

Transgender Individuals and Mental Health

Many transgender individuals struggle with depression since they feel they have been in the wrong body for many years. Many are also dealing with complicated relationships with their family and peers.

- According to the American Foundation of Suicide Prevention in 2014, the prevalence of suicide attempts among respondents to the National Transgender Discrimination Survey (NTDS), conducted by the National Gay and Lesbian Task Force and National Center for Transgender Equality, is 41 percent, which vastly exceeds the 4.6 percent of the overall U.S. population who report a lifetime suicide attempt.
- Suicide attempts among trans men (46%) and trans women (42%) were slightly higher than the full sample (41%).
- Analysis of other demographic variables found prevalence of suicide attempts was highest among those who are younger (18 to 24: 45%), multiracial (54%) and American Indian or Alaska Native (56%), have lower levels of educational attainment (high school or less: 48-49%), and have lower annual household income (less than \$10,000: 54%).
- Respondents who experienced rejection by family and friends, discrimination, victimization, or violence had elevated prevalence of suicide attempts, such as those who experienced the following:
 - — Family chose not to speak/spend time with them: 57%
 - — Discrimination, victimization, or violence at school, at work, and when accessing health care
 - Harassed or bullied at school (any level): 50-54%
 - Experienced discrimination or harassment at work: 50-59%
 - Doctor or health care provider refused to treat them: 60%
 - Suffered physical or sexual violence:
 - — At work: 64-65%
 - — At school (any level): 63-78%
 - — Discrimination, victimization, or violence by law enforcement
 - Disrespected or harassed by law enforcement officers: 57-61%
 - Suffered physical or sexual violence: By law enforcement officers: 60-70%
 - — Experienced homelessness: 69%
- Reported lifetime suicide attempts decreased with age, from a high of 45 percent for 18-44 year-olds to 33 percent for 55-64 year-olds and 16 percent for those over 65 years.⁷
- Respondents who indicated “white” race/ethnicity had the lowest prevalence of lifetime suicide attempts at 38 percent, while American Indians and Alaska Natives reported the highest at 56 percent.
- Generally, those with greater educational achievement were less likely to report having attempted suicide, with 31 percent of respondents with a graduate degree, compared to 49 percent of those with a high school diploma, reporting a lifetime suicide attempt.

- Those with higher household income had a lower prevalence of lifetime suicide attempts, with 26 percent of those with income exceeding \$100,000 saying they had ever attempted suicide, compared to 54 percent of those with income less than \$10,000.

Much more detailed information can be found at this link:

<https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>

HRT has helped many transgender people feel a lot more stable, less anxious and panicky. They start to have more positive emotions after some time on HRT.

Some transgender people decide not to use hormone therapy. Some also decide whether they want to have gender reassignment surgery.

Having a good doctor, a good therapist (if needed and wanted), and understanding family and friends is essential to the mental health of a transgender person.

Hormone Therapy - quote from a patient

"The hormone therapy reduced stress and anxiety. It was a positive effect on my mental health, which improved even before physical changes began to occur. The air was fresher; the sun was brighter."

Many students in college are just deciding to come out as a transgender individual after leaving high school, their family and friends to live somewhat on their own for the first time where they can hopefully express themselves as they feel. We teachers may be the first people they come into contact with, and if we can show them that we have an open, inclusive and trans-affirming space to offer, we might be just one small part of the positive side of their life journey.

Rachel Inselman, Professor of Voice
University of Minnesota Duluth
rinselma@d.umn.edu

Endocrinologist and Hormone Replacement Therapy

The only ENDOCRINOLOGIST who works with transgender people for Duluth, Minnesota is Dr. Derrick Aipoalani. He has seen between 20-40 transgender people in the past several years.

Before seeing anyone, a transgender individual must see a mental health provider to get the correct diagnosis and to help with stress, depression and anxiety.

The Mayo Clinic just started doing gender reassignment surgeries.

FTM - Testosterone (T) - injection (cheapest and most common) or patch or gel on shoulders (more expensive)

MTF - Estrogen - injection (cheapest and most common) or oral pill or a surgical pellet placed under the skin

Testosterone blocker - injection once a month

The typical Testosterone dosage is anywhere from 300-1000mg. If it is mentally and emotionally comfortable, doctors are starting to recommend that a transgender individual consider taking a lower and more gradual dosage of Testosterone for lesser side effects.

When MTF transgender people are taking estrogen, the hormones can feel out of balance for a while. It is important to be in contact with your endocrinologist. One of the biggest mistakes made is get blood work to close to the next visit and not evenly in between the 2 visits to the doctor for hormone replacement therapy (HRT). The levels of estrogen will be lower closer to the next appointment and cause the patient and doctor to think the levels need to change causing more problems. Getting blood levels checked halfway in between appointments will show a better balance of hormone levels. One must listen to their body to find the right dosage and right form.

Notes from conversation:

“Some transgender patients have tried (the) black market or some pills off the street because they couldn’t get in to see a doctor that would listen to them or treat them appropriately,” he said. “They don’t know where to turn. And they really want to live the other role, so they’re willing to do certain things which for their health might not be the best thing.”

Hormone Therapy - quote from a patient

“The hormone therapy reduced stress and anxiety. It was a positive effect on my mental health, which improved even before physical changes began to occur. The air was fresher; the sun was brighter.”

Rachel Inselman, Professor of Voice
University of Minnesota Duluth
rinselma@d.umn.edu

Hormone Replacement Therapy for Transgender Singers

Terms -

cisgender – those who identify with the gender assigned at birth

cis male – males assigned male at birth

cis female – females assigned female at birth

HRT – Hormone Replacement Therapy

MTF – Male to Female

FTM – Female to Male

Transgender person/man or woman is correct

Transgenders/transgendered is incorrect

Estrogen – If Hormone Replacement Therapy (HRT) is started after the individual's initial puberty it won't have an effect on the depth in pitch and resonance of the voice. However, one can train their vocal chords to produce a sound more feminine in nature; especially with the help of speech therapy and a voice teacher. Also unaffected is the prominence of the thyroid cartilage or Adam's apple.

Testosterone - One of the most desired effects of testosterone by transgender men is a deepening of the voice. However, there are uncertainties to voice changes: testosterone doesn't always drop the pitch low enough, and the changed voice can be persistently hoarse, weak, crack, have a smaller range or two separate voices and even difficulty in matching pitch, especially for the first 3-6 months. This can cause both personal and professional difficulties, but for singers, the unpredictable and irreversible nature of testosterone's effects on the voice can be a terrifying prospect. However, the loss of singing ability is not inevitable, and there are strategies for easing the transition of the FTM singing voice.

How Testosterone Affects the Larynx

The larynx, or voice box, is a hormone-dependent organ. In teenage boys, increased testosterone production causes the vocal folds (vocal chords) to thicken, lengthen and mature. The cartilage of the larynx grows, further influencing the tone of voice. It also tilts slightly, resulting in a bump on the throat—the Adam's apple. This is a process that happens over time (up to 3 years) as the teen matures.

Transgender men conversely are often started on the highest recommended dose of testosterone, bringing about changes that would normally occur over several years in a much shorter time. Testosterone therapy makes the vocal folds grow thicker but they are restricted in length by the size of the larynx, which is typically smaller in transgender men than in cisgender men. Cartilage growth typically happens during puberty, and early cartilage ossification caused by testosterone further limits the growth of the transgender male larynx. The prominence of the Adam's apple after taking Testosterone therapy can differ from person to person.

Caiden's experiences -

Caiden started hormone replacement therapy in May of 2015. Some of his typical side effects included the body producing more oils, which brought about more perspiration, body odor changes, and acne. Although he struggled with depression before and after HRT, he initially experienced an increase in depression, due in part to the difficulty in releasing and processing new emotions. This has now become more balanced.

After 3 months, Caiden lost his higher tessitura and experienced cracking in a similar fashion to what a boy goes through with puberty. Although the higher range decreased, the lower range did not automatically begin to develop until the cracking had lessened at about 6 months. After that point, his lower range became more attainable and consistent. It also took about 6 months for his chest size to reduce and for his Adam's apple to grow a bit more prominent.

Transgender Waist Training and Corsets

MTF

ORIGIN OF THE WAIST TRAINER -

This girdle-like product is the descendant of the corset, remade for modern times but for basically the same purpose. Waist trainers have typically been used when working out to supposedly help women lose weight while still maintaining their curves.

The biggest difference between corsets and waist trainers are the materials used. Waist Trainers have breathable fabrics such as nylon and spandex with flexible spiral plastic boning while corsets have rigid, unbreathable materials such as leather with inflexible steel boning and tight lacing. Another difference is that some waist trainers do not go up the torso as high as a corset.

THE POSSIBLE EFFECTS OF WEARING A WAIST TRAINER OR CORSET-

Experts have warned that the use of the waist trainer/corset can lead to medical issues and damage to internal organs. They can cause problems with organs and bones over time. If someone is wearing one for too long every day, the inner organs, such as the diaphragm, colon, liver, stomach, and small intestines can be shifted around inside your body.

Trying to be too aggressive with a waist trainer/corset can cause organ redistribution in ways that can be dangerous, or even fatal. They can rearrange the intestines, reducing the amount of intestine in the waist area by moving it higher into the rib cage, and lower into the pelvis against the liver and kidneys. Intestines can become obstructed, adhesions can form, and there is a risk of hernias as well as a risk of damage to the liver, kidneys, and spleen. There is also the risk of ruptures of the internal organs. It's also very important to be aware of your bowel activity. If you start getting too constipated, this is a warning sign. There is also a risk of hemorrhoids because of the extreme compression of the abdomen and impeded blood flow.

There can also be changes to the ribs and bone structure. Shortness of breath occurs because pressure is being applied to the diaphragm, preventing it from moving naturally. You can't breathe deeply or expand lungs as fully. If the waist trainer/corset is too tight, this could cause the diaphragm to press into the lungs, and because circulation and lung capacity is limited, the heart could begin to race, because it can't get enough oxygenated blood to the brain. You can also experience back pain, especially when wearing them repeatedly, since you are not exercising important muscles. Your stomach might get pushed up beyond the diaphragm, which can cause reflux and make heartburn and indigestion worse.

SOLUTIONS -

If one must choose, a waist trainer is better than a corset for binding, and an Ace Bandage is very dangerous and shouldn't be considered. Find the right size and ease into how many hours a day it is worn. It is also important to breathe deeply and stretch after taking a waist trainer off.

Rachel Inselman, Professor of Voice
University of Minnesota Duluth
rinselma@d.umn.edu

Transgender Binders FTM

THE POSSIBLE EFFECTS OF WEARING A BINDER-

A typical binder is not only very tight, but it is usually made of durable nylon and spandex, making them notoriously uncomfortable to wear.

Binding (especially if done improperly) has the potential to hurt you, both short and long term. Using tape and certain types of bandages, such as an Ace bandage, can quickly become a health hazard with the potential to cause scarring to your skin, hurt your mobility, and cause fluid build-up in lungs or even broken ribs. An Ace bandage is very dangerous because it becomes tighter the more you breathe.

Finding the right size binder is crucial for both your health and comfort. Binders are already tight so don't opt for a smaller size just because you think it will be more effective in concealing your chest. If someone is wearing a binder that is one or two sizes too small, which people commonly do, they're going to be more likely to have problems.

If this is your first binder, wearing it might take some getting used to. If you experience itchiness, back pain, or general discomfort, feel free to take it off, even if it's only for a few minutes. Once again, the rule of thumb is to always listen to your body. Ending the day with some deep breathing exercises and stretches can also help the body restore itself after being bound all day long.

Binders normally come in two styles: short tri-tops and full length, which extend over the stomach. There are also strapless options, which may seem appealing to those who prefer strapless tops. However, without the support offered by straps, the strapless binders can increase the risk of scarring or aching in the same way an Ace bandage might. This strapless version also doesn't distribute the pressure evenly and it folds down so one has to adjust more often, and can create a cleavage problem since it doesn't go up as high. It works better for someone starting with a very small chest size.

Correct terminology for FTM is to use chest instead of breast.

SOLUTIONS -

If one must choose to wear a binder, ease into how many hours a day it is worn. An Ace Bandage is very dangerous and shouldn't be considered. Find the right size and choose the shorter version so as not to bind the organs in the abdomen.

Caiden's experiences –

He came out at Christmas 2013 in his first semester of college. Since he had a larger chest (36C cup), he started with an Ace bandage for 2 weeks while waiting for a binder. An Ace bandage is an unsafe binding method and should not be used because it gets tighter as the day goes on. This bandage caused Caiden to have trouble breathing, chaffing and bleeding (which is caused by sweating if a cloth wasn't underneath), bruised ribs, and in general a lot of pain. At the time, there was not enough information online or accessibility to buy a proper binder. One couldn't just go to the store and buy one, so they would opt for an Ace bandage. There is even a TV show called *Degrassi*, where a character is wearing an Ace bandage instead of a binder, and this sends the wrong message to young adults who do not know the difference. Education is key.

Binders give better results in regards to how flat a person's chest appears, but is not quite as damaging. In January 2014, he started using a binder that was a long tank top called the Underworks brand and cost about \$30-\$50. The material consisted of 70% nylon and 30% spandex, with a double layer of compression fabric in front and a single layer in back. This model was also good for swimming. After one week, he cut the tank top shorter because it just kept rolling up, and more importantly, it was not as tight around his mid section and organs, and therefore a bit more comfortable. By shortening the binder, the chaffing was less all the way down the sides of the garment and his breath became lower.

His typical problems were trouble breathing, chaffing, bleeding, bruised ribs, red marks from the binder seams that are tough and tight, posture issues from hunching shoulders forward, and a respiratory infection from fluid build up in the lungs. In fact, it is suggested that when one takes the binder off, that they cough to loosen up the fluid in the lungs. If not, they will most likely have some coughing fits anyway. Be aware that some binders ordered online that are made in Asian countries are too small even in size XL.

When Caiden had the infection, he couldn't bind himself, but he was able to get a doctor's note so that he did not have to go into work. Most websites recommend wearing the binder for no more than 8 hours, depending on the website, but Caiden wore his for 16 hours a day and never took it off, even for a few minutes to relieve discomfort. He did take it off to sleep, which is crucial for anyone binding. If the binder is not removed for sleep, one will permanently cause damage, and become highly susceptible to breaking ribs.

At this time, Caiden was living as a male with many roommates in college, and even though they all knew of his situation, he was not comfortable taking his binder off. This brings up the question of someone choosing mental health vs. physical health.

The next binder Caiden bought was not available until 2015 called GC2B made by Trans Men. He started wearing it in the summer of 2015. This is a much better binder that is a short tank that goes to about a ½ inch above the belly button. It is made of spandex and cotton and the compression material is now only in front instead of also in the back. He can now breathe much better in his lungs.

Rachel Inselman, Professor of Voice
University of Minnesota Duluth
rinselma@d.umn.edu