So, You're Thinking About Transitioning?

An Imperfect Guide for People Transitioning.
A Note from the author and Executive Director

Transitioning can be an intimidating process! There’s a genuine lack of information out there, and it can take a lot of time and energy to find resources for each area of your life. So with that, we’ve set out to make a guide that can give you a quick and easy understanding of what you need and what to expect. 

- Erin

When I entered prison I was 23 years old, but mentally I was 16. I was scared and the sharks circled me before I put my bags down. Many people don’t know this but a trans woman took me under her wing. She taught me how to survive in prison and how to win at life. She schooled me and shared old war stories during our daily walks in the yard.

I also witnessed how Charlene was mistreated for being transgender. She was scrutinized, antagonized, and harassed by guards on a regular basis. What I appreciated most about Charlene was how she responded. She never backed down. Her faith in her sense of self, dignity and self-worth were unshakable. She’d rather die than dim her light for people who could only dream of having a spark of the magic that ran through her blood.

I’m not sure how my bid would have gone without Charlese but I know it would have been worse. She won my undying loyalty and affection toward her and all trans people. I hope this guide can help our trans family navigate their own sense of self and access available tools and resources.

- Michael
Part 1: Should I Transition?

At a glance summary:

Trans people are everywhere, and always have been.

We generally experience gender dysphoria, a sense of wrongness in our bodies and how they are perceived. Transitioning is the easiest and most surefire way to alleviate this.

You might not realize you’re experiencing gender dysphoria because you’re so accustomed to it. Here are some signs to look for.

1. Does your physical body make you uncomfortable? Have you ever felt a sense of wrongness during traditionally normal experiences (menstruation, body hair, etc)? Have you ever felt a “phantom limb” for body parts that aren’t there?

2. Do you ever feel mentally disconnected from your body, like it’s not really yours?

3. Do you ever feel disconnected from others, and/or the world at large? Do you feel like you’re not normal, that you don’t feel emotions the way you should?
Section 1: Introduction

I want to clear up some common misconceptions. First, trans people are not rare! We’ve always been around, we’ve been in every culture at every time, and our stories are as beautiful as they are varied. I know folks who fell into the trap that they “probably aren’t actually trans” because trans people are “uncommon.” There are far more of us than you might imagine, don’t think your identity is unlikely!

Secondly, don’t think you have to fit into any particular story to be trans. Just because some narratives are more popular than others doesn’t mean their more legitimate, or even more common. Popular media loves the idea of the trans woman who’s always known in her soul she’s in the “wrong body,” and can prove it through consistent sentiment since she was 4 years old. This is an exclusionary story, and is not how many people experience their identity!

Thirdly, don’t think you have to “transition” in any particular way. Maybe you want to take hormones, or maybe you just want to change your social presentation or appearance. Maybe you want to change your name, your voice, your dress, or maybe you don’t. None of these things determine whether or not you’re trans.

Fourthly, you can still live happily and transition at any point in your life. Never think that you’re too old to transition, hormones work wonders at any age, and can always make you a happier person.

Finally, don’t think this guide dictates how to live. This is here to give you some starter ideas if you’re considering transitioning, or if you’ve just started. If you have another way of thinking about yourself, or navigating your transition, go for it!
Section 2: Gender Euphoria

One of the most common reasons you’d want to transition is to get rid of gender dysphoria, and start feeling gender euphoria. Gender euphoria, put simply, is feeling actively happy about your gender. It’s feeling content and comfortable about the way you present, look, and are addressed in gendered settings. It’s feeling “right” in your body. But that doesn’t mean it’s never scary! One of my favorite personal examples comes from the Gender Dysphoria Bible, creating an analogy to Plato’s cave. The example goes like this:

Imagine a person who was born in a cave, who spent their entire life living underground, their only source of illumination being candles and oil lamps. Imagine they’ve never been above ground, they don’t even know the surface exists. Then one day a cave-in happens in a side tunnel, and reveals an opening to the surface. Sunlight pours into the opening, and at first it is blinding and the person runs away in fear. Later they return to the opening, and as the person’s eyes adjust they look out through the hole and see a bright and brilliant world full of colors they didn’t even know existed.

That world is scary, it’s huge and full of unknowns, so they crawl back into the cave for safety, but that hole is still there, and they see the light every time they pass it. Gradually they peek out more and more frequently, and further and further from the opening. They start to want that light, they find reasons to visit it more often.

Eventually they realize that they don’t want to go back into the hole any more. They have to go back, because that is where their family and friends are, but this place is so much better, they want to stay here. Going back into the hole feels wrong, it starts to hurt to be in the dark so much.
This is what Gender Euphoria is like, it is brief flashes of a light that may be too bright to handle at first, too confusing to understand, but as time goes on you become more accustomed to them and you realize that this is where you belong, and the darkness becomes the dysphoria.

Gender euphoria can be startling at first, and it might be difficult to get used to after having lived with gender dysphoria for so long. You might not even realize the innumerable little ways you seek out euphoria in your daily life, through acting, cosplay, games, and stories. You might have felt surprisingly happy shaving or NOT shaving your legs, or being included in gendered groups you “traditionally” wouldn’t.

It’s completely okay if you don’t think you experience dysphoria yet, and it’s okay if you start transitioning and decide you want to stop! You don’t have to make a permanent decision, but should treat either path like a temporary state you choose to stay in as long as you want to. It’s also okay if you’ve only explored these things through kinks or fetishes, that does NOT mean transitioning itself is a fetish for you! Many of us find sexual gratification to be one of those small ways we could seek out euphoria before realizing we were trans.

With that said, now let’s move on to gender dysphoria. This may be hard to read through, and don’t be ashamed if you have to take breaks. As an authors note, many of these things hurt to read about. I often cried reading them. Take care of yourself now, and keep that habit throughout the rest of your transition :)

**Section 3: Gender Dysphoria**

**The Physical Stuff**
Physical dysphoria is quite varied! Most concretely, physical dysphoria is simply the way our physical body makes us uncomfortable. Not everyone dislikes every part of their gendered body, and it’s normal if some things make you more uncomfortable than others. Don’t think you have to hate your genitals to be trans!

With that said, many of us experience physical dysphoria with a *phantom limb* phenomenon. You may physically feel sensations from a penis or a vagina that isn’t there, you might sense an absence on your chest or feel aches and pains in parts you don’t have. It can also be the opposite! You might be constantly aware of something that *shouldn’t be there*. Your brain might feel the weight of your body’s breasts, or your penis, as a constant source of discomfort that it wasn’t meant to have.

It may also be stronger than that, it might be an intense horror or revulsion when seeing gendered body parts. You might feel a sense of “wrongness” during menstruation, or feel the need to physically remove gendered aspects. You might compulsively shave all body and facial hair, or actively grow it out. You might also feel it much weaker than this. You might just feel *incorrect*, in a way you can’t even gender. You might also displace that “incorrectness” onto other aspects of yourself, and blame it on other things that aren’t gendered. You might assume you hate your body because you don’t like your weight, or looks, but somehow can never actually *fix* these things.

You may also try to fight this physical dysphoria through excessive control. You might *meticulously* groom your body/facial hair, even though it causes you dysphoria, because it allows you to *control* these aspects of yourself. As a trans woman, I became an obsessive weightlifter because I always felt so uncomfortable in my body, and bodybuilding let me feel like I could finally control my body.
It’s also normal for all of these things to change as you transition! You might start to dislike things you used to be okay with, or find you actually don’t mind things you used to hate.

The Brain Stuff

*Guess what? It is all in your head after all! Just not in the way you thought*

Imagine your brain as a car, if you will. It’s built to run on one particular item: gas. If you were to, say, put melted chocolate in your engine, it’s all going to go to shit. Current medical science suggests that your brain runs the same way, actively performing better on one hormone than another. As we understand it, your sexual features begin forming during the 8th week of your gestation, with genitals formed by week 11. Your brain forms after these, between week 14 and week 24, and will masculinize or feminize based on how much testosterone is in the bloodstream, and get locked in to desiring estrogens or testosterone because of that. It’s entirely possible based on a number of factors for your brain to adapt to a different hormone than you’re born producing. When this happens, you end up putting melted chocolate in your engines, and running through your life in a mental fog. Most concretely, many of us live under

**Depersonalization and Derealization**

Depersonalization and Derealization (often abbreviated DPDR), come down to the simple idea that you feel inexorably divorced from your physical experiences.

*Depersonalization*
Depersonalization is focused on your disconnect from your own body. Clinically, this may come out a few ways like:

A sense of detachment or estrangement from your own thoughts, feelings, or body: “I know I have feelings but I don’t feel them”

Feeling split into two parts, with one going through the motions of participating in the world and one observing quietly: “There is this body that walks around and somebody else just watches”

Feeling as if you have an “unreal” or absent self: “I have no self”

Experiencing the world as distant, dreamlike, foggy, lifeless, colorless, artificial, like a picture with no depth, or less than real

Being absorbed in yourself and experiencing a compulsive self-scrutiny or extreme rumination

- Having an ongoing and coherent dialog with yourself
- Feeling like a veil or glass wall separates you from the world
- Emotional or physical numbness, such as a feeling of having a head filled with cotton
- Lacking a sense of agency – feeling flat, robotic, dead, or like a “zombie”
- Inability to imagine things
- Being able to think clearly, but feeling as if some essential quality is lacking from your thoughts or experience of the world
- A sense of disconnectedness from life, impeding you from creative and open involvement with the world

As a personal note for how this might play out, I used to stand and stare at the mirror as a child, trying to figure out how in the hell that thing I was looking at was really me. I felt
like a brain controlling some automaton I had no real connection, or often feeling like I was watching and controlling someone else's body.

Much like the physical dysphoria, maybe you experience this as showing little care in your appearance because you’re so disconnected. Or, maybe instead you hyperfocus on your appearance, trying to create some sense of joy or pride in your body. As a trans woman, I used to be a complete gym rat because it gave me some sense of control over my physical self.

Derealization

Derealization is feeling detached from the world, or maybe feeling like the things you see are wrong. Clinically, this may play out like this:

☐ Your surroundings seem alien or unfamiliar, even if you’ve always been there, like someone has swapped out your house for a stage replica.
☐ Moving through the world feels like you’re walking on a treadmill, with the buildings moving around you instead of you through them.
☐ Feeling emotionally disconnected from people you care about, as if you were separated by a glass wall, or like they are just actors pretending to be the people they claim to be.
☐ Surroundings that appear distorted, blurry, colorless, two-dimensional or artificial, or a heightened awareness and clarity of your surroundings. Leaves on trees feel like they have extra sharp edges, for example.
☐ Distortions in perception of time, such as recent events feeling like distant past.
☐ Distortions of distance and the size and shape of objects
☐ Feeling like a passive observer in the events of your life
That list is a little more focused on traditional derealization, so here’s some descriptors for how we as trans people specifically feel.

You have an underlying sense that you are "not like" most people. Your friends might get you, but you draw an instinctive and unconscious line between you and "normal" people. When you interact with a "normal" person, you're not sure what to say or how to act.

You find it hard to prioritize your own feelings. You're aware of emotions you *should* be feeling, but they're distant and fake-seeming. When someone else is upset, it's much more real and urgent. You believe this is just your stoic, protective nature.

You often feel directionless in life. When asked about career goals in High School, you didn't really care about your answer. Even careers centered in your interests seemed kind of intolerable. You struggle to imagine a future for yourself where you are happy or fulfilled.

You only take steps to better your life when external forces *make* you. You'd rather withdraw and self-minimize and focus on escapist hobbies. You're just not motivated to attain nice things for yourself. (You tell yourself that this is a zen acceptance, a freedom from desires.)

Oftentimes, it comes down to the fact that you just don’t feel grounded in the world. You might relate to The Matrix (famously written by trans women about their gender dysphoria and transition), or sit around waiting for your super powers to kick in. You know this life can’t be it.
Overall, depersonalization and derealization often stunts our emotions. We might laugh, but we rarely find true joy. We might feel intense sadness or grief at times, but these usually result in us feeling numb, and dissociating ourselves from the event.

Section 4: Conclusion

As some final thoughts on this chapter, I really want you to reflect on how these descriptions made you feel. If you don’t identify as trans but found these descriptions fascinating, engaging, and/or emotionally compelling, I think I have some news for you. If you already identify as transgender, I hope these gave you a greater insight and depth of understanding into how you or those around you may feel.

For those who are on the fence, I’d like to offer you some last reflections: Firstly, Cis people rarely think about their gender. The fact that you are questioning it now, means that you’ve already thought about it more than most cis people will in their entire life. Cis people don’t constantly wonder what it would be like to be a girl or a guy, they don’t have daydreams about waking up in a different body. In fact, many of them actively enjoy being the gender they were assigned at birth. They may want the roles to be a little different, want more room for femininity or masculinity, but they enjoy the gender itself.

You also may not initially realize you’ve been experiencing dysphoria, because you’ve been experiencing it so long. A fish doesn’t know they swim in water, and it can be hard to notice the little things around you that you’ve learned to ignore. Try, instead, to prove to yourself that you’re cisgender. Can you think of any examples of true joy you’ve experienced as the gender you were assigned at birth?
Part 2: What Does Transitioning Look Like?

You don’t have to take hormones to transition, but you should feel free to pursue it if it interests you! If you do decide to take hormones, welcome to puberty again! Here’s a general timeline of what to expect

Feminizing hormones
- Don’t think it’s a simple “for more changes, take more estrogen,” you want to achieve a specific consistency of estrogen levels in your blood that’s best monitored by a doctor! In general, estrogen changes almost every part of your body, albeit at a slower pace than many of us would like.
- You’ll see all the traditional things you’d imagine, such as breast growth over 5 years, changes in hip shape, changes in fat distribution to an hourglass shape, and large changes to your genitals.
- You’ll also see some changes that aren’t as well known, such as softer skin and nails, smaller hands and feet, increased flexibility, a sweeter body odor, and increased flexibility

Masculinizing hormones
- Much like feminization, it’s not as simple as “take more testosterone, become more male,” you want to achieve a specific balance in your blood levels.
- Here are the big things you can expect on T: your voice is gonna drop, you’ll grow a lot of body hair all over, you’ll become much stronger even without needing to exercise, and you’re gonna see some substantial bottom growth.
- Here are some things you might not expect: you’ll have thicker and oilier skin, larger hands and feet, changes in body temperature placement and body odor.

General notes
- As discussed during the dysphoria chapter, many of us become intensely disconnected from our own emotions and lives before transitioning. For this reason, you may have a lot of underlying challenges you may encounter once you start becoming more in touch with yourself. Personally, I had a severe history of anxiety and depression I had never dealt with, so my emotional stability became a lot worse before it got better as I pursued treatment for those issues.

Section 1: Feminizing Effects
The Big Stuff

So, You’re Thinking About Transitioning?

Black and Pink

Massachusetts
As a general note before we begin, the speed and totality of these changes is always going to depend on what your estrogen levels are. It’s not a simple “for more effects, take more E” like many fall into the trap of thinking, instead you want to aim for a consistent presence of the right amount of estrogen for you. The usual ideal for us is going to estrogen levels at around 200 pg/mL, and testosterone at less than 55 ng/dL, which should be marked on any labs you receive.

But this also means that you can fiddle with it if needed! If you don’t identify quite as a trans woman, but more generally transfeminine or nonbinary, you can take lower doses of estrogen and have milder/longer effects take place. Don’t feel like your transition ever has to be an all or nothing game, you can play around with what you want.

With that out of the way, let's get into the big ticket items I know you girls are going to be wondering about.

- **Breasts:** These might end up being the slowest process for you, but keep a few things in mind before you start thinking about surgical intervention. Firstly, it takes a long time to grow breast tissue! During AFAB puberty, it can take up to 10 years to grow to what you probably want. For many it takes at least 2-5 years, if not more. Some girls get surgical intervention early on in their transition, and end up growing a lot more than they bargained for, so keep that in mind!
  - During this process, your girlies are gonna be tender, and you’ll probably experience some aches and pains in your chest. During this time, your body is going to be building both the fat layer of the breast, and the ductal paths beneath it, so some girls may lactate a bit in this process. Also the jury is still out, but it appears that progesterone may be a key player in forming those underlying ducts, which is why
many endocrinologists start us on progesterone after about 6 months of transitioning (to promote a more balanced shape, rather than a tubular one that may develop if progesterone is begun earlier).

- **Hips**: There are **two main ways** your hips may change on estrogen
  - The first is more common, called *anterior pelvic tilt*. As weight shifts lower on the body, your pelvic bone will begin to rotate forward, and change the alignment of your spine and hips. This may even decrease your height, up to 1-2 inches. This changes your overall posture, and very likely the way you walk (you may become more hip driven rather than shoulder driven in your walking behavior).
  - You may also experience *hip rotation*, during which the migration of bone cells alters the shape of the pelvic bone itself. For those younger than 26, this can occur within the first few years of hormones, for those older than 26, it may take long periods of hrt (up to 30 years in one case). This means that your hips themselves grow larger, which can result in some growing pains along the area!

- **Fat**: Estrogen promotes the classic “hourglass” shape we associate with femininity, and so your body will begin storing new fat in your hips and breaking down the fat in your stomach. This doesn’t mean the fat is actually *migrating*, instead it’s focusing *less* on your stomach fat (allowing you to burn it more easily) and focusing *more* on the fat along your thighs, hips, and breasts (allowing you to gain it more easily). Keep in mind, **you are going through puberty, you need to eat**. Many girls have developed serious eating disorders and body image issues due to living with dysphoria, and a lot of us may have a tendency to starve ourselves while complaining about our lack of “progress.” I had a lot of issues making myself eat, because of how my body fat used to form when I was living as a boy. Not only is everyone's transition timeline going to be different, it’s especially important that you give your body the fuel it needs to develop during this crucial stage of your life! Don’t compare yourself to other girls, don’t be afraid of gaining “boy fat,” just let yourself *live*. 
Genitals: all genitals are made from the same tissues, just organized differently. How they behave is determined by the hormones that run them! As estrogen levels increase, your genitals will be told to behave more like how a vagina would. This can result in a number of changes you should be prepared for:

- Sensitivity: your skin will become much thinner and fragile, and become significantly more sensitive to touch.
- Moisture and feminine odor: the skin along your shaft will begin secreting the same fluids as the vaginal canal, particularly during arousal, so don’t freak out if you start getting “wet.” These fluids also encourage the same type of bacteria and biome that develops within the vaginal canal, which means your odor will start to change to that of a vulva.
- Color and texture: the scrotum is basically where the outer and inner labia would be, so on estrogen it starts softening and developing a more velvety texture, going down into the perineum. The skin along the line where the vulva opening would be, called the “perineal raphe,” will also begin to darken. You may also get a striping pattern along your scrotum.
- Erections and size: Without much testosterone, DHT levels start to drop. Without DHT, you stop getting random erections during sleep, which exist to maintain the size of the erectile tissue. Without DHT, you won’t get any more random erections (goodbye morning wood!). This does mean, however, that the organ will begin to atrophy, decreasing in size and changing shape a little bit. After some time you may lose the ability to become rigid entirely, and erections themselves may become painful.

For many of us, this is a dream come true. For those who hate this idea and quite like using their bits as they always have, don’t fret! All of these changes come down to maintenance and atrophy, think “use it or lose it.” If you regularly induce erections, none of this is going to happen. Alternatively, many doctors provide a topical testosterone you can apply to your genitals, to make them act more like they usually would.
○ Sterility: Without testosterone, your testicles are going to stop functioning. This means that they aren’t going to be producing any “swimmers” for you, to the point that many girls lack any emission during orgasm. Needless to say, this means you’ll go sterile without intervention. This is NOT permanent, and many girls have been able to simply pause HRT, and wait for their testicles to start functioning again as testosterone resumes its course. This isn’t the most comfortable process however, so if you want it, save it beforehand.

The Stuff You Might Not Know

With that covered, let's get into all the little changes you might not be expecting at all! Our hormonal systems impact just about every single part of our body, so there’s going to be a lot that’s going to change.

Firstly, you’re gonna start getting smaller and softer. I know that sounds stereotypical, and I know many of these are simply learned behaviors people are taught to adapt to, but there are certain biochemical elements to why we think of women as smaller and softer than men.

- Skin softening: Estrogen encourages the production of collagen, which causes your skin to become softer and thinner. You’ll also find an intense drop in skin oils, particularly on the face and scalp, reducing acne and dandruff.
- You might see varicose veins, or you might see your tattoos become bolder!
- Hair and nails: Testosterone activates keratin genes, which make nails harder and hair thicker. Removing testosterone generally makes your nails softer, and your hair thinner and lighter. Don’t expect all body hair to go away, but you may see some intense reductions depending on your genetics!
● Muscle mass: androgens, coming from testosterone, increase muscle growth in the body. Without these, pickle jars are harder to open.

● Hands, wrists, and feet: Much like how testosterone encourages your ligaments to store water, it also encourages water build up in cartilage. This means that areas with cartilage, like your rib cage, hands, and feet, may begin to shrink. Estrogen also reduces blood flow to the hands and feet, which further reduces tissue size. Your mileage may vary, but don’t be surprised to drop 1-2 shoe sizes!

There are also a few more changes you’ll see to your face, hair, and body. There’s a reason why women are less likely to go bald, why they tend to be more flexible, why they sweat differently, and more.

● Baldness: with the removal of androgens, blood flow to the scalp increases. Your hairline starts to fill out, follicles lost to baldness may reactivate, and your hair can grow longer. This may even increase hair curliness, and change hair color.

● Sweating becomes more of a full body experience, instead of centered on the head and armpits. Watch out for underboob sweat.

● Facial changes. This changes your overall body shape, but also changes your facial features! Your lips and upper cheeks gain a layer, while your neck, chin, and jaw line thin out.

● Flexibility: Testosterone actually encourages your ligaments and tendons to retain water, making it harder to stretch them. As estrogen comes in, your body releases those fluids and becomes more elastic!

● Body odor: a big part of our scents comes from genetics, testosterone encouraging the specific pheromone androstadienone in sweat! Without this pheromone, our sweat is much sweeter in nature, as opposed to sour, which has become associated with femininity. If you’re on Spironolactone, you also might lose all body odor.
Finally, there are gonna be some things going on you can’t see, internal systems that are heavily impacted by your hormonal system.

- Mental changes: I know, I know, you’re thinking “but author, we already had a brain section!” I promise you, this is equally important and completely different. Like we discussed in the dysphoria chapter, your brain may be physically wired for a certain hormone profile. Running on the wrong hormone may feel like using a laptop with low batteries, or driving a car on flat tires. Starting HRT begins to reduce this mental fog, and decreases or ceases depersonalization and derealization symptoms. On top of this though, There may also be a number of other ways your brain chemistry may change on estrogen!
  - ADHD: if you have ADHD, expect your symptoms to change. Androgens amply dopamine receptors, so reducing testosterone reduces how much dopamine your brain can process. Dopamine is key in making your short-term memory function, so you may get distracted more easily.
  - Emotional expansion: alleviation of depersonalization and derealization will make you experience a much broader range of emotions and expressions. Highs are highs, lows are lower. If you were unable to cry before transition, you’ll likely gain it back, both for sadness and for joy
- However, if you have trauma from your past, you may start to experience PTSD episodes, because you no longer distance yourself so much from your emotions. One piece of advice I often give to folks is that things may get worse before they get better. I had already suffered from undiagnosed anxiety and depression, once I started estrogen and became more in tune with my emotions, I absolutely hated what I felt. If you’ve ever considered checking out mood stabilizing medication, I heavily suggest you do so early.
  - Expect mood swings as estrogen levels fluctuate! Unexpected crying may happen, or PMS rage, be ready for these things!
○ Sleep: after alleviating depersonalization and depression, many trans folks report having better sleep patterns. For the girls, starting progesterone often results in significantly improved sleep, allowing for a much deeper sleep and more dreaming.

○ Extroversion: many of us find ourselves much more sociable post-transition, likely because of not having to suppress our personality.

● Sensory enhancements: HRT has been repeatedly shown to change the distribution of gray and white matter in the brain. New structures are made as hormones change, which also change how you experience the sights, smells, and sounds around you. Sense of smell tends to increase, as well as color perception and spatial awareness. You may also experience changes in your taste!

● Changes in metabolism: losing testosterone generally means your metabolic rate slows, this has two effects you may notice
  ○ Firstly, you’ll usually become less hungry, and become full sooner than before
  ○ Secondly, your tolerance to alcohol and psychotropics decreases, because a lower metabolic rate means these chemicals are more slowly filtered out of the bloodstream.
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- Voice drop: androgens cause the vocal chords to thicken and harden, lowering the pitch of the voice. This is an incremental change over the first few years, so don’t expect to be rocking your Morgan Freeman out here quite yet. When it does happen, it isn’t likely to be drastic, and your voice might not be automatically read as male. Thickening the vocal chords only lowers the pitch, which is just one part of how we tend to gender voices. Vocal training can be your friend here, if you want to play around with resonance and speaking style.

- Body hair: Androgens significantly increase the presence of body hair on the legs, groin, buttocks, chest, back, and arms. This hair will also grow thicker, longer, and darker. Unfortunately, it takes the beard a bit longer to get started. You might be waiting a year before you start to see serious facial hair, so Rogaine and/or Minoxidil is going to be your buddy on this.

- Muscle mass: Androgens stimulate muscle growth, which is why so many bodybuilders literally take extra testosterone. Your body will gain more muscle without even needing you to exercise, so be careful as you might not know your own strength! With exercise you can see even more substantial gains, particularly in the arms and shoulders. Adding lean muscle in the upper body also redefines the shoulder and neck line, making a more masculine silhouette.

- Fat redistribution: androgens encourage the body to deposit fats into the abdomen rather than the lower body, combining with muscle mass to result in more of a “dorito” shape instead of an hourglass one. This doesn’t mean the fat will migrate, just that new fat will tend to deposit into your stomach when you gain it, and old fat will burn away from your breasts, thighs, and hips when you lose it.

- Genital changes: All genitals are made of the same tissues, just organized differently depending on what hormones are most present during gestation. The way these organs behave is determined by the hormones your body runs on, so when you take testosterone they start acting like a penis and scrotum would. This can result in a number of different changes, like:
○ Bottom growth: DHT, as discussed, plays a huge role in how erectile tissue develops. As DHT levels rise with more testosterone, your Skene’s Gland starts to swell. This results in random erections within the clitoris, causing the erectile tissue to grow! The amount of growth varies from person to person, but you can usually expect 1-3 inches. The clitoral hood and labia also become drier and thicker over time, and your inner labia may begin to grow hair. Self lubrication will likely reduce substantially, and overtime penetration may become painful.

○ Increased emissions: with the swelling of the Skene’s Gland comes more fluid produced from it. Don’t be surprised if more starts to happen during climax than it did before.

○ Sensitivity: erogenous stimulation may become more focused on the head of the clitoris itself, as well as the shaft.

○ Atrophy: vaginal and uterine atrophy often happen within the first five years, and a hysterectomy may become necessary. Signs of this may include a deep throbbing in the lower abdomen, and painful cramping without other period symptoms (particularly following intercourse). If you don’t want this to atrophy, you can avoid it through the use of vaingal dilators (the same ones that trans women use following vaginoplasty).

● Sex drive: your libido is probably gonna go through the roof, especially during the first year or two. This is likely going to be the strongest immediately following dosing, and you may notice your preferences beginning to change!

● Menstruation: Increasing androgens within your body causes the hypothalamus to down-regulate the hormones that control the ovaries, reducing the total estrogen available. This means that the uterus is less inclined to build up and release a lining, so there’s less likely to be any blood flow. However, you might still experience other period symptoms, as the hypothalamus might keep going even despite of the hormonal changes. It may even continue after a total hysterectomy, although that’s more rare.
○ On this, do keep in mind that this doesn't mean that you’re infertile. Ovulation can still occur even without menstruation. Also, your ovaries don’t die on testosterone, so pausing your HRT can always wake them back up if desired.

**The Stuff You Might Not Know About**

With that covered, let's get into all the little changes you might not be expecting at all! Our hormonal systems impact just about every single part of our body, so there’s going to be a lot that’s going to change.

Firstly, you’re gonna start getting bigger and rougher. I know that sounds stereotypical, and I know many of these are simply learned behaviors people are taught to adapt to, but there are certain biochemical elements to why we think of women as smaller and softer than men.

- Thicker and Oilier Skin: Testosterone promotes a thicker and tougher epidermis, which makes skin coarser. As estrogen levels fall, the body also produces less collagen, which makes skin tougher and drier, so look out for ashy knees! Your face and scalp are also gonna get oilier, so you might start getting more acne than before. A good skin routine is your friend here, healthy skin is not just for the ladies!

- Larger hands/feet: Testosterone causes ligaments and tendons in your body to retain more water, which alters their flexibility. This also has the tendency to cause a slight increase in the size of these areas, which is most noticeable in your hands and feet. Your hands are going to become tougher and more calloused, and you may need to up your ring size. You’ll also see an increase in foot size as well, and the arch of your foot is going to lower. Your nails are gonna get stronger too, as your keratin levels rise.
Facial Changes: Additionally, fat in your face will move more towards the neck, chin, and jaw line as opposed to the lips and upper cheeks. Your eye color may also change and become fainter, as T causes iris pigmentation to change slowly.

You’re also gonna notice some changes in your overall body temperature and odor, as well as some balding.

Changes in body temperature Placement: Androgens encourage extra blood flow to the extremities, making them warmer. Because of this, men usually have cooler cores but warmer oral and surface temperatures. The result if this is that you’ll feel warmer, you may even feel hot at normal room temperatures. This is gonna happen fairly early on, so expect night sweats while your system gets accustomed to it.

Changes in Perspiration and Odor: Due to the above changes in where your temperature goes, you’ll also see a big difference in how you sweat. You’ll likely start sweating a lot more often, and you’ll find sweat pooling more on your head, back, and armpits. Keep water handy! Your body odor will also likely take on a more sour, muskier smell.

Baldness: Male Pattern Baldness is caused by an androgen called DHT, which comes from testosterone. With more T in your system, you get more DHT, which means you get more male baldness. Expect to see your dad in the mirror, for better or for worse. If you like it, great! If you don’t, you may want to consider Rogaine, Minoxidil, or even the synthetic androgen Nandrolone instead of traditional T.

Finally, a bunch of stuff is gonna happen that you can’t see, changes to how your body and mind process different things.

Mental changes: Mental changes: as discussed in the dysphoria chapter, your bain may be physically wired for a certain hormone profile. Running on the wrong
hormone may feel like using a laptop with low batteries, or driving a car on flat tires. Starting hrt begins to reduce this mental fog, and decreases or ceases depersonalization and derealization symptoms. There may also be a number of other symptoms, such as

- ADHD: if you have ADHD, expect your symptoms to change. Androgens amply dopamine receptors, so increasing testosterone increases how much dopamine your brain can process. Dopamine is key in making your short-term memory function, so you may not get distracted as easily.

- Emotional expansion: alleviation of depersonalization and derealization will make you experience a much broader range of emotions and expressions. You’ll also be able to regulate them better, making your emotions somewhat more controllable and suppressible, less likely to overwhelm on the spot. Some people experience a lessened ability to express emotions, but that’s not always the case! Many experience a newfound ability to cry, and their highs become higher and their lows become lower.

- Increased metabolism: prepare to get hungry! T cranks up your metabolism significantly, and the increased muscle mass means you’ll be burning calories faster too.
Part 3: What Hormones Should I be Taking?

A note from the authors: WE ARE NOT DOCTORS!

At a glance summary:

- Feminizing Hormones
  - You’ll generally be taking 3 different hormones: estrogen, progesterone, and an anti-androgen. Estrogen itself can be taken as an oral pill, sublingual pill, patches, or injections, depending on your preference. Progesterone can be taken as an oral pill, or as a suppository. Your anti-androgen is generally going to be a pill. Most of the time is going to be split up in the day.

Section 1: Feminizing Hormone Therapy

The basic goal of feminizing hormone therapy is boosting your blood Estrogen levels to around 200 pg/mL, and reducing your testosterone to less than 55 ng/dL. This is one of the reasons why doing it on your own (commonly called DIY), is risky, but not impossible. As long as you have some consistent way of measuring what your blood levels are at, it’s not difficult to get the process going. With that said, lets dive into the 3 different base hormones you’ll be taking: Estrogen, Progesterone, and an Anti-Androgen.

Estrogen is usually prescribed as Estradiol, which is synthetic but bio-identical to Estrogen, so your body processes it the exact same way. There are a couple of different ways you can take Estradiol:

- Oral pill: This is the least common prescription method, as your liver filters out most of the actual estrogen. If your doctor starts you on an oral pill (ie. a pill that you swallow instead of one that you let dissolve) you’re gonna wanna see what else
you can switch to. It’s going to be hard to get to the levels that you want through this method.

- **Sublingual Pill:** This is more common starting out, although many stay on this indefinitely if they choose too. By dissolving the estrogen under your tongue, it passes right on into your bloodstream, negating any risk of filtration. On this you’ll likely be taking between 4-8mg of sublingual Estradiol per day, usually split up with half in the morning, half at night, or some other combination throughout the day. One of the benefits you have on sublingual tablets is that you
  - **Patches:** many find these annoying, but they can be effective! Taken as:
  - **Injections:** Very common, usually start them later on now

Progesterone: can take as an oral pill, or as a suppository. Effects generally unknown, but can come as better sleep, increased breast development, or better mood. However some experience increased body hair, worse mood, and/or depression.

Anti-Androgen: This type of medication exists to block the testosterone in your body, to give the estrogen a chance to develop. Anti boy-otics
  - **Spironolactone:** This is the more common AA, good and bad side effects. It makes you pee a lot, and can eliminate body odor, but some people experience a type of brain fog they don’t like
  - **Finasteride:** This can be substituted in place of Spiro, although it’s a little more rare

As a general note, **higher doses do not equate to faster feminization.** Our bodies take time to even build the receptors to take up these hormones, and so any excess at the beginning is simply wasted, and may cause negative side effects
Section 2: Masculinizing Hormone Therapy

- Masculinizing hormone therapy typically begins by taking testosterone, first at a low dose that slowly increases over time.
  - The two most common types prescribed are given as an injection, or through a gel/patch applied to the skin.
  - You can also take it as a pellet surgically inserted under the skin, a prolonged action injection, or an oral capsule taken twice a day.
- Dosages
  - Injections: you’ll generally start at 50 mg per week, increasing over to 100mg per week at a maximum dose.
  - Patch/gel: you’ll start at 2.5–5mg patches, and then move on to 5-10mg
Part 4: Changing Your Voice

Section 1: Feminizing your Voice

- Unfortunately, estrogen isn’t going to change your voice. But, that doesn’t mean you can’t learn to speak in a new way! The way you talk right now is not your “true,” or “only,” voice, it’s just a habit you’ve formed that can be changed if you’d like.

- The basics
  - The most foundational and important thing you can do, is to begin to build the muscles that raise your larynx, your voice box, aka your “adam’s apple”. Using these muscles, you can control the length of your vocal tract, and shrink it to be as feminine as you’d like.
  - The simplest way to do this, is to learn how to move your larynx higher up in your throat. Using your fingers, lightly touch your larynx as you yawn, swallow, and speak. Notice how you can feel it move? You want to find the actions that move it up, and hold them. Don’t hold them with your hands, but hold them with the muscles in your throat. Hold your throat in the middle of the highest point of swallowing, and try to feel the muscles that activate in that motion.
  - As you feel out those muscles, try to do the same motion without swallowing (since holding the swallow cuts off your ability to breath). Try to see how long you can hold it up without your throat getting sore! This is a process of strengthening a muscle, so don’t be disappointed if it doesn’t happen overnight.
  - Also begin to play with pitch! Avoid going into a falsetto voice, but see if you can move your resting voice up over time.

Section 2: Masculinizing your voice
Do it if you want to! The trans guy writing this piece of the guide never has, but if you know of any good resources, please share them with us!
Part 5: Changing Your Name/Gender Marker

Court Name Change

- Getting your name changed in the court system is the earliest thing you can do, and the building block on which you get everything else changed! To do this, you’ll want to gather these documents:
  - A certified copy of your birth certificate
  - This should be available from the Registry of Vital Records of Massachusetts, or from the city, town, or county where you were born.
  - A name petition form (attached below)
  - Any previous name change documents
  - A Court Activity Record Information and Warrant Management System Release Request Form.
  - A notice waiver
  - A fee waiver, if applicable
  - You can do this in person, by mail, or online. Appointments are not required to do it in person.
  - Let's talk a bit more about the notice waiver, which is the trickiest part of the whole process for many of our folks. Unfortunately, it looks like having a record makes the court more likely for you to provide public notice of your name change, which is going to involve contacting a local newspaper and sending a citation in.
  - The court will send you the citation and tell you which newspaper to go to, (likely the Boston Herald), but it can take some time to send the physical copies around. If you ask the court to email you the pdf of the citation this may be able to go much smoother! Unfortunately there is a high fee for publishing something like this in the newspaper, up to around $175, but there are local funds that can help.

- Social Security Card Change
Changing your social security card is a relatively easy process. You’ll want to gather these documents:

- A form SS-5 “application for a Social Security Card,” which you can obtain online or from a Social Security Administration office
- Proof of legal name change: you’ll want to take the name change document you just got from the court, and take it over to the SSA. If you have one from outside Massachusetts, you just want to make sure the document has your old name and your new name listed on it.
- If you were born outside the US, provide proof of U.S. citizenship or current lawful status
- If you’re a U.S. citizen but haven’t previously had a Social Security Card, you’ll want to present a birth certificate, passport, or other proof of citizenship
- Bonus: your gender doesn’t physically appear on your social security card, but it is listed in the SSA database. If you’d like to have this changed as well, just provide a letter from your healthcare provider stating that you take HRT and should be registered as your desired gender.

Freeworld: take these to your local SSA office. These may be on a walk-in basis or require an appointment beforehand, so be sure to check!

This should take about a week to mail out.

**Massachusetts License/State ID**

- To get your name changed on your Massachusetts state ID, you’ll want to grab these documents beforehand
  - Again, you’ll want to have your proof of legal name change with you, the first document that you got
  - You’ll also want to bring your social security card with your new legal name.
  - You’ll want to bring some form of payment for the RMV fee, which should be around $25
You’ll need proof of address, such as a utility bill, bank statement, health insurance, or other, that shows your name and address. This name can be your old one or your new one, as long as your proof of legal name change has both.

- Massachusetts RMV generally requires an appointment made prior for all transactions, but some may accept walk-ins.
- If you’d like to change your gender marker, you can also bring the letter from your healthcare provider stating that you take HRT and should be registered as your desired gender.

**Changing your Passport**

If your passport is *current, or less than one year old* you’ll need these:

- A completed Form DS-5504: Application for a U.S. Passport: Name Change, Data Correction, and Limited Passport Book Replacement Form
- Your copy of legal name change
- Your current passport
- Two new photos
- For this, there shouldn’t be a fee. Just send your forms to National Passport Processing

P.O. Box 13290 Philadelphia, PA 19101-3290

If your passport is no longer valid, and is older than one year. You’ll need to pay a fee for this one. This application can be done by hard copy or online

- A completed Form DS-82: application for a U.S. Passport by Mail
- Your copy of legal name change
- Your most current passport
- Two new photos
Part 6: Navigating Trans Life on the Inside

IDs, Strips, Pronouns

Mental Health/ HSU
CMR 103 DOC 652 (GD policy)
CMR 103 DOC 653 (GNC policy)
CMR 103 DOC 423 (seg housing)
Trans Provisions CJRA 2018

Grievances
Staff Access (keep happy hour slip)
Mental Health: informal → formal → appeal to Super → contact BnPMA for advocacy
Medical: sick slip (within 5 days) → medical grievance → appeal to Super → contact BnPMA for advocacy
1. **Further resources**

2. Gender Dysphoria Bible: [https://genderdysphoria.fyi/en](https://genderdysphoria.fyi/en)

3. Your complete guide to all things related to dysphoria, and transition

4. Trans Wellness Initiative:

5. L’s Voice Training Guide:
   [https://www.reddit.com/r/transvoice/comments/d3clhe/ls_voice_training_guide_level_1_for_mtf/](https://www.reddit.com/r/transvoice/comments/d3clhe/ls_voice_training_guide_level_1_for_mtf/)

6. MTPC Name and Gender Marker Change Checklist:

7. Plume: What are gender dysphoria and euphoria?
   [https://getplume.co/blog/what-are-gender-dysphoria-and-gender-euphoria/](https://getplume.co/blog/what-are-gender-dysphoria-and-gender-euphoria/)

8. **Documents**

9. Petition to change name of adult in Massachusetts (page 18-19)
**PETITION TO CHANGE NAME OF ADULT**  
G. L. c. 210, § 12  

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court  

In the Matter of:  
First Name  
Middle Name  
Last Name  
(Current Name of Petitioner)  

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<th>Division</th>
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**INFORMATION ABOUT THE PETITIONER**

1. My current legal name is:  
   First Name  
   Middle Name  
   Last Name  

2. My current address is:  
   (Address)  
   (Apt, Unit, No. etc.)  
   (City/Town)  
   (State)  
   (Zip)  

   Mailing Address, if different:  
   (Address)  
   (Apt, Unit, No. etc.)  
   (City/Town)  
   (State)  
   (Zip)  

   Primary Phone #:  
   Email Address:  

**FORM ALERT:** The petitioner must reside in the county where this petition is filed.

3. Have you changed your name prior to this petition?  
   ○ No  ○ Yes  
   *If Yes, please complete the following:*  
   From:  
   To:  
   Reason:  

**FORM ALERT:** A certified copy of your birth certificate and a certified copy of any prior name change (i.e., marriage certificate, divorce decree, court order changing name) must be filed with this petition.

   ☐ Check here to request a return, by first class mail, of all certified copies of documents filed with the court after review and processing.

**INFORMATION ABOUT THE PROPOSED NEW NAME**

4. I am requesting that my name be changed from my current legal name to:  
   First Name  
   Middle Name  
   Last Name  

5. I am requesting that my name be changed for the following reason:  

**AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK**

6. I authorize the court to conduct a Court Activity Record Information (CARI) and Warrant Management System (WMS) check on any names used by me by submitting the attached Court Activity Record Information and Warrant Management System Release Request Form (CJP 34).
OTHER REQUESTS (OPTIONAL)

7. □ If there is a hearing on this petition, I request an interpreter. Language: ____________________________

NOTARIZED SIGNATURE OF PETITIONER

Date: ____________________  Sign here in the presence of a Notary

__________________________
Type or Print Name of Petitioner

Commonwealth of Massachusetts

County of ____________________

On This ______ day of ______, 20 ______, before me, the undersigned notary public, personally appeared

__________________________, proved to me through satisfactory evidence of identification, which

were ________________________, to be the person who signed the preceding or attached document in my presence, and

who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge

and belief.

(seal) Notary Public Signature ____________________________ My commission expires: ____________________

Print Name ____________________________

Information on Attorney for Petitioner, if any

Signature of Attorney ____________________________

(Print name)

__________________________  ____________________________
(Address)  (Apt, Unit, No. etc.)

__________________________  ____________________________
(City/Town)  (State)  (Zip)

Primary Phone #: ____________________________

B.B.O. # ____________________________

Email: ____________________________
It’s the end of this guide but just the beginning of your journey.

May your journey be filled with courage, self-love, and joy.