

TRANS FEMINIST SELF HELP ZINE VOLUME 0

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PREFACE

The Feminist Self Help Movement began in the 1970s as a response to the hetero- and patriarchal attitudes, standards, and practices that made up the field of “women’s health,” a term I hope to trouble through the invocation of a Trans Feminist Self Help Movement. There were many goals to this movement, including reclaiming women’s bodies from the medical-industrial complex, feminist consciousness-raising, and taking gynecological health out of the hospital and into the community. A Trans Feminist Self Help movement critiques the cis- and hetero-patriarchal standards that too often make up trans healthcare and would have similar goals to the Feminist Self Help Movement—reclaiming our bodies from the medical-industrial complex, trans feminist consciousness-raising, and taking trans and transition health knowledge and practice out of the doctor’s office and bringing it into the community.

This zine, the first in a series, seeks to specifically unpack the ways in which the medical-industrial complex can control, steal, and ultimately destroy trans people’s bodies, body image, and comfortable embodiments.

This is not to say that transition care destroys our bodies—quite the opposite—it frees them. However, the system behind that care can do incredible harm through gatekeeping practices

and a lack of bodily and embodied autonomy embedded in many trans and transition healthcare settings.

This zine series dreams of sharing and spreading community knowledge about trans and transition healthcare, mental healthcare, and sexual healthcare. It seeks to empower you and your body, to allow you to better understand your healthcare decisions and expected outcomes.

This zine is deeply personal and draws on my experiences and beliefs. By no means does it represent the best medical advice; in fact, it seeks to provide information beyond the context of “medicine” and considers the cultural and personal implications of how language is used and how our bodies are constructed and deconstructed through social and medical power.

INTRODUCTION

In 2021 I participated in Ender Gallery, an artist residency program that was set in the videogame Minecraft. Over the course of two months I developed an exhibition titled (g)Ender Gallery through which I explored queer and trans intimacies, embodiments, and joy. As part of the process of creating the exhibition, I transformed an in-game hillside into a monumental reconstruction of my surgically reconstructed genitals using concrete blocks that were renamed "Labia Majora," "Labia Minora," and "Vaginal Cavity" and retextured using 16x16 pixel large, zoomed-in images of these different parts of my genitals taken during a vaginal self exam I conducted with my partner, as well as using Vanessa Dion Fletcher's zine, *Own Your Cervix*.

The bodily creativity afforded to me through this residency, which I participated in two years after my surgery, has been one of the most significant, challenging, and joyful processes of healing that I have undergone as part of my surgical recovery.

The space(s) I lovingly carved out, sculpted, and constructed in-game had a mirrored and material e/affect within my body. As I created the hillside vagina in Minecraft, breaking blocks one by one to create a to-scale replica of my vaginal cavity, I felt a space of potential within my corporeal body begin to expand. Critically, it allowed me to reclaim my body from the trauma imparted upon



it through the transphobic and violent processes of obtaining, undergoing, and recovering from bottom surgery. Perhaps ironic is that a process meant to bring us into our bodies and into the most beautiful and creative visions of ourselves can have the potential to also alienate us from that same body and body image. From the very first moment we initiate or attempt to initiate the surgical process (and through every stage, including long after we leave we leave the hospital), we are often asked or forced to relinquish our bodily autonomy and individuality to the process, a process in which we have little to no say or influence.

I always expected to be given a vulva look book, but instead my genitals were reconstructed

towards a platonic ideal—a cisgender man's fantasy of what a vulva and vagina should look like. Deep, tight, and tidy. Did my surgeon imagine how it would feel for his own cock to penetrate my soon-to-be vagina when he told me to get naked and somewhat flippantly informed me that I had more than enough material for a successful surgery? Did he wonder whether my cunt would be deep and large enough to fit not just any (and every) cock but specifically his own?

What was and is the yardstick upon which my surgeon measured the value and success of his work, of my body?

I am not upset at the results of my surgery; I love my body, and I have made it my own. Yet had I been given the choice, and why shouldn't I have been, my cunt might look remarkably different. I dream of salacious and droopy labia my partners can lovingly lick and suckle upon, of a clit with a proper hood and one that isn't so desensitized that I need an industrial-strength vibrator to feel what and how I want to feel.

My surgeon provided me with a booklet titled *Information and Postoperative Care: Vaginoplasty* which was filled with advice and rules to keep your “new vagina” in the pristine condition imparted upon it by the surgeon. While the booklet may contain valuable information about what to expect during the process of medical

recovery, it also pathologizes and medicalizes your body in such a way that your body becomes a site of permanent recovery, a potential problem to be mitigated through carefully planned regiments of care that will last "for the rest of your life."

When sex is discussed in GRS Montreal's Information and Postoperative Care:

Vaginoplasty, it is in a medicalized context and devoid of pleasure. Two months after surgery "you may begin exploring the region of the clitoris with your fingers," presumably not because you deserve pleasure, but because, as the recovery nurses told me, it can help with blood flow and a healthy recovery. Similarly, one of the only mentions of penetrative sex is in the section detailing your new and forever-ever-after dilation regime: if you fuck a big enough dick for long enough, it counts as a dilation, and it can prevent your pussy from irreversibly losing depth, or at worst seizing shut.

This zine is meant to be an intervention, a new beginning for trans girls, non-binary people, and everyone who has had or is considering getting a vaginoplasty. It centers bodily agency, joy, and dyke sex, for it is through these contexts and frameworks that I have come to know and love my radically transformed and beautiful body. It is through these contexts that I have transformed hard stone into subtle and loved sexual flesh.

SELF EXAM

Cat: So it's Saturday, January 30th, and I'm gathered with Aspen. Hi Aspen.

Aspen: Hi Cat!

C: And we're gonna enact the the feminist self help group thing of doing vaginal self exams and see what that's like. So we've got... a ... bunch of stuff.

[both laugh]

C: We have a speculum and lube, a variety of lube, a variety of mirrors, a bong which is good because I'm feeling a bit nervous, I don't know what about.

[Bong rips]

A: Uh, you said you feel nervous?

C: [coughing] I think I feel nervous about how it's going to feel.

A: So something I don't know is... have you had a vaginal exam by a doctor? Like have you had a speculum?

C: When I was still in the convalescent home the doctor came and looked in my pussy using his phone as a flashlight, and I was like I hope his fucking camera isn't on, and he was like:

“YEP LOOKS GOOD.”

And then I was gonna get a speculum exam from my family doctor at like three month post-op, but she was like “your vagina looks great I dont think we need to do an exam.” So I’ve never had a speculum in me, but I’ve had a lot of dilators in me and I’m curious how it’s going to feel different.

A: So for me, I’ve had speculums in me lots, and I’ve had doctors, I’ve had two babies and two other pregnancies, lots has happened, but what’s interesting is that I’ve only had the experience of someone else being in control of that. And so there are things I can tell you, these are things I know... like, scoot... like having your... I can tell you things about like, things that doctors do to try and make you more comfortable for that, but thats my only frame of reference, and so some of the things might be for the doctor convenience and not my own, so like that’s a thing I’m going to learn about today, how much is about the doctor, versus how much is about the patient?

C: Have you ever looked in your vagina before, with all of your exams and things that have happened? Like I’m guessing it’s not a thing that’s offered a lot.

A: No, right! But I’ve felt around inside my vagina.

C: That's fun!!

A: And I've felt my cervix with my fingertips and stuff. Not everyone has done that to their vagina I don't think.

C: How does your cervix feel different, how do you know you're touching it?

A: Ummm... it's firmer than the other parts.

C: Interesting.

A: Like, it's not hard, but, the walls are more mushy, that's not the right word, but.

C: I'm curious if there will be scars inside my vagina... like surgical scars.

A: Right, have you felt inside your vagina with your fingers?

C: Yep.

A: And have you been able to feel like the back and all the place?

C: I don't think so, but I've given it a twirl...

A: Yeah!

C: So I think speculums would make a great base for a puppet, or at least these plastic ones, like all you need to do is put googly eyes on it. I'm

wondering if speculums are intimidating to you, like are they scary?

A: No. Not for me. But I haven't had trauma inflicted on me with them, and some people have.

C: Okay, so we're going to use the instructions Vanessa Dion Fletcher created for Own your Cervix. So I think you put the speculum in, and then you ratchet it open, then then you open this part, and that gives you the view.

A: Yep. So sometimes it can be a bit pinchy. Oh, you mentioned most of the stuff that we have, we also have lube, and I'm warming it against my skin.

C: Oh nice?

A: So that it won't be so cold!!

C: [whispering] Okay, I really want to get down to business. Do you wanna walk me through the steps?

A: Alright, three easy steps.

C: [whispering, about the lube] It's so warm

A: That's why I did that. Like good doctor's offices have these in warmers.

C: That's cute, I just have cold lube in my vagina

all the time when I dilate.

A: [laughs] Yeah, well isn't it more pleasant warm, or do you like the cold?

C: So it goes in, like this?

[Gestures with speculum]

A: Hang on... no. Ummm, this way.

C: With the handle going up.

A: Yeah, which is more comfortable.

C: I think that's how the sheet lists it.

A: Yeah.

C: And then do you twist it?

A: No, no no no!!! You keep it pointed that way the whole time.

C: Oh my god when we were in the surgery recovery home they were like "there's this video circulating around the internet of someone twirling their dilator in their vagina, **DO NOT DO THAT.**" So anyways, I did it.

A: [laughs]

C: Once my vagina had healed a bit more, I was like, I wonder what that feels like, so I did it, and I

was like, yeah, that was weird, I shouldn't have done that. It was fine though, nothing happened.

A: Yeah, I'm not worried, I just think it would be uncomfortable, I'm like... that sounds really unpleasant.

C: Okay, so it goes in.

C: And then we open it.

A: We open it that way.

[clicking]

C: And then if we want to open it more...

[clicking]

A: Yeah and then, well wait, you also need to be able to collapse it when it's like this.

C: Well I have a buddy, right, so like...

[clicking and ratcheting]

C: [lets out a big breath of air]

[more ratcheting]

C: Fuck!

A: Okay, so what's happening?

C: I'm feeling my vagina open [clicks] Can you

see inside?

A: Uhhh, sort of, yeah, I mean it's real shiny right now because of the duck bills.

C: Wait I have a mirror, why am I asking you?

A: Right, don't you have multiple mirrors?

C: Here we go... OH WOW, that's like a hole. So there's like a hole where my vagina is.

A: Uhh, you adjust the mirror to where you need it, and here's some light for you.

C: Oh that's interesting....

[clicks]

C: There we go.... Interesting. So, its like pinkish in there, it's like kinda goo-ey looking.... Uhhh... let's try...

[clicks]

C: Ohhh, another click, that's three clicks

A: Of the bill part?

C: Yeah. So... there we go, that's interesting.

A: Do you want a pillow under your hips?

C: You know, that might help?

A: You seem to be wanting to lift them.

C: Yeah, lifting your hips really gives you a better view I'm finding.

A: Maybe because of how high the mirror is.

C: There we go, that's a really good view, I finally got the light there. Uh yeah, it's interesting. There's like, so obviously there's no cervix... that's like my dick inside out, which is weird.... Uhh... I don't, I can't see scars, I dunno how well I can see... interesting.

C: Ohh, another click. [singing] so wide open.

C: This is a zooming mirror....
OOOOOHHHHHH.... That is satisfying. Okay I just flipped my mirror around, and it's like... convex [sic] so I can get a better look in there.

A: Yeah it's like a magnifying mirror.

C: And I can really, REALLY see in there now.

A: That's awesome.

C: I wonder if I can find any... oh is that a scar? Oh no. There's like kind of a line going across at one point. There's like definitely some gunk in here because I don't douche enough... yep, Cat you should douche daily like they tell you to!

A: Well I dunno, are you sure? They used to tell cis women that too.

C: Well my vagina doesn't self lubricate in the same way...

C: Yeah, there's like a lot of... there's like this cream-coloured like stuff in it, which is like dead skin cells and stuff, and that's what douching would clean out. And I think that can get like... funky and start to smell. That's what they say anyways.

A: Yeah, maybe, I dunno, but like... I always have stuff in my vagina too. Sometimes I reach a finger in there and twirl it around and gather up some stuff and like... okay, wash my hand.

C: You know, this feeling is not unpleasant.

A: Mmmhmm? When you're able to like, be relaxed and in control of it, and ...

A: Your feet are cold... are you feeling cold, or are you comfortable?

C: I'm comfortable, I'm like... pretty preoccupied.

A: That's fair. How are you feeling?

C: I'm comfortable. Do you want to look now?

A: Sure. Oh! I see the line you're talking about

C: I think it might be a scar

A: It might be, it's hard to tell though, it might just be a crease. There's like folds and stuff, but yeah, actually that line, the line that goes across, is right at the edge of the speculum i think

C: Ohhhh

C: How long is a usual exam for you?

A: Pffff... I dunno. An exam with a doctor doesn't usually take a long time if it's just for getting a cervical swab. Longer if they're like, like when I got my IUDs in and stuff, but anyway...

C: It's so interesting to be like... so this is what... the dilator sees

C: Okay, I'm gonna close this up I think, I wonder how this is gonna feel?

A: Yep, there you go.

C: Ok, don't pinch me.... Whoop, oh geeze.

A: You're okay.

C: It's pinching a bit coming out, is that pretty normal? I wonder if like, if I, if I open it up a bit it's not as bad.

[...]

A: Do you...what sense of ownership did you have about your vulva and vagina before this exam?

C: Like really complicated... Uhh, like uh in one way, a lot of ownership because of what I've had to go through to get to the point of being able to get surgery, but at the same time, especially lately, I've been feeling a lack of ownership because of like... a lack of my voice or hand in the actual creation of it. Instead it was created with the hands and ideals of some man. And so... I was wondering if this would be like a revolutionary act of reclamation...

A: I was thinking, maybe you need to like... not just look, but like do something with it

C: Yeah

A: In some way I think you could make something with it, maybe? Because there's like this creative aspect of your pussy coming into being that you got denied access to being part of. Right?

C: Yeah, which is a bummer.

A: Which is weird cause its your own fucking body, holy shit.

C: You're right, maybe creating something with

my pussy is important. Maybe that is an element of community. I was thinking about how it's not the act of looking that was revolutionary and consciousness-raising, but the act of bringing community together to take health and knowledge into their own hands.

A: And not just into your own hands, but also creating that power together, and sharing it, but in a way that gives it to each person. But it isn't an individualistic thing.

MELTING STONE

I vividly remember my first erection. It was in September of 1999. I was 13 years old and the blockbuster film Titanic had just been released on DVD. My family had rented the film from Blockbuster, and my mom, dad, and siblings were sitting in our downstairs family room watching it together.

As Jack drew a naked Rose, I felt something in my body shift and change for the first time. I rushed to the washroom, terrified.

Suddenly a body I thought I knew was no longer my own. My body was beyond my control, and no matter what I did I couldn't make my erection, or the feelings it was causing, go away.

In grade nine, I overheard a classmate telling a group of friends that he had watched a porn film, and that the man had a curved penis. While all the boys laughed, I wondered whether the curve in my own erect penis made me abnormal, undesirable, a joke to be laughed at.

In grade ten my first girlfriend would grasp my erect cock and ask me to flex it, to make it harder. I hated it.

I often wonder whether these experiences point to my bottom dysphoria or my asexuality¹ and where one identity and experience starts and the other ends.

Would I still be ace if I had come into my sexuality in a different body? Would I still be trans and have had the same bottom dysphoria if I hadn't been taught my cock was broken, that my body was wrong and abject?

¹ While I occasionally use the terms asexual and ace, these are not identities I personally take on (anymore).

Asexuality is an umbrella term for people who feel little or no sexual attraction. Some asexual people are sex repulsed, while others will and do engage in sex in various situations, including demisexuals, who are said to experience sexual attraction after a strong romantic and intimate bond has been formed.

At one point I was sex repulsed, and at another, identified as demisexual. Neither are really a good fit.

I am a proud stone femme. My identity is rooted in the painful and embodied history of my body, and the joyous history of dyke intimacy and community.

Bonnie Zimmerman describes a stone butch as “a butch... who does not allow [themselves] to be touched during lovemaking, but who often experiences orgasm while making love to [their] partner.” While stone-ness is most often assumed to

be associated with butches, Leslie Feinberg makes it clear in *Stone Butch Blues* that stone femmes exist within the dyke canon as well.

Critical to my understanding and embodiment of stone is the concept of melting stone. For Feinberg, at least in my reading, bodily and embodied trauma is at the root of stone-ness, while dyke intimacy, love, trust, and compassion are at the heart of melting stone, of allowing oneself to be touched and loved in a sexual way.

Stone provides a level of agency in a world constructed around compulsory sexuality that I do not feel with asexuality, as expansively as I have explored it. While asexuality is fluid and exists on a spectrum, I find that community assumptions and discourse about and around asexuality to be mismatched with my experiences.

I am not sex repulsed because I enjoy making love and giving pleasure to some of my partners.

I am not demisexual because the sexual attraction I feel, when I feel it, is not predicated on an established history of intimacy and romantic love, but a present moment of intimacy and a deep trust that includes and understands the full history of my body, and my intimate relationships.

I am stone because I am a dyke and because of how I relate to my body and my bodily and

embodied trauma. Being stone means being at home in my complex body, and having my stone melted is another facet of the complex and beautiful gem that is my body.

A prayer for people dilating four times a day

This shall pass.

