“Coming Home to My Body”: An Ethnographic Exploration of How Medical and Surgical Gender-Affirming Care-Seeking Impacts Mental Health

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INTRODUCTION

• Trans persons’ interest in (and access to) medical/surgical gender affirmation is heterogenous
• Minimal literature characterizing:
  • interest in care
  • barriers to access
  • impacts of societal narratives and expectations on trans individuals’ self-image, mental health, and care-seeking

METHODS / GOALS

Recruited a convenience sample of 54 trans persons in the U.S. and Canada from Facebook pages used to recruit trans and/or non-binary research participants

Ethnography-based research (1 hr video) elicitig:
1. Exploring participants’ interest in gender-affirming care
2. How such interventions impact identity formation

PARTICIPANTS (n=54)

• 76% AFAB, 24% AMAB
• Trans men: 17, trans women: 6, non-binary: 31
• Pronouns: he/him: 13, she/her: 5, they/them: 21, he/she: 10, she/he: 2, others: 3
• Age: mean 29y +/- 9y, range 18-59y
• Race:
  • 44% White only
  • 20% Asian/Pacific Islander only
  • 7% Black only
  • 38% multiple identities

RESULTS

• Interest in Medical/Surgical Affirmation
  • Hormone therapy: 63% currently taking, 9% started and stopped, 15% want to start, 11% considering
  • Top surgery (AFAB): 61% had, 32% want
  • Breast augmentation (AMAB): 7% had, 21% want
  • Bottom surgery:
    • AFAB: (65%) had: 1 unspecified; want: 5 metoidioplasty (meta), 4 phalloplasty (phallo), 1 unspecified; considering: 7 meta, 4 phallo, 4 unsure meta vs. phallo
    • AMAB (57%): had: 1 vulvoplasty; want: 3 vaginoplasty, 1 orchiectomy; considering: 3 vaginoplasty
  • 10 specifically had no desire for bottom surgery
  • Hysterectomy: had: 13%; want: 5%; considering: 10%
  • 8% used contraceptives for menstruation cessation
  • Voice training (64%) and surgery (14%) of AMAB:
    • Training: had: 5, want: 4; Surgery: want: 2
    • Facial electrolysis (AMAB): had: 21%; want: 64%
  • Less common: fertility preservation, facial feminization/masculinization surgery

• Reasons for Care
  • Social legibility
  • Alleviating dysphoria/pursuing euphoria
  • Gender exploration

• Mental Health
  • All who accessed gender-affirming care reported improved:
    • Mental health (e.g., depression, anxiety, dissociation, eating disorders)
    • Social relationships,
    • Struggled to find trans-competent mental health care

RESULTS CONT.

• Barriers
  • Financial barriers:
    • cost of medical/surgical care: 44%
    • inadequate insurance: 33%
    • Inaccessibility of care:
      • no local providers: 24%
      • gatekeeping (body size, mental health: 13%
      • pandemic-related delays: 11%
    • Personal fears about sub-optimal outcomes:
      • complications: 41%
      • loss of sensation: 28%
      • undesired aesthetic and/or function: 26%
    • Societal discrimination:
      • familial rejection: 22%
      • job loss: 13%
      • safety concerns: 6%

CONCLUSIONS / DISCUSSION

• Gender-affirming care is frequently desired and sought for external and internal comfort, and reported to improve mental health
• Numerous barriers restrict access—most frequently financial factors, inaccessibility, and concerns about undesirable outcomes
• This informs areas for advocacy and provider conversations with trans patients about shared decision-making

FUNDING

• Friedman Award, Columbia University Vagelos College of Physicians and Surgeons