

Polare Edition 44

Published: February 2002 Last Update: June 2013 Last Reviewed: September 2015

Editorial

by Katherine Cummings, Polare Editor

Lots of correspondence this issue, which is good. It confirms your interest and, even when your comments are critical, it shows you care enough to write.

After publishing the press release on the crucial court case of "Kevin" and "Jennifer" in *Polare 43* I agreed not to publish further material pending the outcome of the appeal. Since other publications, including *The Australian* have seen fit to publish misleading and prejudicial accounts of the case and its forthcoming appeal I asked for permission to continue reporting events and this has been very graciously granted, considering the multiple pressures which are now on "Kevin" and "Jennifer". They are looking forward to the birth of their first child and have had to endure the use of inappropriate language, including the use of pronouns of the wrong gender, in the general press. There is little we can do to support them directly but I want them to know that the Gender Centre, *Polare* and the transgendered community stand behind them and wish them success in every aspect of their brave campaign which, if successful may enable those of who wish to do so to marry in our genders of choice. I hope that in *Polare 45* we will be able to celebrate a great victory for the whole community and a very special one for this very special family.

The thread I started by publishing my "Open Letter to a Bigoted Wimp" in Edition 42 looks like turning into a long-running saga like *The Bold and the Beautiful*. In Edition 43 we had a response from the subject of the original article, "An Open Letter From a Distressed Parent" and in this issue we have "Reply from a Maligned Son" written by Steve Gunther, author of the piece which prompted my attack in the first place. Gunther has invited the transgender community to read his article, and gives the Internet address to help people find it. I contacted Gunther and pointed out that, according to the survey of *Polare* readership, only about 50% of our readers have ready access to the Internet. I asked for his permission to reprint the article in *Polare*, which he gave. Gunther says he has received many responses to the article and mine is the first to be negative. I will be interested to find out what the readership of *Polare* thinks of Gunther's understanding of the transgender phenomenon and his notions of familial loyalty. I admit I have mixed feelings about publishing Gunther's attack on his father, which has already appeared in two academic journals and a major newspaper, but I want to be as fair as I can to all parties.

I have reprinted an essay from the web page of Lynn Conway, in which she estimates the number of transgenders in the U.S.A. If her reasoning is accurate (and it looks good to me) then there should be around 3,000 transgenders in Australia.

And there is another invitation to take advantage of free (albeit currently controversial) aerobics classes for eight weeks commencing on 29 January (unfortunately about a week before this issue hits the streets but you could make the later weeks).

Manager's Report

by Elizabeth Riley, Gender Centre Manager

Feature Articles



Out of hospital does not signal the end ... I intend to enjoy the remaining years.

Diary of Change

Kathy has been on a steep learning curve, like a young girl going through puberty, watching her body change, experimenting with her appearance, creating her identity. In October 2001 she changed her name. This is her diary, her diary of transition, her diary of change.

Gendercide

Sherona expresses hir understanding of how the medical community and others have (mis)treated intersex people, however ze is able to forgive these people for mistakes that have been made in the past in an effort to strive for more understanding and better future.

How Many of Us Are There?

In discussions of transsexualism, people usually fixate on the question of what causes it. However, another important key question is rarely discussed, the question of just how prevalent transsexualism is? Lynn Conway questions current medical authority prevalence figures.

My Transsexual Father

Stephen Gunther's self-centred and bigoted article in which he expresses that in the burgeoning market of self-help books he has yet to see one that provides a guiding hand through the oceans of uncertainty generated by one's parent coming-out as a transsexual.

Welcome everyone to 2002. I know by the time you receive this edition of *Polare* 2002 will already be well under way but such is the nature of bi-monthly publications. I hope everyone had an enjoyable festive season and that 2002 will be a fulfilling year for you all.

I am writing this on my first day back at work after a month's holiday. Katherine has informed me that she wants to get this issue off to the printers tomorrow so I have to write my report urgently. This leaves me with a bit of a dilemma since having been away I don't have a great deal to report on. I could tell you about my holidays but that would be about as exciting as viewing the holiday slides. In order to spare you that experience I think I might make some general observations about aspects of the transsexual experience.

In my report in the last edition of *Polare* I included a terse paragraph highlighting the problems of people who commit to an organised program and then fail to turn up. In that case it was a series of free aerobics workshops organised in conjunction with South Sydney Council and the Woolloomooloo Health and Fitness Centre exclusively for transgender people. Despite eight people having signed registration forms, when the council bus arrived on the day only one person had turned up.

The inclusion of that paragraph drew critical responses from some community members. Those letters, and my responses, are included in this edition.

However, since the seeds of debate have been planted it may well be a valuable process to pursue some of the issues and hear some community opinion. In order to get the ball rolling I will dedicate this report to one of the more difficult aspects of our lives. What I propose to discuss is the process of transition, how as individuals we cope with that, and why, when it is all over, some in the community are effectively able to integrate into the wider community while others seem to find themselves constantly marginalized.

Let me begin by saying that I firmly believe the person who changes sex displays a higher degree of courage than anyone else, doing anything else, on the planet. One might be tempted to suggest that stepping into a boxing ring with Mike Tyson or jumping a motorbike over 40 London buses requires more courage. But these actions require courage only in the moment. Changing sex requires courage across a lifetime. Most of us will have experienced the non-transgender person's comments about how courageous they think we are. These are sincere affirmations, not simple platitudes.

On to the subject of transition. Since the meaning of "transition" is imprecise, let me firstly clarify my usage of the term as it applies to these observations. Transition, here, is intended to convey that period of time beginning when the decision is made to live in one's new sex and ending at that point in time when that goal has been successfully achieved in the eyes of the individual concerned. For some it may take six months for some it may take six years. It is a highly individual journey and one that is fraught with challenges.

While few, if any, in the community will escape the issues that arise with family, friends, work colleagues and the wider community during this time, I think the most significant challenge is an internal one that arises from the quest for a new identity. What often happens here is we step out of an identity that we have been parented into, socialised into, cultivated into, legalised into and shoehorned into hoping to step into the new woman or man that we know ourselves to be. Instead we find ourselves in a void. The new woman or man doesn't quite exist yet.

In my pre-transition years of living life in an unhappy sex, I would project my sense of self out onto those women in the world that were my ideal. As a child I wanted to be Doris Day (among others), as an adolescent I wanted to be Dusty Springfield and so on. When I embarked on my transition it was a bit of a rude awakening to discover that I was not any of these women. They were these women and I had to discover/invent my own woman and do so in a body that I had held in disdain for most of my life.

And so begins that process of reinventing, of re-parenting, re-socialising, re-cultivating, re-legalising (not without bureaucratic resistance) and re-shoehorning and largely we are dependant on our own resources and resourcefulness to achieve that. It is a time of experimentation with clothes, make up, jewellery, hair/wigs and so on and few can look back on their transition time without wincing in dismay at the choices we made. But that's okay because that's what experimentation is all about and it is the only route to one's reinvention. It is also a time of transforming to one degree or another those less than ideal bodies that nature lumped us with. With so much to attend to and no clear vision of where we will end up, it is not surprising that we frequently experience intense despair. Correspondingly, it can also be a time of extreme exhilaration and liberation. A time of intensified highs and lows in fact. Fortunately we can always blame the hormones.

Another characteristic of transition is the need to be accepted by others in order to validate ourselves. This is probably an aspect of re-parenting but it can be the source of great distress if we fail to gain that acceptance. And there are no guarantees that we will since we have no control over how others choose to behave. One of my significant discoveries during transition was the importance of self-acceptance. The irony of self-acceptance is that you find yourself less concerned about others accepting you and at the very same time others begin to accept you quite readily.

Once all of the above is done, and it's a lot easier in the writing than in the doing, the journey is complete. Or is it?

Having already acknowledged the courage and resourcefulness of all transgender people why is it that some in the community are comfortably able to integrate into the wider community and others not? Let me dispel one myth from the onset. It is not dependant on how well you "pass". If it were then some of the readily passing transgenders who complain of being discriminated against would not have cause to complain and some of the openly transgender people, such as Georgina Beyer (to name just one of many), would not be members of parliament. Clearly then there are more complex reasons.

Too complex in fact for me to address in the space and time that I have left available to me. I will have to continue with these observations in the next edition of *Polare*. In the meantime, however, perhaps others in the community would like to offer their views on this question. It may generate an interesting and beneficial debate so please jot down your thoughts and send them in.

(p.s. Constructive contributions only please. Inflammatory and defamatory commentary targeting individuals in this community, including

Gender Centre staff, will not be tolerated in future editions of *Polare*).

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

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

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

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

Diary of Change

Kathy Ann Noble Opens a New Chapter in Life

by Kathy Ann Noble

Article appeared in Polare magazine: February 2002 Last Update: October 2013 Last Reviewed: September 2015



Kathy Noble

For many months I have been on a steep learning curve. As my daughter puts it "You are like a young girl going through puberty, watching your body change, your breasts grow, experimenting with make-up and clothes to arrive at the woman you wish to be. One big item in your favour though is - no red days"

You are woman, you are Kathy, go for it and enjoy life to the fullest possible extent ... I intend to do just that.

At present I am more than happy with my development in all the above areas, and due to this I started the chain of events that started with my name change and culminated in transitioning. The name change was easy on 29th October 2001, but I guess the operation is going to be a little different.

What follows is an account in diary form. I hope you find it interesting:

Monday 29th October 2001: I changed my name to Kathy Anne Noble this morning at the Supreme Court in Brisbane. This was done by deed poll with the aid of Gina from A.T.S.A.Q. It was all over and done with in ten minutes, due to the fact that Gina is known to the court and had everything prepared, including me, as to what to do. After this I took Gina home and then started attacking my list of people to be notified. All told there are twenty-three to visit. The first was my psychiatrist, who gave me the special letter on his headed paper for the Transport Department for my licence to be changed. Then I notified my endocrinologist, Medicare, Medibank Private, chemist, dentist, Centrelink and the N.A.B. I have been met with courtesy and understanding by all so far, and am grateful for that.

Officially at 9:20am Frank ceased to exist!

Tuesday 30th October 2001: Notified doctor, accountant, financial advisor and Westpac. Papers ready for Friday for the Transport Department and have Friday appointment with solicitor for enduring power of attorney and change of name on my will. Citibank to send forms for change, and I will see Esanda tomorrow. Again no problems encountered, now have only to notify Telstra and Electricity. My financial advisor will notify the three companies I deal with, and my accountant will notify the A.T.O. This saves me four visits, great!

Thursday 1st November 2001: Notified Esanda personally as could not get through on their phone lines. Same thing in their office in Brisbane. In the end all done with the help of an understanding person.

Friday 2nd November 2001: License changed over without any problem. Young lady very helpful and said I can go back for another photo when I am not having electrolysis. Solicitor great, everything changed. She thinks that I am very brave for what I am about to do.

Monday 5th November 2001: Again very helpful and courteous reception from the Redland Shire Council and the Electoral Office. Also had to phone the Lands Office for papers to change name on ownership of land. Papers sent back to Citibank after solicitor witnessed them. Have now received new cards from Medibank Private and N.A.B., good service.

Thursday 8th November 2001: Wonderful day as I have decided to forego electrolysis until after Xmas. Yesterday hurt, especially under the nose. Trisha who does it agrees. This morning I went to Stefan's for a hair-do and then to get ready for this evening and out with Meryl to see *Pirates of Penzance*. All went well, great dinner at the Lyric Theatre, walk beside the river and the show was fabulous. Have booked for the Royal Ballet (Swan Lake) on 31st May. Lady next to me kept talking all through the show, totally accepted by her and others. With no electrolysis I can just shave what is left, so can now be Kathy 100 percent.

Friday 9th November 2001: Solicitors for signing of will and enduring power of attorney, then banks to pay into N.A.B. and get another card from Westpac as the one they issued does not swipe. Great acceptance all round.

Saturday 10th November 2001: Shopping and coffee for the first time by myself, great, no reactions. Then to vote, some consternation as Kathy arrived to vote, but Frank still listed, all okay, and vote registered. I remember what Meryl said "you are a woman now, so you will be accepted, as you are so natural" not the first to say this. I really now want to be just that, a woman, and meld into the background. This will take away all of the pressures that have built up over the last few months. Will I be allowed to do it? My daughter, Debby agrees and said "We've heard enough about it for a year, now do it". I will. I have been amazed at the support and

encouragement that I am receiving from all the women I know, from friends to women I have to deal with, and of course family. What have I done to deserve it?

Sunday 11th November 2001: Down the Coast to spend some time with Denise and Madeline before going to Church and dinner. Interesting how I picked up the heavy scent of gardenia during meditation, meant for lady in front of me.

Monday 12th November 2001: Last minute legal papers to be returned to solicitor with copies to accountant and financial advisor.

Tuesday 13th November 2001: Frank's day, this was the day for his 'wake', being part Irish. He spent the day with friends and family and now goes to rest. The mind, mental capacity and knowledge are still there and always will be. The learning about life over sixty-six years cannot be erased, it is just that the outer casing is different, with of course certain changes mentally in place, so it will be new learning patterns to absorb and blend with the old. I can never really lose Frank, he has been good and has allowed me to emerge whilst he has virtually killed himself off. I owe him an awful lot and will always be grateful for what he has done for me. I have wept several times because of his generosity in making Kathy a reality, I will always love him for it.

Wednesday 14th November 2001: Well today starts the change. I have packed and repacked several times. Yesterday was Frank's day, today is Kathy's - as is the future. I start the day with housework, take 'Cookie' (my dog) to kennels, then get ready to be taken to the Gold Coast Hospital by my friend and ex-colleague, Clive. He volunteered to do this, as did several other friends. I consider myself very lucky. Have arrived and booked in, now starts the tests. Blood pressure not bad considering I am a little nervous but then again excited too! In room 419 which is above my last room. Fluids only tonight, plus the "Fleet" for the clean out. All details checked and the 'Fleet' begun, results soon follow with regard to the clear out process. Anaesthetist came and described fully the procedures and that I will have an epidural which will stay in place so that pain relief should be sustained at 95 percent. Clear out complete so now for some rest as on at 7:30am.

Thursday 15th November 2001: Awake at 4:15am, I have slept well. I will soon start getting ready, Hipiclense, stockings, theatre outfit, sounds glamorous but this is a different theatre, and I will be there for between four and a half and five hours, then time for recovery before coming back to my room. At present I am neither excited nor worried, that is behind me. I woke with the feeling, "Well, girl, this is the day you have waited so long for, lets hope all goes well, and you will soon be complete". Procedure has been explained several times and I have read about it, now comes the time for the procedure to become reality. I will write more as soon as able to. If anything happens to me, then I have left full arrangements with everyone concerned, I can do no more and place myself in the hands of the surgeon and his team. Surgery started late as surgeon had not sent his consent. In at last at 7:45am, nothing more until recovery room. Problems with legs due to epidural and they are not coming back quickly enough. Finally back to room, all now okay. Nothing to do now except lay back and relax. Peter, my surgeon came in and is satisfied all is well. Great care from all the nurses. Have met some from when I was here in September for facial surgery.

Friday 16th November 2001: Slept most of day, still on fluids only and changes of dressings. Not really much to write about today. Everything okay and most probably epidural out and can get up for short time tomorrow. First solid food today. Phone calls from Meryl and Debby, Juanita and Denise. Very tired, so not doing too much

Saturday 17th November 2001: Bad night, in and out of sleep. Nice breakfast just like I have at home. Epidural to stay in for another day, am full of wind which will lead to some embarrassment later. Phone call from Val just checking and will be coming in on Monday. I tried to get out of bed with staff there but my right leg was like rubber and would not respond. Did get up and sit in a chair just before Debby and Brendan came in, followed by Sue and her son Anthony. What a great kid and only seven, wants to be an astronaut, a lot different from when I was seven. Gave me a drawing of his pet rat and Sue brought me some flowers and a card from the firm of accountants. Also given *Woman's Weekly* as an indication of what I should be reading. They stayed for one and a half hours then left as I was feeling tired. Debby returned to find me sound asleep so left a note and some drinks. When I woke I realised I had made rather a mess down below as the epidural and the fleet residue had really relaxed me. Up, unhitched from everything, shower, then more cleaning as I had not done a very good job. Wendy the nurse was excellent and put me back together again. No control, as it feels like wind but it is not. Not hungry since breakfast, so have missed meals, but that's no problem. Settle down for the night and hope for a better night.

Sunday 18th November 2001: I slept six hours straight which is great for me, but then I was in and out of sleep and this induced memories of my family going back to the 1930s. I have to write a family history for the kids and all of my family, most of whom are dead, seemed to realise this. It was a fantastic experience and brought back memories I had forgotten. I will write the story. Also caused me to talk to family that were dead and were trying to get me to join them, I got halfway, but came back to Kathy as a small girl. Finally things are happening, drains out at 10:30am still no word on the epidural. The catheter has to stay in. Getting there slow but sure. Must ask Peter what depth was achieved? Later in day the epidural is finally out and have been given some 'Capadex' for pain relief. Watched a thunderstorm which I enjoyed.

Monday 19th November 2001: Slept well until 3:00am again, then the pain relief had worn off so change of pads and more tablets. Back to sleep until after 6:00am. This morning has really been the day of my transition. I was mentally attuned before the operation, went through what we call transition, but that did not happen until 6:30am or 7:00am today. Several things occurred, realisation of now being Kathy totally, message from daughter-in-law in Sydney saying I sound different and more relaxed, everyone here in Pindara telling me "you are Kathy and do not need to explain anymore, and they all love me for what I am". Weepy, I have arrived at my true self after a very long journey. The three phases had to come together. pre-op., peri-op. post-op. Pre-op. is finding yourself, recognizing who you are and then starting down the track towards that final day. Peri-op. this is but stage one of the transition, the body now fits what you think it should be. Post-op. this is what happened today, with the realisation that transition is complete and Kathy is both mentally and psychically a woman in her own right. The love, understanding, compassion and support to arrive here have been fantastic and beyond comprehension. I have arrived. Rest of day have been running a temperature, but will be okay. Dr. Widdowson said catheter out in two days followed by packing, then home on Friday. Raised with him and Sue, a senior nurse, the possibility of a Support Group to help others who may not have any support or friends to visit them. This will be put to hospital management of course,

but idea well received. We will see!

Tuesday 20th November 2001: Temperature up to thirty-nine again then down to thirty-seven, back up and down all day. Packing fell out after shower. Have been under one sheet with air conditioning full blast, butterfly back in and injections, but still it goes up and down. My room is an ice well, but the air conditioned corridor feels like it is heated in comparison. Meryl came in and spent some time with me after work. She is a very dear sweet friend. Spoke with Margaret and she is all for the support group, so now it is up to Dr. Widdowson to write his letter and push the idea. Still in the ice well.

Wednesday 21st November 2001: Ice well all night, temperature down so back to warmer, then off we go again, see what the rest of the day holds. Well, up and down all day and still no results. Starting to get a little bored now as cannot concentrate on what I want to for very long. Peter came in and put new packing in and said that the temperature fluctuation is normal.

Thursday 22nd November 2001: Woke up in the night in a real state, complete change. Temperature still up and down. Had a good shower this morning then went back to bed and slept for two hours. Margaret has finally taken out the catheter and I have lost my dog (catheter holder) when we went walking. Temperature stabilized, packing out again so leave it out this time. Now need to get mobile. Got my certificate for my first sit down pee presented by the staff. I am very proud of it and will frame it. This was helped to come about by Julie, one of the staff, who insisted on making me relax by threatening to hit me with a piece of four by two! She realised I was so tense and saw what had to be done as my final step. Since then it has happened several times and we are trying to decide where the signal comes from, as this will be helpful for the staff. My doctor came again and said that all being well tomorrow I can go home on Saturday. More phone calls, more visitors and the staff can't believe it, as most of the girls are on their own. The staff who will not be on again before I leave said "goodbye, but please come and see us, as the others are too far away to do this". Hopefully they will be seeing me quite often, as Dr. Widdowson has written his letter to management about the support group. I think it will be great to see staff regularly, and to help others in their journey. Transition is now complete.

Friday 23rd November 2001: Never be scared of the path behind. This is the one we know. No need to be scared of the path ahead. As we only have to learn it.

Another weepy morning - it just happens, but at least I am in tune with my feelings. Peter in early, can go home tomorrow. Debby coming. Still a little sore in the groins where there are still stitches. Passing water okay seems to create pressure when ready to go. Have decided to sit myself in a hip bath for a salt water bath. Can start driving again on Monday. Will and Val will help if needed. First follow up next week.

Saturday 24th November 2001: Overnight the gremlins returned to my waterworks, so I have decided to stay on for a couple more days. Salt water hip baths and more medication to ease out the pain when trying to pass water. The need is there, but it takes up to five minutes to let down. One of the nurses has helped again with practical ideas. Ironic, that after all the years of squatting I now have to partially stand to pass water! The pain is decreasing and localizing around the vaginal area, this is to do with the new outlet and gradually it is recognizing the route. Also the bruising and swelling are going down, so this is creating less tenderness as the areas are becoming more normal to the touch as the stretching dissipates. Hip baths help immensely. My temperature when taken via the ear is usually one degree up due to my wearing hearing aids, from when it is taken orally. Am walking well now and doing several circuits per day.

Sunday 25th November 2001: Ten days after and the difference, now that the temperature has gone and the body is beginning to relax is phenomenal. My waterworks are okay and just minor adjustments which vary person to person. I, as you may notice do not refer to Kathy, as I am she totally. Tomorrow is home for sure.

Monday 26th 2001: Given okay to go, so am being picked up at about 10:00am by friends. I have to come back on Wednesday for my first follow up with Peter at 11:50am. Picked up and arrived home after doing some shopping and collecting mail. fifty-six e-mails, most of which are rubbish, but some to answer from friends. Also my invitation to the March wedding of Karen and Peri in Wellington, I am going. Sorry to leave as I miss the staff who have been fantastic, but will keep in touch via the support group. Very tired but that is to be expected. Now to get on and enjoy the rest of my new life.

Tuesday 27th November 2001: Went out shopping by myself to test my resistance levels. Drove to shopping centre and checked out cost and availability of flight to New Zealand in March. Lasted well for an hour then home to relax and sleep.

Will enjoy being driven down the coast, these men are so domineering but it is oh so welcome. Need an energy boost from somewhere, early days yet.

Wednesday 28th November 2001: Down the coast for first check up, my friends are taking me again as they will not let me drive. Peter said everything is going well but there is some swelling that is causing discomfort when I let down, this will diminish. External bruising and swelling going down, but remember this has been major surgery, so the return to full energy could take two to three months. Another check up next Wednesday the 5th December at 12:45pm. Again staff at clinic are very helpful and Jenny very interested and asked questions to help her understand better. Thank goodness that Will and Val did take me there and back as at the end of five hours I was exhausted and just rested from 3:30pm right through to 5:00am.

Thursday 29th November 2001: Feeling rested and not so tired. I see what Peter means and I can relate back to my heart attack in 1988. Then as now I was totally drained and it took from September to early December before they deemed I had enough strength for angioplasty. Yesterday was my nadir, now I can only go up and better.

Friday 30th November 2001: Feel much better more relaxed due to the fact that I can now discern between tightening and relaxing down below. Having a pee is more comfortable, so this will aid recovery. Am trying to get back to normal so have sent all my Christmas cards and today am going for a session on my nails, eyebrows and eyelashes. When a little stronger then I want to buy a couple of

summer outfits. This girl is beginning to feel her oats!


Saturday 1st December 2001 to Thursday 27th December 2001: This has been a period of just resting and resting as I will not be back to full strength until mid-January. However I am going to enjoy my time and am going to a Seahorse Christmas dinner on the ninth at the Gold Coast another evening on the twelfth at [A.T.S.A.Q.](#) Also I have arranged the change for my passport which should be issued in early January. Had one more check up on the twentieth and all is well, no more until 27th March. Am having some trouble with dilation, but this will get better as the last of the swelling and bruising goes. Had a great Christmas with my daughter and others. Happy New Year to all.

Epilogue

Out of hospital does not signal the end. I transitioned on the 19th of November. I am now adjusted to being 100 percent female and intend to enjoy the remaining years. I am making my plans for the New Zealand wedding in March and hope to spend about three weeks there meeting friends.

Transitioning was not about closing a book, a chapter maybe, but we have certainly opened a new chapter on life. This is the second life and I believe the one I always wanted. All my lady friends, including the hospital staff say "You are woman, you are Kathy, go for it and enjoy life to the fullest possible extent". I intend to do just that.

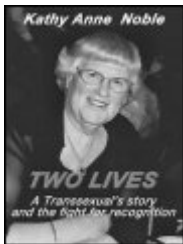
Kathy Noble

Kathy Noble is the founder of [Agender Australia](#), and [Changeling Aspects](#) , a support group for transgender people located in Brisbane.

With the help of the Gold Coast Hospital Board, Kathy founded the group in 2002 as a support group for people undergoing reassignment surgery. This service ceased in 2004 when the surgeon and hospital ceased performing this surgery.

With the introduction of Agender to Australia in June 2002, Kathy began providing educational support for health care workers, institutions of higher learning and government bodies, lecturing and lobbying government departments, and generally fighting for the rights and dignity of transgender people.

Kathy sadly passed away in August 2015. She was 80.




Two Lives: A Transsexual's story and the fight for recognition

Author: Kathy Noble

Publisher: Zeus Publications (2011)

I.S.B.N.-13 978 192173155613.

From Amazon Books:  *Two Lives: A Transsexual's story and the fight for recognition* is a heart-wrenching read. The author shares her painful, yet sometimes happy journey through a tormented life that many could not imagine. From early childhood and being born a boy called Frank, Kathy felt something was not right with her gender. As she matured her body shape and physical appearance leant towards female, but it was the turmoil inside her mind that caused her the greatest anxiety. As a man she married and had a family and tried in vain to be "normal" as society would say, while in private she dressed in her wife's clothes. There would be another marriage and it was in this one that she came out and declared she would be changing her life to the female she always knew she had to be. With sex reassignment surgery Kathy emerged to bravely fight the long, difficult battle for recognition. Kathy's honesty and strength gives the reader a truly informative and insightful look into the subject of transsexuals and their struggle through Government and political departments and laws pertaining to their rights. There is a huge amount of research and documented data contained in this amazing story that will give knowledge and hopefully a better understanding of the transgender community.

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.)

Gendercide

A Challenge to the Binary Concept of Gender

by Shorona se Mbessakwimi

Article appeared in Polare magazine: February 2002 Last Update: October 2013 Last Reviewed: September 2015



I would like to establish as a preface to this article that as a principle of non-violence, I attempt to maintain an attitude of no blame/compassion. I believe that people are imperfect and make mistakes - often because of ignorance or past trauma - which we need to take responsibility for, but the idea of bad/evil people is misleading and closes us to dialogue and the potential for change.

They seem to assume that we would want to think we were virtually like everyone else rather than have to live with the 'shocking', 'shameful', 'stigmatising' truth ...

In other words - no one's perfect. I refer particularly to my understanding of how the medical community and others have (mis)treated intersex people. But we

can't let that fact and the possibility that we have made mistakes stop us from forgiving ourselves and continuing to strive for more understanding and a better future.

As I learn more and more about my 'condition', my past and the experiences of other intersex people, I am becoming more radicalised (getting to the root) of my intersex identity and perspective. I am wanting more and more to claim my intersex ^[1] identity and be 'out' (and proud) about who I am. To feel natural, attractive and lovable as intersex, rather than as a 'passing' womyn, or even a failed man.

"I am what I am and what I am needs no excuses" - Gloria Gaynor

It has occurred to me that the way that intersexuality has been (mis)managed in the twentieth century is analogous to the assimilation policies the Australian Government had (and has) in regards to indigenous Australians - absorb them, hide them, deny their existence. This assimilation attempt is often stated to be a form of genocide. For indigenous Australians, the best known elements of the attempted genocide included; stealing their land; denying indigenous Australians the vote for most of the twentieth century; the stolen generations (taking Aboriginal children, particularly those with a white father, and putting them in white institutions/families. Many of the abuses committed against Aboriginal people were said at the time to be done in their best interest.

In the case of intersex people, the medical community has (in our 'best interests') gone to the extent of surgically reconstructing many of us without our consent because (to paraphrase my general sense of their rationale) "we look funny". What is obvious though never stated, however, is that what really threatens clinicians, scientists and sometimes parents and others (including ourselves) is our essential challenge to the binary concept of gender ^[2]. They cannot imagine other people having to relate to such a stark challenge to that way of thinking (i.e. our intersex selves).

So, in a parallel to Aboriginal people being 'assimilated' to 'improve their lives' (meaning make their lives more like white lives), we have been denied our gender blending identities - and (often) bodies - to 'make our lives easier' (i.e. more like those of the medical professionals/our families etc.), rather than helping to create a space where we can safely be more fully ourselves.

The assimilation (gendercide) policy is clear also from the many examples of secrets and lies that pervade our lives and treatment. The secrets and lies are primarily designed to maintain the facade, even to ourselves, of us being either male or female in the assumption that that is what we would want.

They seem to assume that we would want to think we were virtually like everyone else rather than have to live with the 'shocking', 'shameful', 'stigmatising' truth. Sadly, this very behaviour contributes to the sense that there is something shameful and 'diseased' about our natural bodies.

Aboriginal people and experience also teaches us a term for our right to informed decision making about our own lives - 'Self-determination'. As a humynist, I would say that self-determination, which includes fully informed consent, is a basic humyn right. And I think that since many of us are of the privileged white class, if we ask loudly and clearly enough (i.e. in the manner of the academic/scientific rationalist, Western tradition) we will get it. But what would our lives be like if we were allowed to grow up un(re)constructed?

In his recommendations for intersex 'management, Professor Milton Diamond suggests an intersex child should be given a binary gender label which could be worn, removed, or changed as appropriate without having to be surgically (and therefore irreversibly and non-consensually) assigned a gender (my interpretation). A child/adult may at any time choose to explore surgical options, the full ramifications of which should be explained clearly and put in a context of all the other options.

And further to that, I am calling for supportive counselling of parents and the intersex person as a freely offered option available throughout their lives, including peer support (from childhood on) and clear explanations or creative education about the facts and issues involved.

Ultimately, it's nice to imagine a world where people whose only danger is the idea of binary gender could grow up openly as themselves and be loved for being just that. Lesbian and Gay people and their experience show us that what was once (only twenty - thirty years ago) highly stigmatised and pathologised (homosexuality) is now fairly well an accepted and supported part of society. (It is clear that homosexuality is not accepted always/everywhere, but the changes in the last thirty years are apparent. I point to the success of the Sydney Lesbian and Gay Mardi Gras as a classic example). So while we (as intersex individuals and as a community), like most oppressed groups, have to maintain our relationships with our past/present oppressors (the medical community and sometimes our parents/family/friends) we can start to challenge our invisibility and walk the path toward understanding, accepting and loving ourselves and being understood, accepted and loved by the rest of society.

Footnotes

[1] I am using the word intersex as a gender description rather than intersexual which has unnecessary sexual connotations, or intersexed which makes it sound like something that has been done to us.

[2] The term 'binary gender construct' refers to what I see as the artificially created and perpetuated idea that there are two distinct genders. One element of eco-feminist thinking points to gender as being a key symbol of the Western tendency to see things in stark binary/dualist terms which is over simplified and therefore generally inappropriate.

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.)

How Many of Us Are There?

An Investigative Report

From the article: '[How Frequently Does Transsexualism Occur?](#)' Copyright © 2001-2012 Lynn Conway. All Rights Reserved.
Article appeared in Polare magazine: February 2002 Last Update: October 2013 Last Reviewed: September 2015



Professor Lynn Conway

In discussions of transsexualism, people usually fixate on the question of "what causes it". However, another important key question is hardly ever discussed. That question is: How prevalent is transsexualism?

'Prevalence' is the number of cases present in a given population at a given time. If there are 100 cases of a medical condition in a city of 100,000, then the prevalence there at that time is 1 in 1,000. Fortunately, we can triangulate on good estimates of the prevalence of transsexualism without being a research scientist. Any good journalist could easily zero-in on good ball-park estimates.

Medical authority figures often quote a prevalence of 1 in 30,000 for M.T.F. transsexualism and 1 in 100,000 for F.T.M. transsexualism. You'll see these figures over and over again, even in recent news stories in the *Washington Post* and the *New York Times*. But don't these figures seem odd to you? They portray transsexualism as being incredibly rare. However, many people nowadays know a transsexual or know of some in their school, company or small community. Where do these "extreme rarity" figures keep coming from?

These prevalence numbers are a direct challenge to the psychiatric community's credibility, professionalism and veracity in the entire area of transsexualism.

These figures are from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (D.S.M.-IV). The numbers are often sent to the media by the two "elite psychiatric centres" that have long promulgated and dominated thinking regarding "psychiatric theories of transsexualism", namely the Clarke Institute in Toronto, Canada and the Johns Hopkins School of Medicine in Baltimore, MD., U.S.A. Here is the actual quote from the D.S.M.-IV-T.R. August, 2000, p. 579:

Prevalence: There are no recent epidemiological studies to provide data on prevalence of Gender Identity Disorder. Data from smaller countries in Europe with access to total population statistics and referrals suggest that roughly 1 per 30,000 adult males and 1 per 100,000 adult females seek sex reassignment surgery.

These figures are from decades old data when modern S.R.S. first became available. However, the number of people seeking and obtaining S.R.S. has increased dramatically since then. More importantly, these figures do not indicate the prevalence of intense transsexualism. They only include those who bravely stepped forward and asked for S.R.S. at a time when discrimination was incredibly intense. Common sense says there were many more who suffered in silence than came forward openly. But how many?

Let's do some numerical 'detective' work. We can approximate the prevalence of M.T.F. transsexualism in the U.S. by estimating how many transsexuals here have already had S.R.S. We can then divide that number by the population of adult males in the U.S. (up to about age sixty, since those older had little access to the surgery in the past).

Before 1960, only a tiny handful of S.R.S. operations were done on U.S. citizens. George Burou, M.D. of Casablanca, Morocco, then began doing a large series of operations in the 1960's using a vastly improved new 'penile inversion' technique. Harry Benjamin, M.D., a U.S. physician who had done pioneering research and clinical treatments of transsexualism, began referring many U.S. transsexuals to Dr. Burou and to several other surgeons who used Burou's new technique. (I later learned from Dr. Benjamin that in 1968 I had been among the first 600 to 700 transsexuals from the U.S. to have had S.R.S.).

The U.S. numbers grew in the 1970s as gender identity programs at Johns Hopkins and Stanford University triggered an easing of restrictions on S.R.S. in U.S. hospitals, and several U.S. surgeons began performing S.R.S.. Even more patients went to Burou and other experienced surgeons abroad in the '70s. I learned from Dr. Benjamin in 1973 that 2,500 S.R.S. operations had been done on U.S. transsexual women by that date.

The list below shows my estimate of S.R.S. operations done by major S.R.S. surgeons both here and abroad on U.S. citizens in recent decades, extrapolated to include those done by many secondary surgeons (each performing smaller numbers per year). A range of

values is given, from conservative to most likely numbers. These numbers do not count other transsexual operations also done by these surgeons (such as mammoplasty, labiaplasty and S.R.S. repairs).

Estimates of M.T.F. S.R.S. operations among U.S. residents:

- » **1960's**: 1,000
- » **1970's**: 6,000 - 7,000
- » **1980's**: 9,000 - 12,000
- » **1990's to 2002**: 14,000 - 20,000

About 800-1000 M.T.F. S.R.S. operations are now performed in the U.S. each year, and as many or more are performed on U.S. citizens abroad (for example in countries like Thailand, where the quality of S.R.S. is excellent and the cost is much lower). The top three U.S. surgeons (Eugene Schrang, Toby Meltzer and Stanley Biber) together now perform a total of 400 to 500 S.R.S. operations each year. Stanley Biber alone has done over 4,500 S.R.S. operations since he began in 1969. For many years Dr. Biber did two S.R.S.s per day, three days per week!

Adding up these numbers we find that there are at least 32,000 to 40,000 post-operative transsexual women in the United States. Of course some surgeries done by U.S. surgeons are on foreigners (perhaps 15%?). And some who've undergone S.R.S. have passed away by now. However, the majority of post-operative transsexuals had S.R.S. within the past fifteen years, and a high percentage of them are still living. Transsexuals in the smaller group who underwent S.R.S. in the 1960s to mid '80s were mostly young - in their twenties and early-thirties, and thus most of those women are also still alive. Even accounting for mortalities, I estimate that the number of post-ops in the United States is greater than 32,000.

Now to determine the prevalence of M.T.F. S.R.S., we simply divide 32,000 by 80,000,000, which is the number of United States males between 18 - 60 (the age range from which most current post-ops originated):

$$32,000/80,000,000 = 1/2500$$

We discover to our amazement that at least one out of every 2500 persons born male in the United States has already undergone S.R.S. to become female! This 1:2,500 estimate is vastly higher than the 1:30,000 estimate so oft-quoted by the medical community. The D.S.M.-IV number is clearly way off, and by at least a factor of 12! However, on closer examination we will find the error is far worse than that!

Remember that the D.S.M.-IV 'estimate' is for the prevalence of transsexualism, not the prevalence of S.R.S.. Recent newspapers articles always make that interpretation, and refer to the 1:30,000 figure as a "the number of transsexuals".

I estimate at least five to ten times as many people suffer intense M.T.F. transsexualism than have already undergone S.R.S.. The reasons are obvious: Many transsexuals are unaware of the options and treatments for resolving the condition, and suffer in silence thinking there is no hope. Many are terrified to 'come-out' and seek help for fear of social stigmatization. Many more are incapable of paying the high medical costs for transition. Thus there must be 160,000 to 320,000 untreated cases of intense transsexualism in the U.S. The prevalence of M.T.F. transsexualism is thus greater than 1:500 and may be as high as 1:250. Therefore, the D.S.M.-IV prevalence numbers are wrong by more than two orders of magnitude.

My estimates are quite consistent with the estimates of prevalence in other cultures where transsexuals have some means to gender transition. For example, estimates of the number of Hijra in India range between 1,000,000 and 2,000,000 in a country of about one billion population. Given about 1.5 million post-op Hijra in a source population of about 375 million males over age 13, the prevalence of Hijra is on the order of $1.5/375 = 1:250$.

These numbers are further supported by a recent survey of transsexuals in Malaysia, where there is a 'street tranny' culture somewhat like that in the U.S. The Malaysian count yielded 50,000 transsexuals living as women in a population of 21.8 million. The prevalence is thus 50,000 divided by about 8.2 million males over age 13, and is therefore about 1:170.

All these studies begin to triangulate on a likely prevalence of intense M.T.F. transsexualism in the range of 1:250 to 1:200. This is 150 times the number (1:30,000) published by the A.P.A. in the D.S.M.-IV!

By comparison, consider the prevalence of other conditions having profound impacts on people's lives: The approximate prevalence of muscular dystrophy is 1:5000, multiple sclerosis (M.S.) is 1:1000, cleft lip/palate is 1:1000, cerebral palsy is 1:500, blindness is 1:350, deafness is 1:250 and rheumatoid arthritis is about 1:100. All of these conditions are high on our society's radar screen and there is massive public empathy for those who suffer from them. There are large research funds available for studying and treating these conditions, and patients have welcome access to any existing medical treatments that might relieve such conditions. Contrast that to intense transsexualism, which has an equally profound impact upon a person's life. This socially unpopular condition is totally off our society's radar screen, access to effective treatment is out of reach for the vast majority of sufferers, and the medical establishment is totally unaware of the high prevalence (~1:200) and tragic impact of the condition.

How could the psychiatric community be so ignorant of this reality, and why would they so grossly understate the transsexual prevalence numbers? First of all, the psychiatric community generally ignores cross-cultural or anthropological studies of human behaviour. That community also seems out of touch with what goes on in the real world of transsexual therapy and surgeries and on the streets in our own society. It's also in the self-interest of psychiatrists to have their patients believe that transsexualism is incredibly rare, for then it takes years of expensive counselling for the psychiatrist to be convinced that a patient is a 'true transsexual' who needs S.R.S..

The complete invisibility of the large numbers of post-op transsexual women living in stealth also keeps the estimates low. After all, the

only transsexuals visible to most people in our society (who don't see the big city, late night street scene) are the transsexual minority groupings of (i) young and openly effeminate boys and (ii) older transitioners and autogynephiles who are having difficulty passing and coping during or after transition. Those are also the only groups who tend to be encountered by psychiatrists. The street trannies are off everyone's radar screen and never see psychiatrists. And the large numbers of more advantaged young to middle-aged transsexuals who are managing their own transitions would never think of going to a psychiatrist to "help them with their mental illness problems". Instead they go to experienced, non-judgmental, gender counsellors.

Most psychiatrists therefore never see the vastly larger number of inconspicuous, successfully transitioning transsexuals. Most of those cases quietly undertake social/hormonal transitions with the help of practical (non-psychiatric, non-behaviourist) counselling. They enter and complete their R.L.E., obtain S.R.S., and then assimilate back into society in stealth mode, without ever interacting with traditional psychiatrists.

It also seems that none in the psychiatric community think quantitatively, in the manner of scientists and engineers, so it's no surprise they didn't notice how far off their numbers were. It took a research engineer (Lynn Conway, in January 2001) to visualize the error, come up with the ballpark numbers, and do the simple calculation showing that the prevalence of post-op transsexual women in the U.S. is at least 1:2,500 - implying a prevalence of intense transsexualism of 1:500 to 1:250.

These prevalence numbers are a direct challenge to the psychiatric community's credibility, professionalism and veracity in the entire area of transsexualism. They might quibble with the details of my estimates, but they can't escape the order of magnitude of their own error. That community's error of over two orders of magnitude in their estimate of the prevalence of transsexualism is truly egregious.

The obviousness of this error has heightened reactions to the D.S.M.-IVs proffering of incorrect information about transsexualism. Lynn's numbers have been included in the Gender Identity of Colorado's webpage resource for the Reform of Gender Disorders in the D.S.M.-IV, as part of that site's well-reasoned indictment of the psychiatric profession's mis-characterization of transgenderism and transsexualism.

It's also somewhat amazing that the Harry Benjamin International Gender Dysphoria Association (H.B.I.G.D.A.) hasn't ever bothered to do a survey of the number of S.R.S. operations being performed. Even so, the recently released Version 6 of the H.B.I.G.D.A. Standards of Care gives a prevalence estimate as follows: "The earliest estimates of prevalence for transsexualism in adults were 1 in 37,000 males and 1 in 107,000 females. The most recent prevalence information from the Netherlands for the transsexual end of the gender identity disorder spectrum is 1 in 11,900 males and 1 in 30,400 females."

H.B.I.G.D.A. thus continues the methodological errors of the psychiatrists, quoting yet another 'foreign' study based on a subset of the known S.R.S. numbers. But any such study greatly underestimates actual S.R.S. numbers that include many women in stealth, and even more vastly underestimates the much larger numbers of pre-op intense transsexuals in that country.

The bottom line is that transsexualism is most likely to be at least two orders of magnitude more common than previously recognised by the medical community*. This has great implications for the diagnosis and treatment of transsexualism, and for social policies towards people who have this condition.

Lynn Conway

From Lynn Conway's website:  and **Wikipedia:**  Lynn Conway is a famed pioneer of microelectronics chip design. Her innovations during the 1970s have impacted chip design worldwide. Many high-tech companies and computing methods have foundations in her work. She is also a trans woman and activist for the transgender community.



Conway grew up in White Plains, New York U.S.A. and upon learning of the pioneering research of Dr. Harry Benjamin in transgender treatment and realizing that a full gender transition was possible, she sought his help and became his patient. After suffering from severe depression from gender dysphoria, Conway contacted Dr. Benjamin, who agreed to providing counselling and prescribe hormones. Under Dr. Benjamin's care, she began preparing for transition.

While struggling with life in a male role, she had been married to a woman and had two children. Under the legal constraints then in place, post-transition she was denied access to their children. As well, her employer, I.B.M. fired her after she revealed her intention to transition to a female gender role.

Upon completing her transition in 1968, she took a new name and identity, and restarted her career in "stealth-mode", but by 1999, some thirty-one long years of living in stealth, she quietly began "coming-out" having discovered that computer historians searching for the origins of D.I.S., Lynn's earlier world renowned invention, were becoming aware of her early innovative work at I.B.M.. Indeed she suspected that she was about to be outed in the biggest, most public way possible. She began by using her website to inform colleagues, hoping to tell her story in her own words rather than have it just spill out. Her story was then more widely reported in 2000 in profiles in *Scientific American* and the *Los Angeles Times*.

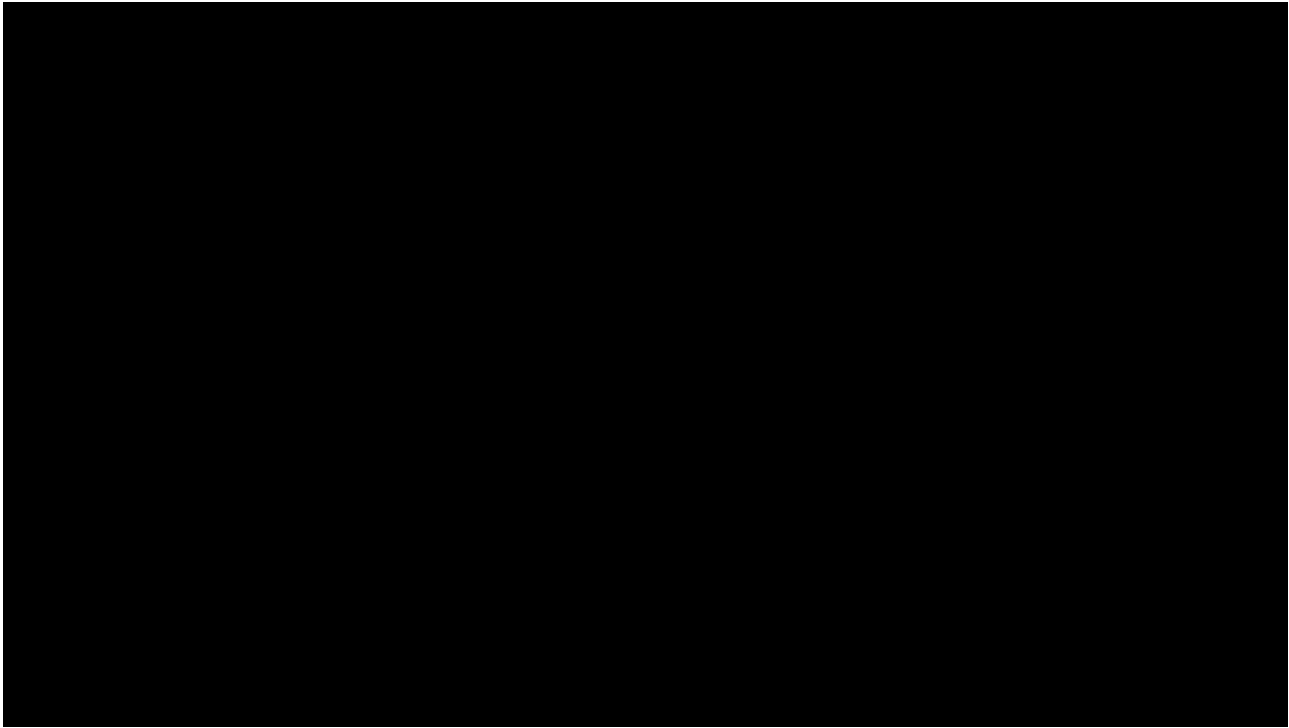
After going public with her story, she began work in transgender activism, intending to "illuminate and normalize the issues of gender identity and the processes of gender transition". She has worked to protect and expand the rights of transgendered people. She has provided direct and indirect assistance to numerous other transsexual women going through transition and maintains a well-known website providing emotional and medical resources and advice. She maintains a listing of many successful post-transition transsexual people, to, in her words "provide role models for individuals who are facing gender transition". Her website also provides current news related to transgender issues and information on sex reassignment surgery for transsexual women, facial feminization surgery, academic inquiries into the prevalence of transsexualism and transgender/transsexual issues in general.

Conway has been a prominent critic of the Blanchard, Bailey, and Lawrence theory of male-to-female transsexualism that all transsexual women are motivated either by feminine homosexuality or autogynephilia. She was also a key person in the campaign against J. Michael Bailey's book *The Man Who Would Be Queen*.

Conway was a cast member in the first all-transgender performance of *The Vagina Monologues*, in Los Angeles in 2004, and appeared in a documentary film about that event entitled *Beautiful Daughters*. She has also strongly advocated for equal opportunities and employment protections for transgender people in the high-technology industry, and for elimination of the pathologisation of transgender people by the psychiatric community.

In 2009, Conway was named one of the "Stonewall forty trans heroes" on the fortieth anniversary of the Stonewall riots by the International Court System, one of the oldest and largest predominantly gay organizations in the world, and the National Gay and Lesbian Task Force.

In 1987, Conway met her husband Charlie, a professional engineer who shares many common interests. They bought a house together in rural Michigan and were married 2002.



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.)

My Transsexual Father

I Find Myself Charting Unknown Territory

by Stephen Gunther, article originally appeared in the [Australian Humanities Review](#) in 1997
Article appeared in Polare magazine: February 2002 Last Update: October 2013 Last Reviewed: September 2015

I find myself charting unknown territory. In the burgeoning market of self-help books I have yet to see one that provides a guiding hand through the oceans of uncertainty generated by one's parent coming-out as a transsexual. Even my most articulate friends are struck dumb by my casual admission of having a transsexual father: "Yeah, he is a she now".

One friend was at my house one day when my dad, now Ruth, phoned up. "Oh, you must be Stephen's dad, uh, I mean mum, uh, I mean parent, uh, uh, oh dear, I'm so sorry"; a deathly silence on the other end and then Ruth gave a nervous little laugh, "that's all right dear". There are a hundred and one humorous aspects to the whole situation; in fact the entire thing is so hard to digest at times that humour is the only way I can make some sense of what has happened. I mean, its not the kind of thing you would expect a staunch fundamentalist Christian, patriarchal sixty-five-year-old to do, totally out of the blue.

When I first received the forty page letter in which he broke the news to me, I thought, "Well I've been through many adventures in life, and this is just one more". However, as he started openly cross-dressing - something he claimed to have done all his life, including in high secrecy during our childhood - the reality of it all sunk in.

When he started talking about "the op.", and seriously planning it, I felt a new dimension of intensity. He started having umpteen minor operations - to raise the voice, reduce the nose, remove all unwanted facial hair. My well known and beloved father was disappearing, and in his place was a person I knew less and less.

Whilst accepting his decision, I nevertheless tried to dialogue: why not try therapy; what if you regret this; look at the other transsexuals.

But, his mind was made up, and this was his path to freedom. His friends dropped away one by one, until only a few remained. He moved from the conservative Tasmanian community which he had so loved for twenty-five years to the more cosmopolitan Melbourne. Each step involved incredible courage, and this I respected greatly. However I was losing a father, and gaining - I was not sure what.

He became more and more insistent at expunging his past, sending me back every memory he had, all the letters and photos and documents. He didn't want reminders of who he had been, and this is probably part of the reason he, now she, started becoming hostile towards me. Not overtly hostile, but palpable to others around me as well; perhaps my existence serves as a painful reminder of the years he spent in self-denial, living a dual life. I felt, and still feel, a great deal of mixed emotion. I am happy that my father, this person, followed his own truth, and admire his courage. I am very, very sad at losing a father, and a pretty good relationship at that. Yet entirely confused because although there is no longer anything of the father I knew, there is still the person/spirit/body there. A new personality inhabits that frame, that dramatically altered frame.

She carries a female passport, she has constructed for herself a female past. She spends hours each day on her make-up, and works as a child-care worker (whereas my father had zero interest in small children). My father the intellectual giant, the knowledgeable scientist has gone. Ruth professes and exhibits limited intellectual ability, tending to be scatterbrained and more inclined towards light gossip. She tries hard - oh so hard — to be female, spending hours talking about her idea of "womanly things" such as clothes, make-up, and how terrible men are.

I am a very flexible, broad-minded person. But all my tolerance and intellectual acceptance does not help me come to terms with the intense emotional experience I have.

Sadness, confusion, hurt, and — I have very painfully had to admit to myself — dislike. I don't like what my father has become, not primarily because of the new person there, or even of the different gender, but because of her barely masked anger at me as a reminder of the years she was suppressed as a shadow of my father. I could imagine my father dead, and try to mourn, yet although this is the case, it is somehow hard to do without the death of the body. And there remains the Pandora's box of unanswered questions for me: how did this affect my growing up, how did it affect my sense of myself as a male, to what degree did it contribute to the difficult dynamics between my parents (who remained together up until my mother's death fifteen years ago).

Ruth claims that my father was just the mask she was wearing, nothing but a cover-up persona which hid the real person. That leaves me in a difficult position. Was I raised by a mask? Did I love a mask? I live with many suspended questions, figuring that over time I will be able to slowly work my way through them. Or not.

At times I look at it this way: I am grateful that my father brought me into the world, and acknowledge he did his duty, provided for me,

I am a very flexible, broad-minded person. But all my tolerance and intellectual acceptance does not help me come to terms with the intense emotional experience I have.

and raised me as best he could. Now he has moved on to another life of which I am not a part. I would love to ask Ruth a lot about the past — to know a lot of detail, to try to grasp what this strange thing is about. But such conversation is strained and often cut short by her. She certainly retains one characteristic of my father: a lack of interest in personal details from the past; she prefers instead to speak in large brush-strokes.

Transsexuals are generally the object of lurid fascination, or total repulsion, or extreme discomfort, or overt hostility. Even psychiatry has placed the subject in the too-hard basket. They have of course a label for it, but absolutely no idea of what causes it or what the remedy might be — apart, that is, from the final solution: the operation. Whenever I mention my situation there is usually a mixture of intense interest, sympathy, and incredulousness. Almost like I was fathered by a Martian. A part of me cowers in fear at the way others might react, although in fact I always find great support and warmth in response. A slightly devilish part of me delights in watching the effect on people. There is no familiar niche to place this piece of information, no set response, no social context.

My kids have taken it all in their stride. Grandpa is now Auntie. Ruth comes up once a year or so, and is far more into spending time with them than my dad ever was. And although they think her a bit strange, they don't mind her, and enjoy having more undivided adult attention than their parents are generally able to provide. My wife has been very tolerant of Ruth, and supportive for me. She has gradually been turned off by Ruth's bitterness, and although Ruth claims she is for the most part happy in her life, it appears she finds it hard to keep friends. Whether it is due to prejudice, her rather adolescent way of interacting with the world, or an undercurrent of anger, is hard to say. She usually attributes all rejection to the first reason, and it must indeed be difficult to fit into the ladies auxiliaries she attends with her 6ft_ plus height, large hands, and strange manner.

Nevertheless, she has found great joy in her child-care work, and it is undoubtedly due to the ability of kids to be unconditionally accepting. This story is of course not fixed for all time. New events occur which change my perception and experience of the whole thing. Recently I had a phone conversation with Ruth which restored some hope in me for the possibility of a relationship which contains both honesty and respect. I was more forthright with my feelings, she was more willing to talk about the past.

I have yet to meet someone in the same boat. There are some books by transsexuals, a few radio programs, and one or two movies. But I have seen nothing by or about the children of transsexuals. I have made a point of talking about the whole thing with friends, as I figure that it is nothing to be ashamed of; it is a part of the reality of me, so I don't see any point in hiding it. People often don't know how to respond to the whole thing. Neither do I. Neither do I.

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.