



# **Gender Identity Disorder (GID) & the Gender Program**

## **For more information**

More information can be obtained from the Gender Identity Clinic at Grey Nuns Hospital by contacting:  
Dr. L. Warneke at (780) 735-7119

## **Information for Patients and Families**

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**Mental Health Program  
Grey Nuns Community Hospital**

This pamphlet will tell you about Transgenderism or Gender Identity Disorder (GID).

## What is Gender Identity Disorder?

This is a disorder in which a person is born with the physical anatomy of one sex, but feels that he or she has the identity of the opposite sex. For example, a person born with the body features of a male may feel he is a woman inside. The reverse occurs for females. This disorder is also known as **Transgenderism**, and will be called this in the pamphlet.

### Words to explain:

**Transsexualism** is an old term used for transgendered people who pursue hormonal and surgical treatment.

**Gender Identity** is the inner feeling or self concept that one has of being a male or female.

**Gender Role** is the way a person appears (male or female) to others.

**Gender Identity Disorder** and **Transgenderism** mean the same thing.

## What is the cause of transgenderism?

The exact cause is not known. It is not thought to be a psychiatric illness, but rather another way that gender can be expressed and experienced. People who are transgendered are normal in terms of their chromosomes and hormones.

It is thought that when a fetus is developing, hormones may alter brain function and this leads to a transgendered state. It is known with certainty that hormonal events due to the expression of specific genes determine the anatomical sex of the fetus. Similar events may determine the hormonal make-up of the brain that determines gender identity.

## Videos and Books

### Videos and Movies

Ma Vie en Rouge (My Life is Pink) - a story about a young boy who is transgendered.

Normal- a story of an older man who is transgendered, his personal struggles and that of his family

Different for Girls - a story of a man, who transitioned into a female gender, then meets a friend from school days.

Soldiers Story--and

Boys Don't Cry - two true stories with a tragic ending because of societal prejudice against transgendered individual

Gender Identity Disorder- a narrated power point presentation on VHS format available on loan by contacting Dr. Warneke at the Grey Nuns Hospital

### Books

Trans-sexuals: Candid Answers to Private Questions. General Ramsey, The Crossing Press, 1996.

She's Not There- A life in two genders Jennifer Finney Boyan, Broadway Books, New York, 2003

True Selves: Understanding Transsexualism - For Families, Co-workers and Helping Professionals. Mildred Brown and Chloe Anne Rounsley, Jasey-Bass Publishers, 1996.

Dress Codes: Of three girlhoods-my Mother's, my father's, and mine, Noelle Howey, Picador Books, 2002

Sissies and Tomboys: Gender Nonconformity, M Rottneb (editor), New York Clinic Press, 1999

Not Like Other Boys, M Fanta -Shyer and C Shyer, Houghton Mifflin Ca, 1996

My Husband Betty, Helen Boya, Thunder's Mouth Press, 2003

Crossing: A Memoir, Deirdre McCloskey, The University of Chicago Press, 1999.

## Other situations that can be confused with transgenderism

- a male or female who is normal with respect to their anatomy, but has strong opposite sex interests that society labels as “feminine” or “masculine”
- a person who has a homosexual orientation. Some male homosexuals enjoy dressing as females for short periods of time, usually for fun as a part of a stage performance. The same is true of female homosexuals (lesbians) who enjoy dressing as males. These people have no desire to change their anatomical sex.
- a person, usually male, who enjoys dressing in female clothing because it is sexually exciting. This is called transvestism or fetishist cross-dressing. These people enjoy being male and have no wish to change their anatomical sex.

It needs to be emphasized that gender and sexual orientation are unrelated.

Parents who have concerns about their child because of gender atypical behaviour and interests can also be seen at the gender clinic.

Transgenderism was once thought to be due to the way the person was raised. It is now felt this has little to do with gender identity but does have an influence on how identity is expressed.

## How does transgenderism present?

People who are transgendered may:

- have felt from an early age that they were different
- have preferred playmates, games and toys that were more common with the opposite sex
- show a strong interest in the dress and behaviour of the opposite sex parent
- cross-dress as part of child play, and then suddenly feel more comfortable, more themselves
- cross-dress as much as they can, even though parents disapprove

As they get older, the feeling and need to cross-dress gets stronger. Cross dressing is actually a misnomer that is inaccurate. Dressing in the preferred gender role is more accurate.

Because of family, social and religious pressure, many transgendered people marry and have children in an attempt to conform to societal expectations and with the hope this may 'cure' them.

Persons who are transgendered usually seek help any time from late childhood to late thirties, many waiting until later in life.

## What can be done?

The Grey Nuns Community Hospital has a Gender Identity Disorder (Transgenderism) Program. People who feel they need help can be referred to the program by their family doctor, psychologist or social worker.

If referred to the program, the following will happen:

### 1. Assessment

This takes place over several interviews. The assessment determines if the person truly is transgendered. It is then determined what the individual wishes to do, and what problems or obstacles are in the way. If possible, family members and/or significant others will be interviewed as well.

### 2. Joining the program

If the person wishes hormonal or sex reassignment surgery, the *Real Life Test* is begun. This is based on the work of the Harry Benjamin International Association for Transgenderism guidelines. The person must dress and live the role of the preferred gender full time. He or she should be working or going to school.

After six months have passed (there is some flexibility), a referral will be made to the Department of Endocrinology at Walter Mackenzie Health Sciences Centre. If appropriate and after risks and benefits are discussed and understood, the person will be put on opposite sex hormones (estrogen for transgendered males and testosterone for transgendered females.)

After at least one year of successful living in the preferred gender role, a referral may be made for sex reassignment surgery. At this point, a second psychiatrist or mental health worker assessment is needed.

A referral can then be sent to Dr. Menard's Clinic in Montreal. and a request for funding is made to Alberta Health. Alberta Health will pay for the cost of the treatment, including transportation. This is for sex reassignment surgery only.

The surgery for male transgendered individuals includes a penectomy, castration, and the construction of a vagina.

For female transgendered individuals a total hysterectomy is done (in Alberta by a gynecological surgeon), breast reduction and male chest contouring (done by a surgeon in Alberta), and a forearm flap of tissue is prepared and used for the construction of a penis. An alternative procedure involves freeing the tissue around the clitoris. The pros and cons of each procedure need to be discussed.

Alberta Health does not pay for cosmetic surgeries such as breast augmentation, nose restructuring or hair removal. Advice is provided to assist the person in making document changes. About 60% of the individuals seen at the clinic eventually go on to have surgery.

## What other choices are there for transgendered people?

Many transgendered people may decide to do nothing about their situation. Others may continue to dress in their preferred gender role in private, others to lead double lives by dressing in their preferred gender part of the time. Some may choose hormone therapy but not surgery. Psychotherapy is provided to assist the person to do what is best for him or her. Counselling and support can be beneficial to the spouse if there is one, as well as other family members.