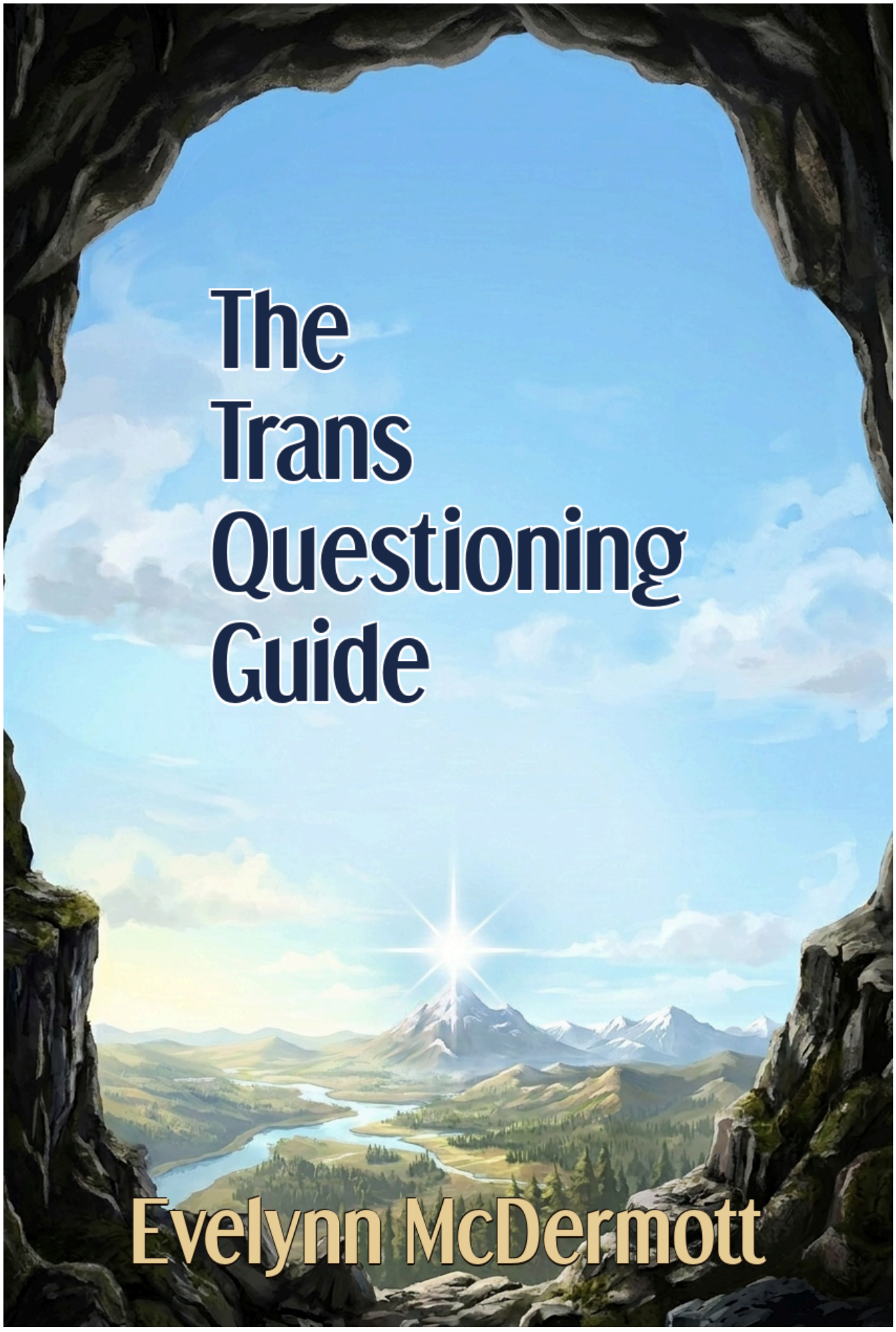
The
Trans
Questioning
Guide
Evelynn McDermott

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Parts of this guide — the medical and legal sections in particular — assume a reader who can make these decisions on their own. If you're under 18, those parts describe things that will involve your parents or guardians and a doctor. The rest of the book is for you the same as anyone. Please find an adult you trust and can talk to: a school counselor, a teacher, a relative, your doctor, or a youth organization like the Trevor Project. Telling one safe adult is not the same as coming out to everybody, and a good one will help you figure out the timing. If anyone — online or in person — tells you to keep your conversations with them secret from your parents, that is a warning sign, and you should tell another adult.

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If you are experiencing a medical or mental health emergency, contact your local emergency services or a licensed professional immediately. If you are struggling and want to talk to someone, the Trans Lifeline (877-565-8860 in the US) is staffed by trans people, and the Trevor Project (1-866-488-7386, or text START to 678-678) serves LGBTQ+ young people under 25.

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Foreword

This book grew out of a guide that I posted to Reddit called “Evelynn’s Trans Questioning Guide.” When people found that guide helpful, I knew I had to expand it and make it a proper work, covering every aspect of trans questioning and coping for newly trans people and more experienced trans people alike.

I originally wrote “Evelynn’s Trans Questioning Guide” because I kept repeating myself when answering questions from those who were questioning their gender identity. What I saw were people who had been confused or even misled by propaganda to believe misinformation about being trans, those who had established mental blocks to accepting their gender identity, and in many cases those who just needed a hug and to be told “it’s OK to be trans.” This led me to think that there was a lack of resources for those who are questioning, or in some cases the resources available did not make the answers clear.

My hope is that you will find this text useful in your own journey, whether you’re questioning or not.

Wishing you all the best,

Evelynn

Identity, Gender Identity and the Self

Identity, loosely, is the set of characteristics, beliefs, and preferences that comprise a person. Most aspects of a person's identity are mutable, meaning that one can change them. Examples would be the flavors of ice cream you like or the sports teams you follow. However, a few are immutable and can't be changed. One such immutable aspect of oneself is something called *gender identity*.

Gender identity is the gender that one internally aligns with. A person's gender identity exists independently of *any other facet of their existence*. It does not matter if a person was raised a certain way, is tall or short, has big feet or small, is hairy or not, likes woodworking or sewing. Gender identity does not change no matter what one is or does.

Gender is a classification system used to sort people into categories. Each category has a distinct set of expected traits, roles, and forms of self-presentation. Gender specifiers such as "man" and "woman" can be described differently across cultures and historical periods.

A person's gender identity need not be *binary*, meaning that it aligns with one of the two traditional specifiers ("man" or "woman"). *Nonbinary* gender identities exist whereby one will align with both "man" and "woman", no gender at all, or genders different from "man" and "woman" (sometimes in combination with "man", "woman", or both)

Societies typically raise children as the gender matching their *sex assigned at birth*. Those assigned "male" at birth (AMAB) are typically raised as "men" and those assigned "female" at birth (AFAB) are typically raised as "women". However, a person's gender identity does not always match their sex assigned at birth. A person who identifies as having a gender identity different from their sex at birth is considered *transgender* (or *trans)*. A person who does not identify as trans is commonly called *cisgender* or *cis* for short.

A person who is AMAB who identifies as a woman is called a "trans woman" (with the space). A person who is AFAB who identifies as a man is called "trans man" (with the space). A person who identifies in any other way is said to identify as nonbinary.

Bioessentialism

A person's assigned sex at birth in no way determines their gender identity. The idea that somehow sex (or other biological factors) are determinant in gender identity is called *bioessentialism*.

If there is a biological explanation for gender identity, it is so complex and requires so many variables that it would be practically useless as a determining framework. For example, there are some studies that show that certain brain patterns are associated with those who identify as trans, but distilling this data down into "this pattern means trans and this one doesn't" is virtually impossible.

The Golden Rule (Or How To Be Trans)

As there are no external tests for gender identity, the only objective truth we have about it is that it is up to each person to determine their own gender identity. This leads to what I call *The Golden Rule*:

All that is required for someone to be trans is for them to identify that way. Nothing else is required.

The concept is so simple that it can seem deceiving. Something so major and life-defining shouldn't come so easily and without requirements. What if this is a trap? What if this is something totally phony? While it may seem that way, it isn't phony because cis people do not say to themselves "I identify as trans." They will read this guide and none of it will resonate with them; in fact they are unlikely to read it at all because they have no reason to suspect it will.

The reality of identifying as trans is that it is very difficult for many people to come to the conclusion that they do identify that way. This guide was written with the goal of unentangling all the reasons someone might think they are or are not trans, but ultimately it is up to each person to make the determination for themselves.

We will come back to The Golden Rule again and again in this book

The Self

There are different perspectives upon the self that will be used in this book.

- The physical self - your body and social presence as they physically exist right now.
- The conscious self - this is the self you are aware of.
- The actual (or "true") self - this is the self that matches your true gender identity.

Dissociation

A fully *dissociated* state is one in which the conscious self is totally unaware of something. In this text the word *dissociation* is treated as a quantifiable value of how unaware someone is of some aspect of their physical or actual self. [10, 11]

Repression and *suppression* increase dissociation. Repression is when we unconsciously dissociate and suppression is when we consciously do it. One may also practice *avoidance*, which is avoiding triggers that break dissociation. [9]

In terms of gender identity, some people are fully aware that they are trans from the point of their earliest memories. Others are not aware for what could be a variety of reasons and may remain unaware for decades. These people are said to be dissociated from their gender identity until they experience what this book calls their *revelation event*.

The revelation event is often called the **egg-cracking** moment, because, using the egg analogy, that is the moment the true self emerges from its shell.

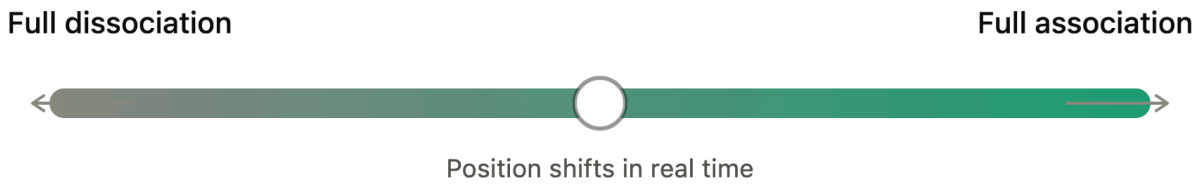
The revelation event is the moment that the full dissociation between a person's conscious self and their gender identity is broken and they are exposed to who they really are.

In this book, the words *true gender identity* refer to the gender identity one consciously sees after their revelation event in absence of dissociation. At the point of the revelation event a person may only see some of their true gender identity, more may be revealed later during the experimentation and exploration process.

Once the revelation event happens and the dissociation between one's conscious self and true gender identity is broken, it cannot be fully restored. While a person may dissociate from their actual self in order to try to "unsee" what they saw, the reality is that this does not work.

In this sense, we say that a person's revelation event is akin to them coming out of a dark cave and seeing the light for the first time. They can go back in the cave and try to blind themselves to the light, but they cannot forget what they saw. This is such that when they're in the dark, it nags them because the light is preferable to the darkness.

The Dissociation Spectrum



Nonetheless, it is common for a person to try to go back in the cave, or dissociate, at various points after their revelation event or at any time if they did not have a revelation event. This is why dissociation is treated as a fluid spectrum with two poles:

- Full association: conscious self fully sees true gender identity
- Full dissociation: conscious self is completely blind to true gender identity

A person's place on the spectrum can change in real time based upon how much a person represses, suppresses, or embraces their true gender identity.

The poles are not achievable states. Full dissociation is not possible once a person has had their revelation event. Full association is not knowable because this pole can move as one discovers more about their true gender identity and a person can't be sure of how much dissociation they are really experiencing at a given moment.

Pre-Revelation

As mentioned in the first chapter, sometimes a person is aware of their gender identity in childhood. In some cases, such as my own, it stays hidden for decades. Some people will try to convince themselves that they aren't trans because they saw no previous signs.

From what I've seen anecdotally, people often discover themselves either in their childhood or early 20s, but 30s, 40s, and 50s are also surprisingly common and I've heard of it happening as late as age 80+.

Nonetheless, it is important to reiterate that it is *strictly not necessary* that a person has signs in childhood or any time. The Golden Rule applies: all that is required for someone to be trans is to identify that way.

Signs during the pre-revelation period

For those who do have a pre-revelation period, there are sometimes signs during that time that a person is dissociated from their true gender identity. In some cases, a person senses something is wrong but can't seem to put their finger on it.

Social identity threat

A pre-revelation trans person will sometimes struggle to grasp group norms, values, and communication preferences when among peers of the same apparent gender. This often leads them to be slowly (or quickly) ostracized as it becomes clear that they are different.

In order to cope with this, a person will sometimes use learned identity management. You can think of this as studying how the group operates and then trying to emulate them by adopting the same attitudes and principles in an acting sense. An example of this would be a trans woman buying into toxic masculinity in order to learn how to "be one of the guys" so they do not face ostracism. Oftentimes this does not work, as they find they can't pull it off. In some cases, this leads to shame later as one struggles to grasp how they could buy into toxic masculinity as a girl.

Body apathy

Body apathy is not caring about one's body, personal appearance, or hygiene. One experiencing body apathy may fail to clean themselves properly, not be interested in buying clothes or caring what they wear, and fail to shave or care for their hair, among other things.

Oftentimes those who've had or have body apathy will internalize shame about having poor hygiene or being lazy and sometimes even use that to suppress their gender identity (e.g. "I can't be a girl because I don't buy clothes or shower often enough")

Gender envy

Gender envy is a conscious or even unconscious affiliation for or attraction to some aspect of their true gender identity that a pre-revelation trans person hasn't yet discovered. It often appears on lists of "signs that you're trans" and so those who are questioning rigorously search their life histories to find examples. The truth is that

you may not experience envy, or if you do, you experience it without knowing it. It’s not required to identify as trans (Golden Rule).

Gender envy can appear in subtle and sometimes undetectable ways. I didn’t realize I had gender envy when I was younger until after I identified as trans and looked back. It could be a fleeting thought like “women always get to have all the fun” or an extra long stare at the makeup counter that doesn’t register as “I’d like to try that.”

Escapism
Video games, tabletop roleplay, fiction, and online spaces all offer low-cost opportunities to be someone else, and pre-revelation trans people often take them without examining why. Playing female characters exclusively. Writing women protagonists. A username or online persona that quietly didn't match.

Near-miss explanations
A pre-revelation trans person may spend years searching for “what’s wrong” - depression, anxiety, autism, ADHD, being "just weird," being broken in some unspecified way, a bad childhood, the wrong job before finding their true gender identity. Some of these are also true and comorbid.

The Revelation Event

Excepting the cases where a person has always known they were trans, a trans person will experience a revelation event: *a pivotal moment or set of moments that leads one to think that they may be trans*. The revelation event marks the point where a person's full dissociation with their true gender identity ends, thus is considered a moment of *gender association*. There are no prescribed prerequisites or processes for the revelation event and it can happen differently in each person.

Gender Identity Alignment

Often, the revelation event is precipitated by a moment where one's mind, physical self, or social presence aligns with one's true gender identity, allowing one to consciously perceive themselves as being their true gender identity. This moment is often a person's first conscious experience of *gender identity alignment*.

In this book, the term gender identity alignment is used to refer to any kind of alignment with one's true gender identity. This term also encompasses any changes one would make to align oneself with their true gender identity.

Some examples of activities that could cause gender identity alignment are below, this list is by no means exhaustive:

- Wearing clothes or otherwise presenting in ways that a gender typically would
- Being called a name associated with a gender
- Being referred to with the pronouns associated with a gender
- Behaving in ways or expressing mannerisms associated with a gender
- Enjoying the friendly company of members of a gender
- Actively dreaming or fantasizing about being a member of a gender
- Empathizing with and/or finding you're like a character in a TV show or movie that is a member of a gender
- Preferring to act/roleplay members of a gender
- Preferring body parts or characteristics associated with a gender
- Preferring activities typically associated with a gender
- Doing anything else typically associated with a gender

Gender identity alignment does not happen in everyone, and is not required to have a revelation event. It is possible that when one discovers their true gender identity they are already aligned with it, or if they are not aligned with it, they may have no desire to align with it.

Oftentimes, the experience of gender identity alignment causes one to have a notable reaction. This reaction is referred to in other texts as *gender euphoria*, but this name is inapt because the reaction is not always what people think of as "euphoria." So, for the remainder of this text I will not use the term gender euphoria, I will refer to gender identity alignment instead.

These are some examples of reactions to gender identity alignment, this list is by no means exhaustive:

- A sense of euphoria or happiness
- A sense of calm

- A sense of peace or alignment
- No reaction

In addition to each person's reaction being different, a single person's reaction to certain elements of alignment can be different. Shaving body hair may give one a sense of euphoria but wearing a dress causes no reaction. Another person may get a sense of euphoria from wearing a dress and no reaction from shaving. Some people may not experience any reaction at all.

Gender Identity Alignment does not equal a Revelation Event

A person can have gender identity alignment experiences and enjoy them without knowing that they could be trans or even what being trans is. A gender identity alignment experience does not equal a revelation event, it can precipitate one. The revelation event happens when a person realizes they could be trans because of their gender identity alignment experiences or for other reasons.

What a trans person will often find is that if they enjoy one activity that causes gender identity alignment they enjoy others. They often find that they can't seem to stop themselves from aligning with who they truly are, and if they don't know that they could be trans, this often leads them to do research and find out. Anecdotally, this is how I found out, after two and a half years of "cross-dressing" without thinking I could be trans, I started researching one night and then had my revelation event not too long after.

Once a person suspects that they're trans, they begin questioning, which is the topic of the next chapter.

Gender Dysphoria

After their revelation event, or at any time if they don't have a revelation event, a trans person may start to experience something called *gender dysphoria*. Gender dysphoria is a sense of misalignment between one's perception of oneself and one's true gender identity, which often manifests as a dislike of one's current physical self or social presence and/or a desire for additional gender identity alignment. You can imagine the feeling of dysphoria to be like being at a home game for your favorite team dressed in the opposing team's jersey even though you're rooting for the home team. You will feel a misalignment and want to change your clothes.

Not all trans people experience gender dysphoria, and many do not experience it right after their revelation event but will experience it later. There are reasons for this:

- A trans person could feel no misalignment between their physical self and true gender identity because there isn't any or because such misalignment does not bother them
- A revelation event causes one to think they could be trans, but it does not mean one imagines or perceives their physical selves as their true gender identity. Thus their picture of their true gender identity is limited. As one begins the *experimentation process*, wherein they explore their true gender identity, a picture of themselves comes into view and they begin to experience dysphoria. This is pretty common.

Unfortunately, a *lot* of individuals think they need to have dysphoria in order to be trans, and because this dysphoria is not present when they begin questioning, *they think they aren't trans when they really are and find out later, sometimes years later*.

There are a few reasons questioning individuals think they need to experience dysphoria to be trans:

- In the US and in some places gender dysphoria is a medical diagnosis and so they think they aren't trans unless they have the diagnosis
- Trans community resources often emphasize dysphoria even if not by intention
- Gender dysphoria has been associated with transness in the past in a variety of different venues

When thinking about how dysphoria manifests itself, it is best to take the list of activities that cause gender identity alignment and invert them. Again, this list is by no means exhaustive.

- Dislike of current clothes because they are misaligned
- Dislike of current name because it is misaligned
- Dislike of current pronouns because they are misaligned
- Dislike of current behaviors or mannerisms because they are misaligned
- Dislike being themselves if they cannot present themselves as their true gender identity
- Dislikes current body/body parts/body characteristics because they are misaligned
- Dislikes activities because they are misaligned
- Dislikes anything associated with non true gender identity

This dislike could cause one to want to align with their true gender identity, or they may not experience a dislike at all and just experience a desire.

- Desire to wear clothes or otherwise presenting in ways that a gender typically would
- Desire to be called a name associated with a gender
- Desire to be referred to with the pronouns associated with a gender
- Desire to behave in ways or express mannerisms associated with a gender
- Desire to enjoy the friendly company of members of a gender
- Desire to be a perfect image of a member of a gender
- Desire to act/roleplay members of a gender
- Desire body parts or characteristics associated with a gender
- Desire to participate in activities typically associated with a gender
- Desire anything else typically associated with a gender

Sometimes one will experience dysphoria and mentally block out the idea that they have it. This is because the word carries a connotation of being trans that one is not prepared to accept yet. So they will make an online post titled "cis person with no dysphoria why can't I make this go away" and then proceed to list how they're nagged by thoughts of removing their genitalia or changing their name or any number of other signs of dysphoria.

Questioning

Questioning refers to the process one goes through to determine if they identify as trans or reject that they are trans. Some trans people do not question, and questioning is not required to be trans (Golden Rule).

There are two primary activities that happen during a questioning phase; they are not required and may happen in any order or not at all.

- Experimentation - a person may explore their true gender identity
- Validation - a person may validate or invalidate that they are trans

Experimentation
The concept of possibly being trans often encourages one to explore other activities that cause gender identity alignment.

Common methods of experimentation:

- Experimenting with social transition
    - Exploring a new name and pronouns
    - Wearing clothes or other accessories to match their true gender identity
    - Coming out to trusted friends and family members
- Making body changes (e.g. shaving more, losing weight, growing/cutting hair, or buffing up)
- Researching or experimenting with medical transition. Medical transition is the process of altering one's body with hormone replacement therapy (HRT) or surgery. *Medical transition is not required to be trans* (Golden Rule). Please see Appendix A for more information about transmasculine medical transition or Appendix B for more information about transfeminine medical transition

The results of experimentation can be:

- Additional gender identity alignment
- Uncovering additional parts of one's true gender identity. One may find that their true gender identity is different than they thought in the beginning (some people start thinking they align as a man or woman and then find they align nonbinary and vice-versa). This is not because one's true gender identity changed, but because one's uncovered more of it and sees it more clearly.
- Changes in dysphoria (development of dysphoria if it wasn't previously present, more dysphoria or less dysphoria)
- The development of obstacles, which are conditions that stop one from thinking they can realize their true gender identity (see the obstacles chapter for more info on what these are)
- Development of imposter syndrome, which is when one feels like a fraud for thinking of themselves as their true gender identity or attempting to present themselves as their true gender identity. Imposter syndrome can exist because of dysphoria or without it.

Validation
When a cis person questions their gender identity, they quickly find validation that they're cis and let it go. When a trans person begins to question their gender identity, they are often (but not always) a dual agent:

- One part of them is looking to confirm that they're not trans because they are afraid of being trans.
- One part of them is looking to confirm that they are because they can sense they are.

Validation will normally come from authoritative sources written about being trans, online communities, therapists, friends/family, one's own experimentation, or one's own assessment of themselves or their past.

The amount of validation each person requires to identify as trans is variable and depends on the person. A person who has read this book knows that no validation is required at all because of the Golden Rule.

Some people do not find the validation they are looking for and this helps them reject themselves. Sometimes validation will act as permission for a person to experiment with being trans. At other times a person will experiment without validation to see if it is right for them.

Identification as Trans
One of the two outcomes of questioning is that a person agrees that they are trans and identifies that way.

I highly encourage my readers to not look at identification as trans as a success metric because the outcomes of identification are different for each person. While the outcome of identification is *usually* a happy one, occasionally it isn't. For example, some identify as trans because they can't convince themselves otherwise despite wanting to reject themselves. They may look at their being trans as a curse of untreatable dysphoria and choose to live with it.

Additionally, identification as trans is not a permanent state. For example, a person who identifies as trans can still re-enter questioning, reject themselves later (meaning that everything in the rejection section applies to them), and can still experience obstacles and dissociation from themselves which might cause them to reject themselves in the future. This can happen *even after decades of a person identifying as trans*.

A better success metric is the amount of self discovery a person has done and how satisfied they are that they both understand and are representing who they truly are.

Rejection
The other outcome of questioning is that a person rejects that they are trans.

If a person who is cis rejects themselves when they are questioning, then nothing will happen. However, if a person has experienced a revelation event and rejects themselves, then they will have an experience like the person who goes back into the cave in the first chapter.

Such a person who re-enters the cave will always remember the light, and that is exactly what happens to trans people who reject themselves - they will be continually nagged by the true gender identity that they rejected. In order to make the nagging (and dysphoria, if applicable) go away, a trans person will often turn to

dissociation (see the Methods of Dissociation chapter), but this will inevitably fail. The result is what I call the *dissociation cycle* and I have seen it hundreds of times.

The dissociation cycle is characterized by alternating periods of questioning and dissociation. During dissociation a person will feel less or no gender identity alignment or dysphoria, which inevitably return at points that lead them to start questioning again. Each time a person in a dissociation cycle re-enters the questioning phase, they are often looking for one or more of the following:

- Explanations for why nagging thoughts or dysphoria keeps coming back
- Ways to deal with nagging thoughts or dysphoria that don't involve accepting themselves
- Permission to accept themselves as trans because they don't think they can
- To be unblocked (see the obstacles chapter)
- A hug (some people are terrified of identifying as trans and need someone to comfort them)

Passing

To “pass” is to believe other members of society will gender one correctly all of the time.

I decided to devote an entire chapter to passing because many of the obstacles in the obstacles chapter revolve around passing, and because the topic needs addressing as a whole. From what I have seen, not passing is the *primary* reason individuals choose to reject that they are trans.

The Truth About Passing

Do you remember in the first chapter where I said your gender identity doesn’t care how short or tall you are, fat or skinny, size 15 or size 7? This is the bedrock of a solemn truth:

You cannot change your true gender identity because you don’t pass.

Your gender identity doesn’t care what you look like, how masculine or feminine you are, or any other aspect of your body that you’d desperately like to change. But for many, passing becomes a major obstacle to identifying as trans because they don’t want to be trans if they don’t pass. Unfortunately, not passing will not make your desire to be yourself go away, your rejection of yourself will just lead to the dissociation cycle until you give in.

So what is the truth about passing?

- Passing is subjective
- You might pass after awhile even if you don’t think you will
- You don’t have to pass
- Many obstacles to passing can be overcome (see Appendix A for transmasculine detail and Appendix B for transfeminine detail)

Many people accept themselves and identify as trans with suboptimal physical characteristics. *Very few* people have or develop optimal physical characteristics in a short time frame, for most it takes years. Just about every trans person has the experience of not passing at some point, which makes it easy to find community and others to support you in your journey if you don’t pass.

Passing is Subjective

If you take nothing else away from this chapter, let this be it.

Whether or not other people gender you correctly will depend on how you appear to them in the moment and in their own perception, which might be particularly harsh or lenient. What this boils down to is that just like there is no biological method to determine a person’s gender identity, *there is no objective tool or method to determine if you pass*.

Whether or not you pass or not boils down to *whether or not you believe you do*. If you look in the mirror and believe you pass, then you pass. If it turns out that you believe you pass and someone else misgenders you anyways, that doesn’t mean you don’t pass because their opinion is as objective as yours - that is to say, not at all. Perhaps they misgendered you for another reason, you don’t really know. You cannot assume it’s because you don’t pass.

You Might Pass After Awhile
Passing is very much a waiting game on many levels, and you might pass even if you don't think you will.

- If you are doing HRT it can take up to 10 years to see all the effects. This is because body fat gets redistributed slowly and body fat has a lot to do with what one's face and body looks like. [5]
- Surgeries often take years to be completed, even for those that can afford them. Wait times are very frequently more than a year or two.
- Outside of medical transition, learning to present as one's true gender identity requires time and effort

Many people who think they don't pass after 3 years find they do after 5 or 7. Some people pass within a year. It varies person to person.

You Don't Have to Pass
I will caveat this one right away. If not passing is a *safety threat* then do not go out unless you are passing and not alone. Otherwise, the worst that is going to happen if you don't pass is unwanted attention. I understand that living with that unwanted attention is difficult for some people (I myself struggle with this), so in order to help you, I've laid out a framework below to help you live life if you don't pass.

But you might already be thinking to yourself "that's bullshit." The truth is that many trans people do not believe "you don't have to pass" because they care *very deeply* about passing. The problem with being concerned about passing in this way is that it makes one more likely to think they don't pass even when they do. Remember, passing is subjective! This consistent doubt can fuel dysphoria, and it's possible for that dysphoria to lead to discouragement that can lead to dissociation!

The truth is *it's not your responsibility to pass.* You do not need to worry about anyone else, or care what anyone else has to say. There is freedom in shedding this responsibility to pass because now you can just be your fantastic self without worrying about if you're good enough for other people. YOU ARE GOOD ENOUGH JUST AS YOU ARE.

How to Live Non-Passing
In a theoretically perfect world, everyone would know your gender via telekinesis and you'd never have to worry about it. In the real world people use a variety of factors to gender you, from face, voice, to clothes and more.

As a rule, when you are *not trying to pass*, expect to be misgendered.

- If you're talking on the phone with an untrained voice or a voice not matching your gender identity, expect to be misgendered.
- If you're out and about not presenting as your true gender identity, expect to be misgendered. It will be hard for people to gender you correctly, even friends and family, if you don't look anything like your true gender identity

The first strategy to live non-passing is to pass as much as you can with what you can afford right away. See Appendix A for transmasculine and Appendix B for transfeminine detail on cheap non-medical passing strategies. You may be surprised how much this helps and you may be gendered correctly the vast majority of the time despite not passing. Even if this is not the case, when you present your true gender identity you will feel more confident that you will be gendered correctly and you will get better outcomes.

The second strategy to live non-passing is to *control who you hang around*.

- If it's a stranger that misgenders you, ignore them. You will never see them again. If stranger misgendering is getting to you, try to order your life so you aren't around many strangers, if possible.
- You should consider keeping distance from anyone who intentionally misgenders you when you're presenting correctly, if that is possible, or keep them at arms length if you can. That person is likely not going to support you and you're likely never going to be good enough for them. That makes them not good for you. Don't bother.
- By keeping a close inner circle of friends and family that gender you correctly, this will relieve dysphoria and help offset being accidentally misgendered by strangers on occasion.

Avoid Passing Envy

If you are a person who thinks they will never pass or is on a very long passing timeline, and this leads to envy, dysphoria, depression, or other forms of misery, then read this section carefully.

Pictures of other people's transitions are NOT for you.

Generally speaking, I discourage people from viewing other people's transition photos because even if you don't get passing envy from them right away, you can develop that envy over time. It is important to remember that transition takes a different amount of time for everyone. Envy will not lead you to transition faster, it will only make you miserable that you're not transitioning faster. This makes dysphoria worse if you have it.

Nonetheless, there are entire communities dedicated to passing and rating whether or not people pass, and I know that no matter what I say I will not prevent some of my readers from participating in these communities. This is because they desperately want to pass and seeing other people gives them hope it can happen for them or makes them feel better about not passing in their current state. So I leave you with a word of caution: if you start feeling envy, STOP.

Don't upload your photos to be rated by strangers

Annnddddd if you DO participate in passing communities despite my better recommendations, do not make the mistake of uploading your photos to be rated by strangers because you will not get a realistic assessment. Passing communities have been known to have higher-than-normal standards for judging what "passes."

If your original thought in doing this was that you want honest feedback because you think you don't pass and want to improve, then you may not get that. You may get an inflated, and perhaps unrealistic, set of expectations that you might not be able to meet. This could serve to enhance your dysphoria, if you have it, or bring general misery.

Even worse, if your original thought was that you do pass and you just want to confirm it, and then they tell you that you don’t - you may get instant dysphoria and misery. Remember - passing is subjective - only you can determine if you pass or not!

Obstacles

Obstacles are conditions that stop you from thinking you can physically realize your true gender identity. In some cases, one uses their obstacles to suppress themselves in order to enter a dissociation cycle, in other cases they just make a person miserable.

Obstacles are not a choice
One doesn't make up or imagine obstacles, they are discovered during the experimentation/research one does during questioning. Sometimes, when one encounters an obstacle their first response is panic or depression because it feels like they can't be themselves.

Obstacles can cause dissociation
There have been many occasions where I have seen where a person who experiences dysphoria feels like they cannot address their obstacles, leading them to repress themselves. Think of this as being unable to look at oneself in the mirror without experiencing disgust, feeling powerless to do anything about it, and so unwittingly avoiding the mirror. This process allows one to stop experiencing dysphoria (temporarily), with the side effect that they will no longer experience gender identity alignment because they cannot see themselves in the mirror as their true gender identity either. When a person does this, even if they identify as trans, they push themselves towards dissociation.

The result of continual repression in this manner is enough dissociation that a person inevitably begins to think they aren't trans and/or has fuel to reject themselves. This is because they no longer routinely feel dysphoria or gender identity alignment and so they think they're no longer trans. However, they did not magically change their gender identity, they've just unwittingly dissociated from themselves

I call dissociation caused by obstacles the *dysphoria trap*. It's a trap because the person experiencing it is often attempting to address their dysphoria to the best of their capability but finds themselves unable to overcome it. A person experiencing a dysphoria trap:

1. Should be unblocked (see below)
2. Should do activities that cause gender identity alignment or remind themselves of the outcome of those activities

Ultimately, the resolution of a dysphoria trap involves a person once again seeing themselves in the mirror and experiencing gender identity alignment. Failure to resolve a dysphoria trap can cause one to reject themselves, and ultimately cause a lot of misery for that person.

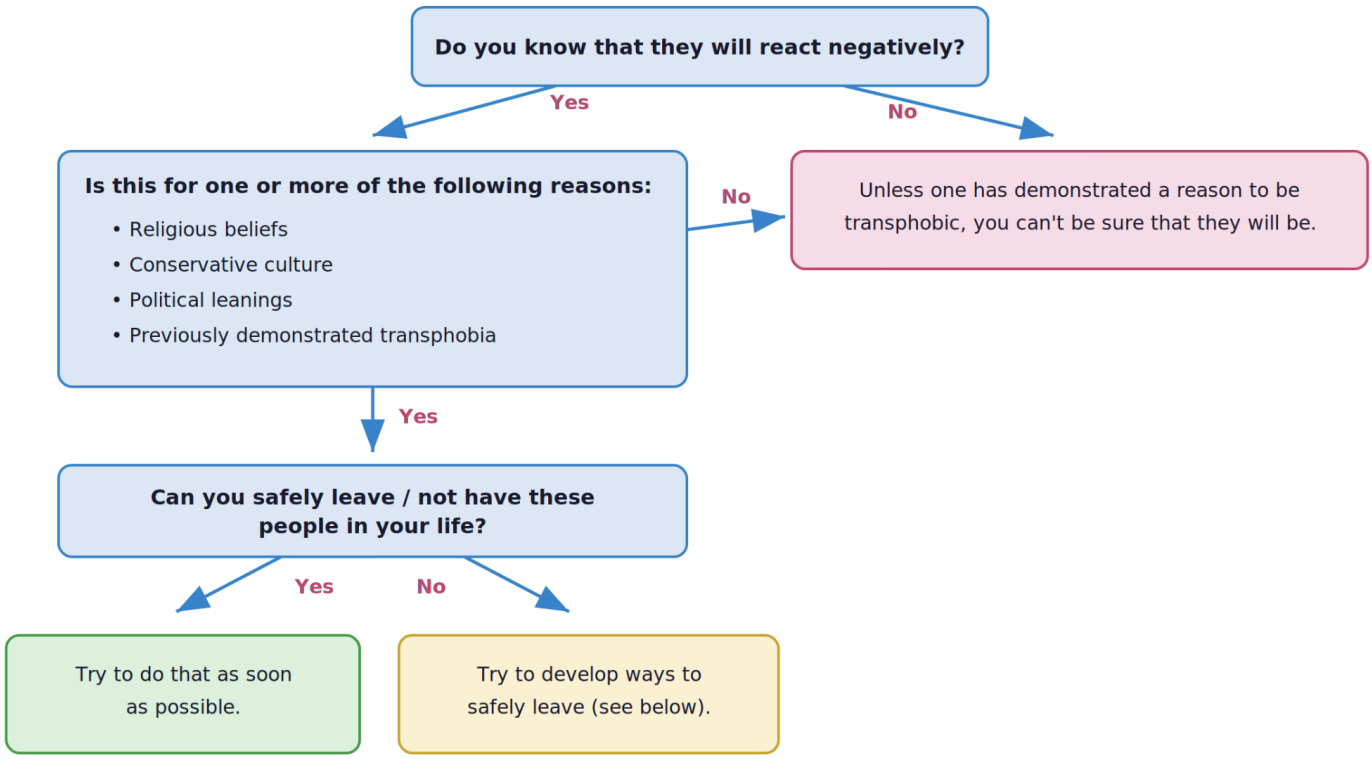
Unblocking
The goal is to remove obstacles wherever possible to help people avoid dissociation and to lead them to happiness as their true selves. Unblocking involves:

- Pointing out solutions to an obstacle
- Pointing out how other people live happily despite an obstacle

This guide makes an attempt to address as many obstacles as possible. Those that apply to everyone are in this chapter. You'll find transmasculine-specific obstacles in Appendix A and transfeminine-specific obstacles in Appendix B

Index of Obstacles and Unblocking Strategies

Family/friends won't support me
This is one of the biggest obstacles and one of the reasons so many people stay closeted, unfortunately. To help figure out what to do, use the flow chart below.



If you ended up at the pink box in the flow chart (unless one has demonstrated a reason to be transphobic, you can't be sure that they will be) then the best approach is to assume it could go either way. However, there are some flags that it might go better or worse than you expect:

Green Flags	Red Flags
• Your family/friends have previously expressed support for trans people • You have a healthy relationship with your family/friends that it would take a lot to break • Your family/friends have liberal political leanings	• Your relationship with your family/friends is already in trouble or danger of breaking off • Your family/friends are prone to believing conspiracy theories or misinformation

If you landed on the green box (leave as soon as possible) or yellow box (try to develop ways to leave as soon as possible), then this usually means that your only option is to leave your environment.

First, I'm sorry that you're in this situation, we need to make a better world where being trans is more accepted.

Leaving may seem untenable to certain people, especially those in cultures where family or friends have significant importance. I see a lot of posts on Reddit from people who are in conservative cultures that desperately want to leave their environment but really feel like they can't, so they stay stuck in the dissociation cycle. If your family or friends are significantly important enough that you're willing to suffer then you're going to do that regardless of what this guidebook tells you. I will only caution you to be wary of who you're sacrificing your own happiness for. Perhaps it is worth it, but perhaps it isn't.

If you landed on the yellow box, then you have no choice but to stay in the closet because you can't safely leave it. I'm doubly sorry about your situation because it is absolutely the worst one to be in. My recommendations for you are:

- Identify as trans if you would, don't attempt to reject yourself because of your situation
- Begin developing a long-term plan to safely leave your environment when it is legal to do so
- Practice methods of dissociation to give you some temporary relief from dysphoria, if needed, until you can leave. Methods of dissociation are doomed to fail, so you should look at this like taking a fever reducer that will wear off. There is more information about this in the Methods of Dissociation chapter.

Do not make the mistake of trying to align with your gender identity in small ways to help yourself cope - this will only make any dysphoria you have worse.

When you do practice methods of dissociation, you may start to experience thoughts that you aren't trans due to the dissociation. Don't believe those, your dysphoria will return.

Financial reasons:
"I will never be able to transition because I cannot afford it."

It is true that some aspects of transition can be very expensive. Surgeries can cost tens of thousands of dollars.

However, HRT can be cheap and many other aspects of transition are free.

In many cases, a financial obstacle is about surgery and surgery is frequently about passing (see the Passing chapter).

Age:
As mentioned in the Pre-Revelation chapter, a person can discover that they are trans at any age. Some people have thoughts about being a different gender going back to childhood, others discover it in their 80s. The author is a living example of not discovering until later in life, not having found her gender identity until 43 years old. Some people will let age be an obstacle to accepting themselves, telling themselves that they are too old, but the reality is that you're never too old to be yourself.

Sexuality:
A person's sexual orientation (straight, gay, bi, pan, demi, ace, etc…) has nothing to do with their gender identity. Sometimes, as a person explores their gender identity, they will uncover aspects of their sexuality that they did not know were there, and they might find that their sexual orientation wasn't what they thought it was.

What if HRT/transition doesn't work for me?
Oftentimes, because timing and extent outcomes differ for effects of HRT, some will think that it is possible that HRT could have no effects on them. I will assure you, it is almost impossible for HRT to have no effects on your body - if hormones are at the correct levels, changes will almost certainly happen. The rate at which they happen and in some cases how much they happen is variable.

I won't pass:
See the Passing chapter.

Detransitioning:
"But what if I start transitioning but detransition later? Then I will have messed up my body!"

If one transitions and it relieves dysphoria, and then stops, the dysphoria comes back.

Political/Safety:
This is an increasingly major obstacle for those in Western societies, where in some cases trans rights are on the decline. For those in some societies such as Russia and the Middle East, being outwardly trans continues to pose a significant safety threat.

You must judge the threat in your country and determine how to act. Regardless, even in "safe" countries there is always some risk in being outwardly trans, and you should take caution. Keep your wits about you, take self defense classes, and don't go out alone if possible.

Some things to be aware of:

- If your country has official channels for HRT, this typically means that there is at least some acceptance of trans people
- Even in countries where it is unsafe to be outwardly trans, trans communities exist in secret. Being trans does not care what country someone is born in

Methods of Dissociation

When a person has their revelation event the dissociation between their conscious self and true gender identity becomes broken. When a person suppresses or represses themselves, it constitutes an attempt to re-create this dissociation. The trans community sometimes refers to this as “patching your egg up.”

This chapter details all of the ways in which a person can attempt to suppress or repress themselves to create dissociation. However, you cannot forget your true self no matter how hard you try, your true gender identity will always find a way to weasel its way into your thoughts sooner or later.

You should not try to dissociate unless you must stay in the closet for safety reasons, and if you find yourself in that situation you should try to get out of that situation as fast as you safely can. *You will never be happy in the dissociation cycle.*

There are multiple strategies concerning dissociation, each is detailed below.

Avoidance
Avoidance is limiting external factors that would remind you of your true gender identity or cause gender envy. This might sound simple, but likely includes avoiding everything on this list (and more):

Certain Photos Certain People Certain Activities Certain Clothes	Any trans-related content Looking at yourself in the mirror Certain Places

Avoidance isn’t a method of dissociating, it is a method of keeping dissociation from being broken.

Some people may not be able to avoid gender identity alignment even while desperately trying to because just looking at their own arms or hands (or other body parts) makes them think they should align with their gender identity, thus giving them a reaction (e.g. happiness or euphoria).

Why it will fail: Even when you’ve successfully avoided anything that reminds you of your true gender identity, you will still remember it anyway. [9]

Suppression
Suppression is pushing your thoughts of your true gender identity or gender envy out of your mind when they enter. [7, 8]

Creating a mental block to being your gender identity
I call this the “obstacle box”, and it’s the easiest and most common method of suppression. You tell yourself something like “I can’t be my gender identity because I won’t pass because of obstacles,” and then tell yourself that you must forget about it.

How it will often fail: You will remember how it was to align with your true gender identity and then go back to researching how to resolve obstacles.

Deferral
You tell yourself that you will do it when you retire or when the kids move out or when *condition*.This is the most comfortable method because it doesn't require lying to yourself about anything except timing,

How it will often fail: You keep replacing the condition or don't follow through when it arrives.

Insufficiency test
You construct a standard for what a "real" trans person is that you fail. You don't have dysphoria or hate your body enough. You didn't know in childhood. You still enjoy being a man/woman. You didn't figure it out until your 40's.

The standard is always built to be just barely out of reach, which is how you can tell it's doing suppression work rather than honest self-assessment.

How it will often fail: You keep researching and looking for stories that fit yours to explain why you want to align with your true gender identity.

Reframing it as something else
Perhaps you call it a fetish or escapism, or maybe it's just depression or a phase. You'll find ways to explain the feeling differently so that you don't need to act on it.

How it will often fail: Every time the desire to be like your true gender identity comes back you will be jolted into recalling how it is not how you reframed it.

Legitimacy test
You decide the thought only becomes legitimate if something external confirms it. A therapist has to give you permission or a test has to come back positive.

How it will often fail: It just doesn't work. Your true gender identity exists orthogonal to external sources and a lack of permission won't stop gender alignment thoughts.

Counter-Identification

Instead of suppressing your gender identity, counter-identification creates dissociation by going the other direction hard.

Crafting a new identity for yourself
You declare “I was born a woman/man and that’s the way I will be.” You start writing down all of the ways you will embrace your identity as your assigned gender at birth. You might join a sewing circle or start going to the gym. You rope in all of your family and friends (which is even easier if they didn’t accept you for being trans previously and now you’ve “decided you’re not”). They all support you, your dad even buys you a gym membership.

How it will often fail: You find that representing yourself with your new identity feels fake. You will be drawn to your gender identity alignment experience in your alone time and may start experimenting again despite trying to maintain your new identity publicly. Eventually, you no longer have the energy to be fake and your dissociation collapses.

Means of Distraction
Means of distraction take up all of your free time so that you’re not thinking about your true gender identity. Means of distraction often seem fun at first and so they provide what feels like a positive reason to pursue the avoidance that enables them. The fun fades over time as you do the same things repetitively. Eventually, you realize that you’re not enjoying your means of distraction and that you’re using them. This list is by no means exhaustive.

How it will often fail: Despite distracting yourself, you will still remember those times you experienced gender identity alignment and desire to have those experiences again.

Projects
Starting a new project (like writing a book or making a game) and working on it obsessively can take up all of your time. Projects can be a somewhat positive method of distracting oneself, but you will ultimately find that because you’re constantly rushing to avoid your thoughts that your work will be sloppy.

Addiction
The reality is that some means of distraction are a form of destructive habit. An addiction distracts one well because it becomes all-consuming. The addiction can be to anything and the common addictions are all implicated:

- Drugs
- Alcohol
- Gambling
- Porn/Sex
- Food

Religion
Religion provides both a method of avoidance and a means of distraction. The holy text says you can’t be trans and the church then provides you plenty of “friends” and volunteer opportunities to take up your time

Games/Video Games

This one might surprise some readers, but competitive or even casual gaming can be an easy way for someone to distract themselves.

Living a regimented lifestyle that does not allow for exposure to your gender identity
This one combines a means of distraction with avoidance. The perfect example of this is joining a cult that controls every aspect of your life, including all of your time. As every day is scheduled there is no time to consider your gender identity. Most people who use this method will not go to such extremes, but the extreme example illustrates how this works well.

The Journey

So we circle back to the Golden Rule: only you can identify if you are trans. Whether you identify as trans or not, I hope this guide has given you something to think about.

I will tell you that the journey varies. What one can see when they come out of the dark cave, if they were ever in a dark cave, is different for each person. For some, physically representing their true gender identity is easy. Others face a more difficult journey. Perhaps physically representing your true gender identity is like reaching a star on a distant mountain. It is achievable but it will take years. The journey could be perilous at times; there could be pitfalls and avalanches, blizzards and sweltering heat, but at the end the reward will be the happiness of being who you truly are and that makes it all worth it.

If there is one thing I can tell you: *being on the journey is way better than being in the cave!*

This guide has shown you the pitfalls and avalanches; things like the dysphoria trap, obstacles, and passing envy. Following it will not guarantee you succeed, but it will increase your chances on the journey. Sometimes you must supply something else in order to reach the summit: *the belief that you can*. It's easy to get mired in negativity and start believing you won't make it when the going gets hard.

So here are some things to do to help you when morale gets low:

Find community
Trying to take such a perilous journey alone is never a good idea. You need a like-minded group of supporters to vent to and hold your hand when the going gets rough. The great thing about the trans community is that it's easy to find other people who are going through exactly what you're going through, and it's easy to make friends. If there is no local community around you, or you'd prefer an online community, there are some great communities out there.

Avoid negativity
Doomscrolling and people with negative attitudes can lead you to believe that you can't make it, or worse, that the journey is not worth taking. Some people do have difficulty with "positivity" because it feels fake, but the truth is that no amount of negativity is going to change your gender identity and it is likely that such negativity will only increase your misery. Many of those who get embroiled in negative spaces eventually come to realize this and abandon those in favor of positive ones.

Go easy on yourself
The journey can be *hard*. So try not to put pressure on yourself to achieve a certain goal or be a certain way. Try to relax as much as you can and be patient for changes if they take a while - they will come.

Enjoy the road
Just like any scenic route, sometimes the journey has overlooks where you can take in breathtaking vistas. If you have a long trip, remember to hold tight all those little moments of peace or happiness you get as you become your true self. Celebrate every win no matter how small and try to recall them on the days where it's hard to keep going.

Wishing you the best, no matter where life takes you!

Appendix A: Transmasculine-Specific Details

Medical Transition

This section is for those who have a need or desire to medically alter their bodies to become more masculine. Again, medical transition is not required to be trans (Golden Rule). Some or all aspects of medical transition may require the consultation of a doctor and may not be available to minors without parental consent. [2]

Effects of masculinizing HRT (Testosterone) [1, 2, 3]

Effect	Maximum Effect
Increased facial and body hair	1–2 years (continues developing 4–5 years)
Scalp hair loss / male-pattern baldness (if genetically predisposed)	Variable / ongoing
Deepening of the voice	6 months – 1 year (max ~1 year)
Cessation of menses	2–6 months
Increased libido	1–6 months
Clitoral growth / bottom growth	1–2 years
Vaginal atrophy / dryness	1–2 years
Increased muscle mass / strength	1–2 years
Redistribution of body fat (loss at hips/thighs, gain at abdomen)	1–5 years
Oilier skin / acne	1–6 months
Skin becomes thicker/coarser	1–2 years

Surgeries

Surgery	What it does
Top surgery (masculinizing chest reconstruction)	Removes breast tissue and reshapes the chest to a masculine contour; techniques include double incision with nipple grafts, periareolar (keyhole), or buttonhole, chosen based on chest size and skin elasticity.
Hysterectomy	Surgical removal of the uterus; may be paired with removal of the cervix. Ends menstruation and eliminates uterine/cervical cancer risk. Prior to this procedure you may want to do fertility preservation
Oophorectomy	Surgical removal of the ovaries; reduces estrogen production (may let patients lower testosterone dosing needs). Often done alongside hysterectomy. Prior to this procedure you may want to do fertility preservation

Metoidioplasty	Uses the testosterone-enlarged clitoris to construct a small penis; may include urethral lengthening (to stand to urinate), scrotoplasty, and vaginectomy. Preserves erogenous sensation.
Phalloplasty	Constructs a penis using a skin graft (commonly radial forearm, or anterolateral thigh); may include urethral lengthening, glansplasty, scrotoplasty with testicular implants, and an erectile device. Multi-stage.
Scrotoplasty	Constructs a scrotum, typically from labia majora tissue, often with saline or silicone testicular implants.
Vaginectomy	Removes or closes the vaginal canal; frequently performed alongside metoidioplasty or phalloplasty with urethral lengthening.
Facial masculinization surgery (FMS)	Umbrella of procedures reshaping facial bone and soft tissue toward masculine proportions, including forehead/brow augmentation, rhinoplasty, cheek reduction, jaw and chin augmentation or squaring (genioplasty), and thyroid cartilage (Adam's apple) enhancement.
Body contouring / liposuction	Removes fat from hips, thighs, and buttocks and can define a more masculine, angular waist-to-hip silhouette; fat may be redistributed to the chest or shoulders.
Pectoral implants	Solid silicone implants placed to enhance chest/pectoral definition (used by some after top surgery or instead of it).

Non-surgical procedures or therapies

Procedure	What it does
Fertility preservation	Preserves eggs in case egg production is disrupted.
Dermal fillers	Injectable gels used to add angularity to the jaw, chin, or cheeks for a more masculine facial contour.
Botulinum toxin (Botox)	Can be injected to subtly alter brow position or, in some, to bulk certain muscles; more often used cosmetically.
Beard/facial hair transplant	Relocates hair follicles to create or thicken a beard, mustache, or sideburns where testosterone growth is sparse.
Vocal / speech-language therapy	Voice masculinization training targeting resonance and intonation; testosterone lowers pitch on its own, so therapy focuses on resonance, weight, and habits rather than pitch alone.
Microneedling	Creates tiny controlled skin injuries to stimulate collagen; sometimes combined with minoxidil to support facial hair or scalp growth.
PRP (platelet-rich plasma) injections	Injected into the scalp or beard area to support hair growth and thickness, often alongside minoxidil.
Cosmetic tattooing / microblading	Semi-permanent pigment used to fill in or define a beard shadow, sideburns, or thicker brows.

Non-Medical Strategies for Masculine Presentation

These strategies will help you appear more masculine and are listed in order of estimated cost.

Strategy	Est. Cost (USD)	How it masculinizes
Take a free voice-training program	$0	Follow a structured course to lower resonance and shift vocal weight toward a masculine voice. Useful especially before testosterone has fully dropped your pitch, or on top of it.
Practice masculine posture, gait & gestures	$0	Use free tutorials or a mirror to adjust how you stand, walk, sit, and take up space. Free but takes deliberate practice.
Cut and style your hair in a masculine style	$0–$60	A shorter or masculine cut reframes the face. Can be done at home for free or via an inexpensive barber.
Build a masculine wardrobe that fits your body	$0–$1,000+	Clothing cut for a masculine frame broadens the shoulders and de-emphasizes the waist and hips. Free via clothing swaps or hand-me-downs, cheap via thrifting, or more via retail.
Bind your chest	$20–$60	A properly sized binder flattens the chest for a masculine silhouette. Buy a purpose-made binder (e.g., gc2b, TransTape) — never use bandages or tape not made for binding, and follow safe-wear time limits.
Pack	$15–$200+	A packer worn in the underwear creates a masculine bulge. Ranges from simple soft packers to STP (stand-to-pee) devices.
Use facial-hair grooming & shadow products	$10–$50	Before or alongside testosterone, brow gel, careful trimming, or light stubble makeup can emphasize existing facial hair and jaw definition.
Learn and apply subtle makeup for contouring	$20–$150	Contouring to sharpen the jaw, flatten the cheeks, and create the look of stubble or a heavier brow. Optional but high-impact for some before medical changes take hold.

Obstacles

These are obstacles commonly encountered by those who are exploring gender identities which contain aspects of transmasculinity.

"It's just a phase" / "you're just a tomboy"

Lots of people exploring a transmasculine identity get told that what they're feeling is just a phase, or internalized misogyny, or that they're only uncomfortable because of the garbage expectations society puts on women. Sometimes they tell themselves this. There's a lot of noise around it and it can be genuinely hard to untangle.

But being gender-nonconforming has nothing to do with your gender identity. Plenty of cis women are masculine and plenty of trans men aren't. These are two separate questions, and answering one doesn't answer the other.

Here's how to pull them apart. Ask yourself:

1. Do I dislike the way women are expected to behave?
2. Am I a man?

You can answer yes or no to either one without it deciding the other. There are lots of women who resent those expectations and are still women. There are lots of trans men who never minded them much and are still men.

Now try this. Picture yourself being seen as a man. Then picture yourself as a woman who just ignores every expectation she doesn't like. If the discomfort goes away in the first one but sticks around in the second, that's worth sitting with.

If it goes away in both, that's a real answer too, and I'd rather give you something that can come back "no" than something rigged to say "yes."

And remember, questioning over and over is normal. Certainty is not required (Golden Rule).

Body aspect-specific obstacles

These obstacles involve specific aspects of one's body which might lead one to conclude that they don't pass or shouldn't identify as trans.

Chest**:** Probably the most common one. Testosterone won't remove breast tissue, and binding only does so much and has safe-wear limits you shouldn't push. The good news is this obstacle is very fixable. Top surgery reliably gives you a masculine chest and it's one of the most consistent results in all of gender-affirming care. Until you get there, a properly fitted binder makes a big difference.

Facial hair**:** A lot of guys worry they'll never grow a beard. Facial hair on testosterone comes in slowly, often over several years, and your genetics set the ceiling. Those are the same genetics that decide whether a cis man can grow one! Patchy growth is normal and it says nothing about your gender. If you want more, minoxidil helps some people, and a beard transplant is an option down the road.

Voice**:** Testosterone thickens your vocal folds and drops your pitch for just about everyone, usually within the first year, and it doesn't go back. Some find the drop slower or less dramatic than they hoped. Voice training can build on it by working resonance and weight. If your voice is an obstacle right now, this is one of the ones that mostly resolves itself.

Height and frame**:** HRT can't change bone, so your height and shoulder width are what they are. But testosterone builds muscle and moves fat around, and that changes how your frame reads over 1 to 5 years, usually more than people expect. Plenty of short and small-framed trans men pass without any trouble. There are plenty of short cis men out there too!

Hips**:** Testosterone moves fat off your hips and thighs and onto your abdomen over time. Your bone width won't change. This is slow, and trying to force it with weight loss doesn't work. If you want it faster or further, body contouring and liposuction exist.

Hands, feet, and extremities**:** These are often smaller and it can feel like a dead giveaway. It usually isn't. Muscle gain, hair, and how you use your hands all change the way they read, and lots of cis men have small hands and feet. This one is almost never what people think it is.

Scalp hair**:** This is the opposite worry from the transfeminine side, that testosterone will make you go bald. It can, if you're genetically predisposed. If that bothers you, the same treatments trans women use to keep their hair (finasteride, minoxidil) are available to you. Some guys find balding affirming and some find it miserable. Either reaction is fine.

Menstruation**:** Still getting periods can be a big obstacle. Testosterone usually stops them within a few months, though you might get some spotting. If they don't stop, or they're causing you real distress, talk to your provider about hormonal management, an IUD, or a hysterectomy.

Weight**:** Some people tell themselves they can't be a man because of their size or shape. This is simply not true, men come in every size and build there is! And your body composition is going to shift on testosterone regardless.

Sexuality

While this is covered in the Obstacles chapter, sexuality is a particular concern for some with transmasculine identities because they assume they have to be attracted to women to be "really" men. This is not true! There are plenty of gay trans men who are attracted to other men, plus bisexual trans men and every other combination. Who you're attracted to has nothing to do with your gender identity.

Appendix B: Transfeminine-Specific Details

Medical Transition

This section is for those who have a need or desire to medically alter their bodies to become more feminine. Again, medical transition is not required to be trans (Golden Rule). Some or all aspects of medical transition may require the consultation of a doctor and may not be available to minors without parental consent. [2]

Effects of feminizing HRT (Estrogen Monotherapy or Estrogen + Testosterone Blocker) [1, 2, 3]

Note: Prior to starting HRT you may want to do fertility preservation. [2]

Effect	Maximum Effect
Breast development [4]	2–5 years
Softening of skin / decreased oiliness	3-6 months
Decreased libido	3–6 months
Decreased spontaneous erections	3–6 months
Decreased testicular volume	2–3 years
Decreased sperm production / fertility	>3 years
Redistribution of body fat (hips, thighs, face)	2-5 years
Decreased muscle mass / strength	1–2 years
Decreased terminal body hair (density/growth rate)	>3 years
Slowing / stopping scalp hair loss	1–2 years

Surgeries

Surgery	What it does
Orchiectomy	Surgical removal of the testes; reduces testosterone production (often lets patients lower or stop anti-androgens). Prior to this procedure you may want to do fertility preservation.
Vaginoplasty	Constructs a vagina, vulva, clitoris, and labia; the testes and penis are removed and existing tissue is reused. Penile inversion is the most common technique; peritoneal pull-through is increasingly used, particularly where there is limited penile/scrotal tissue. Requires lifelong dilation. Prior to this procedure you may want to do fertility preservation.
Vulvoplasty / Zero-depth vaginoplasty	Creates external vulva (labia, clitoris, urethral opening) without a vaginal canal; less intensive aftercare, no dilation. Prior to this procedure you may want to do fertility preservation.
Breast augmentation	Enlarges the breasts using implants or fat transfer to achieve a fuller chest.
Facial feminization surgery (FFS)	Umbrella of procedures reshaping facial bone and soft tissue toward feminine proportions, including reducing or reshaping the brow bossing and forehead, hairline adjustment, rhinoplasty (reshaping the nose), genioplasty (reshaping of the chin and jaw), zygomatic contouring (reshaping of the lateral cheekbone), tracheal shave (reduction of the “Adam’s Apple”), and lip augmentation (adds volume for a fuller upper lip).
Voice feminization surgery (VFS)	Alters vocal fold length/tension (e.g., Wendler glottoplasty) to raise vocal pitch.

Hair transplant	Relocates hair follicles to restore or reshape a feminine hairline and density.
Liposuction or body contouring (fat grafting / BBL)	Removes fat where it isn't desired (e.g. belly) or redistributes fat to enhance hips and buttocks for a more curved silhouette.

Non-surgical procedures or therapies

Procedure	What it does
Fertility Preservation	Preserves sperm in case sperm production is disrupted by hormones or surgery
Laser hair removal	Uses light to target pigment in hair follicles, reducing hair over multiple sessions. Works best on dark hair with lighter skin; not permanent for all follicles.
Electrolysis	Inserts a fine probe into each follicle and destroys it with electric current. The only method that is considered permanent hair removal [12] and it works on any hair color.
IPL (intense pulsed light)	Broad-spectrum light used for at-home or clinical hair reduction; similar principle to laser but less targeted.
Botulinum toxin (Botox)	Injected to soften facial lines, relax the jaw (masseter reduction for a slimmer face), or lift the brow.
Dermal fillers	Injectable gels added to cheeks, lips, or jawline to soften or feminize facial contours.
Chemical peels	Exfoliating treatments that improve skin texture, tone, and reduce roughness or hyperpigmentation.
Microneedling	Creates tiny controlled skin injuries to stimulate collagen, improving skin smoothness and texture.
Scalp micropigmentation	Tattoo-based technique that creates the appearance of density or a defined hairline.
PRP (platelet-rich plasma) injections	Injected into the scalp to support hair growth and thickness, often alongside minoxidil.
Nonsurgical body contouring	Devices (e.g., CoolSculpting, radiofrequency) that reduce or reshape fat deposits without surgery.
Vocal / speech-language therapy	Voice feminization training with a therapist targeting pitch, resonance, and intonation without surgery.
Cosmetic tattooing / microblading	Semi-permanent pigment for brows, eyeliner, or lip color to enhance feminine features.

Non-Medical Strategies for Feminine Presentation
These strategies will help you appear more feminine and are listed in order of estimated cost.

Strategy	Est. Cost (USD)	How it feminizes
Take a free voice-training program	$0	Follow a structured course (e.g., free TransVoiceLessons videos) to raise pitch and shift resonance toward a feminine voice.
Practice feminine posture, gait & gestures	$0	Use free tutorials or a mirror to adjust how you stand, walk, sit, and gesture. Free but takes deliberate practice.
Grow out your hair or wear a wig	$0–$800	Longer feminine hair frames the face. Growing it out is free but not an option for everyone (e.g., baldness). A well-fitted wig gives length, density, and a feminine hairline immediately.
Build a feminine wardrobe that fits your body	$0–$1,000+	Clothes can highlight the waist and soften shoulders. Can be free via clothing swaps or hand-me-downs from friends, cheap via thrifting, or more via retail.
Remove/manage body & facial hair at home	$10–$50	Shave, wax, or epilate to reduce visible masculine hair.
Use shapewear & foundation garments	$40–$250	Breast forms, padded bras, hip pads, and gaffs create feminine curves and smooth the silhouette.
Learn and apply makeup	$50–$300	Cover beard shadow, contour to soften the jaw and cheeks, and reshape brows/eyes. One of the highest-impact non-medical changes; a paid one-on-one lesson can speed up the learning curve.

Obstacles
These are obstacles commonly encountered by those who are exploring gender identities which contain aspects of transfemininity.

"It's a fetish" / attraction to oneself:
Many of those with gender identities that contain aspects of transfemininity find they are attracted to themselves during self-discovery and at some point conclude that their exploration with transfemininity is nothing more than a fetish.

However, being attracted to yourself has nothing to do with gender identity! Your gender identity does not care if you are attracted to yourself or not.

Facts:
- Sexual attraction to oneself has nothing to do with being trans
- Many who identify as trans report that they are occasionally attracted to themselves
- Many cis women are sexually attracted to themselves at some point

Body aspect-specific obstacles:
These obstacles involve specific aspects of one's body which might lead one to conclude that they don't pass or shouldn't identify as trans.

Face: This is a common one because HRT in no way alters bone structure. Your jawbone and brow ridge are going to be where they are unless you have them surgically adjusted. However, most underestimate the effects

of fat redistribution on the face and how much it can feminize some women. [5] Unfortunately, this process takes time, often at least a year or two to see a meaningful effect and sometimes more. For bone adjustments, there is Facial Feminization Surgery (FFS).

Baldness: Feminizing HRT (sometimes also in combination with Dutasteride) slows androgenic alopecia (male-pattern baldness) by slowing the production of Testosterone which slows the production of a chemical in the body called DHT. In combination with Minoxidil (Rogaine) either taken topically or orally, it is possible to regrow hair from miniaturized follicles. There are also a number of other hair regrowth practices commonly utilized such as microneedling. [1, 13]

Body hair: Feminizing HRT slows or stops body hair growth once testosterone levels are correct because body hair is activated by testosterone. For permanent body hair removal there is laser hair removal or electrolysis.

Facial hair: Having to shave a lot can be an obstacle for some women. This obstacle is more prevalent in those whose skin tones/hair aren't treatable with laser hair removal. Electrolysis is the only method considered permanent hair removal [12] and will work on any hair of any color! Electrolysis can be done on a "large volume" basis in some clinics.

Extremities: Feminizing HRT can lead to muscle mass loss and fat/connective tissue redistribution, making arms, legs, shoulders, and feet all smaller. [5]

Height: HRT cannot alter bone, but I have seen anecdotal reports of height loss of up to 2 inches. There is no actual scientific evidence of this.

Hips: Fat redistribution from HRT will move male belly fat into the hips slowly over time. [5] This can be an obstacle for those who want their male belly gone right away, and they will often inquire about weight loss for this. The unfortunate reality is that weight loss and then regain (known as "weight cycling") does not cause fat redistribution, as only new fat cells get created in the right places while a person's estrogen level is in the correct range. There are medical procedures available to help redistribution happen faster (e.g. liposuction or body contouring)

Weight: Some women will tell themselves they can't be a woman because they are overweight. This is simply not true, there are plenty of wonderful curvy women out there!

Voice: A masculine voice can often be an obstacle. While voice training to obtain a more feminine voice can be difficult, most voice coaches will claim anyone can do it over time. There are a great number of free online resources and tools to help with this

Sexuality:
While this one is covered in the Obstacles chapter, sexuality is of particular concern to some who have transfeminine gender identities because they think they have to be straight. This is not true, there are plenty of trans lesbians who are attracted only to other women!

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Appendix D: Errata

If you discover an error or point of contention in *The Trans Questioning Guide* then please send an email to evelynnshope17@proton.me

There have been no changes since the initial publication

About the Author

Evelynn McDermott had her life turned upside down when she discovered she was trans at the age of 43. Nonetheless, she embraced her true self with positivity, dedicating the remainder of her years to helping the trans community however she can.

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