

Quick Start Guide

To Understanding Your Transgender Friend/Relative/Co- worker

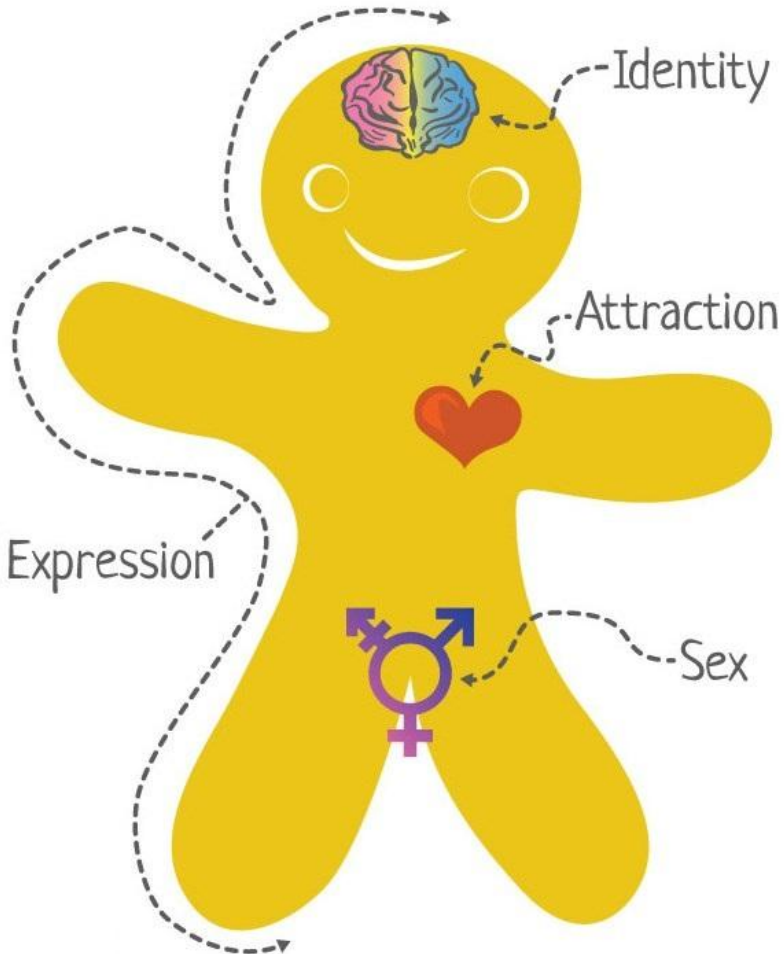
Preface

So someone in your life has just announced that they are "transgender" and you're not really sure what that means or how you should respond? Then this guide is for you! In it I will attempt to explain some of the basic concepts and terminology involved, as well as give you some advice on how to proceed.

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What does "Transgender" really mean?

Transgender is the "T" in LGBTQI+. But whereas the L, G, B and Q refer to sexual orientation (who you are sexually attracted to), the T refers to one's gender identity, or how you see yourself. As one of my transgender friends put it, "Sexual orientation is who I go to bed WITH. Gender identity is who I go to bed AS."



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This can be difficult for a lot of us to understand. Most of us don't feel any discrepancy between our gender that was assigned at birth and how we feel about ourselves. You popped out of your mother's body, the doctor took a look at your genitals and declared you to be a girl or a boy, and that was it. Or else it had already been "determined" via an ultrasound.

Of course that's not always the case. Some babies are born with what the medical profession calls "ambiguous genitalia" which means they can't really tell for sure. This is the "I" in LGBTQI+ and it stands for Intersex. More on that later.

So why doesn't one's sense of self always match one's physiology? Nobody really knows at this point, but consider that genital development starts at about seven or eight weeks of gestation, while the brain doesn't really start to develop until about the 28th week. Hormonal levels and gene responses can change drastically in that time. Let's call that the scientific view.

Some people believe that all gender roles are defined by society and that we are simply "programmed" to behave in certain ways. Let's call that the sociological view. More on that later, too.

It seems like this is something new. Is it?

No. Transgender people have been around forever, and in all cultures. Some non-Western cultures accept them as a part of society and don't think of it as anything unusual. This includes the Hijra in India, Fa'afafine in Samoa, Mahu in Polynesia, Two-Spirit in some Native American cultures and Guevedoche in the Dominican Republic. It may seem like it is a new thing simply

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because now more transgender people are willing to be open about who they are.

Isn't it considered a mental illness?

While "Gender Dysphoria" is included in the DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition), it simply identifies a condition where there is a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. In DSM-III it was called Gender Identity Disorder, but the understanding has been evolving over the years.

The fact that it has been included at all is a point of some contention within the trans community. On the one hand, it implies that it is a sickness of some sort and not a condition that occurs naturally. On the other hand, it allows insurance companies to provide coverage for treatment such as counseling, hormones and even surgery. Of course, not all insurance companies cover these things but some do and the number is increasing.

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I'm hearing a bunch of new terms and I'm getting confused. Help!

Sure. We already talked about the term Transgender. But there is a corresponding term, "Cisgender," that you might have heard. This simply means "not transgender" in the same way that "heterosexual" is the opposite of "homosexual." The prefix "cis-" means "on the same side as" while "trans-" means "across from."

Here are some other terms:

Assigned Male At Birth (AMAB) - this is just what it sounds like. The doctors declared a newborn to be male based on how their genitalia appears.

Assigned Female At Birth (AFAB) - yep, this is the other case.

Trans Man - an AFAB person who identifies as male.

Trans Woman - an AMAB person who identifies as female.

Intersex - a person who is born with "ambiguous genitalia," meaning that they have characteristics of both male and female.

Gender Non-Conforming or Non-Binary - a person who does not identify strongly with either gender exclusively.

Genderfluid - a person whose sense of gender is not fixed.

A word of caution on terminology: Not everyone uses the same definitions or even the same terms, and the terms and definitions are evolving over time. Just be prepared for that.

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Aren't people really just male or female? I mean, you're either XY or XX, right?

Not really. This refers to what is normally the 23rd pair of chromosomes. In the majority of cases, a person who has two X chromosomes will be female, and a person with one X chromosome and one Y chromosome will be male. But it really depends more on a gene called the SRY gene that normally resides on the Y chromosome.

There are also people who are XXY, XXXY or even XXXXY (Klinefelter Syndrome). Some people are XO, meaning they have only a single X chromosome and nothing else. This is Turner Syndrome. There are people who are XXX or XYY but these conditions don't have specific syndrome names.

But before about the eighth week of development, we are neither male nor female. We all have the potential to be either one, or we may be intersex with ambiguous genitalia.

Rather than try to explain all that right now, I've put that in a separate section at the end of this document, for those who have a higher tolerance for science. It does get complex.

Development of the genitalia begins taking place around week 8 of fetal development. The brain doesn't really start to develop until week 28. At that point the hormonal balance in the body can be quite different than what it was at week 8.

We don't know exactly how the brain works, but it seems clear that one's sense of self arises from the brain. There is still a lot of debate as to whether or not there are significant differences

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between the physical structure of male and female brains. Some research indicates that there are, and that a transgender woman's brain more closely resembles that of a cisgender woman.

Correspondingly, the same research indicates that a transgender man's brain more closely resembles that of a cisgender man.

The point of all this is that, even when viewed from a purely scientific perspective, it isn't as simple or as clear-cut as it seems.

You mentioned "intersex" and "gender non-conforming." What do those mean?

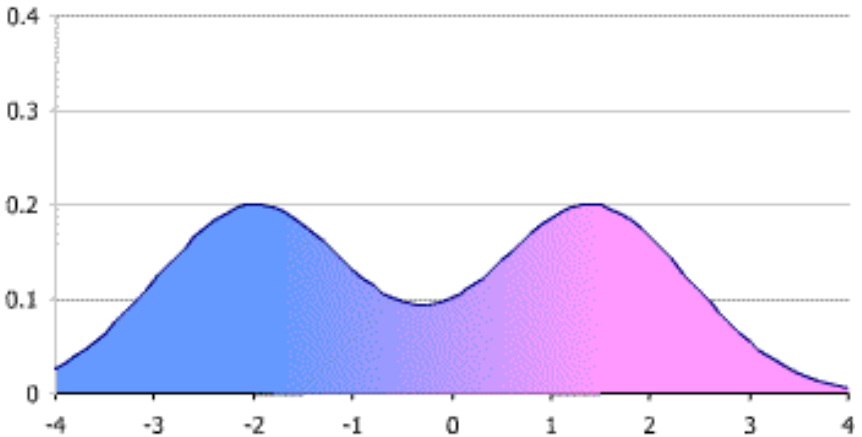
They are two different things. First, a person who was born with what are called "ambiguous genitalia" is quite often considered to be Intersex. This actually happens with about the same frequency as people with naturally red hair. In the past, doctors would simply make a decision as to which gender they thought you were "intended" to be, then they would do a quick surgical procedure and declare you to be that gender. However this may or may not match your sense of self. So even though a person who is intersex is commonly classified as transgender, that person may wind up identifying with the genital configuration that the doctors decided upon.

Gender non-conforming (often abbreviated GNC) has to do with a person's gender identity. In this case, the person doesn't identify strongly with either gender role. That may be influenced by society's definition of what is considered masculine and feminine.

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So is gender binary or is it a spectrum?

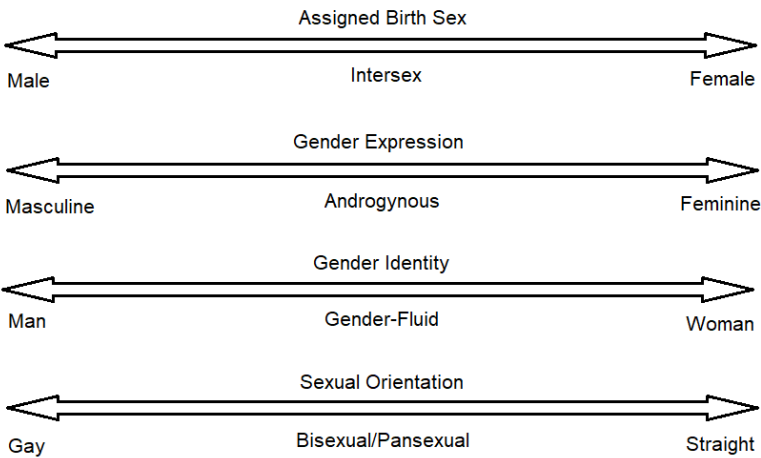
It is actually a spectrum, even though the distribution tends to be what is called a "bimodal distribution." If you were to chart the number of people who had characteristics of "maleness" or "femaleness" it would be a chart with two humps towards the two ends of the spectrum, but it would also have people who fall somewhere in between those two ends.



This gets us into the whole question of "maleness" and "femaleness" and how those are defined by a society. The reality is that many of these aspects are simply categorized by society as being "male" or "female." For example, nurturing is seen as strongly female while aggressiveness is seen as male. But in reality there are many men who are nurturing. It's not an either/or situation, although society likes to pretend it is.

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It can be difficult to separate one's internal sense of gender (gender identity) from the pressure society puts on us to conform to certain arbitrary standards of appearance and behavior (gender presentation). People who see themselves as gender non-conforming are simply saying that they don't associate strongly with either rigid definition, and choose to simply live as themselves regardless of how society categorizes things.



Gender is a spectrum of more than two points, and a big reason that leads us to believe otherwise is that our culture has trained us to think that way. Just as there are many unique individuals on this Earth with many different historical and cultural concepts of gender, there are equally as many current concepts of what constitutes gender, and how people feel and express themselves.

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Isn't a transgender person really just a person who is gay or lesbian and wants to have the other body?

No. Again, being transgender has to do with one's internal sense of identity. Sexual orientation has to do with who one feels sexually attracted to. A transgender person may be straight or gay/lesbian, but how that is seen can differ between pre-transition and post-transition.

For example, a trans woman (a person who was assigned male at birth) who is sexually attracted to men would be viewed as gay prior to transition but not gay after transition.

On the other hand, if that same person was sexually attracted to women, she would be seen by society as straight before transition but lesbian after transition.

It can be confusing, I know. Just think about it for a while and you'll understand. Remember, gender identity and sexual orientation are two completely separate things.

How should I respond to my friend/relative/co-worker?

First, ask them what name and pronouns they would prefer that you use when speaking of or to them. Respect their answer and try to re-program yourself to use those. This can be a challenge, especially if it is someone whom you have known for a long time, maybe even all your life. It's very likely that you will screw up. When you do, apologize, correct yourself and move on. But it is important that you make a sincere effort.

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It may help to think about it this way: We are all just actors walking around inside a costume called our body. Usually our sense of self matches how the world sees our costume. But that's not true for everyone. When you are talking to someone, remember that you are talking to the person inside that costume, not the costume they are wearing.

Also, ask them if they are "out" in public or only in certain places. If you see them on the street, is it okay to use their new name and pronouns? Many transgender people come out gradually rather than all at once, and "outing" them in the wrong environment can endanger their livelihood, their relationships or even their lives. Be respectful of their need for safety.

What are some things I should definitely NOT do?

Absolutely DO NOT ask them if they have had "the surgery." First of all, it's none of your business (one person I know responds by saying, "Why, yes, I've had my tonsils out."). Second, there are multiple surgeries that a person may have to bring their physical appearance into line with how they see themselves. Any surgery is a major event, and not all insurance companies cover them. Even if they do, the person may decide not to undergo any of them. It's entirely a personal decision.

Do not ask them what their "real name" is or what their name was "before." Their name is what they say it is. For many, the name they were given at birth is not one that they relate to. Some refer to it privately as their "dead" name, because that persona no longer exists.

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When introducing them to someone else, do not include the fact that they are transgender. You wouldn't introduce a woman by including the information that she had just had reconstructive surgery for breast cancer, would you? Of course not. Simply introduce them as you would anyone else and let it go at that.

Do not expect them to educate you about all things transgender. It's not their job. You may be honestly curious and want to understand, but many of them are tired of trying to explain it to people. There are other ways to educate yourself. If it is someone you know well, you may ask them privately if they would be comfortable talking with you about their experiences. But don't be offended if they say no.

The bottom line

Remember that a transgender person is just like any other person. They are the same person you knew before, with the same likes, dislikes, concerns, feelings, etc. You may find that your relationship with this person feels different now, but that is a reflection of how deeply the perception of gender influences so much of our thinking. Instead of asking yourself, "How do I relate to this person now," maybe you should ask yourself "How would I relate to this person just as one human being to another" without thinking about gender.

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A deeper dive into XX, XY and more

Like I said earlier, there is much more to it than just XX or XY. There are a number of genes involved, including SOX9 (on chromosome 17), WT1 (chromosome 11), SF-1 (chromosome 11), DAX1 (chromosome X) and SRY (chromosome Y usually).

Prior to about week 8 of development, we all have what is called protogonadal tissue, which has the potential to become either ovaries or testes.

In rather non-technical terms, SF-1 and WT1 urge SOX9 to turn the protogonadal tissue into a testis. But DAX1 intervenes, preventing them from activating SOX9, so the protogonadal tissue becomes an ovary instead. But SRY (which is normally present on the Y chromosome) inhibits DAX1, permitting SF-1 and WT1 to activate SOX9, resulting in a testis.

Now, you may notice I said the SRY gene is USUALLY on the Y chromosome. That's because on rare occasions it is found on the X chromosome. This can happen during meiosis when the chromosomes are separated into gametes. Sometimes parts of chromosomes can be exchanged before they separate.

There are also people who are XXY, XXXY or even XXXXY (Klinefelter Syndrome). Some people are XO, meaning they have only a single X chromosome and nothing else. This is Turner Syndrome. There are also people who are XXX or XYY but these conditions don't have specific syndrome names.

Beyond the basic genetic configuration, there are other conditions that can occur which can affect genital development. Complete

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Androgen Insensitivity Syndrome is a condition in which the person appears completely female but is in fact XY. Another condition is 5a-Reductase deficiency, which results in a person who appears to be female at birth but then starts to develop male characteristics at puberty. There are also various forms of congenital adrenal hyperplasia that can affect the development of genitalia.

But all of the preceding activity begins taking place around week 8 of fetal development. The brain doesn't really start to develop until week 28. At that point the hormonal balance in the body can be quite different than what it was at week 8.

Okay, so how do I learn more about this?

There are quite a few resources out there, depending upon your learning style. Since the list of sources is constantly growing, I have created a Web site where I list the things I have read and watched, along with links to some helpful organizations. Please visit it at:

www.learningabouttrans.com

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How did this Guide come about, and what qualifies you to write it?

In 2012 I began volunteering at a support center for homeless youth. There I met some young people who were open about being trans, and I realized that I had no real understanding of what that was. They were kind enough to direct me to some resources where I could advance my understanding.

Around the time of the 2016 Presidential Election, I saw a significant rise in transphobia, homophobia, xenophobia, etc., and realized that my friends were at increasing risk. I found that unacceptable and took it upon myself to learn how to be an advocate for them.

I have spent the time since then investigating many aspects of what it means to be trans. This included reading books and articles, investigating genetics, attending support groups and volunteering with trans support organizations.

Along the way I have been given incalculable assistance from a goodly number of transgender people, some of whom must remain unnamed because they are not fully "out" in all aspects of their lives. But I can name some of them, particularly Danni Askini and Elayne Wylie, the founders of the Gender Justice League; Lonness Valenna, a wonderful intersex transgender activist; Marsha Botzer, founder of Ingersoll Gender Center who was kind enough to let me sit in on the support group meetings; and Linden Jordan, who inspired me to study genetics.

I also want to thank Mac McGregor, Drew Griffin, Josie Fitting, Anna Blankenship, Aurelia Lyon, Zee Zaki, Debbie Gordon and Becca Ritchie for reviewing and refining this Guide.

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