

TRANS⁺GENDER

The Transgender Mirror Effect



JESSICA HAMILTON

Transgender: The Transgender Mirror Effect

Jessica Hamilton

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Introduction

Transgender is a reality that is slowly but surely being understood. Out of the many biological and psychological theories that attempt to explain it, the mirror effect provides one of the best clues on its final understanding. Through this effect and the other theories available, misconceptions can be debunked, errors can be corrected and most importantly true understanding can be achieved.

In a world that suffers from intolerance and discrimination, every bit of information about transgender is valuable both for transgenders themselves, their family and friends and the general public. Transgender can no longer be ignored or disregarded. The shift from its old label as disorder to its current term as gender dysphoria is evidence of cultural progress.

The change goes beyond semantics. It represents the shift of understanding the causes of gender changes not as a sickness to pathologize but as dissatisfaction to relieve. Instead of a disorder to cure, it is a condition to resolve. Instead of interventions meant to force a transgender to match his gender identity to his assigned sex, therapies are geared towards exploration, presentation of options and individuation. The therapies can go either way whether to match the assigned sex with the gender identity or verify the incongruence.

This book presents the following information:

- Overview of transgender: brief history, transgender identities and behavior, the difference between gender and sexuality
- Theories: both biological and psychological, such as genetic causes, brain structures, gender identity development and the disorder and dysphoria debate
- Mirror effect: primary and secondary purposes of the effect, difference with imitation and the effect as the cause for the gender shift
- Transitioning: the process of resolving the dysphoria through both reversible and irreversible procedures, such as personal decisions, clothing, behavior, sexuality, coming out and legal changes
- Alignments: the set of therapies available for transgenders, such as psychotherapy and counseling, hormone replacement and sex reassignment

Chapter One: Transgender

The term transgender was originally coined by John Oliven, a psychiatrist, in 1965. Oliven used the term to emphasize the difference between transgender and transsexual. Since then, transgenders found a word that best describes their gender identity and they have used the term as an anchor to describe themselves.

Although the word is relatively young, the concept of transgender has existed since ancient times. Roman and Middle Eastern civilizations record the existence of male turned female priestesses of various deities. Most of these priestesses were castrated to fully embrace their feminine identity. The deities themselves, particularly the Great Mother, held dual sexual identities. On the other side of spectrum, male turned female prostitutes in Muslim traditions were allowed to have relationships with either men or women.

Kings and queens of ancient kingdoms were also recorded to have used clothing of the opposite sex. An Assyrian king wore female clothing and an Egyptian queen wore a fake beard along with male clothing. The queen had a daughter whom she raised as a man. Even the Amazons, the mythical female warriors, were called the Androgynae, a combination of two sexes, who assumed male roles such as participating in military efforts. American natives call members of their tribe who has this incongruence as Two-Spirited.

While these people were not called transgenders at that time, they bear striking resemblance to modern day transgenders. Today transgenderism is becoming recognized across different states, countries and continents. However, government, society and culture have different ways on their approach to transgender issue. Some states have zero tolerance while others are more accepting.

Gender vs. Sexuality

While sex is determined by the physician at birth, whether male or female, the gender develops much further in a person's life. Sex is biologically determined, the presence of genitals and later by primary and secondary sexual characteristics. On the other hand, gender is psychologically determined, early childhood experiences, relationships and other environmental factors that influence a person's gender formation.

This is an important difference in the discussion of transgender. Sex and gender were once considered synonymous but their distinction from each other allows further understanding in transgender topics. Transgender is not about sexuality but instead is about identity. It is not about preference for sexual partners but instead is about the total behavior. Although all transsexuals were once transgenders not all transgenders are transsexuals. For example, a transgender may transition to the opposite biological sex while some may retain their assigned sex but still consider themselves having another gender identity.

Identities & Behavior

Transgender is the situation where a person's gender does not match the person's sex. A transgender is someone who does not conform to traditional definitions, behaviors and roles of the male or female concept. This person cannot identify himself with the sex he was assigned at birth. A man may think of herself as a woman stuck in a man's body or a woman thinks of himself as a man trapped in a woman's body.

Note that transgender is an umbrella term that refers to various persons who share this gender and sex incongruence. A transgender may express his gender in different ways called transgender identities. Each of these transgender identities is paired with a corresponding behavior.

Some of these identities are:

1. Transvestite
2. Genderqueer
3. Androgyne
4. Bigender
5. Transsexual

Transvestite

A transvestite is someone who wears the clothes of the opposite sex. Called a cross dresser, this transgender is able to express his gender identity by wearing the matching clothes. It is important to note that not all cross dressers are transgenders, for example actors or impersonators who wear the opposite sex's clothes for a living does not necessarily mean that he is a transvestite. The transgender himself will not think of himself as cross dressing because he is wearing exactly what he is supposed to wear as per his gender identity.

In fact, some cross dressers choose to change their clothing so they may pass as the opposite sex in public. The term pass has a special meaning in gender studies. Passing is the attempt of a person to be readily associated with a sex or gender at first glance. Therefore, cross dressing can be the attempt of a heterosexual to trick others into assuming he has the opposite sex. For example, Joan of Arc posed to be a man to lead the French army and Mulan to take her father's place in the Chinese army. In modern times, cultural practices such as in India, male devotees will wear the opposite sex's clothing to assume the role of the bride of a male deity.

On the other hand, a transgender can also cross dress to reflect his expression of his identity and gain recognition of his chosen gender. Transvestites prefer to be identified using gender specific pronouns for their chosen gender, males cross dressing as females, are to be called, she and her.

Genderqueer

This identity refers to transgenders who mix gender stereotypes. Instead of fully assuming a gender identity of masculinity or femininity, they take both. This identity is usually used by those who reject the traditional notion of the binary concept of not only sex but also gender. For them, a person does not necessarily need to have either one of the sexes and genders, they can have both.

For example, a genderqueer may have a male body, think of himself as having a female gender but expresses her gender as a butch and sexually acts as a lesbian. This shows how the genderqueer identity blurs the lines in between genders. Some genderqueers also refuse to even use a name or label to define their gender.

Genderqueers also prefer to be referred to using gender-neutral pronouns. Instead of he, she, him or her, they prefer one, co, ey, sie and they, their and them. They also prefer to be titled as Mx, instead of the traditional Mr. or Ms.

Androgyne

This identity bears several similarities with genderqueer. They also have a fluid identity, causally moving from a male to a female gender then back again. They combine both male and female characteristics. A main difference between being genderqueer and androgynous is while genderqueer can identify them as having no gender at all, androgynous transgenders believe that they can be all genders at once. This identity is highly debated in the transgender community because they say that instead of an identity it is more of a transitory phase towards the formation of a complete transgender identity.

It is important to make the distinction between the actual transgender identity of androgyny to physical and fashion androgyny. Physical androgyny refers to the possession of biological traits that are reflective of both sexes, for example those having ambiguous genitalia and hermaphroditism. Fashion androgyny is the current trends that present gender neutral portrayals of the models. For example, the male models, which are lean and skinny, are being preferred over the usual muscular men. Women also have clothing such as suits and pants to create the androgynous look.

Bigender

This identity also overlaps with genderqueer and androgyne. There is the same level of fluidity from one gender to another. The main difference is while androgyne is able to hold on to a gender for specific periods of time, bigenders change their behaviors both consciously and unconsciously.

Another difference is that they have a primary gender which they use to identify themselves with in most occasions and a secondary gender for certain situations. For example, a bigender can primarily have a female persona behaving in female activities or preferring male partners but there will be a secondary gender role as being more assertive or more masculine in the relationship.

Transsexual

This identity refers to persons who share the same incongruence with their sex and gender as with the transgender identities listed above. The major difference between this identity and the others is permanence. While other identities are characterized by fluidity, combination and absence of gender roles and labels, transsexuals believe that they only have one gender identity that unfortunately does not match their current bodies.

Some transsexuals have firmly established their gender role that they opt to undergo hormonal or surgical procedures to solve the incongruence once and for all. Since some of the outcomes are irreversible, these procedures are only made available to those who do not have fluid gender identities.

Take note that most of these transgender identities overlap in their characteristics and behavior. While some transgenders opt to label or distinguish themselves as belonging to a certain transgender identity, some do not. For example, some genderqueers who are agenders neither identifies himself being transgender or having a gender at all.

Aside from these transgender identities, there are other labels, trigenders, pangenders, neutrois, third gender, genderfluid and x-gender are other terms used under the umbrella term of transgender. This reflects the different expressions of gender identity that occurs not only in the entire population but also within the transgender community itself.

Biological Theories

Despite the many theories that attempt to explain why someone will have transgender tendencies, there is yet no definitive answer. Modern technology provides additional insights on the more biological level of explanations. Some of the biological theories are:

1. Fetal development. Some studies show that there is a window during development where male androgens must be secreted at the right time and the right amount to create a male fetus. The same goes for female hormones to create a female fetus. However, research shows that the delayed secretion of high levels of this hormone after the window of opportunity creates the transgender tendencies.

2. Genetics. The NR3C4 androgen receptor is responsible for the formation of primary and secondary male sex characteristics while the CYP17 is responsible for female characteristics. For transgender males, the NR3C4 have longer repetitions than the average and for transgender females, the CYP17 gene has lower distribution patterns.
3. Structure of the brain. An area of the brain called the stria terminalis, which is responsible for sex responses are also different in transgenders. For male transgenders, their stria terminalis has a size similar to females and for female transgenders; this part of their brain is sized similar to males.

Chapter Two: Psychological Theories

Gender Identity Development

Another set of theories that attempt to explain transgender is more focused on the psychological causes. These theories suggest that the world around the person, as opposed to the internal biological world, cause the development of gender. Take note of the following terms used in psychology in the discussion of the development of gender:

1. Gender: This is the set of meanings the society places that are related to either being male or female.
2. Gender role: This is the expectations on the behavior. For example, males wear male clothing.
3. Gender identity: This is the persons' psychological perception of being either male or female. For example, "I am a man."

Some of the psychological theories that suggest the formation of gender are:

1. Psychoanalytic
2. Social Learning
3. Cognitive
4. Gender Schema

Psychoanalytic

This theory emphasizes the role of parent and other adult figures in the development of gender. As early as 3 years old, the steps towards gender identity begins. Children will feel sexual attraction to the parent or adult figure of the opposite sex. This is why this theory recommends fathers to develop close relationships with their sons and mothers to their daughters so the children can identify with the behavior and identity of the same sex parent.

The child will also be exploring and experimenting. Boys and girls may assume opposite gender roles such as boys wearing his mother's shoes or girls playing sports usually for boys. There will also be situations of attraction to the same sex. This is a period of confusion that should be resolved after the end of the teenage years. Around 19 years old, the individual will already be in the final phases of solidifying his attitude, values, personality and his identity.

Social Learning

This theory focuses on gender identity as a result of a series of learning. Children develop their gender identity from two sources, observation and rewards or punishment. By seeing how adult males and adult females behave, they imitate them. As they grow older, they develop friendships with the same sex, which reaffirms their gender role. For example, boys will want to imitate his father and be surrounded by playmates who are also boys.

Aside from observation of their parents and friends, children are also bombarded by information about gender roles from media. Television, movies, celebrities and popular culture are all sources of gender roles that a child will take on as lessons on how to be a man or woman.

Another source is either through rewards or punishment. When a child performs sex appropriate behavior, the child is rewarded; if not, the child is punished. For example, if a boy plays basketball he is praised but when he prefers ballet he may be ridiculed. If a girl wants to cut her hair short, she will be discouraged.

Cognitive

This theory suggests that it is the child's own thoughts that determine his gender identity. This is where the concept of self labeling creates the identity. When the child identifies himself with same sex parents, adults or friends, he thinks to himself that he is male. From that thought or frame of thinking, he will begin to perform behaviors that are consistent to that label.

From that label, they can determine who they are, what they should do and also who others are and what to expect from them. This is because labels have a tendency to create a self-fulfilling trait. Just by the label itself, the person will make conscious efforts to satisfy the description of the label through his behavior.

Gender Schema

This theory borrows from both social learning and cognitive theories. The schema is essentially the template from which the child organizes his perception of the world around him. It is a process of acquiring gender information outside through learning and processing them inside through cognition. When the process is complete, a child will use the scheme as the basis for all his experiences.

If the child learns that he is a boy in comparison or in imitation of others, he will label himself as a boy. From there, he will associate all other behavior and roles in either a masculine identity, which he will express or in a feminine identity, which he will repress.

Finally, the nature and nurture argument suggests that instead of either biology or psychology, both factors influence the final gender identity of a person. A person may be biologically predisposed to be transgendered but his upbringing may resolve any gender disturbances. The converse may also be true; someone with normal genetics may become transgenders because of the absence of a same-sex role model.

Here is an approximate timeline of gender identity development

1 to 2 years old, children will be conscious of their genitals and how their organs will reflect their sex.

2 to 4 years old, they will be able to label themselves as either of the sexes. Their identity becomes stable during the later stages of this age range. They can now associate their sex with gender roles. For example, they will know that boys play with cars and girls with dolls.

4 to 12 years old, children will gravitate towards building relationships with the same sex and from their further solidify their gender identities and roles. For example, boys will want to play and be friends with other boys. They want to look, behave, speak and act alike. Dislike for the opposite sex, such as girls being mean to boys is assumed to be a way of asserting the distinction of their female to the male gender.

Gender Identity Disorder

Take that note that this book does not label transgender as a disorder. In fact, transgenders and other researchers support the removal of gender identity disorder in the list of medical disorders. For them, the very term GID supports the traditional but outdated claim that there are only two genders, masculine and feminine.

It also suggests that those who have gender identities outside the mainstream are pathological and need to be cured. Although GID still exists in some lists of disorders, progressive therapists are now using a more acceptable term, gender dysphoria.

Child & Adult Gender Dysphoria

Gender dysphoria is the condition that represents the discontent a transgendered person feels because of the incongruence. When a person's gender identity does not match with his sex, this causes significant anxiety and disturbance, these set of feelings and emotions is the dysphoria. Other feelings include restlessness, dissatisfaction, discomfort and restlessness.

Before a person is diagnosed with gender dysphoria, the following symptoms must persist for at least six months.

For children:

1. Persists in saying that they are the opposite sex. For example, a girl will refer to herself as a he and may even change her name to a masculine version such as from Kevin to Katherine.
2. Prefers the company of the opposite sex. For example, a boy will have a circle of friends that are primarily females and will find happiness in doing the activities done with girls instead of boys.
3. Prefers to behave the same way as the opposite sex. For example, a boy will want to wear makeup or a girl will want to cut her hair short.
4. Expresses desire to change their genitals. For example, a girl will say that she wished she had a penis and she dreads having breasts when she matures.
5. Boys want to urinate while sitting and girls will do it standing.
6. Distress over changes in their bodies during and after puberty. For example, a boy may show misery when hair grows in his armpit and will express the desire to shave and remove them.

For adults

1. The person will be revolted with his own genitals; he will go to extreme lengths to avoid seeing or touching them. For example, he will avoid situations that require him to be naked such as taking a bath, changing clothes and having sex.
2. The person will express his desire to rid himself of his genitals and seek procedures that will allow his body to match his gender identity.

Chapter Three: Mirror Effect

Primary Purpose of the Effect

Mirroring is defined as the behavior when a person imitates another person's behavior. Thus, mirroring usually happens in the presence of other people or in social relationships. Imitation is usually sourced from family and friends instead of casual acquaintances. However, prolonged exposure to other person may also trigger the mirroring.

The purpose of the effect is to create and reinforce social relationships. When a person imitates the behavior, the source sees acceptance and empathy because the imitation is perceived as a form of approval. From this, future relationships become possible.

Another purpose of the effect is its role in developing the person's concept of self. Aside from the relationship gained from mirroring, a person will also learn from the effect. Learning happens when the subconscious duplication become firmly established in the person's own set of behaviors.

For example, a boy who sees his father performing gestures will duplicate the behavior. From there, he will keep using the gesture and later will associate the gesture as a masculine gesture. Since he is a boy and the gesture is masculine, the behavior is included in the gender role or identity.

Mirroring is vital since the absence, a lack or inappropriate mirroring can result to either poor relationship building or other difficulties in relating with other people. This causes future problems especially for a child who is unable to mirror to absent parents or primary caregivers. In adults, the danger is the inability for them to validate their behavior as appropriate.

Subconscious Imitations

Take note that the mirror effect is distinct from imitation. Both refer to the behavior of duplicating the behavior, gestures, mannerisms, word and tonal use. Both also results to building rapport and to create learning. The main difference with the mirror effect and imitation is that while imitation is a conscious effort to duplicate, the mirror effect is subconscious.

This means that a person will not be aware that he is mirroring the other person, most of the time not even the mirrored person will be aware of the duplication. For example, Person A is discussing an idea with Person B. Person A nods, uses a confident tone in speaking and sits in an open position. Person B while he is listening subconsciously duplicates Person A's behavior, he also shakes his head, he matches his voice and he sits with his arms on his side and leans towards Person A. In this exchange, Person A feels that Person B understands and accepts the idea being shared. They will become at ease with each other and the mirroring serves to reinforce the relationship through rapport and empathy.

Gender Shift

In this psychological phenomenon, the person develops transgender tendencies because of errors encountered during mirroring. Combining the mismatch between the mind and the body and the subconscious imitation of the opposite sex, the psychological discrepancies create the distress that make up the dysphoria.

As a result, the person begins to debate within himself, he tries to match his gender identity with his assigned sex through conscious mirroring. However through unconscious mirroring, he retains behaviors of

the opposite sex. Aside from contending with himself, the person also has to deal with the social stigma that is associated with transgenders.

There are several factors that can result to an erroneous mirroring effect, which in turn cause gender disturbances. Some examples are:

1. Absence or lack of mirroring.
2. Delayed mirroring
3. Inappropriate mirroring

Absence or lack of mirroring

Disturbances occur when there is an absence or a lack of mirroring available for children when they begin to form their gender identities. Since identification starts as early as 2 to 3 years old, a child will require a mirror as a source of their imitations. Without mirroring, a child may be unable to create connections between his personal perceptions of gender and the actual social definition of gender. The end result can be a child who has very dissimilar notions between gender identities and roles.

For example, children who are often left alone or ignored by their primary caregivers will have limited access to mirrors. The child will then rely on other sources, such as television, books and other media as their mirror or source of information. Whether or not they match the role with the identity, they cannot get verification.

Adolescents and adults, who prefer to be alone or those who rarely have meaningful interactions with other people, also suffer from a lack of mirroring. In their case, they have no sources of information on how their particular gender behave and feel. As a result, they are left with a fluid concept of their identity until they find a mirror that they can unconsciously imitate.

For example, a reclusive adult male will not be able to observe the gestures that are normal for other men so his gestures remain in a gender neutral situation until he finds a mirror.

Delayed mirroring

Another source of disturbance is caused when there is a mirror for the person but it is delayed. Children are often faced with developmental milestones that must be achieved so that they will have full use of the milestone's achievement in the next stage of their childhood. When a milestone is delayed, the lessons that should be learned on that stage cannot be applied on the succeeding stage. As a result, the start of their identification of gender is either delayed or built in a weak foundation.

For example, boys around age 2 must learn to separate himself from his mother or the female primary caregiver and girls must be able to identify herself with her mother. This is because the boy will begin to develop his gender identity and he requires a mirror coming from a male figure, like his father, older brothers and relatives or a male primary caregiver. The girl will also have the same need for a mirror, this time from a female mirror.

However, when this separation or identification does not occur, the child, who is very receptive to mirroring, develops delayed mirroring coming from the wrong genders at the wrong time. For example, a working father leaves his wife and growing son at home. He is absent most of the week and only comes home by the time his son is sleeping. During the entire waking hours of the son, he is dotted by his mother. The son will then unconsciously imitate the behavior of her mother, such as wearing her heels or doing her mannerisms. By the time the father returns, the son will already have subconsciously duplicated and may embedded his mother's behavior to his own.

Inappropriate Mirroring

Finally, inappropriate mirroring can also result to the reinforcement of learning that is inappropriate in itself. This occurs when an inappropriate mirror becomes the source of a behavior. Take note that since the mirror effect can occur on both children and adult, this can also lead to disturbances in gender.

For example, a male adult is constantly surrounded by female persons, whether family, friends or co-workers. Through mirroring, the male adult will be subconsciously imitating the behavior. While a masculine male may be able to retain his gender identity despite the mirroring, an adult male with transgender predispositions both from a genetic and developmental perspective may be at risk for disturbances.

In this case, a transgendered man will have his behaviors and later his dysphoria reinforced. Since a transgender may seek out the company of the same sex as his gender identity or other transgenders as well, the constant exposure from gestures and mannerisms will be embedded in the form of habits, behavior and even personality. Not only will this create the primary effect of mirroring, which is development of rapport but also produce the secondary effects such as empathy and learning.

Empathy is the ability of the person to put himself on the shoes of another and feel the same way the other person is feeling. Mirroring as a source for empathy takes another role for transgenders. The mirror effect for transgenders, through empathy, causes the vicarious experience of the gender role as duplicated from the source, whether or not it matches the assigned sex.

From there, learning to be the person duplicated both consciously and subconsciously becomes possible. This may reinforce the identity but it may also cause further dysphoria because despite the gender identity being validated, the assigned sex or the body is still mismatched.

The mirror effect can also account for the fluidity of gender identities. While some transgender identities are able to settle in one identity, for example a male to female transvestite who believes himself to be a woman, other identities can change. For example, genderqueers or bigenders can shift from one gender identity to another then back.

As the exposure to sources changes, the mirroring effect also changes. For example, a female to male transgender will be in the company of close female friends. When the mirroring effect occurs, the transgender will duplicate the behavior of the females. He may subconsciously act the same way prompting him to revert to the original female gender identity.

This effect may weaken for transgender who have a more established gender identity. Take note that some members of the transgender community consider this fluidity as a result of a transitory identity, rather than an actual transgender identity. The mirroring effect can be proof that the transgender has yet to resolve the final gender he will identify himself.

Chapter Four: Transitioning

Once the transgender fully solidifies his gender identity despite the incongruence with his assigned sex, transitioning can commence. These series of steps are the intervention needed to resolve the dysphoria. This is a long process that involves both reversible and irreversible outcomes. It is not done overnight, some transgender identities can take months and years to fully transition while other identities can take a lifetime, such as genderqueers.

The transitioning steps discussed here are those that can be initiated by the transgender alone or with minimal support from others. More complex transitioning steps will be discussed in the succeeding chapter. For example, sex change is a form of transitioning but not all transitioning involve sex changes. Instead, transitioning refers to the total change that a gender initiates for his body, mind, social and behavioral aspects.

Some of the steps involved in transitioning are:

1. Personal decision and identification
2. Clothing, mannerisms and behavior
3. Sexual behavior
4. Passing and going full time
5. Coming out
6. Legal changes

Personal Decision & Identification

This is usually the first step in the transition process. The transgender makes a personal decision that he is indeed a transgender. By this time all confusions have already been resolved and the result is an understanding that the person truly has a gender that does not match his assigned sex. It is also a realization that the causes of the dysphoria are because of the incongruence and the only ways to resolve the discontent is through undergo transition.

The transgender reflects this decision by his desire to be identified in a different way. Labels are powerful and transgenders will make full use of this power to propel them towards the process. Males who are transgender women will prefer to be called by their female name and female pronouns.

Clothing, Mannerisms & Behavior

Transgender may also change their preferences, such as on clothing, activities, mannerisms and general behavior. The more they satisfy their gender appropriate preferences, the more relief they feel against the dysphoria. Although not all transgenders may cross dress such as those who are genderqueer or androgynous, there will be some who will choose to wear the opposite sex's clothes.

Activities that are appropriate to their gender will also be done. Masculine and feminine stereotypes will be the basis for these changes. For example, transgender men may engage in masculine sports while transgender women may prefer going to spas. Gestures, mannerisms and behavior will become that are congruent to their gender identity will be more expressed.

Sexual Behavior

To express their identity, transgender will engage in sexual activities that matches their gender. A male to female transgender may seek out men if the transgender considers herself as a heterosexual transgender. A female to male transgender can seek out men if he considers himself a homosexual transgender.

There are various combinations between the sexual behaviors of transgenders as determined by their identity. Since transgender is about identity and not sexuality, the transition process will be different for each one. Sexual behaviors will also definitely change if the sex organs have already been aligned.

Passing & Going full-time

Passing involves the desire to portray oneself in accordance with the gender identity. It is the attempt of a person to be readily associated with a sex or gender at first glance. It can be a temporary situation of a transgender man wearing masculine clothes but later revert to wearing women's clothes.

On the other hand, going full-time means complete immersion to the gender roles that are congruent to the gender identity. Instead of just passing in a club or under the radar, the transgender going full time will be acting his gender identity both in private and public settings and for longer periods of time. Passing and full time are the opposite of going stealth, which means living a transgender life either in complete secrecy or only with people whom the transgender trusts.

Coming Out

This is a transition step that involves full disclosure to both private and public relationships of the transgender's identity. It is said to be one of the most relieving steps that can address the dysphoria. Although coming out is not a guarantee that discrimination will stop, it allows transgenders to have more freedom of their expression of their gender identity.

There are other variations of coming out. Outing is the intended or unintended disclosure of another person of the transgender's identity without the permission of the transgender himself. This can be the cause of much distress or relief for the transgender. A transgender living in a glass closet means that the transgender is openly living a transgender lifestyle but still has not verbalized his gender identity.

Legal Changes

Aside from the personal and social changes, a transgender will also initiate steps to formally change his legal records. Changing his name, license, birth certificate and other legal documents that reflect his old assigned sex to his new gender identity may also be done.

The considerations a transgender must take if he opts to undergo legal changes often belong to family law. Issues on marriage, insurance beneficiaries and sharing of property are also considered. Each country or state will have their own laws regarding legal changes.

For example, the United States government assigns the role of classifying a transgender's sex to each state. There are states that require sex change before the assigned sex on the birth certificate can be changed, such as Alabama, Georgia and North and South Carolina. Some do not require medical procedures done, such as Washington, Oregon and California. While some other states does not allow any changes in the birth certificate such as Idaho, Kansas and Oklahoma.

Chapter Five: Alignment

When transgender was still considered a gender identity disorder, the thrust of all interventions was to cure the disorder. Thus, treatments both psychological and medical were geared towards matching the gender identity with the assigned sex from birth.

With the concept of dysphoria, the interventions are now aimed towards resolving the discontent and dissatisfaction. Instead of a cure, the aim is to facilitate the exploration of a person's gender identity. When both the transgender and the clinician are able to prove that the gender identity has already solidified to a true transgender identity, then appropriate interventions will be made.

Called trans-affirming and non-pathologizing, these approaches are seen to be more effective in resolving the dysphoria. In fact, clinicians report that attempts toward a cure are rarely effective. Instead, interventions that belong to the dysphoria side instead of the disorder side of the argument are more effective.

Psychotherapy & Counseling

The aim of psychological interventions is to reduce or to remove entirely the dysphoria, whether it means restoring the congruence between assigned sex and gender identity or validating the mismatch. One major theme used across psychological interventions is individuation.

In this theme, the goal is to facilitate the client to discover and later become the person he is meant to be. This approach is well received by transgenders because the therapist does not include societal norms and cultural constraints in the exploration of the client. Open mindedness between the therapist and the client allow for freer lines of communication and develops trust and rapport. Trust is very crucial in psychological interventions especially for transgenders who are still in the closet.

When trust is gained, the therapist will be able to help the client to navigate himself not only in internal explorations but also the external world that still views gender as binary.

Along this type of intervention is membership to support groups and peers who share the same dysphoria. Below are some references to transgender support groups. They can be access in the following links:

1. [The Angels](#)
2. [Gendered Intelligence](#)
3. [Meta](#)
4. [Transfriendly](#)
5. [FTM International](#)
6. [Transguys](#)
7. [Beaumont](#)
8. [PFLAG](#)
9. [I am Transgendered](#)

Hormone Replacement Therapy

This intervention involves the administration of various hormones to transgenders to produce secondary sexual characteristics that match a gender identity. Hormones include estrogens, antiandrogens, progestogens, GnRH analogues for male to female hormone therapy and testosterone, progestin injections and GnRH agonists for female to male therapy.

These hormones have a wide range of effects to the transgender's body including hair, face, voice, metabolism, skin, eyes, nose and other effects, both intended and unintended. Take note that this therapy also poses several health risks such as cardiovascular diseases. There are also contraindications such as those for interactions for medicine you are already taking or illnesses that will prevent you from safely the hormones, such as estrogen related cancers.

These hormones can produce the following changes in secondary sexual characteristics:

For female to male transgender men

1. Hair growth, armpits, back, legs, arms and face
2. Shrinking of the breasts
3. Deepening of the voice
4. Absence of menstruation
5. Changes in body odor
6. Acne and other skin conditions but resolves later in the therapy
7. Muscle development, strengthened
8. Libido, increased

For male to female transgender women:

1. Development of breasts
2. Infertility, can be reversed in some cases
3. Lightened body hair, fine hair that are barely visible
4. Smaller gonads
5. Muscle development, muscles are weakened but can later be retrained
6. Libido-decreased

These hormones will also have limitations. It cannot change any bone structures, thereby changes in height, length of extremities such as arms, legs, palms and feet are impossible to change with this therapy alone. Size of hips, facial structures, the Adam's apple and for transgender women a female sounding voice also cannot be achieved with hormonal therapy. For example, existing hair for male to female transgenders will not become light but the succeeding hair growths will have the characteristics similar to female hair.

Since there are both reversible and irreversible changes that will occur in this therapy, it has a special role for transgenders. HRT allow them to conduct real life experiences of having a near congruent match between their assigned sex and gender identity. This is a valuable and necessary step before irreversible interventions are done. Most therapists will prescribe this therapy to augment the real life experience or going full time transition step.

Sex Reassignment

At the end of the battery of interventions, both the transgender and the clinicians may confirm the need for these set of medical procedures. While not all transgenders will opt for this intervention due to several reasons such as financial constraints or still being in a transition phase, some transgenders do take the procedure.

Sex reassignment surgery or SRS, gender reassignment surgery or GRS, sex affirmation surgery, gender confirmation surgery, sex realignment surgery and the more popular term sex change refer to a series of procedures meant to resolve the dysphoria. The entire set cannot be done in one day; instead they are done in phases. Procedures include when applicable to the assigned sex of transgender:

1. Bilateral mastectomy: removal of both breasts
2. Complete hysterectomy: removal of the uterus
3. Bilateral salpingo-oophorectomy: removal of ovaries and fallopian tubes
4. Breast augmentation or prostheses: enlarging the breasts
5. Genital reconstruction: includes construction of a penis and a vagina.
6. Facial reconstruction: masculinization or feminization of features
7. Uterus transplantation: interest is expressed on the possibility of creating a functional uterus that can be implanted in a transgender woman.

Obtaining the surgeries is very difficult. A transgender will not only have to contend with the costs, which are not usually covered in health insurances but also they need to satisfy psychological evaluations. Often, they are required to undergo real life experience stages before they are endorsed for the procedures. At the shortest, complete sex change procedures can be done in 2 years. Costs range from \$7000 to \$50,000 or more.

Risks involved in the procedures range from minor infections to bleeding to even cases of death. There will be cases when a return visit is necessary for repair work especially when a transgender is dissatisfied with the results.

Cases Involving Children

There is a debate on the need for alignment if the transgender is still a child. Some recommend that the child must undergo therapy to prevent him from becoming a transgender. Others suggest that the child must be allowed to explore his options. If he is a transgender, he must be allowed to have the transition. Reports show that children who experience the dysphoria are able to match their original assigned sex with their gender identity later in their life.

Instead of more permanent interventions, clinicians prescribe hormone therapies that delay puberty. The treatment is meant to give the child enough time to determine his gender identity so that appropriate interventions will be done. Therapy for children also includes counseling for the parents, group therapy with both the child and the parents present and regular monitoring by professionals.

Chapter 6: FAQs

Are transgenders confused? Transgenders are fully aware of their sex and the gender identity. Instead of confusion, they feel dysphoria or discontent because their assigned sex at birth does not match the gender identity that they have developed.

Do they suffer from a disorder? Transgender as a disorder is an outdated concept. Instead of a disorder that needs to be cured, it is now seen as a dysphoria that needs to be relieved through trans-affirming therapy. However, there are still those who belong to the other side of the argument, such as a transgender must be fixed.

Are transgenders gay? A transgender may be gay but not all transgenders are homosexuals. In fact, sexual orientation and gender identity are distinct from each other. Gender is the complete identity and sexuality is only one of the many expressions of the identity.

Do they hate their bodies? Some but not all do. Some transgenders may feel revolted to have genitals that they think they should not have and would wish for it to be removed and replaced with proper genitals. However, some transgenders feel no need to match their gender identity with their assigned sex.

Are drag queens transgenders? Again, some are but not all. There is a difference between cross dressing as part of a performance and as part of the expression of a person's identity. There are in fact several transgender identities. There are transvestites, genderqueers, bigenders and other identities that are under the umbrella term of transgender.

Are transgenders only adults? Gender identity formation and therefore dysphoria occur during childhood years. Clinicians report cases for both child and adult dysphoria. The only difference is in the treatment because of age considerations.

Are interventions irreversible? Sex change procedures and some hormonal therapies will produce outcomes that are irreversible but there are still changes that can be reversed. Infertility, breast development, libido, muscle development are some of the many changes that can be reversed.

Is transgenderism rare? Statistics suggest that 1 in every 30,000 males identify themselves in more feminine gender identities. Conversely, 1 in every 100,000 females experience the same way.

Conclusion

Transgender and the shift from one gender to another, whether as a result or enhanced by the mirror effect or by other biological and psychological causes, is a reality. Some groups may see it as a disorder or illness that needs to be solved or cured. Others may address it by facilitating the relief of the dysphoria, whether to match the gender identity with the assigned sex or vice versa.

The term transgender may be relatively young but the dysphoria may have existed since ancient times. Only in the more recent years has transgender been identified, studied and most importantly labeled. Words are powerful and they create an anchor in which transgenders can either define or refuse to define themselves.

As a result, several identities and expression of transgender have been formed. Transgenders find these identities useful to their gender identity exploration and those who are not transgenders can use them to further their understanding. While some are still resistant to transgender, cultural trends point out to tolerance and in some even acceptance.

When the transgender completes his exploration of his gender identity and resolves to assume the gender identity despite the incongruence with his assigned sex, transitioning will begin. The process is long, sometimes taking years to an entire lifetime. Deep contemplation must be done as the transition may produce both reversible and irreversible changes.

Transgenders fight an uphill battle in a world that may not yet be fully ready for their acceptance. However, with information available, like in this book, the battle may prove to be victorious both for those who are transgenders, through acceptance and those who are not, through understanding.

Finally, if you enjoyed this book, please take the time to share your thoughts and post a review on Amazon. It'd be greatly appreciated!

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