

## Transsexual Employees in the Workplace

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**SUMMARY.** As the U.S. society becomes more accepting of life-style diversity, an increasing number of individuals, experiencing gender dysphoria, are likely to seek relief from their challenge through transformations. Although medical interventions for these transitions are improving, the expenses for the procedures are not covered by most medical plans and remain costly for the individual. The end result is that those considering gender transformation are more likely to undergo this process while they are employed. When a workplace is exposed to an individual in transition, many predictable problems are likely to surface. Employee Assistance Program (EAP) professionals will increasingly be called upon to assist transmen and transwomen

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to maneuver through the workplace adjustment process, and to help coworkers in their adaptation to these changes.

**KEYWORDS.** Employee assistance, gender identity, transitions, transsexual

## *INTRODUCTION*

Transsexuals are men and women who feel that their physical body does not match their strong inner conviction of who they are. These are essentially men and women who sense there was a biological “mistake” at their birth. They view themselves as possessing an identity that is the opposite of their physical sexual characteristics. Although most transsexuals—also referred to as transgender individuals—have experienced the incongruity since childhood, many have not have fully recognized or acknowledged the internal conflict until adolescence or adulthood.

Estimates are that 1 in 54,000 individuals have a gender identity disorder. Approximately 75% are males desiring to be females (MTFs), and 25% are females desiring to be males (FTM) (Martin, 2007). Based on data gathered in Norway, the World Professional Association for Transgender Health, Inc. (2001) estimated that 1 in 12,000 males and 1 in 30,000 females experience gender dysphoria. This represents a population incidence of much less than 1%. However, the Norwegian figures reflect only those who sought surgery, primarily men seeking transition to a female identity. Therefore, this statistic is likely to significantly underestimate the actual incidence of the syndrome. Women seeking a transition to a male gender identity face much more difficult surgery and may be less likely to choose this medical option. In addition, FTMs often benefit from the more accepting attitudes toward masculine dress in women, making dramatic medical interventions less essential. Consequently, because the incidence of the syndrome is based on requests for medical intervention, it is likely that the differences between men and women may be exaggerated. With more accurate data gathering, estimates of FTMs may come closer to or equal the number of MTF transitions.

Although 1% of the population may seem like a small number, a typical Employee Assistance Program (EAP) could encounter

individuals undergoing transition. The treatments that make transition possible are expensive, so the vast majority of transsexuals are likely to be employed. Further, as medicine develops better technologies to assist these individuals, and as we accept greater diversity in the workplace, more people who experience gender dysphoria are likely to come forward. When a worker undergoes a gender transition the EAP will encounter several predicable difficulties, often affecting an entire workplace.

### ***STRUGGLES OF THE TRANSGENDERED PERSON***

Doing justice to the full range of challenges a person with gender dysphoria faces is impossible in a short article. As a brief overview, the causes of gender identity disorder are unknown. Some studies have indicated neurological differences in the brains of individuals experiencing this condition. Although the data is sparse, evidence of predictable psychiatric comorbidity has been found in this group, with 71% of the population experiencing anxiety disorders and about 45% having substance abuse problems (Martin, 2007). Some authors have considered that these emotional conditions might, in fact, be the consequences of living in a society that does not tolerate individuals who view their own gender as more flexible or blended. Perhaps even naming this condition gender identity *disorder* merely reflects our culture's rigid views regarding human differences (Burdge, 2007).

In struggling with their unique dilemma, the transgender individual has typically undergone a lifetime of alienation and unhappiness. Of course, gender dysphoria is the defining and most salient symptom (American Psychiatric Association, 2000). The person may dread viewing his or her body from the neck down and will attempt to avoid this whenever possible. Life as an adolescent may have been particularly difficult, because families cannot be relied upon to be a safe haven for these youths (Burdge, 2007). Parents are often perplexed by their child's resistance to typical gender roles. Physical maturation through puberty challenges transgender people's self-image further, providing a stark confrontation of the disparity between how they feel about themselves and who they are turning out to be. Adolescent transsexuals often have histories of being ostracized and harassed by their peers due to the manifestation of less traditional gender-related behaviors. As they mature, some cope by suppressing their

true identity, while others may relieve their emotional pressure through cross-dressing. But for most, these temporary attempts to resolve the discomfort are insufficient. Those experiencing extreme emotional pain from gender dysphoria may become seriously depressed and consider suicide or self-mutilation. Untreated transsexual patients have suicide rates as high as 20% (Gorton, Butth, & Spade 2005). Regardless of moral judgments regarding transsexuals, few would dispute the emotional turmoil and pain that accompanies this personal challenge.

Before deciding to investigate transformation, the transgender person has usually tried a host of approaches to resolve his or her emotional discomfort. Many transsexuals eventually turn to psychotherapy to explore their alternatives. Therapists and medical professionals with expertise in helping transsexuals often adhere to the *Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders*, now in its sixth revision (World Professional Association for Transgender Health, Inc., 2001). The recommendations suggest that before transition is considered, an accurate diagnosis of gender dysphoria should be established. Because many aspects of treatment are irreversible, the individual is encouraged to thoroughly explore the feelings and implications surrounding a change in gender identity. If they choose to proceed further and become involved in more in-depth psychotherapy, transsexual persons will face additional challenges and fears as they confront the loss of traditional life accomplishments. These potential losses could include children, a family, and perhaps a high level of occupational achievement. They may also confront their anger about the perceived unfairness of their situation and the lack of support they have received from family and friends. Finally, the shame felt about their bodies and their overall vulnerability may lead to poor self-esteem (Brown & Roundsley, 1998).

During or after the counseling process, an individual will typically move through a phase of transition known as the Real Life Test (RLT), also known as the Real Life Experience. During the RLT, the person will actually live in the new gender role, wearing the clothing and attempting to experience the life of a person of the other sex. The transgender person may view the RLT opportunity as a profound relief. For the first time in their lives, they are unburdened from posing in a false identity. However, the RLT is also fraught with important difficulties. The individuals must perfect their outward

appearance and master all the intricate details of behavior in presenting themselves as a person of the opposite sex. Learning this new role may take a great deal of observation and practice, and some of the related problems can have dramatic implications. For example, if the individuals are unsuccessful in presenting themselves convincingly, their identity as a transsexual may be easily recognized (termed “made”). The consequence of being “made” can be dangerous as the person may suffer violence at the hands of those who strongly disapprove of, or fear, transsexuals.

The next step in the transition process usually involves medical procedures. Administering hormones consistent with the transsexual’s desired gender identity is typically recommended only after completion of the RLT phase (World Professional Association for Transgender Health, 2001). Depending on individual circumstances, physicians may administer hormones earlier in the transition. Regardless of when they are introduced, hormones cause physical changes such as the development of breasts and a decrease in upper body strength in males, while females experience changes such as deepening of the voice and increased facial and body hair (Gorton et al., 2005). Physical changes from the hormones occur more quickly in FTMs than feminization in MTFs. In addition, hormone use may lead to medical complications. For example, biological males treated with estrogen and progestin may be at increased risk for blood clotting, weight gain, liver disease, hypertension, and diabetes, among other conditions. Biological females treated with testosterone may be at increased risk for acne, cardiovascular disease, liver problems, and other disorders (Martin, 2007).

More radical medical measures such as surgery are not recommended until late in the transition process, and not every transsexual chooses to pursue these options (Walworth, 1998). Medical interventions may not end with procedures that alter the genitals. The transitioning person may desire further cosmetic procedures such as changes in hairline or other surgeries. The individual will require time off from work to recover from each of these treatments.

The persons in transition may also change identity through legal documents such as their Social Security card and driver’s license. This can be a complex process involving time and expensive legal assistance. During the period when their appearance may not match their identity cards, most transsexuals will carry a letter from their therapist (often termed “walking papers”), attesting that they are indeed

the person noted on their card. The letter will indicate that the individual is under medical care and currently in the process of gender transformation. This letter may be the first document presented to Human Resources (HR) at the workplace when the individual announces his or her intention to transition.

### ***THE WORKPLACE***

Many difficult issues occur in the workplace (Brown & Rounsley, 1998) for transgender employees. Questions frequently arise concerning whether the transitioning persons should remain at their current job or start out fresh in a new work environment. In the past, therapists insisted that the individuals should quit their present employment and begin a job in their new identity at another workplace. Unfortunately, leaving to find new employment exposes the person in transition to several hazards. When applying for a job, if identified as transsexual, the person may be more vulnerable to employment discrimination. Their work history as an employee of the opposite gender may become evident and quickly expose them. Finally, interviewing is always stressful, but interviewing in a new and unpracticed gender role may be too great a challenge for anyone to master quickly. More recently, people in transition are choosing to remain in their old jobs so as not to lose the better pay, greater security, and the rewards of their past occupational successes. Consequently, the transsexual person undergoes the transition process among coworkers who have known him or her in the old identity. Because of this history, some predictable workplace problems may occur.

Making the change in the workplace with the least possible disruption is the goal of all who are involved, particularly the person in transition. These individuals do not wish to jeopardize their livelihood and are clearly aware of the odd job-related dilemmas presented by their transition. The process typically begins with the persons informing a manager or HR representative of their impending change. Under ideal circumstances, the EAP, in cooperation with the individual's therapist, may be quickly called upon by management to assist the transitioning persons with the emotional and practical issues they will encounter on the job. In some work environments, a great deal of preparation may be

needed to help managers and coworkers prepare for this change. The most immediate issue will be the effects of the person's impending new appearance.

Although there are predictable events, each transition is unique. Even if a company has had previous experience with transitions, the process may differ considerably from person to person and across varying workplace environments (Wyss, 2007). Developing written company guidelines or a policy to address transitions is one of the first tasks to be considered. The EAP counselor should be aware of the laws regarding workplace discrimination in that particular locale. Ten states and 86 major cities, encompassing a large portion of the U.S. population, have established such protections (Wyss, 2007). A good example of a sample policy is available from The Human Rights Campaign Foundation (2006) and is offered on the Internet at <http://www.hrc.org/>. A policy document will usually advise management to clearly emphasize their support of the transitioning person. The policy will also outline some of the concrete procedures to assist in the transition. A common practice is assigning one consistent person to help the transitioning individual through the myriad problems presented in the workplace. A target date is usually set for the transition, so that the timing of the many necessary changes, contacts, and meetings can be coordinated. Issues such as nametags, e-mail addresses, and HR files must be altered to reflect the person's new name (if applicable) and identity. Even these simple changes will take time and thought.

To assist coworkers in adjusting to the transgender individual's new identity, EAPs may provide educational programs to answer some of the inevitable questions. Such programs typically make the transition easier for everyone. The decision to conduct this programming should be made with the full involvement of managers and the transitioning person. The program may be facilitated by an EAP experienced in this area, or by consultants with expertise in workplace transitions. Whenever possible, the programs should be delivered before the target date when the individuals actually start to appear in their new gender identity. The prime task of the meetings is to explain the struggle of all transitioning people in making this difficult and significant decision. The facilitator will inform the coworkers that it took many years and a great deal of soul searching for the individual to reach this moment. The educator will also underscore the support of management for this

employee, the company policy, the requirement that the person must be treated with dignity, and the expectation that work will go on as usual. Basic questions about the medical process of transition might also be addressed. This training program will be offered to the individual's coworkers and possibly even clients. Consulting with the transgender person and his or her direct supervisor will be necessary to determine the fellow employees who should attend. The trainings may be conducted with the transitioning persons' presence or absence, depending on their preference.

The reactions of coworkers and customers may vary considerably. Due to hormones or other cosmetic medical treatments, the transgender person's appearance may have been gradually changing. Some individuals in the office will have already guessed what was occurring, so the news of the change may not be that surprising to fellow employees. In a larger urban area, most coworkers are often supportive or at least indifferent to the individual's transition. At worst, colleagues may be morally opposed, seeing the transgender person as "sinful." Nevertheless, even these coworkers are usually willing to be civil to the transitioning person, particularly if management's support for the individual is clear. Only a small number of workers are likely to demonstrate outright rejection of the employee. Individuals who have difficulties with the person in transition may be referred to the EAP for further coaching. In these sessions, the same company message of support for the transgendered person must be repeatedly delivered. The counselor could also explore the reasoning behind the coworker's feelings. These fears can often be addressed with simple education. In addition, the EAP might remind the coworker that men and women experiencing gender dysphoria go through a great struggle in attempting to resolve their dilemma and their decision must be respected despite others' personal beliefs. It is beneficial to emphasize that harassment of the transgendered person must be handled through the company disciplinary policy, identical to any other incident of discrimination in the workplace.

Other challenges may arise if the transitioning worker is client-facing. Management should support the individual in announcing the change to the clients. This message may be communicated by the transitioning person and/or a management representative. In either approach, the process is best accomplished by person-to-person interactions rather than through letters or memos. Once

again, management should make it clear that they stand behind the employee and expect that the change will not influence the worker's job performance on behalf of the client.

Another predictable and challenging issue concerns the use of gender specific restrooms (Walworth, 1998; Wyss, 2007). In offices where there are individual unisex restrooms, the problem will probably not surface, but there may be conflicts when there are shared facilities. Coworkers may feel threatened using a restroom at the same time as a person they previously knew as the opposite gender. Because some states forbid discrimination against transgendered people, office managers are often placed in what seems like an impossible situation. They may obstruct the employee from using the bathroom that is consistent with their new identity and thus violate laws forbidding discrimination. Alternately, management risks alienating an office full of employees by allowing the transgender person access to the now-appropriate bathroom. All offices will handle these issues differently, but the eventual outcome must be use of facilities consistent with the employee's new identity. However, it is reasonable to arrange for the transitioning individual to use a private unisex bathroom (if one is available) during a temporary adjustment period. If this resource is not present, the transitioning individuals might clearly communicate which bathroom they will be using. This allows coworkers to make their own decision about sharing these facilities, although it should be emphasized that these are only temporary measures. A few states and municipalities have laws that protect transsexual individuals from any form of discrimination. In addition, it should be considered that forcing an individual to use a restroom facility for the opposite gender when they are clad in attire consistent with their new identity is likely more disruptive to the workplace.

## ***CONCLUSION***

Although the problems associated with employees' transgender transition in the workplace may initially seem insurmountable, they are usually resolved with thoughtful patience and the passage of time. For the most part, the person in their new gender identity is eventually accepted and the initial awkwardness is forgotten as the routine of work is reestablished.

Because those who are serving in the EAP profession are subject to the same cultural biases as most U.S. workers, it may feel uncomfortable at the outset in assisting an individual through the process of transition. For example, one source of initial confusion is the choice of simple pronouns (e.g., he/she, him/her) in referring to the person. This can be easily solved by asking the transitioning individuals for their preference. If the EAP approaches the entire process with an open mind, the opportunity to witness and assist during the transition can be quite rewarding. These experiences may challenge our own attitudes about gender roles (Burdge, 2007). Being in the presence of a person who is transitioning allows all those around him/her to experience the artificially dichotomous and arbitrary nature of the customs we believe to be intrinsic to gender differences. Consequently, rather than continually conforming to stereotyped roles, witnessing a transition may ultimately facilitate imaginative and creative ideas about what is appropriate behavior for our own gender orientation. Unfortunately stimulating this type of thought in an office environment may also disturb those who are less confident of their own identity, or who hold particularly inflexible perceptions of gender. We must be understanding and available to help these individuals examine their own fears. Finally, the courage displayed by the transgender person in taking a path to address challenges can be very inspiring. If the depth of the transitioning persons' struggle is fully recognized, their experience can serve as a source of encouragement to others in need of important life changes.

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