

Transgenderism



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I ask myself, in mercy, or in common sense, if we cannot alter the conviction to fit the body, should we not, in certain circumstances, alter the body to fit the conviction?" – endocrinologist Harry Benjamin who pioneered hormonal therapy in the 1950's. Quoted in "Gender loving care" by R. Ettner (Norton, NY, 1999).

Most people have heard about transsexual people and have probably seen transsexual characters in movies or television soaps. Artistic licence and sensationalism has led to the propagation of a number of misconceptions surrounding transsexuals. Fortunately the situation is being rectified by an increasing number of intelligent and sympathetic documentaries and movies. This site presents a brief overview of the main issues surrounding **transsexualism** and the broader category, **transgenderism**.

What it is all about...

Transgender is all to do with **identity**. It is about the **gender** a person identifies with. Most people have a **gender identity** in accord with their **anatomical sex**, that is, the sexual character of their body. A person with a male body will usually identify with being male. A transgendered person has a **gender identity** which does not match their anatomical sex. A person with a female body and a male gender identity is transgendered. The feelings of discontent that arise from the incongruity between body and mind is called **gender dysphoria**.

The extent of the gender dysphoria can range from being mild and easily manageable to severe. In its severe form transgendered people can feel **discord** with their body and with life in general. Severe gender dysphoria is typically associated with depression. The incidence of **suicide** among such people is high.

Severe gender dysphoria is also accompanied with the desire to change one's body and life style to match the internal gender identity. A person who changes his or her body in this way, or desires to, is called **transsexual**.

The process of changing one's life style and body to match one's gender identity is called **transitioning**. For many transsexuals, transitioning is the only viable way to end the discord in their lives. The transitioning process usually takes a few years. It begins as a test to see if the social and physical changes are really appropriate. Some people find that the transition to living permanently in their chosen gender (in accord with their gender identity) is not appropriate for them. For others transitioning becomes a period of physical, mental and social change leading to a new life which is as integrated in society as non-transgendered people.

What it is not...

There is a tendency to pigeonhole all "unusual" behaviours together into one group. However, when examined more closely, one sees very distinct conditions.

Transgenderism, gender dysphoria and transsexualism are *not at all* about **sexual preference** or **homosexuality**. A person's **sexual preference** is the physical nature of their preferred sexual partner, that is, the anatomical sex of the person they desire sexually. This preference is *independent* of a person's own **gender identity**. Moreover, **homosexuals** desire people with the same anatomical sex as themselves. They have no gender dysphoria and are content to remain as males or females.

Transvestites and **cross dressers** are males who like to appear as women at times. In this respect they are transgendered. However, they are *quite distinct* from transsexuals in that they do not wish to alter their body, and they are content to live as males for the vast majority of the time. **Drag queens** are exhibitionist homosexual males who like dressing in an extreme feminine manner for some of the time. Their over-the-top appearance *intentionally distinguishes* them from women. In contrast, a **transwoman** dresses to be a woman and pass unnoticed as such.

Emergence

The life history of each transgendered person is unique, molded by their upbringing and their social and financial environments. Typically the early stages of life are happy. Like any other child they develop an understanding of the difference between genders by about the age of 4 years. This is the time when transgendered people begin to realize that they are somehow "different" or have a "problem". The gender they believe to be does not match with the "rules" as applied to their bodies. Transgendered children are told that expressing their transgendered feelings is wrong, silly or even shameful. From here they follow one of two main scenarios.

In the **first scenario**, rather than succumb to the pressure to conform, many transgendered children repeatedly insist that their gender is what they believe it to be. They remain steadfast in their belief even in the face of ridicule from peers and adults. Puberty is particularly a time of anguish as their bodies show signs of changing in unwanted ways. Medical help is typically sought to delay unwanted physical developments until the person reaches adulthood and can begin the process of transitioning.

In the **second scenario**, the child tries to conform to the wishes and demands of parents and other adults and gain the acceptance of peers. To do this the child must suppress the transgendered feelings. This leaves the child with confusion and shame. Coping with these internal conflicts often leads to depression. Some manage by denying the existence of the transgendered feelings. Many try to lead stereotypical lifestyles and even marry and have children. Some believe that this will somehow "cure" them. But by their mid 40's and 50's this deep seated conflict erupts in a major personal crises. In order to put things right many attempt to address their transgendered nature openly. They are then faced with the dilemma that the route to their inner peace causes disruption to friends and especially family. Often family, friends and work colleagues are taken by surprise by the revelations.

The decision to transition is never easy. It is associated with emotional pain and confusion and intense feelings of isolation. It is only with the help of sympathetic family, friends and work colleagues that the transition is successful.

Transitioning

Most people follow the procedure recommended in the [Standards of Care](#) which comprises a series of steps. The length of time a person stays on any particular step depends on the individual. The first step is to test the appropriateness of transitioning. Typically an adult would undergo **psychotherapy** for a period of at least 3 months during which the gender dysphoria and the implications of transitioning are explored. Alternatively a person may choose to live full time in the new gender role for a period of at least 3 months. The person must show a realistic expectation and understanding of the transitioning process before proceeding. The second step is **hormonal therapy** which modifies secondary sex traits. For **transwoman** (i.e. people who transition to become women) **estrogen** induces the growth of breasts, a thicker layer subcutaneous fat, the softening of skin and the migration of fat to the hip area. An **antiandrogen** is also used to block the effects of testosterone and help thin body hair. For **transmen** (i.e. people who transition to become men) **testosterone** induces the growth of facial hair and a deepening voice. The third step is called the **real life experience** where the person lives full time in their chosen gender role. This is the ultimate test of transitioning. The person experiences what it is like to work and socialize in the new role. It also is a period of change for family, friends and work colleagues as they accommodate the new role and adapt to a new name, appearance and mannerisms of the transitioning person.

The final step is **sex reassignment surgery** which alters the person's body so that the primary sex characteristics are in accord, as far as possible, with the person's gender identity and life style. The person must have been living successfully in their chosen gender for a minimum of 1 year before the surgery can be undertaken. By this time the person is already integrated into society and the physical alterations of the surgery go largely unseen. This final step is therefore a personal and private matter. Some transsexuals may defer the procedure for a number of years or even indefinitely.

Language: he or she, his or hers...

It is proper (and indeed polite) to refer to transpeople using pronouns appropriate to their chosen gender, for example, a **transwoman** (i.e. a person who transitioned to become a woman) should be referred to as "**she**" and the possessions she owns as "**hers**" etc.

The Central Issue

There are a number of important issues that underlie the modern understanding of transgenderism and how society deals with it. These include **causes** of the condition, how we **distinguish "male" from "female"** and the nature of congenital **intersex conditions** in which the usual male-female "rules" are broken.

- **Causes**

The causes of transgenderism are not fully understood. However there is growing evidence that the transgendered conditions is due to a person's **nature** rather than the **nurture** received early in life. The early environment of transgendered people are just as varied as the wider population. There are no significant causal links relating conditions of early environment, such as absent fathers, with the transgender condition. Instead biological conditions appear to hold the key to the later onset of the condition.

- **Pre-natal evidence.** An important clue to its biological origin is given by a recent study of the ratio of finger lengths. The study found that in transwomen the ratio of the lengths of the second and fourth fingers is comparable to that of genetic women and higher than that of genetic males [1]. This ratio is known to be directly related to prenatal hormone exposure and so it appears that transwomen had a lower exposure to androgens as foetuses.
- **Other biological links.** Other studies find brain physiology is related to the target gender in transgendered people. A study in 1995 examined the brains of many individuals including six transwomen [2]. The study found that a tiny part of the brain known as the *central region of the bed nucleus of the stria terminalis* (BSTc) is larger in men than in women. They also found that the BSTc of the six transwomen was as small as that of women generally. It is not known if the size of the BSTc is altered by hormone therapy. Nevertheless, this study does provide evidence the brains of the transwomen appear to coincide with their conviction that they are women, at least after transitioning. A more-recent study measured the total brain and the hypothalamus volumes of transgendered people before and during hormonal therapy [3]. The study found that the brain volumes are changed by the hormone therapy towards the proportions of the targeted gender.

[1] H.J. Schneider, J. Pickel, G.K. Stalla, *Typical female 2nd-4th finger length (2D:4D) ratios in male-to-female transsexuals-possible implications for prenatal androgen exposure*, International Society of Psychoneuroendocrinology **31** 265-269 (2006).

[2] J.N. Zhou, M.A. Hofman, L.J. Gooren and D.F.A. Swaab, *Sex difference in the human brain and its relation to transsexuality*, Nature **378**, 68-70 (1995).

[3] H.E. Hulshoff Pol, P.T. Cohen-Kettenis¹, N.E.M Van Haren, J.S. Peper, R.G.H. Brans, W. Cahn, H.G. Schnack, L.J. Gooren and R.S. Kahn *Changing your sex changes your brain: influences of testosterone and estrogen on adult human brain structure*, European Journal of Endocrinology **155** 107-114 (2006)].

- **Indicators of "male" and "female"**

There are three quite different properties that indicate if a person is male or female.

- The **sex chromosomes** indicate whether a person is **genetically** male or female. Genetic males have XY chromosomes and genetic females have XX chromosomes.
- The **anatomical sex characteristics** of the body are also used as an indicator. **Anatomical males** have male genitalia and **anatomical females** have female genitalia.
- The **gender identity** of a person is also another indicator of whether the person is male or female.

Usually all three indicators are in agreement. For example, a person with XX chromosomes will usually have female genitalia and a female gender identity. However, this correspondence between the three indicators is not always the case. People with **intersexuality** can have ambiguous genitalia and genitalia that does not match their sex chromosomes.

- **Intersexuality**

There are a number of intersex conditions where the **sex chromosome** does not match the **anatomical sex** of the person. The following two illustrate how nature can sometimes deviate from the rule "XX=female, XY=male".

- **Androgen insensitivity syndrome - genetic XY with female anatomy**

Androgens is the generic name of the male hormones which includes testosterone. People with androgen insensitivity syndrome (AIS) are genetically male (with a XY chromosome) but have female genitalia and appearance. The insensitivity to androgens means that their body doesn't develop in a typically masculine way. AIS people have a vagina but lack a uterus and ovaries and they have undescended testes. A person with complete AIS typically identifies as female. She may be unaware of her AIS condition.

- **Congenital adrenal hyperplasia - genetic XX with male anatomy**
This condition is the like AIS but for genetic females (with a XX chromosome). It is a genetic disorder in which the adrenal glands produce a high level of masculinizing hormones instead of cortisone. Typically the person develops male characteristics including a deep voice and dense body hair and has male genitalia, although in some cases the genitalia is ambiguous.

Summing up the Central Issue

In intersexuality the genetic and anatomical male-female indicators disagree. This leaves intersexed people with the question of which social gender role they should follow. Ultimately, however, it is their inherent **gender identity** that is the deciding factor in the decision. It is only by following a role in accord with their gender identity can they hope to achieve contentment. The male-female ambiguity in intersexuality allows an intersexed person to justify either gender identity and thus living in either gender role. In cases where their anatomy is not in sufficient accord with their gender identity intersexed people are given the opportunity to make appropriate changes.

In people who are transgendered, the absence of anatomical abnormalities does not lesson the status of the person's gender identity as being **central to deciding the appropriate social gender role**. In this context, transgendered people are no different from people with intersexuality. It follows that transgendered people should also be given the option of altering their anatomy to match their identity.

Links

More information can be found at the following links.

- The [Gender Centre](#) in Sydney is a good source of information. The document ["The Transsexual Person in Your Life"](#) was written for people who have just learned that someone is transsexual.
- Wikipedia has pages on [transsexualism](#) and its [causes](#). They appear to be reasonable accounts of the present state of affairs.
- [ATSAQ](#) is a friendly organization in Brisbane providing support and information on all aspects of gender reassignment, for the general community and people who are experiencing difficulty with their gender identity.
- [Rachael Padman](#) is an Australian-born physicist working at Cambridge

University in the U.K. She transitioned in 1981 while studying for her PhD degree. She tells of how feminist Germaine Greer objected to her being elected to a fellowship at Newnham College at Cambridge University.

- The Equity Office at the University of Queensland has a [web page](#) devoted to general information on Gender Identity issues.

Books

Autobiographies and personal stories

- **Conundrum**
by Jan Morris (Harcourt Brace Jovanovich, New York, 1974)
The author became a popular travel writer and fathered 5 children before transitioning in 1972. This book is the first autobiography by a transgendered person. It provided the general public with the first insights of what it is like to be transgendered and undergo transition. The [review](#) of the BBC's documentary *Jan Morris: A Profile* gives an overview of Jan's life.
- **Crossing, A Memoir**
by Deirdre McCloskey (University of Chicago Press, Chicago, 1999).
The author, a renown economist academic, describes the highs and lows of her journey from Don to Deirdre.
- **[She's Not There: A Life in Two Genders](#)**
by Jennifer Finney Boylan (New York, Broadway Books/Random House, 2003)
A witty autobiographical account of the transition of the author who is professor of creative writing and American literature at Colby College in the USA.
- **Trans forming families - real stories about transgendered loved ones**
by Mary Boenke, Editor, 2nd Edition (Oak Knoll Press, Hardy USA, 2003).
This book is a collection of short accounts (of usually one or two pages in length) from families and partners of transgendered people. The editor is a mother of a transman.

Books by professionals

- **True Selves: Understanding Transsexualism--For Families, Friends, Coworkers, and Helping Professionals**
by Mildred L. Brown and Chloe Ann Rounsley (Jossey-Bass, San Francisco, 1996).
This book gives a thorough coverage of all aspects surrounding the lives of transgendered people from childhood to adulthood. Transgendered readers will find consolation in its description of the lives of people faced with similar problems and conditions. Other readers will find insight into the motivations and lifestyle choices of transgendered people. It takes a practical and realistic approach. For example it includes letters from transgendered people breaking the news of their transgendered nature to loved ones, friends and work colleagues and the responses they receive. It has sections devoted to helping loved ones cope and deal with the situation of having a transgendered spouse, parent or child.

- **Gender loving care - a guide to counseling gender-variant clients.**
by Randi Ettner (W.W. Norton & Company, New York, 1999).
This book is primarily for professionals who deal with transgendered people. Nevertheless it is easily accessible to all people with an interest in transgenderism. It begins with historical and etiological information and then lays down the theoretical framework for effective psychotherapy.
- **The transgender debate - the crisis surrounding gender identities**
by Stephen Whittle (Garnet Publishing, Reading, 2000).
This little book of 68 pages is a concise account of the issues surrounding transgenderism and transsexualism. The author, a transman, plays an active role in informing the public and also in bringing about changes in the law in the U.K.