

The Gender Dysphoria Bible

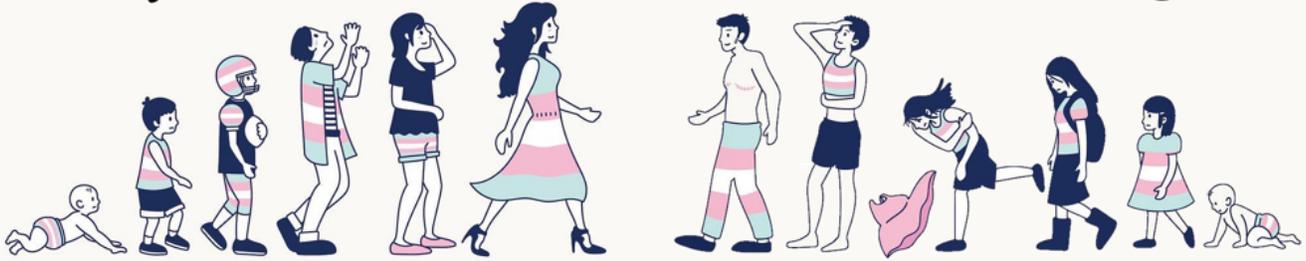


Table of Contents:

1. [Introduction](#)
2. [What is Gender?](#)
3. [The History of Gender Dysphoria](#)
4. [Gender Euphoria](#)
5. [Physical Dysphoria](#)
6. [Biochemical Dysphoria](#)
7. [Social Dysphoria](#)
8. [Societal Dysphoria](#)
9. [Sexual Dysphoria](#)
10. [Presentational Dysphoria](#)
11. [Existential Dysphoria](#)
12. [Managed Dysphoria](#)
13. [Impostor Syndrome](#)
14. [Clinical Diagnoses](#)
15. [Treating Gender Dysphoria](#)
16. [Causes of Gender Dysphoria](#)
17. [Chromosomes](#)
18. [How Hormones Work](#)
19. [Androgenic Second Puberty 101](#)
20. [Estrogenic Second Puberty 101](#)
21. [Conclusion](#)

Introduction

For as long as human civilization has existed, [there have been people](#) whose experience of their internal gender does not align with the physical features of their body. The Gala, a middle gender priest class of the Sumerian empire, existed over 4,500 years ago. The Indigenous cultures of North America recognized [a third gender](#) far before European colonialism, and still do to this day. Roman emperor Elagabalus (218 AD) insisted on being referred to as Lady rather than Lord, and even put forward a ransom for anyone who could conduct genital reconstruction surgery.

“**Trans·gen·der** – *adjective*
Denoting or relating to a person whose sense of personal identity and gender does not correspond with their sex assigned at birth.”

In spite of this, however, the modern understanding of the transgender experience has only existed for approximately 130 years. Even the word “transgender” only dates back to 1965, when John Oliven proposed it as a more accurate alternative to David Cauldwell’s term “transsexual” (coined in 1949), which itself replaced Magnus Hirschfield’s term “transvestite” (1910).

To be transgender is to have a gender identity which does not match the gender you were presumed to have based on the genitalia you were born with. This can mean a person born with a penis is actually a girl, that a person born with a vulva is actually a boy, or that a person with either genital configuration may not wholly fit either side of that spectrum and is non-binary.

A trans person can come to recognize this at *any point* in their life. Some children identify it at as soon as they are able to grasp the concept of the differences between the sexes, others don’t start to feel anything until the onset of puberty, and still others do not realize that anything is wrong at all until they are fully adults. Many people are simply never exposed to the idea that their gender could mismatch their birth sex, or what that feels like, and thus simply accepted their fate.

Even more common is a perception that even tho they have feelings about being unhappy with the gender they were assigned at birth, they believe that this is not the same as what transgender people experience. Some may feel that a wish to be transgender and have transition available is some kind of disrespect towards “real” trans people who knew they were actually boys or girls “born in the wrong body.” These narratives of the transgender experience that have been spread by popular media create a very false impression of just what it means to be transgender and what growing up transgender feels like.

This experience of discontinuity between the internal and external self is what we describe as Gender Dysphoria. Every trans person, regardless of their position within or outside of the gender binary, experiences some form of Gender Dysphoria. This is something of a political topic within trans communities, as different groups have their own ideas of what Gender Dysphoria is, how it manifests itself, and what qualifies a person as being trans. By and large, however, this debate is feckless and fruitless, as the definition at the top of this page encompasses the beginning and the ending of how these terms intermingle.

The purpose of this site is to document the many ways that Gender Dysphoria can manifest, as well as other aspects of gender transition, in order to provide a guide for those who are questioning, those who are starting their transgender journey, those already on their path, and those who simply wish to be better allies.

Title artwork based on works by [Jumpei JP Ueoka](#)



What is Gender?

If you trace the etymology of the word to its Latin roots, gender simply means “type”. The Norman French term **gendre** was in use in the 12th century to describe “the quality of being male or female.”

Many people attribute the term to psychologist John Money, who proposed using “gender” in 1955 to differentiate mental sex from physical sex. However, Money was not the first to do so. Cultural Anthropologist [Margaret Mead](#) used the term in 1949 in her book “Male and Female” to distinguish gendered behaviors and roles from biological sex. The American Journal of Psychology ([vol. 63, no. 2, 1950, pp. 312](#)) described the book thusly:

“A book, moreover, which gives beyond its premise; for it informs the reader upon ‘gender’ as well as upon ‘sex,’ upon masculine and feminine roles as well as upon male and female and their reproductive functions.

Margaret Mead moves from the specific delineation to the more general comparison of male and female in several communities, finally coming to an analysis of sex-patterns in our own midst and for our own time.

”

Human Sex (the adjective, not the verb) is broken down into three categories:

- **Genotype:** The genetically defined chromosomal karyotype of an organism (XX, XY, **and all variants there of**)
- **Phenotype:** The observable primary and secondary sexual characteristics (genitals, fat and muscle distribution, bone structure, etc)
- **Gender:** The internal mental model of a person’s own sex.

Any of these three aspects can fall into a position on a range of values. Your elementary school health class probably taught you that Genotype is binary, either Female (XX) or Male (XY), when the reality is that there are a dozen other permutations that can occur within human beings.

Likewise, many people believe that Phenotype is also binary, but biology has recognized for hundreds of years that when you plot out all sexual characteristics across a population, you actually end up with a bimodal distribution where the majority of the population falls within a percentile of two groups. This means that some people will, simply by nature of how life works, fall outside of the typical two piles. Many people fall in the middle, with characteristics of both sexes.

Gender, however, is a lot more... esoteric. There are a lot of different ways that people have attempted to illustrate the gender spectrum, but none have quite thoroughly captured it, because the spectrum is itself a very abstract concept.



Cog @CognitiveSoc

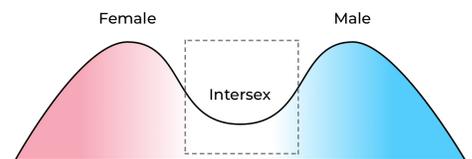
Magnus Hirschfeld was writing about Third Genders and transitioning between sex and gender in the late 1800s.

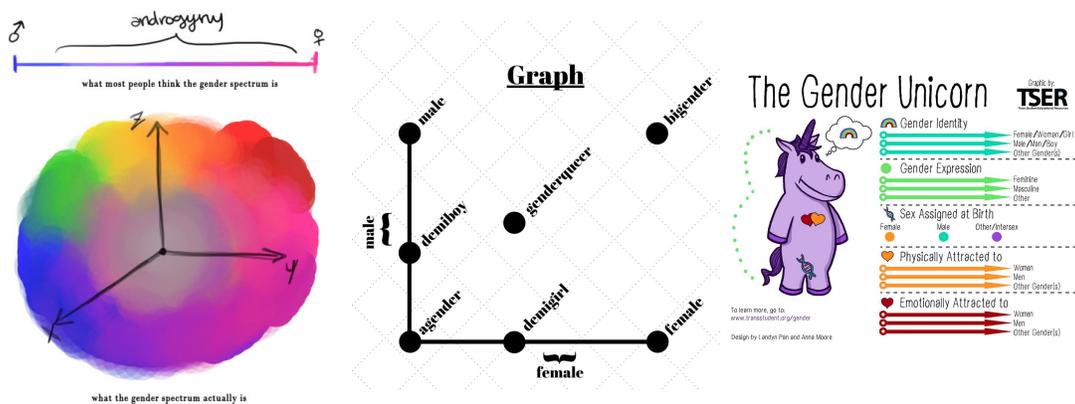
This book of his, entitled "What do people need to know about the Third Gender?" was written in 1901.

This stuff isn't new, it was just sidelined.



8:28 AM - Feb 15th, 2020





The short of it is, some people are very male, some people are very female, some people feel no gender at all, some people feel both, some are smack in the middle, some land along the edges. Some people oscillate all over the spectrum in unpredictable ways, changing like the wind. Only an individual can identify their own gender, no one else can dictate it for them.

Gender is part social construct, part learned behaviors, and part biological processes which form very early in a person's life.

Present evidence seems to suggest that a person's gender is established during gestation while the cerebral cortex of the brain is forming (more about that in the Causes of Gender Dysphoria section). This mental model then informs, at a subconscious level, what aspects of the gender spectrum a person will lean towards. It affects behavior, perceptions of the world, the way we experience attraction (separate from sexual orientation and hormonal influences) and how we bond with other people.

Gender also affects the expectations that the brain has for the environment it resides in (your body), and when that environment does not meet those expectations, the brain sends up warning alarms in the form of depression, depersonalization, derealization, and dissociation. These are the brain's subconscious ways of informing us that something is very wrong.

On the social side, gender involves presentation, how we communicate, what our expectations are from life, and the roles that we fulfill as we walk through life. These are all cultural factors, things which have developed within the population over time, but regardless of being essentially "made up", they are still connected to a gender identity. A person tends to connect to the social aspects of their internal gender, without even realizing they are doing it, and when they are denied access to those social aspects, this results in discomfort with their social position in life.

John Money's experiments attempted to confirm his belief that gender is entirely a social construct, and that any child can be raised to believe themselves to be whatever they were taught to be. His experiment was a massive failure (see the Biochemical Dysphoria section). Gender does not change, every human is the same gender at 40 that they were at 4. What changes is our own personal understanding of our gender as we mature as individuals.

These negative symptoms (depression, derealization, social discomfort) are the symptoms of Gender Dysphoria.

What **Gender is not** is sexual orientation. We describe orientation using terms relative to one's gender (homosexual/heterosexual/bisexual), but gender itself does not affect sexuality and sexuality has no role in gender.

In generalist terms this essay will be describing gender in a sense of binary identities (male/female) vs non-binary identities (agender, bigender, genderqueer, etc), but this is purely for the sake of writing simplicity. Please know that the depth of gender experience and expression is far, far more complicated than this simple breakdown.

A Brief History of Gender Dysphoria

In 1948, noted sexologist Dr. Alfred Kinsey (yes, [that Kinsey](#)) was contacted by a woman whose male child adamantly insisted that they were in fact a girl, and that something had gone very wrong. The mother, rather than trying to suppress her daughter, wished to help her become who she knew herself to be. Kinsey reached out to a German endocrinologist named [Dr. Harry Benjamin](#) to see if he could help the child. Dr. Benjamin then developed a protocol of estrogen therapy for the teen, and worked with the family to find surgical help.

Benjamin then went on to refine his protocol and treated thousands of patients with similar feelings over the course of his career. He refused to take payment for his work, instead taking satisfaction from the relief he granted these patients, and using their treatment to further his understanding of the condition. He coined a term for this feeling of incongruence in 1973: Gender Dysphoria. Unfortunately, this term would not be used in the United States until 2013, with the American Psychiatric Association opting for the term Gender Identity Disorder instead.

	Group 1			Group 2	Group 3	
Profile	Type I TRANVESTITE	Type II TRANVESTITE	Type III TRANVESTITE	Type IV TRANSEXUAL	Type V TRUE TRANSEXUAL	Type VI TRUE TRANSEXUAL
"GENDER FEELING"	Pseudo Masculine	Fetishistic Masculine	True Masculine (but with less conviction.)	Nonsurgical Undecided, Wavering between TV and TS.	Moderate intensity Feminine, ("Trapped in a male body".)	High intensity Feminine, Total psycho- sexual inversion.
DRESSING HABITS AND SOCIAL LIFE	Lives as man. Could get occasional "kick" out of "dressing." Not truly TV. Normal male life.	Lives as man. "Dresses" periodically or part of the time. "Dresses" underneath male clothes.	"Dresses" constantly or as often as possible. May live and be accepted as woman. May "dress" underneath male clothes, if no other chance.	"Dresses" as often as possible with insufficient relief of his gender discomfort. May live as a man or a woman; sometimes alternating.	Lives and works as woman if possible. Insufficient relief from "dressing."	May live and work as woman. "Dressing" gives insufficient relief. Gender discomfort intense.
SEX OBJECT CHOICE AND SEX LIFE	Hetero-, bi-, or homosexual. "Dressing" and "sexchange" may occur in masturbation fantasies mainly. May enjoy TV literature only.	Heterosexual. Rarely bisexual. Masturbation with fetish. Guilt feelings. "Purges" and relapses.	Heterosexual, except when "dressed." "Dressing" gives sexual satisfaction with relief of gender discomfort. May "purge" and relapse.	Libido often low. Asexual or auto-erotic. Could be bisexual. Could also be married and have children.	Libido low. Asexual, auto-erotic, or passive homosexual activity. May have been married and have children.	Intensely desires relations with normal male as "female," if young. Later, libido low. May have been married and have children, by using fantasies in intercourse.
KINSEY SCALE*	0-6	0-2	0-2	1-4	4-6	6
CONVERSION OPERATION	Not considered in reality.	Rejected.	Actually rejected, but idea can be attractive.	Attractive, but not requested or attraction not admitted.	Requested. Usually indicated.	Urgently requested and usually indicated. Indicated.
ESTROGEN MEDICATION	Not interested. Not indicated.	Rarely interested. Occasionally useful to reduce libido.	Attractive as an experiment. Can be helpful emotionally.	Needed for comfort and emotional balance.	Needed as substitute for or preliminary to operation.	Required for partial relief.
PSYCHOTHERAPY	Not wanted. Unnecessary.	May be successful. (In a favorable environment.)	If attempted usually is not successful as to cure.	Only as guidance; otherwise refused or unsuccessful.	Rejected. Useless as to cure. Permissive psychological guidance.	Psychological guidance or psychotherapy for symptomatic relief only.
REMARKS	Interest in "dressing" only sporadic.	May imitate double (masculine and feminine) personality with male and female names.	May assume double personality. Trend toward transsexualism.	Social life dependant upon circumstances.	Operation hoped for and worked for. Often attained.	Despises his male sex organs. Danger of suicide or self-mutilation, if too long frustrated.
*See explanation in the adjoining text. Type 0: normal sex orientation and identification, heterosexual or homosexual. The idea of "dressing" or "sex change" foreign and unpleasant. Vast majority of all people.						

Harry Benjamin Diagnostic Scale

If you are a trans person reading this, you may have heard the name Harry Benjamin before, but probably not in a favorable context. In 1979 his name was used (with permission) in the forming of the Harry Benjamin International Gender Dysphoria Association (HBIGDA), which released a Standards of Care (SoC) for transgender people. This SoC came to be known as the Harry Benjamin Rules, and were infamously limiting in regards to how Gender Dysphoria could be diagnosed. Patients were placed within a six tier scale based upon their level of misery and sexual dysfunction. If you did not land at Tier 5 or higher, classified as a "True Transsexual", you were usually rejected for treatment.

The problem was, Tier 5 and 6 required that you had to be exclusively attracted to your own birth sex. Transition *had* to be making you straight, not gay, and bisexuals were not allowed. You also had to be experiencing severe distress with your body and genitals, and already be living as your true gender without treatment. Many trans people got around these limitations through community coaching and performative presentations, but for many people (myself included) it was believed that if you did not fit all the criteria, then you were not trans enough to transition.

In 2011 the HBIGDA reorganized itself to respond to mounting pressures in trans understanding and acceptance, taking on the new name World Professional Association for Transgender Health (WPATH). Under guidance by actual transgender people (a first for the organization), WPATH then proceeded to release an entirely new Standards of Care (SoC, version 7, the first in ten years) which

abandoned the Benjamin Scale, focusing on specific individual symptoms and disconnecting gender from sexuality entirely. Two years later, in 2013, the American Psychiatric Association changed their diagnostic criteria to match the WPATH SoC in their Diagnostic and Statistical Manual of Mental Disorders (DSM) version 5, replacing Gender Identity Disorder with Gender Dysphoria. With this change, medical transition became available to all trans people in the United States.

This is why trans presence across the world has suddenly exploded in the last decade. With easier access comes larger numbers, with larger numbers comes more visibility, with more visibility comes more awareness, and with more awareness comes more people accessing treatment. [A study conducted in 2014](#) showed 0.6% of adults and 0.7% of youth in the United States identified as transgender, [a study conducted in 2016](#) showed 1.8% of high school age students identified as transgender, and [a survey conducted by GLAAD in 2017](#) showed a whopping 12% of respondents 18 to 34 did not identify as cisgender.

Transgender people are coming out of the woodwork; we are everywhere.

So What Is Gender Dysphoria?

There is a common misconception among both cisgender and transgender people that Gender Dysphoria refers exclusively to a physical discomfort with ones own body. However, this belief that body discomfort is central to Gender Dysphoria is in fact a misconception, and is not even a majority component of a Gender Dysphoria diagnosis. Gender Dysphoria crosses a large number of all aspects of life, including how you interact with others, how others interact with you, how you dress, how you behave, how you fit into society, how you perceive the world around you, and yes, how you relate to your own body. Consequently, proponents of the WPATH SoC 7 and the DSM-5 have taken to a habit of saying that you do not have to have dysphoria to be transgender. This statement is often repeated like a mantra, as it informs people who do not feel significant body discomfort that they may also be transgender.

In principle, Gender Dysphoria is a feeling of wrongness intrinsic to the self. There is no logical backing to this wrongness, there is nothing which explains it, you can not describe why you feel this way, it is just there. Things in your existence are incorrect, and even knowing which things *are* incorrect can be hard to properly identify.

The way I used to describe it is like wearing an adult's glove when you are a child. You can put your hand into the glove, and your fingers feed into the digits of the glove, but your dexterity with the glove is severely hindered. You might be able to pick something up, but you can not manipulate it like an adult could. Things just aren't quite right.

Evey Winters described it this way [in her Dysphoria post](#).

“Have you ever been sitting somewhere in a public or a formal place and all of a sudden the bottom of your foot itches? It's not like you can remove your shoes right there and scratch it, so you endure the feeling of dying inside while this itch grows and grows until you are ready to murder the next person that speaks to you.

Or when I was younger I used to watch cable TV in the mornings before school. Because it was cable TV in rural WV in the early 90's, every so often I'd turn on my favorite channel to watch my shows while I ate my maple oatmeal and I'd be seeing Power Rangers — but the audio would be from another station (usually the weather channel). The video was fine. The audio was fine. But the mismatch between them? That's the kind of frustration that sits with you all day as a child.

It's the feeling you get when you ask for a crisp refreshing Diet Coke and the server says, “Is Pepsi ok?”

It is knowing that something is wrong and not being able to do a damn thing about it.

“Dys·pho·ri·a – *Noun*

A state of unease or generalized dissatisfaction with life. The opposite of euphoria.



Gender Dysphoria is, at its core, simply emotional reactions to the brain knowing that something does not fit. This incongruence is so deep inside the brain's subsystems that there is no obvious message of what the problem is. The only way we have to identify it is

via the emotions that it triggers. Our consciousness receives either positive (euphoria) or negative (dysphoria) feedback according to how well our current environment aligns with our internal sense of self. Part of transition is learning to recognize those signals.

Cisgender people receive them as well, but since the signals usually align with their environment, they take them for granted. There have been a few notable occasions, however, when a cisgender person has been [put into a situation](#) where they experience gender dysphoria. Attempts to raise cisgender children [as the opposite sex](#) (Content warning: suicide) have always met with failure when the child inevitably declares themselves differently.

These impulses of euphoria and dysphoria, arousal and aversion, they all manifest in many different ways, some obvious, some much more subtle. Dysphoria changes over time as well, taking on new shapes as one moves from pre-awareness into understanding and through transition. The goal of this essay is to break down these manifestations into their distinct categories and describe them so that others may learn to recognize them. This is a very lengthy essay, so I have separated it into multiple pages.

However, first I must stress something very important, so important that I am putting it into big bold letters:

EVERY SINGLE TRANS PERSON EXPERIENCES A DIFFERENT SET OF DYSPHORIA SOURCES AND INTENSITIES

There is no one single trans experience, there is no standard set of feelings and discomforts, there *is no one true trans narrative*. Every trans person experiences dysphoria in their own way to their own degree, and what bothers one person may not bother another.

Ok, that disclaimer out of the way, let's get to the meat and potatoes.

Gender Euphoria

Before I can talk about discomfort, I have to talk about relief. Gender Euphoria is itself a sign of Gender Dysphoria. You might be asking yourself, “how can happiness be sadness?” The answer to that is simple.

Imagine a person who was born in a cave, who spent their entire life living underground, their only source of illumination being candles and oil lamps. Imagine they’ve never been above ground, they don’t even know the surface exists. Then one day a cave-in happens in a side tunnel, and reveals an opening to the surface. Sunlight pours into the opening, and at first it is blinding and the person runs away in fear. Later they return to the opening, and as the person’s eyes adjust they look out through the hole and see a bright and brilliant world full of colors they didn’t even know existed.

That world is scary, it’s huge and full of unknowns, so they crawl back into the cave for safety, but that hole is still there, and they see the light every time they pass it. Gradually they peek out more and more frequently, and further and further from the opening. They start to want that light, they find reasons to visit it more often.

Eventually they realize that they don’t want to go back into the hole any more. They have to go back, because that is where their family and friends are, but this place is so much better, they want to stay here. Going back into the hole feels wrong, it starts to hurt to be in the dark so much.

This is what Gender Euphoria is like, it is brief flashes of a light that may be too bright to handle at first, too confusing to understand, but as time goes on you become more accustomed to them and you realize that this is where you belong, and the darkness becomes the dysphoria.

Many trans people have no idea how much pain they are in until they find small bits of relief. Cosplay, stage acting, drag, role playing games, video games; small little forays into a different gender than they have lived as. They find that it feels just a little bit more comfortable. They’ll make up excuses for why (“If I’m gonna be looking at this character’s ass, it might as well be a girl’s ass.”), they’ll try to convince themselves it’s all just for fun, or an artistic expression. They might tell themselves that the bits of joy they feel at hearing a different pronoun are just novelty. But soon they find themselves looking for reasons to get that more often. More and more frequently they’re role playing characters of a different sex, building more costumes, buying more clothes, performing more often. You find yourself wanting to do that all the time, because it just feels better than your real life, and being “you” starts to hurt. Eventually, the old you becomes the costume.

This is the most fundamental reason why we as a community say “you do not need dysphoria to be trans”, because black ink on a black canvas isn’t visible without close examination and a lot of light.

Anything that can be a source of dysphoria has an equal and opposite euphoria.



Eu·pho·ri·a – *Noun*

A feeling or state of intense excitement and happiness. Elation, joy, glee.



Nightling Bug 
@NightlingBug



Fish don't notice water. It's all around them. Most fish have never left it.

And often, trans people in denial don't notice the gender dysphoria that suffuses their daily lives.

I'm just going to list some idiosyncrasies and discomforts that I didn't realize were dysphoria:

11:25 AM - Jan 10th, 2020

Examples:

- Being gendered correctly
- Being addressed by your chosen name
- Wearing correctly gendered clothing
- Seeing and feeling changes in your body
- Seeing yourself in the mirror (removal of depersonalization)
- Socializing in a way that conforms with gendered expectations
- Getting a haircut in a masculine / feminine / androgynous manner
- Shaving your legs
- NOT shaving your legs
- Being included in something you wouldn't otherwise because of your assigned gender (e.g. bridal party or bachelor shower)
- Feeling sexy / having sex in a way that aligns with your gender and sexuality.

Even just being out in the world as yourself and being seen as yourself can be massively euphoric.

What euphoria is NOT is a sexual high, turn on, or fetish. Sometimes euphoria can trigger a sexual response, and there are many factors at play that cause that (feeling good about your body is a turn on, for example), but it is not a source of sexual excitement. Trans people are not "getting off" on presenting or acting like their true selves.

That said, many people who have not yet realized they are trans may resort to fetishes and kinks to express their gender and/or relieve their dysphoria. They may maintain some of these kinks through transition. There is no shame in this, how they find sexual fulfillment is their own business. However, these things are *alongside* their gender. A trans person's sense of gender persists indefinitely, it does not go away when they go back to their daily lives.



The image shows a screenshot of three tweets from Twitter. The first tweet is from Erin, leggings mom (@ErinInTheMorn) and says: "Just finished 22 valentines cards for my son's daycare class. We wandered about Target to get some candy. It is great just existing, being myself, with my son and living life being seen the way I truly am. Even all of his daycare friends say 'your mom's here!' :)". The second tweet is from Jooeyun (@TwippingVanilla) and says: "It really is. Just... existing. No mask, no filters, no misconceptions. Fully actualized. It's bliss. Cis folk take it so for granted.". The third tweet is from Erin, leggings mom (@ErinInTheMorn) and says: "Yes they do!".

Erin, leggings mom
@ErinInTheMorn

Just finished 22 valentines cards for my son's daycare class. We wandered about Target to get some candy. It is great just existing, being myself, with my son and living life being seen the way I truly am.
Even all of his daycare friends say "your mom's here!" :)

6:18 PM - Feb 13th, 2020

Jooeyun
@TwippingVanilla

It really is. Just... existing. No mask, no filters, no misconceptions. Fully actualized. It's bliss. Cis folk take it so for granted.

7:52 PM - Feb 13th, 2020

Erin, leggings mom
@ErinInTheMorn

Yes they do!

7:55 PM - Feb 13th, 2020

Physical Gender Dysphoria

Everyone has heard of the “born in the wrong body” narrative. Physical Dysphoria is discomfort over the shape of one’s body due to the sexual characteristics it presents. So what body features are we talking about here?

Primary Sex Characteristics

The core reproductive features which develop during pregnancy

- Gonads
 - Testicles
 - Ovaries
- External Genitalia
 - Penis
 - Clitoris
 - Scrotum
 - Labia
 - Vulva
- Internal Reproductive Organs
 - Prostate / Skene’s Gland
 - Uterus

Secondary Sexual Characteristics

All sexually dimorphic features which develop during and after puberty as a result of hormone exposure. In general, these features are all nearly identical for both male and female prepubescent children.

- Fat Distribution
 - Waist, Hips, Butt Shape
 - Thighs, Arms, Back
 - Cheeks and Jaw Line
- Muscle Mass
 - Neck, Shoulders and Upper Body
 - Arms and Legs
 - Abdominal

- Skeletal Build
 - Range of Height
 - Size of Feet and Hands
 - Width of Shoulders
 - Rib Cage Breadth
 - Thickness and Density of Limbs
 - Forehead, Brow, Cheek and Jaw bones
 - Pelvic Width
- Skin Texture and Tone
- Voice Pitch and Resonance
- Breast Development
- Facial Hair
- Body Hair (excluding genitals and arm pits)

Primary characteristics can only be altered through surgical intervention. Some secondary sexual characteristics are also one-way trips and require medical intervention to undo, namely the growth of breast tissue and the deepening of the vocal chords. Estrogen does not make the voice more feminine, Testosterone does not make breasts shrink (aside from the loss of fat). Changes to skeletal structure (such as enlarging from testosterone and the widening of hips from estrogen) can only occur prior to the age of 25, while the body is still growing.

Some secondary traits can be surgically enhanced (Breast Augmentation, body contouring, facial masculinization / feminization), and some cannot be changed at all.

Physical dysphoria manifests in several different ways. Sometimes this is felt in a sort of phantom limb phenomenon, where the person can feel sensations from a penis or vagina that is not there, an ache in a uterus that does not exist, or a sense of absence on the chest from breasts that have not grown in.

It can be felt as a sort of *reverse* phantom effect, where the person is persistently aware of something that should *not* be there. The brain is receiving sensory input that it does not expect, such as the weight of breasts, or the presence of testicles or a uterus, and this input takes priority because it isn’t expected.

It may be felt as horror or revulsion when looking at or touching the external genitals, triggering emotional outbursts or a strong desire to remove the offending organ. AFAB (assigned female at birth) trans people may experience feelings of wrongness during menstruation, or a sense of alien disconnect from their hormone cycle.

It can manifest as a compulsion to be rid of certain body traits, such as obsessively shaving body or facial hair. This can also manifest in the opposite compulsion, leading to meticulous grooming of those traits in order to try to control them, like maintaining a perfect beard, persistently keeping ones nails manicured and polished, or spending hours in the gym attempting to hone ones shape.

Undesired physical features may prompt a person to experience envy of people who have been forced to remove those features due to illnesses,

For Your Information

The genitals of a transgender person on hormone therapy do not behave remotely like their cisgender counterparts.

- The Estrogenic Penis softens, erections become less pronounced, the skin thins and begins to perspire like a vaginal wall. The scrotum softens and changes color, with the perineal raphe becoming more distinct. Due to the cessation of random erections, the erectile tissue will atrophy if not regularly put to use, causing the entire penis to shrink over time. Vibration becomes more effective for arousal.
- The Androgenic Vagina becomes dryer & prone to tearing (lubrication can be an issue). The skin of the clitoris thickens, and the clitoral glans grows in length and girth due to the onset of random erections. Labia also become thicker, and often hairier. The onset of HRT often results in extreme sensitivity of the clitoris.



Not Even a Chef
@EloraEdwards



When my friends back in high school would discuss who their ideal woman was, they were all describing physical traits of a person they’d want to date... as I explained who I wanted to be.

I always thought everyone had a dirty little secret like mine. A bit of closet shame.

4:35 PM - Jan 22nd, 2020

such as testicular or breast cancer. AMABs with severe genital dysphoria tend to have a wish for some kind of freak accident that would cause the loss of their phallus.

Sometimes it may just simply be a feeling of being incorrect, which you may not even attribute to gender or sex. For most of my life I believed that the reason I hate my body was because I was fat. It wasn't until I started transition that I realized I don't hate my fat at all, I hated having *male* fat. The feminine curves that HRT gave me make me feel so much more in tune with my body.

The dysphoria one feels about their body can and will change over time, for better and worse. For example, many trans women enter into transition feeling no disconnect with their genitals, but later find that as larger sources of dysphoria melt away, that they become less comfortable with their original configuration. Alternatively, some may assume that they will absolutely need facial feminization surgery, but then 2 years in to transition, realize they're actually okay with how they look.

It's okay for you to realize you need more or less than when you started.

It's okay if you don't hate anything about your body, and just wish you looked more feminine or masculine.

It's okay if you only hate some aspects of your body, and don't wish to change all of its sexual characteristics.

It's okay if you don't need medical transition *at all*. Body feelings are not the be-all-end-all of transition.

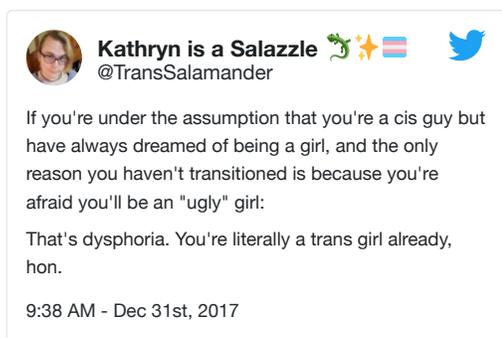
Total body physical dysphoria is not a requirement to be transgender. AFABs do not have to hate their chest, AMABs do not have to hate their penis. Every trans person's experience is different. All are valid.

Internalized Body Image Issues

The world is full of subconscious messages about how men and women's bodies should be shaped. We are bombarded with advertising and media creating a normalized view of what is and is not beautiful. Don't be too fat, don't be too skinny, don't be too tall, don't be too short, don't have too broad of a chin, don't have too large of a nose, wear makeup but don't wear too much makeup, don't leave the house without a bra, but don't let the bra show. On and on and on, the constant barrage of expectations of gendered appearance.

Everyone absorbs these messages, and trans people internalize the factors which matter to the gender they align with. Trans girls grow up mapping feminine standards onto themselves, trans boys map masculine standards on to themselves, and enbies often internalize shame around androgyny. This is *on top* of the shame they are loaded with for not living up to their assigned gender's standards.

What is the end result of this? Kathryn said it best:



 **Kathryn is a Salazzle** 🌈🌟🇺🇸🇧🇪 
@TransSalamander

If you're under the assumption that you're a cis guy but have always dreamed of being a girl, and the only reason you haven't transitioned is because you're afraid you'll be an "ugly" girl:

That's dysphoria. You're literally a trans girl already, hon.

9:38 AM - Dec 31st, 2017



 **Kathryn is a Salazzle** 🌈🌟🇺🇸🇧🇪 
@TransSalamander

Don't feel too bad about never realizing it. I just had this eureka moment myself.

But that's literally dysphoria. You feel discomfort being reminded of the disconnect between who you want to be (who you ARE) and what you look like.

9:42 AM - Dec 31st, 2017



 **puppy's panda** 
@meimeimeixie

I was told that because I didn't have genital dysphoria, I wasn't "trans enough" to transition. I subsequently lived a decade of denial and self-hatred.

Funnily enough, after starting to transition, I began to recognize some of my anguish for what it was: genital dysphoria.

2:24 PM - Oct 16th, 2019

 **Jocelyn**
@TwippingVanilla

[@MamaCoffeeCat](#) Me pre-hrt: I don't hate my penis at all.

Me 2.5 years on hrt: GET THIS THING OFF ME.

7:22 AM - Oct 17th, 2019

Biochemical Dysphoria

The primary sexual features of the body begin development during the 8th week of human gestation. Typically by week 11 it is possible to determine the genitals of a fetus via ultrasound. The brain, however, forms [between weeks 14 and 24](#). Current prevailing understanding of neurological development suggests that it is during these 10 weeks when the brain will either masculinize or feminize based upon the presence of testosterone in the infant's bloodstream (initiated by the SRY gene on the Y chromosome, or introduced from other sources). This process locks the brain into a pattern of either desiring estrogens or androgens.

If your brain is wired for one gonadal hormones (such as testosterone) and your body produces the other hormone (such as estradiol), this can result in a biochemical malfunction within your brain chemistry. This produces a sort of brain fog, a reduction in mental capacity, and a general state of anxiety and unease. This is the source of the first two symptoms that often alleviate with medical hormonal therapy, Depersonalization and Derealization (DPDR).

Depersonalization is a disconnect from your own body, an inability to believe that the person you see in the mirror is actually yourself. You feel like you are watching someone else in your body. You may find yourself not caring about what happens to your body, lack of concern with weight changes or improving your fitness because you have no ownership of this fleshy vehicle that transports you around your life.

Zinnia Jones [gives these descriptions for Depersonalization](#):

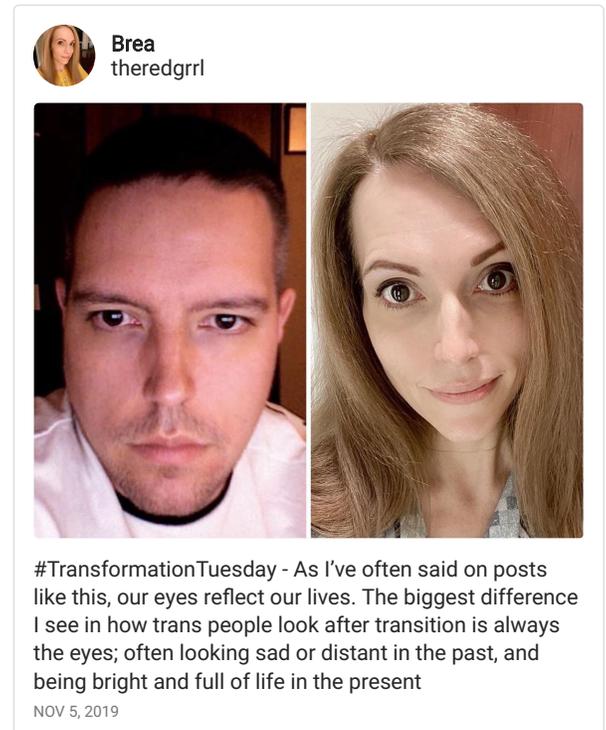
- A sense of detachment or estrangement from your own thoughts, feelings, or body: "I know I have feelings but I don't feel them"
- Feeling split into two parts, with one going through the motions of participating in the world and one observing quietly: "There is this body that walks around and somebody else just watches"
- Feeling as if you have an "unreal" or absent self: "I have no self"
- Experiencing the world as distant, dreamlike, foggy, lifeless, colorless, artificial, like a picture with no depth, or less than real
- Being absorbed in yourself and experiencing a compulsive self-scrutiny or extreme rumination
- Having an ongoing and coherent dialog with yourself
- Feeling like a veil or glass wall separates you from the world
- Emotional or physical numbness, such as a feeling of having a head filled with cotton
- Lacking a sense of agency – feeling flat, robotic, dead, or like a "zombie"
- Inability to imagine things
- Being able to think clearly, but feeling as if some essential quality is lacking from your thoughts or experience of the world
- A sense of disconnectedness from life, impeding you from creative and open involvement with the world

You may put little care into your physical appearance, reaching for only the basic utilitarian needs in clothing and personal hygiene. Alternatively, you may hyperfocus on your appearance, attempting to try to spark some kind of joy, any kind of feeling of pride in your own body, only to be met with more hollowness.

You may be unconcerned with the state of your body, perhaps not even fearing death, because you have so little attachment to your life.

Derealization is a detachment from the world around you, a mental sense that everything you perceive is false.

- Your surroundings seem alien or unfamiliar, even if you've always been there, like someone has swapped out your house for a stage replica.
- Moving through the world feels like you're walking on a treadmill, with the buildings moving around you instead of you through them.



- Feeling emotionally disconnected from people you care about, as if you were separated by a glass wall, or like they are just actors pretending to be the people they claim to be.
- Surroundings that appear distorted, blurry, colorless, two-dimensional or artificial, or a heightened awareness and clarity of your surroundings. Leaves on trees feel like they have extra sharp edges, for example.
- Distortions in perception of time, such as recent events feeling like distant past.
- Distortions of distance and the size and shape of objects
- Feeling like a passive observer in the events of your life

If you found yourself strongly relating to The Matrix or The Truman Show, you might be experiencing derealization. This can also manifest as a feeling of otherworldliness, like you don't belong in this society. You're just walking around waiting for your super powers to appear, or for an owl to fly up with your letter to Hogwarts. As a teen I was obsessed with an episode of The Outer Limits where a boy discovers a spaceship under his house and learns that he and his parents aren't actually human.

DPDR sometimes comes with an emotional stunting. You are able to laugh and find humor, but rarely ever genuine joy. Moments of sadness or grief cause you to just go numb, dissociated by the event that caused it. This can also go in the opposite direction, where the person is under so much anxiety that their emotional response is extremely disproportionate to the catalyst, resulting in severe crying or violent outbursts from seemingly small events.

It's important to note that DPDR is not exclusive to Gender Dysphoria. This condition is co-morbid with several other mental health issues, including chronic depression, obsessive compulsive disorder, and borderline personality disorder. DPDR should not be taken as a sign of Gender Dysphoria purely on its own, it's just a big alarm signal that something is very wrong. It's also usually pretty easy to spot externally, once you know how to watch for it. People with DPDR tend to have a mile long stare as they move about in the world; eyes so gloomy and dead that they look like a shell. One of the most common comments on transition timelines is how the eyes gain so much spark.

The Ebb and Flow

The intensity of physical and biochemical dysphoria is highly influenced by other factors in the body. Because it is a function of endocrine balance, it is also manipulated by those balances. This means that it can rise and fall from day to day. For example:

- If your blood sugar is out of whack, or you have a thyroid condition, it could cause your dysphoria to spike.
- If you are having dopamine withdrawal because of ceasing stimulants, that can make it worse.
- If you start on an SSRI Antidepressant and start running with more serotonin, that can make it less intense.
- Transfeminine AMABs (people assigned male at birth) with testicles experience surges in testosterone in relation to attraction and desire, which can make them more dysphoric.
- Transmasculine AFABs (people assigned female at birth) with unsuppressed ovaries experience rises and falls in estrogen and progesterone over the course of their menstrual cycle, making their dysphoria intensify and lessen based on what day of the cycle they are on.

There are dozens of systems in the body that all work in tandem, and they all fluctuate from day to day, manipulating general mental state. This general dysphoria can amplify the affect of all other dysphoria. One day you can shrug off misgendering like it's nothing, and then the next it hurts like a stab in the heart every time. One day you see yourself in the mirror, the next you're staring at the old you.



Nighting Bug 
@NightingBug



You have an underlying sense that you are "not like" most people. Your friends might get you, but you draw an instinctive and unconscious line between you and "normal" people. When you interact with a "normal" person, you're not sure what to say or how to act.

You find it hard to prioritize your own feelings. You're aware of emotions you *should* be feeling, but they're distant and fake-seeming. When someone else is upset, it's much more real and urgent. You believe this is just your stoic, protective nature.

You often feel directionless in life. When asked about career goals in High School, you didn't really care about your answer. Even careers centered in your interests seemed kind of intolerable. You struggle to imagine a future for yourself where you are happy or fulfilled.

You only take steps to better your life when external forces *make* you. You'd rather withdraw and self-minimize and focus on escapist hobbies. You're just not motivated to attain nice things for yourself. (You tell yourself that this is a zen acceptance, a freedom from desires.)

1:00 PM - Jan 10th, 2020

Some people experience this in a genderfluid way, with some days leaning male, some days leaning female, and other days not feeling any gender, or both. Others just feel it like a seasonal river; sometimes it swells because of rains up stream, sometimes it slows to a trickle because of drought.

All of this is valid, and just because you feel very dysphoric one day and not dysphoric the next does not mean that you aren't really trans.

This Happens Both Ways

Sometimes you will hear naysayers suggesting that taking hormone therapy always improves mental health. I heard this myself when I came out to my mother. "Estrogen makes everyone happier." This is flat out false. When cis people are put on cross hormone therapy it always results in dysphoria. This is one reason why Spironolactone is rarely ever prescribed to men, because the anti-androgen factor causes mental instability. Five to ten percent of cis women suffer from Polycystic Ovarian Syndrome (PCOS), a condition which causes the ovaries to produce testosterone instead of estrogen. Ask any one of them how their mental health has been, and they will give you an ear full.

One very potent demonstration of this is the tragic case of [David Reimer](#). At seven months of age David and his twin brother were given circumcisions to treat a bad case of phimosis (a skin condition on the foreskin). David's went horribly wrong, and the penis was destroyed. The decision was made to perform vaginoplasty and raise him as a girl, including estrogen therapy at pubescence. By the age of 13 he was deep into suicidal depression and suffering greatly, as no amount of coaching and encouraging can make a boy enjoy being a girl. When his parents informed him of what had happened, he returned to a male presentation, switched to testosterone therapy, and over the course of his teen years had multiple operations in order to transition back to male.

People know when they're living the wrong gender.

Psychologist John Money oversaw David's case and was largely responsible for the decisions that were made in David's upbringing. Money, seeking to make a name for himself, massively misreported on David's case, calling it a complete success in his reports. The result of this echoes to this day, as Money's reports were used as an example of why performing genital corrective surgeries on intersex infants was an appropriate course of action. Fifty years later there are still doctors who believe that you can just change a child's genitals and raise them as that gender, and it will stick.

This is the tragedy of the [intersex](#) community. Roughly one in every 60 births results in some kind of intersex condition (though not all of these are related to genitalia). Often times the "corrective" procedures used on intersex children results in a loss of function and/or sensation. Far too frequently, doctors would opt towards forced female assignment because it was easier to construct a vulva than a penis.



Secret Gamer Girl
@SecretGamerGrrl



Worth noting that in the event a confused cis person were to attempt medical transition without being stopped by any of the absurd number of gate keepers and actual medical professionals whose sign-off is typically needed, here's what would happen: They take some pills, or a shot

which will then proceed to make them feel absolutely awful, like pouring sugar into the gas tank of their brain. At which point one assumes they would immediately cease taking the hormone supplements they did not actually need and resume a normal life with no lasting consequence

Should a REALLY stubborn and confused cis person ignore feeling like total garbage and keep on taking HRT they shouldn't be taking for several months, they might also experience some acne and/or their skin clearing up and looking great, and a woman might start growing facial hair

a man in such a position might deal with gynecomastia after like, a year or so, give or take, of again, feeling like complete garbage from taking unneeded estradiol supplements. Anyone, in a similar timeframe, might be looking at their genitals acting like the wrong sort, which again, I kinda figure is something where one would go "hey this ain't right" and just stop taking the medication they are misusing. Where, again, things would just then go back to normal.

Oh and all of this is me talking about HRT. Usually what bigots are doing is talking about

puberty blockers as if they were HRT. If some confused cis kid takes puberty blockers the grand total of what would actually happen is.. not starting puberty until they realized they were taking them for no particular reason and stopped. No side effects of any sort to worry about

8:50 PM - Jan 29th, 2020

Social Dysphoria

All social gender dysphoria orbits around one central concept: What Gender do people believe me to be? Social Dysphoria is about how the outside world perceives you, how others address you, and how you are expected to address them. This applies differently prior to the trans person becoming self-aware of their own gender, versus how Social Dysphoria is experienced after a trans awakening (cracking one's shell).

While still in the dark, the only awareness is that something seems off about the way you interact with your interactions with other people. People of your assigned gender seem to interact with each other in ways that do not feel natural to you. Their behaviors and mannerisms feel strange and surprising, where interactions with individuals of your true gender feel easier. You relate to people closer to your own truth.

For example, an AMAB trans person may find themselves very uncomfortable in groups of men. They may feel out of place and struggle to fit in among their male peers. Masculine social interactions don't come naturally to them, and trying to emulate their male friends feels awkward. They may feel themselves drawn more to friendships with women, but become frustrated at the social and heterosexual dynamics that come into play between men and women, preventing them from forming platonic relationships. This is if women are willing to form friendships at all. They may find themselves deeply hurt when women shy away from them on principle.

This feeling of wrongness intensifies as the person becomes more and more aware of their own incongruence, and upon realizing who they really are it takes on a new shape. For binary trans people this often may be about the intense need to be seen as your true gender, be it male or female. Some non-binary people experience this more as euphoria at being seen as neither male or female and thus only being referred to in ungendered ways, or from being read as different genders by different people in the same setting. Some experience intense euphoria when people are incapable of reading their gender and become confused.

Social dysphoria is where pronouns and misgendering come into play; being addressed with a gendered pronoun such as she, he, him, or her which is not the pronoun that aligns with our gender is extremely discomfoting. Granted, this is true for *all* people, including cisgender people, but where a cis person will be insulted by being misgendered, a trans person will feel hurt. It's like nails on a chalkboard, or steel wool across skin. Hearing the wrong pronoun is a reminder that the person you are talking to does not recognize you for the gender that you are.

Gender neutral pronouns can also be unsettling for binary trans people if used in a way that make it clear the person is avoiding the pronoun that matches them. This often is an indication that a person has been read as being transgender, and the person addressing them doesn't know what pronouns they use. Asking their pronouns can resolve this situation immediately, but the paradox is that even in that scenario, having their pronouns asked may itself induce dysphoria around having been recognized as being trans. It is sort of a catch-22.

Singular they can also be used maliciously when a transphobic individual refuses to use the correct pronoun, but knows they will get in trouble for using the wrong pronouns. Tone and intent matter a lot.



Nightling Bug
@NightlingBug



When you interact with very masculine men, you're nervous. You don't really know how to carry on a conversation with them, or want to. You feel an expectation, from them, to be something you're not. You quietly judge them for being too "bro"-y, "basic."

Being vulnerable around strange men is terrifying. You're anxious when you use the public men's room. Changing in a gym locker room is unthinkable. You do not feel ownership of these spaces. You are very concerned about strange men observing you, or your body.

You're awkward at social touch. You might crave touch, like most people, but you feel like you're almost entirely incapable of receiving it warmly. When giving a hug, something about your torso feels like it will be "offensive" to others. (Whatever it is, they don't notice.)

You can't talk about sex, or attraction, or the bodies of people you're supposed to be attracted to. Even when your commentary is solicited, everything you could say feels unwanted and inappropriate, even if it'd be fine coming from someone else. You freeze up.

You struggle even to voice innocent physical compliments to others, like "Looking good!" You are hyper-aware that virtually anything could sound like unwanted sexual attention, coming from you. You feel like your attention is uniquely, universally unwelcome.

When an AFAB friend expresses disapproval, you're devastated. You scramble to get their approval back. You're worried you're coming across as a simpering "nice guy," all of whom you despise. You just value your AFAB friends' opinions more highly, for reasons you can't explain.

12:25 PM - Jan 10th, 2020

The same also applies to names. Being called by one's given name (deadname) instead of their chosen name can feel invalidating when done ignorantly, and downright dismissive when done intentionally.

It may also manifest as joy or embarrassment at being labeled as your true gender while still living as your assigned gender.

Examples:

- An AMAB person being labeled a girl, intending insult, but it causing them to blush rather than get angry.
- An AFAB person being called Sir, and feeling better for it.

The discomfort caused by social dysphoria can pressure a trans person to act and present in an exaggerated manner in order to try to convince the rest of the world that they really are who they say they are. Transfeminine people may concentrate on makeup and feminine clothes, and become quieter in order to seem more demure, speaking in a higher voice. Transmasculine people will lean on masculine clothing styles, stand taller, suppress displays of emotion, start speaking louder, and make their voices intentionally deeper.

Physical vs Social Dysphoria

Some physical traits which may cause discomfort all the time for some trans people may only manifest as a social dysphoria for others. For example, some people may only be self-conscious about their physical appearance when it causes them to be misgendered or clocked (read as being trans), and feel completely comfortable when interacting in environments where they are always seen and treated as their true gender.

I, myself, have no direct physical dysphoria around my voice, I actually really enjoy singing in my natal baritone, and when I am home with just my family I let my voice relax. When out in public, however, being able to speak in a feminine voice plays a critical role in my being seen as a woman by strangers, so I put a lot of effort into training it into a feminine sound. My feminine voice turns on the instant I answer the phone or leave the house, it isn't even a conscious thing.

"One of us!"

A very curious and surprisingly phenomenon is that closeted trans people have a tendency to find each other without ever knowing they've done it. There's a funny pattern that I have heard duplicated over and over where one person in a friend group realizes they are transgender, starts to transition, and that inspires other members of the group to also realize they are trans and come out as well.

Trans people subconsciously tend to gravitate towards each other's friendships, both out of a need for peers who think and act the same as us without judgments, and due to a kinship of social ostracization. This is not exclusive to trans people, of course, and occurs with all types of queer people, but the way it has a rippling effect is quite powerful. It's very similar to the way an entire friend group will get married and have kids all in response to one member of the group initiating.

Trans people often continue to self-select their groups post-transition as well, as we simply understand each other better than cis people can.

There is an energy that occurs when a group of trans people get together in a location, the room becomes charged with camaraderie and commiseration. We all have so much in common in our histories, so many shared experiences, that (short of personality conflicts) we instantly bond together.



Dr. Emmy Zje
@Emmy_Zje



The irony in "trans women mimic gender stereotypes" is the only time I DID mimic stereotypes was when I was forced to interact with men. And I did so out of a sense of survival and a longing to try and fit in.

I didn't transition into stereotypes...I transitioned out of them.

5:03 AM - Jan 22nd, 2020



kiva, unholy transfiguration
@persenche



[@Whorrorer](#) i can know a cis woman for a year and not feel like i'm all that close to her.

i can know a trans woman for three hours and feel like i've known her my whole life.

7:32 PM - Jun 7th, 2019

Societal Dysphoria

Gender roles exist, and as much as we may try to buck them and point out the sexism that exists, there will always be expectations placed on people for their gender. The strongest of these are in marital and parental roles; “Husband”, “Wife”, “Mother”, “Father”, these terms come with loads of baggage attached to them, and the wrong role, or even any role at all, can feel like a lead lined straight jacket. You are given a whole book full of behaviors and actions, likes and dislikes, that you are just expected to fulfill, and if you fail to meet those requirements then you are seen as a bad spouse or a bad parent.

An AFAB parent who gives birth may experience severe dysphoria around being labeled as a mother. The vast majority of resources for birth are *extremely* female gendered, so just the very process of conceiving, carrying, and giving birth is exceptionally loaded with gender expectations. If you are pregnant then you are labeled a mom, regardless of how you actually feel about your role, and with that comes a whole load of assumptions. Assumptions about caregiving, breastfeeding, and child rearing.

[Cisgender-passing](#) transfeminine individuals also run into this. If you are holding an infant or tending to a child then you are labeled a mom (unless the child is mixed race, then you’re demoted to nanny, but that’s a whole other topic). This can be validating, because it is a sign that you’ve been seen as a woman, but it can also be extremely *invalidating* when cis women start to talk about what they think are shared experiences with reproductive processes.

Some unexpected ways that Societal Dysphoria can appear are in the need to conform to the social standards of your true gender. For example, many trans women have stories about feeling the need to cover up their chest pre-transition out of an intrinsic sense of modesty. A discomfort at swimming topless is a common trait, even when there is no understanding of one’s true self; something just knows.

Shame

Failure to live up to these roles can manifest *intensely* as shame and humiliation. Growing up closeted and struggling to fit into common gender tropes often results in signs of disappointment from parents and peers who expected otherwise. A father may be disappointed that their AMAB child isn’t willing to engage in sports or other masculine activities. Female peers may demonstrate disapproval of an AFAB teenager choosing to hang out with a male social circle. Teen boys may ostracize an AMAB trans person who doesn’t join in with their humor.

These kinds of situations can lead to bullying and abuse, pushing the trans person to feel isolated, alone, and out of place. This sense of division then creates feelings of shame for failing to be the person everyone expects them to be. This then manifests as depression on top of other dysphoria, compounding their pain.

The shame becomes especially intense at the moment of revealing themselves to be trans. Transphobic friends and family having negative, sometimes even violent reactions to a trans person coming out of the closet converts that shame into extreme guilt and disgrace. An adult trans person in a marriage may feel a tremendous amount of remorse at upending their spouse’s life by revealing themselves. They may expect reproach from their neighbors and peers, and fear how that will affect their spouse and/or children.

This too is a form of gender dysphoria, as these influences would not have been felt if the person had been cisgender.

The other way shame comes in to play is in the systemic transphobia present in our society. Trans adults of today grew up watching transphobic media in their childhood. The transsexual obsession of the late 80s and early 90s was horrifically traumatic for trans kids of the time, watching all the adults and peers around them laugh and jeer at and be disgusted by people who they not only identified with, but strongly empathized and looked up to. This shame sits with us for our entire lives; it is a fundamental reason for why so many trans people do not come out until their late 30s or later, because only when they reach mid-life are they able to overcome that shame.



Dr. Emmy Zje
@Emmy_Zje



Guilt is a byproduct of shame, shame is a byproduct of transphobia, and transphobia is a byproduct of lies based in fear.

Once you realize this, you can begin to see “trans” for what it is...a beautiful manifestation of nature. A gift to be cherished, not a curse to be hidden.

5:58 AM - Dec 1st, 2019

Shame also tends to build up until it boils over into radical action. A very common aspect among trans people's histories are cycles where they will build up their presentation, fighting their feelings less and less, until suddenly they feel overcome with the shame and purge everything, vowing to never pursue those feelings again. This pattern repeats over and over again.

Dating and Romantic Relationships

Societal Dysphoria *strongly* comes into play with courtship rituals. Being forced into being the boyfriend or girlfriend when you are not a boy or a girl is extremely disorienting and often feels very unfair. AMABs may find themselves wishing *they* were the one being pampered, and AFABs may become uncomfortable with the amount of attention they receive from their prospective partners (beyond the discomfort that women experience, as this includes genuine attention, not just unwanted attention). The expectations placed on them by their partners to fill these courtship roles may feel like a heavy burden to bear. By contrast, dating as your true gender becomes euphoric. Buy a trans girl flowers and see how much she swoons.

A closeted trans person may feel so much pressure to conform to heterosexuality that they suppress their own instincts with regards to relationships and take on a performative role. Many a trans woman has attempted to play the role of a heterosexual husband to a wife, only to realize with transition that they would much prefer the role of the wife. They may not even be attracted to women.

Beyond discomfort, many trans people realize that the dynamics of relationships that they have experienced simply did not fit the shape of how they appeared. Many trans people come to realize after transition that they had never actually dated like a cis person of their assigned gender, instead always having romantic relationships that fit their true orientation. Male to male and female to female relationships have completely different patterns from heterosexual relationships; different courtship rituals, different perceptions, different communication styles. Men relate differently to men than they do to women, and women to women differently than they do to men, even when they don't know they are men or women.

For example, I myself realized after coming out to my wife that all of my previous dating attempts had absolutely been sapphic in nature. My first order had always been to become good friends with them. Dates would never be labeled as dates because we would just sit and talk somewhere, hanging out together. Consequently, several of my relationships ended simply because I was too scared to make the first move out of destroying the friendship. I would spend half my waking day thinking about them and wanting to be around them, not out of sexual lust, but out of personal infatuation. My first girlfriend straight up told me on our first date that I was unlike any man she'd ever dated because I enjoyed talking instead of just trying to get physical. She broke up with me two months later because I wasn't as assertive as she wanted from a partner.

These dynamics get even more complex for non-binary people, some of whom can at best describe their dating style as Queer. Some struggle to identify what role they play in a relationship. Others take a specific role that is typically seen as a binary gendered role.



Callie
@Calliethulhu



I get the thinking. Trans girls grow up falsely believing they're guys, and so are assumed/expected/raised to experienced and express normative heterosexual attraction to women. If you're a trans lesbian, you transition, but you're still into women. So it's the same, right? No

So let's talk details. To begin with, it's worth pointing out that most trans lesbians don't exactly experience normative heterosexual attraction to women in the same way that cishet men do. Dysphoria and confused gender feelings mess with that a whole lot

Before I transitioned, just the thought of doing any sexual or romantic with a girl made me nauseous, because doing that would feel like I was adopting a masculine role - the role of the boyfriend, the male lover - and that kicked my latent dysphoria into overdrive

When I first transitioned, my family and friends assumed I was going to be solely or primarily interested in men. Every mainstream cultural message I'd ever absorbed about women (including trans women) told me I needed to be into men

Many trans healthcare systems operate on a really really crude system where a cis doctor asks you a bunch of stuff like 'what toys did you play with as a child?' to see if you match up well enough with what a woman is "supposed to be". And women are "supposed to be" into men

So, there's a lot of internal and external pressure faced by trans lesbians to disavow their own lesbianism and experience attraction to men. This is nothing like what any straight man experiences, but it is a whole lot like what cis lesbians experience!

One last thing is, the way it feels to be a trans lesbian experiencing attraction, sex and romance to other women. It doesn't feel like cishet attraction. It's not burdened by any of those weird, crude expectations. I don't recognize any of that in my life

When I read cishet experiences of their sexuality, I feel nothing but alienation. When I read lesbian experiences, they resonate with me deeply and I recognize those things in how I experience my sexuality with the people I love and am attracted to

1:37 PM - Jan 11th, 2020

Some non-binary people wish to be seen as a boyfriend/girlfriend, even if they are not a boy/girl. Some want to play a role seen by society as neutral or consisting of aspects from both binary roles.

Sexual Dysphoria

Closely related to Societal Dysphoria is dysphoria centered around sexuality, sexual relationships, and the act of having sex. [Heteronormative](#) gender roles come loaded with the expectation that [AMABs will top and AFABs will bottom](#). These dynamics get reinforced by our popular media, by toxic masculinity, and especially by our pornography, even in *transgender* pornography (the bulk of trans/cis pornography involves the trans woman topping). Deviations from these roles often result in shame, both from partners and from peers.

Of course, this is not an absolute, by any means, and many heterosexual cis couples do find ways out of these molds, finding a new dynamic in their relationship, or engaging in kinks to satisfy desires. Some couples find they aren't sexually compatible at all and seek other partners. However, there are many many external pressures discouraging this kind of self-awareness and discovery, and breaking away from those demands can be extremely difficult, even traumatic. This is particularly true when there is a background of conservatism or religious virtuousism.

Cisgender gay relationships shirk this by virtue of necessity, opening the doors for individuals to explore what role leaves them more fulfilled. Some gay couples have an established dominant/submissive dynamic, and they enter into the relationship with that already understood. Others resolve it by switching up which partner is dominant. Yet, gay relationships can still get caught up in these kinds of expectations in regards to [butch/femme](#), [bear](#), and [twink](#) dynamics.

What does all this mean? Trans people who enter into perceptually heterosexual relationships pre-transition sometimes find themselves losing interest in sexual intercourse, as penetrative acts do not produce the fulfillment that they would expect. In extreme cases it can feel completely wrong and trigger panic. The sensations may feel pleasurable, but the experience is out of place, and the act itself feels forced.

This can lead to one feeling less enthusiastic or even disinterested in sex, as half of what makes up sex drive is the mental context of the situation. Many trans people never even experience sex until adulthood, functionally operating as sex-averse due to how severely their dysphoria has shutdown all sex drive. They may still perform for the sake of their partners, but not get as much enjoyment as they could, and even end up disconnecting from reality around them in order to accomplish the task.

This dysphoria may be so significant that they find themselves taking a sexual identity that they don't actually connect with. It is not unheard of for a trans person to realize after coming out that they never actually felt a connection to the sexual orientation that they had identified with previously, but were rather using it as a way to feel less dysphoric in their sex lives.

Some trans women, for example, identified as gay men pre-transition out of a desire to have a partner that treats them like women during sex, but find themselves to actually be lesbians once that demand is lifted. Others may attempt to live as gay men, but find that the role doesn't fulfill them because they know their partners see them as men.



Kathryn is a Salazle 🌈🌟🇺🇸
@TransSalamander



Did any other trans girls get to the point pre-transition where they had to basically dissociate in order to top or was that just me lol

9:43 AM - Jun 8th, 2019

The Coercive Male Gaze

Author's Note: This specific type of sexual dysphoria is difficult to explain in generalist terms, so I am going to take a departure here and write about this from my own personal experience. The following is presented from my perspective as a binary trans woman. As such, this may not be completely relatable to all trans people. My apologies.

There is a saying that is very well known in sapphic circles: “Do I want to be her, or be with her?”

It can be hard to tell the difference between sexual attraction and envy, especially when you're a closeted trans teenager. Our entire society is built upon heterosexuality; it is simply the cultural default, to the point that even prepubescent children are barraged with messages about male to female attraction. Consequently, interest in aspects of the lives of the “opposite” sex is almost always immediately perceived as being sexual attraction.

What is the result of this? Usually... shame. Trans children often internalize their view of their peers based on their true gender, and one does not objectify their equals. Thus the child is motivated to hide those interests out of a desire to not be seen engaging in that kind of sexual objectification. This is even further compounded if the child has been raised in a setting with very strict moral codes, such as in a conservative religious upbringing.

Growing up as a closeted trans teen in an evangelical Christian household, I knew that if I was ever caught looking at women in what was seen as a sexual manner, I would be punished. I knew if I was ever found handling women's apparel, there would be a lot of very awkward questions which I was not prepared to answer. This posed a very serious problem for me, as someone with a strong fascination with women's apparel, particularly lingerie.

There is [a Simpsons clip where Moe Szyslak is put on a lie detector test](#), and by the end of the test he has confessed that he will be spending the night ogling the women in the intimates section of the Sears catalog. The entire crux of the scene, and the source of the comedy, is the shame that is cast on Moe for engaging in this desperate act of objectification. I grew up knowing that this is how I would be perceived for my interest in women's clothing.

Out of shame and fear, I did everything I could to hide this passion, because I simply could not bear for someone to view me like the teenage boys who masturbate to any material they get their hands on. What made this fear even worse was that I *also believed* that my interest was sexual.

When you see the world through a duck shaped lens, everything looks vaguely like a duck. The only framework I had been given to understand my interest in women was through sexual desire, and thus every feminine interest I had became warped into a sexual desire. My wish to be a bride morphed into a bridal kink, my desire to have a child warped into an interest in pregnancy porn, and my own need to be a girl was redirected into a transformation fetish.

But on top of all of this, I was *terrified* to be seen expressing legitimate sexual interest in other women. I had male friends who were notorious rubberneckers and slack-jawed gawkers; one of my former employers had an awful habit of leering at attractive women when we were out to lunch, which made me very uncomfortable to be seen with him.

I could not stand to be associated with that male gaze. Even around the most beautiful women, I would avoid even looking at them, because I did not want to be seen as the kind of person that stares at women. I did not want to be seen as a predator.



This is the coercive male gaze: [compulsory heterosexuality](#) placed upon closeted trans women due to heteronormative ideologies. A cognitive dissonance that causes intense guilt and shame surrounding appreciation of one's peers and gendered interests.

Once you remove this male framework – once one is able to perceive themselves as female and accept these interests and observations are valid – that shame and guilt completely evaporates. Even when the interest is sapphic in nature and genuinely includes sexual desire, it is no longer tainted with this layer of objectification. I am able to appreciate the femininity and the beauty of my female peers without judgments, I can compliment them without fearing being perceived as a creep, or having my intentions misinterpreted.

It was a dysphoria I could not possibly have put into words until after it had finally been relieved. I was even more relieved as I began to integrate into queer women's spaces and came to realize that *women are exactly as thirsty as men are*, we're just (usually) much more respectful about it. It was a release of guilt that I didn't even know I was carrying.

Presentational Dysphoria

Clothes. Hair. Makeup. Jewelry. Glasses. Piercings and other body modifications. Even personal hygiene can be a factor of presentation, such as the shaving of body hair, or how you take care of your skin. All of these things are gendered in society, clothing and hair especially.

While the sexual revolution of the 1960s and the business fashion craze of the 80s did wonders for blurring the gap between masculine and feminine presentation (largely by normalizing masc fashion as androgynous), there are still enormous pressures to conform to traditional gender norms. Gender Non-Conforming dress is so instantly marked as queer that any time a woman wears a tailored suit she is marked as a lesbian, and a dad who [puts on an Elsa costume because his son wants to have a Frozen party](#) is labeled as subversive and abusing his child.

Long hair on men has been seen as [an act of rocker rebellion](#) for decades, and men with long hair get discriminated against as being layabouts and bums. Short hair on women is often read as queer or butch (unless they're old, then it's expected), and women are often pressured to keep their hair long. Pierced ears on men became somewhat more normalized in the 90s, but are still seen as an act of rebellion, and some employers won't allow men to wear earrings. Makeup on men is so stigmatized by toxic masculinity that even men who *like* makeup feel pressured to avoid it.

Like it or not, presentation is gendered, and it is extremely common for trans people to want to present themselves in the fashion of their true gender, and a desire to be free of the shackles of gendered presentation is common among all trans people, regardless of where they sit on the gender spectrum. For AMAB individuals they may manifest as a wish to incorporate more feminine elements, for AFABs it may manifest as a want for more masculine appearance. This may come as a full push towards the opposite of their assigned gender, or a desire to seek a middle-ground in pursuit of androgyny. It may even simply be a wish to *not* present as your assigned gender.

Not all transfems present feminine, not all transmascs present masculine, not all non-binary people seek androgyny. Butch AMAB trans people are valid, femme AFAB trans people are valid. Presentation is not gender, gender is not presentation.

Presentational Dysphoria typically appears early on in the form of a fascination with the styling of another gender, and a wish to be able to present as people of that gender do. That desire may be fulfilled somewhat by seeking out styling that is unisex, but typically that wish is self-gatekept by statements of "I'm not confident enough to attempt that." AMABs often run into issue here where this desire often gets trapped behind heteronormative expectations, causing an interest in feminine presentation to be misinterpreted as sexual desire.

Post-transition Presentational Dysphoria is usually simply a case of high discomfort when attempt to present as one's assigned gender. It may not even be about how one looks, but just the way the clothing makes you feel. For the first year and a half of my own transition I could not bear to wear unisex t-shirts because they just made me feel more masculine. Even now I have to cut the collars out of them, because the close neck makes me feel dysphoric.

Presentation's Affect on Physical Dysphoria.

Clothing can also play a major role in the level of physical dysphoria a person experiences. Men's clothing is always cut very boxy, straight up and down on the vertical and very square in the horizontal. Women's clothing is cut for more curves, accentuating waistlines and hip shape. Men's pants feature a lower crotch to make room for external genitals, and no fitting for curves, where women's bottoms are the opposite. Women's clothing is often form fitting, where men's clothing is rarely form fitting at all. Men's clothing is often made of sturdier and thicker materials, meant to be worn as a single layer. Women's clothing is often made of thinner and stretchier materials, expected to be layered together.

Because these structures are meant to fit the masculine or feminine forms, they tend to amplify the sensation of wrongness. A classic effect is the way that the difference between men's and women's jeans can have a radical affect on a trans person's comfort level. Unfortunately this works both ways, as even affirming clothing can reveal how your shape is a mismatch.

I, myself am very feminine in my preferred presentation, and I had a longing to wear dresses from when I was just five years old. I abhorred wearing suits, hating the way they fit on my body, since they always tugged in ways that felt very incorrect for what my

body needed. I refused to wear any denim for most of my life because men's jeans always felt so incorrect (women's jeans and leggings, however, feel amazing). Then as I entered into transition and began to present more female, my dysphoria struck again in the ways my body did not conform to what women's clothing was expecting (too much in the crotch, too wide and bulky in the shoulders, too large in the waist, not large enough in the chest). It wasn't until the second year that I had experienced enough change in my shape to where women's clothing was properly affirming of my shape.

What does this look like? Well, it looks a lot like other common body image issues. A tendency to avoid anything form fitting, leaning towards softer fabrics and baggier clothes. A classic gender dysphoria trope is the kid who wears nothing but sweatpants and hoodies. Clothes will be oversized in order to keep them from hugging the body. AFABs may prefer to wear compressing sports bras in order to minimize their chests, and avoid anything with a tight waistline.

Internally it most often manifests as intense jealousy of the people you wish you could be. Jealousy over an influencer's body shape, a strong desire for the outfit of a person on the street, and most especially envy of other trans people. This feeling often persists well into transition, because this sensation of wanting to be other people of your gender is actually completely natural, even for cis people.

Presentation's Affect on Social Dysphoria.

Presentation can be important for avoiding misgendering, especially early in transition. A lot of trans people feel a need to perform their gender in order to be accepted for who they are, leaning in to feminine or masculine presentation more than they actually would like in order to make up for their body and ensure that people gender them correctly. Those pursuing medical transition may find this need becomes less important as their bodies change and they become able to be gendered correctly without all of the performance.

Performative Presentation was practically required prior to the reformation of WPATH in 2011; anyone who showed up to a doctors appointment without extreme feminine or masculine presentation risked be labeled a fake and losing their treatment under the Harry Benjamin Scale. Trans women actually would lose their estrogen simply for wearing jeans and a blouse instead of a dress, or for not putting on enough makeup. This is one of the reasons why [transmedicalist](#) ideology is so dangerous: it would see us returning to this system, labeling anyone who doesn't meet stereotypical views of femininity and masculinity as not actually transgender.

Presentation is especially important among prepubescent children, as they lack any significant secondary sexual characteristics. Clothing and hair are the only ways we have to show the gender of a child, so much so that if a baby simply wears a pink shirt, strangers assume it is a girl. Even unisex clothing for kids is strongly gendered by way of colors and graphics. For trans children it can be extremely distressing to be either forced to cut their hair, or required to grow it out. Denying dresses to a trans girl or transfeminine non-binary child, or forcing them onto a trans boy or transmasculine non-binary child, can be debilitating to their morale.



Nightling Bug 
@NightlingBug



When you get ready to go, you just roll out of bed and throw on whatever. You don't really do any self-grooming, or care about what's on your body. You're a little proud of your lack of vanity, your deeper, non-appearance-level existence.

Your clothes are chosen almost entirely for comfort. And for you, comfortable means loose and baggy. You can't stand wearing clothes (that others claim are flattering!) that are close-fitting in the wrong places, that draw your own attention to certain parts of your body.

Clothes shopping for yourself is a hassle at best and a source of stress and anxiety at worst. When you do find clothes that fit and look okay, they don't make you "happy". You don't feel more confident in them. You're just relieved you can go home.

Occasions where you "must" dress up, like weddings and funerals and job interviews, are the worst. Even after all of the grooming and wardrobing, you feel self-conscious and awkward in formalwear. It makes you feel "fake," like a lump of sludge pretending to be a fancy person.

11:26 AM - Jan 10th, 2020



Princess Sea Foam
@DameKraft



Feeling envious of other girls for being pretty is a thing that many many women feel. Dysphoria is a real headfuck of a layer on top of that feeling, yet I just wanna say that if you're a trans woman feeling envious of another trans woman, that's you being an actual woman.

7:17 PM - Nov 4th, 2019

Existential Dysphoria

When you grow up as the wrong assigned gender, you are going to miss out on a lot of things that should have been available to you if only people had known. Sleepovers, camping trips, girl/boy scouts, shopping trips, cheerleading or sports. Events that are co-ed may have very different feelings attached to them based on how you engage with them, like going to prom, religious ceremonies (such as having a bat mitzvah instead of a bar mitzvah), and even just the act of courtship. This dysphoria may also be biological in origin, such as a sorrow over having not given birth to or breastfed your children.

These missed opportunities can manifest as feelings of loss and hurt. Furthermore, the memories of things you *did* have access to but wouldn't have otherwise, or events that were performed in the wrong gender, can also be a sour point, as these may have awkward attachments. Imagine having to be a groom at your wedding when you know you should have been a bride; growing up dreaming about your perfect wedding, and then playing the wrong role in it.

Sometimes existential dysphoria can manifest existentially, hitting you with all the grief of the youth lost. All the dating, the teenage antics, the parties, even just having been able to be sexual with the correct parts while your body was young and you had no responsibilities. It is time that can never be gained back.

Many trans people attempt to recapture some of these lost events, hosting or attending queer proms, organizing sleepovers, performing vow renewals with their spouses, and engaging in common puberty rites of passage like having a mother figure help them shop for their first bra, or having a father figure teach them to shave. However, ultimately, existential dysphoria is something that can never be relieved. You can make new experiences to replace the ones you lost, but you can never turn back the clock.

This is one of many reasons why affirming trans youth is so important. Boys want to do common boy things, girls want to do common girl things, and non-binary children want to do whatever feels correct to them, and when they miss out they will not forget.

Managed Dysphoria

Growing up in the closet, even when you don't know you're in the closet, becomes an existence built on top of coping mechanisms intended to alleviate dysphoria. The following are ways a closeted trans person may find to alleviate the dysphoria they experience in their day to day lives:

- When a video game gives you the option of choosing your gender, you tend to choose differently than your assigned gender. This may be accompanied with excuses to defend that choice. "It defaulted to male and I didn't care." "I don't want to stare at a guy's butt for hours."
- A preference for literature and film with characters of your true gender, or with characters who break gender norms (Mulan, Little Women).
- Pornographic outlets which satisfy strong desires or feel more relatable, such as a draw towards gay/lesbian porn, bridal kink, or transformation sequences.
- Crossdressing or performing drag.
- Finding excuses to cut hair short, or to grow it out.
- Shaving of body hair, or a refusal to shave hair you're expected to.
- Wearing loose and baggy clothing that hides the shape of your body.
- Avoiding social gatherings whenever possible, seeking isolation.
- Becoming intimately educated about some gender-associated topic, such as men's or women's clothing design.
- Obsessively working out (AFABs).
- Helping cis partners to shop in order to live vicariously through their presentation.

Because so much abuse is handed down onto gender non-conforming children, many trans people grow up learning to hide their natural personalities out of sheer necessity. Many trans people speak about having a phase of life where they attempted to "buy-in" on their assigned gender, performing masculinity or femininity to extremes in order to try to "fix" themselves. This leads to repression tendencies which may even superficially appear toxic, but are simply the results of trying to hide every scrap of their true selves.

- Growing and meticulously grooming facial hair (the so-called "denial beard").
- Taking up makeup artistry in order to perfect a high femme look.
- Presenting extremely masculine or hyper feminine.
- Avoiding any conversation about fashion for any gender. Dissociating whenever fashion conversations or activities occur.
- Obsessively working out (AMABs).
- Assuming a strongly stereotyped gender role in a relationship (e.g. the dutifully modest housewife).
- Marrying and having kids in anticipation that it will "fix" what's wrong with you.
- Buying in to ultra-conservative attitudes towards gender and sexuality.
- Expressing Homophobia and Transphobia in self defense to ward off suspicion.
- Aggressively passive engagement in anything connected to one's true gender.



Nighting Bug 
@NightingBug



You're worried that you might be homophobic, even though you believe in gay rights, because "LGBT+ stuff" fills you with a deep discomfort. It all seems so flamboyant and overtly sexual. It makes you want to shrink down and disappear, before you die of secondhand embarrassment.

Later, when you meet real queer people, or your friends come out of the closet, you start to idolize them. But you're also jealous. They're *free* and *real* in a way that seems impossible for straight people, like you. They have huge, *real person* worries and desires and lives.

1:38 PM - Jan 10th, 2020

Finally, another very common coping mechanism is to find means of escape or mental engagement in order to forget your own feelings.

- Intensely investing large amounts of time into hobbies.
- Long hours spent at work.
- Chain bingeing movies, TV shows or books.
- Spending all idle time playing video games or on social media.
- Obsessively cleaning one's living space.
- Sleeping. Lots and lots of sleeping.

Impostor Syndrome

Impostor syndrome (also known as impostor phenomenon, impostorism, fraud syndrome or the impostor experience) is a psychological pattern in which an individual doubts their accomplishments and has a persistent internalized fear of being exposed as a “fraud”.

Society in general is very good about making trans people doubt themselves. We receive tons and tons of subliminal messages through out our lives saying that being trans isn't normal and that anyone who is has to be exceptionally special. Cis media's obsession with the “born in the wrong body” narrative has led to a lot of false information being internalized by trans youth. Many, *many* trans kids grow up thinking they aren't actually trans because they don't *know* that they are a different gender, they just wish they were. Many non-binary children grow up knowing something is wrong, but not believing they're trans because they don't feel like a binary trans person.

On top of this, messages saying that trans people hate their bodies or hate their genitalia have polluted the awareness landscape, so that many people who either do not experience physical dysphoria (or simply think theirs isn't very strong) go around believing they aren't “trans enough”.

YES, YOU ARE TRANS ENOUGH

On top of this, the constant messaging from transphobic media that trans people are not actually their true genders and are simply trying to trick people into believing otherwise gets internalized like a virus. This creates a lot of self doubt about the authenticity of one's gender, especially in the face of so many gender stereotypes. Seeing oneself fail to meet those stereotypes can make it very easy to convince yourself that you do not live up to your own gender (note: cis men and women get this too, far too often).

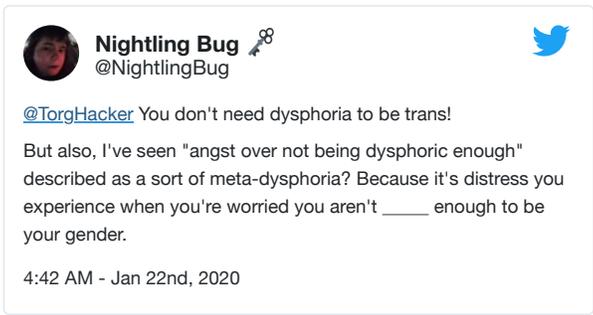
Furthermore, due to a history of transphobic abuse, many trans people suffer from damaged self-esteems, and often already have difficulty with self doubts. Gender Dysphoria also causes depression, which further contributes to and reinforces those doubts. This all leads into a massive cluster of self invalidation that can lead someone to struggle over and over again to accept their own gender identity.

But here's the thing... only trans people are worried about if they are actually transgender! A cisgender person does not have this obsession with their identity, they think about it, they process it, they move on. If you keep returning to these thoughts over and over again, this is your brain telling you that you took a wrong turn.

The world is *full* of influences put in place to fill us with doubt and keep us from breaking outside of the established social order. These are some of the systems and ideologies that seek to invalidate trans people and keep us from self-actualizing.

Autogynephilia

This pattern was strongly reinforced during the late 1980s when the Autogynephilia (AGP) theory of Ray Blanchard gained a lot of traction as trans awareness was just starting to escalate. AGP is a pseudo-scientific explanation intended to “explain” the source of trans women's identities using **paraphilias**. Blanchard separated trans women according to if they were attracted to men or to women, while simultaneously invalidating their womanhood. His work completely ignored transgender men, and he dismisses non-binary identities outright.



Nighting Bug @NightlingBug

@TorgHacker You don't need dysphoria to be trans!

But also, I've seen "angst over not being dysphoric enough" described as a sort of meta-dysphoria? Because it's distress you experience when you're worried you aren't _____ enough to be your gender.

4:42 AM - Jan 22nd, 2020



Faith Naff @FaithNaff

Gay people 2 decades ago: *exist*

Bigots: "They're trying to turn our children gay! We must protect our children!"

Trans people now: *exist*

Bigots: "They're trying to convince our gay kids they're the wrong gender! We must protect our gay children!"

5:36 PM - Jan 27th, 2020

Autogynephelia attests that straight trans women are actually just gay men who seek a feminine appearance to draw desire from straight men, and that trans lesbians are actually straight men who have become so obsessed with their desire for women that they wish to become a woman in order to gain sexual gratification from themselves.

Blanchard's theory largely hinged on the way that presenting feminine often resulted in sexual arousal within newly transitioning women. You see, most of his study subjects were patients who were trying to seek hormone therapy for the first time, and as such were still very new to presenting female.

Yes, it boggles the mind, but this was actually considered a valid theory of psychology for years. It even appeared in college textbooks. Blanchard's research studies did not meet scientific rigor, and his data was found to be extremely flawed (he manipulated his patients, and simply just threw out any data that didn't fit his hypothesis). A lot of his theories are based in misogynistic views of womanhood, and the man never actually involved any cisgender women in his study to function as a control group. You can read more about how flawed the theory is in Julia Serano's excellent essay [The Case Against Autogynephilia](#).

AGP had been thoroughly dismissed by modern psychology by the late 2000s, but the damage has been done. In the public's eye, trans women were all perverted fetishists. Media portrayals of trans women mirrored this attitude, further spreading negative imagery into the public consciousness.

Transfeminine individuals then internalize these messages, and come to the conclusion that they are not actually transgender, just fetishists. It happened to me, it's happened to nearly every millennial trans woman I know who figured themselves out as a teen.

You are not a fetishist, the feeling you get from thinking of yourself as a woman is gender euphoria.

Patriarchal Oppression

A common source of invalidation for AFABs is the conflation of gender with the systemic oppression of women, particularly among non-medically-transitioning non-binary people. The message of "oh you just don't want to be a woman because of how women are treated" is far too often heard, and it can deeply infest your subconscious to the point of self doubt. But this doesn't make much sense, because if you're AFAB and not a woman, that makes you transgender. And on average, society treats transgender folks worse than women. So transitioning to escape systemic oppression is a dumb concept (and I personally have never met a trans person who has done this).

Radical Feminism's messaging of abandoning female gender roles can also make parsing your own feelings harder. "Am I actually non-binary, or am I just a feminist?" "Am I actually a man, or am I just a very butch lesbian?". For this, I encourage you to talk to cis woman feminists, especially lesbians. They'll complain about systems of oppression and the patriarchy, but the problems are all external, and they *want to be women*. Even very butch lesbians want to be women, just in a different way from mainstream femininity.

Then you have the problem of people believing that to be non-binary is to be androgynous, and to be androgynous is to be less feminine. Feminine enbies are valid! It is okay if you do not want to remove your breasts. It is okay if you enjoy your curves. It is okay if you do not mind being called "she" and "her". That does not make you any less transgender.



Jooobun
@TwippingVanilla



A friend of mine who just started her transition this week asked me yesterday if I ever got turned on by seeing myself. I knew immediately what she was actually asking, so this is a PSA for all those trans femmes out there feeling invalidated by their own bodies.

Im gonna be blunt: Your gender is not invalid because you get an erection when seeing yourself dressed as feminine. We've all gotten it. It doesn't mean you're fetishizing. It doesn't mean you're not actually trans.

All it means is that you feel good about how you look.

Gender Euphoria is sexy. Being comfortable in your clothes is sexy. Liking the way you look is sexy. *Feeling sexy is sexy!!*

That triggers a turn on, the body reacts to sexy things.

Here's the kicker: Cis Women get this too!!! It's literally just a lady boner!

Over time this reaction happens less and less as you get more used to presenting as yourself. Eventually most clothes are just clothes, it's just your new normal.

But that special outfit that makes you feel really hot? That new dress that you try on for the first time and feel really cute in? That lingerie that you bought specifically to feel sexy in?

Yes, that triggers it. All it means is that you're happy.

Let me tell you, the massive relief my friend displayed at learning that this was completely normal was palpable. The poor girl had been stressing about that so hard.

She didn't even know about AGP, but she knew the stigmas and was terrified that this meant she was fake.

6:46 AM - Jul 22nd, 2019

If you feel like you are not a binary woman, than you are not a binary woman. Cis women do not experience that detachment.

Toxic Masculinity

Male-assigned kids grow up positively drenched in messaging of what it is to “be a man”. There are so few examples of positive masculinity in popular media, and AMAB Masculine Enbies are also so commonly erased in trans representation that being a genderqueer male can feel very lonely. AMAB Enbies are often either grouped in with gay cis men or treated like trans women.

You can just be genderqueer! Your identity is valid!

Transmedicalism

This one hits *everybody*. Transmedicalism (aka Truetrans) is a transgender ideology derived from the Harry Benjamin scale (ranks 5 and 6). It seeks to reinforce the pre-WPATH rules, requiring intense physical dysphoria, demanding medical transition, and often invalidating all non-binary identities. At its core, transmedicalism is a supremacist concept, elevating binary trans people above the needs of any other gender identity, and a push back against the expansion of the transgender identity. They wish for more gatekeeping than we have today, rail against enbies using the transgender label, and would prefer to see fewer people receive treatment for their gender dysphoria.

To put it succinctly, many transmedicalists hate that the newer generation “has it so easy,” despite the fact that many of their ranks are part of that generation. This ideology started among disgruntled trans elders, but has since spread to other binary individuals, particularly among young trans men.

If a trans person’s first exposure to transness is a transmedicalist, this can severely set back their own self-acceptance and push them even further into the closet. Transmeds are well known to actually tell people “No, you are not trans.”

Do not believe these lies. They are bully tactics explicitly designed to gaslight and dismiss people’s pain for self gratification.

Trans-Exclusionary Reactionary Feminism / Gender Critical Movement / Gender Essentialism

[Gender Essentialism](#) is the belief that there are an innate attributes to a person’s existence that are derived based on what sex organs the person is born with. TERF and GC ideology was born out of the lesbian separatist movement of second wave feminism and fully denies the existence of transgender biology and non-binary identities. The movement has been largely overtaken by right-wing reactionaries, racists, and homophobes, and is now being bolstered by evangelical Christian organizations.

These people will stop at nothing to invalidate your existence. Do not give them the time of day.

Gender Abolitionism / Postgenderism

[Postgenderism](#) is a [transhumanist](#) philosophy originating in radical feminism which states that gender causes more harm than good, and seeks to eradicate it from our society. GAs believe that all gender is a construct and that anyone who feels strongly connected to a binary gender is either nefariously propagating gender stereotypes or ignorantly following systemic indoctrination.

GAs do not believe in the existence of gender dysphoria, and will attempt to invalidate those who experience it. They’re functionally the extreme leftist version of the Gender Critical movement.

How is Gender Dysphoria Diagnosed?

This section is going to focus on the diagnostic criteria under the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, version five (DSM-5). The reason I'm focusing on this standard is because, well, nobody else has one. The UK's National Health Service basically mirrors the APA's DSM. Other countries have their own local standards, but they're all either very similar, or a lot more outdated.

The WPATH SoC describes ways that Gender Dysphoria manifests, but does not define clear diagnostic criteria, instead leaving it up to individual mental health professionals to make their own diagnoses. In general it advocates that if the patient is of sound mind and body and says that they have Gender Dysphoria, then they should be believed. The key piece here is "sound mind and body", it is left to the mental health professional to do the due diligence to ensure that there are no other conditions which may be causing the patient to believe this.

Or to put it bluntly, WPATH says that if you think you're trans, you're trans. This has been the attitude that the majority of the community has adopted as well. As long as you believe your gender does not match what you were assigned at birth, you are transgender. However, insurance companies aren't so happy with self-diagnoses, so here are the criteria which are defined in DSM-5 for diagnosing someone with Gender Dysphoria.

Note These are the criteria for adolescents and adults. Children have a different set of criteria, which [you can find here](#). I have also changed the wording slightly, here, as the official criteria are binary-centric.

For an adult to be diagnosed with Gender Dysphoria by a licensed mental health professional they must meet two of these six criteria, and have experienced those criteria for longer than six months.

- **A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics**

The way the person sees the world and interacts with the world does not align with the way it is typically expected for someone of the gender they were assigned at birth. There are a very broad number of traits which fit into this description. It can be in the way they interact with others, how they talk, what hobbies they prefer, how they dress, their body language and mannerisms, what gender(s) they relate to more.

- **A strong desire to be rid of one's primary and/or secondary sex characteristics**

- **A strong desire for the primary and/or secondary sex characteristics of another gender**

These two are pretty well paired. This is physical dysphoria as previously defined. The person finds discomfort with aspects of their body which are a result of their sex at birth.

- **A strong desire to be of another gender**

- **A strong desire to be treated as another gender**

These are the social and societal dysphoria. They are how a person wants to interact with the world, and wants the world to interact with them.

- **A strong conviction that one has the typical feelings and reactions of another gender**

This is pretty self explanatory.

As I said, only two of these conditions need be met for a formal diagnosis. You may notice that only two of these comprise the physical body. It is perfectly valid for a trans person to be experiencing Gender Dysphoria without actually hating any part of their body, or wanting to change any part of their body. Physical Dysphoria is only one fraction of the many ways that lead to being trans.

Now, here is the kicker. If you identify as transgender, meaning that your gender does not align with the binary sex you were assigned at birth, you already meet two of these criteria! You have a strong enough desire to be of another gender that you are identifying that you *are* another gender, and you have a strong conviction of what your gender feels like, and it isn't what you were given at birth.

So, it is literally impossible for a person to identify as trans and not experience gender dysphoria. By the WPATH requirements anyone can identify as trans. Ergo, the statement “you do not have to have dysphoria to be transgender” is a logical paradox.

Then why do we still say it? Because most people don't know what gender dysphoria actually is, and it is easier to repeat the mantra than to explain the nuances and subtleties of how Gender Dysphoria manifests. But hey, look, now you've got a nice article to link to that can help people understand that.

How is Gender Dysphoria Treated?

Treatment options vary significantly depending on the individual person's needs. Every single transition is unique, and there is no one way to transition. This section is a list of possible pathways.

Social Transition

In a phrase: Coming out of the closet. This is simply announcing to the world that you are transgender. You announce that you wish to use a new name and/or new pronouns – or not, you may just wish for people to know that you are trans and do not actually identify with your assigned binary gender. For some non-binary people this may not even be a full step away from their assignment, since gender is a spectrum and there is such a thing as a “non-binary man” and a “non-binary woman”.

A social transition is the act of stepping out of the closet, and it can relieve a lot of stress from suppression of ones self.

Legal Transition

This is the process of changing your legal documents to reflect your true gender. This may be through a legal name and gender change issued by a court, through a change of gender marker on an official ID, or through re-issuing of birth certificates and marriage licenses.

Presentational Transition

These are changes to how you style yourself, be it your clothes, your hair, or the use of makeup. Our society heavily genders all of these things, and switching presentation is both affirming to one's self and also sends cues to those around them about how they wish to be addressed.

Medical Transition

For adults this is hormone replacement therapy and surgery. For adolescents this often means puberty blockers until the teen is old enough to be certain of which gonadal hormone they want to have. For prepubescents, this is nothing. Let me repeat that again, since transphobes keep getting it wrong.

PREPUBESCENT CHILDREN DO NOT MEDICALLY TRANSITION.

While the American Academy of Pediatrics [strongly encourages the validation and acceptance of transgender youth](#), and the enabling of all other forms of transition, they explicitly do not support doctors beginning either hormone therapy or puberty blockers until a child has reached [Tanner stage 2](#).

Furthermore, no surgeon in the United States will perform a gender altering surgery on a minor (excluding intersex “corrections”, which is a whole other problem outside the scope of this article). Very few children have strong enough features to be read as either male or female without clues provided through presentation. Allowing a child to change their hair and clothes is all that is needed for the child to be seen as male or female.

Hormonal Transition

Masculinizing Hormone Therapy (female to male sexual characteristics) consists of the introduction of testosterone, usually via intramuscular injection or topical gel. The increase in total gonadal hormones typically causes a cessation of ovulation, which is the source of the majority of estrogen produced in the ovaries.

Feminizing Hormone Therapy (male to female sexual characteristics) consists of the introduction of estrogen, typically estradiol, via oral pills, patches, or regular injections (intramuscular or subcutaneous). The use of slow dispensing implants is also becoming more and more common. It is also common practice to prescribe an anti-androgen to block testosterone production or absorption. In the United States this is usually Spironolactone, a blood pressure medication which has a testosterone blocking side-effect. Outside of the US the most common drug is Cyproterone Acetate, an androgen receptor blocker, which is not available in the US. Doctors may also prescribe Bicalutamide, which also blocks androgen receptors. However, some doctors may simply opt to use larger estradiol doses in order to cause the body to halt testosterone production.

In adolescents, puberty blockers may involve the above androgen blockers, or if it is covered by insurance, the use of an antigonadotropin (drug which blocks the hormones that cause the production of estrogen and androgen) such as leuprolide acetate (a shot delivered every few months) or histrelin acetate (an annual implant).

Surgical Transition

Transgender surgeries are typically divided into three separate categories:

Bottom Surgery (modifications to genitals).

- Femininizing:
 - Orchiectomy (removal of the testicles)
 - Scrotoectomy (removal of scrotal tissue, following orchiectomy)
 - Vaginoplasty (creation of a vaginal cavity)
 - Vulvoplasty (creation of a vulva, with or without depth).
- Masculinizing:
 - Hysterectomy (removal of uterus and cervix)
 - Oophorectomy (removal of one or both ovaries)
 - Vaginectomy (removal of vaginal cavity)
 - Metoidioplasty (a process which increases the size of the clitoris into a penis)
 - Phalloplasty (construction of a penis from skin grafting)
 - Urethroplasty (extension of the urethral canal through the phallus)
 - Scrotoplasty (use of labia majora and false testicles to construct a scrotum).

For Your Information

A newly developing area of bottom surgery is in AMAB non-binary operations which attempt to perform vaginoplasty *without* the removal of the penis. This particular surgery is extremely experimental and has been performed less than a dozen times in the United States, but the outlook for the future is good.

An additional option for non-binary bottom surgery is genital nullification surgery, which aims to completely remove the external genitalia, leaving only a urethral opening.

Top Surgery (modifications to the chest)

- Feminizing:
 - Breast Augmentation via fat transfer or implants.
- Masculinizing:
 - Bilateral Mastectomy (breast tissue removal) with chest reconstruction.

Facial Feminization / Masculinization Surgery (modifications to the skull, cartilage, and skin on the face).

The younger a person is, the less they will need these surgeries, especially if they medically transition prior to the age of 20.

- Feminizing:
 - Forehead recontouring
 - Eye socket recontouring
 - Brow lift
 - Hairline correction
 - Blepharoplasty (lifting of eye bags)
 - Rhinoplasty (reshaping of the nose)
 - Cheek implants
 - Lip lift
 - Lip filling
 - Jaw recontouring
 - Tracheal shave (adam's apple reduction)
 - Rhytidectomy (face lift)
- Masculinizing:
 - Forehead augmentation

- Jaw augmentation
- Chin augmentation
- Tracheal augmentation (adam's apple enlargement)

Other Trans Feminine Surgeries:

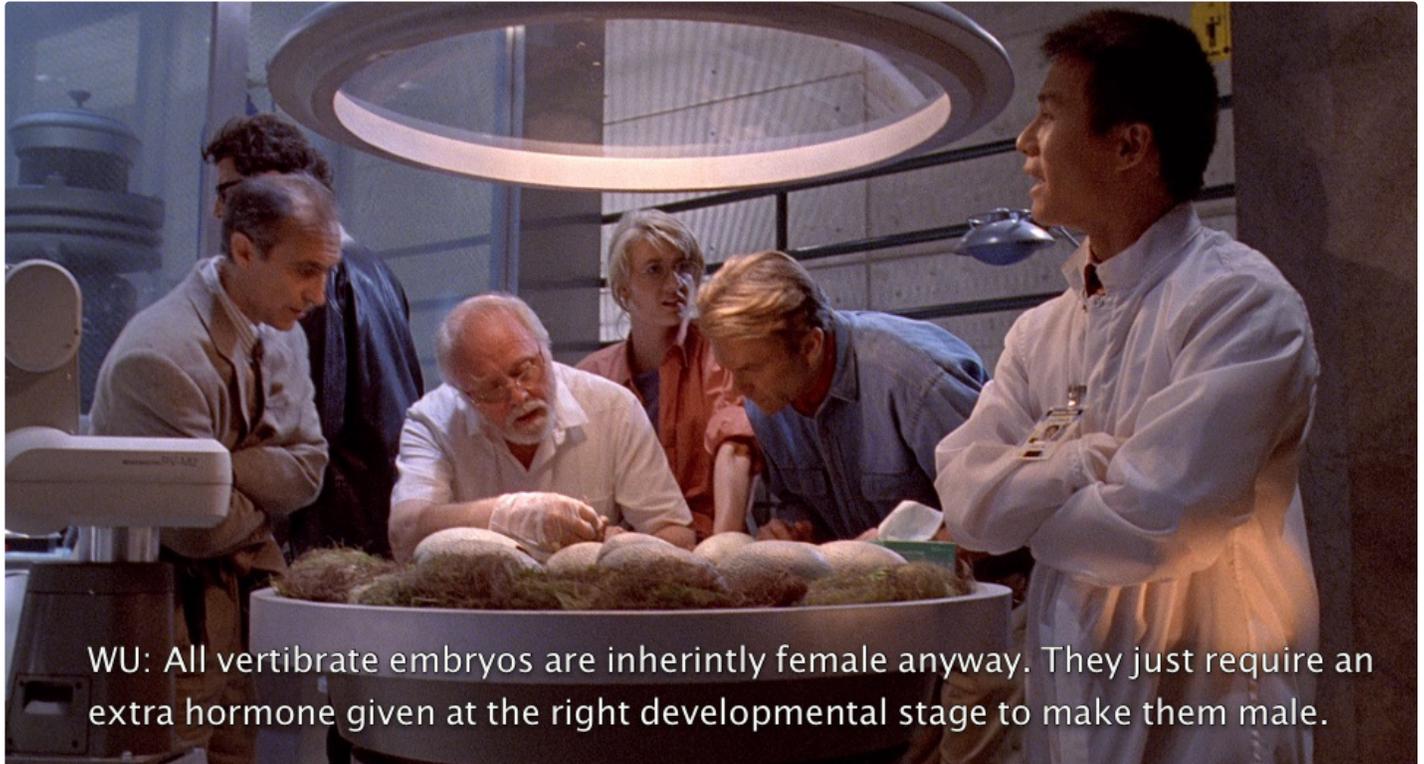
- Brazilian Butt Lift. Fat from the belly is transplanted into the butt in order to increase hip to waist ratio.
- Voice Feminization Surgery. An incision is performed in the vocal chords in order to permanently raise the pitch.
- Cinderella Surgery. Bones in the foot are shortened in order to reduce foot size. EXTREMELY RISKY
- Shoulder Reduction. The collar bone is shortened to reduce the width of the shoulders. EXTREMELY RISKY

What is the Cause of Gender Incongruence?

To put it bluntly: We don't know, not firmly. Science and modern psychology has proven that it is **not** caused by nurture; no one *becomes* transgender, gender identity is congenital, solidifying before we even exit the womb. It also appears to sometimes be hereditary; transgender parents have a higher likelihood of having transgender children, and many times they realize this in reverse. The child comes out to the parent, and that helps the parent realize they can come out as well.

Here is the science that is believed to influence gender identity. This does not mean that it *defines* gender identity, nor does it fully encapsulate one's gender, as so many aspects of gender are cultural and social. None of this is prescriptive of a person's identity, none of it is cast in stone.

If you've seen Jurassic Park then you may remember this scene:



WU: All vertebrate embryos are inherently female anyway. They just require an extra hormone given at the right developmental stage to make them male.

This isn't science fiction, although it is very simplified.

The gonads in human fetuses initially develop in a bi-potential state, meaning they can become either ovaries or testes. The SRY gene on the Y chromosome releases a protein called [Testis Determining Factor](#) (TDF). This protein then starts a chain reaction with SOX9 production (another protein), which causes the gonadal cells to form into the Sertoli and Leydig cells that make up the testes. If TDF is never produced or is interfered with then the gonad cells form into the Theca cells and Follicles which comprise the ovaries.

Once formed, the testes then begin producing a testosterone surge which typically starts in the 8th week of gestation and continues until the 24th week. This surge, [combined with another hormone from the placenta](#), is responsible for the development of the penis and scrotum. Genitalia formation starts around week 9 and becomes identifiable by the 11th week. If the surge does not occur, or the body does not respond to it (such as in the case of Androgen Insensitivity Syndrome) then the genitalia form into the vulva, vagina and uterus instead.

If there is an interference in this process then you can end up with the wrong bits, and this is the result of many intersex conditions. Often times this is a partial development, where the external genitalia only partially form, but functional gonads still exist. Sometimes the child comes out with fully functional male or female genitalia, but mismatched gonads. Sometimes the TDF protein fails to release and the fetus grows completely functional female reproductive organs, despite the presence of a Y chromosome.

This is known as Swyer Syndrome, and an unknown number of women may have this condition. In 2015 [an XY woman with Swyer Syndrome who was born without ovaries](#) successfully carried and gave birth to a child via IVF. Usually Swyer Syndrome results in completely non-functional ovaries, but [in 2008 a woman was found with Swyer Syndrome](#) who had gone through puberty, menstruated normally, and had two unassisted pregnancies. Her condition went undiscovered until her daughter was found to also have it.

The fact is, the vast majority of the population has never been tested for genetic karyotype, so we don't know how common these cases actually are. Where does this come into affect for gender identity? Well, the exact same process that causes the external genitals to differentiate also occurs for the brain.

Brain Split

The prenatal brain doesn't really start to develop until between week 12 and 24. The cerebral cortex, the thin outer layer of the brain that contains most of what we think of as consciousness, grows substantially during those periods of time. Prior to that, the structure present is more like a scaffolding, the basic parts of the nervous system necessary for bodily function. The primary sulci (the wrinkles in the cerebral cortex that allow for more surface area) [start to form at week 14](#), well after the genitals have developed.

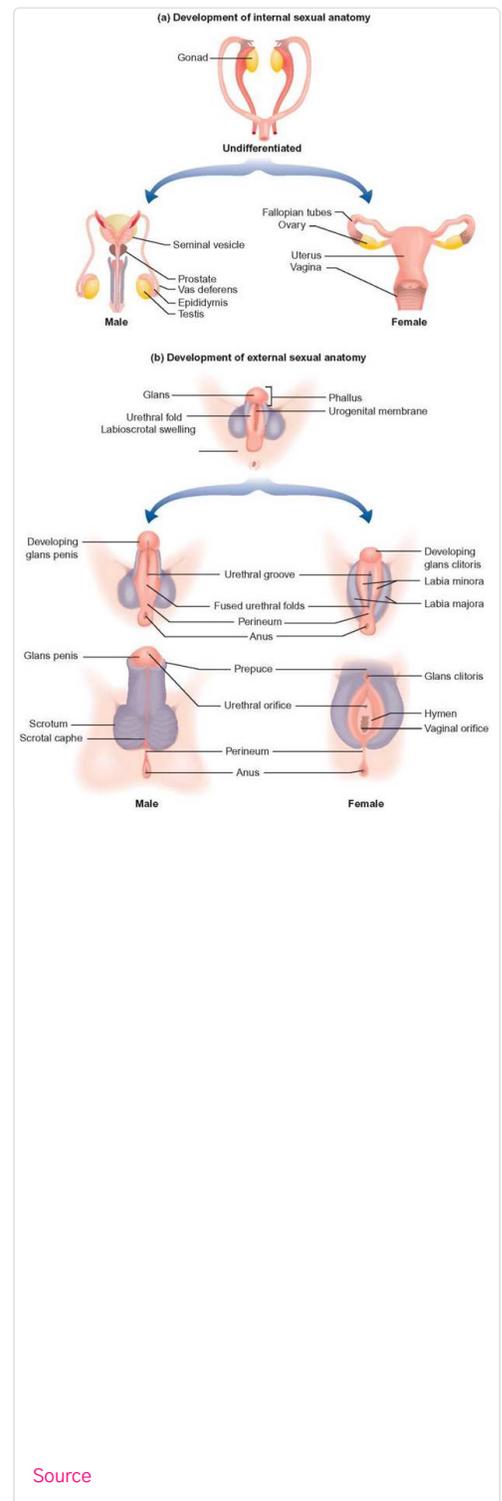
It [has been confirmed multiple times](#) via MRI studies that there are small but significant differences between cis male and cis female brains, differences which align with the gender identities of trans people in the study. Note, **this does not mean that anyone with those differences will have that gender**, because gender identity isn't that simple, but it provides evidence that there is a clear difference in masculine and feminine brains. [There is also evidence](#) that brains can have mosaic combinations of these differences, which may be the case in non-binary people.

A change in the testosterone levels in the fetus after the 11th week can directly impact the masculinization of the cerebral cortex, as well as changes in other parts of the brain structure. This has been examined [over and over again](#) in studies of female assigned children with CAH (congenital adrenal hyperplasia) and CAIS (complete androgen insensitivity syndrome).

“ We found a significant relationship between fetal testosterone and sexually differentiated play behavior in both girls and boys. — [Fetal Testosterone Predicts Sexually Differentiated Childhood Behavior in Girls and in Boys](#) ”

An excess of testosterone in the mother's body during the second trimester can (and does) cause masculinization of the brain in an externally female fetus, and an interference in testosterone production or uptake can (and does) cause feminization of the brain in an externally male fetus. This interference does not have to be external in origin, either. Any number of genetic traits can cause the brain to respond differently to testosterone.

A fairly large study of transgender individuals released in 2018 [found several key genes](#) which were statistically more likely to be longer among trans women (longer, as in having more repeated fragments). Individually these genes may not have an impact strong enough to cause a malfunction of masculinization, but collectively they absolutely could reduce the ability for the fetal brain to masculinize. These genes are all passed from parent to child, giving credence to a tendency for trans parents to have trans children.



Gender is Biological

Sadly, western society has actively prevented a deeper understanding of gender. Ancient civilizations understood it well, but colonialism wiped them off the map. 100 years ago, [scientists in Germany were actively studying](#) transgender medicine and made extraordinary advancements, until the Nazis burned it all in 1933. Conservative and fascist pressures in the modern day have hindered advancements in transgender healthcare whenever possible.

Yet, progress continues, and every few years we learn a little bit more.

What we know for certain is that it is not a psychological condition, it is not something caused by trauma or by any external influence, nothing can make a person transgender. It happens in the womb, and is not something that a person can choose to be, any more than they could choose their race or their eye color. It has nothing to do with sexual orientation, it has nothing to do with kinks or fetishes, and it has nothing to do with social influences from their parents or from their peers. [Transgender children are as firm in their identities as cisgender children are.](#)

And it gets even weirder!



Lisa T Mullin
@LisaTMullin



Normally the Y chromosome carries 27 genes, only 4 are related to sex. One, the SRY, determines (via the SOX9 gene) whether testes or ovaries form in the early fetus. Another 3 determine sperm production if testes form.

The SRY is just a signaler to 3 dark DNA areas to produce more SOX9 genes, above a certain threshold testes form, below that ovaries.

But that is just the start of the story. If ovaries form then another gene, FOXL2, keeps them as ovaries.

FOXL2 works with estrogen receptors to keep the ovary as an ovary without which it would turn into testes and start producing testosterone by inhibiting SOX9 production.

Male and female mammals produce SOX9 as far as I know all their lives (I need to check up on that) and even if there are already ovaries if the level becomes high enough then the ovaries will turn into testes.

But FOXL2 production depends on enough estrogen and/or the estrogen receptors working correctly. If something goes wrong with either then SOX9 production increases and existing ovaries will turn into testes and produce testosterone.

So there is a feedback loop: No SRY means less SOX9, thus ovaries form. They produce estrogen which causes FOXL2 production which suppresses SOX9 production to keep the ovaries as ovaries. Is something goes wrong and SOX9 levels climb enough then those ovaries will become testes

11:00 AM - Feb 2nd, 2020

But the Chromosomes!!!

There are dozens of ways that chromosomes can be much more complex than XX and XY. Medically these are referred to as DSDs ([Disorders of Sex Development](#)). Not all result in an intersex condition, and many only manifest at the onset of puberty.

- [De la Chapelle Syndrome](#) (46,XX Male) occurs when the SRY gene from the sperm parent crosses over into a non-Y-bearing sperm during spermatogenesis. When the egg and sperm merge, it results in an XX embryo with an SRY gene, creating a phenotypical male child with two X chromosomes.
- [Swyer Syndrome](#) (46,XY Female) produces a phenotypically female child with an XY chromosome. This results from a dozen different genetic conditions, including:
 - Absence or defect of an SRY gene
 - Absence or defect of [DHH](#) synthesis
 - Absence of the [SF-1](#) protein due to adrenal failure
 - Absence of or defect the [CBX2](#) gene, preventing TDF cascade
- [XX Gonadal Dysgenesis](#) is very similar to Swyer Syndrome, except occurs in XX children and results in nonfunctional ovaries.
- [Turner Syndrome](#) (45,X) produces a phenotypically female child with numerous abnormalities. It occurs when neither an X or Y chromosome crosses over from the sperm.
- [Klinefelter Syndrome](#) (47,XXY) results in a phenotypically male child with more feminine traits. In extremely rare cases [it appears in female assigned children](#) as well, resulting in feminized testicles instead of ovaries.
- [49,XXXXY Klinefelter Syndrome](#) is often fatal, but when it isn't, it will always results in a sterile child.
- [Trisomy X](#) (47,XXX), [Tetrasomy X](#) (48,XXXX), and [Pentasomy X](#) (49,XXXXX) all result in a female child, but with progressively more intense health issues.
- [XXYY Syndrome](#) results in male children (due to two SRY genes) which often experience hypogonadism, needing testosterone supplements, but otherwise seeming like a typical male
- [Mosaicism](#) results when some cells in the body have one set of chromosomes and other cells have another due to a mutation of the genome during gestation. This may be XX/XY (resulting in a dual set of genitalia), X/XY (a milder form of Swyer or Turner syndromes) or XX/XXY (a milder form of Klinefelter syndrome).
- [Chimerism](#) occurs when two fertilized embryos merge together into one zygote, causing half of the child to contain one set of DNA and the other half to contain another. This can result in an otherwise completely typical human being of either male or female phenotype, even capable of producing offspring, but which comes back on a kareotype test as not matching their phenotype based on where the sample was taken on their body. In extremely rare cases this can result in two full sets of reproductive organs.
- [Congenital Adrenal Hyperplasia](#) (CAH) is masculinization of the female genitals in an XX child due to overactive adrenal glands.
- [Androgen Insensitivity Syndrome](#) (AIS) is a total or partial resistance to all androgens, preventing masculinization of all organs, save for the testicles, in an XY child. AIS subjects typically develop a female gender identity, but some partial cases may be male.
- [5-alpha-reductase deficiency](#) (5ARD) is a failure in the body's ability to metabolize testosterone into dihydrotestosterone (DHT), preventing masculinization of the genitalia until the onset of puberty, when the child suddenly grows a penis.
- [Aromatase Deficiency](#) causes masculinization of an otherwise female child due to excess levels of testosterone (and can bleed-over into the mother during gestation).
- [Aromatase Excess](#) causes feminization in an otherwise male child, as all testosterone is converted into estrogen.



[TransEthics™](#) [#ProtectTra...](#)
@TransEthics



I'm going to regret paying the co-pay for this test eventually because it was pretty pricey... but I had my karyotype done. Just got the results.

I –a trans woman– have XX chromosomes.

the GC crowd can g[REDACTED]k themselves

4:13 AM - Feb 2nd, 2020



Open Ocean Exploration
@RebeccaRHelm



Friendly neighborhood biologist here. I see a lot of people are talking about biological sexes and gender right now. Lots of folks make biological sex seem really simple. Well, since it's so simple, let's find the biological roots, shall we? Let's talk about sex...[a thread]

If you know a bit about biology you will probably say that biological sex is caused by chromosomes, XX and you're female, XY and you're male. This is "chromosomal sex" but is it "biological sex"? Well...

Turns out there is only ONE GENE on the Y chromosome that really matters to sex. It's called the SRY gene. During human embryonic development the SRY protein turns on male-associated genes. Having an SRY gene makes you "genetically male". But is this "biological sex"?

Sometimes that SRY gene pops off the Y chromosome and over to an X chromosome. Surprise! So now you've got an X with an SRY and a Y without an SRY. What does this mean?

A Y with no SRY means physically you're female, chromosomally you're male (XY) and genetically you're female (no SRY). An X with an SRY means you're physically male, chromosomally female (XX) and genetically male (SRY). But biological sex is simple! There must be another answer...

Sex-related genes ultimately turn on hormones in specific areas on the body, and reception of those hormones by cells throughout the body. Is this the root of "biological sex"??

What does this all mean?

It means you may be genetically male or female, chromosomally male or female, hormonally male/female/non-binary, with cells that may or may not hear the male/female/non-binary call, and all this leading to a body that can be male/non-binary/female.

Biological sex is complicated. Before you discriminate against someone on the basis of "biological sex" & identity, ask yourself: have you seen YOUR chromosomes? Do you know the genes of the people you love? The hormones of the people you work with? The state of their cells?

Of course you could try appealing to the numbers. "Most people are either male or female" you say. Except that as a biologist professor I will tell you...

The reason I don't have my students look at their own chromosome in class is because people could learn that their chromosomal sex doesn't match their physical sex, and learning that in the middle of a 10-point assignment is JUST NOT THE TIME.

5:45 PM - Dec 19th, 2019



plant lesbian
@alicemiriel



[@RebeccaRHelm](#) As a fellow genetics lab teacher, this is the same reason my department stopped chromosome testing in lab. A really cool experiment would turn into guys getting freaked out they have XXY, etc.

4:23 PM - Dec 20th, 2019

How Hormones Work

As we described in the [Causes of Gender Dysphoria](#) section, every human's DNA contains the genetic instructions for both male and female bodies, and which set of instructions gets used is controlled by what hormones your gonads produce. That differentiation occurs entirely based on whether you happen to have an SRY gene which, in the 6-8th week of gestation, kicks off a chain reaction that produces testes instead of ovaries. From that point on, every sexual attribute of the human body (primary and secondary) is a result of the hormones that those gonads produce.

If they produce estrogens (primarily Estradiol) then the genitals form into a vulva, vagina and uterus. If they produce androgens (primarily Testosterone) then the genitals form into a penis and scrotum, shifting the [Skene's gland](#) downward and enlarging it into a prostate. Differentiation ends here until the onset of puberty, 9-10 years later, and we all know what puberty does.

So how does this work? Why do the cells differentiate like this? Well, before we can explain that, first we have to explain the concept of a **Receptor**.

Hormone Receptors

In simplest terms, a receptor is like the keyed lock ignition on a car (do new car's still have keyed ignitions?). Every cell in the body has a set of locks which activate different functions within that cell. They're like switches which signal to the cell that it should activate a different part of its genetic sequence. Each receptor can only accept certain chemical compounds, much like how a lock can only accept certain keys, and different chemicals have different capabilities at turning the key. Some can completely start the car, while others only turn it to Accessory Mode.

The ability for a chemical to fit into a receptor is called **Relational Binding Affinity**, and is measured as percentage of how likely a chemical will bind to a receptor compared to another. So, for example, if Hormone B binds only 10% of the time in relation to Hormone A, then it is said to have a 10% binding affinity. Similarly, the ability for a chemical to turn the key is called *Transactivational Ability*. Compounds which fit into a receptor but don't do anything are called *Antagonists*, compounds which are able to turn the key are called **Agonists**. If it can only turn the key a tiny bit, it's called a **Partial Agonist**.

You can think of antagonists like bouncers at a club. They stand in the doorway and prevent anything else from getting through, but don't enter the club themselves. Most antagonists are referred to as **blockers**. This is different from an **inhibitor**, which is a compound that slows down a chemical reaction, or an *activator*, which speeds up a reaction. In receptors, an inhibitor lowers the ability of the receptor, causing it to respond less effectively to things that bind to the receptor, and an activator increases the ability of the receptor, making it respond stronger, like a booster.

In some cases a hormone can function as an inhibitor or an activator for a different hormone by slowing down or increasing behavior in a cell. For example, progesterone increase cell activity, making cells respond more effectively to estrogens and androgens, and testosterone increases the transaction ability of dopamine receptors, so less dopamine is needed in the brain for the same effect.

Whats in a Hormone

There are four main kinds of hormones:

- **Amino Acids** such as Melatonin which controls sleep, or Thyroxine which regulates the metabolism.
- **Peptides**, like Oxytocin and Insulin, which are collections of Amino Acids.
- **Eicosanoids** that are formed from lipids and fatty acids and predominantly affect the immune system
- **Steroids** are signaling molecules produced by various internal organs in order to pass messages to other organs within the body.

For the purposes of transition, this last category is what we care about the most, as all of the sex hormones are steroids. They fall into seven main categories:

- **Androgens**

- Estrogens
- Progestagens
- Glucocorticoids
- Mineralcorticoids
- Neurosteroids
- Aminosteroids

The first three of these are what we care about most when it comes to Hormone Therapy. Note: All human beings, regardless of phenotype, have some of every one of these hormones in their bodies. The ratios are what affect body shape.

Androgens

There are nearly a dozen different androgens, but the ones we care about the most are [Testosterone](#) and [Dihydrotestosterone](#).

Testosterone is the primary masculinizing hormone for the human body and is produced in the adrenal glands, the testes, and in the ovaries (where it is immediately converted into estrone and estradiol). It tells both muscle and bone cells to grow and in higher concentrations encourages larger muscle mass and thicker skeletal structure. This also means that Testosterone is critical for bone health, as it affects calcium distribution within the skeletal structure. Thus, severe depletion of testosterone can result in osteoporosis and fragile bones. Testosterone also plays a major role in sex drive and libido, encouraging mating behavior within the cerebral cortex.

Dihydrotestosterone (DHT), which is converted from Testosterone in the prostate, skin and liver, plays a major role in the development of the male genitalia during puberty by inducing random erections, and the growth of facial and body hair. Paradoxically, DHT is also what causes male pattern baldness, as it chokes off blood circulation to the follicles on the top of the scalp (sorry, trans guys, it's a double edged sword). DHT binds to androgen receptors ten times more strongly than testosterone, which is why it is critical to eliminate it for feminizing transition.

Estrogens

There are four estrogens: [Estradiol](#), [Estrone](#), Estriol and Estetrol. The latter two are only produced during pregnancy and are important for fetal health, but have no bearing on transition.

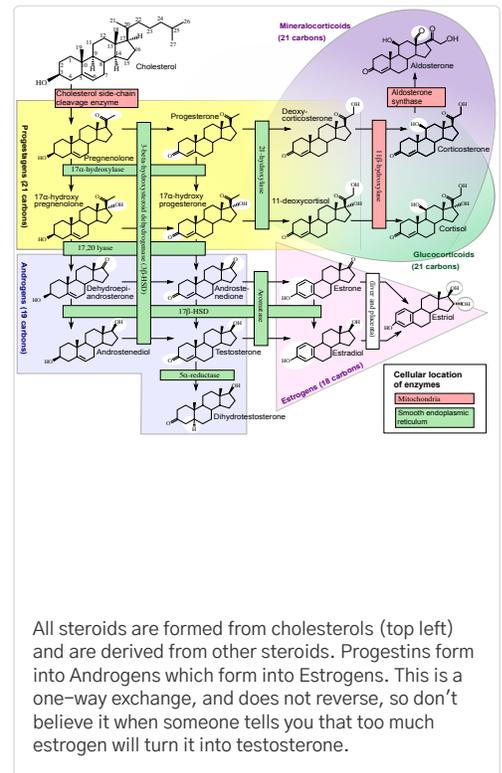
Estradiol is the Feminizing hormone, as it is the primary signaling hormone for growth in the mammary glands (breast tissue), and because it encourages fat deposits in the thighs, hips, butt, chest and arms, while discouraging fat deposits in the abdomen, thus producing a curvier figure. Estradiol also promote increased collagen production, resulting in softer skin and more flexible tendons & ligaments.

Estrone's role in the body has been something of a puzzle in medical research, as it has significantly lower binding affinity compared to estradiol (0.6%) and very low transactivational ability (4%). The hormone doesn't appear to *do* anything, it just sits in the blood stream. However it has a unique ability to convert to and from Estradiol via an enzyme group called [17β-HSD](#), making it ideally suited to function like an estrogen battery within the body.

New research is starting to suggest that the body may regulate total estradiol levels by releasing HSD17B1 to turn estradiol into estrone, and releasing HSD17B2 to convert it back, however this is very early study. Both enzymes are produced in breast tissue, and may play a role in the presence of cyclical period-like symptoms in estrogenic individuals who do not have ovaries, such as trans women.

Progestagens

The primary progestogen is [progesterone](#), which plays numerous roles in the body and has been found to be [an important component for feminizing hormone therapy](#).



One of the largest roles that the progesterone receptor plays is in the regulation of gonadal function (ovaries and testes). The hypothalamus is positively *littered* with progesterone receptors and responds strongly to their activation, downregulating the production of [GnRH](#), which then reduces the production of [luteinizing hormone](#) by the pituitary gland.

LH is what tells the ovaries and testes to produce estrogen and androgens. LH and its sibling hormone [FSH](#) both play central roles in ovulation, which is another large source of estrogen in ovary-havers. Thus, synthetic progestins, chemicals that fit into progesterone receptors, are often included in birth control in order to prevent ovulation. In AMABs, progesterone is a useful tool for blocking testosterone production.

Another type of cell that is full of progesterone receptors is mammary tissue. Progesterone plays a major role in the growth and maturation of milk ducts within breast tissue. While little formal research has been conducted into progesterone's effect on breast development, anecdotally it has been seen widely across the transfem community to provide significant improvements in breast fullness. Progesterone has also been demonstrated to increase blood flow to breast tissue, and encourages fat deposits in the breasts, both of which increase breast size.

Additionally, progesterone promotes better sleep, improves cardiovascular health, increases ketogenesis (reducing triglycerides), increases metabolic function, and has been found to reduce breast cancer risk.

Mineralcorticoids

Mineralcorticoids play no role in transition, but they are worth mentioning because of one major hormone: [Aldosterone](#).

Aldosterone is what instructs the kidneys to *stop* extracting water from the blood stream. It is produced by the adrenal glands in order to regulate body hydration. Why is this significant?

Because one drug that is very commonly used in trans hormone therapy is an extremely powerful aldosterone antagonist... Spironolactone. Spiro binds to mineralcorticoid receptors more strongly than aldosterone does, but does not activate the receptor. It just clogs it, preventing the kidneys from receiving the signal to stop extracting water.

This is why spiro makes people pee so much.

For Your Information

Why aren't AFAB trans people prescribed estrogen blockers alongside testosterone?

There are two separate sources for estrogens within the female reproductive system. Ovaries contain thousands of follicles, cell structures which produce eggs. The pituitary gland produces luteinizing hormone (LH) and follicle-stimulating hormone (FSH), which encourages the follicles to grow into luteal cells. Theca cells within the follicle produce testosterone, and granulosa cells produce the enzyme [aromatase](#), which converts that testosterone into estradiol. This is the first source of estrogen, but it is not the largest source.

Note: This is why PCOS causes ovaries to produce testosterone; the ovarian cysts disrupt the aromatase production, so the testosterone does not get converted.

Two weeks into the period cycle the hypothalamus tells the pituitary gland to produce an LH and FSH spike three to four times stronger than earlier in the cycle. That surge causes the follicles to swell until one pops, releasing an egg, at which point the remains of the follicle become a structure known as the corpus luteum. That corpus luteum then begins to produce progesterone and significantly more estrogens in order to prepare the womb for a fertilized egg. This is the second source.

Taking testosterone causes the hypothalamus to deactivate the genes that initiate this LH and FSH spike, so the follicles never reach maturity, ovulation never occurs, and the corpus luteum is never formed, removing a significant source of estrogen within the ovaries.

So no, Reddit, it isn't just "because testosterone is stronger", it's because ovaries are a hell of a lot more complex than testes and are easier to disrupt. Please stop spreading this falsehood.

Androgenic Second Puberty 101

What to expect from Masculinizing HRT

This is a compilation of reported medical transition changes collected from testimonials of AFAB trans people taking testosterone hormone therapy. This information is gathered from social media and chat rooms. Yes, that means this is all anecdotal, but historically, most of transgender medical study is anecdotal because no one wants to fund transgender medical research.

Note that this is a list of *possible* changes. There is no guarantee that every person on masculinizing HRT will experience all of these. Your age, genetics, medical history, degree of feminization from natal puberty, and hormone regimen can all have impacts on results. There is also just a degree of randomness – every body is different – and some things can take years to appear.

Voice Drop

Androgens cause the tissue that comprises the vocal chords to thicken and harden, permanently lowering the pitch of the voice. This is not a very fast change, but rather incremental over the first few years. Some people do not experience any voice change at all, it varies person to person. The change will not be drastic, if you are a soprano you are not going to become a bass, but it could bring you down to a contralto or tenor.

This does *not* mean that your voice will automatically become read as male. Pitch is only a piece of how people gender voice, and the way you speak plays a much larger role. Vocal training will be needed to amplify resonance and change speaking style.

Changes in Body Temperature Placement

Androgens encourage extra blood flow to the extremities, making them warmer. Because of this, men have cooler cores but warmer oral and surface level temperatures. You may see your basal body temperature increase. The net result is that you will *feel* warmer, and likely will not be able to layer clothing as much as previously possible. If you live in cold climates, exposing your calves can help to dissipate heat without chilling you too severely.

This change often comes fairly early on; expect night sweats while your system gets used to it.



Adam Fortune
@AFortune69



Night sweats/being HOT even at normal room temperature. The night sweats went away after a week or two the being constantly warm has not gone away it has just become normal.

Your scent changes, even the smell of your urine. Like I knew that going in, but it was still weird.

9:46 AM - Mar 22nd, 2021

Changes in Perspiration

With the above shift in temperature distribution, this also results in a significant change in how one sweats. Sweat will pool on the head, back and armpits. You'll also likely sweat more often, so keep water handy.

Body Odor

Often one of the first things to change: sweat and general body odor will become much stronger, especially during exercise. The smell will take on a sour, muskier smell. Tends to even out over time.

Body Hair, Everywhere

Androgens significantly increase the presence of body hair on the legs, groin, buttocks, chest, back and arms. Hair will grow in thicker, longer and darker. This will likely happen well before facial hair growth, which can take over a year to start. Rogaine / Monoxidil can help with that, but be careful as it is poisonous if ingested, especially to cats.

Male Pattern Baldness

MPD is caused by [Dihydrotestosterone](#) (DHT), an androgen which metabolizes from Testosterone. Having more T in your body means more DHT can form, and the gene that contributes to MPD causes the hair follicles on the scalp to receive less blood, choking them out until the follicles die. There will likely be *some* loss of hair line eventually, no matter what, but if there is a history of baldness among the men in your family, then you can expect to see that as well. Again, Rogaine can help with this.

The synthetic androgen [Nandrolone](#) does not metabolize into DHT and may be a viable alternative in place of direct Testosterone if hair loss is a concern. However, DHT is important for genital growth, so this is a double-edged sword.

Thicker and Oilier Skin

Testosterone promotes the thickening and toughening of the epidermis, causing skin to become coarser. As estrogen levels fall, the body will produce less collagen. This causes the skin to become tougher and drier (especially in the knees and elbows). Veins on the hands, arms, and legs may become more pronounced, but not varicose.

Expect your face and scalp to become oilier. Acne is likely to be a problem, and not just on the face. This tends to be worst immediately after dosing. This will generally improve after the first few years.

Larger Hands / Feet

Over long periods of time (3-5 years) the hands may become tougher and more calloused. You may need to increase your ring size eventually.

Testosterone also causes ligaments and tendons to retain more water, altering their flexibility. Over time this can result in an increase in foot size as the arch of the foot lowers.

Thicker and Stronger Nails

Both fingernails and toenails will grow thicker over time as keratin levels rise due to the presence of androgens.

Increased Muscle Mass

Androgens stimulate muscle growth, which is why anabolic steroids (which are literally testosterone) are so common amongst body builders. The body will naturally gain more muscle without even having to exercise, but *with* exercise there can be substantial gains, particularly in the arms and shoulders. Beware, you won't know your own strength at first.

Added lean muscle in the upper body redefines the shoulder and neck line, creating a more masculine silhouette. It also improves the body's ability to process lipids, making weight loss easier.

Fat Redistribution

Where estrogen encourages the body to deposit fats into the thighs, buttocks, and hips, androgens encourage the body to deposit fats largely into the abdomen. Starting testosterone will encourage your body to follow the androgen pattern, so you can expect new weight to deposit into your belly, while weight loss will take away from all over. Fat in the breasts, thighs and buttocks will slowly shift away as muscle builds, but this may take a long time.

Facial Feature Changes

Along with body fat migration, fat in the face also moves. The neck, chin and jaw line will fill out while the lips and upper cheeks shrink. The color of the eyes may also change and become fainter in the long term, as testosterone causes the pigmentation in the iris to fade.

This is an extremely subtle and slow moving process that takes years, and it is easy to think nothing is changing at all. The greatest shifts seem to happen in years 3 and 4. Take selfies to compare.

Increased Tolerance of Caffeine, Alcohol, and/or Psychotropics

More mass means more blood to dilute chemicals into. Increasing testosterone also means a higher metabolic rate, increasing the speed at which toxins are removed from the blood stream.

Mental Changes

As covered in the [Biochemical Dysphoria](#) section, brains can be wired for a certain hormone profile, and running on the wrong profile is like using a laptop with low batteries or an overheated processor. Starting HRT almost universally results in a cessation of

depersonalization and derealization (DPDR) symptoms within the first two weeks. A mental fog lifts, and it becomes easier to concentrate on complex concepts (assuming you don't also have other mental processing difficulties such as ADHD).

ADHD

If you have ADHD, there may be some changes in your symptoms. Androgens amplify [dopamine](#) receptor function, so increasing testosterone can improve the activation potential for dopamine in the brain. Dopamine is a key neurotransmitter in the behavior of [working memory](#), the short-term memory of the brain. More working memory means you may become less prone to distractions and have an easier time maintaining [cognitive load](#).

However, estradiol encourages the production of dopamine, so as estrogen levels fall there will be less dopamine for the brain to work with. Your symptoms worsen, not improve.

Emotional Expansion

The alleviation of DPDR almost universally is accompanied with a much broader capacity for emotion and emotional regulation. Emotions become somewhat more controllable and suppressible, less likely to overwhelm on the spot. *Please note: suppressing emotions is a very quick way to develop trauma.*

However, the ability to express them may become reduced. Some people lose the ability to cry after starting on testosterone, but this is *not* a universal experience and may be tied into how strong your T dose is. The reasons behind this aren't well known, although some studies have found that androgens alter function in parts of the brain connected to emotional processing. If you do lose the ability to cry, it may return in time as your brain become more acclimated and you come out of second puberty.

Emotional dis-regulation occurs the most commonly before and immediately after dosing (injections or gel) and results in reduced patience, increased aggression.

Increased Appetite / Eating Capacity

You are going to be hungry. Testosterone cranks the body's metabolism up significantly, and increased muscle mass means there is more to feed, so you will burn calories faster.

Sleep

Some people report problems with insomnia and having fewer memorable dreams. This is far from a universal, however.

Confidence

Testosterone is known to induce a strong sense of self-confidence in people. Problems seem less significant, self-esteem is stronger, fewer anxieties. Many people report a tendency to be more prone spark arguments, and more willing to speak out in the face of conflict and self advocate. This does *not* mean more hostile or argumentative, simply that ones tolerance for bullshit is lower.

Extroversion

It's extremely common for trans people of all types to find themselves much more sociable post-transition. This may simply be a result of no longer having to suppress large portions of their personality, but the aforementioned confidence also plays a role.

Genital Changes

All genitalia are constructed from the same tissues, they are merely organized differently during gestation. Much of the behavior of these tissues is regulated by the hormones ones body runs on. Skin secretions, textures, sensitivity and erectile behavior are all hormonal expressions. Which means that when you add androgens, these tissues start acting like they are in the shape of a penis and scrotum, even when they aren't.

Bottom Growth



Blotchkat
@blotchkat

I know a lot of people have the effect that they can't cry. But honestly, I'm about to cry right now just thinking about crying.

I'm extremely sensitive and emotional now in a way that I didn't allow myself before.

I cry a lot, but it's always tears of joy now.

11:10 AM - Mar 22nd, 2021

Missing tweet for 1374070062236246022



Elijah ★ (He/Him 🏳️‍🌈 Bug/Bugself)
@crypticenbug

I had a decent sleep schedule before I started T, and afterwards it basically just flipped

12:12 PM - Mar 22nd, 2021

DHT (mentioned above) plays a critical role in the development of the erectile tissue within the genitals. As DHT levels rise with the increase in Testosterone, this will cause the Skene's Gland (sometimes referred to as the female prostate) to swell. This will induce random erections within the clitoris, causing the erectile tissue to grow. The amount of growth varies from person to person, but 1-3 inches is common.

The clitoral hood and labia will become drier and thicker over time, and the inner labia may also start to grow hair. Self lubrication may reduce substantially, and over time penetration may become painful. Use more lube to avoid tearing and bleeding.

Increased Emissions During Climax

With the swelling of the prostate comes more prostate fluid. If you weren't a squirter before, you may become one now.

Changes in Sensitivity and Response

Erogenous stimulation may become more focused on the head of the clitoris and in stroking of the shaft.

Atrophy

Vaginal and uterine atrophy often happens within the first five years, and a hysterectomy may become necessary. Signs of atrophy include a deep throbbing in the lower abdomen and painful cramping without other period symptoms, particularly following intercourse. Vaginal atrophy can be avoided through the use of the same vaginal dilators that AMAB trans people use following vaginoplasty.

Increased Sex Drive

Libido will almost certainly go through the roof for the first year or two, the strongest immediately following dosing. May find yourself more assertive during sex and more prone to being dominant and/or a top.

Orgasm

The "shape" of ones orgasm can change. Rather than a cascade, it strikes like an explosion from the groin.

Attraction

Testosterone has been shown to increase arousal from visual stimuli. As such, you may *notice* people of your sexual preference much quicker, especially if you are gynephilic (attracted to the feminine shape).

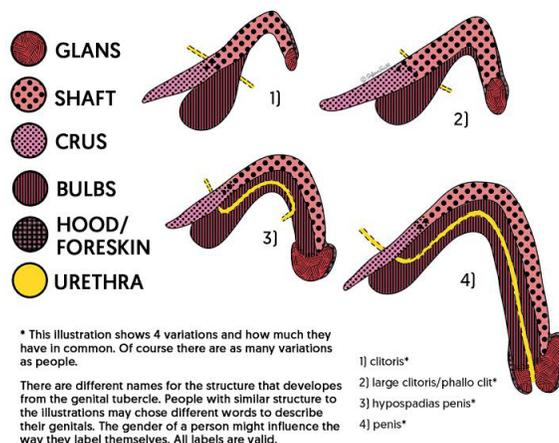
Cessation of Menstruation

The increase of androgens within the body causes the hypothalamus to down-regulate production of the hormones which control the ovaries. This will reduce total estrogen available, and may halt ovulation. Without ovulation and with lower FSH levels, the uterus will be less inclined to build up and release a lining, causing the cessation of blood flow.

You may still experience other period symptoms, however, as the hypothalamus can continue to express other aspects of the monthly cycle. This can even continue following a total hysterectomy, although it is not common.



HOMOLOGY of ERECTILE STRUCTURES



© Illustration by Stefanie Gröbl [Vielma - Vielfältige Materialien] IG: @vielma.at



Aren
@zeghostboy



I've been on T for literally a week and a half, and all I will say is that bottom growth and increased libido starts waaaayyy quicker than you might think.

1:23 PM - Mar 22nd, 2021



Adam Fortune
@AFortune69



The jokes about teenage boys always being horny, well, it's a thing. Not uncontrollably, get yourself in trouble horny, but I'd have sex multi times a day...

Also, I find I 'notice' women more now, I still mostly prefer men but the ratio has adjusted a bit more towards center.

9:50 AM - Mar 22nd, 2021



Blotchkat
@blotchkat



Orgasms being different was mentioned and I have to second this.

My clit now really functions like a small penis.

So, before I would have these orgasms that could be very intense, yet never satisfying. Now my orgasms are less intense, but it's like, I actually feel I "finish".

10:39 AM - Mar 22nd, 2021

This does *not* mean that you are infertile, however. Ovulation can still occur even if you are not menstruating. Additionally, halting testosterone will make the old orbs wake up, they do not die.



Moony
@MoonyXIV



cw menstruation: if u take it for a while and then stop taking it for a bit your period will come back and it will be ANGRY

10:45 AM - Mar 22nd, 2021

Estrogenic Second Puberty 101

What to expect from Feminizing HRT

This is a compilation of reported medical transition changes collected from testimonials of AMAB trans people taking estrogen based hormone therapy. This information is gathered from social media and chat rooms. Yes, that means this is all anecdotal, but historically, most of transgender medical study is anecdotal because no one wants to fund transgender medical research.

Note that this is a list of *possible* changes. There is no guarantee that every person on feminizing HRT will experience all of these. Your age, genetics, medical history, degree of masculinization from natal puberty, and hormone regimen can all have impacts on results. There is also just a degree of randomness – every body is different – and some things can take years to appear.

Breast Growth

Despite public perceptions, the majority of transfems do not pursue breast augmentation, as it often isn't necessary (and for many, is not within reach). Every human is born with breast tissue, it simply remains inactive without estrogen to make it grow. Development typically takes 2-5 years, but can continue for more than ten years, just as it does for cisgender women.

Expect aches and pains in the chest, along with lots of tenderness, in the area surrounding and behind the areola. Avoid bumping into anything, as it *will* hurt. Nipples and areolas will become much more sensitive while also becoming larger and darker. You'll want to invest in some sports bras.

This may be accompanied with lactation. Some secretion is normal and can be expected as milk ducts form and open up, so there is no cause for alarm. However, significant discharge without intentional stimulation may be a sign of a prolactin imbalance, so you should tell your doctor if this happens.

Skin Softening

Testosterone promotes the thickening and toughening of the epidermis, so removing it makes the skin thinner. Additionally, estrogen promotes the production of collagen, which causes skin to become softer more iridescent. Expect to see more varicose veins on your legs. Tattoos that may have faded over time might become bolder and clearer.

The removal of testosterone also causes a severe drop in skin oils, particularly on the face and scalp. This results in a significant reduction of acne and/or dandruff.

Increased Flexibility

Testosterone causes water retention in ligaments and tendons, rendering them less stretchable. Removing androgens from the body causes the tendons to release those fluids and regain their elasticity.

Slimmer Hands and Wrists

As the skin begins to soften and slim down, the hands gradually begin to shrink. Without testosterone, less blood flows to the hands, causing further reduction in tissue sizes. Ring size will drop as fat and fluids move off the fingers. Finger length shortens as ligaments thin and stretch.

Smaller Feet

Much like hands, the feet also experience changes in shape. Androgens encourage more blood flow to the feet, and encourage water build up in cartilage. Estrogens allow the ligaments in the foot to stretch more. Collectively this causes the arch of the foot to increase, shortening its total length by as much as two centimeters. Many people report a drop of one to two shoe sizes.

Thinner & Softer Fingernails

Fingernails are made of keratin, and many keratin genes are activated by androgen receptors, thus causing thicker fingernails. The loss of testosterone will make the nails thinner and more prone to breakage.

Reduced Body Hair

Do not expect a total cessation of body hair, once the follicles are made terminal by DHT they remain that way. However, much like fingernails, hair thickness is an expression of keratin genes activated by androgens. Removing testosterone causes the body hairs to become thinner and lighter. Genetics plays a major role in this, however.

Changes in Body Temperature Placement

Androgens encourage extra blood flow to extremities, making them warmer. Because of this, women tend to have warmer core temperatures but lower oral and surface level temperatures. You may see your basal body temperature drop to around 97.6.

This unfortunately results in a reduced tolerance to cold, so expect to need to layer clothing more frequently, especially since many buildings [set their thermostats for male comfort levels](#).

Changes in Perspiration Patterns

With the above shift in temperature distribution, this also results in a significant change in how one sweats. Sweat becomes more of a full body experience, as opposed to largely centered on the head and armpits. Underboob sweat becomes a thing.

Reduction and/or Change of Body Odor

A major component in male body odor is the presence of [the steroid pheromone androstadienone](#) in sweat. Androstadienone is metabolized directly from testosterone, so halting testosterone removes the source. Without it, sweat takes on a much sweeter smell, which is often attributed to feminine odors.

People taking spironolactone may experience a total cessation of any body odor, due to the way the drug alters cortisol uptake within the body.

Reduced Muscle Mass

Androgens stimulate muscle growth, which is why anabolic steroids (which are literally testosterone) are so common amongst body builders. People running on androgens naturally have more muscle mass, particularly in the upper body, without even having to work out. Removing androgens causes that muscle mass to atrophy and makes it harder to gain muscle. This is a major contributor to the feminine shoulder and neck line, as well as the waist line.

With this comes a significant loss in strength. Carrying things becomes more difficult, pickle jars become harder to open.

Fat Redistribution into Feminine Proportions

Androgens encourage the body to deposit fats into the abdomen, while estrogen encourages the body to deposit fats into the thighs, buttocks, and hips. Switching profiles causes new fats to be deposited according in the estrogen profile, and fats that were stored while on androgens break down. This produces the illusion of fat migration as the shape of the body changes. The waist line shrinks and defines itself below the ribs, and the belly becomes softer and flatter.

Because estrogen deposits weight much lower on the body, and the muscle mass in the upper body is lost, this lowers the center of gravity, which alters one's walking gait. It becomes more natural to cantilever the body with the hips while walking, as opposed to the shoulders.

Facial Feature Changes

Along with body fat migration, fat in the face also migrates. The neck, chin and jaw line thin out while the lips and upper cheeks puff up. The brow and upper eye lids lift, exposing more of the eyeball. Changes in skin and musculature around the eye can alter the



The author's hands. This change occurred over the course of three and a half years.

shape of the eyeball, changing focal depth and altering vision clarity. The color of the eyes may also change and become bolder, as testosterone causes the pigmentation in the iris to fade.

This is an extremely subtle and slow moving process that takes years, and it is easy to think nothing is changing at all. Take selfies to compare.

Changes to Scalp Hair

With the removal of androgens, blood flow to the scalp increases. Follicles that had been lost to male pattern baldness may reactivate, causing some return of the hair line and a filling in of bald spots. Scalp hair becomes thicker and follicles grow stronger, allowing hair to grow to longer lengths.

With this thickening, curliness may become more pronounced, and a change in hair color may also occur. You might find your hair taking on a texture more like your mother's than your father's.

Anterior Pelvic Tilt

As musculature atrophies, ligament flexibility increases, and weight shifts lower on the body, the orientation of the pelvic bone in relation to the spine and femurs rotates forward. Not by much, only about 10-20 degrees, but enough to cause a change in the alignment of the spine and hips, increasing arch of the back and causing the buttocks to jut out more. The added arch to the back can cause a relative drop in total height, between 1 and 2 inches (2-5cm) depending on pelvic shape.

Note, this is NOT the same as the [hip rotation](#) that occurs in AFAB puberty and during pregnancy. That is the result of migration of bone cells, altering the shape of the pelvic bone itself. **However**, hip rotation *can* occur if the person is young enough to still be within initial puberty, where the body is producing elevated human growth hormone. There have also been examples of hip rotation happening over long periods of time in trans elders. In 2017 an 80 year old trans woman reported on reddit that over the course of her 30 years on HRT, her doctor observed changes in her pelvis consistent with female hip rotation.

Reduced Tolerance of Caffeine, Alcohol, and/or Psychotropics

Less body mass means less blood to dilute chemicals into. Losing testosterone also means a slower metabolic rate, decreasing the speed at which toxins are reduced from the blood stream. Some anti-androgens also put strain on the liver, further reducing how quickly chemicals are processed.

Mental Changes

As covered in the [Biochemical Dysphoria](#) section, brains can be wired for a certain hormone profile, and running on the wrong profile is like using a laptop with low batteries or an overheated processor. Starting HRT almost universally results in a cessation of depersonalization and derealization (DPDR) symptoms within the first two weeks. A mental fog lifts, and it becomes easier to concentrate on complex concepts (assuming you don't also have other mental processing difficulties such as ADHD).

ADHD

If you have ADHD, there may be some changes in your symptoms. Androgens amplify [dopamine](#) receptor function, so reducing testosterone can reduce the activation potential for dopamine in the brain. Dopamine is a key neurotransmitter in the behavior of [working memory](#), the short-term memory of the brain. Less working memory means you become more prone to distractions and have more difficulty maintaining [cognitive load](#).

The good news is that estradiol prompts the brain to produce MORE dopamine.

Emotional Expansion

The alleviation of DPDR almost universally is accompanied with a much broader capacity for emotion and expression. The stoicism and dissociation lifts and emotions land with much greater intensity. Highs are higher and lows are lower. Those who may have been unable to cry, before transition, gain it back, both for sadness and for joy.

Authors Note:

There is a known problem with Spironolactone hampering working memory due to it's affects on mineralcorticoids. This can significantly worsen ADHD issues and make it much harder to maintain focus or be aware of your surroundings. I was involved in a car accident in 2017 that I blame on spiro fog.

Unfortunately this also means that if you had trauma from events earlier in life (and who doesn't), you may start to experience PTSD episodes. This is why it is good (and in some places, required) to have a therapist.

Mood Swings

As estrogen levels fluctuate between doses you may experience noticeable and sometimes dramatic shifts in your mood. Unexplained crying happens; PMS rage happens; be ready for it.

Appetite

Many people report being unable to eat as much as they could pre-transition. The loss of lean muscle in the arms and shoulders means that the body has a reduced capacity for burning lipids, and as such the fullness sensation occurs earlier.

However, progesterone increases mitochondrial function within the body, boosting metabolic rate. This can cause an increase in appetite as the body attempts to replenish calories burned.

That said, you may find yourself unable to eat *as much* food as you could before. Many report that they become full/satisfied sooner than before.

Sleep

Many people report having better sleep patterns after starting HRT. This is likely a factor of the alleviation of DPDR, as it seems to occur in both AMAB and AFAB trans people. That said, initiating progesterone can *significantly* improve sleep, allowing for deeper sleep and more dreaming.

Extroversion

It's extremely common for trans people of all types to find themselves much more sociable post-transition. This may not actually be a factor of hormone therapy, however, an simply be a result of no longer having to suppress large portions of their personality.

Sensory Enhancements

Transgender HRT has [been shown several times](#) to cause changes in the distribution of gray matter and white matter within the brain for trans people on both forms of HRT. New structures and neuro-pathways are formed as a result of the shift in hormone profiles, and this results in changes of sensory perception. These are some of the changes that have been observed and reported, but it is not clear if this is a function of the hormones themselves, or a factor of the brain receiving the hormones it is wired for.

- **Improved sense of smell**, especially of other bodies. Human sweat becomes very discernible, even overpowering at times.
- **Improved color perception**. Colors may become bolder, richer.
- **Improved spatial awareness**. Many trans people experience poor proprioception and a tendency towards clumsiness that goes away after starting HRT.
- **Changes in perception of taste**. Certain foods become more or less palatable; Cilantro, for example, may become more or less soapy. Increased tolerance of capsaicin (spicy peppers). Chocolate and wine become more flavorful.

Users of Spironolactone often develop strong cravings for foods high in salt, such as pickles, olives, or potato products. This is because Spiro is a potassium sparing diuretic which causes you to pee out all your sodium. The brain creates cravings to encourage you to replace that sodium.

Spatial Shift, Reduced Confidence

There is a very frequently reported experience of feeling smaller within the world, even when wearing heels. People taller than you seem to tower over you, and spaces feel larger.

People have also reported a tendency to be less prone to start arguments, and a desire to avoid confrontation rather than create it. Testosterone has been shown to increase a persons sense of confidence, and removing it has the opposite affect.

Genital Changes

All genitalia are constructed from the same tissues, they are merely organized differently during gestation. Much of the behavior of these tissues is regulated by the hormones ones body runs on. Skin secretions, textures, sensitivity and erectile behavior are all

hormonal expressions. Which means that when you remove androgens and add estrogens, these tissues start acting like they are in the shape of a vulva, even though they aren't.

Increased Sensitivity

The skin on the glans and shaft becomes much thinner and fragile, more prone to tearing and irritation, while also becoming *significantly* more sensitive to touch. The entire organ also becomes much more sensitive to pressure, and vibration becomes a better form of stimulation over stroking, which may become painful.

Moisture and Feminine Odor

The skin along the shaft begins to secrete the same fluids as the vaginal canal, particularly during arousal (yes, trans girls get wet). These fluids encourage the development of the same microbiome that develops within the vaginal canal. The combination of these factors means that odor (and taste) of the penis changes to align more to that of a vulva.

Color and Texture Changes

The scrotum is an analog of the outer and inner labia, and softens to take on a softer, more velvety texture, extending down into the perineum. The skin along the perineal raphe (the vertical line where the vulva opening had been before the scrotum formed) will also darken. Some people experience a kind of striping pattern along the scrotum.

Fewer Erections

Without free floating testosterone, the levels of **DHT** in the bloodstream drop significantly. DHT plays a major role in the stimulation of random erections during sleep through the enlargement of the prostate, and these erections are what is responsible for the maintenance of the erectile tissue. Without DHT, the prostate shrinks again, and random erections cease (no more morning wood).

However this means that the erectile tissue will begin to atrophy. Prolonged atrophy will result in shrinkage of the entire organ, for better or worse. The shape of the penis changes as this occurs, often becoming more conical. The glans is the first part to shrink and may lose the ability to become rigid. Penetrative sex may become more difficult, and erections themselves may become painful.

This can be countered by regularly inducing erections, but that may become more and more difficult as time goes on.

Clear Ejaculate

The majority of the liquid that makes up ejaculate originates in the prostate. It is a completely clear fluid, with a slimy texture. The white color and stickiness that is usually attributed to male ejaculate is caused by semen and seminal fluid from the testicles. The production of both semen and seminal fluid is a product of testicle function, so as the testicles shutdown (either because of anti-androgens or from estrogen dominance), these fluids halt, leaving only the prostate fluid.

Some people lose even that, and stop having any emissions at all during orgasm.

Needless to say, this comes with sterility. Contrary to what some sources report, this is NOT permanent, and many people have been able to restore testicle functionality by halting hormone therapy, either for detransition or for reproductive purposes.

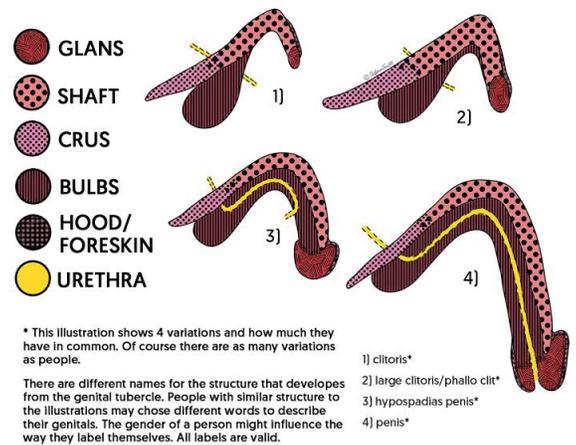
Testicle Atrophy

Once the testes have stopped functioning, the cells start to atrophy, shrinking over time. This atrophy may be accompanied with pain, sometimes in the form of a soreness or a dull throbbing sensation, or sometimes as registering as little sparks of pain that travel along the perineal nerve from the testicles down to the rectum.

Sexual Changes



HOMOLOGY of ERECTILE STRUCTURES



© Illustration by Stefanie Gröbl (Vielma - Vielfältige Materialien) IG: @vielma.at

Initial start of HRT may result in a total loss of sex drive as testosterone levels plummet. This can last 3-12 months, and in some cases doesn't return at all. Starting progesterone often serves as catalyst for its return. If/when sex drive comes back, the new libido [may be a completely different experience](#) that one may not recognize at first.

Heightened Erogenous Zones

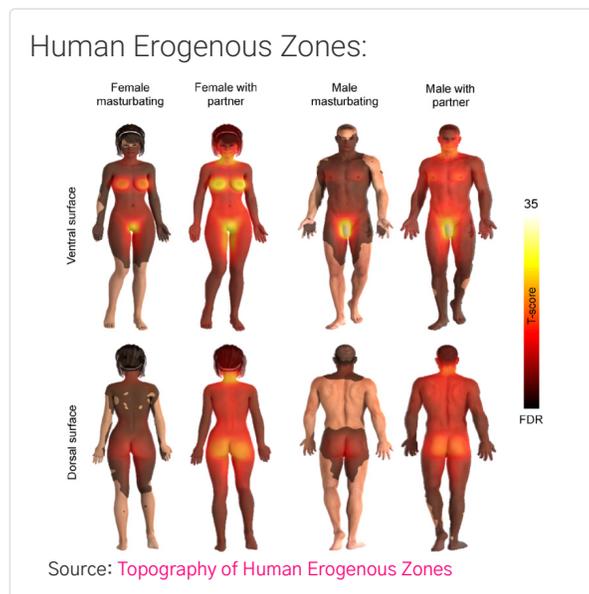
The entire body becomes more responsive to touch, and with that unlocks stronger erogenous zones. Breasts, abdomen, inner thighs and neck, in particular, become more arousal inducing.

Orgasm

Orgasm changes significantly, both in the way it builds and how it is experienced (see link above), but additionally, if one is lucky, they will gain the ability to become multi-orgasmic with no refractory period. The cost of this is that orgasm may become harder to achieve, and one has to re-learn how to reach it. It also becomes easier to reach with a partner, which may have been the opposite before.

Attraction

It is [not at all unheard of](#) for a transgender person to experience a change in their sexual orientation with transition. This is almost always the result of the removal of self-imposed mental barriers, but hormone therapy often plays a role *in* that removal. In most cases this simply involves an expansion of ones attraction, from monosexual to bi/pansexual, but some people also discover that their attraction was largely rooted in self-interest and that their true attraction is reversed.



Cyclical Period-like Symptoms

Obviously, we do not mean blood flow, that would be ludicrous. Symptoms vary greatly (just as they do in cisgender women) and typically last for 2-4 days, repeating every 26-32 days (though some report experiencing it bi-weekly). This happens independent of medication dosing schedules. The use of a period tracker app like Clue can reveal the pattern.

- Cramping in the intestine and abdominal muscles, ranging from a slight flutter in the gut to strong painful spasms.
- Bloating and water retention
- Gas, diarrhea and other intestinal issues.
- Emotional instability, mood swings and irrational thoughts
 - Heightened depression and dysmorphia
 - Depersonalization or dissociation.
 - Increased dysphoria
 - Irritability (PMS)
- Muscle and joint aches and pains
- Breast engorgement and nipple tenderness
- Acne
- Fatigue
- Appetite changes, spontaneous cravings (see: chocolate cravings)
- Spontaneous shifts in libido
- Changes in genital odor

No, there have not yet been studies on this yet, but it is reported by far, **far** too many individuals to be an anomaly (including by yours truly), and has been confirmed by multiple people's own doctors. There is also precedent of this happening with cisgender women who have had hysterectomies (I personally know two cisgender women who have cycles but do not menstruate, without any medical intervention).

Running on estrogen and progesterone activates a gene sequence which instructs the hypothalamus to attempt to cycle ovary and uterine behavior just as it does in female assigned individuals, regardless of the absence of ovaries or a uterus. This cycle affects numerous organs and subsystems in the body, causing the release of a variety of different hormones and enzymes that can affect function and even behavior.

A more thorough explanation of this will be coming in a later update to the site.

Conclusion

Every single year we get new studies that show an increase in the size of the transgender population. As awareness continues to grow, more and more people are realizing what has been wrong with their lives and are coming out of the closet. People who transitioned decades ago are coming out of stealth. GLAAD estimates as much as 3% of the population could be transgender, and I have seen numbers as high as 5% or even 10% from more liberal estimations. The more we come to understand about gender, the more language we gain to describe gender, the more people realize that the rigid Male and Female sexual structure that we have been forced into is false.

Yet all this change frightens people. It frightens conservatives who see their patriarchal social structures dissolving under the new understanding of gender. It frightens old-school transgender people who transitioned under the Harry Benjamin rules and now see so many people easily obtaining what they had to act and lie and manipulate to achieve. They fear that if anyone can be trans, then the public will stop taking trans people seriously. It frightens the misogynistic trans-exclusionary groups that fight so hard to invalidate transgender rights, because they think if anyone can be a man or a woman, then their status as a man or a woman is harmed.

There is no such thing as a “Transtrender”.

There is no such thing as “Rapid Onset Gender Dysphoria”.

There is no such thing as anyone “transing” kids.

These mentalities have to stop.