

The Gender Connection Feb/March 2005



Hello everyone! I'm on my journey from Stockton, California to Trinidad, Colorado to make sure my TG sister Sarah Lee Reavis has a successful transition from pre-op (Before surgery) to post-op (After surgery). What I mean is that she has had her surgery done by Dr. Marci Bowers www.marcibowers.com on January 28, 2005. I am here to make sure that she is taken care of and of course making sure that she knows that she has a sister that loves her during her transitioning process. While reviewing my emails I ran into an article that is very interesting and I would like to share it with all of you.

FAMILY HEALTH: Dr. Christopher Bartlett/Portland Press Herald, ME

“Gender identity complicated subject”

Hey Doc, my 18-year-old nephew has just announced to his family that he wants to be a girl. Does he need psychological help?

The short answer to your question is yes, but probably not for the reasons that you think. In my opinion, folks who feel that they are not comfortable with their birth gender need a supportive counseling relationship to explore what that's all about.

Gender identity is a very complex issue that depends upon many factors: genetic, hormonal, psychological, cultural, social and spiritual (just for starters). There are those who have a lifetime of persistent feeling that "inside" they are not the gender that they appear to be on the outside. You can imagine that conflict can be a source of great pain, and can lead to the clinical condition known as Gender Identity Dysphoria (GID).

True GID seems to be quite rare - estimated to affect fewer than one in 10,000 people. It's very difficult to quantify because of the stigma associated with gender change issues.

Do we choose our gender or does someone else assign it? Does it reflect what's inside a person, or is it arbitrary? In truth, we assign gender all the time. When a child is born with what appears to be male genitalia, the physician hollers out, "It's a boy!" From those first few seconds onward, the parents presume to know what gender the child is on the inside - and 99.99 percent of the time, they are correct.

GID is the most common example of where there is a mismatch between gender based on genitalia and what the person feels inside. There are other distinct situations that can help us to understand gender issues. One example would be a surgical accident during circumcision. There have been situations where after such a mishap, the male child is reared as female. Not surprisingly, this arbitrary gender assignment usually doesn't work, because the true nature asserts itself regardless of how one is raised.

Another example is a baby born with the genitalia of both genders (hermaphrodites). Again, often a physician or parent makes an arbitrary choice as to the child's gender. Sometimes they are right, and sometimes they are wrong.

I have a number of transgender patients, and they have taught me a lot about gender, about self-knowledge, and about prejudice. One of the issues I struggled with was my linking gender with sexuality and sexual orientation. I learned that for many people gender is not always relevant when it comes to issues of the heart. I asked one young MtF (Male to Female) who was considering treatment about how his girlfriend would be affected by his transition. She was there with him and they both looked at me blankly, as if I had just asked about his politics or religious preference. They were not in my office to discuss their sex life; they were there to discuss gender!

Another illustrative example is a man who his whole life was always attracted to women - erotically and romantically. Suffering from GID, however, he accomplished his gender change and was still, of course, attracted to women. Imagine transitioning from WASP straight male to transgender lesbian. No small feat, eh?

There are very strict protocols about who is considered a candidate for medical treatment of GID. Some transgender folks start just with dressing and living in their new gender, others pursue hormone therapy or surgery to complete their transition. Obviously this is not a change that one should make without significant consideration. It usually takes years of work with physicians and psychologists before these steps are even entertained.

So getting back to your nephew; if he has already been working on these issues with professionals, and he is ready to begin the transition, then be prepared to see some changes. If he is just expressing a desire to explore these issues, then encourage him and his parents to find qualified counselors to work with him on this.

I have been challenged by my transgender patients to open my mind and broaden my thinking. I would encourage you to do the same. If the nephew you love has been in pain for 18 years and can now blossom and grow as a female, then please welcome and love . . . your new niece.