A Brief (Impromptu) Primer on Gender Dysphoria

by Michaele de Cygne
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What's the difference between "transgender" and "transsexual"? THAT is one of the most difficult questions for trans persons to answer themselves. Look at the two words; the difference answers the question. The former refers to non-genital shift of your socially-perceived gender to conform with your inner gender self-perception. The latter entails that too; however, it extends to the literal structure of your genitals as well.

Try to wrap your head around this for a moment:

> If you're not transgender, do you remember how your bodily self-image matched the gender that was medically assigned to you by virtue of your anatomical sex at birth? Your natal body had a penis (M), or vagina (F) [if not born intersexed]; you grew up thinking and feeling you're a boy [if M], or a girl [if F], and you've been totally cool with that forever. Generally, gender norms in most societies aren't set in stone; there's a lot of variance. E.g., if you were a girl, you enjoyed looking and behaving the way most girls do, regardless of whether they're "tomboys", or "girlie-girls". If you were a boy, you could be an hard jock-head, or a soft sensitive type. Either way, by age 7, your gender identity is set; it's locked. Let's refer to that as your *authentic gender*. Either way, you had no problem when puberty hit, and your biology took control of your dominant sex characteristics--you were still tomboy, girlie-girl, jock-head, or sensitive type, as you were. You may have been straight, or lesbian, gay, or bisexual, however, there wasn't a fundamental schism between your medically-assigned gender, your authentic gender, and your sexual development. Getting into the nitty, let's focus on persons born female.
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> Now, imagine you're 4-6 years old and, intellectually, your eyes see that your body has a vagina; however, when you close your eyes and imagine your role in society, your self image decidedly matches that of most boys. You're just beginning to get a grip on the most fundamental differences between people at that age. You see that your body is genitally like girls, and for reasons you're not going to understand, much less be able to communicate, perhaps for another decade, or more, your constant self-image aligns with children who have penises. The usually very wide prepubescent gender variance amongst same sex persons enables you not to be emotionally consumed by the dichotomy between your inner perception of your sex, and your outer social role; however, there's a very critical psychological pressure cooking.
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> If your genes don't hard-preset your gender appearance, you may socially float; you If your genes don't hard-preset your gender appearance, you may socially float; you know you're a "girl", and you also know you're He-Man, or the winner of some kind of male competition, or part of a winning male sports team. Then, puberty hits and your flat chest doesn't become a pair of strong pecs; it becomes a pair of squishy titties. Instead of slender hips and developing abs, your hips spread by 10%-40% and developing abs just ain't hap'nin' like boys because your body's preparing your uterus for childbearing. [Let's not even get into menstruation!] If you're a female-to-male (FTM) transperson, you're still fine with having a vagina; but all those other factors that decisively define social gender are diametrically opposed to your inner self image which you've had for nearly [or, perhaps more than] twice your lifespan at that time. If you're a FTM transsexual, you have the same kind of social role schism regarding your gender--but, your self body-image has a penis too--*and the biggest trip is that you also have an imaginal* felt sense of having a penis*. In both cases, something's gotta change.
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> It's the inverse for male-to-female (MTF) transgender and transsexual persons. Let's go one

small step, for this conversation; huge leap for your understanding. Men, try to imagine feeling as though your body has a vagina, even though it's obvious to you that you have a penis; perhaps a cervix-long one--based on your heterosexual experience. Every time you stand up peeing, your brain is having a challenge because it's experiencing somewhat of a psycho-emotional schism; because it expects you to be sitting, or at least squatting as you're doing so. You wipe the tip when you're done, and your brain thinks you should be spending a bit more time, and paying a lot more attention to the whole wiping process. Feeling the tension of the schism as brain and gut tension, you know you're going to feel the same way even if you ARE sitting with your body as it is; so you pee the path of least resistance, not even adding head gaming yourself by sitting down, (if sitting's not what you're normally do anyway). That brain-gut tension extends to when you're wearing practically any pair of pants; your brain not expecting to need to adjust your 'nads to accommodate the garment. For the most part, when you're not asleep, your central nervous system is on constant alert as a consequence of the schism; to a greater, or lesser degree depending on a myriad of factors. At age 3, 4, 5, 6, 7, 8... 15, 16... 22, 23... 30... 57...--you;ve gotta accept carrying and living with that tension 60/60/24/7/365.25; or something's gotta change.)
That's Gender Dysphoria (GD).

The emotional felt sense of GD is akin to wearing a wet blanket and wet quilt and wet duvet and sopping wet heavy boots, along with a sopping wet wool hat everywhere, always; *incessantly*.
GD is a direct cause of chronic, acute depression and anxiety; even if the person experiencing it lives in a totally accepting natal family and community--depression which too frequently leads to substance abuse, in an effort to self-medicate away the gravity of GD. Too many times, it leads to suicide. When someone lives with GD, some kind of physical change definitely needs to happen.

Transgender refers to outwardly changing one's social gender presentation to match one's authentic gender. That's usually done by changing one's hair style, clothing style, (which may also entail wearing clothing that modifying genital appearance, e.g.

wearing extra support tights to disallow the penis from bulging, or wearing pants with very loose crotches--for either gender), often also speech pitch and/or patterns, and perhaps wearing enough makeup to enhance one's gender-neutral features, tilting their appearance toward norms consistent with their authentic gender. It doesn't usually entail surgically changing one's genitals.

Like being transgender, being transsexual entails outwardly changing ones gender presentation to match one's authentic gender. However, being transsexual also entails changing one's sex characteristics too; perhaps not necessarily one's genitalia. Generally, that change always begins lightly; via hormonal therapy, male-to-female (*MTF*) taking estrogen to enable development of female breasts, wider hips, and much less dense muscles, or female-to-male (*FTM*) taking testosterone to enable development of facial hair, naturally lower voices, more slender hips, and much denser muscles. In most GD cases, that's enough; which solidly qualifies such persons as transgender--even with the *secondary sex characteristics* so modified. In many such cases, (i.e. mine), even after decades of hormonal therapy, and changing one's gender appearance and social [even professional] gender role, that gravity continues to be ceaseless. For us, ultimately, changing one's *primary sex characteristics* via Sex Reassignment Surgery, or Gender Affirming Surgery (SRS/GAS, ergo having vaginoplasty [changing penis to vagina], or phalloplasty [construction of a penis and permanent closure of the vagina]) is the only certainly alleviating resolution. Medically, only the latter transition definitively qualifies someone as transsexual; (*nevertheless, since [according to Duck.ai] "*the average cost of sex reassignment surgery SRS/GAS in the United States typically ranges from $20,000 to $300,000, depending on the specific procedures involved*", most transsexuals are unable to have that benefit, which doesn't effectively disqualify them from being transsexual, if they've psychologically have been clinically assessed to decidedly match that profile*).

ALL TRANSSEXUALS ARE TRANSGENDER; but, MOST TRANSGENDER PERSONS AREN'T TRANSSEXUAL. That fact makes it extra challenging for transsexuals because it can take a long time to be certain that one's experience of GD does, in fact, encompass a bodily change of sexual appearance as well, rather than just an apparent change of gender. AND, it's not something to try to sort out alone. For anyone to be totally certain usually requires a person to undergo (a) a year, or more of clinical therapy to determine whether one is decidedly living with Gender Dysphoria (GD), and (b) to what extent that may be operative.

The Science of Transsexualism, Transgenderism and Androgyny

It's very rare that the natural world gives us totally clear-cut dichotomies...

The way people have traditionally thought about trans individuals is 'This is someone who for some reason thinks they're different sex than what they actually are'. What the neurobiology suggests instead is 'This is someone who has had the incredibly crappy luck of being handed a body that happens to be a different sex than who they actually are'.

Dr. Robert Sapolsky

The Transsexual Phenomenon, by Dr. Harry Benjamin.
Seminally important, **pioneering formal scientific study** of transsexualism.

Transgender Neurobiology with Dr. Robert Sapolsky --
Very good first ½ of a SCEA podcast interview. [Loud, 45-second channel intro ad.]

Neuroimaging Studies of Transgender People: A Critical Review - E. Kale Edmiston, PhD

Androgyny: The Opposites Within, by Dr. June Singer.
A **pioneering, strictly empirical scientific study** of androgyny.
(Anchor/DoubleDay paperback (1976/1977) — ISBN-10: 038511026X / ISBN-13: 9780385110266)

On Being Androgyne, by Michaele de Cygne
Experience-based, in-depth, general insight into the Nature of androgyny