

An Introductory Guide To Transgender Individuals

1. This material contains matter-of-fact discussions of genital anatomy, abuse statistics, suicide risk, and surgical procedures. It does not contain nudity or gore, though I do have pictures of shirtless men near the end of the presentation. My sources, however, do contain news articles reporting on murder and abuse, as well as nudity and gore in a surgical setting. Follow the links provided as my sources at your own discretion.
2. I am deliberately trying to describe the transgender experience as broadly as I can in an effort to cover as much educational ground as possible without sacrificing informational quality. I'm choosing to use the verbiage medical professionals do, not colloquial language used by the LGBTQ community, because colloquialisms are so varied and ever-changing. Different individuals sometimes use different language to describe themselves. Some words, like "transsexual," may also be considered crude or outdated.

Non-binary people are, by definition, transgender, due to having a gender incongruence. Most if not all of the following information, such as medical interventions and dysphoric struggles, applies to non-binary individuals. For the purpose of inclusivity, I'll often be using the shortened term "trans" throughout this material. And for brevity, I won't use the term "non-binary" unless I'm specifically referring to non-binary individuals. Also, in order to be as clear as possible for laypeople, I will be using phrases like "trans and non-binary individuals," despite non-binary people technically being transgender.

3. As a final note: Like everyone else, trans and non-binary individuals are unique, as are their journeys. Not every trans or non-binary person will be adequately described by this information, and not all will undertake the medical procedures I will detail later. Their needs and feelings will vary, as will the language they use to describe themselves. If someone describes themselves with words other than what I use here, it's probably best to use those terms out of respect.

PART 1 - Examining Gender, Sex, And Sexual Orientation

Welcome to the Deadwood! I'm Willow the Wendigo. I make my home here.

Today I'm beginning a series about transgender people. My aim here is to educate the layperson who may have no idea what "being trans" means. In this series, I'm going to discuss many things, including: gender identity, sex, and sexual orientation; a few trans people in history; gender dysphoria and what it is; some of the possible causes of transsexuality, including brain anatomy; transitioning and what that process entails; some sobering statistics regarding trans people; and finally, some common anti-trans arguments that I want to address.

So don't be shy! Grab a beverage, or a bite to eat, and let's have a chat!

Goals Of This Series

If you're here, you're probably either curious about trans people, confused about feelings you have, or hoping to better understand someone you know who is trans. In any case, I hope you're ready to learn, because this series will contain a *lot* of information. However, I've simplified it as best as I can given this is a complicated topic.

Ten years ago I was a homophobic and anti-trans bigot who would regularly make jokes about gay and trans people that were very cruel. Since then I've educated myself and realized I myself am a lesbian. Learning you're part of a group you've been taught to malign certainly does a number on your worldview, and it required me to re-assess how I looked at the world. Making friends in the LGBTQ community, including a very close trans friend, has also contributed to my interest in the science surrounding transgender identities and the necessary fight for transgender rights.

My goals in this series are fourfold:

1. To provide a basic understanding of who trans people are, including common verbiage used in this complicated and sometimes confusing topic.
2. To illuminate a basic scientific validation of trans people, which is backed by peer-reviewed science.
3. To describe with accessible, non-graphic language the common medical interventions a trans person may choose to undergo when changing their sex. I will not provide pictures of these procedures.
4. To present some anti-trans talking points, counter them, and equip you to see how virtually every one I've heard is rooted in either ignorance, bigotry, or misunderstanding of science.

Examining Gender, Sex, And Sexual Orientation

To start off, let's define some terms so that we can more properly discuss the topic. There are three aspects of human identity that are often misunderstood. The terms for them are sometimes used interchangeably in colloquial language. These three things are gender, sex, and sexual orientation.

Gender is the societal role a person fulfills as perceived by both themselves and others. It may be male, female or other (Bhargava et al., 2021). *Gender identity* refers to the way a person perceives themselves, and how they fit within the world around them (Hashemi et al., 2018). It could be thought of as the identity of the mind, or the aspect of a person's identity that would be uploaded into a computer were their personality transferred. There would be no body, but their mind would still have a gender.

Sex is also called *biological sex*. When used as a noun like this, "sex" refers to the sexual characteristics of a creature, be they male, female, or both. Though most humans are assigned a biological sex at birth based on their external genitalia, there are cases where this is difficult if not impossible to do because of ambiguity in the child's genitals (Hashemi et al., 2018).

These atypical features are called *disorders of sexual development*, or sometimes *differences in sexual development* (Bhargava et al., 2021). Since the vast majority of medical literature currently refers to them as "disorders of sexual development" (DSD), that is what I will refer to them as, though some persons with DSD may not see their conditions as disorders. People with such atypical features are sometimes called *intersex* individuals (Coleman et al., 2012). They are very real, but relatively rare. Estimates are that between 1:2000 and 1:4500 children are born with ambiguous genitalia (Witchel, 2018).

Sexual orientation refers to a person's preference in sexual partners; it has nothing to do with one's gender identity (Hashemi et al., 2018; American Psychological Association, 2008). Terms regarding sexual orientation tend to be used in different ways by different people. Some people choose not to label themselves at all. While there are varying views on how many sexual orientations there are, four that are arguably the most used are:

- straight (heterosexual)

This means someone who is exclusively or mostly attracted to people of the opposite sex.

- gay or lesbian (homosexual)

This means someone who is exclusively or mostly attracted to people of the same sex.

- bisexual

This means someone who is attracted to more than one gender (usually phrased as something like, "attracted to both men and women")

- asexual

This means someone who is generally not sexually attracted to others. The person may or may not still be interested in romantic relationships.

(American Psychological Association, 2008; Planned Parenthood, n.d.a.; The Trevor Project, 2021)

Again, sometimes people use different labels for themselves, such as pansexual. But these four terms are probably the ones you'll encounter the most often.

Gender, sex, and sexual orientation are not binary, and all are subject to change. This idea may seem absurd at first. But upon closer examination it will become apparent that gender, sex, and sexual orientation are not immutable constructs that fit neatly into black and white boxes. This is an important concept to understand, so let's explore it.

Gender Is Not Immutable

Gender may change over time, and in some individuals it changes throughout life (Katz-Wise, 2020). Later, I'll show how gender seems to be based partly in brain structure. For now, let's just try a thought experiment.

Imagine your own inclinations toward stereotypically feminine or masculine behaviors and mannerisms. What you wear. What you do. How you present yourself in social situations. Now imagine that whether your gender is male or female has no effect on your inclinations. Imagine if exhibiting both feminine and masculine traits, or neither, was more comfortable than adhering mostly to one or the other.

This thought experiment will help you understand the experience of a *non-binary* or *gender nonconforming* individual. These are individuals who do not adhere to the usual feminine or masculine stereotypes expected of their sex (Katz-Wise et al., 2016). It also helps you understand how some individuals, who identify as *gender fluid*, experience their own gender. These persons go through different periods of comfort with different expressions of their gender, or different gender identities altogether (Katz-Wise, 2020). That is, over time, their sense of their own gender changes, and the societal role they need in order to be comfortable changes as well.

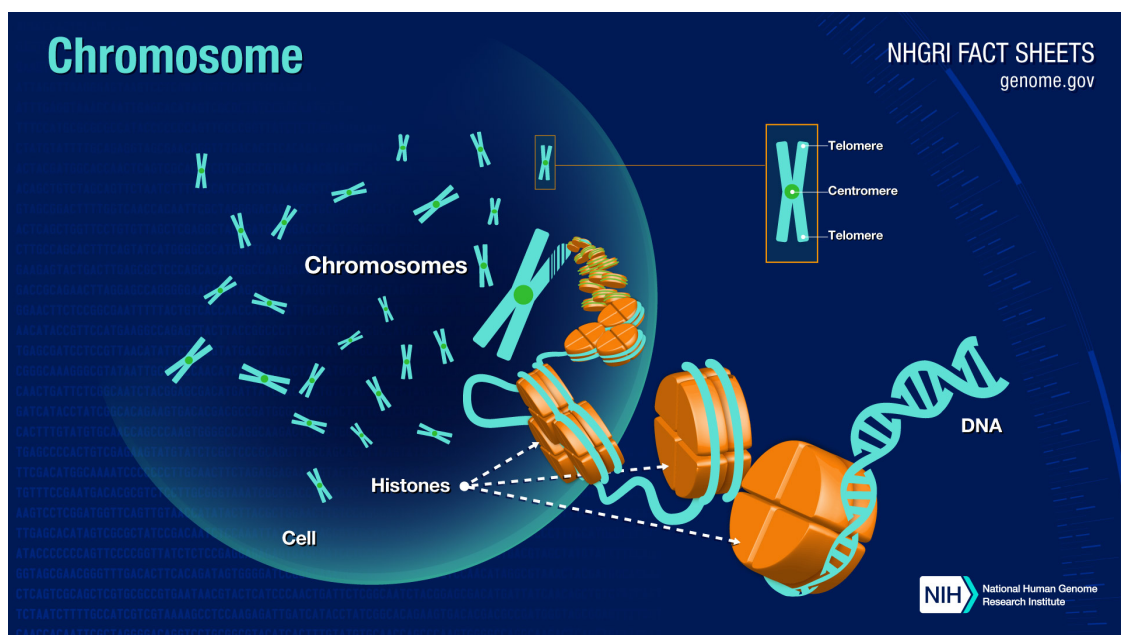
Regardless of what biology leads to it, gender is ultimately a perception of self we don't have much control over. This perception can change over time. It does not always do so. But when examined from outside of the standard, immutable female-male dichotomy, the existence of both non-binary and gender fluid individuals makes perfect sense.

Sex Is Not Immutable

We have also been instilled with the idea that sex is binary, and that it is not changeable. But this is not true. This stems from the idea that sex is ingrained in people genetically, and that there cannot be ambiguity. Some people believe that biological sex can fit into one of two neat little boxes: female or male, penis or vagina. This is not always the case.

As stated before, some individuals are born with ailments called *disorders of sexual development*, or DSD. People with DSD have internal or external genitalia that do not fit the norm (Witchel, 2018). These individuals are sometimes called "intersex," because their disorder results in them having genitals with mixed characteristics. Their genital anatomy falls somewhere between female and male but not quite in line with either (Kwon et al., 2021).

In some instances, DSD can also affect the chromosomes of an individual. In case you aren't familiar with what chromosomes are, I'm going to read a few excerpts from the National Human Genome Research Institute to explain. This content is very important to understand, so if it is a bit much to take in, I encourage you to go back over it.



Chromosomes are thread-like structures located inside the nucleus of animal and plant cells. Each chromosome is made of protein and a single molecule of deoxyribonucleic acid (DNA). Passed from parents to offspring, DNA contains the specific instructions that make each type of living creature unique.

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For an organism to grow and function properly, cells must constantly divide to produce new cells to replace old, worn-out cells. During cell division, it is essential that DNA remains intact and evenly distributed among cells. Chromosomes are a key part of the process that ensures DNA is accurately copied and distributed in the vast majority of cell divisions. Still, mistakes do occur on rare occasions.

Changes in the number or structure of chromosomes in new cells may lead to serious problems. For example, in humans, one type of leukemia and some other cancers are caused by defective chromosomes made up of joined pieces of broken chromosomes.

It is also crucial that reproductive cells, such as eggs and sperm, contain the right number of chromosomes and that those chromosomes have the correct structure. If not, the resulting offspring may fail to develop properly. For example, people with Down syndrome have three copies of chromosome 21, instead of the two copies found in other people.

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Chromosomes vary in number and shape among living things. Most bacteria have one or two circular chromosomes. Humans, along with other animals and plants, have linear chromosomes that are arranged in pairs within the nucleus of the cell.

The only human cells that do not contain pairs of chromosomes are reproductive cells, or gametes, which carry just one copy of each chromosome. When two reproductive cells unite, they become a single cell that contains two copies of each chromosome. This cell then divides and its successors divide numerous times, eventually producing a mature individual with a full set of paired chromosomes in virtually all of its cells.

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Humans have 23 pairs of chromosomes, for a total of 46 chromosomes.

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Females have two X chromosomes in their cells, while males have one X and one Y chromosome.

Inheriting too many or not enough copies of sex chromosomes can lead to serious problems. For example, females who have extra copies of the X chromosome are usually taller than average and some have mental retardation. Males with more than one X chromosome have Klinefelter syndrome, which is a condition characterized by tall stature and, often, impaired fertility. Another syndrome caused by imbalance in the number of sex chromosomes is Turner syndrome. Women with Turner have one X chromosome only. They are very short, usually do not undergo puberty and some may have kidney or heart problems.

(National Human Genome Research Institute, 2020)

Now, why is this information important?

Disorders of sexual development show that genital characteristics are not immutable. Chromosomes seem to be the final bastion of the argument that sex is immutable. We are coded, it is argued, to be female or male based on our chromosomes. Each of our very cells says we are female or male, regardless of the characteristics of our body itself. So a person with DSD, who has ambiguous genitals but has XY chromosomes, is genetically male and is therefore "truly" a male.

But it turns out this is not necessarily true either.

Swyer syndrome is a genetic condition where a person is born with XY chromosomes but external female genitalia (Genetic and Rare Diseases Information Center, 2020). These individuals are described as having a "female phenotype," i.e. they are by all morphological traits female and have female genitals (Meyer et al., 2019). In most cases, these individuals are raised female, but in some cases they are raised male (Genetic and Rare Diseases Information Center, 2020). There are cases where these genetically male individuals even have small fallopian tubes or a uterus (Bocchini & O'Neill, 2016).

People with Swyer syndrome are not born with ambiguous genitalia (Meyer et al., 2019). This is a situation where someone who looks female, and has a mostly normally-functioning female body except for a dysfunctional reproductive system, is born with stereotypically male chromosomes (Bösze & László, 1979). In fact, Swyer syndrome is often not diagnosed until later in life. This is because of the underdevelopment of secondary sexual characteristics and a lack of menstruation due to non-functional ovaries (Meyer et al., 2019).

While some of these individuals have a male gender identity that matches their stereotypically male chromosomes, most have a *female* gender identity. Regardless, in all cases they have *female genitals*. In fact, if they are given donor eggs, which most cannot naturally produce due to their non-functional ovaries, they can even get pregnant (Genetic and Rare Diseases Information Center, 2020). These individuals are very rare, with estimates that Swyer syndrome affects between 1 in 30,000 and 1 in 80,000 people of the female phenotype (Meyer et al., 2019).

There is a similar condition with the opposite characteristics; phenotypical males born with XX chromosomes (Genetic and Rare Diseases Information Center, 2015). Sometimes the individual's genitals are ambiguous, but most of the time they are not, with around 85% of individuals having normal penis size but small testicles (Délot & Vilain, 2003). Most of these individuals also have a male gender identity, though systematic study of this has not been done (Délot & Vilain, 2003; Genetics Home Reference, n.d.).

So, what we have here is undeniable proof that your chromosomes are not the sole determining factor of a person's sex. There are individuals born with female characteristics and male genetics—a female phenotype and a male karyotype—and vice-versa (Banoth et al., 2017; Délot & Vilain, 2003).

Sexual Orientation Is Not Immutable

It is known that sexual orientation changes or at least forms over time (Rosario et al., 2006). Whether this is truly sexual attitudes themselves changing, or rather *behavior* changing to better match an individual's identity, is not yet known. But the self-identification of sexual orientation is definitely not static in all persons. Some small-scale studies have shown this to be the case. One suggested bisexual young women tend to have more malleable sexual attractions than lesbian women (Diamond, 2000). Another study, of bisexual men, seemed to indicate that they tend to move toward homosexuality over time (Stokes et al., 1997). However, these studies may be outliers.

A different study of bisexual men found that, over about a year, only a minority of the men interviewed moved toward a more homosexual identity (Stokes et al., 1993). The authors also cautioned against using their small sample to generalize for large populations. Furthermore, others studies have shown that the majority of young adults tend to have a stable sexual orientation, including women (Rosario et al., 2006). It should be noted, however, that this means there is still a minority who's sexual orientation is still changing and forming even in adulthood.

What Does It Mean To Be "Trans?"

So, now that we've gone over all of this information about gender, sex, and sexuality, we can ask the question:

"What does it mean to be trans?"

For the vast majority of people, there is no incongruence between biological sex and gender identity. For example, they were born with stereotypically male genitalia, were assigned the sex of male at birth, and have a male gender identity. They are not bothered by the connection between their biological sex and their gender identity because those match.

However, some people's gender identity is incongruent with the body they have and the sex they were assigned at birth. Some of these people are termed *gender nonconforming*, and may express themselves as something other than a strictly male or female gender identity (Coleman et al., 2012). Sometimes these individuals prefer to use the label *non-binary* to describe their identity. Approximately ten percent of the population with a gender incongruence is non-binary (Claahsen-van der Grinten et al., 2021).

Other people with gender incongruences are called *transgender* or *transsexual*, and their biological sex and gender identity are effectively opposites. People who are not transgender are termed "*cisgender*" (Bhargava et al., 2021; Planned Parenthood, n.d.b).

For some transgender and non-binary people, this mismatch results in a sense of discomfort and/or distress regarding their sense of self and how they are perceived. This phenomenon has been termed *gender dysphoria* (Bhargava et al., 2021; Coleman et al., 2012; Hashemi et al., 2018). Dysphoria is a word meaning, "a state of feeling very unhappy, uneasy, or dissatisfied" (Merriam Webster, n.d.a).

The term "transgender" is perhaps the most commonly used word in the present day to describe individuals with this incongruence (Bhargava et al., 2021). Some individuals instead use the label "transsexual," which is more appropriately a medical term used to describe someone who actively changes their body's sexual characteristics to match their gender identity (American Psychiatric Association, 2013; Coleman et al., 2012).

As a quick note, the word "transgender" is an adjective. It is not a noun (Merriam Webster, n.d.b). Calling people "transgenders" is both grammatically and scientifically incorrect, as well as very rude. It's akin to calling people of color "coloreds," and is arguably a slur.

Transgender or transsexual people are not the same as transvestites, also called cross-dressers. Transvestites are people who dress in opposite-sex clothing for fun or excitement, and are generally comfortable in their gender identity. Cross-dressers can be gay, straight, or anything else—their choice to wear atypical clothing is not tied to their sexual orientation. Some transvestites identify as drag queens, who dress in exaggerated costumes as a type of performance art on stage (Britannica, n.d.).

Estimates from the mid 2010's have approximated the United States' transgender population at roughly one to one point five million individuals (Meerwijk & Sevelius, 2017; Flores et al., 2016). Demographics for the rest of the world are difficult to obtain, and cannot be effectively extrapolated from these numbers (Kritz, 2014).

Trans people face many hurdles in their lives besides their dysphoria. Much like homosexuality in the previous century, transsexuality is largely maligned by cultures throughout the world (Meerwijk & Sevelius, 2017). Simply expressing a transgender identity is effectively criminalized in at least fifteen different countries (Human Dignity Trust, 2021). Other countries actively persecute trans people with prison sentences or worse, and a plethora of barriers to receiving medical care exist, including complete exclusion of transgender health care from insurance plans (Healthcare.gov, n.d.; Morgan, 2017; Zavis, 2017). Harassment of trans people is common, even in public places and in westernized countries like the United States. In the U.S., a 2015 survey found trans people have a 2% chance of being assaulted or physically attacked simply for presenting identification that doesn't match their gender presentation (James et al., 2015).

Still, many of these individuals undergo a journey to make their biological sex and gender identity congruent, so that their dysphoria lessens or disappears. This process usually takes multiple years and may involve hormone therapy, surgical procedures, mental health counseling, and a change in societal role. This process is commonly called a gender "*transition*" (Coleman et al., 2012).

These endeavors are ideally done hand-in-hand with medical professionals. Sadly, this is not always the case due to a myriad of factors including interpersonal, societal, and financial pressures. As a result, some individuals turn to self-medication and even surgical intervention without appropriate guidance from medical professionals, putting their health and safety at risk (Amnesty International, 2019).

Closing

Let's pause here and take a break. In the next part of this series, we'll take a look at a few trans people in history. Some of these people have fascinating stories bordering on fantastic. I think exploring their stories, even briefly, will be enlightening.

That's all for now. I'm Willow the Wendigo, bidding you farewell. Wherever you are, I hope you have a lovely night's sleep. And remember:

You're always welcome in the Deadwood.

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