Young and Old Have New Issues With Being Transgender

Both young people and old folks today are facing questions about being transgender that were never raised before. “What’s new” is that transgender is in public conversation as it has not been previously. In early textbooks used by faculty in nursing and other health sciences, the fact that gender is not a binary concept, but one distributed along a continuum, was noted. However, other than noting this fact, words to describe the various phenomena were absent. Today, books are being written, aimed at audiences as young as 8 years old. Older adults who are transgender are finding support in newly formed groups.

What part did the Diagnostic and Statistical Manual of Mental Disorders (DSM 5th ed.; American Psychiatric Association [APA], 2013) play? A history refresher is in order. In 1973, the APA eliminated homosexuality from its list of disorders. In the new edition (i.e., DSM-5), gender identity disorder was eliminated, and in its place is gender dysphoria. This new designation is not necessarily an improvement, because it still carries the connotation that someone is uncomfortable or distressed with the assigned biological gender. That is not essentially the case. Transgender individuals are not necessarily clinically depressed, nor are they troubled by other psychosocial symptoms. As Panas (2015) noted in her presentation at the World Congress for Psychiatric Nurses, in Banff, Canada, “I’m not sick! I’m transgender.” Her workshop explored the many challenges and barriers faced by individuals who are transgender as they attempt to navigate society. She compared the societal expectations for heterosexual individuals with those perceived as “others,” therefore strange and not normal. Her list of myths to be dispelled was received well by the audience.

BOOKS FOR CHILDREN ON TRANSGENDER

Altar (2015) reviewed this new trend of children’s books on transgender in a recent New York Times article. She begins with the story of Sam Martin, who made a discovery 23 years ago in a bookshop of portraits and interviews of women who had become men. He was so moved by this that he started his own transition and personal journey, then wrote books. There is a small group of authors who serve as their support group and write in various media about this formerly taboo topic. Alex Gino is one member of this group. “In August, Scholastic will publish ‘George’, a middle-grade debut novel about a boy who knows he is a girl, but doesn’t know how to tell his family and friends” (Altar, 2015, para. 15). Altar (2015) reports that Scholastic has faced resistance from some teachers and librarians, who question whether third and fourth graders should be reading such material. These fears are much like those that were voiced when sex education was introduced into grade school curriculum. Objecting parents believed that the messages that would be heard would lead their children into early sexual encounters. Many refused to have their children in the classrooms when the topic was being discussed. Such fears are actually the root of other attempts to control what children and teens should know.
There are still widespread attempts to regulate who knows what about birth control, the “morning-after” pill, and drugs to be administered to offset toxic ingestion of psychedelic agents.

GENDER COGNITION

When evaluating these new books for children on the topic of transgender, psychiatric nurses need to be aware of how the authors address the ages of their audience and what evidence exists regarding whether transgender children have the cognition to be aware of their gender identity. The existing literature in the professional and lay media has far more opinion and theory than substantial research.

An exception is a recent small study (n = 32) that investigated whether 5- to 12-year-old children, self-identifying as transgender, showed patterns of cognition more consistent with their expressed gender or natal sex. Olson, Key, and Eaton (2015) used tested measures to answer their research questions. “Using implicit and explicit measures, we found that transgender children showed a clear pattern: They viewed themselves in terms of their expressed gender and showed preferences for their expressed gender” (Olson et al., 2015, p. 467). Their response patterns mirrored those of the control groups.

An example of a non-scientific piece appeared as a three-part series on WNYC (New York Public Radio; Khan, 2015): “Where does a transgender child fit in at school?” Q is a third grader, in Brooklyn, assigned girl status at birth and now identifying as a boy. These stories explore questions about which bathroom or toilet can be used by whom, which sports can be played by boys and girls together, and who can see whom naked, at what age.

OLDER ADULTS AND TRANSGENDER

Improving the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals is a goal of Healthy People 2020 (GlobalHealth.gov, 2013). Searching for the best estimate of how many older adults, who are transgender, exist in the United States is not an easy task. Miller (2015, para. 2) points out that the main reason is that “the United States Census Bureau and other keepers of official records do not ask about gender identity.” Miller (2015) further explains the reluctance among some transgender individuals to be counted. “In a study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, 71 percent of transgender people said they hid their gender or gender transition to try to avoid discrimination” (Miller, 2015, para. 3).

Since the Social Security Administration (SSA) began in 1936, 135,367 individuals have changed their name to the opposite gender; 30,006 also changed their sex (Miller, 2015). It is difficult to determine the exact ages for the individuals in these statistics; however, generally using SSA data, where birth dates are noted, mid-30s or older appears to be the norm, with transgender women being considerably older.

At the World Congress for Psychiatric Nurses, a group of older women nurses met informally after the Panas (2015) presentation and asked me to join them. A few had heard me talking with Panas about turning her workshop into an article and wanted to ask me questions about publishing. Of these six women, half were retired, but came to the conference to reconnect with transgender colleagues. They started by asking if I could tell who, among them, had transitioned. I countered with, “Why does that matter?” All six women were 60 or older; two had not transitioned, but defined themselves as “advocates for their sisters.” The four who had transitioned said that they had changed their jobs after becoming women. These women lived in both the east and west parts of Canada and worked in large cities. All told stories about how changing their names on their drivers’ licenses and nursing licenses produced pitfalls and barriers. One RN gleefully said that parents should be directed to name their children in such a way that they did not have to change! Suggestions were Shirley, Carlton, Drew, Kevin, and Alex. One nurse, first George, became Georgia—telling authorities that there was a typo at the outset.
Only one of the nurses had been married and fathered a child. Her partner and child have disowned her. The remaining three who had transitioned had always been single, but a few had dated when they were men. Two remembered when the news about Christine Jorgensen was widely circulated in 1953. They were in secondary school (i.e., high school) at the time. They remembered pictures of Christine in her Army uniform and then in fur jackets.

I discussed the various ways to get their stories into print and offered to read drafts. They ended with: “We’d better do this quick. We’re not getting any younger, you know.”

In the current issue, Zelle and Arms (2015) focus on the health disparities between LGBT older adults and heterosexual older adults. Although they were not able to provide specific comparisons for the transgender individuals in the study group, the disparities identified clearly include them. They conclude with: “The nurse–patient relationship is the heart of nursing; using nonjudgmental, open-ended questions regarding marital status and sexual orientation should be implemented to allow patients to express sexual orientation openly” (Zelle & Arms, 2015, p. 29).

GENDER IS MORE THAN SEX

The new attention in the media about transgender issues and stories has prompted backlash. Several authors have written opinion pieces about the collision course between feminists and transgender activists. For instance, Burkett (2015, para. 7) stated: “I have fought for many of my 68 years against efforts to put women—our brains, our hearts, our bodies, even our moods—into tidy boxes, to reduce us to hoary stereotypes.” She complains about the shallow, trite opinions being expressed, and the questions being asked about whether there really are differences in male and female brains. Such writing, says Burkett (2015, para. 11), disregards the fact that “being a woman means having accrued certain experiences, endured certain indignities and relished certain courtesies in a culture that reacted to you as one.” Reacting to the various people praising and applauding Caitlyn Jenner, Burkett (2015, para. 14) suggests that they also take account of the fact that “…Ms. Jenner’s experience included a hefty dose of male privilege few women could possibly imagine.”

Filipacchi (2015), author of the novel, The Unfortunate Importance of Beauty, writes in the same New York Times Sunday Review, “How to pose like a man.” She makes the case that when individuals are pictured as stern, wearing dark clothes, against a plain background, that they are immediately more believable. Their ideas become credible.

YOUR PERSONAL STORY

How much of this editorial is news for you? Was “transgender” comfortably in your vocabulary, or have you added it? Do you know someone who is transgender? Or someone who should be encouraged to read this piece? Have you thought about yourself in terms of whether your natal assignment is the correct one?

REFERENCES


