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# The Administration of Hormone Treatment to Transgendered People

## The Transgendered Person is the True Sex and Gender Adventurer

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Article Appeared in Polare Magazine: June 2000 Last Update: October 2013 Last Reviewed: September 2015



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**I**n this paper I am considering the administration of hormone treatment therapy to the transgendered individual and who specifically does not identify as being transsexual.

***Psychotherapy rarely dissuades transgendered people from pursuing the course that they indicate they wish to take.***

In my 1997 book *Trans-X-U-All: The Naked Difference* my co-author Katrina Fox and I distinguish between the transsexual who identifies as belonging to their opposite biological sex and the transgendered person, who identifies as their original biological sex, but wishes to partially alter their body to physically represent the opposite biological sex.

To help the reader more clearly understand the transgender identification I shall also say that in America, transgender covers the whole of the trans-community. However, I have had difficulty with this definition because it implies that the

transsexual has in some way crossed over from one identity to another. The true transsexual believes they have simply adjusted their identity to realigning it with their true sex.

The transgendered person is happy to be identified with having crossed some kind of gender barrier, but not the sex barrier. These individuals will exhibit facets of multiple sexes and genders, or in fact they may very well seek self-labelling according to what suits them.

A biological male who seeks to be transgendered may undergo hormone treatment, plastic surgery and electrolysis, living socially and working as a female or transgendered person full- or part-time. However, this person will still identify during sex and privately through self-image, to a large part, as male. These individuals are not to be confused with the "prefemsexual" who is a transsexual awaiting vaginoplasty.

A biological female who seeks transgender self-identification may undergo hormonal and surgical procedures, including bilateral mastectomy. This person will not undergo any form of genital surgery, identifying strongly with their female genitals as being the very core of their true identity as a woman living as a male. This category of person is not to be confused with the "premasculsexual" (a transsexual originally biologically female, awaiting phalloplasty or who has decided not to have phalloplasty because of surgical risks).

These individuals do not think of themselves as men, but as women with social male characteristics. Furthermore the transgendered person is not a physical hermaphrodite, transvestite, or a person who wishes to represent themselves as being androgynous, because of the clear identification with their original biological sex.

It may help the reader here to refer to the paper I presented to the 1997 Harry Benjamin International Conference on Gender Dysphoria in Vancouver, namely "The Treatment of Sex, Gender and Sexuality States by Respectful Pansexual Usage of Sociolinguistics". I designed this paper to extend the verbal representation of parts of the human experience.

A very important point to put across at this stage is that the transgendered person seeks their identification and is not a victim of misidentification. Of course they could have had other identifications before they aligned their self-image to that of a transgendered person or they could move on from transgendered to another self-identification.

Western culture has had great difficulty acclimatising to those members of society who identify as not belonging to the extremes of the sex and gender polarity scale of heterosexual male and female. For thousands of years, in many other cultures in the world, the existence of the less statically gendered has been celebrated, tolerated, or seen as benign.

Unfortunately the modern Western culture has developed a distinct phobia against those who are not stereotypical and who are representations of the diversity of sex, gender and sexuality. This hostility has, at times, been taken to a socio-pathological extreme.

All forms of prejudice are the results of socio-political and religious motives that often cite morality, fanaticism or law and order as their reason for persecution of minorities, including members of the trans-community.

The transgendered person is the true sex and gender adventurer and they choose to make their journey out of a sense of exploration of their own experience. They are beyond those of us who are more strongly tethered to the narrow margins of our own sex, gender and sexualities.

When they request hormones, providing there are no serious medical contraindications, they should be allowed to legally imbibe those hormones without moral judgement from the rest of us, including the medical establishment.

It is appropriate that a transgendered person should sign a form absolving the hormone administrator of blame should complications occur due to that administration. It is essential, however, that the administrator of the hormones and any therapists involved need to take sufficient care in advising the transgendered individuals of the advantages and pitfalls of their intended course.

Insufficient research exists to guarantee the transgendered person that there will be no side-effects, so it would be unfair of them to hold the doctors and therapists solely responsible should complications happen. It is also the responsibility of any transgendered person who is taking hormones to monitor publicly available information on the research connected with the administration of those hormones.

Every day in our society people are allowed to tattoo, pierce and mutilate themselves, drink and smoke themselves to death and consume copious amounts of narcotics. Drug companies bombard us with products that are addictive and have disturbing side-effects, none of which the consumer was warned about. Yet the transgendered person is often refused the hormones they require to continue their lives in the way they choose.

There has been a trend in psychiatry and psychology to judge transgendered people as having a psychopathology, which bears no official diagnosis. Yet it allows the clinician to be abusive by using their own personal moral standpoints to contaminate other people's desired experiences.

There is a great need for those professionals who work with sex, gender and sexuality to re-educate themselves to be empathic to the needs of all of the trans-community, and to reserve their judgementalism. To date many of the sexologists and doctors I come into contact with daily have trouble understanding the dynamics of transsexualism, but when it comes to the transgendered issues they look at me as if I am speaking Martian.

It has been suggested to me that transgenderism is simply a social construct that is the result of our culture's need to accept the diversity of nature. This may very well be true but even so, that still does not give those of us who are not transgendered the right to deny others their desired experiences.

In a free society if the individual has the legal right to commit suicide, then surely they must ultimately be allowed to live their lives as they see fit, without the interference of the moral majority. Transgendered people do not threaten other people's existence or happiness, therefore they should not be denied the hormones they need to explore their own personal identities. A clinician, on the other hand, does need to point out that the course they take may have irreversible physiological, psychological and sociological repercussions.

I suppose the ultimate question that many would like answered about the transgendered is - are they sex dysphoric and/or gender dysphoric? Some may be moving towards their developing identity through free will therefore not being either sex dysphoric or gender dysphoric. The alternative is that some may be moving away from their old identity, unhappy with it, therefore being sex dysphoric or gender dysphoric. The third option may include both scenarios. However, we should remember that each person has the right to make their own journey through life and that there are no correct formats when it comes to the human condition.

Psychotherapy rarely dissuades transgendered people from pursuing the course that they indicate they wish to take. What tends to happen is that they get the hormones on the black market anyway, but are robbed of any kind of reasonable medical supervision.

This further takes them out of the caring system, isolates them, stops them from accessing social care should they need it and turns them into what Kate Bornstein calls "gender outlaws".

I have had several cases of people who have lived as transgendered for a large part of their lives and these individuals have reported that this was the right decision for them. They did not want to be medicalised as transsexuals and neither did they want to live completely as their original biological sex.

The ones who have been denied such treatment talk about having miserable lives held back by their unhappiness with their bodies. These people should have access to hormone treatment to change their bodies in order to facilitate their personalities and live a rewarding life.

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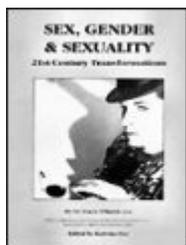
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From Tracie O'Keefe's website:  Tracie O'Keefe is a qualified and registered clinical hypnotherapist (A.S.O.C.H.A., psychotherapist, counsellor, mental health professional and trainer, working from a naturopathic perspective in Sydney, Australia. She trained at a post-graduate level with the National School of Hypnosis and Advanced Psychotherapy in London, U.K. U.K.C.P.-recognised school). Her degree and doctorate were earned at the American Institute of Hypnotherapy in the U.S.A. and issued in co-ordination with the Bureau for Private Post-Secondary and Vocational Education in California. She has been a family and couples therapist, a sex therapist and addictions therapist for many years and a qualified naturopath and medical herbalist, who trained in nutritional medicine with the Australian Institute of Applied Sciences. She holds a Bachelor of Health Sciences Degree in Complementary Medicine from Charles Sturt University. She is also an internationally published researcher, author and editor of the following books. [Read more about Dr. Tracie O'Keefe at her website](#) 



Trans-X-U-All: The Naked Difference  
Author: Tracie O'Keefe and Katrina Fox Publisher: Extraordinary People Press (1997)  
I.S.B.N.-13 978-0952948209.

From Google Books:  This fresh and concise work takes an exciting look at the world of transsexuals. It explains the whole gender reassignment process from start to finish and includes deeply moving stories written by transsexuals themselves, their lovers, families and friends. Scientific, factual, informative, it provides, in accessible language, a comprehensive guide to the world of transsexuality.



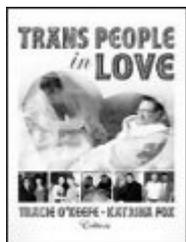
Sex, Gender & Sexuality: 21st Century Transformations  
Author: Tracie O'Keefe and Katrina Fox  
Publisher: Extraordinary People Press (1999)  
I.S.B.N.-13 978 0952948223

From Google Books:  This book dispels much of the mysticism around physical sex, gender constructs, and the diversity of sexuality. As well as considering gay, lesbian, transsexual and transgendered identities, it also looks at the intersex groups, such as hermaphrodites, and people who identify as androgynous or as being without sex or gender.



Finding the Real Me: True Tales of Sex and Gender Diversity  
Author: Tracie O'Keefe and Katrina Fox  
Publisher: Jossey-Bass (2003)  
I.S.B.N.-13 978-0787965471

From Google Books:  *Finding the Real Me* is an extraordinary collection of real-life stories told by a wide-range of sex and gender diverse people. These healing tales of struggle and transformation reveal just how creative, resourceful, and adventurous the individuals in this community can be and also helps to bridge the gap between ignorance and understanding. As each incredible story unfolds we become part of the author's journey to self-acceptance and join the celebration of their new life. Page by page, we laugh, cry, and learn to appreciate these wonderful courageous people and the road they walked to be their true-selves. *Finding the Real Me* is a landmark book that encourages us to embrace diversity, to never fear our differences, and to remain always in awe of our amazing possibilities.



Trans People in Love  
Author: Tracie O'Keefe and Katrina Fox  
Publisher: Routledge (2008)  
I.S.B.N.-13 978 0789035721

From Google Books:  *Trans People in Love* provides a forum for the experience of being in love and in relationships with significant others for members of the trans community. This honest and respectful volume tells clinicians, scholars, and trans people themselves of the beauty and complexity that trans identity brings to a romantic relationship, what skills and mindsets are needed to forge positive relationships, and demonstrates the reality that trans people in all stages of transition can create stable and loving relationships that are both physically and emotionally fulfilling.

The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.