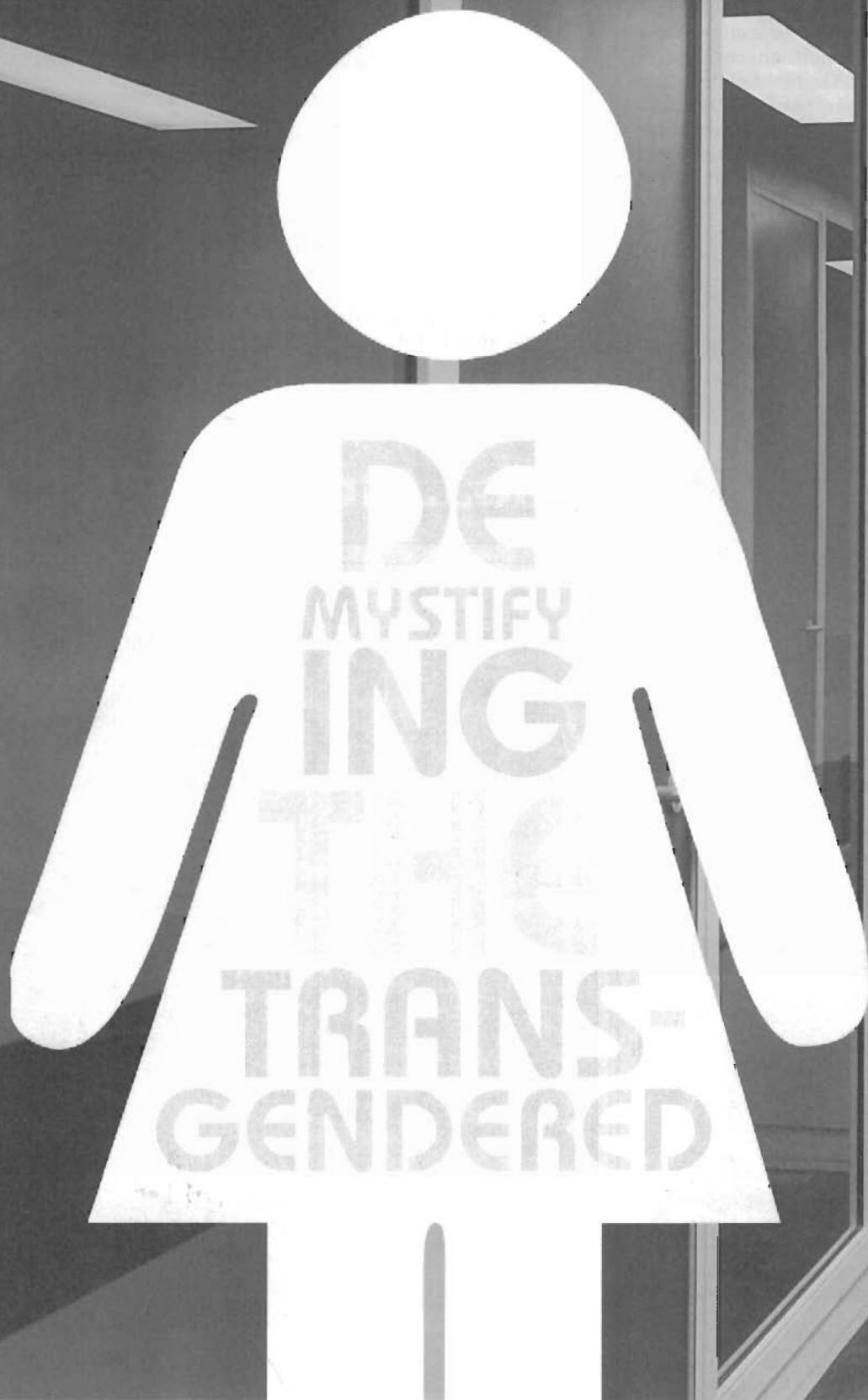




DE
MYSTIFY
ING
THE
TRANS-
GENDERED



RENOWN BROOKLINE PHYSICIAN

~By Ellen S. Glazer~

THE STEREOTYPES of the past that tormented transgendered individuals have given way to sensitive care and support from a Brookline physician who has helped open new pathways for their often painful journey.

"I admit that before I began this work, I had an image of exotic drag queens and TV exhibitionists. When I began seeing plumbers, truck drivers, doctors, accountants, teachers and carpenters, I realized that these are just people who, in the realm of gender identity, were born with brains that didn't fit their bodies. And, almost all of them knew it as far back as they could remember," Dr. Norman Spack told *Brookline Magazine*.

Dr. Norman Spack is Clinical Director of the Endocrine Division at Children's Hospital. Courageous. Strong. Resilient are the words he uses when he speaks of his patients: transgendered children, adolescents, and adults. Spack respects and admires those who, as he explains it, have landed in physical bodies that differ from their gender identity. Spack says, "Seeing transgendered individuals has opened my mind to the complexity of the human brain in the realm of gender."

How did a pediatrician and adolescent medicine specialist become one of the leading medical resources for the transgen-

dered community? "From 1978-1998 I practiced Adolescent-Young Adult Medicine in Chestnut Hill with Dr. Estherann Grace. Because I also had trained in endocrinology, someone called and asked if I would provide hormonal treatment for a transgendered person in transition from female to male," he said.

Dr. Spack paused a moment to say something about language. "The terms we use to refer to these people and what they are going through are significant. For one thing, I don't see this as a psychiatric disorder and, I am among those who prefer not to use the term 'Gender Dysphoria.' Dysphoria means 'anxious and depressed,' but I see their anxiety and depression as reactive to their situation. I have also come to understand that being transgendered is not about sexual orientation. One of my patients brought this across to me when he said, 'It's not who you go to bed with—it's who you go to bed as.'" Spack goes on to explain

some of the other significant terms. "Some people use the term 'transgendered' for those who are 'pre-operative and 'transsexual' for those who have had surgery. I use the word 'transgendered' for anyone who has no internal or external genital malformations but sees him/herself in a gender identity different from their biologic (genetic) sex. Among my reasons for this choice of terms is the fact that not every transgendered person chooses to have surgery."



... A transgendered high school student who doesn't know whether to use the 'Boys' room or the 'Girls' room faces very different issues from a 50-year-old married father who has been suppressing feelings about gender identity for 30-plus years.

RENOWNED PHYSICIAN HAS STRONG BROOKLINE ROOTS

DR. NORMAN SPACK WAS BORN AND RAISED IN BROOKLINE

and, except for brief stints in college, medical school and the Air Force, has lived here all of his life. He was President of the Class of 1961 at Brookline High, from which both of his children have graduated. His daughter, Rebecca Sneider, is a social worker in the Brookline schools, and her husband, Arthur recently opened a law practice in town. Spack's wife, Ruth is professor of English at Bentley College, Waltham. She taught at Brookline Adult Education for several years. The Spacks have been married for 37 years and even met in Brookline—Brookline, New Hampshire!

Spack holds especially fond memories of his Brookline childhood. "My late father was the Educational Director at Congregation Kehillath Israel from 1948-62. In those years the school was huge. I remember walking through Coolidge Corner with him and it could take forever. Wherever we went, people stopped to talk to him. Dozens of rabbis, cantors, Jewish educators, and active lay leaders continue to remind me what a profound influence Al Spack had on their lives. I was very proud to be his son and I still am."

NEW CHALLENGE

WHEN HE RECEIVED his first referral, Spack knew little about working with transgendered people. "I had virtually no experience in the area, but I felt that this patient could teach me. That is what happened and something else happened as well. Some older endocrinologists in our area were retiring, and the psychotherapists in the field, who are the first health care professionals to counsel and evaluate transgendered people, were in desperate need of a physician who would initiate and support their patients hormonally. It turned out that I could be that physician."

The hormonal support that Dr. Spack offers transgendered patients represents the second phase in their "transition." The first stage is for them to meet with a therapist. "There are some very skilled therapists in the Greater Boston area who have extensive experience with this population. My patients must confront a range of issues," he said. "These vary, of course, depending upon age, family situation and support from the community and workplace. A transgendered high school student who doesn't know whether to use the 'Boys' room or the 'Girls' room faces very different issues from a 50-year-old married father who has been suppressing feelings about gender identity for 30-plus years."

After months of counseling, transgendered people can begin hormonal treatment. In this second phase of treatment, Dr. Spack emphasizes, counseling continues because "although the hormonal treatment can go smoothly for some people, it can prove very challenging for many others. Whether the transition is Male to Female (MTF) or Female to Male (FTM), it involves high doses of hormones. I follow patients closely to be sure that their dose is optimal—that it brings about the desired changes but does not overwhelm the patients physically or emotionally."

Not all of Spack's patients go on to the third stage of treatment, which is known as SRS or Sex Reconstructive Surgery. Spack explained the various reasons why someone would or would not choose to have surgery. "Cost is a factor and, until recently no U.S. insurance company were covering it. That may be changing, as there has been recent news that one major company may cover the expense. Another determinant is whether the transition is FTM or MTF. The Male to Female surgery can be remarkably effective, cosmetically

[TURN PAGE]



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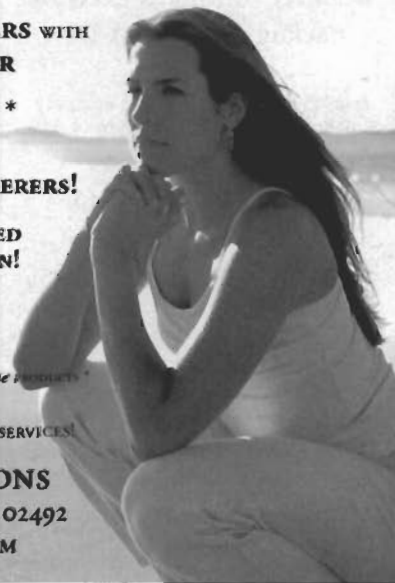
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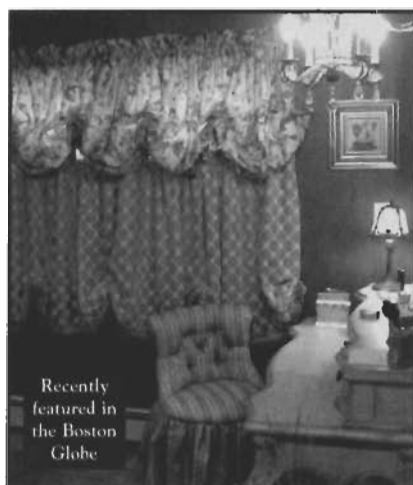
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and functionally. Since the Female to Male surgery is so complicated, expensive and risky, most FTMs limit their transition to breast reduction and hormonal treatment. Soon after androgen treatment, their menses stop and within a year they can blend in so readily that few people recognize them in public as transgendered."

SOCIAL ISSUES

FOR SOME TRANSGENDERED people, decisions about treatment are impacted by

DANGERS TO THE TRANSGENDERED

Murders of transgender persons, statistics show, are much more likely to be up close, personal, and brutally violent than other murders. At least, that's what the most recent information tells us, according to a report on WMBR-FM's GenderTalk (www.gendertalk.com). According to host Nancy Nangeroni, "A close study of the best available national murder statistics reveals that transgender persons are nearly twice as likely to be stabbed to death as other murder victims, and more than three times as likely to be beaten or bludgeoned to death. This tells us that the murders of transgendered persons tend to be committed with an especially heightened level of anger and passion. It's a lot easier to pull a trigger than it is to stab or bludgeon someone repeatedly."

ABOUT THE TG SYMBOL: WHERE DID IT COME FROM? The origins of the symbol for the transgender community has in itself a history with origins from North Carolina.

It's purpose was to connote "gentility, accomodation, permission," according to Holly Boswell.

"It's time we, the crossdressing...took a stand in support of the gay community..."

According to Boswell, the symbol "links the internationally accepted symbols for male and female together with a new entity, which is a combination of the two...Some say the transgender is the missing link, whose destiny is to restore the connection between man and woman. ..."

She continued, "The circle is a symbol of wholeness, and represents the wholeness of a society which includes the transgender. The misdirection of a society that ridicules the transgender is implied."

Those who choose to wear the symbol may be saying either that they are transgendered individuals or simply that they support the transgendered. According to Boswell, it also says: "Isn't that pretty? or 'Ain't I cool?'"

Nancy R. Nangeroni, commenting on a web site devoted to this subject, offered the following on the question of its origin. She asked, "Who owns it? The symbol of a circle joining the elements of male, female, and the two combined, came from many sources, and is owned by none. Please use it.

Finally, Boswell noted that the symbol of "pride and freedom. A Rallying point..."

[<http://www.gendertalk.com/info/tgsymbol.shtml>]

social considerations. Spack said, "This process in no bed of roses. Often people postpone decisions for many years because they realize that going ahead with transition means redefining some of their most important relationships—with family, friends and colleagues at work."

Spack, who has witnessed major sea changes in social attitudes towards transgendered people, has been touched by some of the stories his patients have told

him. "I had one MTF who transitioned while in a high-level position in a fairly large office. My patient was reluctant to tell the boss that going to the bathroom required a five-minute drive to a gas station. The boss asked what could be done to help his "new female" employee, since a number of other female employees were uncomfortable sharing the ladies room with her. The boss had a unisex bathroom installed at considerable expense."

Another moving story involves a name. Spack spoke poignantly about what parents go through when they "mourn the loss of a son or daughter in the process of adjusting to gaining an offspring of the opposite gender." He recalled one mother who said that when she was pregnant, she and her husband had selected names for a boy and for a girl. Twenty-five years later, when one of their two sons told them that he was transitioning to female, the mother said she always wanted a girl and asked if her new daughter would accept the female name she had chosen two decades earlier.

For Dr. Spack, many rewards come from working with transgendered people. One has been the support he has received from colleagues. The staff at Children's Hospital has embraced

his work and treated his young patients with sensitivity and respect. Another reward has come from collaborating with physicians internationally, "especially in Belgium, The Netherlands and the United Kingdom, where they have well-developed treatment protocols for this population. Locally, I work closely with internists and, sometimes, with gynecologists to be sure that people get the treatment they need. For example when a FTM needs a PAP test—it invariably provokes a call from the pathology lab wondering why someone with a male name had a PAP!"

"There must be more public attention to transgenderism," Spack observed, "because parents of gender variant prepubertal children are forming chat-groups on the internet. I get several calls each week from families seeking advice."

In talking with Norm Spack, it is clear that he sees himself on a journey with his transgendered patients. Just as they are facing the multiple and complex challenges that come with transitioning from one gender to another, so is Spack trying to learn from their experience in order to pave a smoother path for those who will follow.



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