

The quarterly

publication of the

Intersex Society

of North America

Summer 1995

Hermaphrodites with *Attitude*

Natural allies

and Cheryl Chase

The emergence of a vocal intersex community follows a natural progression in the evolution of civil rights struggles. Race was followed by sex (feminism), then sexual orientation, and identity (transgender movement). The newly emerging intersexual minority carries the battle to the ground of embodiment.

Anthropologist Gayle Rubin has written, "Sexualities keep marching out of the Diagnostic and Statistical Manual and onto the pages of social history...trying to emulate the successes of homosexuals." As we embark on our plan to march out of the Endocrinology textbooks, we must tip our hats to the transgender community for preparing the way for us.

Our culture views sex/gender as dualistic and one-dimensional: sex chromosomes, gonads, internal and external genitals, and gender must all be either male or female in any individual. Intersexuals have sex chromosomes, gonads, and external or internal genitals which violate this principle. Transsexuals violate it by living a gender which differs from their sexual anatomy of birth. Some intersexuals choose to change sex, and are thus transsexual as well as intersexual. (See "Intergendered—between the worlds" on page 5.)

The emerging intersex community, like the transgender community, is composed of a diverse group of people who have



Statue of the Virgin has been shedding bloody tears with XY (male-typical) cells.

examined the cultural and medical definitions of gender and found them to be inadequate.

Intersexuals are beginning to assert our right to keep the bodies with which we were born, and to choose or reject surgery and hormones to any extent that we feel is appropriate.

Transsexuals have for many years been asserting their right to choose hormones and surgery. More recently, some members of the gender community have come forward to assert their right to live transgendered lives without surgery, or even without hormones. (See "Don't forget to walk the jury" on page 8, "Intergendered—between the worlds" on page 5.)

We share the issue of self-determination: the right of the individual to choose.

continues page 11

Virgin Mary a hermaphrodite?

In June and July, major newspapers carried a story about an apparition in Civitavecchia, Italy. A small white plaster statue of the Virgin has been seen shedding tears of blood. Hundreds of the faithful have thronged to the Pantano suburb to see the miracle. The local pastor filed a report with church authorities, recording thirteen instances of bloody tears witnessed by numerous persons, including police officers. The bishop brought the statue to Rome to report the phenomenon to the Vatican.

We live in a skeptical age; civil authorities took samples of the bloody tears and had them tested at a genetic laboratory. The result: human "male" DNA. The owner and some of his male family members have declined to supply samples of their own blood for genetic comparison with the Virgin's tears.

American newspapers have been quick to suggest fraud. We at Hermaphrodites with Attitude would like to suggest an alternative resolution.

The DNA results are clear: the Virgin Mary is a male pseudo-hermaphrodite. Based on her secondary sex characteristics, we are prepared to guess that she has complete androgen insensitivity. Does she weep for the abuse of her kind?

related article page 11

HWA T-Shirts! Specify size M/L/XL. Send \$12 to ISNA, PO Box 31791, San Francisco CA 94131.

If I had an intersexed child...

Morgan Holmes

As one who is both a mother and an intersexual I feel very close to issues involving parenting, guardianship, and intersexuality. I am convinced that, like any other child, an intersexed child must be protected from harm. Doctors who specialize in "treating" intersexuality also claim that intersexed children must be kept from harm. So how is it that we find ourselves at odds?

Perhaps readers of *HWA* will find the following statement by intersex specialist physician Dr. G. Warne quite telling: "In some respects, the baby's sex is an extension of the parents' sexuality. If the baby's sex isn't clear it reflects badly on them. It makes [the parents] unable to communicate with their friends in the normal way."

Under the pretense of protecting intersexed children from ostracization, surgeons regularly mutilate our bodies and produce long-lasting, potentially irreparable, damage to our sense of ourselves, our sexualities, and our bodies. Doctors who specialize in intersexuality are convincingly arguing that intersexual babies are a "social emergency" which requires immediate treatment (read: erasure), and they promise to make everything better for our parents when they explain that surgery will fix everything. They persuaded my father that my big clit would be uncomfortable in jeans when I grew up, and they told him my erections would be painful. My father signed the

papers and my clitorrectomy was performed.

My particular form of intersexuality is not genetically transmitted. Like Kira ("The Awakening," *HWA* Winter '94), my intersexuality is due to exogenous hormones given to my mother during her pregnancy. The likelihood of my having an intersexed child is no higher than it is for anyone else. Nonetheless, I do think about what being a parent means in terms of care and love.

By my estimation, loving someone, anyone, means that we accept them as they are and we don't force them to change. In relationships with our peers there may be negotiation but it is never done with body parts and, in my world at least, one person shouldn't pay the price for another's discomfort. If I had an intersexed child, it would probably be easier for me to explain my own history—as things stand, I haven't yet figured out what to say when my son asks, "Where's your penis?" If I had an intersexed infant, I would not consent to any cosmetic surgeries. If there was pressing necessity for surgery (for instance, to relieve pain, or to clear a blockage), I would shop for the best surgical skills available. But I would never allow the removal of erogenous tissues. No one else should pay for my discomfort; it is my responsibility to care for the child first and place his/her well-being ahead of mine. I would definitely raise a child who knew that s/he could choose surgery or not later in life—and I would teach her/him to refuse to absorb other people's shame and discomfort. ■

Hormones in the news

During the past year, the media have carried a veritable flood of stories about industrial pollutants which mimic the actions of estrogen. These "environmental hormones" are under suspicion as a cause of breast and testicular cancer, hypospadias, reduced male fertility, and lowered sperm counts, all of which have increased dramatically during recent decades. Many articles mention intersexual alligators, fish, and other species in polluted ecosystems.

Breakdown products of DDT have been found to bind to cellular androgen receptors, blocking the action of androgens. Small doses of dioxins have been found to permanently alter male rodent reproductive function. Plastic linings in cans have been found to shed estrogen-mimicking chemicals into canned food.

The actions of hormones, particularly during fetal development, are complex and multi-faceted. Biologists have not even begun to identify the multitude of hormones and receptor systems active during development. Most scientists working on environmental hormones agree with University of Florida biologist Louis Guillette Jr.'s assessment that, "We now know that no one technique, assessment, or species will be able to tell us whether an ecosystem is polluted."

In better news, the *New England Journal of Medicine* (May 25) reports a study of DES sons. Although 15% had "genital malformations," there was no evidence of impaired fertility. ■

Hermaphrodites with Attitude is published approximately quarterly by the Intersex Society of North America.

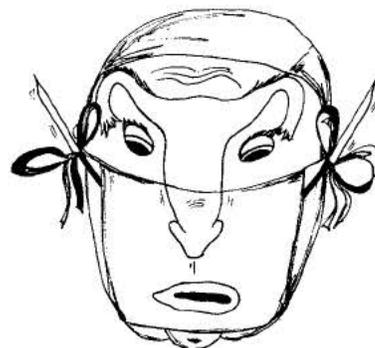
Subscriptions are \$12 for four issues (\$18 outside US/Canada/Mexico).

Address subscriptions, letters, submissions, and other correspondence to: ISNA, PO Box 31791, San Francisco, CA 94131. Email <info@isna.org>.

Letters are published only with the permission of the author. When you write, please let us know if we may publish your letter. You may use a pseudonym if you wish.

Copyright. Entire contents © 1995 by Intersex Society of North America. All rights reserved. You may reproduce and distribute this newsletter in small quantities (under 50) at no charge, so long as you make no changes.

Staff. Editor: Cheryl Chase. Assistant Editor: [REDACTED]. Illustrations: Revonne.



What do surgeons want?

Becoming totally gendered

Sam

Hello, my name is Sam and until I saw the article *Both and Neither* (SF Weekly, Feb 1, 1995), I did not know I was intersexed.

I was born in the late sixties and raised by compassionate parents as a male. However, I was born without testicles, and the opening to my urethra was not fully open. At puberty my breasts grew.

My parents never denied my physical condition, but at the same time they did not know how to instruct me about dealing with social situations. Mainly they just told me to be careful and tried to protect me.

All I knew was that I was different and very ashamed socially about the way I looked physically. I knew I was O.K. with how I looked and felt. But externally I was and am fearful about how others would judge me: Am I a man? What am I? I felt and feel primarily male, but the parameters for being male excluded me.

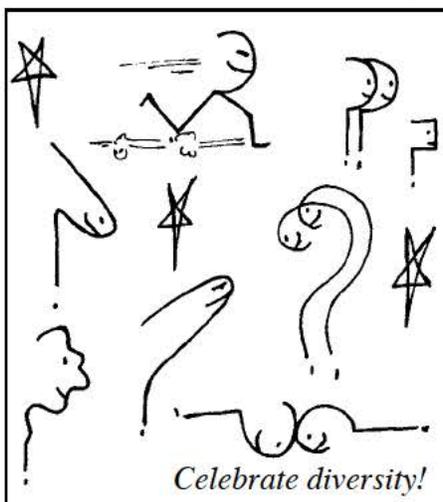
For years I lived in fear of being "found out." Although I was born genetically male (but sans testes), and raised as a boy, at puberty my breasts developed and my hips grew. I was given hormone injections, which I still take, which produced a deep voice, muscle mass, and facial hair. At age eleven surgeons implanted prosthetic testes, which the doctor told my parents "would make me look more male in the locker room."

Needless to say, I went through a lot of pain for something that did not make me feel or look more male. Instead I found myself coping with a foreign, cold object in my body. At eighteen I had my breasts reduced after going through high school wearing baggy shirts and terrified of being shamed in the "locker room." The surgery was painful, but what I was left with was O.K. I could now pass for a "normal" male, and my breasts still retained most of their sensitivity.

Thus, surgery was for me an overall ambiguous experience. Looking back now, part of me regrets it all, but what's done is done—physically—and all I can do is process through the emotional memory, pain, and regret.

Throughout these experiences, my erotic self developed. I was and am attracted to women, but throughout high school I was so terrified about what others might think of my body that I did not even dare to get close to anyone.

In college, feeling a little safer, wanting to fit in, and not seeing a lot of support coming from the primarily fear-driven straight community, I looked for emotional support in the bisexual, gay, and lesbian community. Two of my close friends were gay. Although I felt safe with them, I did not feel an erotic charge.



Later I met a bisexual woman. After spending a lot of time getting to know her, we became intimate. Since then I have been with three other women, all bisexual. I first developed strong trusting friendships with them before we became intimate. I feel I am erotically attracted to women, primarily bisexual women, because they do not fit the sexual "norm."

Although these relationships helped me process through much of my fear, I still felt socially isolated. Then while on vacation I chanced upon "the article" in the local paper. On first reading I thought, "interesting, but this is not me."

A few days later I came across the article again, and this time cut out the page with ISNA's address. Several days later it dawned on me: I was and am intersexed and I have been longing to tell someone (besides myself in reflective meditation) about my experiences.

I wrote a letter, stream of consciousness, and sent it off to ISNA before I could change my mind. Afterwards I felt like a great weight had been lifted from me.

The newsletter I received by return mail was deeply moving; it helped me to trust in myself and some of my close friends.

I first "came out" to the first woman I had been intimate with. Although we had not talked in about a year, it was easy to get into a space where I could broach the subject. At first I was totally terrified, but in a way it was safe because we live so far away from each other, and our lives are not very connected anymore. She was not shocked, and she told me that she always loved me for who I was as a whole person. It was a relief and a deepening of the friendship as well.

Next I told a friend I met last summer. We had become close friends over the winter. Our friendship has grown and deepened, so I felt it was safe to open up to her. She was totally accepting and loving, and our friendship has benefited.

Finally, I told my Mom, though I was a little nervous. I should not have feared; she was accepting, but cautioned me about whom I told about myself. I also told my sister and got a similar response. I have not told my Dad, but I feel he will be accepting as well.

I am becoming totally gendered, which is more a state of mind and spirit in process than a doctrinal static social precept. Growing up, I felt a great deal of shame and confusion about my body/self, but over the last few years I have begun learning to love, respect and have compassion for myself and others. I came to ISNA to continue the process with other intersexed people who want to relate, explore, and heal. ■

Talking about it

David

It has been a year since I have written anything in my journal about my intersexuality. A year. A long time. A long silence. Why?

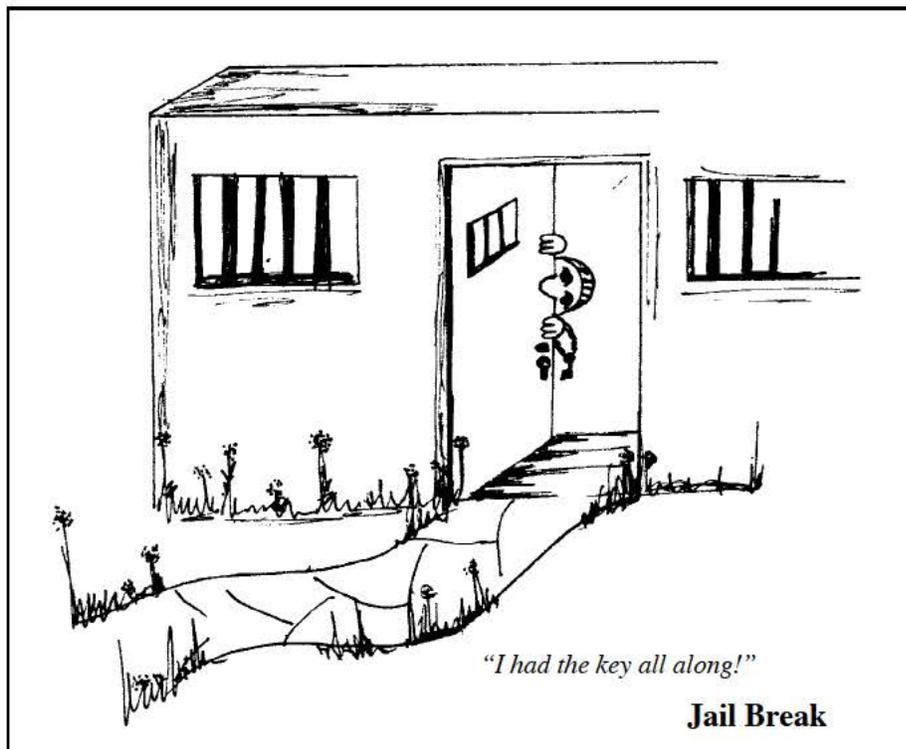
Much has happened in this newly-born intersex community of which I am a part. People are making contact, telling their stories, expressing their feelings and opinions. There is a newsletter and an address on the Internet. Some of my writings have found their way into these resources.

How do I feel about this? Over the past year I have felt very little pain about my intersex issues, and have focused nearly all my energies in therapy on childhood abuse, talking only occasionally about intersex issues with my therapist, though the two issues overlap extensively. The difficulties in my life that are a specific result of having been born a hermaphrodite in our society have been curiously silent.

I could say that it is merely denial, that my plate is way too full in dealing with sexual abuse to take up gender stuff at the same time. I could say that, and certainly I will need to look at the possibility that denial is silencing me on this.

But I could also say that something else is happening. Something positive, perhaps even wonderful, may be going on here. Perhaps a genuine acceptance is beginning to dawn.

For the past couple of years I have been telling people about my intersexuality, telling my therapist and my genuine friends and people that I trust, to the point that there are now many people who know about me. Parts of my story have been printed in the newsletter and in a newspaper (and thus are now beyond any fantasy of control I may have). With many friends I talk openly and freely, with little shame or fear, about my feelings and experiences.



And I have yet to experience any signs of rejection. In every case I have been supported (although not always as much as I may want), and the worst I have had to deal with is the fact that many people just don't seem to "get it." This usually means that a gradual education about intersexuality is in order, gentle reminders and an occasional gentle challenge to the conditioned assumptions about gender that we hear so often.

Not one of my friends has said or done anything to hurt me or make me feel ashamed about my intersexuality. Some are interested in it and some are not, and some may never understand the extremely difficult and painful experiences I have lived through as a result of being born this way. But enough people are interested and are very kind, loving and generous in their compassion to me that I feel supported and truly safe with them. Perhaps this is one reason why I feel calm and relatively secure around this stuff just now.

Somehow my self-discovery and personal work for the past couple of years has led me into a greater and greater acceptance of myself, even though I still

feel uncertain about aspects of my reality, especially aspects of my childhood history that are still shrouded in silence and secrecy.

But by paying attention to myself, my body, my feelings, my inner processes and my way of relating to others, I have come to a greater awareness of myself and who I am at many levels. What I am discovering is that I am able to say "yes" to my own truth and to the reality of my experience in ways that previously seemed impossible.

I have come only very slowly to an awareness of my intersexuality, because of the secrecy and shame that surrounded me as a child, and it has not been easy to accept, even tentatively, that I am a hermaphrodite. Yet once I started to accept this and identify with it, it became hard for me to accept any other reality. My gender identity issue became an all-or-nothing proposition.

Either I am 100% intersexed (whatever that is!), or I am not intersexed at all. But I now realize that this is just the dilemma that our culture puts us in when we establish the rigid either/or categories of

male-or-female, instead of seeing gender as a fluid continuum, a spectrum that we are all free to play with and to explore.

What I am now more able to do is to say “yes” to my intersexuality without having to say “no” to other aspects of my reality, other aspects of myself. I was “brought up” to think of myself as male, and many influences in my environment have reinforced this perception, even if I am not comfortable with this image.

I believe that I have expended a lot of effort internally trying to deny my maleness, but I am beginning to say “yes” to my masculinity instead of pushing it away. This is due, in large part, to the fact that I finally have found some men who I am at great ease with, safe and gentle and strong and wise people who are the role models that I lacked as a child.

I am saying “yes” to intersex, “yes” to my masculinity, and “yes” to the fluid and receptive femininity that has enriched my life with its non-linearity and intuition. And this has given me an ease and comfort that did not seem possible when I tried to deny any of these parts.

Finally, I want to talk about the effects of having contact with other intersexed people. Reading Cheryl’s letter in *The Sciences* (July/Aug 1993) and talking with her/him was a life-changing event. Learning that my experiences and feelings were not so different from other people ended the absolute isolation I had felt.

Though it has not been easy to share my experiences and to hear of others’, it was much harder not being able to share in this way. I have lived my whole life, into middle age, with the anguished fear that no one would ever understand what my life as a hermaphrodite was like.

By taking the risk of talking about my life, I have found that this is not so. I have found that my partner, my friends, my therapists and others care enough to listen and to understand, and I have found that other intersexuals share many of my experiences and understand them with

the intimacy that personal experience alone can bring.

I feel grateful that sharing my own story is helpful to others who struggle with these same issues. Although I still struggle with the secrecy, shame, self-doubt, sorrow, and rage that surround my intersexuality, there are breakthrough moments when I feel happy about finally being able to tell the story of my life.

My hope is that my sharing will advance my own healing, and inspire and encourage others to talk about their experience, first to themselves, then to trustworthy and supportive people, and at last to the public—anonously or otherwise.

Intergendered—between the worlds

Shaffer, M.D.

The intersex community could be largely defined as consisting of persons who suffered unwanted childhood genital surgery because their birth genitals or gonads challenged the prevailing gender dichotomy. The transsexual community could be largely defined as consisting of people who chose as adults to alter their social and anatomic gender. One group seeks to abolish non-consensual genital surgery on children, the other seeks to broaden access to and legitimize consensual genital surgery on adults.

If not precisely at odds, intersexuals and transsexuals would seem to share little common ground. This poses a challenge to those of us like myself who have led such singular lives that we might claim membership in both groups.

It is clearly wrong for parents and pediatricians to sexually mutilate and/or sterilize their helpless intersexed children. With this in mind, how can it be such a good idea for transgendered adults to request the same treatments for themselves?

It can be argued that adult sex reassignment surgery often preserves (some even say enhances) sexual function, and that many people who elect adult sex reas-

signment surgery have either already reproduced, or have made a mature and considered decision not to reproduce.

Nonetheless, for many, the decision to have adult sex reassignment surgery results in erotic and/or genetic suicide. Suicide implies feelings of self-loathing and worthlessness. Could it be that adult transgendered people have internalized the voices of the parents and pediatricians who loathe intersexed children?

If anatomically intersexed children were allowed to live socially *intergendered* lives, would transgendered adults still feel the need to move from one gender straightjacket into another? Would it then be viable for people who, as adults, find themselves severely uncomfortable in their gender role to declare a socially *intergendered* status and be done with it? Could transgender hormones and surgery for adults become obsolete, barbaric relics of the primitive 20th century?

These questions are of more than academic interest to me. I know that some types of XY homosexuality are carried on the X chromosome. I know that XY homosexuals are neurologically intersexed in the hypothalamus and in their anterior commissures. Homosexuality, transsexualism, and intersexed conditions may all lie on a broad biological spectrum of normal human variance.

Since some forms of intersex conditions are also genetic, might a transgender condition also be partially genetic, maybe even carried on the X chromosome? My sister’s son has a 50% chance of carrying my X chromosome. Although he wasn’t anatomically intersexed at birth, might my nephew also turn out to be transgendered?

What do I say to my nephew if sometime in the 21st century he comes to me and says he is also transgendered? Do I help him to obtain (hopefully improved) sex reassignment surgery treatment, or do I try to teach him to love his whole natural *intergendered* self, mind and body? I have no easy answers, I only know that we owe it to the next generation to keep asking the tough questions. ■

“I present myself as a woman, have many womanly attributes, and am treated by and large as a female. Unfortunately, this struggle has almost exhausted me.”

“I remember that almost daily experience as one of a lack of genuineness, an illegitimacy, a fear that I would be found out and ridiculed.”

In the previous issue, psychologist Suzanne Kessler wrote about parents of young children under medical care for their intersex conditions, and invited ISNA members to write to her. (See *HWA* Spring 1995, page 7.)

“I’m a social psychologist, and have been talking with parents of young intersex children...I’ve told them about ISNA and listened to their reactions.”

“In part, they think your goals are idealistic. Although they acknowledge that their children have one of the conditions that receives an intersex label, they don’t think of their children as ‘intersexuals’, and would not exactly see the point of communicating with ISNA...What would you say to these parents?”

Here at ISNA we believe that the road to emotional health includes self-acceptance, which in turn depends upon addressing issues of identity.

In this issue we present two well-considered responses to Dr. Kessler. In the open letter to Dr. Kessler at right, [REDACTED] herself intersexed and a children’s social worker, analyzes the danger of parents’ assertion that their children are “not intersexuals.” In “If I had an intersexed child...” on page 2, Morgan Holmes discusses her opposition to early surgery.

We hope that Dr. Kessler will also find considerable food for thought throughout the pages of *HWA*. On the Letters page, several men with Klinefelter Syndrome write about their gender and identity issues, which have so far not been addressed by a support group organized by parents of Klinefelter children. On pages 3 and 4, Sam and David discuss the healing that has come with accepting and being open about their own intersexuality.

Dear Suzanne,

I am answering your call for responses to your clients, parents of children born with ambiguous genitals or other intersexual conditions. I speak as someone who was born with incomplete Androgen Insensitivity Syndrome, raised female, and as someone who has come to identify as intersexed.

Intersexed is a new self-label. I have arrived at this naming through my association with the Intersex Society of North America. Before I came to use this term I had for many years vaguely thought of myself as both male and female, or as a pseudo-hermaphrodite. It seems to me that intersexed is a good neutral, collective term that associates me with those who share my specific physical difference, and also with a larger group of people who have had to struggle with gender difference and have faced a gender-rigid world, just as I have.

Most of my life (I am 46 at present) I have endeavored to feel female. Most of my childhood my parents, especially my mother, labored to instill in me a female identity. These efforts have had some effect. I present myself as a woman, have many womanly attributes and am treated by and large as a female. Unfortunately this struggle has almost exhausted me. All this time I have labored to prove something which is in some sense not true and at best a terrible simplification of a rather complex state of body and mind.

I’m not exaggerating when I say this process had for a while almost spent me. For much of my young adult life, for at least the years between the ages of 15 and 35, I remember having the experience almost daily of being in the midst of some positive experience (for example, a compliment paid me, an exciting encounter, feelings of physical pleasure) when into my mind would intrude the thought that something was not right. I remember that almost daily experience as one of a lack of genuineness, an illegitimacy, a fear that I would be found out and ridiculed. From a very early age I felt my personal history was out of the norm,

that I looked a bit different, felt a bit different and was treated differently than most females. This was never acknowledged. My doctors said only trivial things to me, my parents avoided any mention (and probably any thought) of my difference. My culture dealt with the only gender ambiguity that seemed speakable—transsexualism—with a snicker. I internalized the apparent taboo and lived with a great fear of myself. Another person I know with AIS has had to live the same way and describes the anguish as having, in her own words, “to every day slay the dragon.”

Recently I read in the New York Times about a journalist, John Hockenberry, who was made paraplegic by an automobile accident at the age of 19. The journalist has lived and conducted a far ranging career from his wheelchair for the past 20 years. In this review of Mr. Hockenberry’s book, the reader was described as having been forced to view the author no differently than others, and to acknowledge that disability is mostly in the eye of the beholder. I was struck by my envy of what must be John Hockenberry’s certainty about himself and his predicament, and how he must have been able to complete a process of coming to terms with his difference in relation to “normal” folks. This coming to terms must have been nearly complete as he has evidently approached transcendence of the ordinary labels of challenged and handicapped, and perhaps the experience of otherness itself. In attempting to create an analogy to the condition of ambiguous gender I hope to not appear disingenuous.

I fear that your client-parents, in an attempt to give their children normal lives, will rob them of the chance to come to terms with their own difference. I suppose there is a great need to feel that the right thing has been done in choosing early surgical intervention. There might be a need to feel that everything has been fixed, or nearly fixed and that their child’s acceptance of their difference will be as decisive as a surgery. Whether or not this type of surgery can ever be viewed as decisive is another critically serious topic. It would be nice if a young

person didn’t have to wrestle with puzzling terms like intersexed and did not have to contemplate what existed before surgery. But that is not the fate of those of us born like this, just as it was not John Hockenberry’s fate to walk away from his automobile accident.

I don’t wish to appear unkind or unfeeling to your parent-clients. I have so much empathy for these families, just as I have loved my family through our experience. What is important to emphasize, I believe, is that healing and a kind of wholeness and equanimity are possible. All your clients’ children may not grow up to identify as intersexuals but there is a very good chance they will perceive of themselves as different to a greater or lesser degree. To not prepare their children for this self confrontation is to do them a terrible disservice. These children will run the risk of never being comfortable in their own bodies and never at ease with the world around them

I realize the prospects of a lengthy course of therapy may seem daunting to parents who have already suffered considerable trauma, but I can’t imagine a substitute process. It would be hoped that these children can benefit from expert, informed counseling and be offered the opportunity to join a group of others like themselves to facilitate self-exploration and gain support. I imagine the participation of loving, accepting parents in the early stages on this therapeutic process would be integral to success. Their child will become very special, someone who knows themselves very well and someone who will very probably be capable of a great sensitivity to adversity and courage.

Most Sincerely,

Virginia 

Virginia, who has practiced social work for seven years in the Children’s Services office of her local County Social Services Agency, is nearing completion of her internship as a certified Marriage, Family, and Child Counselor.

“I fear that parents, in an attempt to give their children normal lives, will rob them of the chance to come to terms with their own difference.”

The gift of gentle healing

Saraswati

I love my partner a great deal, she is an amazing warrior. When she decides to change something, she is relentless about it. She will put herself through the most intense fire. People who know her are in awe and admire her courage. I do too. But many people are not aware of the amount of suffering involved in that process, and the price paid by the psyche.

When there is a wall in front of her, she takes a big hammer and destroys it. When she decided to learn how to be orgasmic, she did it with the same determination, and put herself through an amazing challenging experience.

I personally like challenges, opening new doors and possibilities. But I have found that since I passed forty, my style has gone through definite changes. When there is a door to open, I like to take time to evaluate the door, ponder my desire and need to open it, look around to see if there is an easier way to the other side. I evaluate if I can get help, how the tearing down of the wall is going to affect the environment, how long it's going to take me, is it a good time for me to do it, do I have the resources, time, and energy?

Well, let's be honest, I don't always do it that way, but I tend more and more in that direction. Then, if I decide to blast the door, I wonder: when I am tired, where will I rest, and if I am hurting, who will take care of me? In other words, I try to bring awareness to my choices, ask myself whether there is a safe space available to hold me, and is my psyche ready for the task?

I recently heard a story of a woman whose dreams were analyzed while she was being treated for a phobia in a behavior modification program. The more her phobia was brought under control, the more oppressive elements were showing up in the dream. The Jungian analyst who told me this story concluded that the problem with behavior modification is that—it works.

I really believe that if we listen to our psyches, they will bring us toward healing. One of the tasks of healing is gentleness. Most survivors of sexual wounding have a tendency to be attached to crisis and may precipitate crisis in an attempt to heal. In crisis we feel. Being gentle is a way to re-parent oneself, to reopen the connection with oneself, with the spirit in us. If you listen, Psyche will tell you the time, will show you the way. I listen to my psyche through dreams, or through the feeling in my gut, or in times of silence.

Today my fierce warrior is getting ready to climb another mountain. She started head first. The fire in her dream is uncontained and dangerous. So, gently we must make the container safe and warm with a reassuring fire in the night, so that when it is intense or when it hurts we can come back to our safe space, we can rock each other and tell the story of our journeys.

Don't forget to walk the jury

Robin Diane Goldstein, *Esquire*
<robin@zoom.com>

So I'm standing in San Lorenzo Park in Santa Cruz with the few hundred or so other folks who have just 'marched' in the 21st Santa Cruz

Gay/Lesbian/Bisexual/Transgender Pride Day Parade, and up walks my friend Donna, who isn't really a friend, but more of an acquaintance, and who I have met on one or two other similar occasions because she is a male-to-female transsexual and I am a male-to-female transsexual, and so, of course, we're exactly alike and have much in common and, of course, have lots to talk about.

And Donna says to me, "Hi, Robin. How's it going?" And I say, "Fine,

Donna. How are you?" And the extent of our connection has reached its limit and we stand there staring at each other for a minute or so, until finally Donna says to me, "So, it looks like my insurance company is going to pay for my 'surgery,'" and I say, "That's great," because I know that it's something that she's talked about and it's something which is important to her, and I smile a warm friendly smile and I give her a hug, because I think anytime anyone is exploring the option of letting another human being approach their body with a sharp object they deserve, at least, a hug. And she feels tall and strong and healthy and clear and as we step back she looks at me and says...

"I don't remember...when did you have your surgery?"

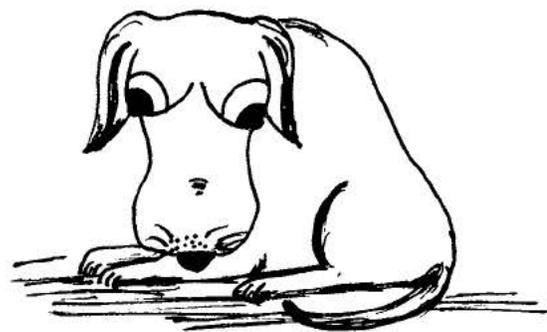
And I say... "I haven't."

And she says... "Do you have a date?"

And I say... "I think I may have mentioned this before, but I don't plan on having genital reconstructive surgery."

And she says... "Oh... so you're 'no-op'?"

And I say... "Well, I don't really like that term because it assumes a number of conclusions which I don't think are necessarily true, and..."



And she says... "Oh... so you're not 'living full time'?"

And I fight back the desire to tell her about my secret crypt where I spend three hours every afternoon performing

continues page 10

Letters



Klinefelter (XXY) and gender

I am a middle aged man with Klinefelter Syndrome. I have been taking testosterone since I was diagnosed, as a young adult. The physicians who diagnosed me didn't tell me anything about K. S., they just told me to start taking this hormone to increase my sexual libido.

The literature about K. S. says that we are no more likely than others to be homosexual. However, I personally feel like a "straight woman trapped in a gay man's body." I've been with my male partner, who is bisexual, for over a decade. Not only that, but all the other K. S. men I know are gay or transsexual. After 20 years of hormones, my body is almost supermasculine (except for my breasts). I feel like hormones have poisoned my body.

I'm writing to you because I hope to find some support for having these feelings. I haven't felt much support from K. S. & Associates¹, because they aren't willing to deal with gender issues. I get the feeling that is because they are basically a parents' group, and it is hard for most parents, as it is for my parents, to deal with gender issues or homosexuality in their K. S. sons.

Yours Truly,

Cameron

AIS, toward celebration

ALIAS², the newsletter of the Androgen Insensitivity Support Group, has seren-

dipitously fallen into my hands. I feel very thankful and relieved to have learned from it of ISNA's existence so close to home! I am forty years old with two adopted children and would appreciate all information you can send me about group meetings, etc.

My journey toward my current level of self-acceptance and understanding has been very painful and now, eventually, all the work on myself over these past years is taking me out of isolation and shame and toward connectedness and celebration.

With Much Appreciation,

Revonne

Revonne, who produced most of the line illustrations you see in this issue, says, "In the past I have questioned the existence of a creative center in my being, perhaps because of its physical absence. So in a way, it is doubly meaningful for me to have my work published in HWA. I am reminded how, with increasing self-acceptance, comes increasing belief in myself and the willingness/courage to put myself out there. So...Thanks again!"

Klinefelter and "normalcy"

I've just joined AEGIS³, and they suggested I might be interested in joining ISNA also.

I'm 60 years old, divorced, bisexual, now live alone. I have Klinefelter Syndrome. Though I was on testosterone injections for years, until a prostate operation, I have always had feminine feelings. I have never been interested in a sex

change, life is difficult enough trying to be somewhat (as I am) male.

I've been disappointed with K. S. & Associates newsletters. They put out a nice newsletter, but they are parents, who think that because their son is taking testosterone, he will be "normal." To them, normal does not mean living bi or gay!

Hopefully in joining ISNA I can understand my feelings better. I would like to correspond with others who are the same. I do hope to hear from you.

Most Sincerely,

Charles/Cathy

Klinefelter, lots of questions

I am a gay man recently diagnosed with this chromosome disorder, and would like to meet others. Am I the only gay man with this? Are there alternatives to testosterone therapy? Being XXY, would a XYY be a match for me? What about testicular implants? I am excited to finally know why I've felt a berdache⁴ all my life, but I am confused, worried, and fearful as I undergo radical body changes.

Sincerely,

Derek

Hypospadias not a problem

Thank you for your informative pamphlet on hypospadias. That is indeed my situation. I have never had surgery for it, and am very glad for all the problems I am now aware of. For all the surgical procedures that have been proposed and

Send letters to ISNA, PO Box 31791, SF, CA 94131. Letters may be edited for length and clarity. HWA does not publish anonymous letters, but you may specify a pseudonym. You may write to anyone whose name appears in HWA, c/o HWA. Please specify name, issue and article or letter to which you are replying.

are still being proposed, it is evident that the perfect procedure has not been found. I can see where scarring even after successful surgery could still be a problem. I have fathered children. The only problem, if it is a problem for it has always been this way, is that I must be careful when I urinate where I aim the urine stream. I always stand. My condition has caused me no problems or embarrassment.

I have enclosed a donation, and would like to be added to your newsletter mailing list. Also, there are several articles discussed in the ISNA Annotated Bibliography which I was not able to locate here in Texas. Could you send me copies?

Sincerely,

M.

1. K. S. & Associates, PO Box 119, Roseville CA 95661-0119. A support network for K. S. families.

2. AIS Support Network, 2 Shirburn Avenue, Mansfield, Nottinghamshire, NG18 2BY, UK. Write ISNA for local contact.

3. American Educational Gender Information Service, PO Box 33724-0724, Decatur, GA 30033. Helpline 404-939-0244. AEGIS is a nonprofit corporation devoted to furthering information about transgender issues and advancing the rights of transgendered persons.

4. Anthropologists have used the word *berdache* to refer to individuals in Native American cultures who combined the work and social roles of men and women. Berdache roles, or "two-spirit people," have been documented in over 130 North American tribes. See Will Roscoe's book *The Zuni Man-Woman*.

Don't forget to walk the jury

(continued from page 8)

suspended animation experiments with my heart stopped, so that I guess I'm NOT 'living full time', but before I can say anything she says...

"oh...

well

that's

ok.....

too.....

i.....
guess....."

And suddenly there's a loud commotion behind me as people are moving about, and the sky becomes dark, and the music stops and then it gets very quiet and there's this loud rapping sound and a voice shouts out:

"Hear Ye Hear Ye All Persons Having Business Before this Court Draw Nigh And Be Heard...in The Case of The Normal People v. Robin Diane Goldstein court is now in session, the honorable Justice K. Roo presiding."

And the Judge calls out, "Robin Diane Goldstein...being presumed guilty until proven innocent, judgment will now be pronounced. Do you wish to defend yourself?"

And I say... "May it please the court, your honor, parents, siblings, family, friends, lovers, neighbors, colleagues, clients, members of the jury of my peers...Good Afternoon. My name is Robin Diane Goldstein and I am here today to defend myself against the charge of not being exactly like anybody else. To this charge I plead, 'Guilty By Reason of Humanity.'"

Now I know that under the rules of this court, others get to decide who and what we are and then we have to persuade them differently. I also know that I have already been found guilty of "not being what you expected" and, therefore, will be sentenced either to "surgery to make you feel better about my body" or "banishment to someplace where no one who knows me will ever have to acknowledge my existence again." However, since I have already been found guilty, I would like to propose an alternative sentence. I would like to propose that you sentence me to "having to live alongside everyone else and teach them of the wonder and diversity of each of our lives."

I think this would be a much more severe task, because we have managed to develop into a society which sees all choices related to our lives as being

binary: black/white, male/female, gay/straight, penis/vagina, republican/democrat, liberal/conservative, regular/decaf. But it would also be a much easier task because we already know the beauty of diversity. We know about Asians and the transgendered and bisexuals and the intersexed and independents and libertarians and the double half-caf/half-decaf non-fat latté with a twist and some foam but no whipped cream.

We recognize and respect the infinite variety of plants and colors and smells and flavors and sights and sounds. We know that there are thousands of kinds of butterflies. We know that in some cultures there are hundreds of words for 'snow.' Why, then, can't we allow ourselves to understand that there are men with vaginas and women with penises and people who are sometimes or some part men and sometime or some part women and who have genitals which are something like a penis and something like a vagina? Why do we force those we don't understand into depression or suicide? Why do we assault those, who have not reached the age of consent, with knives? How have we gotten to the point where we care more about what others think of the individual than we do about the individual?

Members of the jury...My Schnauzer knows the truth. She doesn't care whether I have a penis or a vagina or something in between. She has no investment in my clothing or class or gender role. She doesn't even care who I sleep with, as long as she gets under the covers. She loves me unconditionally because she knows that I am not the sum of my parts or even some of my parts, but a loving, caring, funny, kind, intelligent, healthy human being, so complex in scope and character, that she has given up trying to figure me out.

And so, members of the jury...having reached the conclusion of my statement I withdraw my plea of guilty and, instead, move for a change of venue.

May it please the Court, I have decided that I would rather be judged by a jury of my Schnauzers. Thank You. ■

Children' health care rights

During the past year, three teenagers who refused medical treatment for terminal illnesses have focused attention on medical ethics and consent issues.

Last summer 15 year old Benito [redacted] refused to continue anti-rejection drugs which might have maintained his second liver transplant.

In October, police forcibly removed 15 year old Lee [redacted] from her home. A court had ordered that [redacted] be required to undergo chemotherapy for ovarian cancer although both [redacted] and her Hmong parents were opposed to the invasive treatment.

Also in October, 16 year old Billy [redacted] ran away from home after three months of chemo and radiation therapy for Hodgkin's disease. "Please forgive me. I feel like the medicine is killing me," he wrote in a note left for his adoptive parents. Best took a bus from his Boston suburb to Houston, where he found friends and guardians among the teenage skateboard crowd.

Hodgkin's happens to be a highly curable cancer, and chances are that [redacted] cancer could have been eliminated with another four months of the painful treatment. Still, "I'm not afraid to die," commented [redacted] "We never knew how much the chemo hurt him," [redacted] parents told a press conference.

According to a February statement by the American Academy of Pediatrics, "Patients generally have a moral and legal right to refuse proposed medical intervention, except when the patient has diminished decision-making capacity."

As the three examples above indicate, this respect for the patient autonomy of minors is not shared by all medical professionals. For instance, Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania, commented, "Billy [redacted] is probably mature enough to make such a decision. Yet his treatment

works. I would be unwilling to accept his refusal."

[redacted] returned home after his parents promised to discontinue the chemotherapy regimen. Since returning to Boston, [redacted] has chosen treatment in an alternative medicine program. In May, physicians determined that his cancer was in remission. Two months after her ordeal began, [redacted] was freed by a judge's order. The court supported [redacted] right to refuse anti-rejection drugs with their painful side effects, and he died at home.

Infertility and fragmental Y

In a report in the August issue of Nature Genetics, scientists from the Whitehead Institute for Biomedical Research report that a significant fraction of men whose semen contained no sperm were missing a fragment of the Y chromosome.

About one in six male/female couples in the U.S. is infertile. The prevalence of infertility is rarely considered or acknowledged, particularly in counseling parents of intersexual children. The new study indicates that loss of a fragment of the Y chromosome may be responsible for 13% of all cases of azoospermia.

HWA Subscriptions

If you haven't yet subscribed to *HWA* (\$12 for four issues, \$18 overseas), won't you do so today? *HWA* is produced and mailed on a volunteer basis. Your subscription helps us to produce *HWA*, to provide free packets of literature to all who inquire, to distribute literature to influential professionals, such as the Gay and Lesbian Medical Association and the Harry Benjamin International Gender Dysphoria Association, and to cover our office expenses.

If you've already sent us a subscription or a larger donation, hugs and kisses!

What has ISNA been up to?

In the months since the Spring 95 issue, we have continued working to publicize ISNA's existence. The Human Sexuality forum on Compuserve has plans for a special feature. We have been featured in the Gay and Lesbian Medical Association's newsletter, and ISNA literature will be made available at their National Symposium in L. A. in August. Through the beneficence of AEGIS (address follows Letters, page 10) ISNA literature will also be mailed to 400 professional members of the Harry Benjamin International Gender Dysphoria Association in August. An article on ISNA is scheduled to appear in the American Medical Students' Association newsletter this fall.

We are just beginning work on creating a Web page for ISNA on the internet. Until that work is complete, intersexual presence on the Web is limited to Morgan Holmes paper "Queer Cut Bodies: Intersexuality & Homophobia in Medical Practice" (<http://www.usc.edu/Library/QF/papers/holmes.short.html>).

We now have beautiful Hermaphrodites with Attitude T-Shirts. Send a check for \$12 to ISNA, PO Box 31791, SF CA 94131. Sizes M/L/XL.

And of course, continuing San Francisco support group meetings have been very successful.

Call for submissions

Cheryl Chase has been invited to edit a special issue of AEGIS' Journal *Chrysalis Quarterly* which will focus on intersexuality. Please contribute your story, article, letter, editorial, news clipping, position statement, research report, press release, poem, or artwork. *CQ* is a journal, and unlike the 12 page *HWA*, can accommodate longer articles. Write to AEGIS (address follows Letters, page 10) if you would like a sample copy of *CQ*.