

(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.)

A Media View of Alex

... and Katherine Responds to Their Outrageous Criticism

Katherine Cummings responds to the article by Patrick Goodenough, [Catholic News Service](#) , Pacific Rim Bureau Chief
Article appeared in Polare magazine: May 2004 Last Update: October 2013 Last Reviewed: September 2015

Polare editor Katherine Cummings responds to print media sensationalism and Australian Catholic ethicist Nicholas Tonti-Filippini's outrageous criticism of an Australian court's decision to grant a thirteen-year-old permission to commence treatment to delay puberty.



Nicholas Tonti-Filippini is outspoken and biased against gender reassignment but according to the Internet he works for a Roman Catholic organisation and his attitudes appear to be affected by his religious affiliation.

An Australian court has given the go-ahead for a thirteen-year-old girl who wants to be a boy to begin a 'sex change' process, prompting strong criticism and calls for government intervention.

The statement would be laughable if it were not so obviously biased and insulting. Nor is it true.

Polare Editor: The Court *has not* given permission for a 'sex change'. It has given permission for a procedure to delay the onset of puberty.

A psychiatrist who works in the field expressed concern that gullible youngsters were being misinformed about exactly what could be achieved by medical intervention, while ethicists argued that the child's condition was mental, not biological

Polare Editor: What psychiatrist? What ethicists? Without names and qualifications, these statements are meaningless. What gullible youngsters are being misinformed? By whom? Where? When? If ethicists argue that "the child's condition was mental not biological" I hope that a) they have interviewed the individual concerned over a reasonable period of time and b) that they have some evidence for the aetiology of transgender conditions. If they have this evidence, maybe they would like to share it with the rest of the scientific community since there is widespread disagreement. *Not*, of course, that ethics are scientific,

The girl, known only as "Alex," will be allowed to begin taking hormones - initially oestrogen and progesterone to suppress menstruation and then feminisation of her young body ...

Polare Editor: Do you like "her young body"? Hear the violins and heavenly choir in the background? More might have been achieved with "her fair, young, innocent, virgin body", but you can't have everything.

... and, at the age of around sixteen, testosterone to begin the masculinisation process. The testosterone will "have certain irreversible effects such as the deepening of Alex's voice, the promotion of facial and body hair, muscular development and enlargement of the clitoris," according to the summary ruling of Family Court judge Alistair Nicholson.

Polare Editor: Well, yes, and that's the aim of the exercise, isn't it? By the time he is sixteen, Alex will have reached the age of consent for Australia and could legally have sexual intercourse, with the potential of creating new life. If Alex is old enough to make that decision, isn't he old enough to decide on a course of testosterone?

Once she turns eighteen she will be able to have surgery to make changes to her sexual and reproductive organs.

Polare Editor: In terms of legality, so can anyone who turns eighteen. The fact that some surgeons decline to carry out gender reassignment surgery until the transgender turns twenty-one is a matter for the surgeon.

Nicholson, who referred to the girl in his judgement as "he"

Polare Editor: A reasonable courtesy for people in transition.

... heard testimony that painted a picture of a girl who regarded herself as a boy from a young age, preferring activities usually enjoyed by boys. Alex lives with an aunt, and a government welfare department is her guardian, which brought the case on her behalf.

Polare Editor: Which suggests to me that the bureaucrats in question would be very careful to act in the best interests of the child,

knowing the sort of criticism that would be levelled at them for taking responsibilities normally reserved to parents.

The court heard that her father, with whom she was very close and who treated her as if she was a boy, died when she was five.

The court was unable to contact her estranged mother, whose whereabouts is unknown. With onset of puberty, Alex began to develop suicidal tendencies, which the judge said was "due to his body not matching his male gender identity."

Nicholson said he was satisfied Alex was aware of the physical consequences of the treatment and possible side-effects.

Polare Editor: A thirteen-year-old may not be intellectually mature but is perfectly capable of knowing which gender role is innate and can surely comprehend the consequences of medication, including side-effects.

"The social implications of the proposed treatment are that Alex will face challenges in his chosen identity in respect of peer relationships, possible bullying and ostracism, but I am satisfied that impressive steps have been taken to anticipate such risks."

Nicholson said if the treatment was not allowed, there was concern that Alex would "revert to unhappiness, behavioural difficulties at home and self-harming behaviour."

Polare Editor: Which is what those who would deny Alex the opportunity to defer puberty are indirectly advocating. There is no body of evidence that suggests that psychotherapy would succeed in changing Alex's lifelong desire to be accepted as male.

He also ruled that Alex could change her name on her birth certificate to a boy's name now, and would not have to wait until having surgery to do so - a requirement in some Australian States.

Polare Editor: There are some countries which will not allow legal males to adopt female names and legal females to adopt male names, but Australia is not one of them. As long as there is no intent to defraud a person can adopt any name he or she wishes, by deed poll or by reputation.

The court ruling has caused a stir. While transgender campaign groups and some medical bodies approved, leading Australian ethicist Nicholas Tonti-Filippini called the decision "irresponsible" and said medical treatment was being used to treat a mental condition.

Polare Editor: Nicholas Tonti-Filippini is outspoken and biased against gender reassignment but according to the Internet he works for a Roman Catholic organisation and his attitudes appear to be affected by his religious affiliation. He can in no way be considered impartial. Of course it's not just transgender people he objects to. He has no time for stem-cell research, I.V.F. or any form of medical advance not sanctioned by the Vatican.

He called on the Attorney-General to review the case and take it to a higher court.

Polare Editor: See what I mean?

Christian ethical action group Salt Shakers called for a federal government inquiry into "gender reassignment" procedures. The group argued that there was no way to turn a woman into a man or vice versa successfully.

Polare Editor: A few definitions are necessary before a statement like this can be made. There are social, medical and legal definitions of 'man' and 'woman' and nobody owns a word, not even a Christian ethicist (sic) group ...

"Alex will never have a fully functioning penis, never produce sperm or be able to father a child, and if Alex changes her mind again they will never be able to turn her back into the woman she really is", it said.

Polare Editor: Never is a long time. Medical advances in the techniques of gender reassignment have been amazing over the fifty-two years since Christine Jorgensen's case was publicised in 1952. Endocrinological and surgical techniques as well as legal and human rights revisions have made it possible for transgendered people to live happy, fulfilling lives in society. To suggest otherwise is to fly in the face of the experience of thousands of people worldwide who have affirmed their innate gender and taken their preferred place in society.

"She would have to have breast implants and be given an 'artificial' vagina."

Polare Editor: Assuming that Alex changed his mind after full transition and wanted to live as a woman, he could have plastic surgery to achieve that desire and he could live in society in his preferred role.

"She will never be able to produce a child or feel a complete woman."

Polare Editor: There are many women who cannot bear a child and as for feeling a complete woman ... could we have a definition please? I hope it is not suggested that a woman who cannot bear children is not a complete woman?

Second thoughts

Last year, an Australian named Alan Finch was the subject of a television documentary that drew widespread attention.

Finch underwent what is known as gender reassignment surgery (G.R.S.) to 'become' a woman, but was unhappy with the results and nine years later reverted to living as a man, taking male hormones and considering surgery to restore his male organs.

Polare Editor: "What is known as..."? It is also known as sex reassignment surgery and, more recently, gender affirmation surgery.

Humans are complex creatures and, as I frequently say, "if there is something a human being can do, some human being will do it". Naturally, therefore, if it is possible to move backwards and forwards between gender roles (not sexes), someone will eventually do it. I sometimes say I will go back one day from female-to-male gender role just for the adventure and the satisfaction I experienced going from male-to-female, but then I have a sense of humour and I do take responsibility for my own actions.

Finch's story called into question the assessments carried out before G.R.S. He described how he had failed a psychiatric assessment as his answers were too "masculine." He was allowed a second attempt and, having learned to fake the responses, passed and was approved for surgery. He also recalled having second thoughts in the operating theatre, but being reassured by a surgeon who said he was just having "pre-operation nerves."

Polare Editor: So he falsified his assessment tests and then failed to act on his "second thoughts" before surgery. So why is he blaming everyone else for his current status?

Finch, who now runs a group called the Gender Identity Awareness Association, said he believed Alex was "much, much too young" to be making the decision.

Polare Editor: What right has Finch to make decisions on behalf of Alex when he was incapable of making decisions for himself? What is being glossed over time and time again by special pleaders is the fact that if action is not taken before Alex reaches puberty there will not only be the despair, depression, misery and probable self-mutilation brought about by puberty's metamorphosis (development of breasts, commencement of menstruation, redistribution of subcutaneous body fat) but there will be unnecessary surgical and social remedial processes needed to undo changes which need never take place. If, on the other hand, Alex decides to revert to femininity before he is sixteen, the medication postponing puberty can be withdrawn and all that will happen is that Alex will go through a late puberty. Despite the poorly researched works of populist and discredited 'experts' like J. Michael Bailey, most transgender people know that their minds and bodies are incongruent very early in life, usually before they are six years old. Why then, cannot this conviction be respected and given some weight in the education and development of the child so that the kind of desperation and despair so common among teenage transgender people can be ameliorated through treatment and compassionate understanding?

Finch questioned whether the girl had been given adequate psychotherapy to explore the issues of her family background that may contribute to her "gender confusion."

Polare Editor: Guess what! There are those among us who have little respect for psychotherapy and even less for psychotherapy which assumes we are wrong in our innate convictions and that we make up our memories. And then they try to reshape us into 'cookie cutter' clones (there's something else Tonti-Filippini doesn't like) of the majority.

Finch also mulled the potential problems the judge's ruling could lead to, for instance when Alex becomes romantically involved with another girl at school.

Polare Editor: Courtesy suggests the phrase should be "... with a girl at school.", not "... with *another* girl ...". It is bigoted and biased to suggest that Alex is a girl simply because he lives in a girl's body.

"Initially, her girlfriend would have no idea that she is anything other than a young boy. She will be presenting as a boy. Her teachers and parents will say that she is a boy. The girlfriend's parents would also have no idea that their daughter is becoming romantically involved with another girl. Is such a situation morally and ethically acceptable?"

Polare Editor: Well, since you ask the question, yes, it is. If the girl discovers that Alex is not built like other boys she has a number of options ranging from complete acceptance to outright rejection, with compromises in between. If she decides on rejection, it will not be the worst thing to have ever happened to either of them (remember we are talking here of teenagers, who are no strangers to frustrated romance). If she decides to overlook Alex's differences she will, at the very least, demonstrate a willingness to accept variations in human complexity and may have a more interesting experience than many of her peer group. There are many variations in human sex, gender and sexuality which a young person can encounter and Alex's situation is merely one of these. And, just to keep you on track ... Alex has no parents. He is a ward of the State.

When the girlfriend eventually finds out that her "boyfriend" is actually another girl, this could have implications for her own social/sexual development, he argued.

Polare Editor: Yes. Are these implications necessarily negative? Where is your sense of adventure? And what do you mean "actually another girl?"

"Simply changing the sex recorded on the girl's birth certificate and enrolling her into school as a boy cannot begin to address the major issues facing this thirteen-year-old and those with whom she becomes involved."

Polare Editor: It seems like a pretty good start to me. Of course it can begin to address the issues. And of course there will be many more issues addressed before a final outcome and closure are achieved.

"Changing sex, gender not possible"

An Australian psychiatrist who works with patients who struggle with gender identity agreed that the government should investigate the G.R.S. issue.

Polare Editor: Indeed yes. Then transgender people might be more uniformly and fairly treated by the law, might be allowed completely revised identification documentation and might be accorded medical and social assistance to achieve gender affirmation, the

lack of which drives many transgender people to self-mutilation or suicide.

Speaking on condition of anonymity, he said the case raised serious issues. "At the age of thirteen, a child's very much half-formed. There has to be the greatest concern about thirteen year olds determining that much of their destiny," the psychiatrist said.

Polare Editor: Nobody has suggested there should not be professional help from counsellors, therapists and experts, some of which, at least, should be drawn from the transgender community.

"If someone believed they were only meant to have one arm, there's no way you'd sanction the surgical removal of the other," he added.

Polare Editor: An almost unbelievably stupid analogy. If a majority of humanity were born with one arm, and other people were convinced that this expressed their true innate identity, then, yes, they should be assisted to join the group with whom they identify.

The psychiatrist argued that authentic sex changes were not possible, and accused many clinics involved in the practice of "coercion, promotion and persuasion."

Polare Editor: Here again, I agree with the anonymous psychiatrist. Sex is a matter of chromosomes and genes and cannot be changed (yet). But innate gender role can be incongruent with assigned sex and if the innate gender role can be more easily affirmed through surgical and hormonal intervention then it is clearly justified. If the psychiatrist knows of "many clinics involved in the practice of coercion, promotion and persuasion" he should be reporting the coercion. As for promotion and persuasion, my understanding is that Australian clinics can't keep up with demand and numbers of Australian transgender people go overseas, to the U.S.A., Britain, Canada, New Zealand or Thailand.

"People are being injured by misinformation," he said. Some of his patients said they had been told by staff at clinics "that they can actually be made male or female, that they'll have normal sexual functioning" after G.R.S.

Polare Editor: What is "normal sexual functioning"? If he means intercourse and orgasm, then yes, a well-performed G.R.S. provides both the capacity for intercourse and the ecstasy of orgasm. If he means procreation then, no, not yet. But transgender people who go through gender affirmation surgery without having read everything they can, and talked to experts and to post-operative transgender people, are not taking responsibility for their own welfare ... a deplorably immature attitude. If one goes through a medical intervention as socially and sexually defining as gender affirmation without understanding the consequences and then complains afterwards that the results are not as expected then one is being, to say the least, captious.

"No one ever becomes the opposite sex. You might become a facsimile of that, and it might be cosmetically relieving and more convenient for swimming and so on, but that's a very different thing from being a biological male or female."

Polare Editor: I don't know how one would measure such a difference. Incidentally, isn't my brain part of my biology? It's my brain that tells me who I am.

He recalled that one patient who had male-to-female surgery observed that any sexual pleasure he experienced afterwards was "a highly male pleasure."

Polare Editor: Individual cases should not be used to make a general assertion. People are individuals. Assuming the psych's informant meant his orgasm was explosive rather than cumulative, and therefore 'male' rather than 'female', I can only assert that his experience does not parallel mine, nor that of several other post-operatives of my acquaintance.

"Any sexual pleasure experienced after such an operation is a painful reminder that the operation didn't do anything to authentically change a person's sex," the psychiatrist said.

Polare Editor: Wrong. See above. In any event, who said gender affirmation was about sexual intercourse. It's not. It's about affirming innate gender. If the psychiatrist doesn't understand that, he had better start over in the kindergarten section of the gender class. Gender affirmation is about living as the person one knows one is, rather than as the person others have decided one should be.

"People do become somewhat feminised by hormone treatment, but not completely. You don't become a woman. You don't have those kind of emotions," he said.

Polare Editor: "Those kind of emotions"? Apart from the grammatical solecism, what kinds of emotions? And how would you know? Emotional responses of post-operative transgender people (and even pre-operative transgender people on hormones) are often very different from the emotions expressed in pre-operative or pre-hormonal situations.

Not only does G.R.S. not offer a true sex change, neither does it fully alter gender, he said. (He differentiated between the two by saying sex is physical and biological, while gender has to do with a social role and has a psychological component).

Polare Editor: I think I pointed this out earlier. I agree one doesn't get a sex change, but that is relatively unimportant. As for gender being to do with a social role and having a psychological component I would aver that it is very much a social role and has a mental component. So what? If one can live happily in the gender role congruent with one's innate gender as opposed to the gender assigned at birth, how can the statement be defended that gender has not been fully altered? What more is there to alter? Nobody lives a life which is totally within one gender role or the other. Women without men need to (or may want to) carry out activities thought of as 'masculine' and men without women often carry out tasks a psychologist might label as 'feminine'. People do what they need to do day by day and only on balance can it be decided that a person is living according to one gender role or the other.

There may be a biological proclivity towards the other sex, as seen in "tomboys and effeminate males," but gender is something that's "entirely learnt."

Polare Editor: This is arguable, but not worth arguing. If the psychiatrist is saying here that "tomboys" and "effeminate males" are biologically determined then surely he is saying that their gender behaviour is at least partly innate. The expression of this innate gender is observed in social, i.e. learnt, behaviour. So why not allow gender affirmation to bring this biological inclination (if it is strong enough) into congruence with outward sex markers (primary and secondary sex characteristics) through surgery and hormonal intervention?

One of his patients is a fifteen-year-old girl who was heading down "the perilous path" towards gender reassignment to male. The girl's mother bought her a kitten, and "suddenly all the tenderness and love and mothering qualities came to the fore." The mother's "stroke of genius" had effectively cured her daughter, he said.

Polare Editor: Oh, dear. Both pathetic and bathetic. Bring on the kittens and widdle wabbits on the one hand and the guns and toy soldiers on the other and we'll soon cure these would-be deviates!

"You can have a tendency towards pursuits or activities which are more male ... but nobody actually becomes the opposite sex." The psychiatrist also said that a girl's hopes that she would be fully accepted as a male were unlikely to be realised.

Polare Editor: This psychiatrist doesn't get around much. I know lots of F.T.M.s and M.T.F.s who are fully accepted in their affirmed gender roles. Usually the ones (the majority) who melt into society and simply live their chosen lives.

"At best, she could end up being a tenth-rate male, looked at sideways by all other males ... what a terrible life she'd choose for herself."

Polare Editor: I think he needs to read more as well as getting out more. There have been many F.T.M.s who have performed and are performing in society as first rate males, and plenty of M.T.F.s who have been (and are) exemplary women. Academics, professionals of all kinds, scientists, writers, sportspeople, entertainers and musicians, among others.

He said not enough honest investigation had been done into these issues, because most research that had been carried out was done by proponents of G.R.S., or by transsexuals themselves.

Polare Editor: And is it obvious that research carried out by proponents of G.R.S. or by transsexuals is inevitably and inherently dishonest? The statement would be laughable if it were not so obviously biased and insulting. Nor is it true. Much of the research carried out in the area of transgender is carried out by scientists who are dedicated to this area of research because so much remains to be explored. There is much to do and there are many unrecognised transgender people who need to be brought into the light of understanding and helped to fulfil their potential. Those in the psychiatric profession would be better employed talking to those who live in the shadowy half-light of current medical, legal and social treatment of transgender people rather than trying to justify preconceived notions of what a transgender is, or can be.

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.