Transmaxxing

There are many potential benefits from transitioning from male to female

0. sexual excitement from having a feminine body.
1. the superiority of female aesthetics.
2. access to the transbian dating pool.
3. full-body orgasms.
4. multiple orgasms from penile stimulation.
5. you will feel emotions stronger and be happier on estrogen.
6. your breasts will become sensitive.
7. being able to attract cis lesbians (if you become attractive enough).
8. being able to attract high-quality males for sex.
9. softer skin and less/no acne.
10. Live longer https://sci-hub.se/https://doi.org/10.1111/acel.12170
11. being able to extract resources from males.
12. you will no longer be driven to do dangerous and idiotic things due to testosterone
13. stop and reverse hair loss.
14. people will treat you better if they think you are female.
15. less likely to get killed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551594/
16. access to female spaces (males are disgusting).
17. cheaper car insurance.

How medical transition affects mating options

Since females have the upper hand on the dating market transitioning from male to female will usually improve your options when it comes to getting sex. In addition the sex you enjoy as a female will be of higher quality. The opposite is true for females transitioning to male.

Your sexuality may switch on hormone replacement therapy 0 if your sexuality stays the same you always have the option of dating trans girls, there are also plenty of cis girls willing to date trans girls. You also have the option of dating other trans girls.

Becoming MtF transsexual is a way better option than being involuntarily celibate as a male 1 2 if you do not have autogynephilia as an incel you can try to induce it. You can watch porn and imagine yourself as the female, there is also female POV porn you can try.

Many AFAB individuals who transition to male regret it due to the social implications 3

How to transition
If you do not currently feel like living as a female you might have to work on fixing that. Identifying as male or being emotionally attached to a male body is bad for you if being male results in you living a bad life.

step0: Begin voice-training so you will get a 'female' voice.

Step1: watch Yamada-kun to 7-nin no Majo.

step1: watch Tatsuwan birdy decode.

step2: watch Kashimashi girl meets girl.

step3: watch Kämpfer.

step4: watch Interspecies Reviewers Episode 3

step5: If you still don't feel like becoming a girl watch tsf monogatari and residence.

step6: As a last resort you can try sissy hypno porn 4

step7: Go to a gender clinic if you need an official diagnosis at some point.

step8: Bank your sperm.

step9: Start hormone replacement therapy 5

step10: Removal of unwanted hair.

step11: Facial feminization surgery (if needed).

step12: Social transition 6

If you have been a sissy/similar in the past it's time to stop now, you can do better than that. This will be significantly easier on female hormones which is part of the reason sissies often benefit from them.

You need to know your value as a female, it's important that you adapt mentally to the new situation.

If you have been a sissy/similar in the past it's time to stop now, you can do better than that.

Other great anime with MTF elements are Kimi no na wa (your name), Kenja no Deshi wo Nanoru Kenja, youjo senki, Ranma 1/2, Cheeky angel, When i woke up i became a bagel girl.

The experience of becoming female
The following individual was able to massively improve his life by transitioning.

Honestly this was even harder to decide to post than my attempt to be gay 8+ months ago. Because the implications and outcomes have been completely different, the experience has been completely different.

Disclaimer: Before all of this i 100% completely identified as a man, a man's man type of internal mindset. Very heterosexual. And gay stuff just did nothing for me. It was only out of desperation and having the right features that i attempted this gender transition. By right features i mean i was only 5'8 starting out and had a 2.7 inches erect penis. Plus all my facial features are feminine and i was pretty cute even as a guy. With 4 inches to my height and dick i could have been a normie or even chad lite.

Yet reality is cruel sometimes. Since being on hormones i have lost some height, so i'm closer to 5'7 now, a true manlet if i ever decide to return to manhood.

I have been on estrogen for about 6 months now. It all started when i got my new therapist three months before that, who referred me to a new general practitioner he knows. Obviously i told him nothing about being incel or hating females. only that i always felt like a girl, which was a massive lie. I just wanted to get hormones to attempt a gender transition and hopefully become attracted to dudes like the other trans on reddit, who so ironically betray themselves and their cause by casually posting truth.

I just want to say for the record i don't believe in any of the trans bullshit about being born that way. Maybe an exceptionally small amount of them are. Yet if you read their forums or subs it's so extremely common how many of them are just guys who wank to shemale porn and have autogynephilia. The vast majority almost always speak about how their brains get changed by hormones. Further proving they are truly male in the brain. Basically they are mostly cross-dressing fetishists. Maybe a very few of them really were born with a fucked up brain but it's hard to weed out the liars. Since the fake trans just copy what the real trans say. Yet they let it slip in their posts how much they love tranny porn or wanking their she cocks. Not that it matters, more trans is always a good thing. Less beta orbiters and sometimes even trans that are hot.

The first injection my doctor did for me. After that i did the rest myself. My hormones were tested before i started estradiol and at the 3-month mark. My testosterone was exceptionally low so he said i did not need an anti-androgen. I started out injecting every 2 weeks but moved to once per week after 3 months because i was getting hot flashes due to low spots in between.

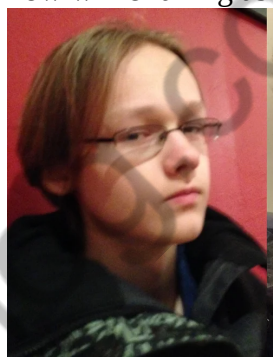
The changes seemed slow at first. The first week i got sick to my stomach after the injection. I just felt awful, almost like someone was flicking my balls with their finger. Not as painful as being kicked in the nuts though. This lasted for about 3 or 4 days. Then it happened again after the next injection. It mostly stopped after the 3rd one. By which time i already had breast buds. Just a short while after that i started getting serious breast tissue. I had already been out in public dressed several times even in the first month. But i got a binder so i could delay social transition, because i needed more time to master my female voice.

Mastering a female voice was actually pretty tough. It took me about a month and a half to really sound like a girl. And i was practicing every day at least 30 minutes. I spent so much time looking up how to do this and incorporating the advice into my sessions. I would record myself and play it back to see if i sounded like a girl.

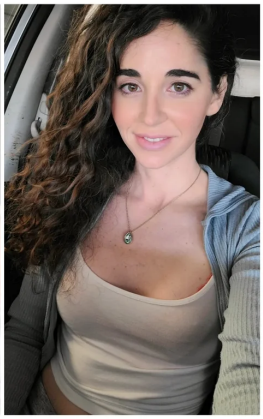
It was about 4 months in when things really started to twist my reality into all sorts of fucked. One day when i was wanking i realized i was still hard after cumming, which was mostly clear at this point. i felt as if i was not fully satisfied, as if i could keep going. So i kept wanking and i came again. Then i came again, and again. With no orgasm declining in quality. I came so many times i wasn't horny for 4 days afterwards. At which point i came over 10 times. A week after that i came 40+ times in less than an hour. I actually lost count of how many times i came. The first orgasm had the most clear cum. Then the first few after had plenty. Then i would rotate between ejaculating anywhere from a teaspoon, to a few drops, to a dry orgasm. As my body just kept making more.

During this same time my emotions were becoming far more intense. I would cry at stupid and random stuff. But crying does not feel bad, it feels good to release emotions. I would care about stuff that didn't even matter. It was almost like the hormones were dumbing me down. Dumbing me down enough to where i could enjoy life. I was starting to get a feeling, almost like being continually a little bit high. It was euphoric to say the least.

I only had a bit of feeling in my phantom vagina area, which was more than a bit disappointing, so i decided to try to encourage the feelings. I had phone sex with a couple of guys i met on the net. I role-played the part of the girl perfectly, even moaned like i was loving it. The next day after the 3rd guy i experienced a massive change. After peeing i felt this intense surge of energy from my phantom vagina to my chest. An absolute nuclear pleasure reaction and i thought about the night before when i had phone sex with that guy. It wasn't long after i realized what men could do to me, that i started craving to kiss them. Craving them inside me as i cuddled my pillow while falling asleep. Craving to be held by a big and strong man.




The month after that things got even more intense. It was clear to me that females experienced sex with far more joy than men. It's like having a dick with sensory feelings that reaches all through up the body and hooks in the heart. My first experience with a guy was a non-chad friend, who knew i had started a transition and thinks i am actually trans. We didn't have sex or even oral but we kissed a few times and cuddled for a few hours. It was magical, the cuddles were even better than the endless orgasms. Waves upon waves of mental emotion mixed with sexual waves of pleasure. It's so extremely addicting.

I'm beyond words enjoying my experience on female hormones. I still hate females, cucks, and chads. This is the turning point for me. If i don't quit now i will probably end up sterile and unable to break this intense addiction to female hormones and to men. Finishing transition will take work but leads to a life of happiness. Not finishing means going back to a hell after experiencing a heavenly paradise the likes of which i could have never imagined.

I feel like any choice i make is life-wrecking but i was already totally fucked to begin with. It's so fucked up to crave men, to think of being dominated by them. My brain is so fucked up on female hormones it's telling me it would feel amazing to swallow semen and get creampied. I only have one cuddle buddy right now but i think about cuddling other guys too.

I have not had sex yet, not even oral but i feel like if a dude mounts me and creams me while i'm hopped up on estrogen there may be no return. Because i can already tell getting fucked is another level of pleasure. Maybe even greater than the endless orgasms or even the cuddling. Orgasms are just a sprinkle on the icing for female bodies. Things are so much more intense and amazing in all areas of life. Going from before transition to right now was like going from black & white reality in low definition to 4k ultra HD with perfect sound. Even more than that, it's like life is even more colorful now and things are so much more intense. The sky even looks brighter, stars shine more intensely to me. It's like hormones grew a lens of happiness in my brain that i now perceive reality through and it's a much more positive experience.

Things look potentially so good, at least better than when it was hopeless. I don't know if i can ever go through with having my genitals cut off. I just have like a mental block over such a barbaric surgery. I think i could live fine with just having male parts. I partially identify as female but know deep down I'll always be a man because men are awesome.

I could see this as being the best cope for manlets who are cute. As long as their face isn't too masculine. I'm not saying it's perfect, it has downsides like having to pee more. It's still a lot better than being incel forever. A lot of males suffer because the value their pride over their happiness, destroying your male pride is an important step in your transition process.

http://archive.is/oge4A#selection-1481.0-1541.227

The male gender role is broken
Let's face it, if you present as male, there's exactly one personality that will earn you social approval: Chad. Assertive, dominant, successful. Nobody will be impressed by a male that is meek, submissive and struggling. Such males are not considered gender trailblazers; they're just derided as incel NEETs. Nobody is offering an actual solution to this. Tradcons tell you to just man up. TERFs tell you to just abolish gender. Liberals deny this reality altogether.

By embracing girlmode, you actually become free to be your authentic self without shame. Society at large requires men to keep grinding and struggling to keep the lights on, so obviously no serious and respectable person will encourage you to just drop down the pink vortex, but it's possibly the only thing that will actually help you if you're stuck being a shitty male with no prospects.

Life outcomes of people that transition
Trans-women that are supported by their parents have good life outcomes 7 as society becomes more accepting of trans-women the outcomes of people that transition from male to female will improve.

A large number of observational studies on medical transition have already been done and results are good. Hormone replacement therapy has been found to be beneficial for trans people.

https://vintologi.com/threads/science-regarding-transexualism.566/#post-3632

In some of these trials trans people reported the same quality of life as non-trans people, this was only the case for trans people who had already started medical transition.

Already today people that transition male to female seem to do better than female to male 8

Trans-women will benefit from the increasing female privilege, thus in the future more males will benefit from transitioning while it becomes less beneficial for females to transition to male despite trans-men becoming more accepted by society. Transitioning from male to female can be a very good experience.

Who actually benefit from medical transition?
The following study found that MtF transition improved quality of life while FtM transition had no statistically significant QoL benefit.

https://sci-hub.se/https://doi.org/10.1080/15532739.2014.899174

MtF prior to transitioning
Body Image scale, 43.25
Quality of Life scale, 62.50
Quality of Sexual Life scale, 56.25
Interpersonal Relation-ship scale, 50.25

MtF after transition
Body Image subscale average score was 68.75 ($p<0.05$)
Quality of Life score was 72.2 ($p<0.05$)
Quality of Sexual Life scale score was 62.05($p<0.05$)
The Interpersonal Relationship scale reported an average score of 75 ($p<0.05$)

FtM comparison
Despite being significantly more dysphoric prior to transitioning they did not improve as much in terms of quality of life. It seems like AFAB individuals were more reluctant to transition (less of them in the study, more dysphoric) but the ones that actually transitioned were very happy with the physical results regarding their bodies.

MtF Body image: +25.5
FtM body image: +41.4
MtF quality of life: +9.7
FtM quality of life: +5.5

FtM prior to transitioning
Body Image scale, 21.85;
Quality of Life scale, 63.25
Quality of Sexual Life scale, 50.25
Interpersonal Relationship scale, 50.02.

FtM after transition
Body Image subscale score was 63.25 ($p<0.05$)
the average Quality of Life score was 68.75 (p=ns)
the average Quality of Sexual Life scale score was 56.25 (p=ns)
the Interpersonal Relationship scale average score was 81.25($p<0.05$).

Most MtF individuals in the study probably didn't pass
This explains why their social relationships did not improve as much as FtM individuals, it was difficult for them to pass as the opposite sex.

Age: 32.7±8.8 yr
Height: 172±7.38 cm

Long-term outcomes
The study above only lasted a year. We do however have the following study showing the yearly suicide attempt rate to drastically drop from 27% to 1% after medical transition.

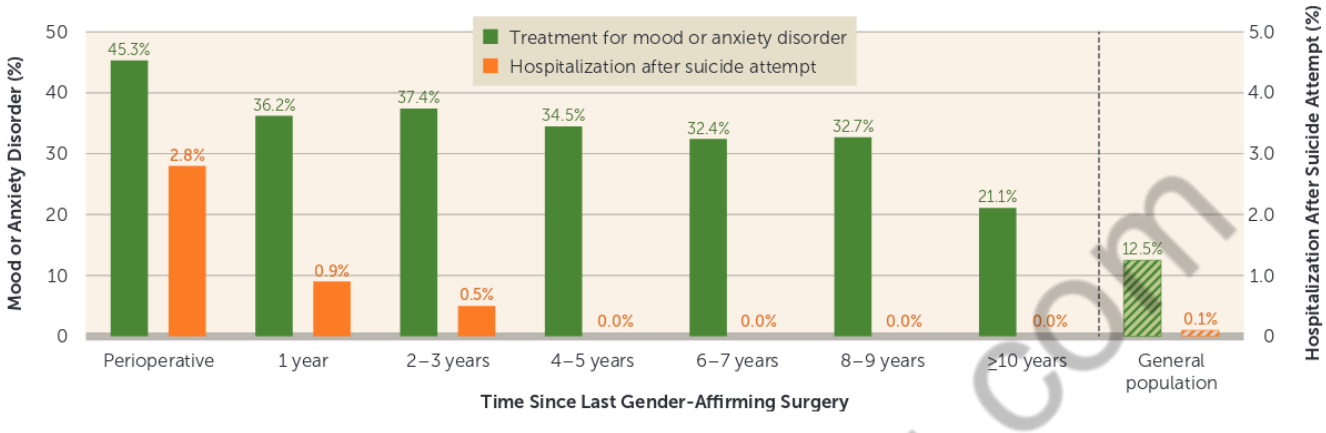
https://www.erudit.org/en/journals/ss/2013-v59-n1-ss0746/1017478ar/

Social inclusion, transphobia or transition factor	Frequency in trans population N=433		Proportions with past-year suicidal ideation		Proportion attempting suicide in past year	
	%	95% CI	%	95% CI	%	95% CI
Social support						
Low: 1-3	35	(27, 44)	39	(28, 55)	16	(8, 28)
Medium: >3 to 4	32	(24, 39)	31	(17, 44)	9	(2, 17)
High: >4 to 5	34	(27, 42)	32	(21, 47)	2	(0, 5)
Strong parental support for gender						
Yes	28	(22, 37)	19	(9, 31)	2	(0, 5)
No	72	(63, 78)	44	(32, 54)	15	(7, 25)
Transphobia						
Low: 0-11	39	(31, 46)	24	(13, 36)	6	(0, 15)
Medium: >11 to 22	51	(43, 58)	39	(29, 50)	10	(4, 16)
High: >22	11	(6, 17)	55	(27, 79)	22	(4, 44)
History of workplace discrimination						
Yes	35	(27, 42)	41	(30, 59)	9	(3, 17)
No	66	(58, 74)	31	(22, 42)	13	(4, 22)
Transphobic harassment and violence						
None	46	(38, 55)	28	(18, 40)	4	(1, 10)
Verbal harassment or threats	34	(28, 42)	35	(23, 49)	8	(2, 15)
Physical or sexual assault	20	(13, 25)	56	(40, 74)	29	(12, 47)
Medical transition status						
Have medically transitioned	26	(19, 34)	23	(12, 36)	1	(0, 3)
In process	24	(18, 30)	41	(28, 58)	18	(7, 30)
Planning, but not begun	26	(20, 34)	55	(34, 70)	27	(6, 40)
Not planning / unsure / does not apply	24	(16, 31)	23	(10, 40)	3	(0, 7)

We also have the following study showing the rate of hospitalization to drastically drop over time after transgender surgery further indicating that long-term outcomes are better than short-term outcomes.

https://sci-hub.se/10.1176/appi.ajp.2020.20050599

People are required to be screened for mental health problems before gender-affirming surgery and might therefore have particularly high odds of mental health treatment in the perioperative year because of their perhaps involuntary receipt of mental health services. These individuals might be less likely to voluntarily seek treatment for mental health problems with greater time since surgery.



https://sci-hub.se/10.1176/appi.ajp.2020.20050599

The study itself says "hospitalization for suicide attempt" and it's unclear if or how many of these "hospitalizations" (worse than jail) was due to the fact that these people were forced into psychotherapy and psychiatric screening which would expose them to the predatory and unethical mental health industry.

5-year follow up survey : transition is beneficial for AMAB people

Clinicians did report improvement less often than the patients but MtF transition was still found to be beneficial even when judged by judging by the clinician.

https://sci-hub.hkvisa.net/10.1007/s10508-009-9551-1

Only MtF transition had a statistically significant benefit when judged by the clinicians.

Table 4 The patients' statements according to the follow-up interview concerning satisfaction with the SR process and outcome in regard to work, partner relationships, and sex life

	MF	FM	All
SR process as a whole	$n = 25$	$n = 17$	$n = 42$
Satisfied	24 (96%)	16 (94.1%)	40 (95.2%)
Neither/nor	0	0	0
Dissatisfied	1 (4%)	1 (5.9%)	2 (4.8%)
Work situation	$n = 23$	$n = 15$	$n = 38$
Better	9 (39.1%)	8 (53.3%)	17 (44.7%)
Unchanged	11 (47.8%)	7 (46.7%)	18 (47.4%)
Worsened	3 (13.1%)	0	3 (7.9%)
Partner relations	$n = 23$	$n = 14$	$n = 37$
Better	16 (69.6%)	7 (50%)	23 (62.2%)
Unchanged	5 (21.7%)	6 (42.9%)	11 (29.7%)
Worsened	2 (8.7%)	1 (7.1%)	3 (8.1%)
Sex life	$n = 24$	$n = 16$	$n = 40$
Better	16 (66.7%)	12 (75%)	28 (70%)
Unchanged	6 (25%)	4 (25%)	10 (25%)
Worsened	2 (8.3%)	0	2 (5%)

Table 3 Clinicians' evaluation of global outcome, in relation to sex and type of TS

	MF $n = 25$	FM $n = 17$	Early-onset TS $n = 26$	Late-onset TS $n = 16$	Homosex orientation $n = 29$	Non-homosex $n = 13$
Improved	18 (72%)[a]	8 (47%)	15 (57.6%)	11 (68.8%)	17 (58.6%)	9 (69.2%)
Unchanged	5 (20%)	5 (29.4%)	8 (30.7%)	2 (12.5%)	8 (27.6%)	2 (15.4%)
Worsened	2 (8%)	4 (23.5%)	3 (11.5%)	3 (18.7%)	4 (13.8%)	2 (15.4%)

[a] Student's t-test $p = .04$

Here homosexual and heterosexual refers to sexual orientation relative to the birth-sex which is somewhat transphobic.

As we see sexual orientation does not seem to be an important factor when it comes to whether or not the transition will be beneficial.

The MtF transsexuals of this study all started at age 21 or later.

Table 1 Description of the follow-up group

Description	Male-to-female (MF) $n = 25$ (59.5%) *M* (Range)	Female-to-male (FM) $n = 17$ (40.5%) *M* (Range)	Total $n = 42$ *M* (Range)
Age at index (in years)	37.3 (21–60)[a]	27.8 (18–46)	33.4 (18–60)
Age at SRS (in years)	38.2 (22–57)[b]	31.4 (22–49)	35.2 (22–57)
Age at follow-up (in years)	46.0 (25–69)[b]	38.9 (28–53)	43.1 (25–69)
	n (%)	*n* (%)	*n* (%)
Early-onset transsexualism	11 (44)[a]	15 (88.2)	26 (61.9)
Late-onset transsexualism	14 (56)[a]	2 (11.8)	16 (38.1)
Homosexual orientation	13 (52)[a]	16 (94.1)	29 (69.1)
Completed SRS	18 (72)[ns]	14 (82.4)	32 (76.2)

[a] Student's *t*-test $p < .01$

[b] Student's *t*-test $p < .05$

10-year follow up survey: people do better after transitioning

The sample comprised 71 participants (35 MtF and 36 FtM). The follow-up period was 10–24 years with a mean of 13.8 years (SD = 2.78)

https://sci-hub.hkvisa.net/10.1007/s10508-014-0453-5

Table 1 Comparison of SCL-90-R values at initial consultation and at follow-up ($n = 62$)

Scale of SCL-90-R	Initial consultation		Follow-up			
	M	SD	M	SD	*p*	ES
Somatization[a]	0.39	0.48	0.31	0.41	ns	
Obsessive–compulsive[a]	0.58	0.59	0.32	0.45	.001	0.50
Interpersonal sensitivity[a]	0.70	0.67	0.26	0.34	<.001	0.82
Depression[a]	0.70	0.67	0.32	0.45	<.001	0.67
Anxiety[a]	0.47	0.55	0.18	0.36	<.001	0.63
Hostility[a]	0.49	0.58	0.22	0.40	<.001	0.54
Phobic anxiety[a]	0.30	0.51	0.14	0.31	.004	0.38
Paranoid ideation[a]	0.65	0.70	0.37	0.53	<.001	0.44
Psychoticism[a]	0.53	0.59	0.16	0.32	<.001	0.77
Global Severity Index[a]	0.53	0.49	0.28	0.36	<.001	0.58

[a] Absolute range, 0–4

None of the participants expressed a desire for gender-role reversal (n = 69), and when asked about how often they had doubts about their present gender role, participants answered with a mean of 4.70 (SD = 0.71; n = 70) on a rating scale from 1 (''continuously'') to 5 (''never'').

Satisfaction with one's own appearance was again rated on a 5-point scale and was 4.46 (SD = 0.86; n = 70) on average.

Table 2 Comparison of IIP values at initial consultation and at follow-up ($n = 54/55$)

Scale of IIP	Initial consultation		Follow-up			
	M	SD	M	SD	*p*	ES
Domineering/controlling[a]	5.76	5.17	3.67	3.66	.003	0.47
Vindictive/self-centered[a]	7.82	5.13	4.91	4.00	<.001	0.63
Cold/distant[a]	8.17	5.48	4.37	4.68	<.001	0.75
Socially inhibited[a]	10.44	7.22	5.47	6.08	<.001	0.74
Nonassertive[a]	10.69	7.13	6.29	6.01	<.001	0.67
Overly accommodating[a]	11.64	5.99	7.04	4.73	<.001	0.85
Self-sacrificing[a]	10.49	5.33	7.55	5.05	<.001	0.57
Intrusive/needy[a]	7.96	5.04	4.53	3.83	<.001	0.77

[a] Absolute range, 0–32

Table 3 Comparison of FPI-R values at initial consultation and at follow-up ($n = 58$)

Scale of FPI-R	Initial consultation		Follow-up			
	M	SD	M	SD	*p*	ES
Life satisfaction[a]	4.43	2.99	8.31	2.63	<.001	1.38
Social orientation[a]	7.52	2.35	7.00	2.43	ns	
Need for achievement[a]	6.95	2.60	6.98	2.81	ns	
Shyness[a]	5.09	3.09	4.71	3.08	ns	
Irritability[a]	4.78	3.12	4.05	2.94	.032	0.24
Aggressiveness[a]	3.59	3.01	3.19	2.25	ns	
Stress[a]	4.84	3.76	4.67	3.42	ns	
Physical troubles[a]	2.59	2.63	2.07	1.94	ns	
Health sorrows[a]	4.29	3.01	4.81	2.81	ns	
Openness[a]	6.43	2.41	5.79	2.31	.033	0.27
Extraversion[b]	6.26	3.80	6.00	3.46	ns	
Emotionality[b]	6.09	3.43	4.05	3.27	<.001	0.61

[a] Absolute range, 0–12

[b] Absolute range, 0–14

Multivariate regression: HRT is beneficial

HRT has been found to be beneficial after adjusting for potential confounding factors in multiple studies. People who got access to HRT before 18 also did better than the one who got HRT later after adjusting for various confounding factors

	Participants who Accessed GAH											
	N = 12,598											
	Accessed GAH at Age 14 or 15				Accessed GAH at Age 16 or 17				Accessed GAH at Age ≥ 18			
	n = 119				n = 362				n = 12257			
	OR (95% CI)	p	aOR (95% CI)	p	OR (95% CI)	p	aOR (95% CI)	p	OR (95% CI)	p	aOR (95% CI)	p
Suicidality (Past 12 months)												
Past-year suicidal ideation [a]	0.5 (0.3–0.7)	.0001	0.4 (0.2–0.6)	< **.0001**	1.0 (0.8–1.2)	.73	0.5 (0.4–0.7)	< **.0001**	0.5 (0.5–0.6)	< .0001	0.8 (0.7–0.8)	< **.0001**
Past-year suicidal ideation with plan [b]	1.3 (0.8–2.4)	.31	0.8 (0.4–1.6)	.58	1.1 (0.9–1.5)	.41	0.9 (0.7–1.2)	.49	0.8 (0.8–0.9)	< .0001	0.9 (0.8–1.0)	.09
Past-year suicide attempt [c]	1.0 (0.5–2.2)	.99	0.4 (0.2–1.1)	.08	1.4 (1.0–2.0)	.04	0.9 (0.6–1.4)	.79	0.8 (0.8–0.9)	.002	1.0 (0.9–1.1)	.89
Past-year suicide attempt requiring inpatient hospitalization [d]	––	––	––	––	2.2 (1.2–4.0)	.01	2.2 (1.2–4.2)	.01	1.4 (1.1–1.7)	.002	1.2 (0.9–1.5)	.26
Mental Health & Substance Use												
Past-month severe psychological distress (K6 ≥ 13) [c]	0.5 (0.3–0.7)	.0004	0.3 (0.2–0.4)	< **.0001**	0.6 (0.5–0.8)	< .0001	0.3 (0.3–0.4)	< **.0001**	0.4 (0.3–0.4)	< .0001	0.6 (0.5–0.6)	< **.0001**
Past-month binge drinking [e]	1.6 (1.1–2.3)	.02	1.6 (1.0–2.4)	.04	0.8 (0.6–1.1)	.17	0.9 (0.6–1.1)	.27	1.2 (1.1–1.2)	< .0001	1.2 (1.1–1.3)	< **.0001**
Lifetime illicit drug use [f]	1.8 (1.2–2.6)	.003	1.5 (1.0–2.2)	.08	1.2 (1.0–1.6)	.08	1.3 (1.0–1.6)	.07	2.1 (1.9–2.2)	< .0001	1.7 (1.6–1.8)	< **.0001**

Mental health outcomes of transgender adults who recalled access to gender-affirming hormones (GAH) during various age groups. Reference group for all analyses is participants who desired GAH but did not access them. All models adjusted for age, partnership status, employment status, K-12 harassment, and having experienced gender identity conversion efforts.

Abbreviations: OR (odds ratio), aOR (adjusted odds ratio), 95% CI (95% confidence interval).

[a] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, family support of gender identity, educational attainment, and total household income.

[b] Model also adjusted for sexual orientation, race/ethnicity, educational attainment, and total household income.

[c] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, family support of gender identity, educational attainment, total household income, and having received pubertal suppression.

[d] Model also adjusted for family support of gender identity. Only one participant in the GAH < 16 group endorsed a past–year suicide attempt requiring inpatient hospitalization, precluding calculation of an aOR for this outcome.

[e] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, family support of gender identity, educational attainment, and total household income.

[f] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, family support of gender identity, and educational attainment.

https://doi.org/10.1371/journal.pone.0261039.t002

Statistically significant difference was found with regard to "past-year suicidal ideation" which was adjusted for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, familily support of gender identity, educational attainment, total household income.

Statistically significant difference with regard to "past-month severe psychological distress" was found after adjusting for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, familily support of gender identity, educational attainment, total household income, having recieved pubertal suppression.

In both cases the statistical significance was p<0.0001 when compared to people who never started HRT, you will only find a difference (in either direction) that large less than once in 10000.

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261039#sec013

	Accessed GAH at Age 14–17 (compared to GAH access at age ≥ 18) n = 481				Accessed GAH at Age 14 or 15 (compared to GAH access at age 16 or 17) n = 119			
	OR (95% CI)	p	aOR (95% CI)	p	OR (95% CI)	p	aOR (95% CI)	p
Suicidality (Past 12 months)								
Past-year suicidal ideation [a]	1.5 (1.3–1.8)	< .0001	0.7 (0.6–0.9)	**.0007**	0.5 (0.3–0.8)	.002	0.7 (0.4–1.2)	.16
Past-year suicidal ideation with plan [b]	1.4 (1.1–1.8)	.009	1.1 (0.8–1.5)	.51	1.2 (0.6–2.3)	.58	1.0 (0.5–1.9)	.88
Past-year suicide attempt [c]	1.6 (1.2–2.2)	.003	1.0 (0.7–1.4)	.82	0.7 (0.3–1.6)	.40	0.4 (0.1–1.3)	.12
Past-year suicide attempt requiring inpatient hospitalization [d]	1.3 (0.7–2.3)	.35	1.7 (0.9–3.2)	.08	0.2 (0.0–1.6)	.13	0.2 (0.0–2.1)	.19
Mental Health & Substance Use								
Past-month severe psychological distress (K6 ≥ 13) [c]	1.7 (1.4–2.0)	< .0001	0.6 (0.5–0.8)	**< .0001**	0.8 (0.5–1.2)	.26	0.7 (0.4–1.3)	.30
Past–month binge drinking [e]	0.9 (0.7–1.1)	.17	0.7 (0.5–0.9)	**.001**	1.9 (1.2–3.0)	.006	2.0 (1.2–3.5)	.01
Lifetime illicit drug use [f]	0.7 (0.5–0.8)	< .001	0.7 (0.5–0.8)	**.0003**	1.4 (0.9–2.3)	.10	1.0 (0.6–1.7)	.98

All models adjusted for age, partnership status, employment status, K-12 harassment, and having experienced gender identity conversion efforts.

Abbreviations: OR (odds ratio), aOR (adjusted odds ratio), 95% CI (95% confidence interval).

[a] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, family support of gender identity, educational attainment, and total household income.

[b] Model also adjusted for sexual orientation, race/ethnicity, educational attainment, and total household income.

[c] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, family support of gender identity, educational attainment, total household income, and having received pubertal suppression.

[d] Model also adjusted for family support of gender identity.

[e] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, family support of gender identity, educational attainment, and total household income.

[f] Model also adjusted for gender identity, sex assigned at birth, sexual orientation, race/ethnicity, family support of gender identity, and educational attainment.

https://doi.org/10.1371/journal.pone.0261039.t004

After adjusting for demographic and potential confounding variables, access to GAH during adolescence (ages 14–17) was associated with lower odds of past-month severe psychological distress (aOR = 0.6, 95% CI = 0.5–0.8, p < .0001), past-year suicidal ideation (aOR = 0.7, 95% CI = 0.6–0.9, p = .0007), past-month binge drinking (aOR = 0.7, 95% CI = 0.5–0.9, p = .001), and lifetime illicit drug use (aOR = 0.7, 95% CI = 0.5–0.8, p = .0003) when compared to access to GAH during adulthood.

In the following study trans people on HRT reported higher quality of life than cis people (Was statistically significant in terms of "Mental health"" and "General health", see figure 3) While 'trans' people not on HRT reported worse quality of life than cis controls (was statistically significant in terms of "Role emotional, see Figure 2).

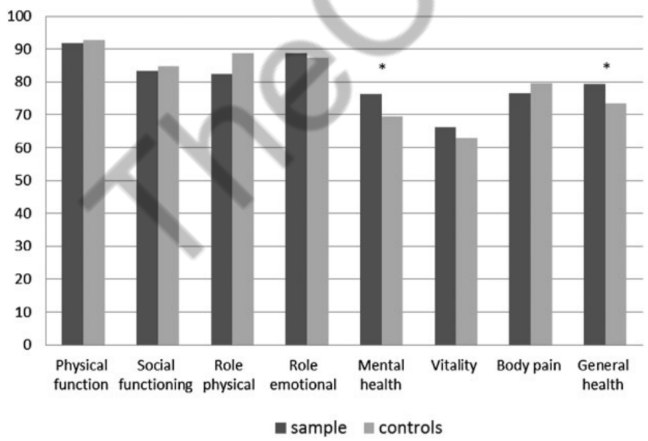


Figure 3 SF-36 scores between the 44 hormonal transsexual subjects and French age- and sex-matched controls. SF-36 = Short Form 36. *P value < 0.05.

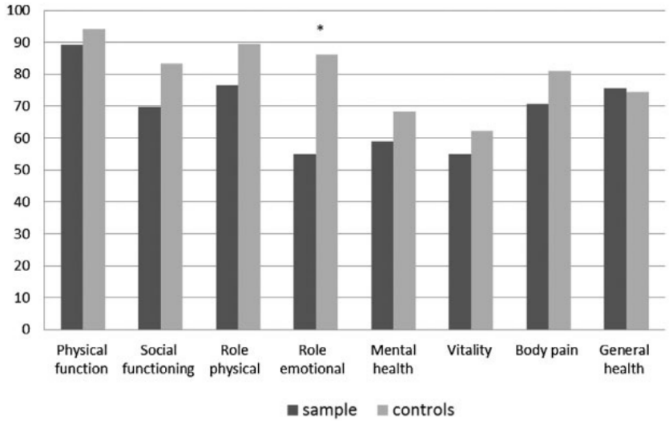


Figure 2 SF-36 scores between the 17 nonhormonal transsexual subjects and French age- and sex-matched controls. SF-36 = Short Form 36. *P value < 0.05.

This of course is not enough to demonstrate that HRT itself is beneficial, to do that we need control for potentially confounding factors, this can be done via multivariate regression.

Table 3 Predictive factors for PCS and MCS: multivariate analysis (standardized beta coefficient)

		PCS	MCS
Age	β	–0.050	0.086
	P	0.810	0.549
Gender identity (0 MtF, 1 FtM)	β	–0.076	0.124
	P	0.653	0.288
Educational level (0 < 12 years, 1 ≥ 12 years)	β	0.041	–0.071
	P	0.763	0.451
Partnership status (0 not single, 1 single)	β	0.102	–0.068
	P	0.687	0.697
Employment status (0 no, 1 yes)	β	0.233	0.026
	P	0.098	0.787
Children at home (0 no, 1 yes)	β	–0.068	–0.054
	P	0.761	0.728
Sexual orientation (0 same biological sex, 1 others)	β	0.168	0.098
	P	0.419	0.496
Depression (0 no, 1 yes)	β	–0.180	–0.576
	P	0.226	**<0.001**
Hormonal therapy (0 no, 1 yes)	β	–0.255	0.226
	P	0.111	**0.044**

β = standardized beta coefficient (β represents the change of the standard deviation in quality of life score resulting from a change of one standard deviation in the independent variable); bold values: $P < 0.05$
PCS = physical composite score; MCS = mental composite score; MtF = male-to-female; FtM = female-to-male

Of all the factors analyzed only "Hormone Therapy" and "Depression" had a statistically significant benefit in terms of mental health.

This is not the only study showing HRT by itself to be beneficial

https://sci-hub.st/https://doi.org/10.1007/s11136-013-0497-3

Table 3 Regression analysis (enter method) for possible determinants of QoL in Spanish transsexuals

Determinant variables	Quality of life domains				Quality of life factor Global QoL and health
	Physical	Psychological	Social	Environmental	
	R^2 = .206	R^2 = .325	R^2 = .219	R^2 = .201	R^2 = .229
	$F_{(8,192)} = 5.955$***	$F_{(8,192)} = 11.090$***	$F_{(8,192)} = 6.443$***	$F_{(8,\ 192)} = 5.786$***	$F_{(8,192)} = 6.819$***
	β	β	β	β	β
Age	0.14	0.009	0.013	0.007	−0.29
Sex (female-to-male)	0.100	−0.005	0.193**	−0.044	0.126
Education (secondary)	−0.081	−0.004	0.014	0.052	0.083
Working/studying status (yes)	0.199**	0.020	0.164*	0.186**	0.185**
Partnership status (yes)	0.037	0.095	0.008	−0.056	0.125
Hormone therapy (yes)	0.202*	0.443***	0.248**	0.158	0.191*
Sex reassignment surgery (at least one surgery) (yes)	−0.019	0.112	0.042	0.058	0.116
Family support	0.314***	0.133*	0.280***	0.310***	0.248**

β Standardized beta coefficient, F F test; R^2 multiple R

* Significant at the level $p < .05$; ** significant at the level $p < .01$; ** significant at the level $p < .001$

Why some people regret transitioning

A recent study found that 98% of detransitioners had gender dysphoria and that 88% where AFAB

https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1919479

The following study above is outdated (done 1998) and it did not study transsexuals who did not opt for SRS, there is a very large (probably majority) who do not want SRS in the first place. It did show lack of social support to be the main cause of regret (not lack of gender dysphoria prior to transitioning).

https://sci-hub.se/https://doi.org/10.1111/j.1600-0447.1998.tb10001.x

We found transsexuals to be more at risk for dropping out of treatment when they were MFs, showed more psychopathology, more GID symptoms in childhood, yet less gender dysphoria at application

So if you were more dysphoric as a child but it's getting better now you might not be the best candidate for medical transition. It is worth noting that childhood gender identity disorder is largely defined as being gender-nonconformative 9 10 it's not surprising that many of these will later realize medical transition isn't for them.

Table 4 Individuals who will subsequently apply for reversal to the original sex

Time period	Number of sex reassigned individuals at the time period when they did their first application that will later apply for reversal to the original sex/total number of individuals who did their first applications at this time period who received a new legal sex (%)	Number of regret applications, during that time period
1960–1971	4/15 (27 %)	0
1972–1980	6/103 (5.8 %)	5
1981–1990	1/76 (1.3 %)	3
1991–2000	3/127 (2.4 %)	3
2001–2010	1/360 (0.3 %)	4
1960–2010	15/681 (2.2 %)	15

https://sci-hub.se/https://doi.org/10.1017/S0033291704002776

Only non-homosexuals reported some regrets during treatment, and two during and after SR, which they all related to a lack of acceptance and support from others.

This is a general pattern we are seeing in these studies, social factors are the biggest factor when it comes to regrets and worse outcomes.

Overall, adolescents with poorer peer relations, poorer general family functioning, advanced age, and a female sex assigned at birth showed more behavioral and emotional problems, or lower psychosocial functioning. Thus, the present study confirms the important role the social environment - both peers and family support - play with regard to the mental health outcomes in this group. Consequently, incorporating the family and social environment into Transgender Healthcare seems crucial in order to adequately tend to the needs of adolescents with GD [11]

https://sci-hub.se/10.1007/s10508-014-0300-8

As we see the regret rate is dropping despite more people transitioning.

Table 4. Prediction of regret of sex reassignment: a model created on the basis of logistic regression analysis[a]

Poor support from the family	Belonging to the non-core group of transsexuals	Probability of regret (%)
–	–	0.4
–	+	1.7
+	–	4.5
+	+	15.8%

[a] +, positive for the putative risk factor; –, negative for the putative risk factor.

The FMs who applied for reversal were younger at application than those who did not(median 22 years compared to 27 years for the whole FM group). Conversely, the MFs who later applied for reversal were older when they applied for sex reassignment than those who did not (median 35 years vs. 32 years for the whole MF group). Since the group is small, these data must, however, be interpreted cautiously.

What many people ignore is that surgeries are more or less a requirement for AFAB individuals, you will not be taken seriously as a male if you do not have a penis or if your penis is very small. There is less need for surgery if you are AMAB and can pass facially without FFS. It is worth nothing that surgeries (especially mastectomy) can/will leave visible scars which can out people as transgender.

Eleven FMs (28.9%) were satisfied with their breast removal, 5 (13.2%) were dissatisfied due to the visibility of the scars, and 22 (57.9%) were not completely satisfied. Four FMs were satisfied with their metaidoio-plasty or phalloplasty. One FM was dissatisfied because of urinary problems, while four were not completely satisfied.

Avoiding social difficulties while transitioning

The focus of transitioning should be on changing your secondary sexual characteristics (hormones, surgery, etc.). You should regard it as a body modification similar to “bodybuilding”. This is the only sensible approach if you value your social life, integrity, and self-respect.

If you believe that there is an “innate gender” which is unrelated to biology or society then you will inevitably create social problems for yourself. People might understand that one might want to be (or look like) a woman, but almost everyone takes “born in the wrong body” as a joke, especially if you were not previously flamboyant.

You do not have to conform to female gender stereotypes to be valid as a woman, it’s about having female secondary sexual characteristics. You functional socially like a female after transitioning is simply about convenience since you look like one and it’s not just looks, your biological characteristics (hormones, breasts, brain, etc) will be more on the female side too.

You might think that you are a girl trapped in a male body but this will be scientifically incorrect prior to HRT [12] [13] [14] you having a feminine personality doesn't make you a girl [15]

You do not have to come out in any way to your family or other people who know your real identity.

If you do not look and are socially regarded as a woman, claiming that you are a woman in the inside and that people should respect your innate gender regardless of how you look is meaningless and futile. This at best makes people pity you and at worst makes them mock and bully you. The situation worsens if you dress in women's clothing but still look like a man. This should be avoided first and foremost out of self-respect, and second out of respect for fellow trannies. You will also hurt yourself for thinking that people do not treat you the way you should be treated.

Whether or not you should transition isn't something you should discuss with people who have not properly researched these topics, most people including your family will be utterly ignorant and thus they will not be able to give you any real help. If you announce that you plan or think about transitioning people around you may push or outright coerce you into not doing so even though it would be beneficial for you.

If you currently live in a transphobic environment you may want to relocate before socially transitioning. You may want to just leave everything behind to start a new better life somewhere else, if you cannot move to a tolerant area you may have to delay social transition until you can fully pass as a female and then hide your sex as birth from as many people as possible. Going for a nonbinary gender presentation is not really that great if your environment is transphobic forcing you to boymode instead. Thus the solution is to start medication without telling anyone about it that knows your real identity, later if/when they start noticing changes you can tell them that you are transitioning. If they find out they will probably realize it’s too late and thus not intervene in an attempt to make you detransition.

About "real-life tests"
Some gender clinics recommend or even try to outright coerce people into presenting as the opposite sex for years before they are given access to HRT. The obvious issue with that is that without any surgery or HRT you will probably not pass well at all as female and thus you will become a public clown, that will not be the experience you have if you actually transition medically and are able to pass as female in social situations.

Delaying HRT is insanity
As you age testosterone will make you more masculine and it will become increasingly difficult to ever pass, especially as MTF, thus if you already think "maybe i should transition" as a male just do it now before it's too late. You don't really have time to figure out your identity or what causes your dysphoria (if you experience any) or whether or not transition is for you.

It will be easier to tell whether or not you really should transition medically once you have already felt the effects of estrogen, if you stop it quickly there will not be any issues and you will lose hardly anything. if you refrain from transitioning when you should have done so the cost will be very high.

One criticism against letting minors or kids transition is that most will grow out of it as they go through puberty, this does not however mean they wouldn't have benefited from early transition (MtF) sperm can be banked before a child has gone through the full puberty. When you have gone through the full puberty transition will be a lot more difficult and thus a large portion of individuals who would have benefited from medical transition before will no longer do so when puberty is fully over.

13 year old children born males are absolutely capable of making these decisions with the support of adults, their issue is mostly impulsivity and lack of knowledge, not lack of intelligence.

https://www.scientificamerican.com/article/the-myth-of-the-teen-brain-2007-06/

Medical transition and reproduction
You can still impregnate females by donating sperm if you have it backed up, sure it will be less convenient but if you are currently involuntarily celibate the chance of you reproducing is so abysmal it's unlikely to go down further if you make the transition.

A lot of homosexual women still like dick and some of these women prefer sex with shemales over the total humiliation of having sex with males.

Azoospermia caused by HRT is usually reversible provided you still have your testicles. Thus even if you are unable to access sperm you have banked you might still be able to have biological children by halting HRT for at 75 days or longer.

The same is not true for FtM, if you are born female transitioning will instead make reproduction a lot more difficult, especially if you want to do it with a male of high quality.

Estrogenized male vs trans female
Often when people transition from male to female their goal is to become as feminine as possible and this may include surgery to replace a functional penis with something that looks like a vagina but isn't actually capable of giving birth. The ability to produce sperm is lost but no ability to produce eggs is gained. The brain itself will be feminized over time shrunken to female proportions 16

https://genderanalysis.net/2018/03/your-mileage-may-vary-trans-women-and-erectile-function/

HRT will negatively affect athletic performance making it harder for you to build or even maintain your male strength 17 the longer you stay on HRT the weaker you become 18

Trying to be just like a cis female is a futile exercise, even if you transition early you will still never be able to get pregnant and give birth, breastfeeding will be possible but difficult 19 If your bones are already masculine there will not be any easy way to 'fix' that if it can be fixed at all.

But there is another way, rather than trying to be like a cis dyadic female why look at what's actually best for you given your biology and personal circumstances. What if you do not have to give up your fertility and male brain?

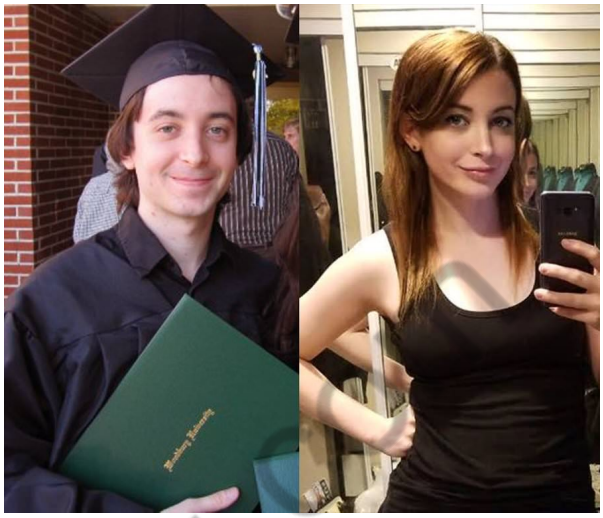
The feminizing effect of HRT on appearance will have diminishing returns over time, therefore you need to ask yourself if continuing it is worth the price, what are you actually gaining from that?

Other reasons to stop HRT
By returning to your natural male hormones you will be able to restore your male abilities such as having a fully functioning male penis (rather than girl-dick) you will be able to become physically strong again, your brain will start becoming masculine again.

Your breasts and other feminine traits will be retained and thus you might to a large extent get the best of both worlds.

You need to ask yourself if having a mostly female biological sex is really beneficial for you.

Facial Feminization Surgery



Unfortunately HRT alone is often very ineffective in feminizing the face, especially if it's only temporary. Therefore we need something more powerful and it's here surgery comes into play.

FFS unlike HRT will not feminize your entire biology, instead the change will be purely cosmetic meaning you could in theory rely mostly on FFS to pass as a female without having to constantly be on medication.

Many surgeons will only make minor alterations to the face but there are doctors who are willing to make a lot more radical intervention to archive facial feminization.

Good surgeons in the US are Keojampa, Deschamps-Braly, Mardirossian, Jumaily and Harrison Lee.

Good Korean clinics are EverM, EUdental, JK, and The Face Dental. They all do double jaw and are good with genioplasty

How society benefits from people transitioning

People that wish to transition usually have comorbid mental disorders 20 21 thus future generations are likely to benefit from letting these women transition and sterilize themselves in the process, this comes with the cost of using tax-money for these medical expenses and losing women that could provide sexual satisfaction to other people.

Males transitioning to female is beneficial for society since it would allow people to have fun fucking them. Incels transitioning to female is good for society since they will become less likely to develop or maintain problematic political beliefs or become violent, they will instead benefit from accelerated hypergamy and gynocentrism.

Less incels trying to force females to waste themselves on losers is a good thing.

It has been proven safe to allow trans-women inside spaces reserved for women 22 23 trying to exclude them would harm natal women too 24 25 26

Not using tax-money to pay for medical transition would be dysgenic since it would make it more difficult for poor people to transition.

People improving their lives by transitioning is a beautiful thing

Usually when someone lives a shit life as a male he will just complain about how women are unfair to him or he will spend his time on various copes such as videogames and anime.

It's very rare for miserable males to actually improve themselves via medical transition, it usually takes pretty bad gender dysphoria for them to actually take action and even then many fail to act in time.

0. Males transitioning to female makes the world more beautiful (less disgusting males).

1. People that transition and become beautiful benefit from it
2. People around them will see them improve instead of suffering or killing themselves.
3. Males that transition are politically useful for my goals (maybe also your goals).
4. Trans girls are high in demand and can allow cis lesbians to have biological children with a partner they find attractive.
5. Voluntary chemical castration makes a male less likely to hurt other (and himself in the process).

I find it strange that people rarely object to psychiatry that outright harms people and costs billions of dollars each year but they complain about the government helping trans individuals transition even though it's one of the few mental health interventions that actually work.

Forced feminization
A lot of individuals cannot make it as males and will thus be forced to live as female or suffer the brutal social consequences of being male, this is especially true for females with gender dysphoria, they might not like their female bodies but medical transition would still be a disaster for them.

Most males are no longer needed in our modern society, technology has made name strength mostly obsolete and most males do not have any mental abilities not commonly found in females.

Less than 10% of males are needed for sex and reproduction, most males are just a burden to society and thus we need to increase the number of males that transition to female, especially individuals who would clearly benefit from changing their biological sex.

Most males hold into their male pride but that will soon crash down as females raise their standards (because they can) and even more males lose their jobs to automation.

Currently forced treatments are justified by "danger to themselves and others", you do not need to be convicted of an actual crime. If we are going to treat people against their will that shall include HRT. A nurse will regularly visit your home. Your pants will be pulled down and soon you will feel a needle inside your muscle and soon the injection, estradiol valerate, it will be slowly absorbed by your body. At first it was just pills given orally, now it's injections and at this point hiding the breasts is very difficult. The estrogen will make you more emotional and thus you will probably start crying due to the intense humiliation you received by the new government controlled by believers of vintologi. You crying and begging will of course not stop the nurse from doing the injection.

After a while you will stop resisting and accept your face as a girl. It will become increasingly difficult to hide what's happening to you, your breasts getting bigger, face feminized, brain feminized.

Once you have been forced to be on HRT long enough there will not be much left of your old self, the hormones have changed your brain beyond recognition and now there is no longer any going back, not only do you look like a girl now, you are now also like a girl mentally.

There are a lot of males who would benefit from transitioning but they are not willing or able to actually transition, this can be due to social factors but in most cases the issue is ignorance, people simply don't know what's best for them. It's a difficult and scary decision to make to start HRT and this is why a lot of people fantasize about forced feminization, often they try to brainwash themselves via sissy hypno porn.

The overwhelming majority of the prison population are men 27 this is very likely biological and therefore it is worth giving people drugs that feminize the brain 28 to see if that would make them less of a problem for society. This does not have to involve any form of social transition to the other gender.

Research already suggests that lowering testosterone will make males less violent/aggressive 29 30

Step1: do Randomized Controlled Trials on people choosing to participate in the study rather than getting some other sentence, then 50% will be given active ingredients and 50% will be given placebo.

Step2: do Randomized Controlled Trials on problematic individuals where they are forced to participate in the trial, 50% will be given active ingredients while 50% will be given placebo.

Step3: do a forced HRT Randomized Controlled Trial on individuals where medical transition seems to be beneficial but they are unwilling to transition for various reasons.

This will allow us to better understand which individuals who actually benefit from HRT/transition since we will be able to use proper control groups. Doing step3 will be more difficult if we give non-criminals full medical autonomy but this is currently not a right non-criminals are given.

Even if it turns out not to be beneficial for society or the individuals subjected to it in Community Treatment Order setting forced HRT in a more controlling setting may still provide value. Males can be reduced to property and then given HRT by the ones owning them so they will become useful when it comes to sexual slavery. There are a lot of fun things you can do to a male reduced to property.

Currently just being suicidal alone can warrant forced treatments by harmful and dangerous psychiatric drugs, forcing some males to take hormone replacement therapy can thus be justified in an attempt to prevent them from killing themselves using the same standard (even if it doesn't actually work).

Innate gender identity?
Studies on intersex children show that about 40% will identify as female when raised as one, thus gender identity is only partly due to genetics

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1421518/

This tells us that a lot of people are able to adapt to living as either sex, the brain is flexible and we can adapt to a lot of things. Whether or not an individual will transition is only partly determined by genetics (33% in the case of MtF)

http://www.hawaii.edu/PCSS/biblio/articles/2010to2014/2013-transsexuality.html

Direct vs indirect gender dysphoria
Body dysphoria is direct discomfort (it doesn't feel right) with your body, this goes from mild to extreme and generally this is difficult or impossible to alleviate without transitioning medically. Even if you are ok with your current body you might still be a lot happier with a female body.

But you can also suffer in other ways due to being male such as being forced into military service, being rejected by females you desire, in other ways being treated in ways you don't like because you are male. Maybe you prefer female clothing but putting on female clothing and wanting to be treated like a female when you have a male body is a recipe for disaster.

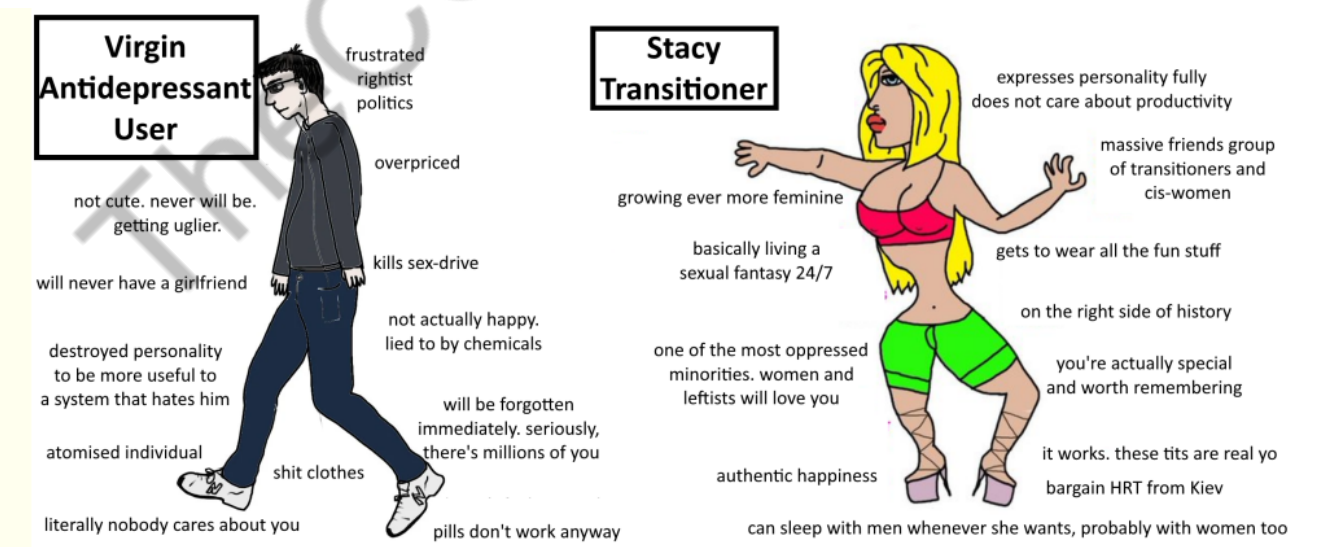
Sure you can try crossdressing in private but that's a rather pathetic cope for not being a girl, just take your estrogen and you will soon be able to wear female clothing 24/7 without any problems.

Alternatives to medical transition
Conversion therapy with regard to gender identity has been tried and it has bad outcomes

Sometimes moving to another place can work for specific gender issues (you may want to avoid getting drafted, having an easier time dating, etc) but this is not a general solution since some gender roles are rather universal and thus difficult to avoid.

There is no evidence-based alternative to medical transition and the limited data we do have on individuals unwilling/unable to transition show that they are not doing too well. Conversion therapy is associated with higher reported suicide attempt rate (bad methodology unfortunately).

https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2749479



Therapists and psychiatrists cannot be trusted
Talk therapy in general is questionable, therapist will put effort into making you conform to society, they will typically not actually look out for your own best interest and usually you will not actually be given any legitimate advice. Instead the goal with therapy is typically to make the individual think his/her situation is better than it actually is rather than putting effort into changing it.

https://vintologi.com/threads/therapy-brainwashing.314/

Psychiatry is outright harmful and very dangerous, especially considering how bad mental health laws are, despite attempts to rig trial no Randomized Controlled Trial has demonstrated any benefit from psychiatric drugs so far and other treatments like electroconvulsive therapy are also very questionable

https://vintologi.com/threads/studies-on-psychiatric-drugs.591/

https://vintologi.com/threads/psychiatry-horror-stories.267

https://vintologi.com/threads/psychiatry.737/

http://cepuk.org

Drugs will at best work as a temporary bandage. They will often make you think your situation is better than it actually is and you may think the drug is helping you when in reality it isn't and you are just developing addiction/dependence.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3813924/

If you are suffocating to death from covid-19 due to having a weak/incompetent government being given morphine will make you feel better but it will not actually prevent you from dying and thus you will be more complacent when your government is in effect killing you 31

Why you cannot trust doctors in general
Regulators are there to please politicians and lobbyists, it's not actually in their own best interest to follow enforce actual evidence-based medicine. Politicians are mostly interested in pleasing their voters and donors and can absolutely not be trusted with any medical decision whatsoever.

If someone is democratically elected or appointed by people that are then clearly they cannot be trusted any more than you can trust your neighbor with medical advice.

People who are not democratically elected instead have their own special interests which will conflict with your interests as a potential patient.

The interests of doctors does not align with the interests of their potential patients, a doctor does not actually make money from people being healthy, they make money when people are sick. They have a vested interest in people pursuing their treatment even if these treatments are harmful to their patients.

Most medical treatments are not based on good evidence https://pubmed.ncbi.nlm.nih.gov/27032875/

Harmful puberty blockers were given to children for decades but didn't come under scrutiny until they started being used widely for trans children (who don't need them and don't benefit from them).

https://vintologi.com/threads/why-puberty-blockers-is-a-bad-idea.975

Instead of criticizing these harmful drugs most people who at least claims to be there to support trans people defended the usage of these drugs that harm trans children while provided zero real benefits for them (in addition to all the damage done to cis children).

In most countries you are not the one paying for the treatment so you are not even the customer, therefore there isn't any real incentive for the doctor to actually do what's best for you, instead doctors will be incentives to please regulators and politicians.

Even if you pay for it them pleasing regulators will still be more important since they have far more power than you have with your money. Furthermore since a lot of people blindly trust doctors there will not actually be a particularly strong incentive for them to do a good job since they will get a lot of patients anyway.

A lot of people spend money going to chiropractors even though it's very likely to do more harm than good 32 this is far from the only example of quacks having no difficulty getting patients 33

How to do your own research
In order to do research properly you need to look up the actual original data instead of trusting other people to interpret it correctly for you. The more steps there are between the data and what you hear the more opportunity there is for other people to manipulate information for the sake of some agenda.

When it comes to medical topics you need to look at the actual full text, especially their actual results, not their way to interpret the results which often does not actually agree with the data.

You can use https://sci-hub.st or sci-hub.se to gain access to the full text, use tor/proxy if it doesn't load.

You need to be very critical when appraising studies, you cannot just rely on peer review.

If the study is a meta-analysis you need to find the full text of all individual studies and also read that, otherwise you will have to trust both the individual studies as a whole and that the authors of the meta-analysis actually did the analysis correctly which they often have an economic incentive not to.

Do not let anyone gatekeep you from transitioning
You may be in doubt and thus ask people close to you or a gender clinic you should transition are allowed to his is not a good idea.

It's very unlikely anyone close to you has a proper understanding of the consequences that come with transitioning, what the pros and cons will be for you. If your family of origin is transphobic just boymode and leave, you don't need them in your life if they become a negative for you.

You have the right to rule over your own body, do not let any doctor or parent take that right away from you. If you cannot get an official prescription in time just order online 34 it's actually rather cheap. DIY HRT can be safer and more effective that official prescription 35

You can be honest when you talk with people online and properly hide your real identity but you probably should not tell people close to you or any gatekeeping doctor that you get aroused by using female clothing if that is the case for you.

Gender therapists are not basing their recommendations on proper science, instead they will base it on their (sometimes narrow) views on what it means to be transgender and this will depend on the therapist.

If you need an official gender identity diagnosis you probably shouldn't be honest with any therapist you are forced to talk to, instead just say you suffer from significant gender dysphoria and feel trapped in the wrong body, say you felt like this as long as you can remember but that you was afraid to talk about it because you didn't know how people would react.

HRT reduces distress
Both percieved stress and measured cortisol levels were reduced with Hormone Replacement Theraoy.

Table 1 Means, standard deviations, and statistical comparisons with *t*-test of the relationship between cortisol awakening response and cross-sex hormonal treatment in transsexual patients

	Transsexuals without hormonal treatment (N = 70) M (SD)	Transsexuals under hormonal treatment (N = 70) M (SD)	*t*-Test	
			t	*P*
CAR (9–23 µg/dL)	28.98 (20.82)	15.72 (6.54)	4.25	0.001

CAR = cortisol awakening response; M = mean; SD = standard deviation

https://sci-hub.hkvisa.net/10.1111/jsm.12155

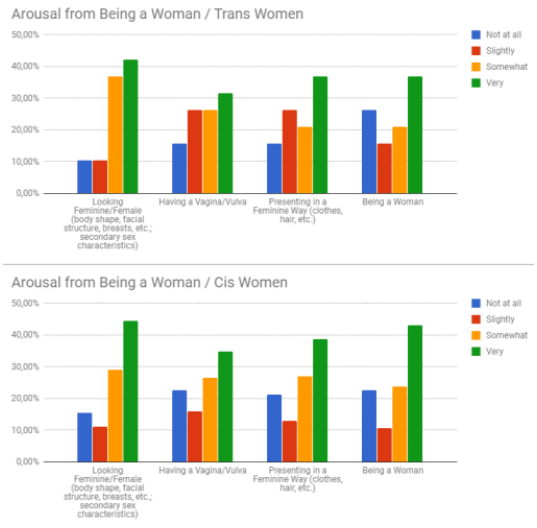
Trapped in the wrong body?
One prevalent trans stereotype is "a girl trapped in a male body" and often people justify their transition by them fitting into that stereotype to some degree. Is there any scientific truth to this?

Brainscans do show that prior to transitioning and after male puberty MTF individuals have brains somewhere between male and female (average) 12

https://www.ncbi.nlm.nih.gov/pubmed/25720349

This is not surprising considering the male socialization and male hormones these individuals have been subjected to. Studies on trans children do however show that they develop like the sex they identify is psychologically

https://www.pnas.org/content/116/49/24480



How well you fit into the "female trapped in a male body" stereotype does not tell you whether or not you would actually benefit from transitioning. You do not have to conform to female stereotypes to be valid as a trans girl.

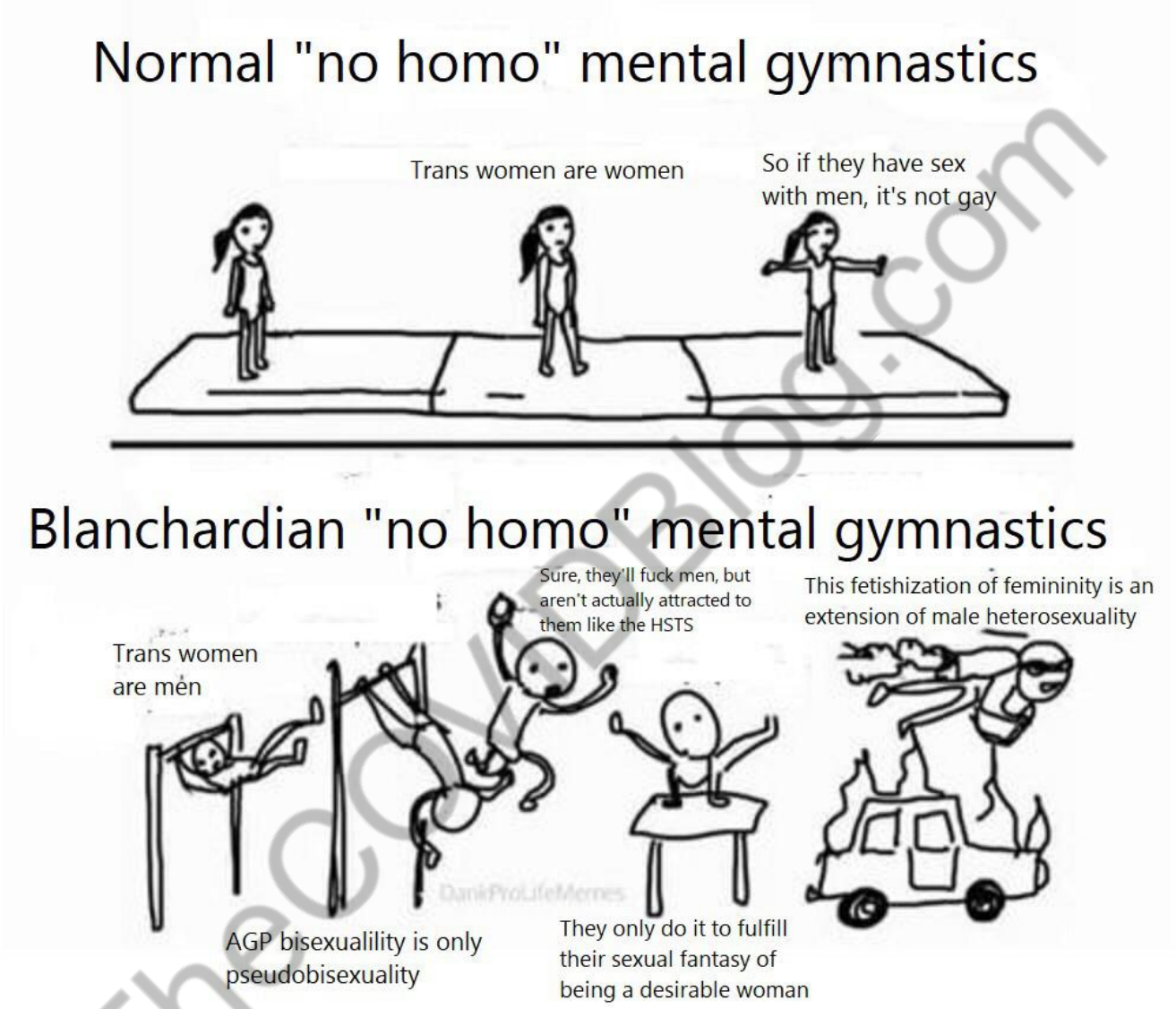
There are many other factors to consider such as how well you would pass.

Female sexuality?
There are a lot of similarities between cis and trans girls in terms of sexuality and it's difficult to detect any clear difference, different studies have different results.

Similar to cis females trans females typically exhibit female embodiment sexual fantasies.

https://www.semanticscholar.org/paper/Who-Is-This-About-An-Exploratory-Study-of-Erotic-Fertel/21205f4733a13460b8ca34c7312deb3eede51f28

https://www.tandfonline.com/doi/full/10.1080/00918360903005212



R. B. posited that all transsexuals that are not androphilic are autogynephilic. This has been thoroughly debunked, starting with his own data. Some transsexual fits into his “AGP” and “HSTS” categories, but it is not all of them. He handwaved that away by saying that counter-examples to his hypothesis are either liars or that their androphilia is “meta-attraction”. By using an unfalsifiable reasoning, he put his hypothesis within the realm of not science but pseudoscience.

https://www.tandfonline.com/doi/full/10.1080/00918369.2010.486241

https://www.researchgate.net/publication/339738869_Sexual_Behavior_Desire_and_Psychosexual_Experience_in_Gynephilic_and_Androphilic_Trans_Women_A_Cross-Sectional_Multicenter_Study

https://www.juliaserano.com/av/Serano-CaseAgainstAutogynephilia.pdf

https://archive.is/v9MI9 https://archive.is/XVt6o

https://archive.is/JiAVq https://archive.is/KXaQd

This of course has not stopped transphobes and a few naive or self-hating trans girls from believing in that pseudoscience, a lot of people repress thinking they are “not really transgender” because of that, this is very harmful.

Denial and paranoia among repressors
I have noticed that a lot of individuals unwilling to transition become paranoid thinking everyone is trying to manipulate them into transitioning.

If you have transitioned yourself they will think "she is just trying to recruit me to the trans cult" (in reality there are several factions among transgender individuals, people have different views).

If you have not transitioned yourself they will think "why isn't he following his own advice" even though he isn't in the same situation as you, he might be married with children and thus would never come close to passing while you would become a cute girl and drastically improve your life.

When people give you bad advice it's usually because they are simply mistaken, it's not due to them intentionally trying to hurt you, if someone states "i think you should transition" he and she probably believe you would benefit from it.

Repressors often listen to transphobes telling them "it's just a fetish" but that is very rarely true, almost always it’s far deeper than that, it's not like the typical fetish you can just ignore.

While you repress and listen to what transphobes tell you your body will become destroyed over time by testosterone often to the point where it's too late for them to ever pass as a girl.

https://transsubstantiation.com/a-letter-to-anne-lawrence-709fac0af75e?gi=2765e278afe3

The fact that you destroyed your life by not transitioning when you were young can be very painful and because of that a lot of people are in denial and tell themselves "i am doing the right thing by repressing" which typically do not work out too well.

Factors to consider before transitioning
There are many factors to consider. How functional is your life now as a male?

How is your sex-life?

Is there any real hope for you improving your situation while not transitioning and would it be a level of improvement you would be satisfied with?

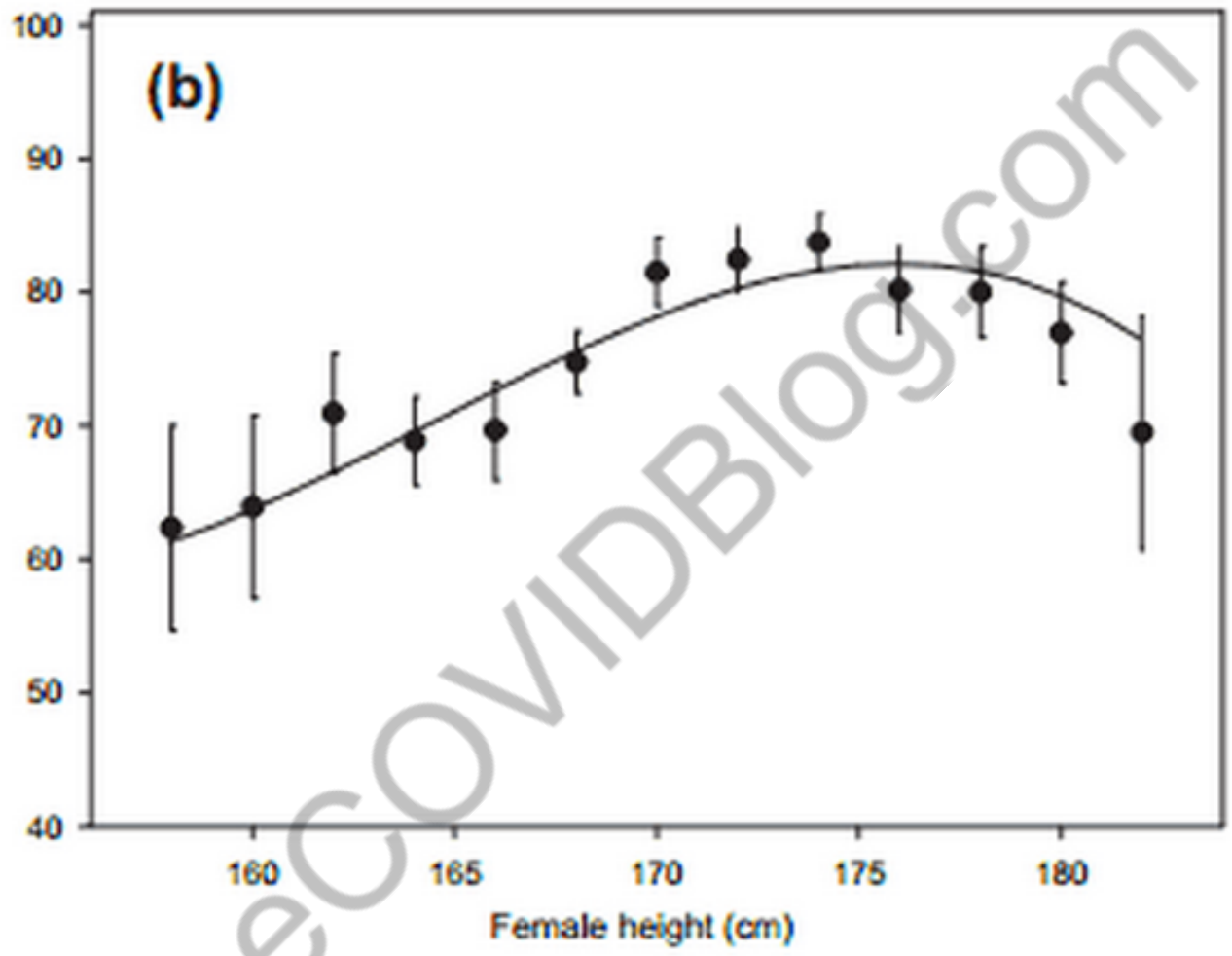
When was the last time you got sex without outright paying for it?

Then you compare that to how your life would be as a trans girl, would that be an improvement for you?

Are you willing and able to have children if you stay male?

Would you be able to pass as a female?

Ideal height as a female
If you are taller than 6.1 feet (185.4cm) you will probably not be able to ever pass as a female even if you start HRT early in life. The ideal female length is 168 to 176cm but being a short female is still far better than being a short male.



https://www.quora.com/What-is-the-ideal-height-for-a-woman-to-have-%E2%80%94-in-terms-of-being-happy-with-her-own-height

You can expect to lose about 1 inch (2.54cm) after starting HRT.

The dating market is changing
Old studies are misleading since what was true 10 years ago no longer holds

0. A lot of people today begin transition early making it far easier to integrate with the other sex.
1. Now it's significantly harder to date as heterosexual male
2. the transbian dating pools is a lot bigger making it easier to date as gynephilic trans female.
3. Being transgender is now far more accepted socially.
4. Dating as androphilic female is now a lot easier.

Because of these factors we can expect trans-females to have better outcomes when they transition while gynephilic trans-males will have significantly worse outcomes.

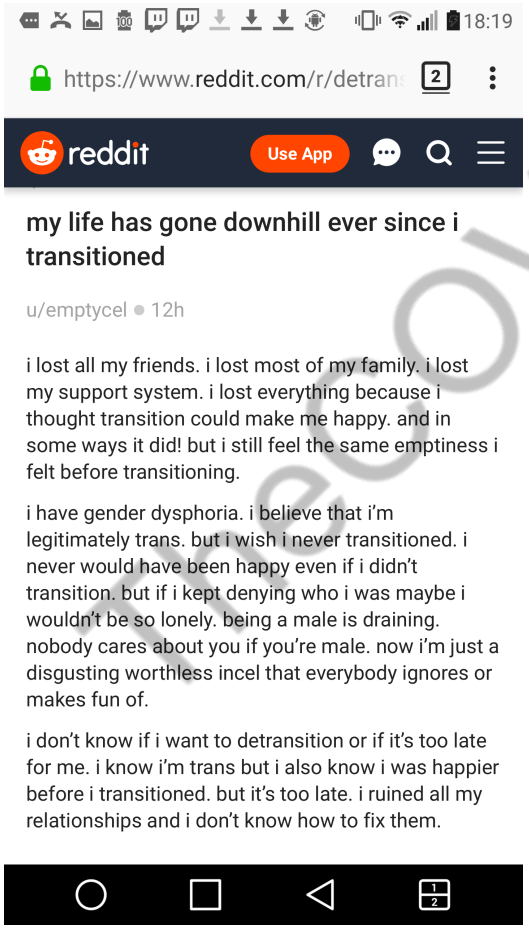
Dating as trans female
If you become attractive as trans girl you will be able to date cis and trans individuals of both genders.

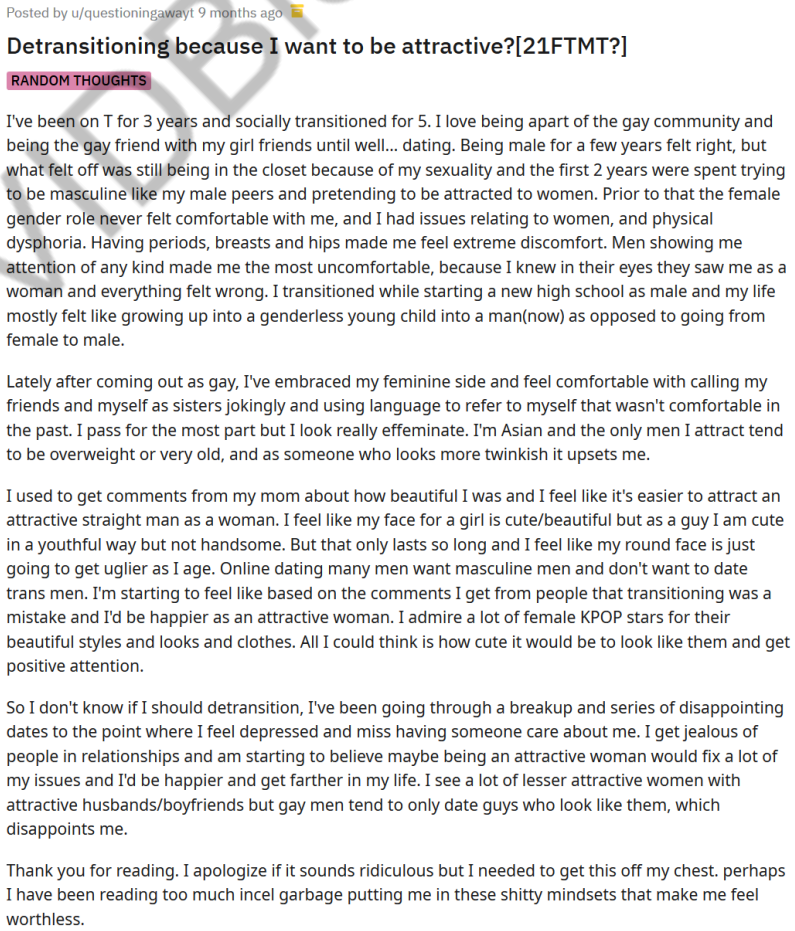
Some trans girls that improve their dating lives believe this is just because they are happier now being the gender they want to be and while this may be a small factor a far bigger factor is the overall dating situation for males and females.

Having to compete just to get sex at all is a heterosexual male thing, it's not really a thing among trans girls, then instead loads of males are going to outdo each other trying to get into your pants and there will not be any shortage of guys wanting to date you even if you are not attractive at all. The fact that you will now be able to at least get sex does of course not guarantee that you will be able to find a partner that's actually good for you, it's especially hard to find good males.

If you instead just date other trans girls you will be able to find someone of similar attractiveness, if you live in a highly-populated area the transbian dating pool will be big enough for you to find a matching partner close to you, otherwise you might have to travel or have it online only.

This can be compared to the FtM dating situation (disaster)





This illustrates that while you do have to deal with a lot of nonsense because of your gender as a female it's still far better than the typical life you live as a male in a functional modern society.

About gender identity
For some people their gender (current or desired) is an important part of their identity. This however is far from universal, for most people their gender is not something their focus on, they just go along with natural biology and focus on other things instead, most people are not really cis in a strict sense.

Gender identity politics is focused on identity (that there isn't any objective test for) rather than the biological characteristics of your body. Some people like to think "i am a girl trapped in a male body" but this is simply false prior to hormone replacement therapy 12 13 (after male puberty).

The following study on intersex children showed that gender identity is not completely innate, instead it was partly determined by environment.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1421518/

The group raised as female identified as such 40% of the time.

The group raised as male identified as such 100% of the time.

In most cases where one identical twin transition the other twin didn't transition 36

For some people their gender (current or desired) is an important part of their identity. This however is far from universal, for most people their gender is not something their focus on, they just go along with natural biology and focus on other things instead, most people are not really cis in a strict sense.

About gender identity politics
Gender identity politics is often used against trans individuals, it is claimed that males will pretend to be transgender to get access to female spaces, this is of course extremely rare but it's still an effective scare tactic. One potential issue with downplaying the importance of biological characteristics such as ability to breastfeed is that then it will be more difficult to push for early medical transition, then society can easier get away with not allowing teens to transition "you can just identify as female, you do not need to medically transition".

It is a fact that the later you start your transition the more you will end up being different from the average cis female, hip bones fuse at age 25, other bones finish masculinization even earlier 37 38

Pushing for the notion that sex-characteristics shouldn't matter is harmful for trans people since that would undermine the importance of access to medical transition. Rather than coping with "i can identity as a women" why not make sure people can become female for real?

The gender abolitionist, gender identity crowd are lesbians and radfems who are attempting to claw back from trans women the title of “most oppressed body.” they also reject being women out of internalized misogyny and to distance themselves from trans women. if gender is just an identity, then trans women are just males who identify as women, and everything reverts back to genitalia at birth. it’s genius, really.

Intersex people are also affected by these things, often they are surgically mutilated to fit into either gender category and sometimes it turns out the gender that were assigned to them didn't fit them particularly well. Them then being able to just identify as the sex they want to be will not solve the issue of them having been mutilated.

Detrans people may identity as the sex they were born as even though biologically they are not there and they will never truly be there again, often gender transitions are partly irreversible. While pointing this out may seem cruel it's important to recognize biological reality.

Rather than focusing on arbitrary categories like race and gender we need to focus on what actually matters for a given situation. For ordinary social interactions what really matters is how you appear, if you look as a female people will treat you based on that. A male looking to molest females will not base that decision on chromosomes or sex at birth.

About women's sports
Your performance in sports will depend largely on the physical characteristics of your body, not which gender you identity as. It makes no sense to segregate sports based on gender identity and it also doesn't make sense to segregate based on sex at birth since allowing FtM individuals in the female category would be very unfair to females not ruining their bodies with testosterone.

Depending on the sport and what rules there are for trans females you may or may not be able to quality for the female category and maintain an advantage over cis females.

HRT will of course make you weaker and diminish your performance in physical sports

https://bjsm.bmj.com/content/early/2020/11/06/bjsports-2020-102329.full?ijkey=yjlCzZVZFRDZzHz&keytype=ref

The 15–31% athletic advantage that transwomen displayed over their female counterparts prior to starting gender affirming hormones declined with feminising therapy. However, transwomen still had a 9% faster mean run speed after the 1 year period of testosterone suppression that is recommended by World Athletics for inclusion in women’s events.

https://bjsm.bmj.com/content/55/11/577.full?ijkey=yjlCzZVZFRDZzHz&keytype=ref

Not a single trans female were able to win a medal in the 2020 olympics, Laurel Hubbard were the only one to even quality but 2 of 3 judges disapproved of her 125 Kg lift and after failing her final attempt she was out of the tournament.

It is worth nothing that the weight-class system used for female weight-lifting would be unfair to cis females even if there were no trans females since the highest class that limit the body weight has a cutoff at 93kg which effectively screw over females weighting a bit more than that. Trans females having an advantage in weight-lifting could be rectified by adding adjustment parameters such as age where the transition was started and deducting the breast-weight from the total weight of the female (otherwise female with smaller breasts would get an unfair advantage).

While sports if often painted as a fair and equal playing field the reality is very different from that in the more athletic competitions, it's about cheating as and getting away with it.

https://www.sportscasting.com/how-exactly-did-lance-armstrong-cheat/

So while attempts are made to catch cheaters many are never found out and by getting away with that you can get a huge advantage, this is how you actually win and it's arguably a far greater factor then whether or not you can get an advantage via gender-transition.

Athletic sports like it exists today arguably should even be a thing. It does not promote health, it does not promote beauty. You would for example benefit from removing any body-part that does not benefit you in said sport (such as breasts if you are female) and if nobody is willing to do that females with naturally small breasts should be at an advantage in most athletic competitions.

Sports based on precision or intellectual ability (such as snooker) are less problematic but it's arguably still not the best usage of your time to focus heavily on that, in order to compete on a high level you will need to invest a huge amount of time into it's unlikely that will actually pay off.

It's far better to focus on things that are actually likely to make a real improvement for your quality of life, being good at sports or video-games is very unlikely to be particularly helpful for you in the real world you live in.

It would be great if trans females killed women's sports (like many conservatives have predicted) but sadly that is very unlikely to actually happen, instead they will just change the rules if trans females start doing too well by banning them completely or making it harder for them to compete (such as adjusting the weight-class system in the case of weightlifting).

It was believed that high T would provide an advantage and this ended up implicating intersex females. Some intersex females are now fighting back against this:

https://www.news24.com/sport/othersport/athletics/caster-semenya-files-lawsuit-in-european-court-this-fight-is-not-just-about-me-20210225

If they actually have an advantage that would just be one of many natural advantages some people can have. Where do we draw the line?

https://www.youtube.com/watch?v=MiCftTLUzCI

Self-ID as a tool for egalitarianism
Self-ID can actually be useful for circumventing discrimination based on legal sex.

If your state doesn't recognize same-sex marriage self-ID would allow you to go around that.

If there are gender quotas people disingenuously self-identifying as the other sex can allow the most qualified people to get positions instead of picking someone less qualified based on their sex. This will of course upset some feminists but it's of a beneficial for society since you get better governance.

In many of these cases where self-ID is 'abused' it's arguably a good thing since having laws depend on some arbitrary definition of sex doesn't really make sense anyway.

In general self-id can be weaponized to push for gender egalitarianism by making legal sex near meaningless, abolishing discrimination based on legal sex isn't always politically viable.

Woman = Adult Human Female
Some people have suggested to divorce the concept of woman from sex such as wanting to define womanhood based on some gender identity or by defining it based on what roles you perform on society. Is there really value in classifying male crossdressers as women?

Why not instead define womanhood based on whether or not someone is an 18+ human female?

When trans people medically transition with HRT the transition itself will be biological, all the hormones does is signaling to the body what to do, you already have the genes needed to grow fully functioning breasts capable of breastfeeding. Trans females are female and thus women when 18+.

Breastfeeding

In 2018 the medical journal Transgender Health published a case study that grabbed headlines everywhere from the New York Times to the Guardian, documenting how a New York transgender woman was able to use a regimen of drugs to induce lactation and become her child's only source of nutrition for six weeks. It was hailed as the "first formal report in the medical literature of induced lactation in a transgender woman," as authors Zil Goldstein and Dr. Tamar Reisman told the Times.

Yet this was no news to many within the transfeminine community, where it has been widely understood that trans women can breastfeed for years. In online forums and on social media, trans women have long shared anecdotal accounts of methods used and success achieved in lactating and feeding their children. As far back as 2010, Dr. Christine McGinn, a trans surgeon who specializes in gender reassignment surgery, appeared on the Oprah Winfrey show in a sensationalized segment that revealed she had both fathered her children and was the sole parent to breastfed them. What's more surprising is that it took this long for a medical journal to document the process.

In order to breastfeed you first need to have fully developed female breasts which you will get from Hormone Replacement Therapy, next you will have to trigger the lactation and there are multiple ways to do that.

One commonly-used method for non-gestational cisgender and transgender women to induce lactation is called the Newman Goldfarb protocol. It relies on the anti-nausea drug domperidone, which is banned by the FDA due to heart health risks (but widely used in Europe and Canada). Dr. Molly Moravek, a reproductive endocrinologist at the University of Michigan, praised the fact that more people are now talking about how trans women can breastfeed in the same way as cisgender women but worries that people will "miss the part where the very last thing they say in the study is that we still need to do more research to figure out the right doses of these medications." And indeed, induced lactation in trans women is still highly experimental.

Kaia, 30, Toronto, ON
My wife and I have a really nice basis for comparison, because we went from two boobs to four boobs when I transitioned. There's a lot more sleep this time around, and a lot more ability for my wife to be able to go out and know that you're not going to have a baby freakout. I remember back when we had our first child, five years ago, she had to go somewhere for an hour, and the baby's sitting there screaming, and we hadn't pumped milk before that. We were first-time parents, we were 24, didn't know what we were doing, and i was just freaking out. I texted her and said "I don't know what to do, i can't feed the baby, what do i do?" We just wound up having a baby scream for a half hour, and she came back and felt really horrible.

Stuff like that doesn't happen anymore. We've had two people to get a baby to sleep, two people to feed it, and I don't know if this is in any way correlated, but we've never had a baby grow this fast before. They gained back their birth weight in a week, and they're gaining an average of 1.1 ounces a day, and have maintained that consistently.

Brettany, 56, Texas
My body will never allow me to conceive and bear a child, and I've always wanted to at least be able to nurse one. That was the main motivation for this. The secondary motivation was that i wanted to bring my breasts to full maturity. At that time i was comfortably into stage four on the Tanner scale *[a system used to medically qualify the development of secondary sex characteristics]*, and from my research i realized most cis women do not even make it to Tanner stage five unless they've gone through pregnancy or a lactation protocol, because it requires that extra bit of development that prepares you for breastfeeding in order to finish the development of your breasts.

I did some research about lactation and tried to dig up whatever i could on it, and came across a protocol called Newman Goldfarb.

With a fairly long session, i could produce about an ounce. It was kind of funny because my spouse has really struggled with my breasts growing and at that point she was giving me tips on how to stimulate more milk production. I think that i would have done quite a bit more, except at about that time we found out we had to move to move to another city, and then we've had to move again since. I've stayed away from the progesterone in hopes that at some point i can re-lactate and get into donation.

It was a very satisfying experience, but it was also very taxing. If you get into donating, you have to keep the kind of schedule that a new mother needs to keep. It's really, really intense.

Dr. Laura Arrowsmith D.O., 68, Tulsa, OK
When I was in my late 50s, i decided that i was going to try this to see if i could do it. I underwent a drug regimen and used a breast pump fairly regularly. And gosh, within about a month, i guess, i was producing milk!

After i got to the point where i understood that i could lactate, i didn't pursue it further — i didn't have any need to maintain lactation. It's a supply and demand sort of thing, so i stopped the medication and the pumping and of course I dried up. It was just super, super neat.

I think it strongly reinforced my sense of womanhood. I had some great inner satisfaction in knowing that i could do what a cisgender woman could. It was very important to me, and i'm proud and happy that i did that.

My main career was as a radiologist. I retired from that about a year ago; I've seen my own mammograms and there's absolutely no way that a radiologist could look at my mammogram and say "Oh, that person's trans." Breast tissue is breast tissue. Looks identically, works identically.

The lactation thing for me just affirmed my womanhood, I think that was the most important part.

Individual who transitioned due to social dysphoria
I've lactated small amounts due to hormonal changes or other factors.

I have no doubt I could in larger amounts if it was a goal.

What does it mean to be female?
There are several competing definitions for this depending on ideology

0. it's all about chromosomes

1. it's about your brain
2. It's about gamete production.
3. it's about genitals.
4. it's about your gender identity
5. you need to feel like you are a female or have dysphoria
6. it's about having female secondary sex characteristics
7. it's about looking like a female.

What actually works in the real world is 4 or 5, if someone look like a female you let her use female changing rooms or bathrooms.

1 and 2 and 4 will set you up for social difficulties and there isn't actually any way to test this scientifically, anyone can claim to have gender dysphoria or that they identity as female, there isn't even any way to test whether or not someone has a "female brain" with current technology and the notion of male and female brains are a misnomer.

1 would result in women with androgen insensitivity syndrome being classified as male, should we force them to use male bathrooms?

Of course we can discuss exactly where to draw the line but so far rather inclusive policies haven't caused any real-world issues besides some people having a moral panic over a non-issue [22]

Biological sex is bimodal, not binary
Some people want to look at just hormones which don't make biological sense

https://www.ncbi.nlm.nih.gov/pubmed/24313430

These individuals are inconvenient for transphobes which is why they don't want to talk about them, they just throw them under the bus and accuse people defending them of "dragging intersex individuals into this".

The fact that sex is bimodal means that some people are more biologically female than others, some people can get pregnant and give birth while other individuals are incapable of that despite having an overall feminine body, maybe it will be possible for them in the future with a womb transplant.

Some trans women have been able to breastfeed, the breasts you get from HRT are real female breasts.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779241/

If we are going to look at just fertility we end up with 4 categories

0. People that can get pregnant (cannot impregnate).
1. people that can impregnate (cannot get pregnant).
2. Hermaphrodites (so far hasn't been observed when it comes to humans).
3. people who are infertile.

But there is no clear way to divide people into these categories. A more accurate model is to look at the male and female reproductive potential where you look at how many biological children someone would have naturally given max breeding but this is not really relevant today in social interactions.

From a darwinian perspective people of category 1 are the most valuable while people in category 3 are the least valuable, this is not however how people are valued in our modern society, instead it's mostly about looks and your ability to be productive under capitalism.

If we insist on a strict binary we will have to draw the line somewhere as we force everyone into two categories, some people will get kinda fucked over by this and this is impossible to avoid. It's better to look at each person individually rather than trying to group people arbitrarily together.

I can see where some individuals gravitate towards the gender identity concept where it's about feelings "i feel like a girl" rather than your physical features, i view that as nonsense and it will create social problems trying to make everyone pretend you are a girl.

HRT will affect all aspects of your body, the transition is biological and very real.

How a girldick differ from a male penis
Hormone replacement therapy (HRT) will also affect your penis

1. making them softer
2. better smelling
3. you will be able to get multiple orgasms
4. Change in coloration
5. Little to no spontaneous erections
6. Less aroused by visual stimuli
7. your dick will become a lot more sensitive to touch.
8. you will be able to get full-body orgasms from penile stimulation.

Transwomen have way better sex than 'chad'
If you want to have some carefree kinky fun, you should look to date other trans girls. They'll be as horny and fucked-up as you are; just take a look at the various NSFW trans subreddits to get a glimpse. If you want to get free stuff out of your relationship, look for a chaser, but make sure to find one who isn't cheapskate. They love to spoil their dickgirl princesses. If you want love and stability, look for a bi guy. Some chasers are also keepers, but only the ones who are out to everyone, including their families. If they aren't, you will always be a side bitch to them.

Male hormones are responsible in part for the refractory period and making orgasms localized in the penis. You know how it feels, because you are on them. It feels like a distortion of going to urinate, then semen comes out. There is no real pleasure to be had from penis stimulation on testosterone.

It is also way better to get fucked in the ass than to fuck someone yourself, you will get multiple full-body orgasms, nothing like the lame unfulfilling orgasm you get from P in V sex.

You will find out that all expectations about how awesome it is to get fucked are true. You can already try it out via dildo and just ask yourself how much better it will be once you start on female hormones and get fucked by a real pulsating dick.

Some natal women are willing to try sex with transgirls but most likely you will not be close to sexually compatible and she may not accept you enjoying yourself with other transwomen
Imagine finally giving up your remaining dignity as his penis is about to enter your body, you will eventually start moaning as he fucks you but estrogen has made you weaker and you are now powerless to resist. Your prostate will be pounded and you will experience multiple full-body orgasms.

Why SRS is a bad idea

A girl with a penis is exotic and may thus have an easier time dating than a trans girl with a vagina, at least unless the bottom surgery results ware very good.

It’s difficult to find any good MtF bottom surgery results, most are really bad. SOme are ok in terms of appearance but most are not

http://www.supornclinic.com/restricted/SRS/Results.aspx
https://www.mozaiccare.net/photos-1-year-postop

Natural vaginas look much better

http://www.labialibrary.org.au/photo-gallery/#

Reproductive function
While a neovagina could allow for natural impregnation (if functional wombs and ovaries were added, etc) no current neovagina option would allow for child-birth, they cannot expand enough to support that, not even close.

While SRS doesn't add any female reproductive abilities it will remove valuable male reproductive abilities usually leaving the patient permanently infertile besides any sperm that may or may not have been banked. Just relying on banked sperm is probably not a good idea if you want children. If you keep your testicles you might be able to restore your fertility by temporarily stopping HRT.

Sexual function
SRS does not add much if any sexual function.

Anal sex works just fine and it does not require any dilation or surgery. Thanks to the prostate you will be able to enjoy very powerful orgasms from that and here is a problem, with SRS the neovagina will be created between the anus and the prostate which is very likely to make anal sex less pleasurable.

With SRS you will also lose the ability to put a dick inside someone else which will limit your options when it comes to sexual activities.

By having a penis as a girl you are exotic, if you have SRS you lose the thing that make you stand out compared to cis females you will then have a hard time competing with people born female (who usually are fertile and have more attractive genitals).

What if you have genital dysphoria?
It's not clear to me that having surgery to construct something that doesn't look anything close to a natural vagina would be particularly helpful for that. Sure you can tell yourself "i like they way it looks" but i do not think living in a state of constant delusion is good for you.

Maybe it's just me but i do not like the idea of removing parts of your body because they make you uncomfortable or whatever. Should people with Body Integrity Identity Disorder cut off their leg/arm?

Physical health should come first, mental health will be a function of you in general living a good life. The issue with how mental health is currently addressed is that short-term gain comes at the price of long-term pain, this is a general issue with psychiatry.

Study results
If you look at actual studies you will find that it's not surgeries trans people benefit from. Only HRT has a significant positive association with quality of life in multivariate regression.

The following study did found that the "mental health" metric increased temporarily after SRS only to fall back to the level it was prior to the surgery.

Scores on SF-36 for all individuals in the study

	0 year		1 year		3 years		5 years	
	Mean (SD)	95 % CI	Mean (SD)	95 % CI	Mean (SD)	95 % CI	Mean (SD)	95 % CI
Mental health	66.6 (24.2)	62.7–70.6	70.1 (24.0)	65.5–74.6	67.7 (25.3)	61.4–73.9	66.1 (26.6)	58.2–74.1
Vitality	58.8 (25.3)	54.6–62.9	61.1 (25.5)	56.2–65.9	59.2 (23.8)	53.3–65.0	57.3 (26.6)	49.4–65.3
Bodily pain	80.1 (25.3)	75.9–84.3	82.1 (24.4)	77.4–86.7	78.6 (28.0)	71.6–85.6	72.5 (26.5)	64.5–80.4
Social functioning	73.7 (27.0)	69.1–78.2	77.5 (27.7)	72.2–82.8	73.8 (28.4)	66.8–80.8	69.8 (29.4)	60.8–78.9
Role emotional	69.5 (39.7)	62.9–76.0	69.1 (41.2)	61.3–76.9	65.1 (41.7)	54.8–75.4	59.7 (44.0)	46.5–72.9
Role physical	82.5 (30.4)	77.5–87.5	82.9 (32.7)	76.7–89.2	79.3 (33.5)	71.1–87.5	70.9 (42.2)	58.3–83.6
Physical functioning	91.2 (13.7)	89.0–93.4	92.4 (13.9)	89.8–95.0	89.7 (17.6)	85.4–94.1	91.5 (11.8)	88.0–95.1
General health	52.0 (10.4)	50.3–53.7	51.9 (12.2)	49.6–54.2	50.0 (12.1)	47.0–53.0	48.1 (12.6)	44.2–51.9

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5440516/

As see here there was no statistically significant short-term benefit and control group.

Limitations of the study include incomplete follow-up and the inability to adjust results for clinical factors such as comorbidities, sociodemographic factors, and hormonal treatment.

I tried finding the data regarding the response-rate for the follow-ups but i failed to find that, it may have been intentionally hidden by the study authors. It might be the case that people unhappy with their results just disappeared and that only the ones somewhat satisfied continued to participate.

The study authors did point out that the quality of life will decrease over time also among the general population but that's not a proper control group, we need to compare it to trans females people who did not undergo that surgery.

It will probably ruin anal sex since the neo-vagina will be created between the prostate and anus.
It's very likely that your bottom surgery options will be far better in the future if you just wait.
Maybe in the future it will be possible for transwomen to get pregnant.

If your SRS is a failure there will probably not be any way to fix it later, it's irreversible.

Trans females who had surgery had better mental health than cis females
This is self-reported, in this study trans females who hadn't had any surgery had worse mental health than cis females while trans females who had FFS or SRS scored slightly higher on average.

Table 3 SF36v2 component summary and domain scale score

	Physical component summary (PCS) Mean (SD)	Mental component summary (MCS) Mean (SD)	Physical function Mean (SD)	Role-physical Mean (SD)	Bodily pain Mean (SD)	General health Mean (SD)	Vitality Mean (SD)	Social function Mean (SD)	Role-emotional Mean (SD)	Mental health Mean (SD)
1998 general population-females	49 (9.8)	48.9 (10.0)	48.6 (10.0)	49.1 (9.7)	49.1 (9.6)	49.4 (9.6)	48.8 (9.5)	49.1 (9.8)	49 (10.0)	48.9 (9.8)
FFS-Yes; GRS-No	56.4* (10.1)	50 (8.9)	52.7* (7.8)	54.8* (5.7)	56* (7.8)	54.8* (8.2)	54.6* (9.4)	50.4 (6.8)	50.8 (8.5)	51.7 (7.7)
FFS-No; GRS-Yes	53.5* (9.4)	49.3 (9.5)	51.9* (14.8)	52.6 (2.6)	53.4* (5.6)	50.9 (8.0)	51.8 (8.3)	49 (6.4)	50 (7.2)	50.7 (7.3)
FFS-Yes; GRS-Yes	54.8* (7.9)	49.2 (7.5)	53.7* (7.4)	52.9* (4.6)	53.6* (6.8)	54.2* (6.0)	54.6* (9.8)	49.1 (5.1)	50.4 (8.6)	49.7 (5.9)
FFS-No; GRS-No	57.4* (8.1)	39.5* (7.3)	53.7* (9.8)	53* (5.1)	54.1* (7.5)	51.5 (7.5)	47.8 (10.5)	44.2* (6.2)	43* (8.1)	42.1* (7.3)

* $P < 0.05$ when compared to general female population

https://sci-hub.se/https://pubmed.ncbi.nlm.nih.gov/20461468/

This however does not mean their surgeries are beneficial since there were confounding factors skewing these results. The people who had surgery as a group also had been in treatment for longer and all of them were taking hormones compared to 66% of the no-surgery group.

For some insane reason they didn't separate out the people who were not on HRT which might explain why the group who had SRS but not FFS did better than the no-surgery group.

Table 2 Demographic data

	Mean age	Taking hormones	Transition <1 year	Transition 1–5 years	Transition 6–10 years	Transition >10 years
FFS-Yes; GRS-No (28)	51	24 (86%)	2 (7%)	19 (68%)	1 (4%)	5 (18%)
FFS-No; GRS-Yes (25)	50	25 (100%)	0 (0%)	6 (24%)	8 (32%)	11 (44%)
FFS-Yes; GRS-Yes (47)	49	46 (98%)	0 (0%)	18 (38%)	13 (28%)	16 (34%)
FFS-No; GRS-No (147)	46	97 (66%)	39 (27%)	68 (46%)	18 (12%)	18 (12%)

Participants were asked to complete the survey if they identified themselves as a transgender woman.

While there is a potential for individuals to falsify their identity, we believe this likelihood is low. It should be remembered that the term transgender is an all-encompassing term that includes individuals in a variety of points in their transition. As a result of recruitment efforts, only individuals who either received care from an FFS surgeon or clinic or were involved with transgender support groups or organizations were asked to complete the survey. This is an important point because transgender women who are early in their transition may not be well connected to support groups or physicians who specialize in transgender services. The quality of life of these transwomen is not well-represented by this study. We also did not collect data on the medical co-morbidities of our participants.

Thai SRS surgeons
The situation with SRS in Thailand is however a big mess with surgeons replacing each other and it's unclear if the end result will actually be good for you.

Suporn creates more depth. He guarantees at least 6 inches. Other surgeons come closer to 4 or 5 inches. 2) Suporn makes meshes from the scrotal skin and uses the scrotal meshes to lign " the neovagina". Other surgeons use penile skin primarily to lign the neovagina. 3) Suporn uses penile skin to create the " labia ". Westearn surgeons use scrotal skin to create the " labia". 4) Only Suporn and Chettawut perform the Chonburri method. All other surgeons perform penile inversion. 5) It's called the Chonburri method because Suporn creates an organ that doesn't exist in a real vagina, in an attempt to create a homologous structure to the G-spot in real women. This Chonburri organ is a lump of nerves bundled together that he burries deep down in the neovagina to extend the feeling to the vaginal canal instead of just " the clitoris ". 6) Suporn discourages hair removal prior to surgery. He scrapes the hair follicles himself. 7) The Suporn method was invented by Suporn himself and presented early 2000s to the world. 8) The Suporn method is much harder to recover from than the penile inversion method. The SRS patients have to dilate 3 times daily for 45 minutes during the first year. So almost 3 hours of dilation a day for at least a year, not included preparation of the instruments,... To dilate. 9) Suporn makes the prostate accessible through the neovagina during surgery by constructing the vaginal canal face to face with the prostate. 10) Suporn's prices go up 500$ every 6 months. He currently charges almost 20 000$. 11) Suporn is soon retiring and has trained an apprentice to take over his clinic. This new doctor is named Dr Bank. 12) SRS patients claim to be able to get wet with Suporn's technique. 13) Dr Suporn trained Dr Chettawut and they were both trained by Dr Preecha Tiewtranon, the master of SRS surgery in Thailand. 14) transwomen who go to Thailand get poor aftercare once they left the country. They can only email these doctors and can't telephonically contact them. They are required to stay in Thailand for 1 month after their surgery.
The other Thai surgeons are:

1. Dr Thep who charges 2500$ and performs an SRS in 2 hours. First come first serve base. He gives them a bamboo stick to dilate with and they can go home the same day after the operation if they want. The biggest complaint with Thep is according to himself : " hole is not deep enough ". Dr Thep performs sex-changes under local anesthesia and he offered a journalist who wanted to know more about the surgical process to talk with a patient who was under anesthesia on the operation table at that moment. He offered to pause the anesthesia so that the guy could talk to the press about his sex change operation.
2. Dr Nara who charges 3500$. Has only pictures with closed legs on his website. Jeesh, i wonder why lol
3. Dr Kuldech who charges the same prices as Nara from his website judging. This Dr Kuldech had a US patient who almost bled to death on his way back from Thailand to the US because stitches had dissolved prematurely. This TIM had gender euphoria because the ER team was impressed by his " vagina" and how the ' 'vulva' ' looked so natural.
4. Dr Preecha from PAI. He gives the patients a wax candle to dilate with. He is 86 now and only supervises surgeries. Dr Burin and Dr Sutin do the surgeries. PAI charges 8000$ for SRS and this clinic is famous for it's quote that gynos can't tell the difference.
5. Dr Kamol. Charges 10 000$ and has mixed results.
6. Dr Saran charges 8000$ and he butchers western MTF individuals and blocks their email and Facebook once they complain.

7. Dr Pichet who charges 10 000$ and has created bloody messes by performing SRS surgeries with a graft from their colon. Many of his patients kept digestive problems and had to wear pads all the time because their colon graft leaks in their " vaginas".
8. Dr Sanguan Kunaporn charges 13000$ for SRS and generally has satisfied MtF clients but most of his clients are autogynephiles of older age.

Preecha Aesthetic institute
The pictures posted on the website do look good but only 2 pictures are provided so it's very likely they are cherry-picked.

http://pai.co.th/srs-penile-skin-inversion/

A trans girl wrote the following regarding her experience with their vaginoplasty. It's unclear if this is a common result, did she got lucky? is she lying about it? Delusional?

Being a post-op trans girl comes with a lot of privilege:

- If you pass as a cis woman and you don't have to tell your dates you are a trans woman, they will treat you like a real woman in the bedroom. Trans women who still have the penis are often treated like a cum rag, sadly.
- If you can keep your trans status hidden and all your documents are updated, you could marry an upper-class man and then ask a divorce after a few years and cash out half of his fortune.
- Anal sex comes with a lot of loosening of the colon. That way you will shit your pants easily if you are an androphilic trans girl who regularly has anal sex. If you have a pussy, you won't have to deal with that. He could just fuck your pussy.
- You can train for sport competitions and actually be better at it than cis women. Your androgen receptors are more sensitive to testosterone so even with low doses of endogenous testosterone produced by the adrenals, you could put on a lot more muscle than a cis woman could. Rachel McKinnon is winning every competition against cis women. She's post-op MtF. You could seriously cash out on prizes and scholarships like that. There's nothing cis women could do about it, since you have a pussy pass.
- As a post-op trans woman you have easier access to cis lesbians too. You are not obligated to tell them. Contrary to what TERFs tell you cis lesbians wouldn't as easily know that your neovagina is a neovagina and not a cisgender vagina. I'm post-op after visiting Preecha Aesthetic Institute and at 9 months i had a cis woman licking my pussy without having a clue.
- If you ever commit a crime you will be placed in a women's prison. You will have an easier life than if you were put in a man's prison where you could be subjected to rape.
- People will see you as a real woman more easily. As a pre-op / non-op woman people will to some extend still see you as a man.

SRS if done by a good surgeon can look okay and neat.

Your sex-life as trans female
Maybe being a truecel isn't so bad if you are willing to swallow the pinkpill? you may end up having way better sex than a top-tier male.

(26 F) My partner (26 MtF) is constantly lewd with other people (self.mypartneristrans)

inlagd för 1 år sen av KoolAidxPickles

> My partner hasn't exactly been faithful to me in the past so I may be being extra sensitive but I feel increasingly uncomfortable about how and what they talk to people online about in trans focused servers...
>
> I understand the need for kinship and friendship with other trans women and in no way do I want to stop that but she doesn't seem to understand that friendship isn't sexual? She constantly talks about sex, her fetishes, sleeping in other trans women's beds and having sexual slumber parties, etc. It's all very sexually charged and I feel so uncomfortable with it all. I've told her I feel uncomfortable and she just tries to hide it from me...She doesn't have a single friend that she doesn't get lewd with or that hasn't seen her naked body. It's always a "If we all got together we'd have an orgy!" or describing explicitly sexual things being done to each other or awkward compliments that are very sexually charged, that even I don't get. I genuinely feel embarrassed because these people know we're together and most of them are poly, but we are not despite her acting like this. She'll openly say things like "I hate men but prefer dick" and identify as a lesbian, which just makes me feel horrible about my own body. I gave her oral sex the other day and a day later she'll say something like "I haven't oral sex in a way I like in forever" and not talk to me about, but just have more sex conversations with other trans girls. It makes me feel unloved and inadequate and cheated, but she acts like I'm being mean by begging her to stop. She has even gotten upset with me and called me the "police" for snooping on her (we're in the same server so it's hard to ignore these public posts). She explodes at me and says she has an "image/reputation" to maintain in the server and that I don't want her to have friends...Then she freaks out at me, logs out of everything and won't talk to anyone for days. I have said till I am blue in the face I don't care if she talks to others but the sexual stuff is not cool. Maybe discussing sexual things in a general context would be okay but explicitly telling other people she wants to BLANK their BLANK is ... not cool. Sharing personal private things only we should share is ... not cool.
>
> She claims it's because she wants to boost other trans women's self esteem and feel the sisterly bond cis women have when they are younger...but never did I ever do anything like this? Cis women don't usually act like this and honestly it would be considered a little creepy. I'm kind of offended that she thinks bonding with another women has to be THAT intimate...

A trans girl wrote the following:

I just had my first orgasm in a while, and I'm a sweaty, sticky mess.

This story is kinda detailed i guess? Sorry if it's not the normal kind of post for here.

I've been streaming video games a lot lately (mainly Overwatch) and my Friday and Saturday streams were always the one where i have someone, usually a follower, control my vibrator while i play. They turn my vibrator up when I'm doing good, turn it down when I'm doing bad, etc. Sometimes they'll dirty talk to me while I'm playing, and it's super hot. It has lead to some very good times. They all know i'm trans, i get treated 100% like a woman, it's great!

I told my discord that I'm not going to be streaming for the rest of the month earlier today, and one of my fans (it's so weird to think i have fans) sent me a dm telling me about how he enjoyed my streams, and he's going to miss them, and we chatted for a while today. It started out innocent, but didn't stay there.

Fast forward to an hour or two ago, and i just got home, and i'm pretty horny from our conversation, and he asks for permission to send me a dick pic. I say yes, he sends the picture, and...holy shit, i didn't know i was talking to a horse this whole time. Well, he's at least part horse.

Before i continue, i just figured i'd say that i'm comfortable with everything that was said and done. Some trans women may not like the same wording that was being used on me, but i do, and i was comfortable with everything he was saying. He was a total gentleman regarding what I was and wasn't cool with. I don't think anything he said would offend anyone, but I don't some people don't like using some words to describe their genitals.

So i decide to grab my bluetooth vibrator and pass the controls over to the guy i've been talking to. He'd never controlled it before. Where both starting to feel good, and he asks if he can voice call me. I say yes, he gives me a call, and at this point we're both really into it. He has a very seductive voice, and he's talking about how he wants to use my pony tail for leverage while he pounds my ass and rubs my clit.

We're both breathing heavy, moaning, he's dirty talking some more. I'm feeling great, but i feel like I've hit a wall and i'm not getting any closer to orgasm, and he clearly is. Soon he tells me that he's going to cum.

I tell him to cum for me, and i'm pretty sure i could hear the sound of his cum hitting his chest. It was so hot. I absolutely love the feeling of accomplishment i feel while i know i got someone off. Nothing makes me feel sexier. And i'm totally a sub.

So, he came, and he's breathing heavy, and encouraging me to cum for him too. Telling me what to do, and what he'd like to do while perfectly controlling my vibrator. But I'm still stuck on that wall and not getting closer. After a while he says he needs to get ready for work soon. He's still encouraging me though. I practically beg him to say for a few more minutes.

He lets out the sexiest laugh and says "you're just a little slut aren't you?" Oh, that's definitely working.

"You just want me to bend you over the edge of the couch, lift up your skirt, and fuck you til I'm dry, wouldn't you?" It's definitely working. I'm right on the edge of orgasm and he turns the vibrator all the way up as he says "cum for me bitch."

And holy fuck did i cum. I let out a high pitch squeak as my eyes cross, my toes curl up, my legs start twitching, and i practically fall out of my chair. This was no normal orgasm. I was a twitching panting mess for a good 45 seconds to a minute and a half. May 5 minutes. I don't know. I've lost all concept of time. I finally come down from my orgasm. He's turned off the vibe and i'm catching my breath. He says. "We have to do this again some time." i reply with "yes sir."

"Good girl." Oh, and here comes wave two. I have a little bit of an orgasm after shock. After that, we said our good bye as he finished getting ready for work.

So, my Friday is going pretty great! How's everyone else's Friday going?

Benefits of transmaxxing as sissy
Males with a humiliation fetish may benefit from going trans. The 'alpha males' sissies desire are actually rather rare and they tend to be into fucking females, you may need to transition to attract these males.

Hormone Replacement Therapy will also have additional benefits

0. Orgasms will become far more powerful, you will feel it in your entire body.
1. multiple orgasms just from penile stimulation.
2. reduced sex-drive allowing you to gain control over your sexuality.

If you like dick but also like female aesthetics transwomen are your best option but you may need to go trans yourself to get access to that dating market (trans escorts is not a good option).

When you are male you are a slave your sex-drive but the actual sex will not be that good, after you transition you have sex because it actually feels really good and not because you are driven insane by testosterone. The reduction in libido from HRT is only temporary [39]

A trans girl replied
This is exactly how i feel. Sex is better (hell, i didn't even have a sex life pre-transition) and i can't help but view the reduced libido as a good thing because i feel more in control. Also, i'm just so much happier with my life all around now because my love of self-feminization is so much more than just a kink and now i can appreciate the nonsexual side of femininity a lot more. I was already a small, skinny twink and it made me easier to feminize and i love what a cute tranny i'm becoming. Pre-transition, I looked pretty much exactly like the virgin character from the Chad memes. Anyone else here who was a skinny guy with glasses and short dark hair has probably had that same thought lol. Now my hair is getting longer, and i've been on HRT for about a year. My skin is getting softer and smoother, my acne and facial hair has mostly disappeared, my boobs are growing and my 34A bras are getting a little tight in the cups, my butt is getting softer and more full, my thighs and hips are getting a little thicker, and entire body is just so much softer and more feminized. I love it so much when my boyfriend caresses me and calls me "soft girl". I don't know how it took me until college to realize I was better off femme.

Transitioning made me a very happy person and i love my life so much!!!!

I know i don't fit the classic AGP stereotype because i'm young (21 currently), primarily date men, and I'm shockingly passable. All that being said, i am still very much autogynephilic but that doesn't mean I'm not also dysphoric and genuinely transgender. I may not have known i was a transsexual until i was almost 20 years old, but i knew i was a transvestite as young as 14.

I have had a similar experience to the other people in this thread when it comes to seeing the decreased libido resulting from HRT as more of a blessing than a curse, and living my entire life in girl-mode 24/7 has also gotten me more used to it so i don't get uncontrollably horny all the time, but there is still some fetishization there. HRT didn't kill my AGP, it just put a damper on it along with all my other, less powerful sexual interests.

I still feel aroused by my own feminization sometimes and it's hard not to when the estrogen has been so effective at doing it's job. It makes me horny sometimes when i see myself in the mirror applying makeup and it's not because i see a hot girl, it's because i know that i am her and she is me. Sometimes i'll be wearing really cute girly outfits in public and get so turned on by it that i end up wetting my panties with precum. Sorry if that sounds gross, i just felt it was an important detail to really describe my situation with AGP.

So overall, how do i feel about my decision to transition? I think it was the best decision i've ever made! I feel at peace with myself. I am probably the happiest transsexual you will ever meet.

I feel truly content with my life and cherish every day! I love the beautiful young woman i am blossoming into, and my parents have been very accepting and supportive, they still love me and even call me their daughter now. I am 16 months into HRT, have had my name legally changed, and almost a year into living socially as a woman full-time, and most of my dysphoria has disappeared.

No longer do i struggle with anxiety and insomnia as well. A lot of what i feel now is just gender *euphoria*, quite the opposite of before. Now, it's usually not inherently sexual to me, but when it is, i'm not ashamed of it, i still embrace it. It just feels so blissful, so comforting to me that i can live my life as a very girly, very feminine young lady now. I feel like such a pretty princess and i never want to go back! I never knew life could be so beautiful. I never knew i could be so beautiful. Everything is wonderful now!

Data Regarding suicide mortality
The following study on people who started transitioning before July 1, 1997 found that out of 966 MtF transexuals No suicides occurred within the first 2 years of hormone treatment, while there were six suicides after 2–5 years, seven after 5–10 years, and four after more than 10 years of cross-sex hormone treatment at a mean age of 41.5 years (range 21–73 years).

https://eje.bioscientifica.com/view/journals/eje/164/4/635.xml

The study followed these individuals until 2017 meaning all participants alive by then had been followed for over 20 years.

From this we get that while suicide mortality was a big issue in the past over time that has become less and less of an issue which is to be expected with transgenderism becoming more and more socially accepted.

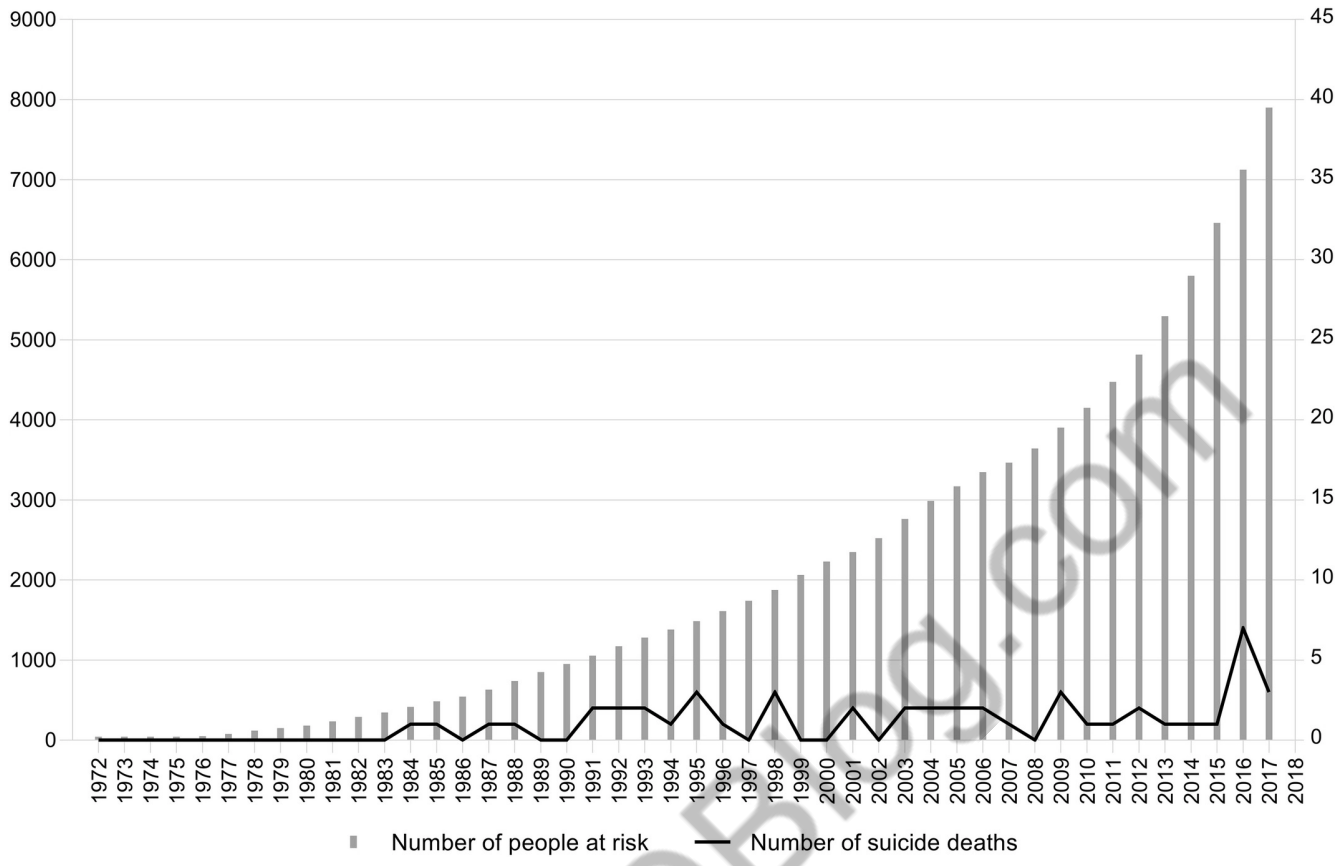
The following study also found reduction in suicide mortality rate over time

https://onlinelibrary.wiley.com/doi/full/10.1111/acps.13164

They found that overall suicide mortality has gone down over time, this is the case both for new people who just start transition and also people who started transitioning some time ago.

Unfortunately they did not separate people based on whether or not they were on HRT so we cannot really use the study to properly evaluate whether or not HRT reduces suicide mortality (the study did not even try to do this).

	Total (*n* = 49)	Trans women (*n* = 41)	Trans men (*n* = 8)
In active counseling	35	29	6
In diagnostic or hormonal phase	17	16	1
In surgical phase	2	0	2
Only medical follow-up care	16	13	3
No active counseling	14	12	2



3 people out of 8265 died from suicide in 2017 giving a early suicide attempt of 36.3 per 100000.

Data from the tavistock clinic
The data above is mostly for older transsexuals, what about young people?

https://tavistockandportman.nhs.uk/about-us/contact-us/freedom-of-information/foi-disclosure-log/

Freedom of Information Act 2000 disclosure log entry

Reference
18-19180

Date sent
17/09/2018

Subject
Gender Identity Development Service (GIDS) Patients Suicide Data

Details of enquiry
How many patients who have been referred to the Tavistock Gender Identity Development Service have committed suicide while in the care of the Service?

Please provide the number of suicides (if any), by year, for every year since 2003.

Response Sent
Patients on waiting list:

	2016	2017	2018
Completed suicide:	1	1	0
Attempted suicide:	0	2	0
GIDS Patients:			
Completed suicide:	0	1	0
Attempted suicide:	0	1	1

We do not hold this data prior to 2016.

People have done freedom of information requests from the UK tavistock clinic and there were very few deaths from suicide and also few recorded suicide attempts. They do not unfortunately provide much details regarding these few (not enough for statistical analysis regarding risk-factors) cases.

The clinic had 7287 referrals 2016 to 2018 https://gids.nhs.uk/number-referrals

Depression comparison
Let's compare to people being treated for depression

https://sci-hub.se/https://doi.org/10.1093/oxfordjournals.aje.a009428

So the suicide mortality of trans people 2017 was similar to the suicide mortality of insured people treated for depression in united states 1992 to 1994 (any treatment).

TABLE 1. Total mortality and suicide mortality among Group Health Cooperative of Puget Sound health plan members treated for depression in 1992–1994 by age, sex, and level of treatment

	No. of deaths	No. of suicides	% of deaths due to suicide	No. of person-years	Suicides per 100,000 person-years	95% CI* for suicide rate
Total	850	36	4.2	62,159	59	40–78
Age (years)						
18–30	23	6	26.1	9,927	60	12–109
31–45	82	13	15.9	24,855	52	24–81
46–60	110	6	5.5	14,405	42	8–75
≥61	635	11	1.7	11,979	92	38–146
Sex						
Male	412	20	4.9	16,936	118	66–170
Female	438	16	3.7	44,242	36	18–54
Level of treatment						
Any psychiatric inpatient	20	4	20.0	1,782	224	5–444
Any mental health specialty visit	426	24	5.6	37,380	64	39–80
Any antidepressant	336	8	2.4	18,422	43	13–74
None of above	63	0	0	3,540	0	–

* CI, confidence interval.

Unsurprisingly the people who got treated had higher suicide mortality rate. This is to be expected given the fact that their treatments don't work any better than placebo [40]

Transmaxxing works even if you do not improve your personality

There was a horrifying post i saw ages ago about a cis lesbian cohabilitating with their LT trans girl girlfriend and snooped their computer(apologizing profusely for invading the privacy etc, sweet kinda girl) literally found their not so old incel posts about how they were dating an ugly lesbian but were looking forward to leveling up to a hotter one. She was horrified and blaming herself i couldn't believe what i was reading she was already forgiving 'her'. If anyone knows the post i'm talking about please post it. It still keeps me up some nights.

When you have a higher SMV than your partner you end up with power over your partner, you always have the option of leaving for someone more attractive while your partner would end up with someone less attractive if anyone at all. Your personality is just one of many factors, you can get away with having an unattractive personality if other traits are desired.

When you potentially offer things of great value (such as a really nice body to have sex with) other people will be the one needing to improve their personalities and social skills to get you.

You should ask yourself if you really want to adopt a fake personality in an attempt to attract females, it's not even clear what the ideal personality is and constantly playing a role you don't want to play is not good for your mental health. In reality you probably want to change your personality to what most people view as something worse, become more selfish instead of the other way around.

A lot of males that struggle with dating due to mental illness would be able to get a good dating life via medical transition, it's a lot easier to make the body more attractive than trying to cure mental illness, don't expect too much from psychiatry and therapists.

When you are too mentally unfit to function in society and take care of yourself you need to rely on other people for that. If you are female (cis or trans) you can probably find a male that will take care of you and of course also fuck you.

Some people need a male to take care of them
Not everyone can be successful and independent, some individuals need to just be subservient to a master, they exist to be used and give pleasure to other people. This will be the end station for some individuals that transitioned from male to female, better than homelessness i suppose.

You will be spanked when you have been a bad girl and rewarded when you have been a good girl.

Some people just need to give up their useless pride, the thing with self-respect and making your own money didn't work out, the only thing you have left now is your body that will be used by someone else, you better get used to having sex with a male because this is all you will get now.

How to extract resources from men
You need to go through divorce legislation in your country to examine what's required to divorce rape him [41] prenups written can be invalidated [42]

Make him think you two are a team together, manipulate him into taking actions that will be good for you later once you dump that loser. Make him put you as an owner to a house he paid for alone with his money, ask him to pay off any debt you have, manipulate him into giving you expensive gifts.

If you want a free meal you can make him pay for everything. A key part in making this work is to look as good as you can. Wear a dress to all of your dates, heels, use makeup if it makes you prettier. You need to emphasize the difference between you and your date; you are a woman and he is a man. Wear earrings and put on a sexy perfume!

Be a good listener and a good conversationalist. Be interested in them as a person, ask questions, speak softly and in a girly voice, laugh softly, and don't interrupt them. You need to be fun to be around with so that they think that they won't ever think of making you pay the bill because they had a bad time. Even if you feel like the connection isn't there, still be nice to them and treat them well.

If the man you're going out with asks you to split the bill simply tell him that you'll take care of the bill the next time you go out since you prefer taking turns since that's more romantic. Don't appear bitter.

Smile as you say this and act feminine! Be sweet, confident, and show him that you desire him non-verbally. 99% of men won't insist that you pay the bill during that time. Of course, there won't be another date. Delete him from the dating app and block his number. You don't need to say anything more to them.

Don't feel guilty about blocking a cheap man. Just remember that men don't feel guilty about using women and playing with their emotions. It's only fair that we reserve the right to block cheap men who won't add value to our lives.

One issue with relying on men for resources is that this may decentivize you from taking action that will allow you to make money in other ways that don't depend on your fading attractiveness, this is similar to the government welfare trap where you used to getting easy money and thus don't take steps to improve your life long term.

Generally males that are useful when it comes to extracting resources are not actually men you should consider as a sexual partner, thus you may want to use other males for sex/reproduction.

By successfully extracting resources for men you will end up with more freedom when it comes to selecting a sexual partner while still being able to properly support all your children financially, the well-being of your children is more important than what's currently viewed as moral by society.

Sex work
Why work a boring job when you can get paid to be sexually humiliated in many ways?

Sex work allows you to turn a humiliation fetish into a profession.

The advantage with the clear honest exchange is that it gives the male far more power over her via his money, she will have to participate in his sick perversions or she will not get any money, the more money he offers the harder it will be for her to resist.

While it is humiliating to participate in porn or prostitution other forms of works are more disgusting and pays far less.

Long-term relationships are often just glorified prostitution where the female gets resources in exchange for sex, sex that she may still enjoy. Generally prostitution goes against social norms which is why the nature of the exchange is hidden behind marriage sermons and romance bullshit.

Sex work that involves you physically meeting other individuals do however come with risks, in addition to the possibility of being harmed due to violence you also risk getting infected with Sexually Transmitted Diseases. The risks of sex work can be minimized by sticking to online works (cam-sex) or by instead becoming a sugar baby for a male you have verified are safe.

Another issue with sex-work is that often it’s illegal to outright buy sex making it more difficult to find clients, in some countries you are not even legally allowed to directly sell sex. If you have real potential you may benefit from being irrationally hostile to selling your body.

How to attract chad
.What's true when interacting with normal males stops being true when you try to attract elite males in terms of attractiveness, these males have other options and thus you need to treat them well or they will go for someone else. Yes you should probably fake your personality, most males cannot tell.

Wear sexy outfits in public and take good photos of yourself to use for online dating. Your strategy should be to hook him by being submissive and letting him use you as a toy, he is the one having power over you by virtue of just being really attractive, it doesn't matter that you don't need his money. Figure out what he is into and let him get that.

Do not expect or demand that he provide resources to you, if you need money that badly you should focus on other males that lack better options.

The only reason not to let a chad fuck you when you are androphilic is the STI risk, anal sex is the most risky form of sex and it's also a bit messy, he needs to be tested regularly if he is also having sex with other girls. You can still please him by giving him a handjob. You might also want to give him some gifts, not before getting his BWC of course.

As you become more attractive by taking hormones and having the right surgeries you will be able to attract males of higher quality. You might think you will never attract the male of your dreams but one year later you might have his dick in your ass.

Transmaxxing success stories

“When I was an egg the envy got so bad that I started hating women just on principle ‘Like why should they be pretty and cute and I am stuck in hell!’. It caused me to troll women online and act like an MGTOW/Incel/Nice Guy/POS.” Source / Archive

“If I hadn’t of come out and transitioned I would have likely become the exact epitome of the kind of person that I hate the most right now. I was a straight white neckbeardy 'Why aren’t there straight/white pride parades’ misogynist douchebag. If I hadn’t of come out I’d likely have been the type of guy to bitch about being an incel and *shudders*” Source / Archive

“I’m a literal Ex-Nazi Trans Female so I can relate.” Source / Archive

“Solidarity comrade. Trust me, I used to be a Nazi even as I was discovering I was trans” Source / Archive

“I’ve seen a lot of people go from fascist mra to trans girl on their journeys” Source / Archive

“I wonder what percentage of incels are iron-shelled eggs” Source / Archive

“I wasn't a brony. Back then, I was closer to just your run-of-the-mill incel.” Source / Archive

“Former incel, current happy trans girl.” Archive

“A huge amount of the reason I was an incel was because I was a closeted trans girl.” Archive

“Me in high school. Also was pretty much a nazi. Hated the world. Etc. Now I am a very cheerful and loving trans girl uwu” Source / Archive

“Seems like anyone who went to 4chan either grows up to be trans or a white supremacist and there’s zero middle ground.” Source / Archive

“i was a fash-adjascent man in my early 20s. 5 years later i’m an anarcho-communist enby.” Source / Archive

“Big mood. 4 years ago I was an edgy, right-wing, anti-SJW teen who was borderline MGTOW. Now I’m a gay catgirl dating an anarchist transgirl.” Source / Archive

“I’m really obsessed with incels. So many of them are actually repressed trans women it’s impressive.” Source / Archive

“Oh hey same. I used to run in neckbeard 4chan incel circles. Now my name is Rebecca and I’m a girl. When did that happen?” Source / Archive

“Oh shit, I just realized I went through a Neo-Nazi phase.” Source / Archive

“I was more an incel-ish transphobe than anything. Looking back at my past kinda disgusts me, but now I’m good with myself. Honestly makes me wonder how many incels are in trans denial.” Source / Archive

“Honestly I think that most incels are transgenders in denial. I never came across a group of men who are so jealous and envious of women. All they ever do is talk about how women are lucky and fortunate. Also most have body dysphoria and hate how they look. If that isn’t an egg about to crack then I don’t know what is.” Source / Archive

“the pipeline from nazi to commie trans girl is real” Source / Archive

“I honestly don’t know how I escaped my Nazi phase. Anyone with half of a brain would’ve thought I was past the point of no return, but clearly I wasn’t since I escaped.” Source / Archive

“Former incel here, looking for help” Archive

“As the old saying goes: 30% of TERFs are closeted trans men and 30% of incels are closeted trans women.” Source / Archive

“went from browing /pol/ for 2 years then /lgbt/ for a while before just deciding to transition. Shits possible man, but personally I think I was just browsing to help repress any sort of AGP related feelings. I told myself I shouldn’t transition because I had to pass on my white genes lol!” Source / Archive

“tfw i went from right wing incel to communist catgirl in the matter of just about a year” Archive

“Can I really do Transmaxxing?” Source / Archive

“Trannymaxxing to get lesbians is my idea and I hope it spreads.” Archive

“amab questioning thoughts: 'am I really trans, or am I just a particularly creative incel?’” Source / Archive

“I was a borderline ultra manipulative incel before I first realized I’m trans.” Source / Archive

“I’ve physically harmed people just like us before I cracked” Source / Archive
“i was a raging misogynist for years.” Source / Archive

Not only did transitioning save my life, it got me out of inceldom
I'm so so so thankful i was blessed with gender dysphoria. When i was living as a man, i was basically hopeless. I had horrible anxiety, i was ugly, i had only one relationship under my belt that lasted 3 months, and we never even had sex, we only kissed before she dumped me.

I started transitioning 8 months ago taking hormones and getting laser hair removal. Since then, i've had 5 sexual encounters with 3 different women. Know why? because i'm a cute girl and not an ugly "man". They were all women who were out of my league when i was living as male, but women these days are super into me.

In short, gender dysphoria saved me. It gave me a life-or-death need to transition, and i was pleasantly surprised to see that being a girl made me more desirable to women.

I'm not a woman trapped in a man's body. I'm just a man with bad genetics and childhood traumas

I just hate being a guy, hated myself, and decided to gender transition as soon as i realized it was an option. Saw it as an escape from myself.

Didn't 'always know' and didn't play dress up as a kid nor had especially feminine interests. Sure i hate sports and being competitive but that's just because i'm weak and passive. Prior to transition i was mostly into escapism fantasy because life sucked and i wish i wasn't born. This is just another distraction and escapism. Planned to check out early then transitioned instead. Still here and in the best shape of my life. Transition has caused me to take much better care of my body, diet, exercise, and improved my social life. Has been a total win going from a 2/10 male to 4/10 trans woman.

I don't recommend transition to anyone if they can make their life as a guy work but if your life is total shit and you think you might be happier with existing it's something to consider.

Never wore or had any women's clothing until my early 30s. When i was in high school i dreamed about having a girlfriend but never dated nor masturbated. In my 20s i started to worry it wouldn't 'just happen' so i tried to meet women and date without much success. Dated women and i thought they were attractive but i didn't want to have sex, only cuddle. Had sex a few times in my late 20s but didn't enjoy it and didn't orgasm. I also never had an orgasm from masturbating until my late 20s when i finally figured out how to. Unsure why. My penis always felt sort of numb, disconnected, and scared me a little so i didn't play with it. After all the trouble dating and with sex i thought I'd be single forever. Dating and sex wasn't any fun, just stressful and gross even tho i felt lonely and wanted a relationship. Later on i discover transgenderism and start crossdressing.

Like how i looked a lot, feel much better about myself and appearance. Decided i hated being a guy and liked the 'woman' me more so i transitioned. Didn't think much about dating guys because that was gay and i grew up with homophobic Jehovah witness parents and i just wanted to have a normal hetero relationship. Despite trying and failing to find a girl friend/wife in all my 20s i found a boyfriend nearly effortlessly in my early 30s living as a woman. Dating and sex is fun and enjoyable.

I pass fairly well and never get hassled or misgendered in public. Have trouble thinking of myself as 'gay' being a male with a male, i like having a boyfriend and getting fucked by him but i only see myself as a woman with a man? Is that the AGP? I feel some attraction to women but i don't want to have sex with them, i just admire them and want to be more like them?

All the trans people i meet talk about knowing from a young age and dressing up and what not. I had no idea, stumbled into it by accident well into adulthood and decided i hated the guy thing and wanted to be a woman. Anyone relate? I feel like such a weirdo even within a tiny fringe community.

I love being a cute girl

It was like going from watching a movie without colors and sound to watch a 4K movie with nice audio. I love how orgasms feel now when i am a girl, i didn't think sex would be this good.

I went from being depressed and taking drugs to now only taking estrogen and cypro. I cannot wait to up my dosage.

I love wearing panties and lingerie, i am so much happier now when i can be myself and use the clothing i love.

I was always meant to be a girl, this is why everything felt wrong and nothing really worked out in the past, my brain was meant for female hormones. I didn't realize how much testosterone made me suffer until i finally switched to correct hormones.

I have wanted a female body for a long time and now i am making that dream reality.

I didn't feel like i was a girl until i was on estrogen
Now when i think back i remember wanting to be a girl a long time but i never really felt like i already was one, like i wasn't really transgender, i though it was just a fetish or that i was doing it to get a girlfriend.

Once i have started estrogen i started to feel differently and i started to view my self as a girl, it wasn't really that my body changed. I think it was the testosterone that messed up my brain, once i had the right hormones things because clearer and i started to understand that i had been a girl trapped in a male body all along.

I used to just imagine being a girl but i discarded it as just a fetish even when it was other stuff like using a girl character in game, i now see how stupid that was, i was in denial for a very long time.

Getting a girlfriend was nice but the main benefit was feeling better mentally, i was able to stop taking antidepressants. I also found a girlfriend and now we have been together for 7 months, we have been transitioning together and it has been amazing. I love how my body is changing, each day i become more like my true self.

I used to have trouble socializing (got diagnosed with autism) but now that's a lot easier, i think it's because i am more comfortable with my body and no longer depressed.

Testosterone really confused me, it changed me into something else than the real me, i was always meant to be a girl.

Leslie’s story
Although Leslie was born male, she began to try to pass as a female, initially by tucking, using a gaff (device that hides the mooseknuckle), cleavage enhancement, hip and buttock padding, crossdressing and using breast prostheses; later by going through a physical transition.

Leslie felt that her penis and balls were useless body parts that served no purpose. The pointlessness of her male genitalia is what triggered gender dysphoria in her. Leslie did this because she struggled to gain the attention of women.

She believed it wouldn't be too difficult to change gender identity as she already had a small frame, and had minimal secondary sexual characteristics. She specifically said that being male "sucked" because of the prolonged sexlessness. She also said that if she had not altered his/her gender identity, the trauma of inceldom was so bad she considered going to Belgium or Switzerland as these two countries are considered the easiest places for entering a "mercy killing" or "suicide tourism" arrangement. In Leslie's words, the research they had done suggested both countries were considered the "euthanasia capitals" of the western world. Transitioning made Leslie change her mind.

She began to understand why prostitution is usually a 1-way street of men buying sex from women; not the other way around. It's because of the mismatch in demand, Leslie posited. Becoming a woman she learned first-hand that the ease of access to sex was as different as night and day between men and women. Women are stupendously privileged in this regard as Leslie soon found out. Leslie decided to transition because she wanted to experience this female-specific privilege for herself. After changing gender identity, she had no difficulties attracting partners of either sex. Leslie was no longer lonely. She specifically said, and emphasized, that she would have never transitioned had it not been for the inexhaustibility of male inceldom. Leslie felt that some her earlier traits as a male, which made her repulsive or off-putting to potential suitors, such as shyness and awkwardness, suddenly were seen as tenable traits in the dating scene. Leslie's transition according to her e-mail has been successful and she now happily lives as an allosexual sex-having passing transwoman. According to Leslie, from her tweens, to her teens and during early adulthood she was completely a cisgender man. Only once Lesli reached their tricenarian years did they begin doubting the viability of their gender with regards to prolonged loneliness, thus subsequently decided that transitioning to a woman was the right choice.

Stereotypical masculinity = being dumb

If you look at masculine stereotypes it's basically being dumb such as dying for vladimir putin in Ukraine. This is not something that's innate male, it's something societies instill in males to make them act against their self-interest (such as dying in a war for zero benefits to people close to you).

Regardless of your sex/gender you should use your own brain. You should admire the smart Russian soldiers who abandoned their tanks in Ukraine knowing that the russian regime no longer could reach them once they were there.

https://twitter.com/nexta_tv/status/1497891974275383296?s=20&t=hECEahpLL2FgiWFu9VjuNQ

Generally when it comes to gender roles it's fine to go along with it as long as it doesn't cause serious harm but if people try to use a gender role to make you do something really dumb you have to push back against that.

For males detrimental gender roles are often state-enforced, this illustrate that dying in some war might not actually be something that comes naturally to males in the first place, its something males have to be forced/indoctrinated into. Governments have historically acted very brutally against males unwilling to fight in dumb wars (often outright executing them).

Both Trump and Biden got elected as president even though they dodged the draft. This illustrate how society will not actually punish you for being smart when it comes to these things, you can still get elected to the most powerful position in America if not the world.

Nationalism
Of course nationalist societies will often outperform societies that are not nationalistic, this creates an evolutionary pressure on societies towards self-preservation even if it isn't to the benefit of the people.

Logically even defending a good government will not benefit you personally typically, instead people are expected to defend their country out of altruism.The current Ukrainian government isn't even particularly great, it's probably better than the russian government but that doesn't make it worth it risking your life when it isn't likely to change the outcome of the war in the first place.

Ukraine banned males between 18 and 60 to leave the country when their country got invaded by russia. Very few people with male legal sex were given permission to leave.

https://www.vice.com/en/article/z3ng45/males-banned-from-leaving-ukraine

The Ukranian also stopped people who looked to masculine from leaving, even people with a female legal sex were often barred from leaving. In addition the Ukrainian government earlier made it very difficult to change your legal sex in the first place thus screwing over most trans people [43] [44]

Of course you could have left before this war started and be just fine but many Ukrainians were naive and engaged in wishful thinking and this even included their president Volodymyr Zelenskyy. Being smart was more important than being female in this case (it was pretty obvious they would get invaded).

Obviously you do not want to die or get hurt in some war, you should just flee, your life is more important than the expected benefit you would provide as a low-level soldier. Don't let nationalism cloud your judgement.

It's very likely that most people killed/mamed/tortured in this war will be male. This makes it better to be female if you are Ukrainian but what about other countries?

Having many males die is not really good for females since it reduces their mating options. That however does not mean that it will be easier for males to date since females are likely to resort to polygamous dating rather that settling for males they are not attracted to or remaining single.
Of course this war wouldn't have happened if Ukraine hadn't been dumb enough to give up their nuclear weapons in exchange for empty security guarantees.

Most males are already obsolete

With the technological advancement the majority of males are becoming increasingly useless and even a burden on society as a whole. Their Bodies are no longer needed for physical work and males as a group do not have any major mental advantages over females.

https://trustyourperceptions.wordpress.com/2013/09/01/dudesaredoomed1/

Reproduction
Most males are genetically ill-suited for reproduction and 1% of the male population is enough to impregnate all females that want kids [45] The fact that most males reproduce today is due to culture and this end up ruining upcoming generations genetically and results in bad males becoming legal parents giving them authority over children they shouldn't have authority over.

https://psmag.com/environment/17-to-1-reproductive-success

It may seem unfair to have a system where bad males are being rejected from parenthood while females unsuitable for motherhood are easily able to get pregnant even but in these cases having her reproduce with a bad male would be even worse. Already a big portion of the male population is being rejected.

https://sciencenorway.no/childlessness-fathers-forskningno/a-quarter-of-norwegian-men-never-father-children/1401047

Work
Most males do not do work that cannot be done by females, there are a few areas where males are difficult to replace but less than 5% of the male population is needed to do these jobs.

Why pay a male to do a job when you can have a machine do the job cheaper and better?

A lot of males today are not even net tax-payers, they end up using more resources from the government than they provide in taxes. Many males find themselves alone without any real purpose in life, they just exist and when they die nobody will miss them.

Sex
Males have far higher sex drive than females partly due to higher testosterone, if males on average want sex once per day while females want it once per week 85% of males would be obsolete when it comes to sex if it wasn't for the monogamy norm (which may be collapsing as i write this).

The solution
There are a number of options, many of these do not properly replace the male need for a female and non of them allow for reproduction. From best to worst:

1. medical transition from male to female
2. porn, masturbation, sex toys.
3. escorts
4. going gay
5. zoophilia
6. raping females
7. suicide

Option 2,3 and 6 do not offer any real validation, not sure about 4 and 5. Escorts are expensive and in many areas buying sex isn't legal and you may put yourself in legal danger by using these services. Most males prefer human females and thus 4 and 5 are not a good option for most people, zoophilia is also against the law in a lot of countries.

If we do not want males to go for 4 to 7 we should encourage option 1 to 3, not doing so would be highly irrational.

The biggest issue with solution 1 is that it stops being a good option as you get older, it's great when you are young (12 to 23 mostly) but at 30 it will be very difficult to ever pass and you may not become that attractive as a transwoman.

Involuntary Celibacy
Incel is/was short for "involuntary celibate" but it's not clear when it's "involuntary" and what counts as "celibacy" ? What if you hire an escort?

The word "incel" is also very problematic since a lot of self-identified incels have very toxic views. We are still willing to help individuals who hold these problematic beliefs, it is possible that many of them would change their personalities for the better after correcting their hormones (higher E, lower T).

In a lot of cases males that are unsuccessful sexually have not yet developed toxic views associated with incels and then if they transition in time they will remain nice people instead of becoming hateful.

You don't need to be a kissless virgin to benefit from medical transition, how functional your sex-life is as a male is just one of the factors to consider.

How much sex do you want?

How much sex did you actually get?

How was the quality of the sex you got?

How much did the sex cost you? (direct and indirect expenses).

Significant improvement from plastic surgery is rare when it's one on males and it will not fix any of the mental issues incels often suffer from, there is no surgery for the brain.

Dysfunctional sex life can have other origins than simply being unable to attract a partner you like for sex, some people find out that they cannot properly enjoy the sex when they are male.

Sexual reasons to transition are valid
Sex is a basic human need and if you cannot have a good sex life because you are male you need to consider medical transition as a solution. Not being sexually satisfied is bad for your mental health, it's even bad for your physical health.

https://www.healthline.com/health/healthy-sex-health-benefits

You not being sexually satisfied as a male can be due to several factors

1. failure to attract females (cis/trans)
2. testosterone ruining your orgasms (only a single weak orgasm from penile stimulation).
3. you not properly enjoying sex when your body look like a disgusting male.

If you get aroused by the thought or image of yourself as a female you should absolutely consider transition just for sexual reasons even if you don't have any other form of gender dysphoria.

Why suffer as a male when you can be a cute girl?

Transition due to mental illness?
First we need to recognize that a diagnosis with a mental disorder is not evidence of anything being wrong with the brain, the disorders outlined in dsm-5 are not scientific and no objective test is done prior to giving a diagnosis.

http://cepuk.org/unrecognised-facts/diagnostic-system-lacks-validity/

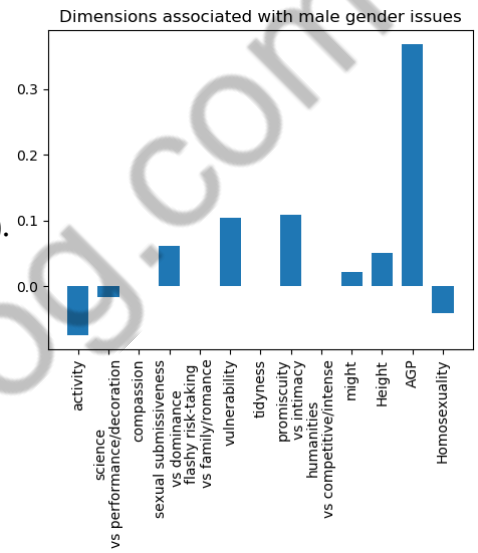
Because of that we cannot blame gender dysphoria on things like “autism” when there isn’t any objective test to determine if someone actually suffers from autism and even if we would discover a such test (which cannot exist since the disorder itself isn’t valid as used now) it would be difficult to establish a causal relationship.

People who are diagnosed with narcissism are more likely to transition

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4301205/

Being cis can be a mental illness
Being unwilling to transition even though it would be beneficial for you is a mental illness since it significantly affect your life in a negative manner.

It's not clear why so many people are so unwilling to transition even though they would clearly benefit from it. One explanation for this is people having their gender as an important part of their identity and then changing your sex becomes almost unthinkable.



The degeneracy factor
Gay males are already degenerate in the sense that they are not really into reproductive sex. This degeneracy factor explains why they are more likely to transition, it's not that they have more gender issues than the average male (the opposite is probably true).

If you are rejected constantly by straight guys because you are male that may cause body dysphoria and there is no denying that many of these guys would be willing to have sex with you if you actually transitioned.

If they transition early their dating pool will widen and increase in attractiveness due to the female dating advantage and the fact that the gay male dating pool is more limited in numbers.

One risk is "autoandrophilia", if they are directly attracted to men they might prefer having a male body, it's likely that these individuals mostly do not transition in the first place. Autoandrophilia could be a reason for why many gay males with gender issues desist at puberty, they start finding male bodies (including their own) sexually attractive.

If you have internalized homophobia you might feel like it's wrong for you to have sex with men when you are a male yourself.

It's also likely that many gay males who want to transition lie about having gender dysphoria to be viewed as valid, they might also lie to themselves.

If a gay male is less attractive he might view him not finding himself attractive as dysphoria and thus transition, once female she will get a lot of male attention and validation and thus feel better about her body.

Failed heterosexual males often have no real chance of reproduction and this will make it more prone to transitioning since they are about to die childless anyway. If you instead have a wife and want to have children you might instead repress despite severe gender dysphoria.

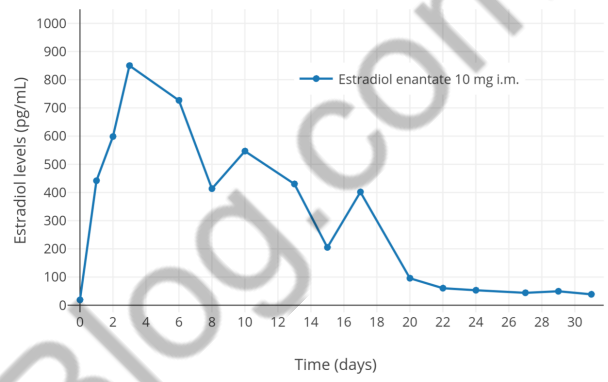
If you have a wife you are happy with you might feel like it’s wrong for you to transition and ruin a relationship (if it’s working). Even if your wife claim to support your transition she might still end up leaving you if you do because she is simply not attracted to females.

If you instead are a loser male with no real purpose in life there isn't any wife that would leave if you decide to become a girl and you might not have any friends to lose either. Thus we can expect that people are less likely to repress when their lives are really bad as males.

How to do Hormone Replacement therapy

First off you need to raise your estrogen levels, there are several options for this (0 to 5). A high estradiol dosage will by itself suppress testosterone enough such that you do not need an anti-androgen, you may however need an anti-androgen if your estradiol dosage is low.

You do not need official prescription to start on hormones in most countries, typically it's easy and safe to simply buy it at an online store https://hrt.cafe/



https://transit.org.uk/hrt-internet.html
https://moderntranshormones.com/
https://diyhrt.github.io/

0. Estradiol injections.
https://otokonokopharma.com/
http://lena.kiev.ua/EV/

1. Oral estradiol (take daily)
https://favskinhouse.com/product-280458-progynova-2-mg.html
https://www.goodstuffstore.net/store/search?keyword=progynova
https://www.inhousepharmacy.vu/p-1109-progynova-tablets-1mg.aspx
https://www.inhousepharmacy.vu/p-1120-progynova-2mg-3x28s.aspx
https://www.alldaychemist.com/progynova-2mg-tablet.html
https://www.unitedpharmacies.md/Estrofem-Oestradiol.html
https://otc-online-store.com/proginova-estradiol-valerate
https://www.4nrx.md/womens-health/progynova-estradiol-valerate.html

2. Oral Estradiol (take daily)
https://www.inhousepharmacy.vu/p-165-estrofem-1mg-tablets.aspx

3. Ethinyl-estradiol (take daily, less safe than other options).
https://www.inhousepharmacy.vu/p-962-diane-35-21s.aspx

60µg/day is enough to alone suppress testosterone enough to achieve chemical castration.

Anti-androgens
If your testosterone is too high you need an additional anti-androgen to lower it. There are cheap and effective options such as "cyproterone Acatate" (up to 12.5mg/day) and bicalutamide (up to 50mg/day).

https://www.inhousepharmacy.vu/p-131-siterone-tablets-50mg.aspx
https://www.inhousepharmacy.vu/p-98-calutide-50.aspx
https://www.4nrx.md/mens-health/calutide-bicalutamide.html

Unfortunately "Goserelin Acetate" which also go by the names lupron, Zoladex is expensive and difficult to get if you do not have an official prescription.

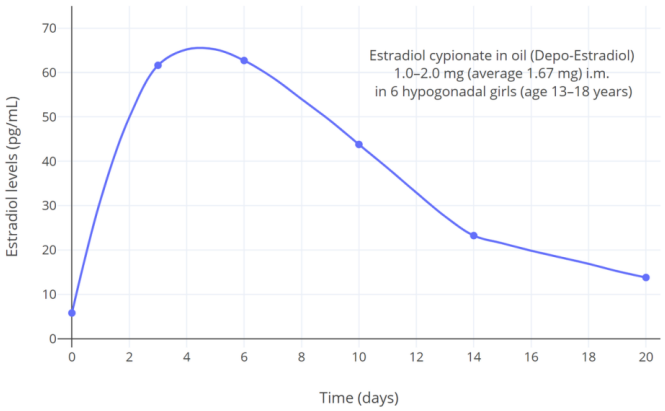
Another more expensive option is Enzalutamide but i have not yet been able to find any way to easily buy it even if you have the money for it.

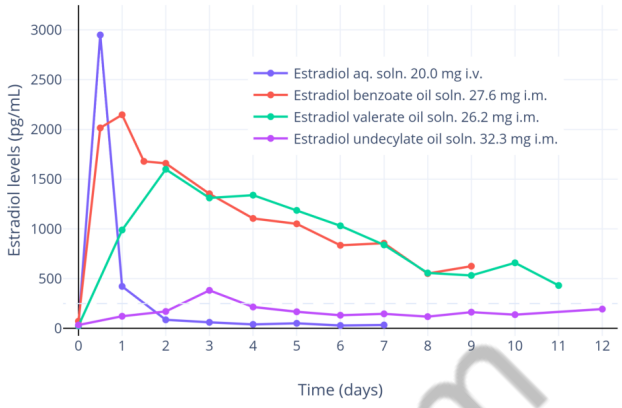
Month	Valerate Injection every 3.5 days	Cypionate Injection Every 5 days	Enanthate Injection every 7 days	Injection every 10 days	Injection every 14 days	If you start on pills daily Ethinyl Estradiol	Daily oral Estradiol Valerate	Daily oral Estradiol	Anti-androgen options Bicalutamide Average daily dosage	Cyproterone Acatate average daily dosage
0	0.7 mg	1 mg	1.4 mg	2 mg	2.8 mg	17.5 µg	2mg	2mg	50 mg	12.5 mg
1	0.8 mg	1.1 mg	1.6 mg	2.2 mg	3.1 mg	17.5 µg	3mg	3mg	50 mg	12.5 mg
2	0.9 mg	1.2 mg	1.8 mg	2.5 mg	3.5 mg	35 µg	4mg	3mg	37.5 mg	10 mg
3	1 mg	1.4 mg	2 mg	2.9 mg	4 mg	35 µg	5mg	4mg	25 mg	7.1 mg
4	1.1 mg	1.6 mg	2.3 mg	3.3 mg	4.5 mg	42.5 µg	6mg	4mg	25 mg	7.1 mg
5	1.3 mg	1.8 mg	2.6 mg	3.7 mg	5 mg	42.5 µg	7mg	5mg	20 mg	5 mg
6	1.4 mg	2 mg	2.9 mg	4.1 mg	5.5 mg	70 µg	8mg	5mg	20 mg	5 mg
7	1.6 mg	2.2 mg	3.2 mg	4.5 mg	6 mg	70 µg	9mg	6mg	12.5 mg	2.5 mg
8	1.7 mg	2.5 mg	3.5 mg	5 mg	7 mg		10mg	7mg	10 mg	2.5 mg
9	1.9 mg	2.7 mg	3.8 mg	5.5 mg	7.5 mg		11mg	8mg	10 mg	2.5 mg
10	2.1 mg	3 mg	4.2 mg	6 mg	8 mg					
11	2.2 mg	3.2 mg	4.5 mg	6.5 mg	9 mg					
12	2.4 mg	3.5 mg	4.9 mg	7 mg	10 mg					
13	2.6 mg	3.7 mg	5.2 mg	7.5 mg	10.5 mg					
14	2.8 mg	4 mg	5.6 mg	8 mg	11 mg					
15	3 mg	4.2 mg	5.9 mg	8.5 mg	12 mg					
16	3.2 mg	4.5 mg	6.3 mg	9 mg	12.5 mg					
17	3.3 mg	4.7 mg	6.6 mg	9.5 mg	13 mg					
18	3.5 mg	5 mg	7 mg	10 mg	14 mg		Increasing the dose further should not be needed for testosterone suppression but it may give you more breast growth, this however comes with higher blood-clotting risk potentially causing deep vein thrombosis.			
19	3.7 mg	5.2 mg	7.3 mg	10.5 mg	15 mg					
20	3.9 mg	5.5 mg	7.7 mg	11 mg	15.5 mg					
21	4.1 mg	5.8 mg	8.1 mg	11.5 mg	16 mg					
22	4.3 mg	6.1 mg	8.5 mg	12.2 mg	17 mg					
23	4.5 mg	6.4 mg	9 mg	12.9 mg	18 mg					
24	4.7 mg	6.8 mg	9.5 mg	13.6 mg	19 mg					
25	5 mg	7.2 mg	10 mg	14.3 mg	20 mg					
26	5.2 mg	7.5 mg	10.5 mg	15 mg	21 mg					
27	5.5 mg	7.8 mg	11 mg	15.7 mg	22 mg					
28	5.7 mg	8.1 mg	11.5 mg	16.4 mg	23 mg					
29	6 mg	8.4 mg	12 mg	17.1 mg	24 mg					
30	6.2 mg	8.8 mg	12.5 mg	17.8 mg	25 mg					
31	6.5 mg	9.2 mg	13 mg	18.5 mg	26 mg					
32	6.7 mg	9.6	13.5 mg	19.2 mg	27 mg					
33	7 mg	10 mg	14 mg	20 mg	28 mg					

Here (Enanthate, cypionate, enanthate) refers to different types of estradiol, choose one of the column below that type if you want stable blood-levels of estradiol.

https://transfemscience.org/misc/injectable-e2-simulator/

It's however not clear that less stable estradiol levels would be worse so you could try injecting less often (and highest dosage) to see if it works out better for you 46



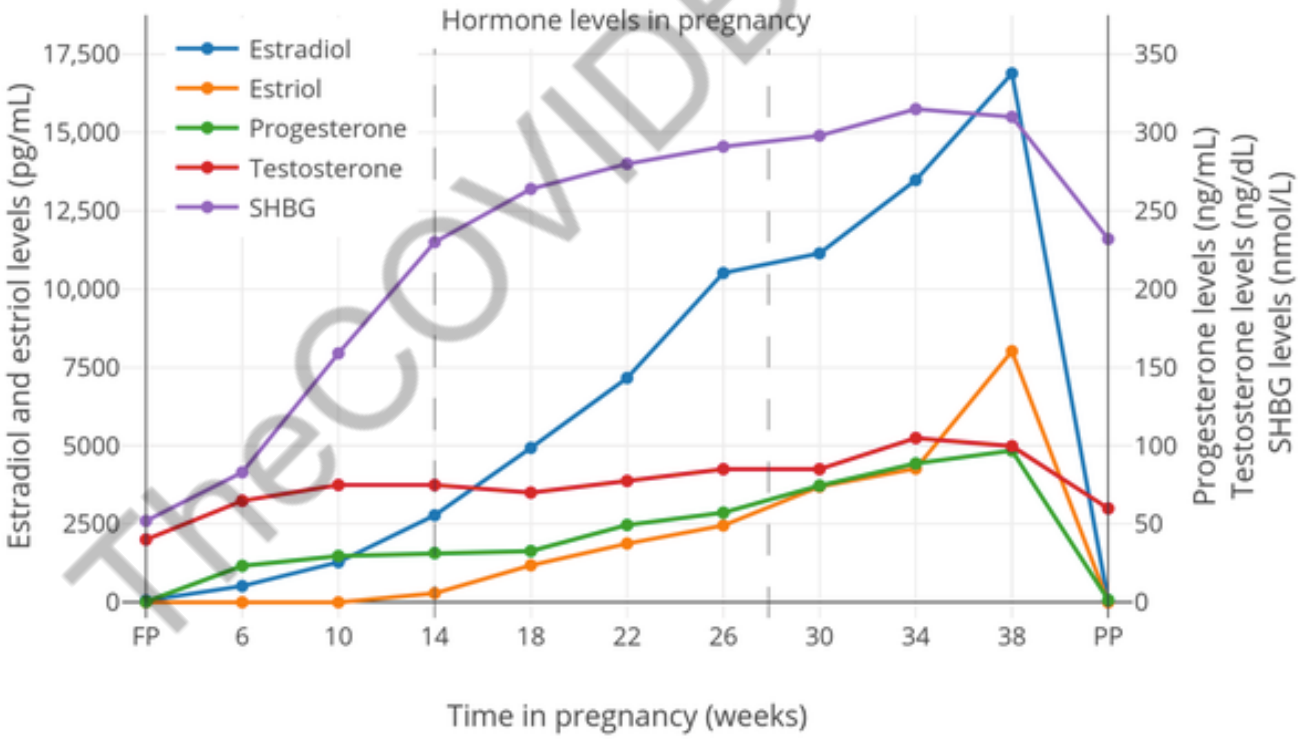


Emulating pregnancy

During pregnancy increases from about 300pg/mL to 17000pg/mL, this would require a dosage of about 350mg Estradiol Valerate every 5 days which would be overly expensive, it's unclear how this will affect your overall mortality risk, will it reduce breast-cancer risk? 47 Cis females grow bigger breasts during pregnancy and therefore higher dosage may also be beneficial for trans females.

https://sci-hub.se/https://doi.org/10.1097/cej.0b013e3283651ccb

You could just keep increasing the dosage assuming you do not get any health issues from it and you can afford it assuming and if it results in your body changing in a way you like as a response.



Since your body will think you are pregnant your blood will become more coagulant in order to prepare for the child-birth and thus the blood clotting risk will be much higher.

Breast growth

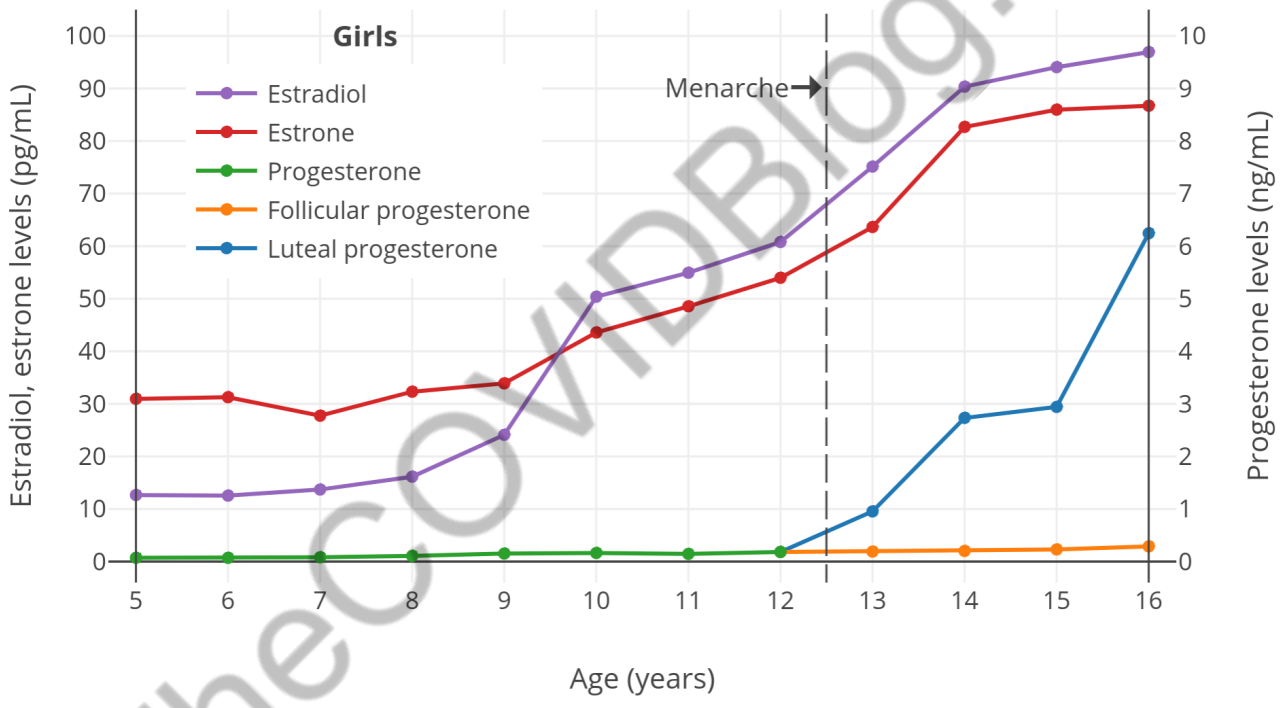
Local topical administration can be used to archive breast growth without subjecting your entire body to pregnancy levels.

https://vintologi.com/attachments/cernea-1944-pdf.508/

Vandenberg (2006) found a non-monotonic response of size of breasts developed as a function of the dose of exogenous estrogen administered to ovariectomized female mice. Size of breasts was smaller in mice administered the highest dose of estradiol than mice administered an intermediate dose. The optimum dose for breast growth in humans can not be extrapolated from this study because metabolization of pharmaceuticals does not scale linearily with body mass and the growth of the human body is slower than that of mice. This result suggests the hypothesis that to maximize breast growth in transsex people it can be appropriate to use a lower dose of the estrogen or increase the dose slowly. However many HRT regimes rely on the estrogen to suppress endogenous androgens; therefore, starting with low dose of an estrogen potentially risks some degree of continued masculinization and sub-optimal feminization.

https://sci-hub.se/10.1210/endo-28-1-53

https://tilde.club/~acz/male-to-female.org/en/psychopharmacology.html



https://academic.oup.com/jcem/article/97/12/4422/2536439

There is also some anecdotal support for this but having to use an anti-androgen is far from ideal since these are expensive and come with side effects.

https://www.youtube.com/watch?v=fefu33e8O-0&t=1830s
https://powersfamilymedicine.com/s/Healthcare-of-the-Transgender-Patient-V60.pptx

Dr will powers is not really trustworthy when it comes to medical conclusions/decisions

https://vintologi.com/threads/doctors-cannot-be-trusted.799/#post-4783

Should you emulate cis female puberty?
Normal female puberty involve a slow increase of estradiol over a period of 6 years.
This however does not mean emulating cis female puberty is ideal, unless you specifically want to experience something similar to what cis females go through (requiring you to start early).
There are plenty of cis females with small breasts and you probably do not want that. We can do better than what's 'natural'.

If your estradiol dosage is low then it will be harder to suppress testosterone, if are still able to successfully suppress your testosterone levels (such as via Gonadotropin-Releasing Hormone Antagonist) your health may suffer because you didn't replace the missing testosterone with estrogen.

Progesterone
You may want to take Micronized Oral Progesterone if you are not on Cyproterone Acatate. The current recommendation is to add progesterone after 1 to 2 years.

dosage: 200mg Sublingual (under the tongue) or rectal QHS at bedtime

https://academic.oup.com/jcem/article/104/4/1181/5270376

Estrogen and mental health/abilities
Estrogen is neuroprotective and can be used as an anti-psychotic in both men and women

https://www.sciencedirect.com/science/article/abs/pii/S0920996410015847

The current 14-day randomized placebo-controlled trial in 53 men with schizophrenia was conducted to evaluate the efficacy of 2 mg oral estradiol valerate as an adjunct to atypical antipsychotic treatment. Results demonstrated for estradiol participants a more rapid reduction in general psychopathology that occurred in the context of greater increases in serum estrogen levels and reductions in FSH and testosterone levels.

Hormone therapy for trans people will likely have a small/insignificant impact on cognitive performance towards the mental abilities of the sex they transition to. MtF transition will improve linguistic intelligence and diminish spatial intelligence. The opposite is the case for FtM transition.

https://www.sciencedirect.com/science/article/pii/S0018506X14001846
https://www.sciencedirect.com/science/article/abs/pii/S0018506X98914787
https://www.sciencedirect.com/science/article/abs/pii/S0306453098000912
https://www.sciencedirect.com/science/article/abs/pii/S0018506X06001413
https://eje.bioscientifica.com/view/journals/eje/155/suppl_1/1550107.xml

This is in line with the small observed difference between male and female mental abilities 48 49

Some people may get aroused at the thought of becoming physically and emotionally weak and thus tell themselves they are getting dumber when they are not. Other individuals were mentally weak long before they started on hormones, they transitioned because they cannot really make it as males (the difficulty will keep going up).

You can keep it doing exercise or complement your HRT with stanozolol or oxandrolone (like cis female bodybuilders).

Safety
The blood clotting risk relative to the effective dosage is higher for oral administration but it's still safer than taking birth control as cis female.

https://www.prnewswire.com/news-releases/studies-find-that-transgender-hormone-therapy-is-less-risky-than-birth-control-pills-300770439.html

https://www.nytimes.com/2019/01/09/well/live/hormone-replacement-skin-patches-dont-raise-risk-for-blood-clots.html

It’s not possible to overdose on HRT, nobody has died from injecting too much estrogen.

The stop & go method
The effect of hormones will lessen over time as your receptors become desensitized.

One strategy for more breast broth is to abruptly stop estrogen for some time to re-sensitize your receptors. This is of course very experimental but some people have had good results with it. A trans female wrote:

I am 33 years old (started HRT at 29) and i live in Germany. My body has been below average with not much fat. This is because of my mother who is very thin, too.

On Juni 21th 2017 i started my HRT with 2mg Estreva Gel per day. For 3 months i keep this regimen until i changed to 3mg. My T has been very low almost not measurable (< 0.1 pg/ml) as my blood test showed. My E2 was at 362 pg/ml.

I saw quite some changes, but my breasts were only very small, almost not existent. So i spoke with my gyn and asked him, if raising would be an option for this problem. I even read about progesteron, maybe this might help with it. He told me to take same E2 dosage and use 100mg P4 oral every night. I did it as he told me and nothing really happened.

After 2 months my breasts started to look pointy like a cone. they haven't changed a lot for the next two years. I changed my regimen and dosages a lot but always without an AA. I made up my mind that i would need an augmentation for them. My last hope has been a post where someone wrote that she stopped HRT for a whole month but with an AA as suppressor for re-masculinization. I wrote with her in private and she told me her way and steps.

After a week i made my preparations and stopped from 1mg oral E2 to zero. At first I had the feeling my body changes into female shape became stronger and that my HRT has been blocked my too much E2. But without the help of an AA i saw my light body hair became a little darker and thicker again. This is why i asked my gyn for an AA. At first he gave me Drospirenon which did nothing in particular. After some time he finally prescriped me Cyproteron acetate 10mg which stopped everything in terms of re-masculinisation.

Then i started E2 again with 1mg per day. I felt some hot flushes in the night at the start but it was not a true problem. But then happened something i had never imagined: I started to produce milk as my breasts grew larger. How my breasts became very beautiful and rounded up themselves and i produce a little milk. The amount grew with every day i milked myself and the enlargement of the breasts is still not finished.

I surely read that Galaktorrhea is quite common after interrupting HRT and in most terms it is not a bad sign. But this experience could save me from a breast augmentation. And maybe there is someone outside who asked herself how to lactate.

Are blood tests needed?
Blood tests do not give you that much in terms of useful information, the main issue is you not suppressing testosterone sufficiently or you using a needlessly high anti-androgen dosage, even if your remain too high however that is still far better than not taking HRT at all.

Puberty blockers (bad idea)
Puberty blockers are sometimes used to medically 'treat' precocious puberty in cis people, this is however very questionable

https://www.frontiersin.org/articles/10.3389/fpsyg.2017.00044/full#B8

There is no good medical reason for delaying puberty (cis or trans), its done for social reasons. It's against christian moral dogma for young teens to be sexually active and people having early puberty may also be teased by peers.

It was only when puberty blockers started to be used to delay puberty in trans people (for no good reason) that they finally came under scrutiny and results are bad.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694455/

If children could get on HRT earlier there wouldn't be any need to use puberty blockers at all. Instead we would have the following 3 option

A: start full HRT before puberty. This has the advantage of allowing the individual to pass better as a female but the price is very high, the child will become sterilized for life and SRS will be significantly more difficult since there isn't enough tissue to work with.

B: have the child undergo enough male puberty such that sperm can be banked, after that full HRT is quickly introduced.

C: have the child undergo puberty and delay HRT.

The following study (very poor methodology) does seem to show puberty blockers to be better than C but even then it can be strongly argued A or B would have been a far better option.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7073269/

It is worth noting that it's very rare for children that started on puberty blockers to desist, almost without exception they will proceed with cross-sex hormones meaning they will be infertile for life unless some medical advancement is made allowing them to somehow have biological children.

Spack has, he says, put “about 200 children” on to hormone blockers at the onset of puberty. Of these, 100% have gone on to take cross-sex hormones.

theguardian.com/society/2016/nov/13/transgender-children-the-parents-and-doctors-on-the-frontline

No adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment, the first step of actual gender reassignment." These were out of 70 children put on hormone blockers.

pinktherapy.com/Portals/0/CourseResources/
de_Vries_Puberty_Suppression_in_Adolescents_with_GD.pdf

What was the point in delaying puberty if they all ended up on cross-sex hormones anyway?

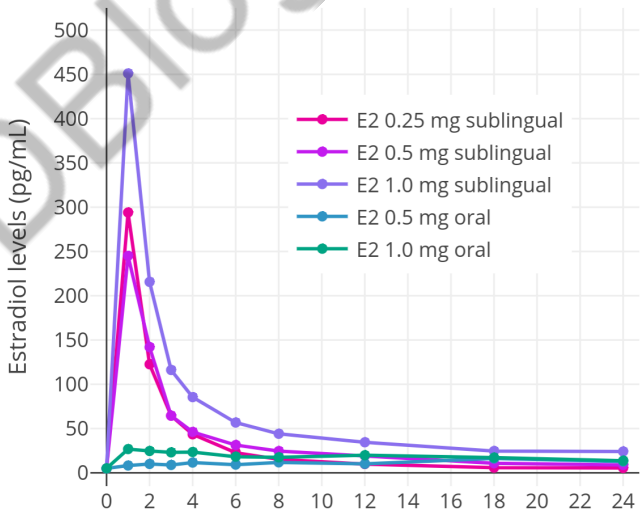
Puberty blockers will not even be effective when it comes to preventing bone-masculinization

https://www.youtube.com/watch?v=IRhdWNwOQAg

A trans female wrote:

I would go for B. The puberty blocking route sometimes lead to awkward situations. Like having to use a breast prosthesis to keep up with the other girls in the class. And also change it regularly for correct size for the age. Kinda weird and fake and feel horrible to wear. But you have to do it as it's just too important to not miss out on teen years.

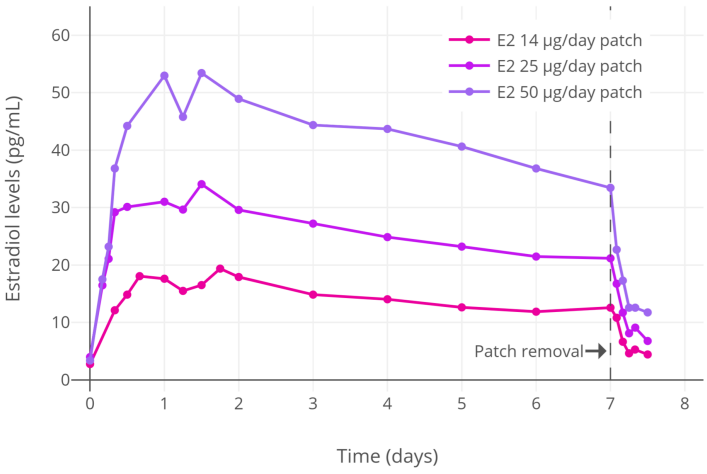
4. Sublingual estradiol administration
Instead of swallowing the estradiol pills you can let them be absorbed under the tongue, this will bypass the liver resulting in higher effective dosage. The issue with this is that it will result in a sharp spike so you will have to take it every 4:th hour to get even close to a stable estradiol blood level.



The obvious issue is that while you can take estradiol every 2nd hour when you are awake the level will drop severely when you are asleep unless you are woken up during the night (or wake up on your own). One potential way around it is having it slowly absorbed via buccal (in the cheek) administration while you are sleeping.

It's simply too unpractical and it doesn't really provide any real benefit over injections.

5. Estradiol patches
A general advantage with transdermal (through the skin) administration is that while estradiol will be absorbed the skin will act as a protective barrier against many harmful substances.



From the graph to the right we see that a 50µg/day patch is equivalent to 2mg oral estradiol/day.

You can start on 50µg/day and then add another patch @ 25µg/day for each month

https://eu-aibolit.com/home/24548-dermestril-dermestril-25-25mcg24h-tdr-emp-8-estradiol-.html

https://www.aphrodites.shop/product/CLIM%20100/climaraforte(estradiol-100mcg)

Replace different patches at different days for more stable estradiol levels.

It's fine to have masculine facial characteristics as female
Many cis females models have masculine facial characteristics. This is actually attractive even though it may give some trans females dysphoria.

Instead of trying to be just like a cis female you need to actually play at your strength and use the differences you have to cis females to your advantage.

Being more female is not always better, you need to figure out what is actually beneficial for you. Why try to be exactly like a cis female when you can be something even better?

Intersex studies: gender identity is not innate
One common misconception is that most/all people have some innate sense of gender. The typical belief is that the brain has some fixed innate sex that has to match the body.

What we see with intersex people however is the obvious. For most people their sex is not some important part of their identity, it's just what they happened to be born into and it's more convenient for them to follow that path than to try to transition (with the difficulties that come with that).

Table 1

Declared gender identity in genetic males sex-assigned female at birth*

Diagnosis	Reared female	Declared female (%)	Declared male (%)	Refused to declare (%)
Cloacal exstrophy	33	14 (42)	18 (55)	1 (3)
Mixed gonadal dysgenesis	11	5 (45)	6 (55)	-
Partial androgen insensitivity	10	6 (60)	4 (40)	-
Aphallia	2	0 (0)	1 (50)	1 (50)
Hermaphroditism	1	0 (0)	1 (100)	-
Craniofacial anomalies	3	1 (33)	2 (67)	-
Total	60	26 (43)	32 (53)	2 (3)

Open in a separate window

*All 13 patients sex-assigned male at birth declared male gender identity.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1421518/

5 of 5 people born with micropenis identified as female when raised as such
This is an interesting forced transition experiment and it did not go bad for the reason many people would assume. The issue was that they were subjected to very questionable genital surgeries causing 4 of 5 to be dissatisfied with their neo-vagina.

https://www.webmd.com/baby/news/20020125/baby-boys-with-micropenis-happier-as-males

This does still refute the notion of gender identity being innate.

Due to the genitalia not looking like a normal male baby, infants born with micropenis are sometimes raised as females. This involves reconstructive surgery to form a vagina and hormone treatments.

Although all of the 13 men and 5 women born with micropenis who participated in the study identified closely with their gender, only 20% of the babies raised as females were satisfied with their genitalia, compared to 50% of the males.

Table 8 Age at Female Gender Assignment, Long-Term Satisfaction with Female Gender, and Doubts Regarding Female Gender in Five Subjects with Congenital Micropenis Reared Female

ID	Age at Female Sex Assignment (mo)	Adult Satisfaction with Female Gender	Ever Doubted Female Gender?
1	13½	Satisfied	Yes (adolescence)
2	22½	Satisfied	No
3	16½	Satisfied	Yes (adolescence)
4	18½	Satisfied	Yes (adolescence and adulthood)
5	33½	Satisfied	Yes

Adapted from Wisniewski et al.[6]

"Patients reared male considered themselves to be masculine, and those raised female considered themselves to be feminine," said study author Amy Wisniewski, PhD, of the Johns Hopkins Children's Center, in a news release. "Our recommendation that babies be raised male is based not on problems with gender identity but on the difficulties associated with the surgical construction of a vagina and subsequent hormone treatment."

web.archive.org/web/20060909211109id_/http://facstaff.l3.drake.edu/abwisniewski/papers/13.pdf

While 4 of 5 had doubt regarding their gender they were all satisfied with their female role

The ones raised as male largely viewed themselves as masculine while the ones raised as female largely viewed themselves as feminine.

This is an obvious alternative that hasn't been tried. Instead of trying to force people into some sex-binary we need to look at what medical interventions people actually benefit from.

We shouldn't subject children to surgeries that are not medically necessary.

It's very difficult to construct a decent neo-vagina even in the case of adults who started HRT after puberty (it's very hard to find any good results) and of course the situation is much worse for children, this simply shouldn't be done. There is also some ethnical issues with regard to the lack of consent

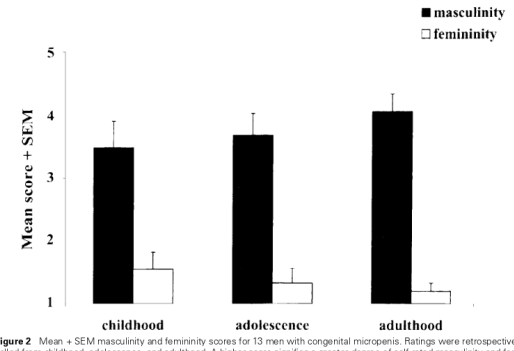


Figure 2 Mean + SEM masculinity and femininity scores for 13 men with congenital micropenis. Ratings were retrospectively recalled from childhood, adolescence, and adulthood. A higher score signifies a greater degree of self-rated masculinity and femininity. (Adapted from Wisniewski et al.[5])

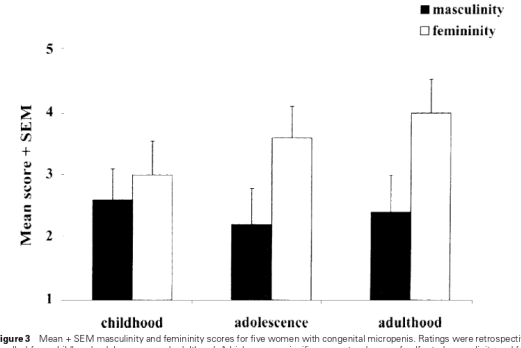


Figure 3 Mean + SEM masculinity and femininity scores for five women with congenital micropenis. Ratings were retrospectively recalled from childhood, adolescence, and adulthood. A higher score signifies a greater degree of self-rated masculinity and femininity. (Adapted from Wisniewski et al.[5])

Intersex study: 7 of 9 who was raised as female identified as such
All patients raised as male had a normal male gender identity, displayed masculine gender role behaviour in childhood, and had a heterosexual sexual orientation. Seven of the 10 male patients had experienced heterosexual intercourse. Two out of nine women did not identify with the female gender. The majority had masculine gender role interests in childhood. The female patients were significantly less likely to have experienced sexual activity with a partner than the male patients.

https://www.sciencedirect.com/science/article/abs/pii/S1083318807001660

Gender Identity Outcome in Female-Raised 46,XY Persons with Penile Agenesis, Cloacal Exstrophy of the Bladder, or Penile Ablation

https://sci-hub.hkvisa.net/10.1007/s10508-005-4342-9

Raised as female (penile Agenesis):

Table I. Gender History in 46,XY Individuals ≥4 Years of Age with Penile Agenesis and (Re-)Assignment to Female in Infancy or Early Childhood ($N = 16$)

Reference	Country	N	GA at birth	Phys GRA at age	GonX at age	Pat GRA at age	Age (years) at study	Lives as M/F	ID as M/F/other	Gender dysphoria	Comments
Pohlandt et al., 1974	Germany	1	M	to F at 2.5 years[a]	n.i.	—	5.2	F	n.i.	n.i.	Dresses and acts like a girl, accepted by the peer group.
Johnston et al., 1977; Hendren, 1997, Case 1	U.S.A.	1[b]	F	—	10 months	—	22	F	n.i.	n.i.	No coital experience.
Stolar et al., 1987, Case 2	U.S.A.	1	F	—	3 months	—	13	F	n.i.	n.i.	Patient is on estrogen replacement therapy; "participates in school activities and sports."
Oesch et al., 1987	U.K.										
Case 2		1[b]	M	to F at 2 weeks	2 weeks	—	9	F	n.i.	n.i.	
Case 4		1	F	—	3 months	—	≈14	F	n.i.	?	Severe behavior problems during puberty; "male psychological orientation."
Skoog & Belman, 1989, Case 1	U.S.A.	1[b]	M	to F at 2 weeks	2 weeks	—	8	F	n.i.	n.i.	"Apparently well adjusted 8-year-old girl."
Hendren, 1997	U.S.A.										
Case 2		1	F	—	neonatal	—	19	F	n.i.	n.i.	No coital experience.
Case 3		1	F	—	neonatal	—	5.5	F	n.i.	n.i.	
Case 4		1	F	—	in infancy	—	11	F	n.i.	n.i.	"Social behavior . . . is male-like."
Case 5		1	F	—	at birth	—	21	F	F	n.i.	"Completely female in appearance and social orientation."
Dittmann, 1998	Germany	1	F	to M at 4 months, to F at 3.9 years.	3.9 years	to M at 16–22 years.	≈27	M	M	n.i.	Married to woman for 4 years, currently considering options for having children.
Tillem et al., 1998	U.S.A.	3	3F[c]	—	n.i.	—	≥10, ≥ 4, ≥12	3F	n.i.	n.i.	
Evans, Erdile, Greenberg, & Chudley, 1999, Case 2; Zucker, 2005[d]	Canada	1	F	—	n.i.	16	16	M	M	No	Multiple physical anomalies; IQ = 73; ADHD.
Reiner & Kropp, 2004	U.S.A.	1	F[c]	—	n.i.	—	17	F	n.i.	?	"Refused to declare" gender identity.

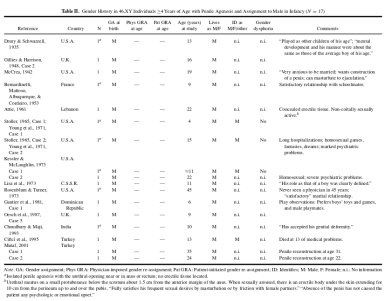
Note. GA: Gender assignment; GonX: Gonadectomy; Phys GRA: Physician-imposed gender re-assignment; Pat GRA: Patient-initiated gender re-assignment; ID: Identifies; M: Male; F: Female; n.i.: No information; ?: Possible gender dysphoria without patient-initiated gender reassignment

[a] Implemented by parents at age 3.0–3.5 years.

[b] Isolated penile agenesis with the urethral opening near or in anus or rectum; no erectile tissue located.

[c] Age at female assignment not specified.

[d] K. J. Zucker, personal communication, February 26, 2005.



Only one case had information regarding dysphoria (she had none).

All subjects with penile agenesis identified as male when the were raised as such. None (of 3 with data regarding this) had gender dysphoria.

Raised as female (Cloacal or Bladder Extrophy):

Table III. Gender History in 46,XY Individuals ≥4 Years of Age with Cloacal or Classical Bladder Exstrophy and (Re-)Assignment to Female in Infancy or Early Childhood ($N = 54$)

Reference	Country	N	GA at birth	N Pat GRA	Pat GRA at age (years)	Age (years) at study	Lives as M/F	ID as M/F/other	Gender dysphoria	Comments
					Cloacal bladder exstrophy ($N = 51$)					
Hayden, Chapman, & Stevenson, 1973, Case 1	U.S.A.	1	1F	—	—	5	1F	n.i.	n.i.	
Meyer-Bahlburg et al., 1989	U.S.A.	2	2F	—	—	8, 12	2F	2F	No	
Lund & Hendren, 1993	U.S.A.									
Case 1		1	1F	—	—	8	1F	n.i.	n.i.	
Case 4		1	1F	—	—	4	1F	n.i.	n.i.	
Hendren, 1997, p. 1473	U.S.A.	1	1F	—	—	Adult	1F	n.i.	n.i.[a]	
Slijper et al., 1998, p. 135	The Netherlands									
Case 1		1	1F	—	—	≥6	1F	—	Yes	GID since age 4 years, ODD since age 6 years.
Case 2[b]		1	1F	—	—	≥15	1F	n.i.	No	"Deviant gender role"; no GID; sex problems since age 15 years; mental retardation.
Tillem et al., 1998	U.S.A.	3	3F	—	—	≥5, ≥18, ≥20	3F	n.i.	n.i.	The oldest is sexually active.
Zucker, 1999, pp. 42–44	Canada	1	1F	—	—	12	1F	1F	No	
Schober et al., 2002 (see also Baker Towell, & Towell, 2003)	U.K.	5	5F	—	—	5–15	5F	5F	n.i.	"More masculine typical gender role behavior in childhood."
Zderic et al., 2002, p. 140	U.S.A.	7[c]	7F			n.i.	4F	n.i.	n.i.	
						20s	1F	—	likely[d]	
						30s	1F	—	likely[d]	
				1 to M	7	≥7	1M	n.i.	n.i.	
Reiner & Gearhart, 2004	U.S.A.	14	14F			9–19	5F	5F	—	
						14–16	3F	—	3F?	
				4 to M	5, 7, 7, 7	8–11	4M	4M	n.i.	
				2 to M	12, 18	20–21	2M	2M	n.i.	
Reiner & Kropp, 2004	U.S.A.	9[e]	9F			5–17	5F	5F	n.i.	
				4 to M	n.i.	7–10	4M	4M	n.i.	
Zucker, 2005[f]	Canada	4								
Case 1			1F	—	—	4	F	F	No	
Case 2			1F	—	—	7	F	—	Yes	
Case 3			1F	—	—	12	F	F	No	
Case 4			1F	—	—	17	F	F	No	"Intellectually delayed."
					Classical bladder exstrophy ($N = 3$)					
Feitz et al., 1994	The Netherlands	1	1F	1 to M	52[g]	52–55	1M	1M	n.i.	"Definite male behavior."
Stein et al., 1994	Germany	1	1M→F[h]	1 to M	after puberty	> 18	1M	n.i.	n.i.	
Tillem et al., 1998	U.S.A.	1	1F[i]	—	—	≥ 16	1F	n.i.	n.i.	

Note. GA: Gender assignment; Pat GRA: Patient-initiated gender re-assignment; ID: Identifies; M: Male; F: Female; n.i.: No information; GID: Gender identity disorder; ODD: Oppositional defiant disorder.

[a] Satisfactory coitus with a bowel vagina.

[b] 2 additional cases are listed without further details.

[c] One additional adult F-assigned patient has "severe developmental delays."

[d] Both "have experienced significant gender identity issues"; one chronically depressed, with "hospitalization following suicidal ideations"; both are "most comfortable in lesbian relationships."

[e] One of the F-assigned patients had classical bladder exstrophy.

[f] K. J. Zucker, personal communication, February 26, 2005.

[g] "Kept home since birth"; "presented for treatment after the death of both parents."

[h] Physician re-assigned to F at 4 years and castrated.

[i] Age at female assignment not specified.

6 got no gender dysphoria

2 "likely" got dysphoria

2 did get dysphoric

no information for 15

None of the patients who were raised as male got dysphoric.

0 of 2 who had catastrophic loss of penis as a child became dysphoric when re-assigned as female.

In total from the data we have we see that 2 of 11 became dysphoric from being reassigned as female with an additional 2 likely became dysphoric. No information for 30 unfortunately.

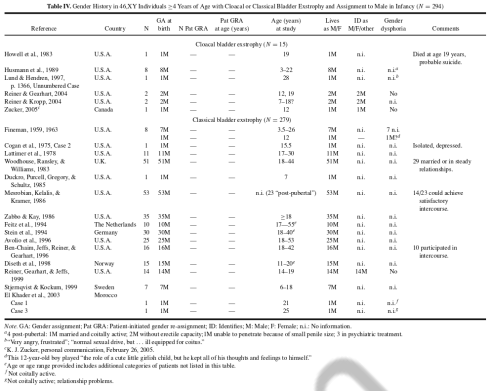


Table IV. Gender History in 46,XY Individuals ≥4 Years of Age with Cloacal or Classical Bladder Exstrophy and Assignment to Male in Infancy ($N = 294$)

Reference	Country	N	GA at birth	N Pat GRA	Pat GRA at age (years)	Age (years) at study	Lives as M/F	ID as M/F/other	Gender dysphoria	Comments
Cloacal bladder exstrophy ($N = 15$)										
Howell et al., 1983	U.S.A.	1	1M	—	—	19	1M	n.i.		Died at age 19 years, probable suicide.
Hoenann et al., 1989	U.S.A.	8	8M	—	—	3–22	8M	n.i.	n.i.[a]	
Lund & Hendren, 1992	U.S.A.	1	1M	—	—	28	1M	n.i.	n.i.[b]	
p. 1366, Unnumbered Case										
Reiner & Gearhart, 2004	U.S.A.	2	2M	—	—	12, 19	2M	2M	No	
Reiner & Kropp, 2004	U.S.A.	2	2M	—	—	7–10[c]	2M	2M	n.i.	
Zucker, 2005[c]	Canada	1	1M	—	—	12	1M	1M	No	
Classical bladder exstrophy ($N = 279$)										
Fineman, 1959, 1963	U.S.A.	8	7M	—	—	3.5–26	7M	n.i.	7 n.i.	
			1M	—	—	12	1M	—	1M[d]	
Cogan et al., 1975, Case 2	U.S.A.	1	1M	—	—	15.5	1M	n.i.	n.i.	Isolated, depressed.
Luttiner et al., 1978	U.S.A.	11	11M	—	—	17–30	11M	n.i.	n.i.	
Woodhouse, Ransley, & Williams, 1983	U.K.	51	51M	—	—	18–44	51M	n.i.	n.i.	29 married or in steady relationships.
Duckro, Purcell, Gregory, & Schultz, 1985	U.S.A.	1	1M	—	—	7	1M	n.i.	n.i.	
Mouvsbian, Kolalis, & Kramer, 1986	U.S.A.	53	53M	—	—	n.i. (23 "post-pubertal")	53M	n.i.	n.i.	14/23 could achieve satisfactory intercourse.
Zabbo & Kay, 1986	U.S.A.	35	35M	—	—	≥18	35M	n.i.	n.i.	
Feitz et al., 1994	The Netherlands	10	10M	—	—	17–55[e]	10M	n.i.	n.i.	
Stein et al., 1994	Germany	30	30M	—	—	18–40[e]	30M	n.i.	n.i.	
Avolio et al., 1996	U.S.A.	25	25M	—	—	18–53	25M	n.i.	n.i.	
Ben-Chaim, Jeffs, Reiner, & Gearhart, 1996	U.S.A.	16	16M	—	—	18–42	16M	n.i.	n.i.	10 participated in intercourse.
Diseth et al., 1998	Norway	15	15M	—	—	11–20[e]	15M	n.i.	n.i.	
Reiner, Gearhart, & Jeffs, 1999	U.S.A.	14	14M	—	—	14–19	14M	14M	No	
Stjernqvist & Seckum, 1999	Sweden	7	7M	—	—	6–18	7M	n.i.	n.i.	
El Khader et al., 2003	Morocco									
Case 1		1	1M	—	—	21	1M	n.i.	n.i.[f]	
Case 3		1	1M	—	—	25	1M	n.i.	n.i.[f]	

Note. GA: Gender assignment; Pat GRA: Patient-initiated gender re-assignment; ID: Identifies; M: Male; F: Female; n.i.: No information.
[a] 4 post-pubertal: 1M married and coitally active; 2M without erectile capacity; 1M unable to penetrate because of small penile size; 3 in psychiatric treatment.
[b] "Very angry, frustrated"; "normal sexual drive, but ... ill-equipped for coitus."
[c] K. J. Zucker, personal communication, February 26, 2005.
[d] This 12-year-old boy played "the role of a cute little girlish child, but he kept all of his thoughts and feelings to himself."
[e] Age or age range provided includes additional categories of patients not listed in this table.
[f] Not coitally active.
[g] Not coitally active; relationship problems.

Table V. Gender History in 46,XY Patients ≥4 Years of Age with a Childhood History of Traumatic Loss of the Penis and Gender Re-assignment to Female ($N = 7$)

Reference	Country	N	GA at birth	Age at penile loss	Phys GRA to F at age	GonX at age	Pat GRA to M at age	Age (years) at study	Lives as M/F	ID as M/F/other	Gender dysphoria	Comments
Money & Ehrhardt, 1972, pp. 118–123; Money, 1975, 1998a, 1998b; Diamond, 1982; Diamond & Sigmundson, 1997; Colapinto, 2000	Canada	1	1M	7 months	17 months. Fem. op. at 21 months	21 months	15 years.	≥33 years	1M	1M	No	One of two male identical twins. Committed suicide at 38 years (New York Times, 2004).
Filler, 1988; Zucker, 1999[c]	Canada	1[a]	1M	5.5 years	5.5 years	5.5 years	—	12 yrs	1F	1F	n.i.	
O'Neill et al., 1988, Case 8; Diamond, 1999	U.S.A.	1[a]	1M	During 3rd year	During 3rd year	During 3rd year	—	10 years (O'Neill et al., 1988)	1F	n.i.	Wishes GRA (Diamond, 1999)	At follow-up statement (Diamond, 1999) ≥20 years.
Gearhart & Rock, 1989, Case 1	U.S.A.	1	1M	"Just after birth"	Early infancy	23 months	—	≥17 years	1F	n.i.	n.i.	"Well adjusted," sexually active.
Gearhart & Rock, 1989, Case 2; Bradley et al., 1998	Canada	1	1M	2 months	2–7 months. Fem. op. at 7 months	7 months	—	26 years	1F	1F	No	Tomboy in childhood; required psych. counseling before vaginoplasty in adolescence.
Gearhart & Rock, 1989, Case 4	U.S.A.	1	1M	2 days	1–6 months. Fem. op. at 3 years	6 months	—	>3 years ?	1F	n.i.	n.i.	
Ochoa, 1998, Case 2	Colombia	1	1M	6 months	Infancy. Fem. op. at 5 years[b]	6 months	≥14 years	≥14 years	1M	n.i.	n.i.	

Note. GA: Gender assignment; Phys GRA: Physician-imposed gender reassignment; Pat GRA: Patient-initiated gender reassignment; ID: Identifies; M: Male; F: Female; n.i.: No information; Fem. op.: Feminizing surgery.
[a] One of conjoint male twins with one set of male genitals who, after separation, was left without genitals.
[b] When "a normal feminine identity process" was "demonstrated" in psychiatric follow-up.
[c] Note added in proof: According to the *Globe and Mail* of June 25, 2005, an article by Jan Wong, entitled Twin Peaks, reports that the second patient (Filler, 1988; Zucker, 1999) listed on Table V of this article is now 23 years old and lives as a man (p. F4).

The general conclusion we can draw from this is that most people are not actually "cis" in the strict sense (strongly identifying with their birth-sex) and that most would probably not become dysphoric from having to change sex for whatever reason.

Many people would be able to adapt neurologically to living as the other sex/gender.

It is worth remembering that HRT will also change the brain, not just the body.

5 of 16 children with Cloacal Exstrophy identified as female when raised as such
For 3 it was unclear what gender identity they had (1 refused to discuss) and 8 identified as male.

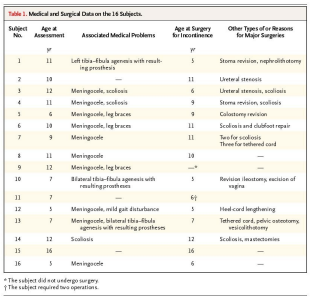
https://www.nejm.org/doi/full/10.1056/nejmoa022236

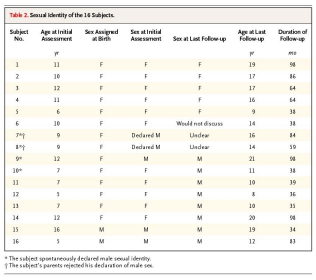
They were all fairly masculine in terms of their behavior

Table 3. Examples of Questions and Responses at Initial Assessment.*

Subject No.	Age	Subjects' Responses						Parents' Responses	
		Toy Choice	Rough and Tumble Play	Interest in Marriage	Sex of Friends	Wishes to Be a Boy	3 Favorite Activities, 5–8 Yr	3 Favorite Activities, 5–8 Yr	Played with Dolls
	yr								
1	11	5	4	5	2	1	Reading, wrestling, music	Fishing, swimming, bobsledding	4
2	10	4	5	2	4	4	Baseball, swimming, bowling	Swimming, tennis, fishing	5
3	12	4	3	2	2	2	Climbing trees, football, watching movies	Baseball, soccer, skating	4
4	11	4	2	3	3	2	Tennis, reading, playacting	Tennis, swimming, fishing	5
5	6	5	5	4	4	3	Basketball, swimming, bowling	Basketball, baseball, art	5
6	10	5	4	4	3	2	Jumping rope, running races†	Basketball, climbing trees, skating	5
7	9	5	4	4	4	5	Baseball, running races†	Baseball	5
8	11	4	2	3	4	4	Karate, baseball, ice hockey	Hunting, baseball, ice hockey	4
9	12	5	5	5	5	5	Hunting, baseball, football	Baseball, football, basketball	5
10	7	5	5	2	5	5	Baseball, running races, all sports	Football, basketball, baseball	4
11	7	4	5	4	5	4	Soccer, baseball	Soccer, golf, baseball	3
12	5	5	4	5	5	5	Baseball, football, computer games	Baseball, basketball, football	5
13	7	4	5	1	3	5	Basketball, Frisbee, swimming	Climbing trees, cops and robbers, cowboys and Indians	4
14	12	2	3	3	4	5	Camping, hiking	Swimming, softball, football	5
15	16‡	5	5	4	5	—	Ice hockey, soccer, roller hockey	Ice hockey, roller hockey	5
16	5‡	5	5	5	5	—	Soccer, running races†	Soccer	5

* Responses could range from 1 to 5, with 1 being a typical female response and 5 a typical male response.
† This subject was wheelchair-bound.
‡ This subject was raised as a male.





As we see many of the subjects here did express that they would have liked to be a boy but that does is not the same as developing gender dysphoria. It's more likely about many of them wanting to be male due to their interests and natural behavior.

It is worth noting that the study did not regard Cloacal Exstrophy as an intersex condition. This is might explain why only 5 of 16 identified as female when raised as such, they were not actually born with any intersex condition that made their brains more feminine than males on average. You can expect a similar result if you transition random males early.

We can not however extrapolate this to forced teen/adult transitions. Someone might do better adapting as a teen/adult (different social situation. etc).

Replacing the Y chromosome with something better
We really need to ask ourselves if we really want a future were males are reduced to mere sperm donors and are otherwise not needed.

One issue with the Y chromosome is that since it doesn't duplicate important genetic info encoded in the X chromosome resulting in males being at higher risk for disorders such as color blindness 50

Males also tend to die earlier, get bald, etc. Currently the only effective way to mitigate that is via HRT which may impact fertility.

What if we instead created a Z chromosome allowing people with XZ chromosomes to both become pregnant and produce sperm? (not necessarily simultaneously)

People with XZ chromosomes would create eggs with X chromosomes and sperm with Z chromosomes allowing for backwards compatibility with XX and XY humans.

The system of having mostly 2 distinct sexes is resulting in a lot of societal tension and unhappiness, people are bitter due to being confined by the sex they were born into, some people try to medically change their sex but even then you will never be able to escape the reproductive role. Instead today medical transition will make you infertile if you take it too far and you end up having to rely on freezed sperm/eggs.

Preventing self-impregnation
There are multiple ways to reduce the viability of self-impregnation among hermaphrodite humans.

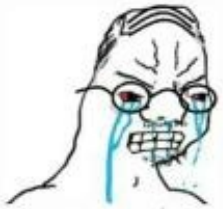
0. Have some genetic lock making it impossible naturally.
1. Kill of castrate people who engaged in self-impregnation. Destroying/removing the testicles of the parents and the child might be enough since that will prevent them from engaging in further inbreeding.
2. Only enable one reproductive mode at one time.
3. Make it so hermaphrodites will not ejaculate unless their penis is inside someone.

One way to do 1 is to have everyone start out as female and then have people start becoming male after the end of their female fertility (which will trigger the male fertility) alternatively people could temporarily gain male fertility (and lose female fertility) via injections with testosterone. This has the advantage of allowing everyone to grow up as girls and still get the benefit of being able to live as a male when older and maybe more powerful/rich.

Neurology
Being successful would now pay off greatly in terms of reproduction since most people would be able to impregnate a lot of females eventually when successful. Thus there would be a strong evolutionary pressure towards risk-taking.

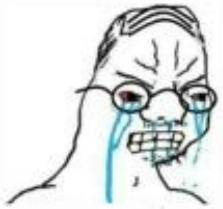
Even when subjected to estrogen and low testosterone (female state) most people would still display masculine behavior traits. People would likely behave as 'males trapped in female bodies'. People would likely get turned on by their own feminine bodies and other humans they meet.

It is worth noting that even today a lot of females are highly willing to take big risk for little/no potential payoff in terms of survival and reproduction, this is likely a bi-product of male evolution where the same trait evolved in both sexes when it was only really beneficial in one.



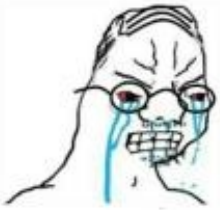
NOOO! YOU'RE NOT A REAL WOMAN

haha who would want to be? I'm better than a 'real' woman.



NOOO! You're mentally ill! You think you're a woman & want to be one!

haha, nope. i just want to look like a girl, guys like it. I know im a boy on the inside lol

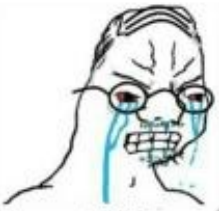


NOO! Neo-vaginas are just gashes! Cutting your dick off is mentally ill!

haha, I know. like most, I don't want one. men like my feminine penis

Noo! There are 2 genders! Not 500! I'm an attack helicoper!

Haha, I choose girl, so I don't care if theres 2 genders, i choose 1 of those 2



Nooo. Ahhh.
42% Do you hear me?
42% suicide!

haha, nuhh. That study says 42% "attempt" suicide, not die from it. Besides, other newer studies say its more like 1%-2% higher death than normies

NOOo! Well everyone hates you. Look at this ugly tranny pic i found on google!

Haha, that's a crossdresser. Besides, trans porn has a huge section on most porn sites. Because men like it

Noo! Look at all these trans-hate posts!
Who makes those if guys like trans so much!

They're hating on it to convince themselves they don't love it?

Some people are just jealous