WHAT DOES IT MEAN TO TRANSITION?
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TRANSGENDER

• An umbrella term that includes several groups. It is used to refer to anyone who has feelings, actions or identities that are NOT typically associated with their birth sex.

• There are innumerable ways in which one can be transgender. There are multiple ways in which people sharing feelings that there is more than just male and female identities.
CATEGORIES OF TRANSGENDER

• Transsexual
• Cross dressers
• Drag king, drag queen
• Androgynous
• Gender queer, non-binary, gender non-conforming, gender fluid, gender blended, agender, etc, etc, etc
TRANSSEXUAL

• Those individuals who have a strong inner sense that their body does not match how they feel inside.

• Many desire and truly need to do whatever is necessary to create harmony between their bodies and their minds and souls.

• That may include living life in a new gender role, hormone therapy, surgery, etc.
TRANSGENDER

• Transgender people come from all walks of life. We have been present throughout history.

• They may be children, adolescents, or adults of all ages.

• Recent societal changes have resulted in a dramatic increase in the number of children, adolescents and adults coming out as transgender.
Many transgender people do not wish to conform to social “norms” regarding their gender expression and the traditional gender binary.

Gender identity is a spectrum, a wonderful vast variation in how people view themselves and how they live their lives.

Traditionally some cultures have had more than two gender roles.
SEX

• For the purposes of discussion today, we’re talking about genitalia and secondary sexual characteristics.

• Not referring to physical intimacy.
GENDER IDENTITY

• That innate, inborn sense of who one is as far as male, female or other.

• We are all born with our gender identity. It is NOT a conscious decision.

• Most children have a sense of their gender identity by age 4, sometimes earlier, based on human development research done by researchers such as Sandra Bem and Lawrence Kohlberg.
Gender identity is congenital. It is unchanging and unchangeable.

It is hardwired into our brains.
JOHN MONEY, PHD

- Professor of psychology and pediatrics at Johns Hopkins University from 1951-2006.

- Research into sexual identity and biology of gender

- He believed that gender was learned rather than innate.

DEFINITION: GENDER ROLE

• Refers to the masculine and feminine aspects of self, i.e., how we perform, dress, live, speak, etc.

• Gender role may suggest sex, but doesn’t necessarily confirm it.

• Sometimes “what you see is not who I am”.
FOR MOST PEOPLE

• Genital sex matches their gender identity.

• Their body parts are congruent with whom they feel they are inside.

• People who have genital sex that matches their gender identity are called “cisgender”.
SEXUAL ORIENTATION

• Refers to with whom one has a romantic, sexual or emotional attraction.
GENDER IDENTITY

- That deep internal sense of who an individual is as far as male or female or other.
GENDER IDENTITY VS SEXUAL ORIENTATION

• Sexual orientation refers to whom one wants to sleep WITH.......  

• Gender identity refers to whom one wants to sleep AS.......
OR, SAID ANOTHER WAY:

• Sex is between the legs.

• Gender is between the ears.
GENDER IDENTITY VS SEX VS GENDER EXPRESSION

• Sex: anatomic (hidden under clothing)

• Gender identity: who we know we are inside (an internal feelings/knowledge).

• Gender role/gender expression: how we choose to act/dress/represent how we feel.
SEXUAL ORIENTATION VS GENDER IDENTITY

• Sexual orientation and gender identity are SEPARATE, UNRELATED concepts.

• A transgender person might consider themselves straight, gay, lesbian, bisexual, asexual, pansexual, etc.

• With hormonal therapy and transition, a transgender person may experience a change in sexual orientation.
TRANSSEXUAL

• An individual who feels that their internal sense of self as far as male or female or other does not match their body.

• This is a recognized, treatable medical condition.

• Many of us do not like the word transsexual and prefer to use transgender or trans.
TRANSSEXUAL

- Some transsexual people desire hormones and gender affirmation surgery, but it is an individual journey.

- Social transition: living in a new gender role.

TRANSITION

- The term used to describe the process that is undertaken to align the body with the soul.

- It is a unique journey for each individual.

- It may or may not include a different gender role, hormonal or surgical therapy.
MTF  FTM

- **MTF**: male to female transgender person. A natal male who is taking or has undertaken steps to transition to female. Should be called: transwoman, affirmed female, female or woman, she, her.

- **FTM**: female to male transgender person. A natal female who is or has taken steps to transition to male. Should be called: transman, affirmed male, male or man, he, him.

- **AMAB**: assigned male at birth.

- **AFAB**: assigned female at birth.
GENDER IDENTITY DYSPHORIA

• A term used in the DSM (Diagnostic and Statistical Manual of Mental Disorders). DSM 5.

• It describes the serious emotional distress transgender people may feel.

• It is caused by a discrepancy between the sense of self and the aspects of the body associated with sex, as well as other people’s misidentification of their gender, and having to live the social role associated with their birth sex.
GENDER IDENTITY DYSPHORIA

- Remains in the DSM-5, not because transsexuality is a mental illness. It is NOT.

- Rather, it refers to the emotional distress that results from this congenital difference.

- DSM-5 302.6  ICD F64.2
WHAT DO WE FEEL?

• Depression is common.
• Shame. “I’m a freak.”
• Anger: at self, society, medical profession, God, family, parents, etc.
• Guilt: “I’m living a big lie. I’m hiding a secret from the people who love and trust me.”

• Low self esteem
• Fear: “I have to hide this or people will reject me, hate me or hurt me physically or emotionally.”
EFFECTS

• Social and emotional withdrawal.
• Substance abuse.
• Eating disorders.
• Self harm.
• Hatred of ones genitalia “It doesn’t belong here; this doesn’t feel right.”
• Overcompensation: soldiers, policeman, etc
• 40% of transgender people have attempted suicide.
• The realization and acceptance that one is trans may take from years to decades.

• The self-realization process is extremely complicated and difficult. The human mind does its best to help us survive.

• This may trigger intense denial because of social oppression.

• It is common for a person to ignore or hide signs pointing towards gender incongruence, whether consciously or unconsciously.
ETIOLOGY

• All current research confirms that this is likely the result of an inutero hormonal imbalance that occurs at the time in fetal growth when the gender identity centers of the brain are developing.
ETIOLOGY

- The process of sexual differentiation, of being male or female or other, does not end with formation of the genitalia.

- The brain also undergoes a differentiation into male or female.
ETIOLOGY

- At one stage of fetal life, the genitals differentiate into male or female genitalia.

- At a separate, later time, the brain will differentiate into a male or female brain.

- A hormonal imbalance at either state may result in abnormalities.

- This has been demonstrated with numerous scientific studies include autopsies, functional MRI scans, SPECT scans, etc.
ETIOLOGY

• Areas of the brain that demonstrate differences based on sex include: hippocampus, hypothalamus, amygdala, insula, corpus callosum, etc.

• So this can happen: female body and male brain.
• male body and female brain.
WHAT TRANSSEXUALITY IS NOT:

• It is not a mental illness.

• It is not the result of improper parenting, childhood emotional or physical abuse, past traumatic events, etc.

• In decades past, treatments to “cure” us included: electroshock therapy, massive hormone doses, intense psychotherapy, psychiatric hospitalization, etc.

• Aversion therapy is not successful and is considered unethical by the medical and mental health communities and is illegal in some states.
INCIDENCE

• Unknown.

• A recent study by the Williams Institute estimates that there are 1.4 million transgender adults in the United States.
INCIDENCE

• Much higher incidence of transsexuality in males exposed to diethylstilbesterol (DES) in utero.

• Monozygotic twins.

• Families with other children who are gay or lesbian.

• Autistic spectrum

• Other medications: anti-epileptic medications such as phenobarbital.
WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH)

• An international organization composed of members from the medical and mental health communities dedicated to the care of transgender people.

• WPATH Standards of Care
WPATH STANDARDS OF CARE

• Internationally accepted guidelines for ethical mental and medical health care of transpeople, and gender non-conforming and transgender children and adolescents.

• Revised frequently.

• Biannual international conferences.

• U.S. and European divisions forming.
STANDARDS OF CARE: MENTAL HEALTH CARE

• Confirm the diagnosis of gender dysphoria.

• Treat co-morbid conditions such as depression, suicidialty, eating disorders, anxiety, shame, guilt, etc.

• Help client accept who they are. Affirm and consolidate gender identity.

• Help guide patient in transition: how much and what will be done.
STANDARDS OF CARE: MENTAL HEALTH CARE

• Help client establish realistic expectations for what medical and surgical treatment can do.

• Provide letters to treating physicians prior to initiation of hormonal therapy.

• Provide letters to surgeons prior to gender affirming surgeries.
PHYSICIANS:

• Physicians already know or will know 90% of the medical knowledge required to treat a transgender person.

• Nearly all types of transgender surgeries were developed initially for cisgender patients.
HORMONAL THERAPY MALE TO FEMALE

- Estrogen: usually estradiol. May be given orally, sublingually, or by skin patch or injection.
- Anti-androgen: typically spironolactone, but may also use finasteride, bucalutamide, etc.
- GnRH agonists: goserelin, buserelin, triptorelin, etc.
EFFECTS OF HORMONAL THERAPY

- Breast development
- Decreased libido
- Decreased or absent body hair
- Fingernails, hair and skin become thinner.
- Change in body odor.
- Absent spontaneous erections.
- Decreased ejaculate
- Testicular and prostatic atrophy
HORMONAL EFFECTS MALE TO FEMALE

- Little or no effect on facial hair.
- NO EFFECT on voice.
- Slowing of male pattern balding.
- Intense emotional changes.
- Redistribution of body fat.
- Infertility
HORMONAL THERAPY FEMALE TO MALE

- Testosterone: typically injected testosterone.
- Can also use testosterone skin patches or gel.
EFFECTS OF HORMONAL THERAPY
FEMALE TO MALE

• Body and facial hair
• Voice lowering
• Male pattern baldness
• Acne
• Increased libido
• Weight gain/obesity
• Mood changes (euphoria, anger, hostility, aggressiveness, etc).
EFFECTS OF HORMONAL THERAPY
FEMALE TO MALE

- Amenorrhea
- Clitoral enlargement
- May have a very minor effect on breast size
- Increased muscle mass.
- Fat redistribution.
- Fertility?
CHRISTINE MCGINN, D.O.
GENDER AFFIRMING SURGERIES MALE TO FEMALE

- Chondrolaryngoplasty (tracheal shave)
- Facial feminization surgery
- Orchietomy
- Breast augmentation
- Genital reassignment surgery
- Voice feminization surgery
GENITAL REASSIGNMENT SURGERY
MALE TO FEMALE

• Results in the creation of natal-appearing vagina quite suitable for intercourse, labia, and clitoris.

• 90% of patients are orgasmic.
GENDER AFFIRMATION SURGERIES FOR TRANSMEN

- Bilateral mastectomy and chest reconstruction
- Metoidioplasty
- Phalloplasty
- Testicular implants
- Hysterectomy and oophorectomy
- Vaginectomy
CISGENDER PRIVILEGE

• It is unlikely that I will be ostracized by my family and friends, fired from my job, suffer violent or sexual abuse, be ridiculed by the media or preached at by religious organizations simply because of my professed identity or perceived gender incongruity.
CISGENDER PRIVILEGE

• It is unlikely I will be refused medical care, given disrespectful or incorrect medical care because of my professed identity or perceived gendered behaviors.
HEALTH CARE DISCRIMINATION

• Source: Lambda Legal survey of over 5000 transpeople.

• 15.4% of health care providers refused to touch a transgender patient or used excessive precautions.

• 20.9% of providers used harsh, abusive or shaming language.

• 7.8% were physically rough or abusive.
HEALTH CARE DISCRIMINATION

• 22% report being refused health care because of their transgender status. (33% N.T.D.S.) (other studies: 50%).

• 50% report that when they could find a physician willing to care for them, they had to teach the physician what to do.

• A vast majority of transpeople do not seek medical care for routine or emergency situations.

• N.T.D.S.: 33% did not seek care because they could not afford it.
NATIONAL TRANSGENDER DISCRIMINATION SURVEY

• National Center for Transgender Equality (NCTE), Washington, DC

• 2009, 2015

• Nearly 28,000 respondents
DISCRIMINATION

- Medical care
- Housing
- Employment
- Legal (child custody, divorce, legal name change, etc)
- Family rejection
- Hate crimes
- Police
DISCRIMINATION

#32REASONS:

STATES THAT LACK FULLY INCLUSIVE NON-DISCRIMINATION PROTECTIONS
DISCRIMINATION

• 30% report being fired, denied promotion or not being hired for a job within the last year.

• 15% report being verbally harassed, physically attacked or sexually assaulted at work.

• Unemployment rate: 15%, three times higher than national employment rate at the time of the survey.

• 29% report living in poverty, more than twice the national population.
BATHROOMS

• State legislatures in many states have tried or did pass legislation requiring transgender people to use the public bathroom that matches their birth certificate, birth sex or driver’s license gender markers.
PUBLIC BATHROOM ISSUES

- 24% questioned or challenged about their presence in bathroom in last year.
- 9% denied access to public bathroom.
- 12% verbally harassed, physically attacked or sexually assaulted in public bathroom within last year.
- 59% report avoiding public bathroom because of fear of problems.
PUBLIC BATHROOM ISSUES

• 32% limited the amount they ate or drank to avoid using a restroom within the last year.

• 8% report having a urinary tract infection, kidney infection, or another kidney or bladder related problem within the last year as a result of avoiding restrooms.
WHICH BATHROOM?
MY TRANSITION

• Childhood

• Teen years

• Adult years
LIFE BEFORE:
WHAT I FELT:

• Am I really trans? Or is this just a reaction to recent traumatic events?
• Will I pass?

• Does the surgery work? How would I look? Will I be able to have sex or an orgasm?


• Just what is transgender?
ISSUES

• Will I lose my job?
• Will I lose my home?
• Will I be rejected, physically or sexually assaulted?

• Will I be happy?

• What if I regret doing this?

• What if this is a mistake?
• Do hormones really work? How much will they help?
COUNSELING

“Why can’t you fix me?”
CAR ALARM
And the day came when the risk it took to remain tight in the bud was more painful than the risk it took to blossom.

— Anais Nin
I’M RUNNING.
TRANSITION

• Transition is inherently a selfish process.

• When one person transitions, the whole family does too.

• Transition does not solve all of your problems.
I SURVIVED TESTOSTERONE POISONING
RANDOM STUFF

Stuff I had to learn.

Fun stuff.

Unexpected stuff.
BOOK:


- Routledge, February 2019

- My chapter is an introduction to medical and surgical care of transgender people.
QUESTIONS?