23 Hours and 57 Minutes

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Most of us will never ever see the genitals of 99% of the people we meet and know, yet we have no hesitation in recognising them as men or women. That's what marks the difference between the social construct we call "gender" and the physical distinction associated with playing one part or the other in sexual reproduction. Transsexual people change their role in order to be comfortable with their place in the world as gendered beings. So why is it that the medical protocols erected around the pursuit of that harmony are so dominated by the supposed "goal" of genital surgery? Is medicine aiming to equip transsexual people for a gendered life or only for sexual performance?

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A few days ago I had lunch with a senior broadsheet journalist in one of those exclusive little places near Parliament where politicians and media folk go to enjoy a quiet unhurried meal.

I was already at our table when my contact arrived, so I had the opportunity to observe her approach: An elegant woman, somewhat taller than me, her outfit oozed business chic – a combination that suited her stature, conveyed the right note of gravitas and yet also allowed room for her femininity too. A small accessory here; an intricate detail in the embroidered edging of her blouse there. Smart, but not overstated.

Other women in the room glanced briefly to check her out as she made her way through the restaurant. Pigeonholing her in less than the time it takes to blink, their dining companions were unlikely to even notice that flick of the eyes – from shoes upwards to hairstyle – in the way that women socially appraise another woman coming into their space.

The new arrival's voice of greeting reminded me of the qualities generally sought and valued by women broadcasters – the tones of maturity and authority that you want to hear when listening to news and current affairs. When she talked I savoured her measured, educated, choice of words. It occurred to me as she spoke that the pitch, intonation and pace of many women's voices says more about their social standing and personal assertiveness than about their sex.

That impression was carried through in her facial bone structure too. Her cheek and jaw bones, skilfully enhanced by her discreet use of makeup, were the display of a woman who knows how to use her assets.

These are the kinds of instinctive assessments that we all make about every person we meet for the very first time. Most of the time we don't even realise that we are making them. They are so automatic that they don't intrude on the conversation. I dare say that the woman sitting opposite was making exactly the same kind of assessments of *me* as she explained about her job. It's only thinking back now on our encounter that I realise how this almost unconscious process tells us so much of what we desperately need to know about strangers we interact with. We intuitively use our observations, coupled with our experience of broad types of individual – our very own library of social stereotypes – to flesh out the picture and tell us where *we* stand in relation to *them*.
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Maybe this is why my lunch companion was probably not aware of the cognitive jolt she gave me when she casually revealed ten minutes into our conversation that she still had a penis.

All this is a reminder, of course, that genitals play very little part in social, as opposed to *sexual* intercourse. If you doubt me then try this little parlour game at home:

Think of someone you know. Consider someone you work with, for instance. In most cases I doubt you'd have a moment's hesitation describing if they are a man or a woman. Yet have you ever seen their genitals? Personally I can count the people who've ever seen *mine* on my fingers – no need to resort to toes for backup! Thoughts about another person's genitalia are not generally polite or relevant unless you're planning to have sexual intercourse with them.

As my encounter in the restaurant shows, our day-to-day assessment of strangers definitely involves pinning a gender label on them from the word go. But it's not done by looking between their legs. Instead we look at all the other evidence of our senses instead.

Unfortunately all this has rather serious ramifications if you're embarked on helping someone to present successfully as the gender they feel inside. It says that you can equip someone with the best new genitals in the world… You can fashion a fanny that looks right, feels right, works right – even smells right... The same goes for a trans man's phallus…The owner may be able to have superb mutually enjoyable sex with mind-blowing orgasms to match. Yet NONE of that matters outside of the bedroom or beyond the three minutes which intercourse can sometimes disappointingly take. I'm not going to know or notice *any* of that when you sit down to lunch with me.

Actually the vast majority of trans *men* serve as the walking, talking embodiment of how unimportant genitals can be from the perspective of social functioning. For decades phalloplasty – the fancy medical term for creating a penis out of spare body parts – has been a combination of too expensive and too dangerous for most trans men to try for it. And yet, irony of ironies, trans men also generally have a higher proportional rate of success in being seen and accepted in their asserted gender roles than some of their transsexual sisters.

Although breast tissue is hard to disguise and usually needs to be dealt with, the things that help trans men to "pass" so well are the things that people see first socially. It's essentially a top down assessment in fact – hairstyle or baldness, facial skin quality and beard growth, voice, body language – all features that we see and hear in conversation and shout "MAN !" at us.

All things considered, therefore, it seems strange that the whole gender industry is so hung up about genitals…

Think about it. The care protocols for helping transsexual people to achieve permanent gender transition are really geared around the goal of genital surgery – and getting there in a way designed to protect the surgeon's and therapists' hides in case the client is unhappy about the result.

Of course, if you send someone out in the world with a magnificent vagina, but still unable to interact socially as a woman, then you might very well *expect* a less than optimal result. And, unless you get that other bit right – so that the vagina's owner can be a happy and integrated woman for the 23 hours and 57 minutes when she's *not* having intercourse – she may not even get to use her apparatus for those other three minutes. She may be unfulfilled instead for the *whole* 24 hours!

Oddly it's not considered that big a crisis for a trans man not to have a penis. Men who've lost their genitals in warfare or as the result of accidents are still able to function as men. But, when Parliament debated the Gender Recognition Act in 2004, you should have been there to hear the gut wrenched angst of those who obsessed long and hard about the implications for society of allowing women with penises – and men without them.

What it tells us, in fact, is that it's not ***transsexual people*** who are obsessively hung up about having the right genitalia, but the non-trans who surround us with their simplistic (and hopelessly misguided) vision of what determines gender for 99% of the time.

Yet read the medical literature and you'll find that the very diagnostic definition of transsexuality involves the assertion that the patient can't be serious about life long change of their gender unless they turn up loudly demanding that they won't be complete until they possess the opposite brand of genitals between their legs.

Since saying that you hate the genitals you've got has become such a necessary diagnostic marker, transsexual people have to play their part in this Alice in Wonderland scenario. And so it has gone on, in a neatly preserved kind of circular logic for decades.

It's doubly odd, since the majority of trans men finish their treatment with the same genitals they had to begin with. So if transsexuality is such a genitally focussed affair, its' treatment in trans men would have to be considered a complete failure, and all patients should immediately sue for the complete refund of their fees.

This is not to say that genitals are not important to complete the package when making the journey from the gender of birth into the social role you're going to inhabit for the rest of your life. When everything else is right – when we are happy and functioning well as members of the gender where we feel most comfortable and "at home", other things then become relevant.

When one's gender is sorted out and put beyond day-to-day concern… When the people you go to lunch with wheel out the right set of presumptions about ***who*** and ***what*** you are … When you're living in your proper gender role in other words … THEN it may become relevant to think about relationships that go beyond the simply social. You may at last perhaps explore the question of more intimate liaisons. You can think about your sexual orientation. And you can think about what you and that other person are going to expect to find between each other's legs when the meal is over and you retire to bed.

THEN and ONLY THEN may it be relevant for medicine to have concerned itself with equipping your body for that short period in the day when two human beings may want to get intimate. Maybe if you're lucky it will be a lot more than three minutes too.

So the question we must ask ourselves is, "When is medicine going to wake up and have the wit and wisdom to realise that the vision it has blindly pursued for five decades is so obviously flawed.?" "When can we expect doctors to stop assuming that their job is all about managing regret-free castration?"

In short, when are doctors going to stop thinking that it's their job to only prepare transsexual people for a few minutes of sexual function? When are they going to start looking hard at the more obvious factors that are going to prepare those same people to have a happily gendered social existence for the other 23 hours and 57 minutes in every day?

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