"You Know a Girl When You See One": Experiences of Surgeons Who Perform Gender Affirmation/Reassignment Surgery (GAS)

Christian, Robert

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Boston University
1. Introduction

Gender is a cultural construction, which relies on societal ideals and norms. For example, the picture to the right appears to show a girl playing with dolls. However, it depicts Renoir’s youngest son. Long hair and pink ribbons were associated with boys in Europe in 1903.

In the United States, the dominant view is a gender binary – males and females. Those who step outside this cultural norm, which includes the Transgender community, are subject to societal discrimination and marginalization. A subset of the Transgender community seeks out surgical procedures, in the form of GAS, in order to align their physical body with their gender identity.

This poster examines GAS surgeons’ narratives in order to answer questions of how they
1. Classify these surgeries
2. Normalize the procedures
3. Act in order to maintain what is at stake for them when assuming the identity of gender affirmation surgeon

2. Methods

Recruitment
- Convenience Sampling
- Surgeon Participants Recruited From Two Transgender Health Conferences in the Northeast
- 5 Surgeons
  - 2 practice in the Northeast, 2 in the Midwest, and 1 on the West Coast
- 1 Local Informant

Data Collection
- Individual, Unstructured Interviews
  - In-Person
  - Over the Telephone
  - 26 – 93 Minutes
- Surgeon’s Websites

Data Analysis
- Grounded Theory
- Interpretative Phenomenological Analysis

3. Results

The surgeons were able to classify these operations as acceptable forms of surgery in two ways. First, some of the surgeons had direct experience performing GAS procedures and working with transgender patients during the enculturation process.

“When I was a plastic surgeon fellow... the chairman of the department did transgender surgery... when I was on service with the chairman, I helped do the surgeries. And so I met a number of transgender patients, and participated in their surgery, so I became fairly comfortable with the surgery at that time.”

Several surgeons, however, lacked prior experience during the enculturation process.

“I didn’t start out with the idea of working on transgenders... When I was asked to come to Green University one day [to do plastic surgery]... I called the chairman of the department... he was chairman of plastic surgery... He was very much, very early involved in transgender surgery... [I called him], and I said I’ll come to your program, but I don’t want anything to do with your transgender patients [laughs]. It was just something that I totally wasn’t interested in. I was totally interested in reconstructive surgery.”

A second, reconstructive classification was also used, especially by those surgeons without prior experience. By using the same techniques used in other reconstructive procedures, the surgeons are able to classify GAS as an acceptable operation.

“But that’s what... facial feminization, comes from... because basically all the operations... that I do in facial feminization, all involves taking care of kids with their craniofacial problems.”

4. Conclusion

Surgeons learn through direct experience during medical school and residency, clinical experience, and through the communities they serve. They use this knowledge and experience to classify and normalize procedures. These surgeons act within this knowledge to maintain what can be lost.

There is a constant interplay between the surgeons, their patients, and the transgender community. This allows these actors to influence and be influenced by each other.

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6. References

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Altman, K.