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

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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 1905.

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 surgery

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 surgery 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 at Green University… 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

The surgeons act out their daily professional lives to maintain what is most at stake for them.

Normal Outcomes – Surgeons
- Normal bodys must be produced. Surgeons rely on clinical his markers to create these normal bodily outcomes.
- “Well, I read… five books, on physical anthropology of the face, skull. And I was determining what was the difference between the male and female skulls… measurement differences, and the other thing is contour differences… between a normal male and a normal female.”
- Normal Outcomes – Patients
- Patients’ goals align with those of the surgeon’s to be normal.
- “I said, ‘What do you expect from this surgery?’… He says, ‘Well, I expect to be beautiful,’… Why is it important for you to be beautiful?’… He says, ‘So I’ll have friends. I don’t have lots of friends, and I know that if I’m beautiful, I’ll have lots of friends.’ And I cancelled the surgery… in my mind this person was not a transsexual at all.”

When a patient’s goals are not normal, such as being of the wrong mind and wanting a surgical procedure to gain friends, the surgeons will not operate.

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6. References
