

As much as mainstream society would like to believe that aversion therapy would help transsexuals "just get over it," modern medicine has realized that this approach simply does not work...

## Treatment & Surgery



Treatment of Gender Dysphoria is directed by the **World Professional Association for Transgender Health** (WPATH) and incorporates surgical and endocrine intervention, because analytical and aversion therapies have historically proven damaging.

As much as mainstream society would like to believe that aversion therapy would help transsexuals "just get over it," modern medicine has realized that this approach simply does not work, and usually results in suicide, self-destruction or extreme anti-social behaviour. Aligning body to mind, however, has enabled transsexuals to become valued and successful people in society.

It is for this reason that medical bodies including the American Medical Association and the American Psychiatric Association assert that Gender Reassignment Surgery (GRS) is a medically necessary procedure. Additionally, because many areas will not allow changing identification until surgery is performed, issues of citizenship and safety can come into play.

There are, in fact, some transsexuals who feel that they can live without having GRS, but they are the exception and not the rule.

## Links for more information:

**Alberta Trans Peer Support Network** (Province-wide mailing list):  
<http://groups.yahoo.com/group/AlbertaTransPeerSupportNetwork/>

**AlbertaTrans.org** information website:  
<http://www.albertatrans.org/>

**EgaleCanada Transgender Resource Site:**  
<http://trans.egale.ca/>

**Transsexual Womens' Success Stories:**  
<http://ai.eecs.umich.edu/people/conway/TSSuccesses/TSSuccesses.html>

**Successful Transmen:?**  
<http://ai.eecs.umich.edu/people/conway/TSSuccesses/TransMen.html>

**Transsexual Roadmap:**  
<http://www.tsroadmap.com/>

**Hudson's FTM?Resource Guide:**  
<http://www.ftmguide.org/index.html>

**Organization Intersex International:**  
<http://www.intersexualite.org/>

**Resources for Families of Transsexuals:**  
<http://www.transfamily.org/>  
<http://www.pflag.org/>

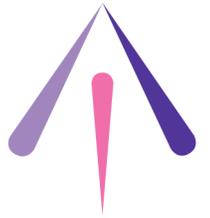
**Resources for Parents of Trans Youth:**  
<http://www.imatyfa.org/>

**Guide for Admirers of Transwomen:**  
<http://www.reneereyes.com/Webdocs/mtintro.html>

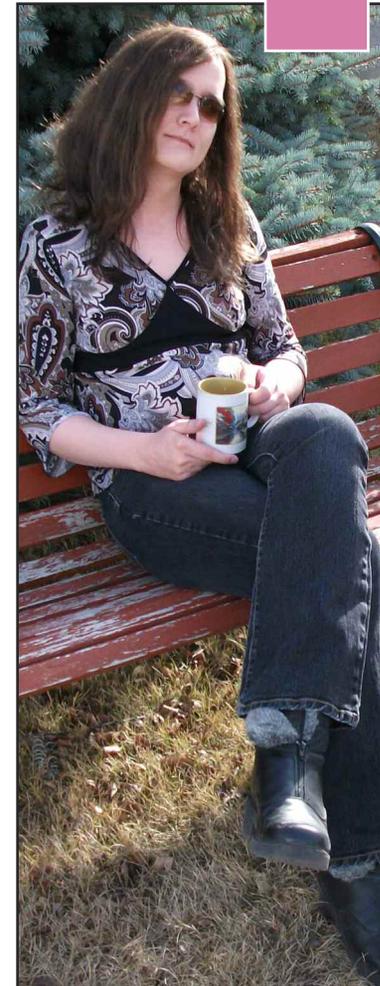


This brochure prepared for:  
<http://www.albertatrans.org/>  
[dentedbluemercedes@gmail.com](mailto:dentedbluemercedes@gmail.com)

"Gender Identity" variance (transsexuality) is when the mind is completely opposite in psychological gender to what the birth sex appears to be...



## Transsexuality: What It Is; What It Isn't



## Myths & Facts

**Myth:** Transsexuality is a sexual orientation.

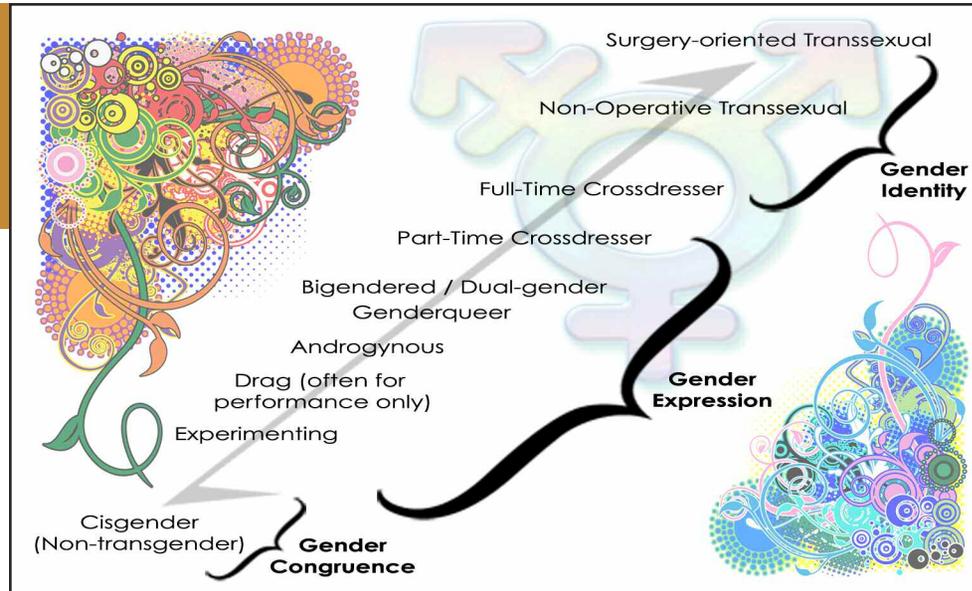
**Fact:** Transsexuals might be attracted to men, women or both. Transsexuality is a question of identity, and does not dictate affection. It is because they face similar discrimination that the gay, lesbian, bisexual and trans communities are allies.

**Myth:** Transsexuality is a sexual fetish.

**Fact:** Transsexuality is a question of identity, and a sense of being misplaced in one's own body, as well as in society. In fact, hormone therapy for MTF transsexuals negatively affects the libido, so if it were a sexual kick, transition would be self-defeating. Instead, transition has an extremely high success and satisfaction rate.

**Myth:** Transsexuals are mentally ill.

**Fact:** Transsexuality is treated through a mental health model, but this is because of comorbidities such as depression and anxiety that are caused by living in gender dysphoric circumstance. Transsexuals tend to be high-functioning save for issues acquired from coping. In fact, science has been unearthing information that indicates a biological cause of transsexuality.



**Gender variance** (transgender) can be seen as a continuum, with "cisgender" (non-trans) normativity at one end of the scale and transsexuality at the other. Most transgender people will fall near the middle, facing an issue of "**gender expression**" (a need to express themselves as different genders at different times or to blend expression, while still having a single identity). Transsexuals, meanwhile, are at an extreme end of the scale, and need to live 24/7 as their identified gender.

"**Gender Identity**" variance (transsexuality) is when the mind is completely opposite in psychological gender to what the birth sex appears to be. While some people can struggle with and hide this for years, it eventually reaches a crisis point in which a person realizes that they cannot change their mind to match their body, and that transition is necessary. Transition can be from male-to-female or female-to-male, as both forms of gender identity variance exist.

People with a variance in gender identity often "just know," and are in a state of emotional distress and distraction until it is finally corrected. The experience is best understood by comparing to left-handedness. In the Middle Ages, left-handed people were prosecuted as witches, under the accusation that being "backwards" meant that they were demon-possessed. This caused many left-handed people to attempt to hide their dexterity, forcibly and consciously switching to their right hand, restricting their comfort, agility and co-ordination. Many lived in constant fear of being found out.

In the case of transsexuality, this becomes extended to their entire identity, the sense that they are trying to be what society expects them to be and living a lie. Before transition, they have to hide gender role preferences, feminine-seeming or masculine-seeming inclinations, and live in fear of being found out to be different. Relationships can be complicated because they're not who they feel they're supposed to be in the equation, and there are often issues with the body that make intimacy uncomfortable or impossible.

## Psychiatric & Medical

### Gender Identity Disorder

DSM-IV-TR Classification:  
302.6 (diagnosed in childhood) or  
302.85 (adolescent or adult)

The existing medical model has 3 criteria:

- 1) Evidence of a strong and persistent cross-gender identification.
- 2) Evidence of persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex.
- 3) Evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning

(a fourth criterion, stating that evidence of intersex disqualifies is now largely omitted)

**Medical studies are now being done** with regard to:

- genetics,
- brain sex (physical structures of the brain, in which transsexuals' brains most often resemble those of their identified gender), and
- endocrine disrupting chemicals (synthetic chemicals which might affect the development of physical and psychological gender, which are determined at different times in utero.

While these studies are not yet conclusive, they cumulatively and repeatedly demonstrate a likelihood of a biological component to transsexuality and perhaps transgender by extension.