

Towards Gender Euphoria: Emphasizing Wellness in Gender-affirming Care

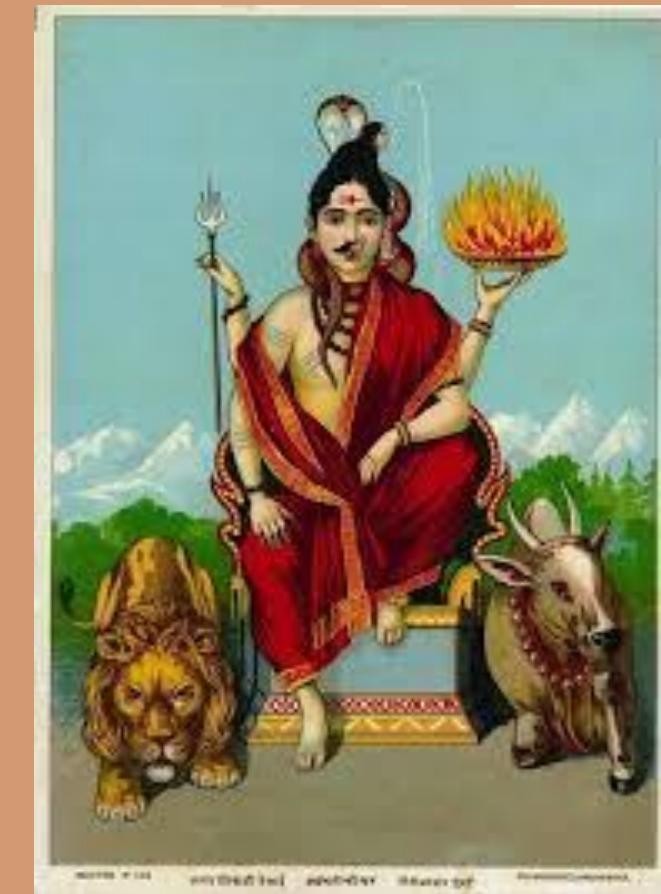
SASHA COHEN, MSN, FNP-C, AAHIVS
(PRONOUNS: THEY/HE)

OBJECTIVES

- Understand the historical foundations of gender-affirming care (GAC)
- Consider the implications of pathologizing gender variance and how this affects TGNC patients
- Conceptualize a care model based on "Gender Wellness"
- Cultivate awareness of the power dynamics between medical providers and TGNC patients
- Discuss ways to prioritize TGNC patient autonomy

HISTORICAL FOUNDATIONS OF GAC: Returning to an Indigenous Perspective

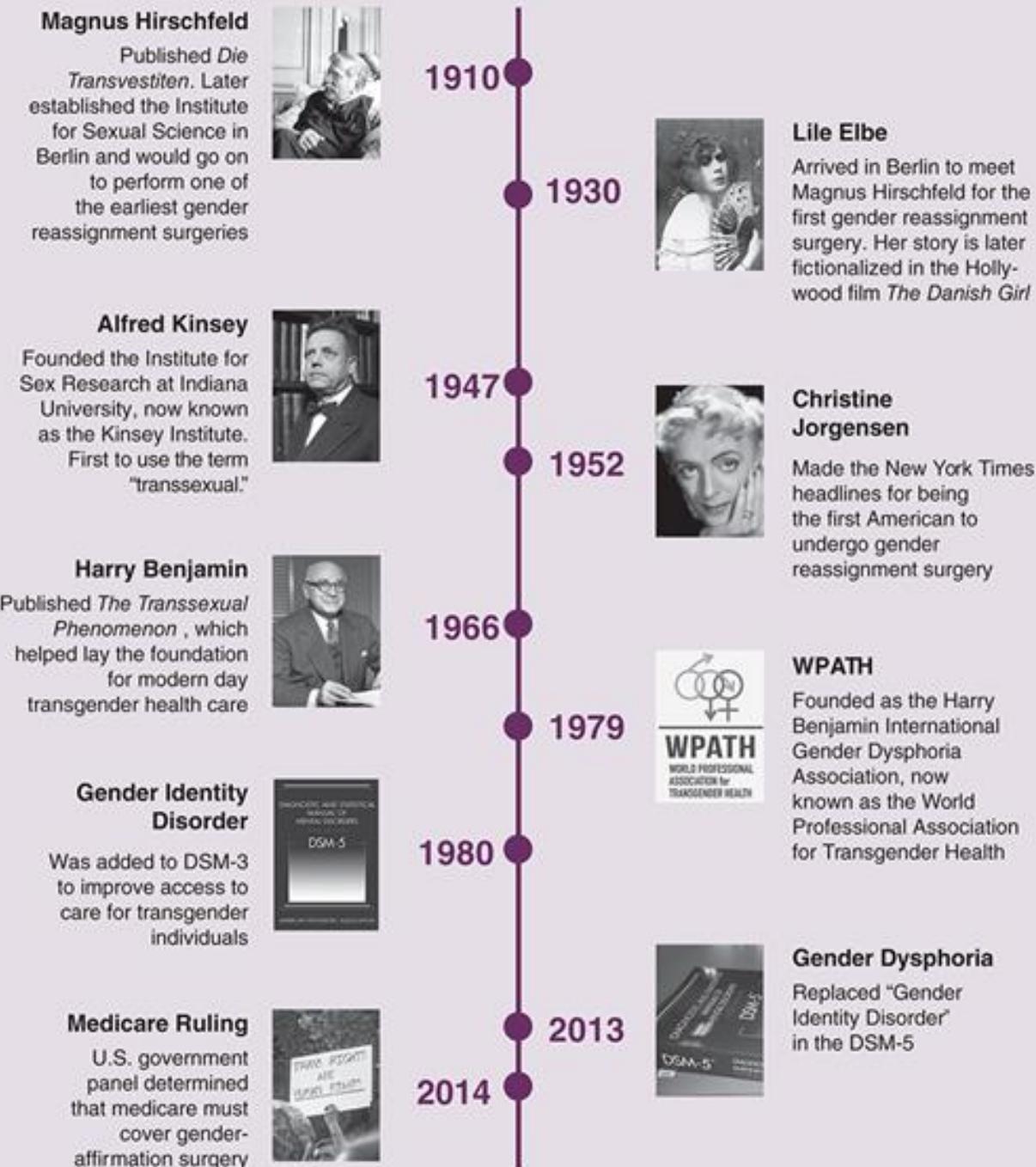
- Gender variance is not new!
 - Variation in gender identity and sexuality has existed in cultures around the globe throughout recorded history
 - Gender variant individuals are often viewed with reverence as important religious/spiritual figures in indigenous cultures
 - Binary notions of gender and sexuality are Western, Judeo-Christian constructs, which were forced upon native communities with the expansion of European colonialism around the globe



HISTORICAL FOUNDATIONS OF GAC: Timeline Overview

- **18th & 19th centuries:** Prevailing view in the medical profession was that men and women differed fundamentally both physically and mentally.
- **Late 19th & 20th centuries:** Medical & psychiatric professionals as well as gender variant individuals began developing language and ideas regarding the *"transgender phenomenon"*

HISTORICAL FOUNDATIONS OF GAC: Timeline Overview



HISTORICAL FOUNDATIONS OF GAC: TGNB Trailblazers

VIRGINIA PRICE



CHRISTINE JORGENSEN

HISTORICAL FOUNDATIONS OF GAC: TGNB Trailblazers



"...the medical community may not have wanted me to live as a gay man, but it appears as though I will die as one"

-Lou Sullivan,
We Both Laughed in
Pleasure



LOU SULLIVAN

HISTORICAL FOUNDATIONS OF GAC: TGNB Trailblazers

MISS MAJOR GRIFFIN-GRACY

"...he was doing this because ...all the girls were running to him with cash... I paid him to start me on hormones, and he just put his hand on my chest, and said to breath in and breath out. And he told me that my heart sounded OK, and patted me on the back and said, "OK, so you want to be a woman?" And I said, "Yes, doctor, I want to be a woman." And Bingo! that was it. He shot me up. And when he took my money--I'll never forget this--he opened up this drawer and it was filled with cash."

-Miss Major on starting GAHT in the 1950s



HISTORICAL FOUNDATIONS OF GAC: TGNB Movements

Transgender activists significantly shaped the LGBTQ+ rights movement in the U.S.



Compton's Cafeteria Riot (1966)

“History isn’t something you look back at and say it was inevitable. It happens because people make decisions that are sometimes very impulsive and of the moment.” — Marsha P. Johnson

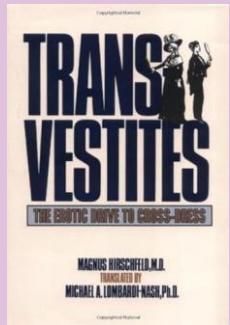
Stonewall Uprising(1969)



HISTORICAL FOUNDATIONS OF GAC: Figures in Medicine

Magnus Hirschfeld: Pioneering sexologist, researcher & advocate for gender & sexual minorities

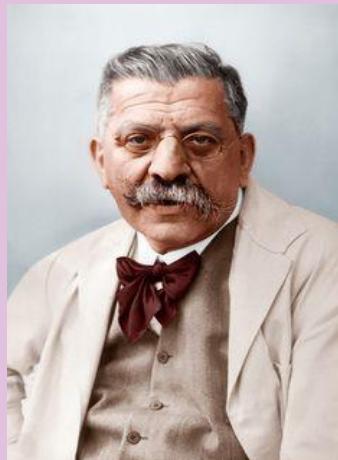
1897: Co-founded the Scientific-Humanitarian Committee



1919: Founded the Institute for Sexual Science in Berlin



1930: Forced to leave Germany due to the rise of fascism in Europe



1910: Published *The Transvestites*



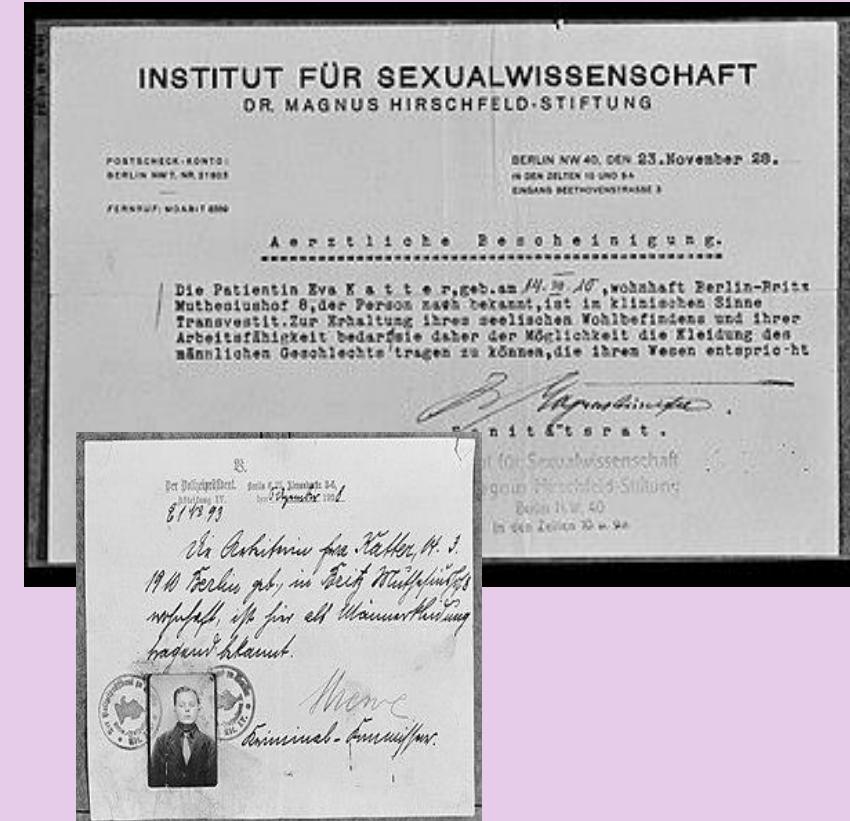
1928: Became the founding president of the World League for Sexual Reform



HISTORICAL FOUNDATIONS OF GAC: Figures in Medicine

Magnus Hirschfeld: Advocacy Work

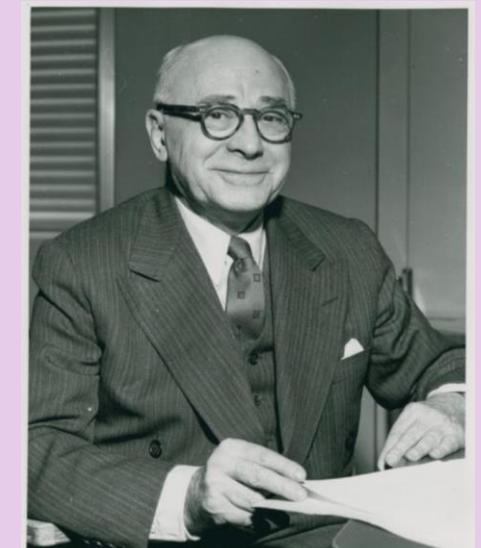
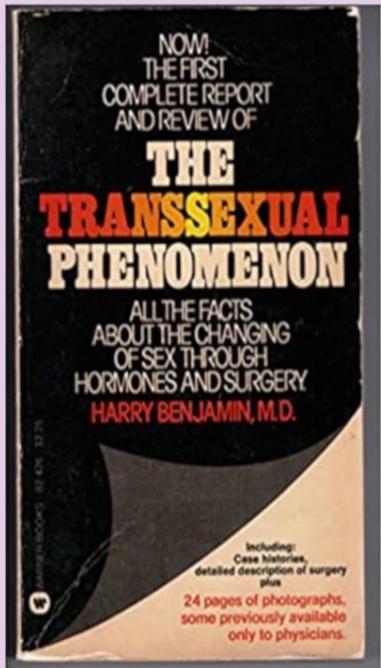
- Saw it as his duty as a physician to enact social reform to improve the everyday lives of sexual & gender minorities
- Understood importance of gender expression to ease gender-related distress and advocated for legalization of "cross-dressing", legal name change, developed "transvestite certificates"
- The Institute prioritized wide-spread dissemination of their work to promote sex education & demonstrate the "natural diversity" in sexuality and gender



HISTORICAL FOUNDATIONS OF GAC: Figures in Medicine

Harry Benjamin

- Moved to US from Germany in 1920s and practiced in NY and SF
- Original focus was on geriatrics, was interested in the use of sex hormones to combat effects of aging
- Treated first TG patient w/ medical interventions in 1949 on referral from Kinsey; at the time gender dysphoria was treated as an exclusively psychological issue
- Founded Harry Benjamin International Gender Dysphoria Association in 1979 (later renamed WPATH)



HISTORICAL FOUNDATIONS OF GAC: Figures in Medicine

American Contemporaries of Harry Benjamin

- More conservative in their approach than Hirschfeld
- Pervasive view of gender & sexual variance as pathologies/perversions

Notable Figures:

Alfred Kinsey

- Founded Institute for Sex Research at IU
- First to use the term "transsexual"

Karl Bowman

- Former president of the American Psychiatric Association
- Consulted on landmark 1949 legal case regarding access to GRS, advising that "transsexual genital modification would constitute 'mayhem'"



HISTORICAL FOUNDATIONS OF GAC: NOTABLE INSTITUTIONS



- Langley Porter Clinic at UCSF
 - Major center of research on variant sexuality and gender in the 1940s & 1950s- primarily focused on "curing" sex/gender deviance
 - Operated under the direction of Karl Bowman
- Institute for Sex Research at Indiana University
 - Founded by Kinsey in 1947 in order to increase research being conducted on human sexual behavior and provide education materials

INSTITUTE FOR SEXUAL SCIENCE IN BERLIN

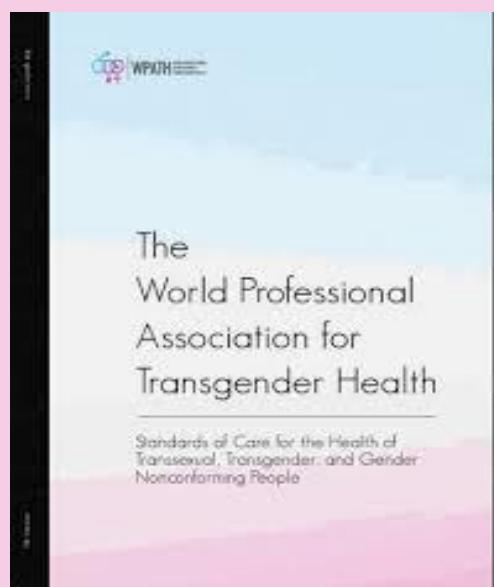
- Founded in 1919 by Hirschfeld, served as a library/archive, lecture hall and medical clinic devoted to serving sexual & gender minorities
- Staffed primarily by TGNB individuals
- In 1933 was ransacked by the Nazis and its materials destroyed

HISTORICAL FOUNDATIONS OF GAC: Notable Institutions

World Professional Association for Transgender Health (WPATH)

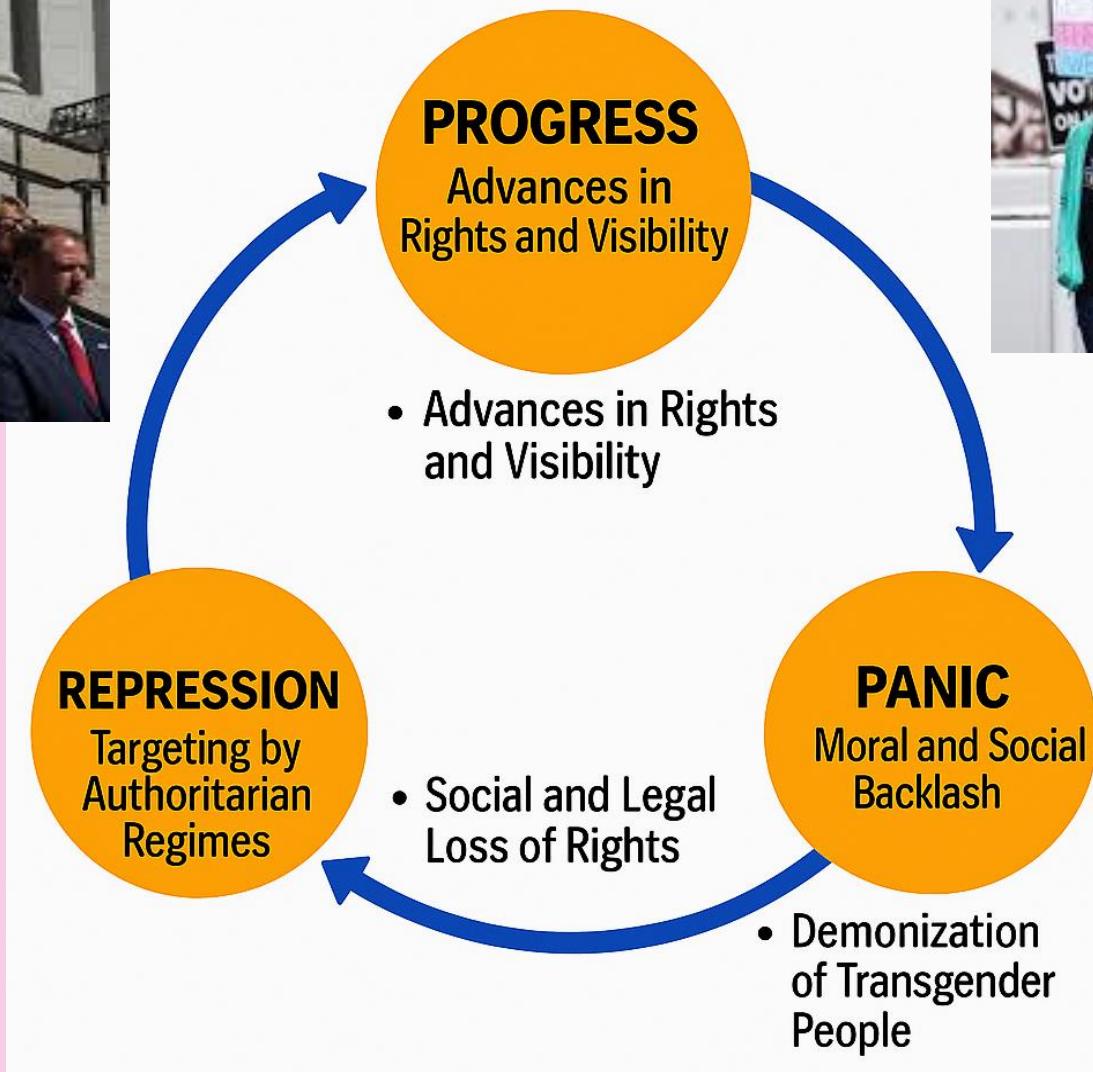
Founded by Harry Benjamin in 1979 with the goal of "creating an international community of professionals specializing in treating gender variance"

FIRST STANDARD OF CARE FOR GAC PUBLISHED IN
1979, MOST RECENT, SOC 8, RELEASED IN 2022



- First statement on the recommended standard of care/best practices to be offered to gender dysphoric patients by an identifiable professional organization
 - Provided a path to care, which did not exist previously except in clandestine ways
- Established requirements for psychiatric assessment and specified time-periods "living in true gender" in order to be eligible for medical interventions

THE PRICE OF PROGRESS: TGNB Scapegoating



THE PRICE OF PROGRESS: Legislative & Policy Attacks

Legislative & Policy Attacks on Transgender Healthcare (2025–Present)

Jan 2025

Executive Orders
Federal sex redefinition & funding bans

Mar 2025

HHS Regulations
Limits trans-inclusive care guidance

Jun 2025

Congressional Bills
Criminalization & defunding proposals

Oct 2025

Grant Conditions
Binary sex rules tied to federal funding

2026

Ongoing Litigation
Court challenges & national coverage bans debated

THE PRICE OF PROGRESS: Legislative Attacks in Florida

SB 254 (2023) is the central Florida law addressing gender-affirming care.

- Prohibits providing new gender-affirming treatments to anyone **under 18**.
- Requires that only licensed physicians (M.D./D.O.) can provide gender-affirming medical treatments.
- Prohibits telehealth prescriptions for hormone treatments as part of GAC
- Mandates physician-administered informed-consent procedures before care can be provided.
- Restricted the *use* of public funds (including state insurance) for gender-affirming care for minors and placed barriers on coverage for adults.
- SB 254 originally created criminal penalties and potential license sanctions for providers who perform GAC for minors, and civil liability risks for adults .
- New legislative proposals in 2026 would expand liability by making it a crime to “aid or abet” gender-affirming care for minors

Now that we know how we got here...

**How does our current model of
GAC look & feel from the
perspective of TGNB patients
accessing medical transition?**

Flipping the Script

For those transgender people who have felt compelled to physically change something about their embodiment, medical science has long offered the prospect of increasingly satisfactory surgical and hormonal interventions... But medical science has always been a two-edged sword- its representatives' willingness to intervene has gone hand in hand with their power to define and judge. Far too often, access to medical services for transgender people has depended on constructing transgender phenomena as symptoms of a mental illness or physical malady, partly because "sickness" is a condition that typically legitimizes medical intervention

(Susan Stryker, Transgender History)

PATHOLOGY MODEL OF GAC: Overarching Themes

- Disease/deficiency framework: Gender variant identity as psychiatric pathology to be cured
- Narrow, binary conception of gender identity
 - Based on cisgender, heterosexual social norms
 - Transphobia built into the foundation of western medicine*
- Diagnostic model---> gatekeeping
 - Delays/prevents access to care
 - Denies patient autonomy
 - Damages therapeutic relationship
 - Top-down approach that does not prioritize TGNC expertise

PATHOLOGY MODEL OF GAC: Evolution of Diagnostic Classifications

- Gender-related diagnoses are relatively new to contemporary systems of diagnostic classifications
 - Required for coding and billing in order to provide medical or psychiatric care
 - Impose diagnostic criteria to determine eligibility for treatment
 - "Transsexualism & Transvestism" added to ICD-9 in 1975
 - Including fetishistic transvestism/dual-role transvestism
 - In 1980, the American Psychiatric Association added "Transsexualism" to the *DSM-3*

Year	Classification Manual & Edition	Gender-related Taxonomy	Diagnostic Category
1975	ICD-9	Transvestism and Transsexualism	Sexual deviations
1980	DSM-III	Transsexualism	Psychosexual disorders
1987	DSM-III-R	Transsexualism	Disorders usually first evident in infancy, childhood or adolescence
1990	ICD-10	Transsexualism	Gender identity disorders
1994 & 2000	DSM-IV & DSM-IV-R	Gender identity disorder in adolescents or adults	Sexual and gender identity disorders
2015	DSM-5	Gender dysphoria in adolescents or adults	Gender dysphoria
2021	ICD-11	Gender incongruence of adolescents and adults; of childhood	Conditions related to sexual health

PATHOLOGY MODEL OF GAC: Evolution of Diagnostic Classifications

- Diagnostic codes and related diagnostic criteria have evolved over time to reflect changing understanding regarding gender variance
- Considerations for the ICD-11
 - Global advocacy groups urged WHO to remove categories related to transgender identity from classification as mental disorder

PATHOLOGY MODEL OF GAC: Evolution of Diagnostic Classifications

Gender Dysphoria → Gender Incongruence

- “*Distress optional*”: De-emphasizes distress related to gender identity
- Decreased time requirement for expression of gender variance
- Abandons binary terms in favor of more affirming language
- Diagnostic criteria for GI of childhood are considerably stricter

The WHO's 2015 report on Sexual Health, Human Rights, and the Law indicates that, in spite of recent progress, there are still very few non-discriminatory, appropriate health services available and accessible to transgender people.

(Reed et. Al, 2016)

GENDER EUPHORIA: A Wellness Approach to GAC

- What could a more affirming GAC model look like?
 - Centers TGNC knowledge/expertise/experiences
 - Reframes gender transition as a step towards affirmation/gender euphoria rather than a "cure" for dysphoria
 - Understands gender variance as a natural part of the human experience
 - Prioritizes TGNC patient autonomy
 - Discourages gatekeeping & reduces barriers to care (while prioritizing patient safety and well-being)

A WELLNESS APPROACH TO GAC: Existing Frameworks

Informed Consent Model

- Requires only ability to provide informed consent, no dysphoria/distress requirement

Gender Affirmative Model/ Gender Freedom Model

- Therapeutic framework developed to affirm gender exploration in youth
- Encourages play & curiosity in gender exploration
- Addresses negative attitudes towards gender expression within the home/family/school environment

A WELLNESS APPROACH TO GAC: Existing Frameworks

Gender Wellness Model

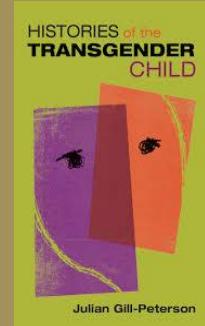
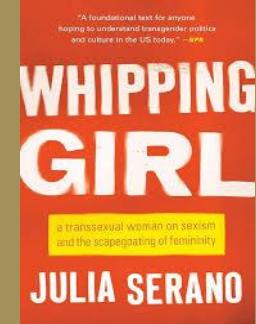
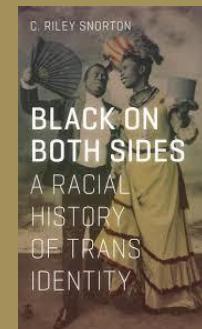
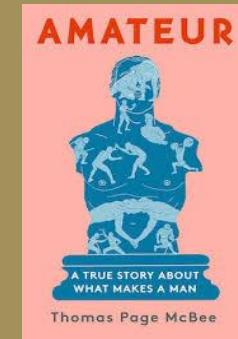
- Recognizes that every person has an ideal state of wellness related to gender, which may or may not require medical/therapeutic interventions to support individuals in achieving gender congruence
- Individualized treatment
- Encompasses a broad range of wrap-around services

PROMOTING GENDER WELLNESS: Practices for Medical Providers

- Exploring the self & uprooting internalized "isms"
- Practicing with an intersectional lens
 - Acknowledging mistreatment of certain groups & communities when accessing medical services and associated harms
- Addressing power imbalance in the provider-patient relationship
 - Relationship-centered, "Co-pilot" model of care
- Advocate for TGNB Liberation

DEEPEN YOUR KNOWLEDGE: Recommended Reading

- Transgender History, Susan Stryker
- Histories of the Transgender Child; A Short History of Transmisogyny, Jules Gill-Peterson
- Whipping Girl, Julia Serrano
- Amateur, Thomas Page McBee
- Black on Both Sides: A Racial History of Trans Identity, C. Riley Snorton
- We Both Laughed in Pleasure, Lou Sullivan
- Medical Apartheid, Harriet A. Washington



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