

## Chapter 14: The Countdown Begins

by Reid Vanderburgh, MA

In the spring of 1997, I began to feel the change of pace of my transition. I'd felt "on hold" for a year and a half and suddenly I was faced with the realization that this time spent between genders was approaching an end. I'd been seeing a therapist, ostensibly to deal with relationship issues, but of course the issues that cropped up around gender were more immediate to my life. My relationship with Alan felt like ancient history.

In hindsight, I realize that I wasted my time going to therapy at that point. I was not interested in a relationship, and was only going through the motions in therapy. Though not as bad as my first therapist, Lois was still not very good, nor as experienced as she wanted to believe in dealing with trans people. She had a tendency to pathologize the condition, and was suspicious of my attempts to explain the richness and depth of experience I was having during this time leading up to transition. She told me at one point that if she seemed to be "bursting my bubble," it was because she saw her role as devil's advocate. She was trying to apply the DSM criteria of Gender Identity Disorder to me.

At the time, this merely irritated me and I resented her implications. Now I realize that she represented the unfortunate paradigm of most therapists, that of seeing my condition as a disorder rather than as a core identity. Any problems I had related to gender identity were acquired during my female socialization, and were not innate to my trans identity. It's hard for me to imagine growing up with this kind of gender dissonance, in this society, and not acquiring a few psychological problems along the way.

However, given that many of these problems are caused by the dissonance, it follows that if the dissonance is alleviated, the problems that are due to the dissonance will mostly sort themselves out. (Any other psychological conditions a person may have, such as schizophrenia, will of course complicate matters, but still does not mean gender identity is itself a psychological pathology)

In my case, I also had the legacy of an alcoholic family to deal with, and it's impossible for me to tease apart the effect of gender dissonance and my family's substance abuse issues. Lois, however, insisted on seeing the gender identity issues as a presenting pathology, rather than as an existential issue of reinventing, or rediscovering, who I was.

The tools of self-knowledge BJ had given me proved invaluable during this time. When Lois tried playing devil's advocate, I would check in with my personality aspects and confirm I was indeed on the right path. I stayed in therapy with Lois primarily because I assumed the standards of care required it, and that at some point, someone in a gatekeeper role was going to ask if I'd been in therapy for a prolonged period of time. I wanted to be able to answer, "Yes." On a more practical note, seeing Lois through an agency cost me about a third what an appointment with B.J. would have cost.

Once the CD recording was finished, I called B.J. for the first time in over a year and a half, to make an appointment. Though I still knew little about therapy at that point, I had a good sense that Lois and I just were not on the same page, that she did not understand me at all. I wanted my final evaluation and referral for a hormone prescription to come from a therapist whose

judgment I trusted. I just didn't think Lois was appropriate for the role.

For example, Lois tried to get me talk about the difficulty I would have relating to women as a man without a penis. I grew angry with her and said, "I *can't* have a penis. Therefore any woman I get involved with is just going to have to deal with the fact that I'm a man without a penis, or we won't be able to have a relationship." She got angry in turn, reacting in a way I now realize is inappropriate for a therapist, and said there were women for whom the presence of a penis is very important.

Of course, she was talking about herself. It seems clear to me now that she had issues herself with the concept of FTMs, as men without penises, and she should have referred me to another therapist rather than trying to deal with these issues herself. In fairness, when I started seeing her, that was not the issue on the table, but I believe now that she was out of her depth and just could not chart a helpful course into this territory.

I terminated therapy with Lois rather abruptly and went back to B.J. in May of 1997. Several times during this year and a half, I had the experience of seeing my own personality and physical changes through interacting with someone I had not seen for awhile. Such encounters acted as mirrors, showing me myself through the other person's surprise. When I talked with B.J. on the phone, she sounded startled by the depth of change in me, and I could almost read her mind through the phone, "Has he been taking under-the-table steroids?" My voice was somewhat deeper, my manner definitely masculine and forthright. I made an appointment to see her, jubilant at taking the first step toward the acquisition of hormones.

I expected that B.J. would insist on

following the standards of care, and would want to see me for at least three months. Possibly, I thought, she might lessen that amount of time because I'd seen her before. But the standards of care did talk specifically about spending a number of months of therapy, and I did not count the time I'd spent with Lois as it seemed unproductive to me. I came to see B.J. and she asked me how my year and half had been. I told her all the steps I'd taken toward changing my identity legally, that I was very peaceful and centered in myself, that I'd come out to all and sundry in my life, that I'd recorded the CD, and that I'd officially left the Choir.

At the end of our hour, I fully expected her to ask if this was a good time to meet regularly. Instead, she said, "When would you like your letter of referral?" I was astonished, and stammered something about the standards of care. B.J. said, casually, "The standards of care are just guidelines. You've already done your real-life test, without benefit of hormones or surgery, and I don't see any reason to hold you back any longer."

She further astonished me by saying that when she'd last seen me leave her office, trying to identify as transgendered to avoid transition, to avoid leaving the Choir, she'd thought then that I was an FTM and would eventually find my way toward transition. But of course she did not tell *me* that, at the time – no matter how clearly a therapist thinks they see a client's path, it's the client who has to both find it and live it.

B.J. prepared a letter and sent a copy to me, and one to Barry Maletsky, a psychiatrist she had worked with for years around gender identity (he has since retired). They have never disagreed on a diagnosis. One reason I'd gone back to B.J. was because I knew she and Dr. Maletsky worked so closely together. I reasoned, "If B.J. thinks

I'm ready, Maletsky is sure to agree and I'll be over that hurdle."

I always saw the standards of care, the gatekeeper system, as a series of hurdles to overcome. One of my goals as a therapist is to try to change that attitude on the part of my trans clients, so they would view me as an ally rather than as a gatekeeper with the power to keep them from transition. Even with B.J., the thought was in the back of my mind, "She's not trans. She can't know what it really feels like." I felt that even more strongly with Dr. Maletsky, as a member of the very profession that wrote the DSM. The more I have studied that book and the medical model paradigm it represents, the more strongly I feel that gender dissonance has no place in the DSM at all.

In May of 1997, however, I was not thinking in these kinds of "larger picture" terms. As with my bicycle trip in 1987, the quote from Sir Henry Morton Stanley was operative at this time: "I did not see the whole. I only saw this rock ahead of me; I only saw this poisonous snake which I had to kill in order to take the next step. I only saw the problem directly in front of me. If I had seen the whole thing, I would have been too overwhelmed to have attempted this." Transition is a series of little baby steps, and each step must be taken with care and attention. I did not have my eye on the larger picture at all, and did not think about transition beyond the next step.

My personal experience with the gatekeeper system was easy, and I never felt held back by the service providers I dealt with. Nevertheless, I saw all of them (B.J., Barry Maletsky, and Toby Meltzer) as having an inappropriate amount of power over my life decisions. Furthermore, some of the horror stories I'd heard from other trans people (particularly FTMs) caused me to re-

evaluate my decision to become a therapist. Did I want to align myself with the very professions that are seen in such a negative light by other trans people?

On the other hand, if trans people turn their backs on these professions because the current paradigm does not serve us well, nothing will ever change for future generations. From personal observation back in the 1970s, I knew the therapy profession had undergone a major shift when gay men and lesbians entered the field to serve their own, changing from a model of attempting to "cure" homosexuality to one of helping clients adjust to their sexual orientation. With this example in mind, I decided to stick it out. Later developments, which showed me a non-pathologizing perspective on psychology and therapy, strengthened my resolve.

My first appointment with Dr. Maletsky was in mid-May, 1997. He asked me questions that I recognize now were a humanized version of the information required for diagnosis according to the criteria in the DSM. At the end of our hour, he astonished me, as B.J. had, by saying hesitantly that he was almost ready to make a diagnosis on the spot and give me a prescription for hormones!

However, being an older man and set in his procedures, he vacillated and ultimately decided that he should not break his own tradition of sitting with a diagnosis for thirty days before making a decision. I understand his process, given the medical model paradigm within which he was working – the introduction of male hormones has far-reaching consequences for an FTM, and it would be his signature on that prescription. He wanted to be very sure of himself.

He also said he wanted to allow me the time to think about it (as if I hadn't been

thinking of nothing else for nearly two years!), to make sure it was what I wanted. Given my history, I thought this a rather silly argument, but I did not challenge him; I was too happy that neither B.J. or Barry Maletsky were going to hold me back by adhering rigidly to the standards of care.

At the time of my next appointment with Dr. Maletsky, I had houseguests from Australia visiting me, members of a chorus that was planning on performing with Bridges the following year. I had become very good friends on-line with one of these visitors, and invited them to come along with me to get my prescription and have my first injection. I wanted to share this momentous occasion!

We took the bus to Dr. Maletsky's office, and he wrote the prescription. But then he informed me the pharmacy most FTMs go to for their hormones is in downtown Portland. It was late in the day and I didn't think I'd be able to get there and back by bus before his office closed.

Dr. Maletsky suggested I come back the following afternoon, with the hormones, and he'd inject me and show me how to inject myself. I'd been planning on doing a day-trip with my Australian friends, and at first told them I would not be able to go along with them to the Oregon coast, as I wanted to get my first shot. But the more I thought about it, the better able I was to put this into a more appropriate perspective. The opportunity to spend time with my Aussie friends, only visiting for a week, was more important than postponing my shot for an extra day. After all, I'd already waited nearly two years, what was one more day?

I have never quite lost this perspective. There have been times when other things have come up that have made it impossible for me to inject myself on a specific date, but

I don't worry about it when that happens.

I have even experimented with going off hormones altogether for a time, during the hormone shortage of 1998-99. I reveled in the total freedom I had to control my own hormone balance. I have never had a hysterectomy, and thus going off hormones allows my body to revert to its estrogen base. I found that invaluable during the process of writing this book. I no longer have access to the same emotional angst I experienced while living in an estrogen-based body. Unlike many FTMs, I cry quite easily still at emotional movies and the like, but my own life does not cause me angst.

When I ran out of hormones during the summer of 1999, I took the opportunity to write the most painful portions of this book, about my experiences during my 1995 breakdown, because those emotions were so much more accessible to me while estrogen was the dominant hormone in my body. (I did acquire more hormones and injected myself as soon as possible when I actually had a spotty period – I was only willing to take this experiment so far!)

Postponing my first shot by a day was the right decision, though it also meant I did not have any company to the doctor's office that day. My friends were busy elsewhere. I found it very anticlimactic, that first shot. There was no indication from the doctor that he had any notion how important this injection was to me. He jabbed me in the upper arm and that was that. I was disappointed at the lack of ceremony. But I was also jubilant! At last!

June 20, 1997 became my second birthdate, as important to me as my actual birthdate of September 1. I sent a notice to *Just Out*, the local gay/lesbian paper, to be published in a section of the paper appropriately titled "Transitions." This

section primarily announces AIDS deaths and gay weddings, but my announcement was a little different: "Reid Vanderburgh (formerly Nancy Vanderburgh) would like to announce a new birthday – June 20, 1997 – and a new pronoun, male." I was hoping this would take care of informing those who had not heard the gossip.

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