BECOMING ME
The Gender Within

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Preface

This brief instructor’s manual is designed to assist you in using the film *Becoming Me: The Gender Within* as a teaching and learning tool. In this manual we have included information on the history of transgenderism and sexual reassignment surgery as well as an introduction to the major issues of import in the lives of transgendered persons. We have added maps with current federal and state laws impacting transgenderism, a glossary, a brief bibliography of related articles and books, a listing of support groups for additional information, as well as discussion questions for classroom use. We have also added brief biographical portraits of each of the five persons featured, their male/female before and after photos and, in some cases, photos of their family support members.

We began conceptualizing *Becoming Me: The Gender Within* after completing a previous video series entitled *Portraits in Human Sexuality*, a seven-part video series with accompanying instructor’s guide that included interviews with 21 persons, couples, and families representing 21 separate issues in human sexuality (Films for the Humanities and Sciences, 2005). Both of us have used these interviews in our clinical psychology and social psychology classes and found that one segment in this series that captured significant student interest was that of “Denise,” a male-to-female transgendered woman, now married, with her two adopted children. We determined to expand the brief segment of “Denise” into a complete film that would feature Denise and her family along with three other transgendered adults in various phases of their transitions to cross-gender living.

This video introduces students to five adults, two male-to-female transgendered women and three female-to-male transgendered men. These five adults with their families, partners, and children become the educators in this series. We appreciate their willingness to invite us into their homes and their lives as they teach us about their beliefs, experiences, and concerns.

The ongoing principle guiding this project is to provide college and university students with dynamic slices of real human experience, particularly with persons who have often been stereotyped in negative ways in our culture. Our goal is for students to understand and appreciate the differences in personal experiences as well as to observe the similarities. We have discovered that one of the most powerful ways of changing existing prejudices is to meet real people through the medium of video. We can best understand the ways of other human beings, not by making assumptions, but by observing and listening and resisting the temptation to reach conclusions before gathering information.

We invite you along with us on this video journey into the lives of five transgendered adults as they share with us their stories of courage and patience.

Mary Ann Watson
Layton Seth Curl
Acknowledgments

The essential ingredient in this film is the spirited involvement of the five transgendered individuals who were interviewed for this video process. Each of the adults knows that they are pioneers—involved in a process of creating lives with few community models or supports. They have often been labeled as “dangerous,” “immoral,” and “leading to the breakdown of society.” Their personal stories have rarely made the news. Inviting a video team into their homes allows them to tell their stories without outside interpretation. Their passion on the topic of their special experiences is palpable; their thoughts intelligent and insightful. The filming experience was heartwarming for all of us involved in the filmmaking process.

We wish to thank the institutions and persons that invited us into their midst for additional filming – Mt. San Rafael Hospital in Trinidad, Colorado, Mr. J. Robertson, Medical Director of Mt. San Rafael Hospital, Dr. Marci Bowers, obstetric/gynecological surgeon at Mt. San Rafael Hospital. Our thanks to Flint Whitlock of Flint Whitlock, Creative, for the photo and cover design of this manual and to Martina Grasse for the manual technical support.
The Professional Team

Mary Ann Watson, Ph.D., Producer, Interviewer, Narrator – Mary Ann Watson is a senior faculty member at Metropolitan State College of Denver with teaching experience at both the undergraduate and graduate levels. Her doctoral work in counseling psychology at the University of Pittsburgh and her post-doctoral work at The Johns Hopkins University School of Medicine laid the foundation for her work as a teacher and clinician, specializing in sexology and thanatology. She has been involved peripherally, then centrally, in the production of 13 video series with instructor’s guides that have accompanied textbooks in psychology, anthropology, and political science. She is the author/editor of several texts, workbooks, and numerous articles in professional journals.

Layton Seth Curl, Ph.D., Producer, Interviewer, Narrator – Layton Seth Curl is a faculty member at Metropolitan State College of Denver with teaching experience in the United States and Japan. He completed his doctoral work at the University of Mississippi, focusing on cross-cultural research in acculturation, prejudice, and sexuality in the gay and lesbian community. His most recent research deals with the acceptance of gay and straight public displays of affection. He is also a contributing author on The International Sexuality Description Project 2 (ISDP-2), a survey study that includes measures of the Big Five, sociosexuality, sex-role ideology, HIV/AIDS risk factors, and sexual aggression with data from approximately 50 countries.

Scott Houck and other members of the media team of the MSCD Web and Instructional Technology – Scott Houck is a senior award-winning media specialist with extensive experience in filming and creative development of films for college/university classroom use.

Miranda Bretz and Jeffrey J. Jaskunas, student assistants with the filming process and creation of the Instructor’s Guide.
Transgenderism: Living as the Other Sex

The term “transgender” is a broad one, used to describe persons who live full or part-time in the role of the other gender. Denise, one of the two transgendered women interviewed for this series, says the following, “Someone like me is as normal to me as you feel about your own gender. I had a medical correction done; that is all. I have always been the gender I am now. All that changed was how I let the world know me.”

It is estimated that 10-15% of the population fails to conform to prescribed gender roles (Bullough, 2001). At present the number of male to female transsexuals is higher than female to male transsexuals, although there are some who claim that the numbers are getting much closer. In some surveys of young children approximately one to two percent of boys say that they want to be girls; three to four percent of girls say they want to be boys. The frequency of those actively seeking sexual reassignment surgery (SRS) in adulthood, however, is much lower than the above statistic. Estimates vary from 1 in 2000 with gender dysphoria (Bowers, 2008) to 1-30,000 male to female; 1 in 100,000 female to male (DSM-IV-TR). A recently published review of the literature illustrates that the majority of persons with SRS are satisfied with the results. Less than 1% report any serious regrets that they had the procedure (Michel et al., 2002).

The earliest identifiable recipient of male-to-female SRS was Lili Elbe in Berlin in 1930. This surgery was performed by Dr. Magnus Hirschfeld. The first transsexual surgery on a U.S. citizen was performed in 1952 to George Jorgensen in Denmark. This was the highly publicized Christine Jorgensen case.

Transsexuals are persons whose individual anatomy and their sex role identity are not compatible. Many describe themselves in the following ways:

1. They feel trapped in a body opposite their biological gender;
2. They often dressed in the opposite gender clothing as children either privately or in public;
3. They often felt confusion or even disgust at their developing sex organs, particularly in adolescence;
4. They sometimes engage in “magical thinking,” that is, the belief that SRS will make their lives whole or right again;
5. Most describe themselves as being heterosexual, that is, seeing themselves as the other gender, yet being primarily attracted to persons of their own biological gender.

Dr. Harry Benjamin of The Johns Hopkins University School of Medicine established “Standards of Care in the Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons” in 1979 for professionals evaluating persons for possible SRS. Obviously, a decision to undergo SRS is a major one, one that cannot be easily reversed if a person vacillates. Therefore, it is vital that the
person undergo a period of assessment and therapy prior to the decision for SRS, to be absolutely sure of the decision for a surgical change.


Cross-Cultural Perspectives on Transgenderism

Layton Seth Curl

The way transsexual individuals perceive themselves and how their cultures perceive them varies from one culture to the next. Transsexuals in the United States and Europe typically identify as the gender to which they are transitioning, often electing Sexual Reassignment Surgery (SRS). Once they have transitioned it is common to identify solely as the transitioning gender. While some persons maintain ties with the transsexual community, others remove reminders of their former sex by discarding photographs, moving to a new location, and/or cutting ties with friends and family who do not accept their new identity. To be perceived solely as the transitioning gender is often the ultimate goal of many transsexuals in Western culture. Numerous distinctions and variations exist throughout the Western transsexual community, such as whether or not to have complete Sexual Reassignment Surgery; however, there are far sharper distinctions between Western and Asian transsexuals.

Instead of identifying as either male or female, many transsexuals in Asia identify as a third gender. In Pakistan, India, and other parts of South Asia, the term Hijra or “third gender” refers to male-to-female transsexuals who, while referring to themselves linguistically as female, identify as neither male nor female (PUCL-K, 2003). The Hijra rarely engage in any form of Sexual Reassignment Surgery, though many members of their own cultures refer to them as eunuchs. Additionally, they do not attempt to maintain a female appearance. Outwardly they combine the dress and mannerisms of both males and females.

Kathoey or “ladyboy” is a term commonly used in Thailand and is sometimes confusing to Westerners. It refers to male-to-female transsexuals who typically undergo Sexual Reassignment Surgery, but identify more as effeminate men (Jackson, 1999). Unlike the desire of Western transsexuals to identify completely as the transitioning gender, Kathoey maintain a unique gender between the masculine and feminine. While they are close to the gay community, they do not identify as gay men. Their outward appearance is typically fully feminine.

In general, many Asian transsexuals identify as a unique class of gender, neither entirely male or female. While the majority of Western transsexuals identify as the gender to which they transition, it is important to remember that there is a wide degree of variation within the transsexual community.


Iran has taken the unusual step of encouraging sex change operations from those with homosexual tendencies. While religious authorities view homosexuality as a clear sin, transsexuals are considered ill and in need of the help that such an operation could provide. One 29-year-old Iranian knew of gay men who had changed their sex so that they could be recognized by the government as transsexual and mingle with men more easily ("Gays live quietly," 2007).

Gays live quietly in Iran, one says. (2007, September 30). *The Denver Post*, p. 22A.
Sexual and Gender Identity Disorder

Gender Identity Disorder is defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual (DSM-IV-TR)* as a “Clinical Disorder,” specifically as a “Sexual and Gender Identity Disorder.”*

The following is the word-by-word description of “Gender Identity Disorder”:

**A.** A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).

In children, the disturbance is manifested by four (or more) of the following:

1. repeatedly stated desire to be, or insistence that he or she is, the other sex
2. in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
3. strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex
4. intense desire to participate in the stereotypical games and pastimes of the other sex
5. strong preference for playmates of the other sex

In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

**B.** Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

In children, the disturbance is manifested by any of the following: in boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities; in girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing.

In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

**C.** The disturbance is not concurrent with a physical intersex condition.

**D.** The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Dimorphism
Mary Ann Watson

Are you a boy or a girl? This may sound rather simple, but the possible responses are many. The following gender dimorphism timeline gives us a more complex, but accurate, means of assessing the answer to the above question.

<table>
<thead>
<tr>
<th>Fertilization</th>
<th>Fetal hormonal period</th>
<th>Genital dimorphism</th>
<th>Birth</th>
<th>Gender Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chromosomal Day 1</td>
<td>7 weeks to 3-4 months gestation</td>
<td>3-4 months gestation</td>
<td>18 months-adulthood</td>
<td></td>
</tr>
</tbody>
</table>

This timeline points out the four major components of gender dimorphism, the establishment of the two aspects of gender that we think of as male and female, masculine and feminine. The instant of fertilization is the moment that the genetic and chromosomal components of gender are established. It is at this point in time that the 23 chromosomes of the genetic father and the 23 chromosomes of the genetic mother are joined. The 23rd pair of chromosomes is known as the sex chromosome pair and, if this pair is XX, it is determined that the genetic structure is “female”; if XY, the genetic structure is “male.”

The second major period in the creation of the two gender forms is the period from 7 weeks to 3-4 months pregnancy or gestation. This is the period that the male and female hormones – estrogen, progesterone, testosterone, and androgen - infuse the developing fetus. Depending on the presence or absence of a certain gene on the Y chromosome, the specific hormones and their levels may not match the original genetic make-up of the developing fetus.

Prior to 3-4 months gestation, the developing fetus, no matter the chromosomal or genetic make-up, will visually appear to be female in form. The genitals of the fetus will not differentiate until this 3-4 month period. The presence of the male form - penis and scrotum - will depend on the prior hormonal and genetic makeup of the developing fetus.

Birth sets in motion the advent of the psychological/behavioral components of gender dimorphism. It is at birth that families answer the question of gender for other interested parties. The pronouncements of “It’s a boy!” “It’s a girl!” are dependant on a visual assessment of penis or no penis. No tests are given to determine genetic make-up or hormonal levels. It is assumed that the genes and chromosomes and hormones and genitals all are concordant, even though there are approximately 1 in 2000 births with discordance (Bowers, 2008).

Transsexuals are persons for whom the chromosomes, hormones and genitals are concordant, but their growing sense of themselves from birth, childhood, and adolescence is discordant with their biological gender.
Therefore, the simple question asked above is not so simple. We are fortunate if our genes and chromosomes match our hormones, genitals, and our unfolding psychological sense of ourselves. For some males, their unfolding sense of themselves is opposed to their biological gender. For some females, their sense of themselves is male, not female.

Transgendered Behaviors

Miranda Bretz

“Transgendered” is a term to describe a broad range of behaviors in many groups of people. There is not a single set of behaviors consistent in all transgendered individuals. A transgendered individual is defined as a person engaging part or full-time in masculine or feminine behaviors or dress opposed to their biological gender. Transgendered persons may do this for a variety of purposes. There are many transgendered individuals who are happy with their biological sex but feel psychologically at peace in the clothing or actions of the opposite gender. On the other hand, there are also many for whom their gender identity conflicts with their biological sex. Therefore, transgendered is an umbrella term, encompassing a wide range of individuals who dress or act as the opposite gender briefly or permanently.

A transgendered individual who feels trapped in the body of the wrong gender and seeks to transition into the other gender is considered a transsexual. Transsexuals fit the diagnosis of “Gender Identity Disorder” described in this Instructor’s Guide. Gender dysphoria or Gender Identity Disorder means having one’s gender identity inconsistent with one’s biological sex. They often choose to live full-time as the other gender with the assistance of hormones. Many consider sexual reassignment surgery (SRS) to complete their appearance as the desired gender.

Also under the transgendered umbrella is the term transvestite. This would describe a person who receives sexual pleasure or satisfaction from wearing the clothing of the other gender. This is frequently referred to as a paraphilia, or arousal by unusual triggers. Some experts would argue that only fetishistic transvestitism could be classified as a paraphilia. Fetishistic transvestitism is when a person wears clothing of the opposite gender as their preferred or exclusive method of sexual arousal or orgasm. Cross-dressers are frequently lumped into this group as well. However, typically, cross-dressers receive psychosocial comfort rather than sexual arousal in wearing the clothing of the opposite sex.

The last two terms under the transgendered umbrella include female impersonator and drag queen. A female impersonator is a professional male actor who dresses in women’s clothing for a variety of reasons related to public performance. A drag queen is a role played by a professional actor, typically a gay man, who dresses in flamboyant women’s clothing. These two types of persons may engage in this behavior because they truly enjoy wearing women’s clothing and/or because it is a job for which they are paid.
Professional Standards of Care

Miranda Bretz

The following information is a summary of the suggested standards of care for identity disorders as suggested by the Harry Benjamin International Gender Dysphoria Association, Inc. These are general guidelines intended to be taken as minimum requirements. For more information please refer to the webpage www.tc.umn.edu/~colem001/hbigda/hstndrd.htm.

The medical process for a person who is transitioning from one gender to the other is not to be taken lightly. A majority of those with “Gender Identity Disorder” who transition first go through a process of diagnostic assessment, psychotherapy, real life experience, hormonal therapy, and then, if desired, surgical alterations. This review will focus on the latter two processes.

After one has decided to transition, it is typical that they will first go through real life experience. In this, the individual continues to function within their previous communities (e.g. school, work, social commitments), living as the desired gender full time. Frequently the individual will legally change their name, and thus give legality to their new gender and identity. Many who start this process prefer to begin using hormones to assist them in living comfortably as the other gender. Most people in transition find that hormones assist them in feeling and looking more like the desired gender. These hormones must be prescribed by a medical professional. Generally, prior to hormone administration, a person in transition must have lived as the desired gender for three months, be 18 years of age, demonstrate that they have accurate knowledge of what the hormones can do and the inherent risks. It is also advised that the person attain a letter of recommendation from a mental health professional that states that the person in transition is a positive candidate for hormonal therapy. It is rare that an individual under 18 is considered for hormones. However, in some cases an adolescent can start real life experience as early as age 16. In these cases puberty delaying hormones would be administered first. If the adolescent maintains mental stability then the second phase hormones, which cause opposite sex characteristics, would be administered. This is rarely done and should never be done without parental consent. In some rare cases first phase hormones could be given prior to age 16, but not second phase hormones.

Many individuals who transition decide not to have genital and/or breast surgery. However, if a person elects to have surgery they must be at least 18 years of age, have twelve months minimum of real life experience without ambivalence, at least twelve months of continuous hormone therapy without complications, display knowledge of the financial cost, the likely complications, and the recovery process, as well as knowledge of the different surgeons and their locations, and awareness of possible interpersonal, work, family, or mental health complications. It is also heavily encouraged that the person in transition undergo psychotherapy treatment.
throughout their real life experience. Sexual Reassignment Surgery (SRS) is the process of surgically changing some or many physical aspects of a male or female body to the other sex’s body form. In order to have SRS the surgeon will require a letter of recommendation from their mental health professional and a second letter from a separate mental health professional. Transgender surgery can include, but is not limited to the following:

- **Male to female:** orchiectomy (removal of testicles), penectomy (removal of penis), vaginoplasty (partial or total construction of a vagina), augmentation mammoplasty (the construction of breasts), and vocal cord surgery.

- **Female to male:** mastectomy (removal of breast), hysterectomy (removal of uterus), salpingo-oophorectomy (removal of ovary with fallopian tube), vaginectomy (removal of all or part of the vagina), metoidioplasty (the process of using testosterone to enlarge the clitoris and then surgically releasing it and moving it forward. Metoidioplasty is an alternative to phalloplasty (construction of a penis), scrotoplasty (construction of a scrotum), urethroplasty (urethral reconstruction).

There is no one path that all transitioning people follow. The previous surgeries are options that are available and that are the most common. Many individuals elect not to have any surgery, some choose to have some surgeries but not all, and others complete all the elective surgeries. These surgeries are expensive and have a long recovery process. It is strongly encouraged for all individuals who start any process of transitioning to maintain their involvement in psychotherapy with a mental health professional until it is no longer needed or helpful.
Meet the Participants

Male-to-Female

Denise

Briton
Denise

Denise, 41, was born a genetic male. She had SRS many years ago and is very pleased with the physical and emotional results of this surgery. She is presently living with her husband of 12 years and their two adopted children, Kayla, 6, and Jaden, 4.

Denise first remembers feeling “different” from her male peers at five years of age. She remembers feeling some confusion about her gender, yet dated girls and was sexually active with girls in high school. Even at that early time, however, Denise remembers thinking that, as David, she was a “girl” having lesbian sex with her girlfriends. It was later, in a college human sexuality course, that she first heard the term “transsexual” and began to attach this label to herself.

Denise is interviewed for this video on four separate occasions with brief video segments from earlier times in Denise’s life: two years pre-operatively; one year post-operatively; at age 37 with her two very young children; presently with her two children at four and six years. This comparison gives a close-up view of the changes that have taken place in Denise’s world over many years.

Denise is very family and community oriented. She comes originally from a large Catholic family with three brothers and three sisters. She is an active member of her suburban Denver community and is serving as a very involved PTA president and volunteer leader of children’s activities in her children’s local school. Her parents and some of her siblings have been very supportive of Denise’s surgery and active female life; others of her siblings have not been so supportive.

Quotes

“I am you. All the problems and all the joys. I was presented with a medical issue that was corrected; that is all. Minds are created differently. I hope you find peace with yours.”
Denise with her two children, Kayla and Jaden

Denise’s mother, Ellie
Briton

Briton is a 30-year-old female who was born a biological male. Her Sexual Reconstruction Surgery is featured in the film accompanying this Instructor’s Guide. Briton was born the youngest of three boys. Her two older brothers and parents are supportive of her SRS. She remembers that her temperament as a young boy was not “rough and tumble” but much more traditionally female. Even though she presented outwardly as a male, she was cross-dressing in her mother’s clothes on an almost daily basis from 15 years of age through her 20’s. At 20, she first indicated to her mother that she was transsexual and wanted hormone therapy. Briton describes vividly her late adolescence and the decade of the 20’s as being a difficult time during which she hid her gender confusion behind alcohol and drugs. Over the past two years, Briton has been living partially, then fully, as a female, and her life has become more and more stable. She is presently a college student. Her future plans include marriage, adopting a child, and becoming a psychologist.

Quotes

“My male puberty ‘sucked.’ I pretended to be happy but adolescence was a terrible time for me.”

“My label for my sexual orientation is ‘heteroflexible.’”
Briton several months prior to her surgery

Briton’s mother prior to Briton’s surgery
Female-to-Male

Nate

Matt

Paul
Nate

Nate is a 20-year-old female to male transsexual who has just recently had a mastectomy. He proudly shows us his new chest and his male body. He has determined that he will not undergo masculinizing genital surgery, primarily because of the high cost and the lack of sophistication of most of the female-to-male surgical procedures. His girlfriend of two years, Laura, is pleased with Nate’s appearance and is accepting of Nate’s decision to forego genital surgery. Nate’s parents, who immigrated to the U.S. from Guatemala prior to Nate’s birth, are supportive of Nate’s transgenderism. Nate and Laura are both college students. Nate is working in the office of the College President.

Quote

“Being male is more than having a penis. I have plenty of penises that come in all shapes and sizes. I don’t need the attachment to my body.”
Nate before mastectomy

Nate

Nate and girlfriend Laura
Matt

Matt is a 53-year-old female to male transsexual who lives in central Denver and works as the Managing Editor of a local gay newspaper. He identifies as a gay male. His childhood was more traditionally female in that his play/dress choices were of a feminine nature. He does describe periods of “maleness,” however, that were quite confusing to him until he became cognitively aware of the existence of female-to-male transgenderism. He then knew that this was the best fit for him.

Quotes

“As a child I just figured I couldn’t be a boy so I would try to be a girl – the best girl I could be.”
Paul

Paul is a 50-year-old tattoo artist from Oregon who has always had the desire to be a male. He describes his childhood and adolescence as very lonely times – times when he was only happy when he was by himself. He had a mastectomy almost three years ago and now, for his 50th birthday, is going to give himself the gift of a penis. After seeing a documentary concerning transsexual surgery with Dr. Marci Bowers, he has decided to come to Trinidad, Colorado, to have a metoidioplasty (the process of using testosterone to enlarge the clitoris and then surgically releasing it and moving it forward.) His father is no longer living, but his other and sister are supportive of his transformation. Paul is very philosophical about his situation. He wishes that “gender” were not so narrowly defined so that persons such as himself could live as they wished without so much emotional difficulty. In order to educate a larger audience about his situation, he has generously requested that we film a pre-surgical interview as well as his surgery.

Quotes

“I’m going to get a penis. I’ve always wanted one. Doesn’t every guy want one?”
Paul the night before surgery
Meet the Surgeon

Marci Bowers, M.D.*

Marci Bowers is a 1986 graduate of the University of Minnesota Medical School where she served as class and student body president. During her 20+ years as an obstetrician/gynecologist she has delivered more than 2000 babies and has served as Ob/Gyn Department Chairperson at Swedish Medical Center and as the only physician member of the Washington State Midwifery Board. She took over the Gender Reassignment Surgery Department in Trinidad, Colorado, in 2003, after having been chosen and trained by its founder, Dr. Stanley Biber. She has now performed more than 550 primary MtoF vaginoplasties and FtoM metoidioplasties. She performs more than 220 gender-related surgeries annually.

Dr. Bowers is listed among “America’s Best Physicians,” is a member-elect of the European Academy of Sciences, and is a member of WPATH (World Professional Association for Transgender Health). She has appeared on numerous Television programs, including Oprah, and made a small cameo on an episode of CSI: Las Vegas.

*Retrieved from www.marcibowers.com/about.html
Marci Bowers, M.D.

Drs. Biber and Bowers in surgery
Dr. Stanley Biber was a small-town physician who had performed more than 4500 sex change operations after he moved from Iowa to Trinidad, Colorado, and became the town’s only general surgeon. Biber received patients from all over the world and was thought to have performed more sex-change operations than any other surgeon in the world. Dr. Biber performed Gender and Sexual Reassignment Surgery in such large numbers that Trinidad, Colorado, became known as the “sex change capitol of the world.” He performed his first such surgery in 1969. Toward the end of his career, he trained and hand-picked Marci L. Bowers, M.D. to take over his practice. Dr. Biber died after being hospitalized for pneumonia on January 16, 2006.

The Transcendence Gospel Choir is a ground-breaking all-transgendered choir from San Francisco whose performances shatter assumptions about faith, gender, and religion. See *The Believers*, an award-winning documentary about the group. The Transcendence Gospel Choir is featured in the video series accompanying this Instructor’s Guide.
The following is the structured interview schedule for the five participants featured in this series:

**Interview Schedule**

**Gender History**

1. Type of play as a child (gender conforming vs. nonconforming)
2. Dress or desired dress as a child
3. Gender identity as a child and adult (looking for changes over time)
4. Reactions from family, friends, peers, and others to your gender behavior
5. Feelings about your body and reactions to puberty
6. First thoughts of gender confusion – give examples
7. History of cross-dressing
8. Other cross-gender experiences as an adult (e.g. passing in public as other gender)
9. Any medical treatments for gender dysphoria (e.g. hormones)
10. Attempts to adopt a cross-gender role (e.g., name change, electrolysis, breast binding)
11. Contact with transgendered groups or individuals
12. Goals for gender transition

**Sex History**

1. First sexual experience
2. Sexual abuse or trauma
3. Earliest sexual fantasies and masturbation patterns
4. Any experience of sexual arousal associated with cross-dressing?
5. Number and pattern of sexual experiences with both genders
6. Nature of any significant romantic/sexual relationships
7. Content of current sexual fantasies and genders of persons involved

**Future Plans**

1. Where go from here?
2. How do you picture your life situation 5 years from now?
3. Your hopes for your future
Classroom Discussion Questions

1. What are the major similarities of the five individuals featured in this material?

2. What are the major differences between the five individuals featured in this material?

3. If you were to see any of these five persons in a public place – Nate, Matt, Denise, Briton, Paul – would you know of their gender status?

4. Imagine a transgender scenario unfolding in your family. What would be the response of your family members?

5. Differentiate the concepts of sexual orientation and sexual identity. Describe these two concepts in relation to each of the five persons described in this manual.

6. What would be the most difficult aspects of adjusting to a body of the opposite sex?

7. What would be the easiest aspects of adjusting to a body of the opposite sex?

8. What are your beliefs concerning the causes of transsexualism? Re-read the segment of the workbook entitled “Gender Dimorphism.” How does this material answer this question?
Glossary

Cross-dressing – Dressing in the clothing and/or style of the opposite sex
Drag queen – Males, usually gay, who dress as female for entertainment or surprise, generally not for sexual arousal purposes
Female impersonator – Biological males appearing as females for public presentations
Fetishistic transvestism – In a heterosexual male, cross-dressing as a primary means of arousal. These fantasies often cause significant distress in social or occupational areas of functioning
Gender dimorphism – The differentiation from conception to adulthood of male and female
Gender identity disorder – Meeting the standards of the DSM-IV-TR for Gender Identity Disorder
Gender dysphoria – Gender confusion
Genital dimorphism – The differentiation of male from female genitals starting at three to four months gestation
Hysterectomy – The surgical removal of the uterus, fallopian tubes, and ovaries
Labiaplasty – The surgical creation of the labia minora and labia majora
Mastectomy – The surgical construction of breasts
Metoidioplasty – The surgical removal of the breasts
Metoidioplasty – The process of using testosterone to enlarge the clitoris and then surgically releasing the clitoris and moving it forward
Orchiectomy – Removal of the testicles, which eliminates the sources of androgen production
Paraphilia – “Para”- apart from the norm. Unusual arousal triggers.
Penectomy – Surgical removal of the penis
Phalloplasty – Surgical construction of a penis from tissue from other parts of the body
Salpingo-oophorectomy – The removal of the ovary with fallopian tubes
Scrotoplasty – reshaping and stretching of the labia to resemble a scrotum
Sexual Reassignment Surgery – Gender reassignment surgery or sex change operation. The surgical procedures by which one person’s physical appearance and/or function is altered to resemble and act like the other sex.
Transgendered – Persons living part- or full-time in the gender of the opposite biological sex
Transmen – Biological women living full-time as men
Transvestite – Part-time presentation by heterosexual males as the other sex. This is usually a trigger for their sexual arousal
Transwomen – Biological men living full-time as women
Uroplasty – Surgical reconstruction or rerouting of the urethra
Vaginectomy – The removal of all or part of the vagina
Vaginoplasty – Use penile skin to construct labia and a vagina
Maps and Graphs:

1. Hate Crime Laws in the U.S.
2. State Nondiscrimination Laws in the U.S.
3. Jurisdictions with Explicitly Transgender-Inclusive Nondiscrimination Laws
Hate Crime Laws in the U.S.*

State Nondiscrimination Laws in the U.S.*

Jurisdictions with Explicitly Transgender-Inclusive Nondiscrimination Laws

References


Information and Support Services

American Psychological Association
750 First Street, NE
Washington, DC, 20002
1-202-336-5500
lgbc@apa.org
www.apa.org/topics/transgender

FTMInternational
740A 14th St. #216
San Francisco, CA 94114
1-877-267-1440
info@ftmi.org
www.ftmi.org

Gender Identity Center
Lakewood, CO
303-202-6466

Gender Public Advocacy Coalition
1743 Connecticut Ave., NW
Fourth Floor
Washington, DC 20009
1-202-462-6610
gpac@gpac.org
www.gpac.org

The Harry Benjamin International Gender Dysphoria Association, Inc.
World Professional Association of Transgender
1300 South Second Street, Suite 180
Minneapolis, MN 55454
1-612-624-9397
hbigda@hbigda.org
www.hbigda.org
Marci L. Bowers, M.D.
328 Bonaventure Street, Suite #2
Trinidad, Colorado, 81082
1-719-846-6300
info@marcibowers.com
www.marcibowers.com

National Center for Transgender Equality
1325 Massachusetts Ave., Suite 700
Washington, DC 20005
1-202-903-0112
www.nctequality.org

Parents, Families, and Friends of Lesbians and Gays
(PFLAG) Transgender Network (TNET)
1726 M Street, NW
Suite 400
Washington, DC 20036
1-202-467-8180
info@pflag.org
www.pflag.org/TNET.tnet.o

Successful MtoF’s and FtoM’s
http://ai.eecs.umich.edu/people/conway/TSsuccesses/TSsuccesses.html
http://ai.eecs.umich.edu/people/conway/TSsuccesses/Transmen.html

Sylvia Rivera Law Project
322 8th Avenue
Third Floor
New York, NY 10001
1-212-337-8550
www.srlp.org

Transgender Law Center
870 Market Street
Room 823
San Francisco, CA 94102
1-415-865-0176
info@transgenderlawcenter.org
www.transgenderlawcenter.org
Summary of Colorado Senate Bill 200
(Signed into law May, 2008, by Governor Bill Ritter)

Equal Rights Colorado has posted a legislative update summarizing SB200 – “Expansion of Discrimination Prohibitions” bill (www.equalrightscolorado.org/)

Introduced by Sen. Jennifer Veiga and Rep. Judd, SB 08-200 will expand language prohibiting discrimination on the basis of sexual orientation, including transgender status, in housing practices, public accommodation, eligibility for jury service, availability of family planning services, as well as many other areas.

This is a chance to update the current laws in order to have consistency and predictability in the way Colorado’s anti-discrimination laws are applied. It will also add sex, marital status, disability, age, national origin, ancestry and religion as needed.

We must be sure to have protections not only against blatant acts of discrimination that occur, but also against the subtle discrimination that remains so pervasive.

This bill passed the Senate, the House and on May 29, 2008, was signed into law by governor Ritter.

  Retrieved from www.equalrightscolorado.org/
SB-200 Opponent Perspective

This film, *Transitioning: Male to Female; Female to Male*, depicts in the opening scenes at least one protestor who is opposed to the previously described SB-200. Ronald Brock, a 69-year-old former hairstylist, drives his “truth truck” around the Colorado Supreme Court building. He proclaims his concern that, based on SB-200, he could walk into the ladies room at any time and be protected by the law. His truck is covered with photos and signs protesting this Colorado law signed into law by the Colorado Governor Bill Ritter. This law prohibits discrimination based on sex or sexual orientation (“Chasing demons,” 2008).

The Transgender Civil Rights Project*

The National Gay and Lesbian Task Force has created the Transgender Civil Rights Project. This project disseminates information via their website concerning state and local legislation that impacts the transgendered community. The following is a listing of yearly summaries of legislation from 2002-2008.

2008 Year in Review, Thus Far
State Trans-Inclusive Legislation

As of July of 2008, the number of people who reside in a city, county or state that has explicit coverage for transgender people in its anti-discrimination law, rose by 2 million people. The total number of people now living in a jurisdiction with a transgender-inclusive anti-discrimination law in the United States is 109 million, 39% of the U.S. population.

New York: On June 3, The New York Assembly enacted GENDA, the Gender Expression Non-Discrimination Act. The measure seeks to prohibit discrimination on the basis of gender identity or expression in housing, employment, credit and public accommodations and would add gender identity or expression to the state’s hate crimes law.

Colorado passed a LGBT nondiscrimination law covering public accommodations, housing, and other areas.

2007 Year in Review
State Trans-Inclusive Legislation

In 2007, the number of people who reside in a city, county or state that has explicit coverage for transgender people in its anti-discrimination law, rose by 12 million people. The total number of people now living in a jurisdiction with a transgender-inclusive anti-discrimination law in the U.S. in 107 million, 38% of the population.

Oregon: On May 9, Oregon enacted a law prohibiting discrimination against LGBT people.

Iowa: On May 25, Iowa enacted a law prohibiting discrimination against LGBT people.
Vermont: On May 22, Vermont passed a law prohibiting discrimination against transgendered people.

Colorado: On May 25, Colorado enacted a law prohibiting discrimination against LGBT people.

2006 Year in Review
State Trans-Inclusive Legislation

In the year 2006, the number of people who reside in a city, county or state that has explicit coverage for transgender people in its anti-discrimination law, rose by 14,172,038 people. The total number of people now living in a jurisdiction with a transgender-inclusive anti-discrimination law in the United States is 94 million people, 34% of the U.S. population.

Washington: On January 31, Washington state amended its non-discrimination law to include LGBT protections.

Hawaii: On May 2, Hawaii enacted a law prohibiting discrimination against LGBT people in public accommodations.

New Jersey: On December 19, New Jersey enacted a law prohibiting discrimination based on gender identity or expression.

2005 Year in Review
State Trans-Inclusive Legislation

In the year 2005, the number of people who reside in a city, county or state that has explicit coverage for transgendered people in its anti-discrimination law, rose by 10,474,538 people. The total number of people now living in a jurisdiction with a transgender-inclusive anti-discrimination law in the United States is 80.4 million people, 29% of the U.S. population.

Illinois: On January 21, Illinois amended its non-discrimination law to include LGBT protections.

Maine: On March 31, Maine amended its non-discrimination law to include LGBT protections.

Maryland: On May 26, Maryland amended its state hate crimes law to include LGBT protections.
Colorado: On May 27, Colorado amended its hate crimes law to include LGBT protections, as part of the omnibus law enforcement bill.

Hawaii: On July 12, Hawaii amended its housing non-discrimination law to include LGBT protections.

California: On September 29, California amended its insurance code to prohibit discrimination against trans people and, on the same date, clarified that discrimination by public accommodations against LGBT people is prohibited.

2004 Year in Review
State Trans—Inclusive Legislation

In the year 2004, the number of people, according to the 2000 Census, who reside in a city, county or state that has explicit coverage for transgendered people in its anti-discrimination law, rose by 1,067,918 people. The total number of people now living in a jurisdiction with a transgender-inclusive anti-discrimination law in the United States is 69 million people, 25% of the U.S. population.

Connecticut: On May 21, Connecticut added “gender identity and expression” to the state hate crimes law.

2003 Year in Review
State Trans-Inclusive Legislation

In the year 2003, the number of people who reside in a city, county or state that has explicit coverage for transgendered people in its anti-discrimination law, rose by 32,035,137 people, nearly doubling the number of people covered in the U.S. when 2003 began. The total number of people now living in a jurisdiction with a transgender-inclusive anti-discrimination law in the U.S. is 68.8 million people, 24.5% of the U.S. population. At the beginning of 2003 it was 36.8 million people or 13% of the population.

California: On August 2, California amended the definition of sex to include protections for gender identity or expression in its employment and housing non-discrimination law.

New Mexico: On April 8, New Mexico added sexual orientation and gender identity to its non-discrimination law covering housing, employment and public accommodations. On the same day, New Mexico passed a hate crime law that included gender identity or expression among many other categories.
Hawaii: On April 22, Hawaii amended its hate crime law to include crimes motivated by gender identity or expression.

2002 Year in Review
State Trans-Inclusive Legislation

In the year 2002, the number of people, according to the 2000 Census, who reside in a city, county or state that has explicit coverage for transgender people in its anti-discrimination law, rose by 18,472,684 people, just barely more than doubling the number of people covered in the U.S. when 2002 began. The total number of people now living in a jurisdiction with a transgender-inclusive anti-discrimination law in the U.S. is 36.8 million people, 13% of the U.S. population.

New Jersey: On September 6, New Jersey passed a Safe Schools Law, which covered gender identity or expression among many other categories.

Pennsylvania: On December 3, Pennsylvania passed a Hate Crimes Law, which added gender identity among many other categories.