is a distinguished American scholar in the field of economic history and, to my mind, provides more thoughtful analysis of her (and our) situation than do most transgender autobiographies (including my own).

Manager's Report

by Elizabeth Riley, Gender Centre Manager

This year has again seen a number of significant developments and events for the transgender community in

Feature Articles



Crossing is particularly shrewd ... and offers a sound critique on how society uses psychiatric judgement to mask normative prejudices.

Crossing

Deidre McCloskey began cross-dressing aged 11, and continued through her 20 year marriage gradually crystallising her wish for a complete role and body change. Her memoir, *Crossing*, illustrates just how much of a feminine role is socially prescribed in western cultures.

My Dad's A Woman

When Gareth was six years-old, he realised that his father wore women's clothing. He says that it's a wonder he hadn't twigged before that his father would come home from work dressed as a man and suddenly mum would announce "Auntie Diane's coming for tea"

The Shape of Acceptance

To the general public and some in academia, what we have between our legs signifies our totality as being male or female. To try to explain that the self-concept of male or female is dependant to a very large extent on gender is not something that accords their self-knowledge.

Being M.T.F. Transsexual Then and Now!

In earlier years, Sharon thought that she had reached a lasting accommodation with being transsexual. In her middle years, she seems to have unfinished business. These are her reflections of transsexual services in Australia then and now.

An Open Letter to a Bigoted Wimp

Katherine Cummings responds to an article by Stephen Gunther entitled "My Transsexual Father", in which he aired his self-centred, ignorant and bigoted views concerning his father who had transitioned as a male-to-female transsexual late in life.

Guide to Healthful Living for People with H.I.V.

Human Immunodeficiency Virus affects your nutritional status. Studies have shown that people with H.I.V. tend to eat less

N.S.W. Some are detailed below.

The Gender Centre has undergone significant change, particularly in relation to staffing. Sean Taylor resigned as the Social & Support Worker in August 2000 after working at the centre for four years. Sean touched many people's lives during this time here and his efforts were greatly appreciated. He has moved on to new endeavours and we wish him the best for the future.

Craig George Andrews, the Resource Development Worker, also resigned on 21st May 2001, again after having been at the Centre for about four years. During his time here Craig took *Polare* to a new standard of quality and presentation and developed our website, also to a very good standard.

While it is always sad to see workers move on, we were delighted to welcome Jack Powell as the Social & Support Worker in place of Sean, and Katherine Cummings as the Resource Development Worker in place of Craig. Jack, along with all the usual social and support activities, has added an employment emphasis to his role and Katherine, in a short space of time, is already stamping her individual qualities on *Polare*. We look forward to new and exciting enhancements to our service delivery with the blossoming of these roles.

Transman Exhibition

In February and March of this year the Stills Gallery in Paddington held a photographic exhibition. The work of three photographers was featured and two of these dealt with aspects of transgender lives. One, photographer Tiet Ho, followed the lives of a group of transgender sex workers in Malaysia and carried clear messages of the discrimination that they encounter daily. The second, *Transman* by photographer Ella Dreyfus, illustrated the surgical and spiritual journey of an F.T.M., our very own Gender Centre President, Col Eglington. The Gender Centre General Manager, Elizabeth Riley was honoured to be the guest speaker at the exhibition launch.

The opening night saw some four hundred people in attendance and hundreds more would have seen the exhibition during the following weeks. The reception for the works on show was extremely positive and an opportunity was provided to draw the attention of the wider community to the lives and lifestyles of transgender people.

The Fifth International Conference on Sex and Gender

A reminder that the fifth international conference on sex and gender will be held in 2002 in Perth W.A.. The conference is being organised by the International Foundation for Androgynous Studies and will draw many speakers and participants from around the world. This is a great opportunity for transgender people from all over the world to meet, share ideas and learn about the issues as they exist around the world for our community. Stay tuned for details on the conference in the coming months.

The Transgender Working Party

The Transgender Working Party under the auspices of the N.S.W. Department of Women had it's final meeting in February this year, having successfully completed it's review of the *Employer's Handbook* aimed at achieving access to employment in the N.S.W. public sector for transgender people. As reported last year the working party comprised 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.), the Gender Centre, N.S.W. Health, N.S.W. Department of Corrective Services, N.S.W. Police Service, N.S.W. Department of Community Services and the N.S.W. Public Sector Management Office.

On behalf of our community I would like to thank all the representatives on the working party for their efforts and commitment to social justice, access and equity for the transgender community. Their efforts are much appreciated. The working party remains on call should there be future issues needing to be addressed over which it may have some jurisdiction.

In the meantime, if you are transgender and wish to apply for a position with a N.S.W. public sector agency, policy is now in place to ensure that you will not meet with discrimination in the process.

Employment Equity Specialists' Association (E.E.S.A.)

The Gender Centre is now maintaining an active involvement with E.E.S.A. to keep transgender on the agenda for E.E.O. practitioners. Due to time constraints, the Gender Centre no longer has a representative on the executive of E.E.S.A. but we continue to be ordinary members and will continue to attend meetings where issues being addressed are of relevance to us or where there are issues that we may wish to draw to their attention.

Through our work with E.E.S.A. we seek to achieve strong support from the E.E.O. practitioners in the public sector in advancing work opportunities for transgenders.

More on Employment

than people who are H.I.V. negative. The process appears to begin early in the infection. Often it is subtle and may go unnoticed.

Phallocy

Jay Sennett has been in the trans community since 1994, and his recent film *Phallocy* is an autobiography using spoken word, music and experimental techniques to explore the struggles of a female-to-male transsexual. *Phallocy* questions how a 32 year-old lesbian becomes a man.

Part of the work being undertaken by the new Social & Support Worker is to further the employment prospects for members of the transgender community. To this end we have begun networking with employment agencies and are keen to work with transgender people interested in finding work. We have initiated some programs at the Centre to help facilitate this project including programs designed to identify the types of work to which our people might be suited. We are also looking at running workshops with a "getting a job" focus that would look at such issues as resume preparation, interview techniques and interview presentation skills. Interested people are invited to contact the Social & Support Worker at the Centre.

N.S.W. Police Service

The N.S.W. Police Service is close to completing its policy in relation to transgender people. I reported on this in last years annual report which is an indication of how time consuming and complex policy development can be. We expect the policy to be implemented soon and will publish details in full in *Polare* as soon as possible. We expect this policy and it's implementation will go a long way to improving the relationship between the transgender community and the police in N.S.W.

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

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Book Review: Crossing

A Memoir

Reviewed by Beatrice Faust

Article appeared in Polare magazine: October 2001 Last Update: October 2013 Last Reviewed: September 2015



Crossing: A Memoir, by Deidre McCloskey

Crossing: A Memoir

by Deidre McCloskey
University of Chicago Press (1999)
No I.S.B.N.-13 978 0226556697

Women are not allowed to act in traditional theatre: instead, male actors called 'Ona Gata' specialise in feminine roles. These men hold what seems to westerners the ultimate sexist belief, it takes a man to be a woman. This makes sense if we accept that femininity is not essentially biological but is culturally defined. A woman speaks so and walks thus; she wears these clothes in this way with hair and make-up as fashion prescribes and, above all, she does not do what men do. In real life, the messiness of female biology gets in the way of feminine grace because women menstruate, have babies, cook meals and clean floors. Only the ona gata has the time, the professional concentration, the intelligence and sensitivity to perfect the feminine role.

Crossing is particularly shrewd ... and offers a sound critique on how society uses psychiatric judgement to mask normative prejudices

Deidre McCloskey's memoir, *Crossing*, illustrates just how much of that role is socially prescribed in western cultures and can be learned by a male determined to make the crossing from man to woman. Formerly known to economists as Donald McCloskey, she is

the author of numerous studies on nineteenth century economic history and critiques arguing that since economics doesn't meet the criteria of science it should be treated as humanist rhetoric, a way of presenting an argument. She began cross-dressing in private as an eleven-year-old, continuing intermittently during her twenty year marriage and gradually crystallising the wish for a complete role and body change.

Crossing is an intensely personal and somewhat uncritical book. McCloskey does not apply her academic skills to the issue of sex change. Indeed, she quotes almost no research on transsexuals, neglecting currently important questions. 'Sex' is a biological category, a given for the overwhelming majority of people. 'Gender' is a social category, varying from culture to culture, between socio-economic groups and changing with time. After half a century of economic pressure on married women to enter the paid workforce and thirty-five years of feminist response to this pressure, very little of the traditional feminine role is intact in first world economies. Why did Donald McCloskey feel that he had to have his brow ridges ground down, his lips plumped, extensive electrolysis on facial and bodily hair, breasts implanted, his skin refined by hormones and his urinary-genital tract reconstructed in order to learn how to be a woman? The implication is that gender is not just socially constructed but is firmly based on biology. Some conduct is easier to learn if the body is congruent with it and primed by hormones to learn that particular lesson.

McCloskey's professional sense of humour adds a beguiling dimension to her personal drama. In defiance of economic theory, medical fees remain high despite an alleged surplus of doctors. *Crossing* is particularly shrewd on the way the medical cartel imposes artificial hurdle requirements on sex change and offers a sound critique on how society uses psychiatric judgement to mask normative prejudices. The author constantly slips into the vocabulary and thought processes of economics so her story of crossing from man to woman is more detailed as to costs and benefits than similar autobiographies by writers, doctors and models. *Crossing* would be a very helpful book for anyone contemplating sex change because it does not minimise the costs.

Donald's children and former wife rejected Deidre, as did some friends. Her sister had her committed for psychiatric observation and continued to influence her various doctors, adding additional travel and legal costs to the already substantial medical bills that were not covered by health insurance. Repeated surgery failed to raise the pitch of her voice and she had urinary tract complications from the pelvic reconstruction. Deidre's benefits are cumulative: the slow achievement of becoming the gender she believed she should be, the many small triumphs as she learned the parts of her new role and eventually the realisation that she could pass as a woman without sacrificing friendship or professional success. She discovered that women's friendship is deeper, warmer, more intimate and more sustaining than the impersonal and often rivalrous bonding that occurs between men.

I accept that McCloskey chose to write in the third person about 'Donald' and 'Deidre', 'he' and 'she', because this gives a more vivid sense of the ambiguity of the conflict and its solution. Regrettably, this means that the story loses the honesty of the real person's voice saying, "I felt ...", "I did it because I ...". I found the she/he switches precious while McCloskey's breathless running are more the style of Edna Everage than of a dignified lady professor. The story is fascinating, informative and entertaining, as far as it goes, but it does not

convincingly explain why Donald decided to become Deidre.


Many male children suffer a sense of unfitness from infancy, a sense that they are girls in the wrong body. For them, sex change is simply correcting nature's mistake. Some cross-dressing male prostitutes who service a heterosexual clientele choose hormones and surgery because they believe it will be easier to fool their clients. Perhaps as many as half the male candidates for sex change, including Deidre McCloskey - come to the idea of surgical intervention after years of cross-dressing. Why do men who have had years of pleasure from dressing as women choose to undertake expensive, risky and more or less irrevocable medical sex change? Perhaps the fact that the terminology is there creates its own market.

Crossing repeatedly asserts that transsexuals are normal, that crossing from one sex to another hurts no one and that the proper attitude for society to take is *laissez faire*. Yet the crosser does not exist in a social vacuum. Families and colleagues have to adapt their relationships to fit the crosser's new role. Some cope, some like McCloskey's wife and children do not. Although the author is keenly aware that people with good incomes have richer life choices and get a superior deal from doctors and lawyers, than those who do not, she does not apply a class analysis to the phenomenon. Admitting that many crossers are assaulted and that this seems to have something to do with their capacity to pass as members of their chosen sex, she fails to ask why this may be so. She includes a list of misunderstandings and truths about crossing that fudges the distinction between some transsexuals and all.

Post-operative follow-up reveals that unskilled workers and men in traditionally male jobs, builders' labourers, truck drivers and timber workers, are likely to have trouble finding work as women and experience great difficulty learning the acquired art of femininity. They are disproportionately liable to become substance abusers. People with portable skills such as computer programming, medicine, and economics have less trouble adjusting in their new role. Even so, they are not always happy in the long-term. In March 1999, *Tennis* magazine published an interview with Rene Richards, an ophthalmologist and outstanding amateur tennis player who sought unsuccessfully to compete in women's tennis after she crossed. It reported that Dr. Richards declined to be used as an example to follow, said that she knew she was a second class woman and regretted that she had not had the option of medication for her fetish instead of surgery.

Crossing is a rewarding book but it should not be taken as the last word on crossing.

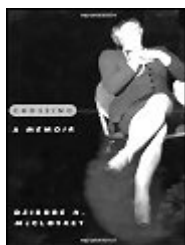
Deirdre McCloskey

From Prudentia:  Deirdre McCloskey teaches economics, history, English, and communication at the University of Illinois at Chicago. A well-known economist and historian and rhetorician, she has written sixteen books and around 400 scholarly pieces on topics ranging from technical economics and statistics to transgender advocacy and the ethics of the bourgeois virtues. She is known as a "conservative" economist, University-of-Chicago style (she taught for 12 years there), but protests that "I'm a literary, quantitative, post-modern, free-market, progressive Episcopalian, mid-western woman from Boston who was once a man. Not 'conservative'! I'm a Christian libertarian." Her latest book, *Bourgeois Dignity: Why Economics Can't Explain the Modern World* (University of Chicago Press, 2010), which argues that an ideological change rather than saving or exploitation is what made us rich, is the second in a series of four on The Bourgeois Era. The first was *The Bourgeois Virtues: Ethics for an Age of Commerce* (2006), asking if a participant in a capitalist economy can have an ethical life (briefly, yes). "We fans of innovation and markets have done enough preaching to the choir," she says. "We need to speak to our beloved critics on the left and right who do not think that the 'Age of Innovation' was the best thing to happen since the invention of language." Long known in economics as a critic of its least sensible techniques, she wrote in 2008 with Stephen Ziliak, *The Cult of Statistical Significance*, demolishing tests of "significance." It was in 2011 the basis of a Supreme Court decision.




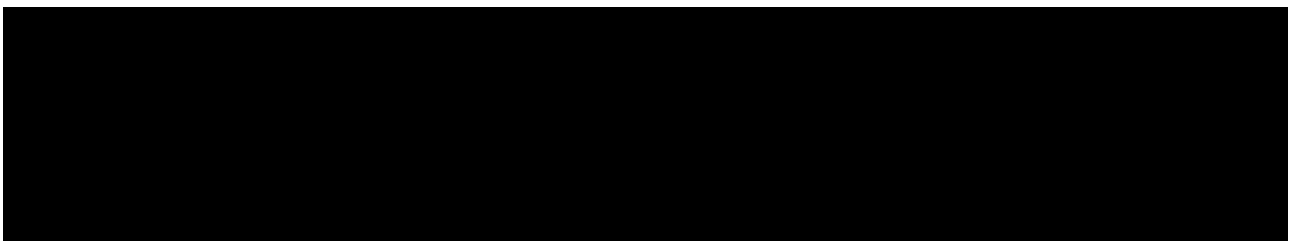
McCloskey lives in downtown Chicago in a big loft apartment converted from a factory with her Norwich terrier Will Shakespeare ("As soon as he really knows English maybe we can get some more plays ... from the canine point of view!").

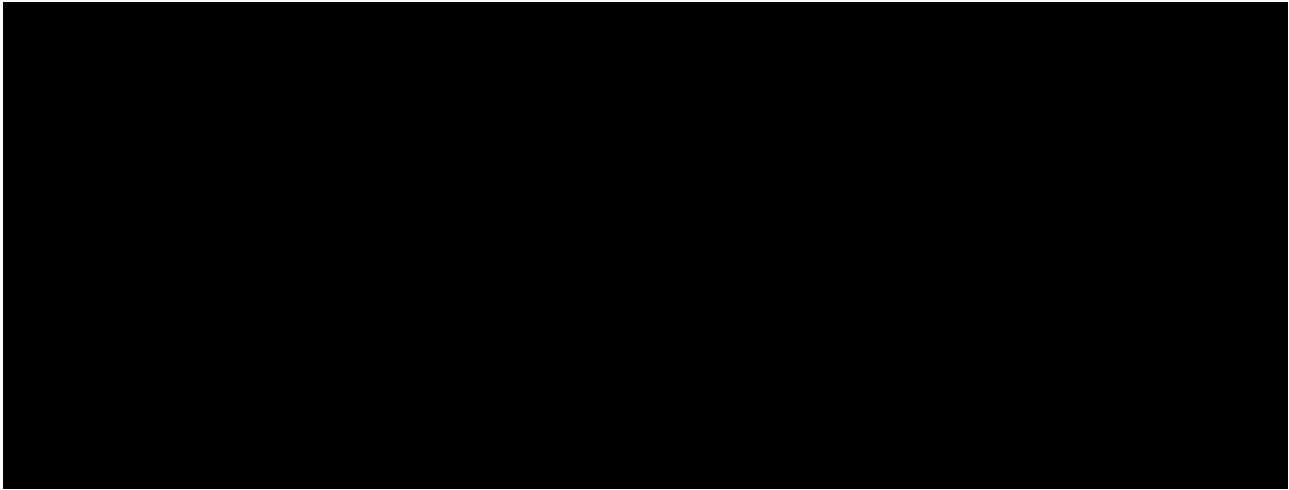
Prudentia  her website details her professional career and also includes a section on "gender crossing" 



Crossing: A Memoir
Author: Deirdre McCloskey
Publisher: University of Chicago Press (2000)
I.S.B.N.-13 978 0226556697

From Amazon Books:  We have read the stories of those who have "crossed" lines of race and class and culture. But few have written of crossing — completely and entirely — the gender line. Crossing is the story of Deirdre McCloskey (formerly Donald), once a golden boy of conservative economics and a child of 1950s and 1960s privilege, and her dramatic and poignant journey to becoming a woman. McCloskey's account of her painstaking efforts to learn to "be a woman" unearths fundamental questions about gender and identity, and hatreds and anxieties, revealing surprising answers.





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My Dad's a Woman

Gareth's Experiences as a Child with a Trans Parent

by Gareth

Article appeared in Polare magazine: October 2001 Last Update: October 2013 Last Reviewed: September 2015



I was really scared about what people would say.

When I was six years old, I realised that my Dad wore women's clothing. Looking back, it's a wonder I hadn't twigged before. I remember that Dad would come home from work

I got called names at school and some of the other kid's parents told them not to hang around with me. But my two closest friends were really understanding and supportive.

dressed as a man and suddenly mum would announce "Auntie Diane's coming for tea". As if by magic, Dad would go upstairs and a few minutes later, this nice lady called Auntie Diane would appear. Then, one day, I turned to Mum and said, "Dad's Auntie Diane isn't he?" I was too young to find it strange. Mum just scooped me up in her arms, gave me a big hug and said "yes he is."

She explained that it had to be a family secret and that I wasn't allowed to tell a soul. She said that some people wouldn't understand why Dad felt the need to dress as a woman. From that point on I stopped saying "Dad" and called him Diane. At first it was strange referring to him as Dad at school and Diane at home, but I soon got used to it. I guess I just accepted it because I didn't realise it was so unusual. When I was about ten, Dad explained to me that he'd always known he wanted to be a woman. He met Mum when he was twenty and she was seventeen and he told her soon after that he thought he was a transvestite - a man who likes to wear women's clothes. Amazingly, Mum took it really well. Because she was in love with Dad, she wasn't going to let what felt natural to him get in the way of their relationship. My parents were married soon after, with Dad in a suit and Mum in a wedding dress. But by the time I was born, Dad was dressing as Diane most evenings and at weekends. He and Mum felt that it was the only way I was going to find his cross-dressing natural and they decided not to hide anything from me. Dad also vowed to answer any questions I had as I grew older, honestly and truthfully.

Life didn't really change much after I found out about Dad. My Gran - Dad's Mum - didn't understand at first, but even she came around slowly. Dad even felt at ease dressing as a woman around some of his friends and occasionally he dressed up when we went out. Anyone who saw us assumed I was out with my Mum and Aunt. I knew that I had two very proud parents who loved me so it didn't matter what people thought.

Then, in 1994, Mum and Dad decided to move to Ireland. Unfortunately Dad was tied to a job in Wales, so Mum and I had to move without him for six months. Being apart put a real strain on us, especially Dad. I really missed him and we talked on the phone every night. I could tell from his voice that he wasn't happy and we'd often cry down the phone together. "It won't be long," he promised, but I was terrified he'd abandon us.

"I still love you," I'd say, hoping that it would make him come home to us quicker. When Dad finally joined us in our new home six months later, he'd changed. He was feeling very low and went to see a doctor, who told him he wasn't a transvestite but a transsexual. This meant that he had the body of a man but the mind of a woman. One day he sat me down and explained that he didn't feel comfortable pretending to be something he wasn't, so he'd decided to have a sex change. I was happy for him, but I was worried about other people's reactions too. A lot of people knew about Dad's cross-dressing, including my school friends. The doctor then referred Dad to a Psychiatrist to make sure he was making the right decision. We knew life would be hard, but we were devastated when the Health Authority refused to pay for the operation. Even so, Mum and Dad were determined to go ahead and forked out about £5,000 of their own money for the treatment.

Dad had to take hormone tablets every day, which meant he slowly lost his stubble and his breasts grew bigger. It felt quite strange seeing him turning into a woman. But when I saw how happy he was about his body changing, I knew he was doing the right thing.

Not long after this, Mum and Dad accepted an offer to go on the radio to talk about Dad's desire to be a woman. When I first heard, I was really scared about what people would say. Up until then, Dad had only told a few close friends that he was Diane and when my friends came round to the house he always dressed as a man. But after the radio show, everyone knew the truth.

It was hard at first. I got called names at school and some of the other kid's parents told them not to hang around with me. But my two closest friends were really understanding and supportive.

After that first interview, "Diane" received a lot of media attention and he and Mum did more television and radio interviews. I even went on television with them myself last year. Before we went on, Mum was worried about me getting so much attention but I decided that if she and Dad were strong enough then I could be, too. Some people in the audience thought Dad was weird, but to me, they were weird for not being clever enough to understand. Last September, Dad took his final step in his transformation into Diane. He had his penis removed in a sex change operation. Afterwards, he was in a lot of pain, but now that he's recovered, it's obvious that he's not as stressed as he was and he's happy to be who he's meant to be at last. As far as Mum and I are concerned, the operation means that Dad is now officially a woman. We always call her Diane and refer to her as "she". Sometimes, I look at old photos and wonder what life would have been like if Diane had tried to hide her true self. I don't think we'd still be a family if she hadn't been so open. She was always meant to be a woman and our family would have broken up years ago if she'd tried to live as a man. I've got two loving parents who are still together. That can't be bad, can it?

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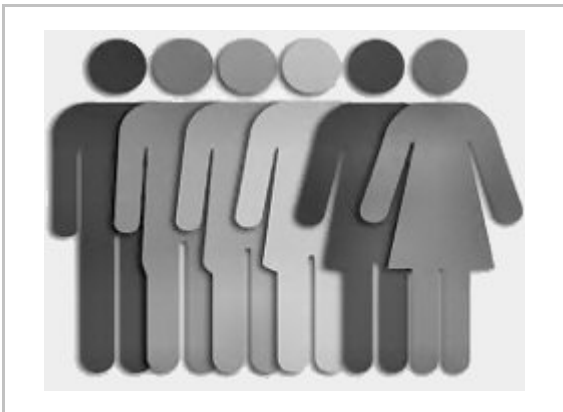
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The Shape of Acceptance

The Transsexual's Perspective

by Gina Rochelle Dumas

Article appeared in Polare magazine: October 2001 Last Update: October 2013 Last Reviewed: September 2015



Introduction:

In this paper I have pressed very firmly my belief that there is a "core" or "control" form of self-acceptance that takes pre-eminence in human psychology. This self-acceptance being that our body's sex, and the gender role appropriate to that sex. I have also put forward some matters on the nature of gender and it's importance to us. You will perceive that this paper is very "broad brush" in it's comment and is intended for a wide audience within the world of transsexuality. Where I have used the term "self-acceptance", I have intended it in the above sense.

Why do our societies seem to be totally unable to comprehend our struggle? What is it that we have been unable to communicate to them?

I was laying in my hospital bed in Bangkok, Thailand, still marvelling at my brand new post-operative self, tubes running everywhere. There was time now to assemble my thoughts on a simple, but hard to express concept of why it is that we in the transsexual community have lived such tormented lives.

Why? I had asked myself over many years, do our societies seem to be totally unable to comprehend our struggle? What is it that we have been unable to communicate to them?

Twenty pages later I thought that I had a focus on my simple notion, but twenty pages!

The notion was still simple but I had to condense it, attempt to write a synopsis.

Of one thing I am certain, the population of the non-gender dysphoric world (nearly everyone other than us) are self-accepting in an automatic or "non-thought of" way, we are not.

For transsexuals, the concept of self-acceptance is inextricably tied to our life experience of confusion, fear, frustration and loss.

This inability to be self-accepting lies at the epicentre of our torment, but is not the underlying explanation, this warrants further consideration.

As a community, we transsexuals have been unable to offer a better concept of our plight than "a woman trapped in a man's body" and vice versa. This serves us very poorly, and doesn't sell, for the simple reason that it offers a seemingly implausible resultant, not a reasoning of this rare medical phenomenon.

People judge that what we have between our legs signifies our totality as being male or female. That self-concept" as male or female is dependant to a very large extent on gender is not something that accords people's self-knowledge.

To the general public and to some in academia, gender is not an entity, it is merely another way of spelling sex.

Matters of Gender

My arguments and line of reasoning from this point, focus on the need to re-conceptualise gender and give it the primacy that it's critical function in our psychology demands.

I am confident that my understanding will resonate clearly with the experiences of those who have suffered so much, for want of an adequate means of sharing knowledge of our dilemma with leaders in our societies and those who are best placed to influence them, academics. I propose that gender is a direct construct, i.e. that it exists as an independent factor in the framework of human psychology. That gender is derived from tiny structures in the brain, which in nearly all humans' accord with their physical sex, has been demonstrated by autopsy against control groups also at autopsy (see note 1).

Just as breasts and penises are sexually derived structures, so too are the gender structures of the brain. As we know from the many forms of intersexuality that inflict our intersex brothers and sisters, things physical can go most horribly wrong. To identify transsexuals

as gender/sex crossed, or "brain intersexed" would be appropriate I feel, and justifiable in the light of evidence gleaned both in the successes and failures of experimentation worldwide.

If we accept that all consciousness is derived from a biological structure, the brain, then we may discern the difference between biological outputs and social construct more clearly.

Gender needs to be examined in concert with the construct of gender roles, for it is here that most people's concept of the two become blurred. Gender and gender roles need to be conceptualised separately, although gender impacts heavily on gender roles, gender roles do not impact on gender, one is downstream of the other.

Gender is the internalised biological focusing of an individual as being male or female! Before howls of protest fill the air I would ask you to consider the following in conjunction with the remainder of the paper.

I proposed that gender may be likened to two colours, say green for females and blue for males. Every shade of green or blue is equally male or female, the depths of the colours being comparable to the force or pressure with which the deep drives and desires of gender act in any one person's being, but the colours are distinctly different be they pale or deep. So central is our gender to the way in which we prioritise our thoughts, process emotional inputs, love, dream, hurt, focus on life's goals, see each other and so very much more, that it may be said that our gender is our intellectual lens.

I will further propose that so powerful is gender that it inclines us to learn selectively from society's offerings, i.e. that as children we learn and adopt those traits of interest and expression that find congruence with our gender, unless or until forced to do otherwise. And so enters society into the building of the human self-concept. Society provides models of gender roles on the unthinking assumption that one's sex will signal one's gender, and that a self-accepting development is always the case.

Gender roles are complex structures, being a mixture of a society's expectations with regards to sex specific presentations, mannerisms, clothes, group compatibilities etc, and of those elements of gender driven expression and desire, which are of a more innate personal nature, and vary between individuals. Gender roles are susceptible to many variables between societies. Some of which have historically been powerful modifiers e.g. religious taboos, patriarchal dominance, lack of education etc. It is gender role that society impacts upon, not gender, that is our own.

In support of this concept of gender being discreet and innate in our make up, I would like to draw the readers attention briefly to the repeated failures of experiments aimed at changing gender. Many of these experiments have been long-term and very inhuman in their cruelty. That they have never succeeded, serves to demonstrate that immutable nature of gender, you may change gender role, but not gender.

From this vantage point, I ask the questions "do we transsexuals really suffer gender dysphoria? Or do we know our gender innately?" Does the true transsexual's dilemma lie in a lifelong "self-acceptance" crisis? Perhaps the problem is best seen in a simple diagram that looks at the essential elements in a non-gender dysphoric person's ability to be self-accepting, and the way in which these elements are interdependent.

Where one's sex agrees with one's gender, it is appropriate to learn and adopt the gender role signalled to society by one's sex, a gender role that is natural to the gender both innately and by association. In the transsexual person, these three essentials do not find congruence, and a three way, or triangular, clash develops between the immutable gender, and the gender role they cannot live. It is the nature of gender that makes a sex and gender role appropriate to that gender. (see note 2)

The early expression of confusion and distress among transsexual children coincides with their first experience of suppression of their behaviour. Transsexual children have only their gender and a natural desire to express their feelings, occurring innocently in their limited self-concept. The consciousness that society (expressed primarily through parents and early schooling) will drive the wedge between their innate gender and it's expression, occurs slowly through childhood even though they may be unable to articulate this increasing distress. Slowly then, the triangle of self-acceptance is destroyed.

If the disapproval of their parents (in particular) is severe enough, and if enough fear develops, these children will hide their troubles at remarkably young ages, but the trouble does not go away.

I am convinced that some of the transsexual community never get to a point where they are able to get a crisp and comprehensive view of their dilemma.

Perhaps too many of society's expectations are mixed into their attempts to understand themselves, both by themselves in confusion, and by analyst's searching for factors that are of little import to the transsexual. The sexual preference of the transsexual being a case in point. Expectations that a transsexual will evince a strong interest in being sexually attracted to males in the case of M.T.F., or females in the case of F.T.M. transsexuals, are primarily those of the society and members of that society, into which the transsexual is adapting. Transsexuals feel these expectations for they have lived their whole lives adjusting to society's expectations, and many find it confusing that these feelings do not occupy any significant part of their thoughts, if at all. Often I feel, in attempting to create these feelings in order to conform, transsexuals cause themselves much unnecessary distress, for the true nature of their struggle is focused inwardly in learning to find self-acceptance.

There is, or at least should be, no need to display particular interest in sexual activity in order to claim one's gender, for these matters lie outside the triangle of essentials that make for self-acceptance.

It may be, that once a therapist has completed the task of differential diagnosis, and is sure that he or she is assisting a transsexual, that a focusing on the construct of self-acceptance will prove to be a timely and very healing tool. Self-acceptance for us is at least a two stage achievement. First, we must accept our transsexuality, and come to an understanding of the parameters of our dilemma; an

essential but difficult task. "They have no right to dictate to me" etc.

The health profession know these feelings are directed towards them and recognise this form of expression as a "gatekeeper" perception among transsexuals. These perceptions of the professionals as "gatekeepers" are in my opinion the result of the transsexuals' inability to see a picture. Their view of the way ahead and the road behind is disjointed, with fragments of their dilemma recurring in random order so that they see disparate components separately and in isolation. For them, there is no "one picture". Seeing one's key health professional as an obstacle, rather than as a confidant and source of guidance, is a recipe for embitterment and diminished outcomes.

The early introduction of a visual into the transsexuals self-concept is very important, the justifying of the two year trek through gender role and on to sex reassignment and finally home to one's gender, is utterly crucial. To be wandering around in all this new territory by trial and error, maintains the transsexual in a state of heightened anxiety, and can only add to the battering these personalities have experienced lifelong. It would be comforting to be able to know where the therapist places the transsexual at any one time, on the perimeter of the triangle.

Transsexuals should understand that they are proving, both to themselves and to their helping professionals, that this trek is one on which they belong - that there is no way back once the final corner has been passed. I remember so clearly the afternoon when my therapist smiled at me and said "you should go ahead and arrange for surgery". I don't think my feet touched the ground again that day. I was rushing home to my gender in such joyous relief that words can't explain.

For those who experience this inexpressible joy their triangle is closed and for the first time since early childhood a complete human being is able to look around and enter freely into life with all it's fascination. A mixture of drainage tubes, smiles, plastic containers slowly filling with odd coloured fluids, happy tears, nurses fussing tenderly, injections and the haze of relief, I'm there.

I am now surgically shifted from an unbearable intersex state (gender/sex crossed) to a quite survivable intersexed state (chromosome-reversed female). I would be correct in assuming that many of you are not aware that naturally occurring chromosome-reversed females and males exist (see note 4). These people are incorrectly labelled as "sex-reversed". I challenge this label on the simple ground that the reason they live comfortably until "discovered" is that their sex and gender, and gender roles, are all in agreement. Chromosomes are no more an infallible link to sex than sex is to gender.

While it is undeniable that sex and chromosomes are most often in congruence, it is equally demonstrable that sometimes they are not.

Conclusion

Around the world, our little communities of intersex and transsexuals are increasingly showing a willingness to speak out, and a determination to be heard, that bodes well for our fight to be understood and to gain our human rights.

This paper grew out of my need to understand what happened to me and to fit my understanding into successes and failures of those who have extended that hand of science compassionately in our interest. I have included with my notes the definition of some of the key terms used in this paper.

I shall end with the hope that the matters expressed here may help some of my friends to see a way ahead, as I walk in the footsteps of all those who have held a light for me.

Glossary of Terms

Chromosomes: small bitties that most often work with our genes to assure the alignment of our sex and gender (a process subject to error).

Gender: Derived from sexual structures in the brain, our intellectual lens focusing us as male or female.

Gender Role: A life posture signalled to society by our sex and a mix of societal norms and the deep innate drives of gender.

Sex: The visible and invisible physical parts of a female or male body.

Sexual Preference: The expression of attraction towards the visible and invisible parts of the physical structure of the male or female body.

Notes:

[1] In 1995 Professor Louis Gooren from the Netherlands published the results of the examination by autopsy of the brains of heterosexual males and females, showing that the gender structures were measurably different. The brains of males treated long-term with female hormones as an anti-prostate cancer treatment, were unchanged from heterosexual patterns and dimensions. The brains of homosexual males and females were the same structurally as those of heterosexuals. The brains of six male-to-female transsexuals examined demonstrated female patterns of development. Six was the total number of transsexuals in a population of 180,000.

[2] Perhaps transsexuality would be better described in our system of labelling everything as Isolated Gender Syndrome.

[3] I recently attended a party where eight transsexuals, all M.T.F. were enjoying themselves. During the evening the topic of sexual attraction was broached. I was not overly surprised to learn that seven out of eight still longed for their former spouses. I think we love in a total person way, with sexuality less focal in our concept of love.

[4] According to Professors J. Hughes, Charles Brook and Mr Ramsley, who have set up a collaborative research project focusing on

intersexuals in the U.K., "There are a surprising number of sex-reversed people running around out there" (B.B.C. 1999).

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Being Male-to-Female Transsexual

Reflections on Australian Transsexual Services, Then and Now

by Sharon, Canberra

Article appeared in Polare magazine: October 2001 Last Update: October 2013 Last Reviewed: September 2015

In earlier years, I thought I had reached a lasting accommodation with being transsexual. In my middle years, I seem to have unfinished business. These are reflections on Australian transsexual services then and now. And, in passing, some lessons I have learnt that may serve others.

I always identified as female, and with women, and went as a female a great deal from about the age of fourteen. As one does, I offered nightly prayers I would be a girl by the time morning came. In the 1960's and 1970's, I saw a stream of doctors and psychologists in several Australian cities. I'd say I encountered little compassion or understanding during this period. Yet this was ten years after the late Johns Hopkins (Baltimore) program had put transsexuality on the map and into *Time* magazine.

Psychiatrists I saw were happy to dispense Ritalin, sodium amyltal and so on. They'd give you almost anything, in fact, except hormones. "But do you", breathed one earnest female psychologist, "really want to be penetrated?" Well, actually, no, it wasn't right on top of my list just then.

The lowlight of this period was a stay in a certain psychiatric hospital, which vetted people for assistance with sex reassignment. The magisterial Dr. 'B' who ran the show determined that I was probably schizoid, homosexual, and several other terms of abuse now mercifully erased. I chickened out.

Unexpectedly, the burden became more manageable around my twenty-ninth year. Dr. 'B' might say he did me a favour, bullying me. After all, have I not had a number of relatively settled years doing the male thing? Sure, there is some truth in this. After an appalling relationship that led to two children, I fell deeply in love with a brilliant woman and am still with her.

The caution is that it never goes away. Even in a good year, every day is one of rationalisations and fantasies about a parallel life proceeding elsewhere. As there is little rhyme or reason why it got easier in my twenties, I have no decent theories why it is harder now. Ageing, and changing hormonal balances, may be implicated.

Comparing transsexual services then and now, I would say there is more acceptance by sufferers and less ignorance from society around. The psychiatric profession, I hope, has moved on to tastier prey. The Gender Centre and a few other places are beacons that didn't exist years ago. Yet, for all that, services seem haphazard. I wonder if some people are not enduring some needless suffering.

The Christian right might be scandalised, but more inclusive and widespread education and information on this birth condition would probably be of great help to traumatised young people about the inevitability of some of them being gay.

Even in the U.S.A., where some 30 to 40,000 people are supposed to have changed sex, contemporary M.T.F. stories still report marriage and two kids as a routine prelude to transition. Some young transsexuals might have happier lives if they were able to make informed medical choices at puberty. That's not to mention the women they might marry.

The actual information on medical and other services for adult transsexuals, it seems to me, is disconnected and technically imprecise. Thank god that we have the web and its tireless American transsexual volunteers are there to supplement the tiny pool of Australian information.

People who almost by definition are stressed, and taking their lives in their hands, face a situation a little like Russian roulette. The complex of therapies that transitioning, or non-transitioning, transsexuals might need - doctors, drugs, therapists, surgeons, hair removal, speech therapists, and so on - is patchy in coverage and integration. Nobody seems to be very knowledgeable about the probable effects of combining various interventions.

Sometimes it seems the only way for transsexuals to find out what works is to use themselves as guinea pigs. It is surprising that more government or private clinics haven't tried to pull it all together in one-stop shops that offer secure and integrated pathways for transsexuals. Finally for those that decide to go that way, access to surgeries is restricted and (apparently) still linked to the scientifically unproven Harry Benjamin rules. It is hard not to imagine that latent Australian demand would exceed supply.

People who persistently express themselves as transsexual are just not inclined to be making it up, any more than women who report prolonged sexual abuse are hallucinating. When you talk to other M.T.F.s, you find that your 'unique' experience and expression are eerily similar to theirs, no matter how many years and miles separate you. The genetic bases of the condition are becoming clearer. And, yes, we are often left-handed.

Sometimes it seems the only way for transsexuals to find out what works is to use themselves as guinea pigs.

In my literature scans, I see little evidence for widespread regret of M.T.F. sex-change. Exceptions appear to include individuals who are (a) sociopathic or psychopathic (b) compulsive or fetishistic cross-dressers or (c) doing it for the sake of a lover. This is hardly surprising. Such individuals could get into trouble doing much less risky things than changing sex.

Australia is a kindly country when you compare it to some of the alternatives. Heaven knows why more Australian practitioners don't get on with it and offer therapies and surgeries on a more *laissez-faire* (Thai) model. It might be more socially useful and relieving of suffering than delving into the permutations of I.V.F. technology.

From my own wayward existence, I derive three lessons. The first is to be reconciled, the second is to keep fit, the third is don't be fooled by your own acting abilities.

Being reconciled: This just means that accepting the transsexual condition is innate and tangible. It does not control your options of what to do about it. It doesn't make you a worse person or, indeed, a better one. I think it's a trap to regard the position as some kind of cosmic blessing, as some writers will suggest. But I do see value in promoting the point that many M.T.F. people are decent and successful human beings, not freaks.

Keeping fit: It is more than a coincidence that I never experienced any piece of mind until I started to get fit for the first time, also in my late-twenties. Once again, physical fitness and mental discipline help me to cope now. Not to mention a lifetime devoted to literature and music. Religious expression does it for some transsexuals I know.

I believe transsexual people need a disciplined physical and mental balance as much as, if not more than, ordinary folks. It is very tempting to maltreat and malnourish a mind and body that don't match, but in my experience it isn't a helpful thing to do.

Don't be fooled: Some transsexuals will say that they are or were hopeless as males, but I've heard some almost brag about how well they do or did the male thing compared to the dull regular guys around them. Despite endless tears as a teenager, I think that latter. I fell into that kind of sinful pride myself.

I think often M.T.F.s put on a good act because they like women and women like them. They don't edit 50 percent of the population out of the dialogue and, if reconciled to their condition, need not suffer the useless stress of striving for 'masculinity'.

One should not be fooled by any of this. Being accepted and (superficially) integrated as a male doesn't necessarily mean you are one or that your basic nature will not be resurgent. This is yet another area of life where you can't always fight city hall.

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An Open Letter to a Bigoted Wimp

Response to Stephen Gunther Entitled 'My Transsexual Father'

by Katherine Cummings

Article appeared in Polare magazine: October 2001 Last Update: October 2013 Last Reviewed: September 2015

An article by Stephen Gunther entitled 'My Transsexual Father' appeared in a 1995 masculinist journal called XY in which he aired his self-centred, ignorant and bigoted views concerning his father who had transitioned as a male-to-female transsexual late in life. The article was reprinted by the *Sydney Morning Herald* the following year as 'When Father Became Mother' and then turned up in the *Australian Humanities Review* in 1997. I recently discovered that the *Herald* version and the *Australian Humanities Review* version still exist on the Internet, and feel that the response I wrote in 1996 is still relevant. Now read on:



Can you not see that your father gave up sixty-five years of his life to satisfying the needs and desires of his family ...

Your first error of judgement, Stephen, is your failure to recognise the fact that transsexualism is a medical condition, probably genetic, treated by medical specialists, including psychiatrists, endocrinologists and surgeons. Few critics of

Society is blinded by the taboo nature of gender roles and awed by the sacredness on genitalia and cannot understand that humans have as much right to remodel their genitalia as they have to remodel their noses.

transsexualism appear to understand this, preferring instead to make moral judgements as if this were a whim, or a hobby, or a dark pervasion cultivated for one's own pleasure. Try substituting the word 'diabetes' for "transsexualism" and ask yourself whether moralistic prejudice, denial of human and legal rights and withdrawal of support by family and friends would be deemed acceptable in terms of this more recognisable medical condition. Society is blinded by the taboo nature of gender roles and

awed by the sacredness on genitalia and cannot understand that humans have as much right to remodel their genitalia as they have to remodel their noses.

Above all, I dislike the fact that you have failed to accept your father's right to self-determination. Can you not see that your father gave up sixty-five years of his life to satisfying the needs and desires of his family and now wants to live out the remainder of his life as Elaine? Is that hard to understand? If a medical condition is revealed which alters the subject's personality or appearance, is it too much to ask that all the years of love and support provided beforehand be placed in the balance against the minor inconveniences created by these changes? It is hardly a unique situation. Few weeks pass without a news item concerning transgenderism, and my surgeon alone has performed more than 500 gender reassignments.

You say "it's not the kind of thing you would expect a staunch fundamentalist Christian, patriarchal sixty-five year-old to do, totally out of the blue". Are fundamentalist Christians immune to medical problems then? Or are you making a moral judgement? If so, on what authority (other than Deuteronomy 22, which is full of brutal tribal caveats)?

You go on to say "While accepting his decision [oh really?], I nevertheless tried to dialogue [sic]; why not try therapy? What if you regret this? Look at the other transsexuals - by your and their own admission they are not a particularly happy bunch."

First, Elaine could not possibly achieve gender reassignment surgery in Australia if she had not been to a therapist sufficiently often to receive referrals for surgery. There is usually a minimum requirement of two years living full-time in the gender of choice. Second, people often regret major decisions in life ... divorce statistics demonstrate this. We make the best decisions we can and we try to live by those decisions. Third, who are these "other transsexuals" who are not particularly a happy bunch? Do you have documentation for this statement? For that matter, what group of human beings can be referred to as a particularly happy bunch? And if some transsexuals are unhappy, this probably results from the prejudice, denial of rights and primitive spite which many suffer daily. Isn't there a message there for society, rather than for the potentially transitional transsexual who has no real choice?

"Fortunately", you state smugly, "I have twenty years of meditation ... clear, strong and resilient." Meditation? Why not try thinking? Meditation is to thinking as masturbation is to intercourse. You do it alone and the end result is unlikely to be a jewel in anyone's lotus. If you had tried thinking you may have come unaided to a lot of facts including your moral responsibility to support your father in his transition from male-to-female.

An educated and intelligent person who holds his father up to ridicule in two academic journals and a major newspaper and who suggests that "transsexuals are generally the object of lurid fascination, or total repulsion, or extreme discomfort, or overt hostility" without a word of criticism for these attitudes, seems to me to be a self-centred and bigoted wimp who does not have the intellectual capacity to explore the phenomenon, nor the courage to stand by his own flesh and blood in adversity. You are not mistaken in drawing attention to negative public attitudes, merely culpable in failing to deplore them. In addition you appear to be unaware that there are laws against vilification of the transgendered.

To suggest that "there are some books by transsexuals, a few radio programs, and one or two movies" is a gross understatement of the material available. Did you try your local library? The university library? On the specific topic of the children of transsexuals, for whom you are so concerned, I carried out a search of *Psyclit* (Psychological Abstracts on CD-ROM) and found a quantity of material. I am sure you will be relieved to know that none of the offspring of transsexuals studied showed any adverse effects and were, in fact, better balanced and socially integrated than their peer groups.

You appear to be the exception.

Katherine Cummings

Katherine Cummings is a writer and transgender activist, currently working at the N.S.W. Gender Centre as Librarian and Information Worker. Her autobiography, *Katherine's Diary*, based on a two-year series of radio talks she gave on Radio National's "Health Report", won the Australian Human Rights Award for Non-Fiction in 1992. It has since been expanded and updated and was re-issued at the end of 2007.



Katherine edits *Polare*, the quarterly magazine of the Gender Centre and writes for it. She is currently putting together a collection of her essays, short stories, poems and book reviews to be published in mid-2013 under the title *The Life and Loves of a Transgender Woman*.

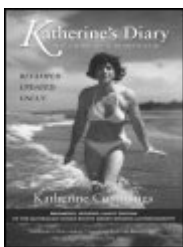
Katherine transitioned in 1986 at the age of fifty-one.



The Life and Loves of a Transgendered Lesbian Librarian
Author: Katherine Cummings
Publisher: Beaujon Press (2014)
I.S.B.N.-13: 978-098036535X

From Polare Magazine Review: The publication of this collection is a timely reminder that there is still a lot to learn about gender identity, its causes, aetiology and expression. To redress common misconceptions, prejudices, and targeted violence, ethically focussed education is critical. Of overriding importance is the acknowledgment of the truth of all 'real-life' experiences and within this framework Katherine's lifetime experience, retold through cleverly assembled vignettes (essays,

book reviews, verses and poems), is central. The book's content is varied and provides the reader with decisive personal viewpoints centred on the paramount issue of gender identity.



Katherine's Diary: Revamped, Updated, Uncut Edition
Author: Katherine Cummings
Publisher: BookSurge Publishing (2008)
I.S.B.N.-13: 978-1439215456

From Bookpod Book Store website: "I think that I was irrational, even insane, at the time. My transsexualism had taken hold of me with such obsessive force that I could not concentrate on anything else. There I was, a fifty-year-old professional academic librarian who had desperately wanted to be female ever since memories began ..." In 1986 John Cummings became Katherine Cummings and a whole life changed. In this painfully honest account of John's transformation into a woman, Katherine tells of years of fantasising behind locked doors, of the betrayal felt by her family and the final relief of surgery. *Katherine's Diary* covers a lifetime of self-discovery and self-destruction told with acerbic wit and crisp observation.

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Guide to Healthful Living for People with H.I.V.

Basic Nutrition Manual for People Living with H.I.V.

by Halley Low, Postgraduate, Medical Journal of National Cancer Institute and Flex Magazine
Article appeared in Polare magazine: October 2001 Last Update: October 2013 Last Reviewed: September 2015



Another aspect of H.I.V.'s interference in your nutritional status involves the metabolism of nutrients.

H^{uman}

Immunodeficiency Virus affects your nutritional status. Studies have shown that people with H.I.V. tend to eat less

than people who are H.I.V. negative. The process appears to begin early in the infection. Often it is subtle and may go unnoticed. Therefore, it is important to monitor your food intake and be aware of how much you eat. Intake is the first step in obtaining the nutrients you need. If you are not eating enough it will be harder for your body to get the nutrients it needs, as well as calories (units of energy).

H.I.V. changes the structure and function of cells that line the gut. These changes result in changes in nutrient absorption (the process of extracting nutrients from food and transferring them into the blood which occurs primarily

in the small intestines). We call this improper digestive process - malabsorption. Malabsorption is a primary cause of nutrient deficiencies. Extra nutrients in the form of supplements may help to compensate for this process.

Another aspect of H.I.V.'s interference in your nutritional status involves the metabolism of nutrients. This is a complex body process. The changes in this process result in the nutrients being inappropriately converted into fat in the liver. Fats are stored instead of being converted into energy, energy needs are met by sugars and when sugars are gone the body converts proteins into energy. This protein is taken from your lean body mass (muscle). The liver continues to make fats in preference to proteins so that lost protein is not replaced. This process is greatly increased in the presence of an active secondary infection.

There are also changes in the metabolic rate. These changes reflect the way energy is used by the body. People with H.I.V. will expend more energy while resting, the body will compensate for this by reducing the energy spent during activity. This change is partly responsible for fatigue and lethargy. This process is also greater in persons with active secondary infection.

All of these changes can result in changes in your overall nutritional status. Many studies have shown that people with H.I.V. have a tendency toward certain vitamin and mineral deficiencies. Among the most common are Vitamin B1 (thiamine), Vitamin B2 (riboflavin), Vitamin B6 (pyridoxine), Vitamin B12 (cobalamin), folate magnesium, selenium and zinc.

Nutrient deficiencies may cause or exacerbate symptoms such as neuropathy, myelopathy, fatigue, depression, skin rashes, diarrhoea and so on. The immune system itself relies on certain nutrients in order to function properly.

For people living with an immune system that is already impaired, poor nutritional status will put more stress onto an already stressed system. Nutritional supplements can be of great benefit. As a general rule people with H.I.V. need to eat a high calorie / high protein diet.

The importance of protein cannot be overstated. Proteins are the building blocks of the human body. The immune system requires protein to function properly. Our lean body mass or muscle is protein. In H.I.V. infection when we lose protein we are losing muscle. A high protein diet coupled with a light anabolic (muscle building) exercise program can help to prevent the loss of muscle, and build up protein store.

Changes in your metabolism may increase your caloric need. Decreased intake (not eating enough) malabsorption and diarrhoea can reduce calories and nutrients available for your body's use. Not enough calories means not enough energy for your body to function. Not enough protein in your diet exacerbates the loss of lean body mass (muscle). Not enough nutrients can lead to nutritional deficiencies that may result in symptoms like skin rashes, or neuropathy, or fatigue (to name a few). How much protein do you need a day? That can be determined by doing calculations for caloric/protein needs, or by consulting your doctor or nutritionist.

In order to keep track of your daily protein intake: every egg and every ounce of meat, fish or poultry is 7 grams. Every half cup serving of cheese or glass of milk is 7 grams. Every serving of vegetables (half cup cooked, full cup raw) is two grams. Every half cup of complex carbohydrates or slice of bread is three grams. Every cup of casserole or combination food is 13 to 20 grams. These

measurements allow you to keep track of your protein intake easily.

Food borne germs are a problem that needs to be addressed. How you pick, store and prepare your food is very important. When choosing fresh fruit or vegetables avoid any that are bruised. wash fruit and vegetables thoroughly, preferably soak them in a sink full of water with a teaspoon of iodine. This will minimise surface bacteria.

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

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

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

Phallocy

How does a thirty-two-year-old lesbian become a man?

by Jay Sennett, Filmmaker, Writer, Activist

Article appeared in Polare magazine: February 2001 Last Update: October 2013 Last Reviewed: September 2015

Jay Sennett has been in the trans community since 1994 and his recent video, *Phallocy*, has been playing around the United States.

According to Sennett: "my private motto for my production company is "movies for the rest of us". I am passionate about including trans and intersexed people, fat people, people of colour, people with disabilities, queers - my people - on the screen. My vision for the screen is the world in which I live.

my private motto for my production company is "movies for the rest of us".

Phallocy is an autobiographical film using spoken word, music and experimental techniques to explore the struggles of a female-to-male transsexual. The double-exposed, sepia-toned footage and sharp editing create the mood for the film-maker's confrontation with living with a female bodied man. *Phallocy* asks, but does not answer the question, "How does a thirty-two-year-old lesbian become a man?"

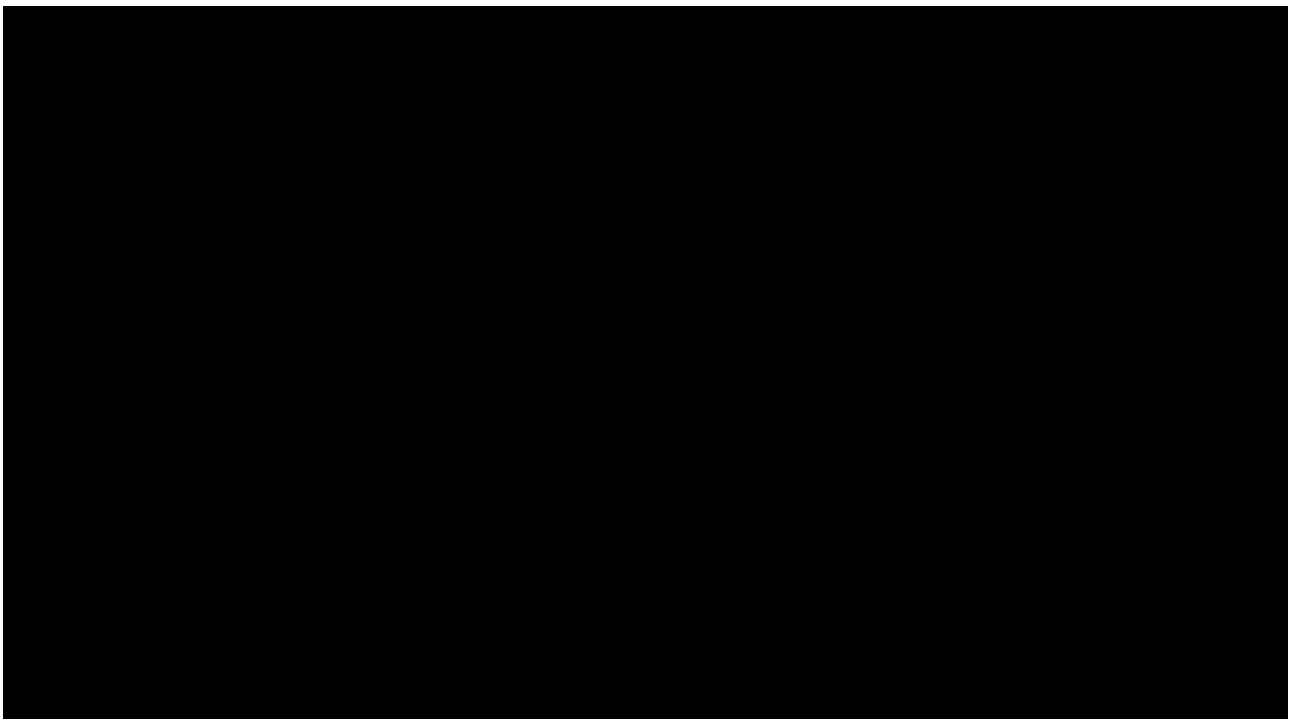
"Whether we want to admit or not female-to-males struggle with the fact that we live in female bodies, without factory direct penises.

Phallocy is my attempt to come to terms with this reality, for myself", says Sennett.

Phallocy has screened at Women in the Director's Chair Film and Video Festival, The Northwestern Gender Queer Film and Video Festival, and was a finalist in the Pink Apple Short Film competition, Fraunfeld, Switzerland. Other scheduled screenings include Inside Out Lesbian and Gay Film and Video Festival, Outfest 2001: The nineteenth Los Angeles Lesbian and Gay Film Festival, San Francisco International Lesbian and Gay Film Festival twenty-fifth Anniversary and Bologna Festival Internazionale di Cinema Gay-Lesbico. Sennett is also the 2001 recipient of the prestigious Cultural Award, given by the Detroit Gay and Lesbian Pride and Community Service Awards Committee.

Phallocy

How does a thirty-two-year-old lesbian become a man? *Phallocy* is an autobiographical film using spoken word, music and experimental techniques to explore the struggles of a female-to-male transsexual. The double-exposed, sepia-toned footage and sharp editing create the mood for the filmmaker's confrontation with living as female-bodied man.



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