As promised, I am doing the same work as you are:

Research and Planning Guide

1.       What do you already know about your issue?

I know that my issue, is it appropriate to require binary gender identification, is a hot topic right now and many organizations are working to become more sensitive to these variations and the scale of real gender identities. I also know that there are still people who are just terrified in real and dangerous ways about “gayness” even though transsexual identities are not “gay” technically. They intersect but are not identical.

2.       What questions do you have about your issue?

I wonder if there is enough scientific evidence to be convincing to someone that is already dead set on an idea. Then again, why should I think this is any more proveable than climate change or evolution?

I wonder if the APA sources I am familiar with have sufficient elaborated sources to help me and if I will be able to understand them.

3.       Who is interested in this issue?

Many people. LGBTQ community. Feminists.

4.       Where do people read, write, talk, or hear about this issue?

Utah Pride Center, Marriage Equality USA, and Human Rights Campaign are a start.

5.       Where will you look to find your secondary sources?

Databases, APA journal, Utah Pride library

6.       Are you going to conduct primary research? If so, where? How?

Yes. I’ll talk to my child who is transgender.

7.       What is your timeline for completing the research?

Deadline: Nov 17 for rough draft

My first draft needs to be done Nov 15

My annotated bibliography needs to be done Nov 14

I need to have written out my thoughts on all of my sources into a linear development of my ideas and the comparisons by Nov 10th

My journals need to be done by Oct 27, 29, and Nov 5th

**Notebook 10**

**Evaluate sources 1-3 according to the following criteria:**

McGuire, Jenifer K., and Meredith Conover-Williams. "Creating Spaces To Support Transgender Youth." *Prevention Researcher* 17.4 (2010): 17-20. *Education Full Text (H.W. Wilson)*. Web. 13 Oct. 2014.

* Source: It is a scholarly journal about preventative medicine. High **credibility** for the researcher but not particularly high **reliability** as it is an opinion survey.
* Timeliness: How current is the source? 2010
* Evidence: What type of evidence is used? Survey of youth
* Where does the evidence come from? From LGBTQ (trans/pan) youth
* Advertising: Is advertising prominent? No. It is in a professional publication and it only shows info about the authors.
* Author: McGuire (faculty researcher) and Conover-Williams (grad student). [http://www.cehd.umn.edu/fsos/people/faculty/McGuireJ.asp (Links to an external site.)](http://www.cehd.umn.edu/fsos/people/faculty/McGuireJ.asp)

Ryan, Caitlin, et al. "Family Acceptance In Adolescence And The Health Of LGBT Young Adults." *Journal Of Child And Adolescent Psychiatric Nursing* 23.4 (2010): 205-213. *PsycINFO*. Web. 13 Oct. 2014.

* Source: What type of source is it? *Journal Of Child And Adolescent Psychiatric Nursing.* Is the source reliable? Very.
* Bias: What particular biases do you detect? What accounts for these biases? Is the author forthcoming about his/her biases? The author is one of the pioneers in LGBT acceptance. This history makes her deeply entrenched in the community.
* Timeliness: How current is the source? 2010
* Evidence: What type of evidence is used? Where does the evidence come from? I need to read this deeper, still, but it seems to me that the study was done with control groups and over significant time.
* Advertising: Is advertising prominent? If so, how might the presence of the advertising impact the content of the source? The readers of the source? No.
* Author: Who is the author? [http://familyproject.sfsu.edu/staff (Links to an external site.)](http://familyproject.sfsu.edu/staff)  What is the author’s background? What are the author’s qualifications?

APA. *Answers to Your Questions About Transgender People, Gender Identity, and Gender Expression.*2011.[http://www.apa.org/topics/lgbt/transgender.pdf (Links to an external site.)](http://www.apa.org/topics/lgbt/transgender.pdf%22%20%5Ct%20%22_blank). October 27, 2014.

* Source: What type of source is it? Online PDF available for families.  Is the source reliable? Yes. It is the certifying agency for Psychology, the APA.
* Author: Who is the author? What is the author’s background? What are the author’s qualifications? The agency itself and its official position on transgender.
* Bias: What particular biases do you detect? What accounts for these biases? Is the author forthcoming about his/her biases? None.
* Timeliness: How current is the source? 2011
* Evidence: What type of evidence is used? Where does the evidence come from? I can only assume this because it is a fact sheet… but I would imagine it is the position of the most credible sources within their field of study.
* Advertising: Is advertising prominent? If so, how might the presence of the advertising impact the content of the source? The readers of the source? None.

Annotated bibliography

Bender-Baird, Kyla. *Transgender Employment Experiences : Gendered Perceptions And The Law*. Albany: State University of New York Press, 2011. *eBook Collection (EBSCOhost)*. Web. 3 Nov. 2014.

This article tells stories of legal issues that have occurred as a result of transgender employees in the workplace. The author of the book interviewed and followed 20 transgender persons in their legal issues as they developed. 20% of them lost their job as a result of their gender identity. Bender-Baird discusses issues of dress code, discrimination, bathroom use, identity documentation, and other issues of the subjects’ lives as they impacted the workplace.

This chapter will help me to understand some tangible impacts on transgender individuals that will help me to identify how their psychological changes and social changes end up impacting them economically and emotionally. It is a unique perspective because it is the legality issue of workplace discrimination and how this subgroup seems to still manage to suffer despite legal protections of non-discrimination.

Mathiesen, Amber M., M.S. "Gender Dysphoria." Magill’S Medical Guide (Online Edition) (2013): Research Starters. Web. 3 Nov. 2014.

This is a research starter that is just giving background on the term Gender Dysphoria, which was unfamiliar to me. This term is used more historically. This term was used, according to Mathiesen, as a diagnosis for many forms of gender identity disorders that required a medical classification. She acknowledges, though, that the trans community is helping to reshape the view that gender identity is not a pathology because it can be demonstrated in nature that gender is not as binary as is socially constructed. It is also a western construct to view it as such.

This research starter helps me to get a list of basic sources that I may want to further research on the attitudes of some in politically and religiously conservative views that still believe non-binary gender identity is a pathology and call it things like “gender dysphoria” or that discuss gays and lesbians as “suffering same sex attraction.” As I don’t share these views at all, it is important to me that I identify the sources of those views and come to understand them.

Zucker, Kenneth J., et al. "Demographics, Behavior Problems, And Psychosexual Characteristics Of Adolescents With Gender Identity Disorder Or Transvestic Fetishism." *Journal Of Sex & Marital Therapy* 38.2 (2012): 151-189. *Academic Search Premier*. Web. 3 Nov. 2014.

This study reviews a combination of transgender patients diagnosed with “Gender Identity Disorder” and “Transvestic Fetishism.” The study distinguishes these based on the homosexual or heterosexual identity. This study does only address “transvestic fetishism” from the Male-to-female patient. The study identifies significantly greater GID discomfort in homosexual identifying patients.

This study is another view on the medical community that still identifies trans-youth as a disorder. It allows me to see how these medical communities identify the youth as pathological instead of as persons. It gives me an insight as to what they call behavior problems so that I can see the language being used by the medical community that is still thinking in this fashion.

Christie Bogle

English 1010

Model Essay draft

November 19, 2014

Transgenderism: the Politics and Science

For years she had known she didn’t fit. Meghan was socially awkward. She had few friends, had difficulty identifying with other children, and could not really fit himself into the spectrum of social norms for children of her gender. This became pronounced as she aged and didn’t really settle out as an issue until at age 22 she stopped being forced to dress, behave and identify socially the way she was raised. Megan had always chosen Lion King toys, identifying with the male characters of the story. Scar and Simba were her favorites. She chose Power Ranger shoes rather than Little Mermaid. She chose blue over pink at all times. She begged her resistant mother for the right to cut off her waist-long hair and go short. She finally won that battle at age 17 and began wearing her hair in a short faux hawk, creating a school-wide trend. The more she expressed herself in these ways, the more relaxed she became and the more friendships blossomed. Her style became a trend for all of the girls to mimic. Little did any of them know that, for Meghan, this was just finally her time to begin to understand at what level she was really “he.”

Just a few years after high school, Meghan came to a full realization that she was not willing to identify anymore as female. With that realization came what seemed to be a cure for a lifetime of suppressed identity. Meghan changed how to identify and became Mark. He reported an almost instant change in self-confidence and personal satisfaction. He reported diminished symptoms to other pathologies he had suffered for many years: social anxiety and trichotillomania (pulling out of hair from the body, head, eyebrows, and eyelashes). These behaviors began as early as age 3 and continued right up until he came out on his 22nd birthday. The surprising change in confidence and seeming curative that coming out seems contrary to the larger conversation that goes on in popular media about the health of transgender individuals. Most of the literature and news reporting seems to focus on the possibility or question of transgender identification itself being a sickness. This personal experience seems to suggest that, instead, ignoring or resisting the idea of being transgender is the problem.

There are religious and socially conservative sources that continue to cite one psychiatrist, a former John Hopkins Chief Psychiatrist, named Paul McHugh when claiming that transgenderism is a sickness. In his publications, McHugh likens transgenderism to mental disorders such as bulimia and anorexia. He calls them a disorder of “assumption” where the sufferer looks in the mirror and sees something that isn’t so. As a matter of course, it seems logical to back your claims with the ethos of a highly respected psychiatrist. Indeed, he continues to publish articles lambasting trans-sympathetic policy and medicine. One article was published in the Wall Street Journal – a well-known conservative newspaper—on June 12, 2014. The article is titled [“Transgender Surgery Isn't the Solution.”](http://online.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120?tesla=y&$HeadlineQueryString$=) In this article, he cites multiple sources that suggests there are dangers in ignoring the lasting psycho-social disorder that accompanies identifying as transgender. He makes assertions that there is a significant and alarming increase in suicide rates among people who chose gender reassignment surgery. Additionally, he claims that the vast majority of children questioning their gender simply grow out of it.

While this opinion, coming from a John Hopkins authority, demands attention, it seems important to know something about this doctor’s character. His life’s work has consisted not only of a dismissive attitude about the nature of homosexuality (which he has also demanded is “a choice”) and transgender identities, but he has also took an active role in attempts to shut down an abortion clinic and bring charges against the doctor at the clinic. Ultimately, the doctor, Tiller, was assassinated after being acquitted of all charges. This background does not give the greatest hope that the psychiatrist is on any sort of neutral moral ground when speaking of these cases. It seems religion and conservative politics play as great a role in his professional opinion and his reading of medical research.

This is the opinion of one scientist that critiques McHugh’s work in the equally biased article [“Clinging to a dangerous past: Dr Paul McHugh’s selective reading of transgender medical literature”](http://www.transadvocate.com/clinging-to-a-dangerous-past-dr-paul-mchughs-selective-reading-of-transgender-medical-literature_n_13842.htm#sthash.lfHrunlE.dpufin) published in The Transadvocate. The author, Mari Brighe, is a PhD student and genetic researcher as well as an advocate for trans issues. She critiques the article written by McHugh suggesting that he has read the research selectively, ignoring key conclusions that the researchers came to and ignoring specific scientific evidence that is readily available. She counters his arguments that the patients are experiencing something that is, for lack of a better term, “all in their heads.” She counters with brain imaging research that suggests there are real and measurable differences that transgender people experience before gender reassignment surgery that contrasts with the brain scans of cis gendered (non-trans) people.

The American Psychological Association, in contrast to this position, states that the condition of being transgender is not a mental disorder “Many transgender people do not experience their gender as distressing or disabling, which implies that identifying as transgender does not constitute a mental disorder” (APA par. 17). In at least one way, the APA disagrees that there is anything pathological about being transgender. The question arises, then, as to why the APA continues to honor the diagnosis “gender identity disorder.” The response given by the APA is that this diagnosis is controversial because the stance is that though there is not a pathology associated with it, without a “diagnosis” people receiving treatment through Medicare and Medicaid would not be given access to medical care because, “In the United States, payment for health care treatment by insurance companies, Medicare, and Medicaid must be for a specific ‘disorder’” (APA par. 18). What is most interesting here is that the controversy is not over the question of if transgender is real or not, but whether or not it is appropriate to keep a “diagnosis” for something that is not a pathology. The controversy remains because doctors want to protect the right for low income access to healthcare for transgender care, not to protect the idea of the pathology itself.

What is not really explained clearly by these sources is the concept of non-binary gender identity. All of these sources seem to operate on the same assumptions that you are born either male or female and that some people opt to change that. In reality, it is more complicated than that. One example, a rare and extreme one, is intersex. In this gender expression, a person is born with both male and female genitalia. The typical response has (historically) been to let the parents or the doctors ‘pick’ a gender. In one such story, Mani, an intersex adult had been reassigned female after having lived a year as a male child. As an adult, Mani chooses to identify as intersex. The fact that such persons exist naturally is a literal, tangible counter argument to the notion that gender identification is simple, clean, and binary.

Much of the opinion about the accuracy of identifying transgenderism as a disease aligns closely with other political opinion. This leaves me wishing I had more access to unbiased, scientific evidence that explains how and why people are born with differing gender expressions and how we can more accurately explain this phenomena to a culture obsessed with binary thinking. It is clear that the politics in the U.S. is binary and the traditional ideal of gender is equally binary. I would like to see the science of gender become more transparent to the general public so that the question of gender identity can be set to rest.

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Christie Bogle

English 1010

Model Essay draft

November 19, 2014

Redefining Gender; Exploring the Medical Perspectives

For years Meghan was socially awkward. She had few friends, had difficulty identifying with other children, and could not really force herself into the social norms for the girls around her. This gender non-conformity became pronounced as she aged. At 17 she began wearing her hair in a short faux hawk and dressing in more masculine ways. The more she expressed herself, the more relaxed she became and the more adjusted she felt.

 After high school, Meghan changed her name to Mark and requested male pronouns. Immediately following, he reported diminished symptoms of pathologies he had suffered for years: social anxiety and trichotillomania (pulling out of hair from the body, head, eyebrows, and eyelashes). The change in confidence and seeming social curative of coming out might be a surprise. In fact, for a few in Mark’s family the increased happiness and self-confidence seem insufficient trade-off for the social risk of changing genders. They have dramatic feelings and not just a few questions. Is this real? Is this just a phase? Is he mentally ill? Is he gay? The answers to these questions, we hope, lie in medical science.

Gender is being re-defined in both science and culture. The evolving definition says that gender is not just a simple male/female dichotomy; rather, it is a continuum. Likewise, sexuality exists on a separate continuum. Some evidence comes from people born with both male and female genitalia. One such person, Mani, had been reassigned female by doctors after having lived a year as a male child. It was viewed, when Mani was a toddler, that this state of having both genitalia was a defect of birth and could be cured by nurturing or surgery. Some medical opinion continues to see all gender variation, including Mark’s “transgender” identity, this way. (Assume Nothing).

Conservative media often cites former John Hopkins Chief Psychiatrist, Paul McHugh when claiming that transgenderism is a sickness. McHugh likens transgenderism to mental disorders such as bulimia and anorexia. He calls them a disorder of “assumption” where the sufferer believes something that is contrary to fact. In one article, “Transgender Surgery Isn't the Solution” recently published in the Wall Street Journal – a well-known conservative newspaper—he cites sources to suggest danger in recent trends of supporting transgenderism. He cites a significant increase in suicide rates among patients of gender reassignment surgery. He suggests that the vast majority of children questioning their gender simply grow out of it, so reassignment is not the answer.

While this opinion demands attention, coming from a John Hopkins authority, it seems important to know about McHugh’s character. His professional opinion has included the claim that homosexuality is a choice. He also took an active role to bring charges against a doctor at an abortion clinic. Ultimately, the doctor at the clinic was assassinated after being acquitted of all charges. This background does not give me hope that the psychiatrist is on any sort of neutral ground about transgenderism. It seems religion and conservative politics play a great a role in his professional medical opinion.

One scientist critiques McHugh’s work in the equally biased article “Clinging to a dangerous past: Dr Paul McHugh’s selective reading of transgender medical literature.” The author, Mari Brighe, is a PhD student and genetic researcher as well as an advocate for transgender issues. She argues that McHugh has read the suicide research selectively, ignoring conclusions that the researchers came to and their warnings not to interpret the “treatment” as cause of the suicide. She explains that the suicide rates are always greater in a subset of the population experiencing a dissociative disorder than in the general population. I question the logic here, since the claim is that transgendered people are not ill. However, and more interestingly, she counters his assertion that transgendered people will “grow out” of it with brain imaging research showing measurable differences in the brain scans of transgendered people even before gender reassignment surgery as compares with the brain scans of cis gendered (traditionally gendered) people. These scans even differ from sterilized and castrated males that do not identify as trans. So, sick or not, trans brains are measurably different.

The American Psychological Association takes the stance that transgendered people are not sick. “Many transgender people do not experience their gender as distressing or disabling, which implies that identifying as transgender does not constitute a mental disorder” (APA par. 17). However, it seems contradictory since the APA continues to honor the diagnosis “gender identity disorder.” The response given by the APA is that this diagnosis is necessary because without it low-income people would be denied medical care. “In the United States, payment for health care treatment by insurance companies, Medicare, and Medicaid must be for a specific ‘disorder’” (APA par. 18). However, any psychological negatives that do arise are as a result of social pressures and a lack of social and familial acceptance of their gender identity. This is similarly supported by other researchers in transgender teens and in working-age adults (McGuire and Conover-Williams) (Bender-Baird). In other words, rejection causes harm, not gender identity.

Much of the controversy over transgenderism aligns closely with political opinion. This leaves me wishing I had more access to unbiased, scientific evidence that explains how and why people are born with non-binary gender expressions and how we can more accurately explain this phenomenon to a culture obsessed with binary thinking. My own liberal politics are well-established. They also happen to align with the majority of the medical community. It seems that the medical opinion that opposes the non-binary, non-traditional definitions of gender are limited to politically and religiously conservative doctors with a political agenda. They leave me unconvinced that their opinions are motivated by compassion and science. In Mark’s situation, should his family worry that he is sick and needing treatment? Changing identity characteristics is hard. This process requires patience, acceptance, and –yes-- some mental health counseling to deal with the stress of the process for Mark and his family.

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