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Transitioning is not Therapy

Transitioning is being given the tools and knowledge to ask the questions whose answers set them free

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I have gradually come to the conclusion that for most M.T.F. transgender folk, the male persona is an artificial construction produced by the early adolescent individual (age twelve to fifteen) in order to fit in and be like everybody else. For the Female to Male person, there is a separate and different, but still consistent pattern.

Because a child's greatest desire is to be normal ... they create an artificial-self which meets this goal

As I discussed in my article, "The Multi-Dimensionality of Gender" (*Transgender Tapestry*, Issue 72), one's gender identity is only one of our five semi-independent aspects of gender (genetic, physical, brain sex, gender Identity and sexual orientation). One's gender identity is established by, or shortly after

birth, and is our self-map. This internal map forms how we see ourselves as a sexual individual (our affiliation to a gender), just as sexual orientation is our love map - how we identify our love/sex partner.

When our gender self map does not match our physical gender, along with our society providing no niche or role (although most other societies do) for this varied gender expression, a conflict usually develops. Although transgender folk's combination of the five gender factors is just as natural as any other, it is not perceived as "normal" (what you are supposed to be or do) in our society.

Because a child's greatest desire is to be normal (like everybody else), they create an artificial-self which meets this goal. They are often so successful at this that they not only fool everyone else but themselves as well - at least part of the time, in some way.

Once created, transgender folk live in this role - 3-D personality with its own goals, likes and dislikes, values, hobbies, etc. Although indistinguishable from the "real thing," it isn't themselves. It is an artificial creation for them to be able to fit in. But, as the nagging reality of the deception becomes harder and harder to suppress, one has to express their true self somehow, in some way.

For most, dressing is the obvious compromise. If one cannot be female, one can at least express femininity. But the more one expresses one's true self, the desire for more becomes greater. Some individuals continue expressing themselves more and more, others panic and purge only to start again later.

While all transgender folk need to transition, not all (or even the majority) need to use hormones, let alone surgery. The only person who truly knows where and how far to go is the transgendered person, themselves. But even they cannot do it alone. When you have spent decades fooling everyone, including yourself, it is difficult to tell what is true and what is smoke and mirrors. As we need a reflection to see our own face, we need a knowledgeable, experienced helper to see our true self.

How does one find such a helper? With great difficulty, I'm afraid. In my opinion, a psychotherapist's role is to be a helper, a teacher, and a guide. To help the transgendered with those areas and conflicts resulting from a lifetime of living a double life, one inside or hidden from others, one out in public. The therapist needs to be a teacher in making available all the accumulated knowledge, skills and choices one has as well as clearing away the myths, lies and misinformation. And as a guide, the therapist aids the client through the social, legal, medical and emotional mine fields toward one's new self. Here are some must have's you will need to find in your helper:

- Is your helper knowledgeable and up-to-date about transgender needs and problems?
- Has your helper previously helped at least two other people transition successfully before you?
- Is your helper knowledgeable about electrolysis, hormones, surgery, transgender law, etc., to guide you through your transition?
- Does your helper know and understand the difference between transitioning and psychotherapy.
- Last but not least, does your helper have working relationships with other knowing, experienced and successful practitioners such as electrologists, endocrinologists, surgeons, attorneys, etc.

While transgender folk have problems and need psychotherapy, and marriage and family counselling like any other group, transitioning, itself, is not psychotherapy. Transitioning is being given the tools and knowledge to ask the questions whose answers set

them free. The old artificial male persona falls away piece by piece, revealing underneath a brand new self. The new-self may be female, just more feminine, or even much the same! Whatever transitioned people may appear to others, to themselves they are happy, and sometimes for the first time, whole individuals.

I am pleased to say that those who have stayed to complete their transition with me have all become both happy people and very happy with their decision to transition. Never have I had so many people use the word "giddy" to describe themselves and their new life.

What, you may ask, about the Harry Benjamin International Gender Dysphoria Association (H.B.I.G.D.A.) Standards of Care and a diagnosis? I feel that the Standards of Care is a guidebook, not a rule book. If a transgendered individual is seeing a therapist or practitioner who has little or no knowledge of transgender folk - their needs, problems and lives - I believe the Standards of Care is very important to use as a guide for their physical transition. But, if a therapist is both very knowledgeable and experienced in dealing with transgender folk, the Standards of Care can often be unnecessarily rigid and handicapping. I have had people come to me at all stages of physical transitioning (physical transitioning is only a part of transitioning) from 100 percent male (or female) on the outside to dressed as their true gender after a year or more of hormones, etc. To hold both individuals to the same program would be both foolish and harmful. Each of us is an individual and must be treated as such for the best results. And as far as a diagnosis is concerned, I see it only as a needed requisite for medical intervention. As transitioning is more than physical change, what is it?

Basically, transitioning has three main parts. These parts are:

- Recognition that one's self-map is different from one's physical gender. This can take the form of seeing one's self as a "woman trapped in a man's body," a need to express one's "feminine side," etc. This stage is mainly concerned with physical/surface changes such as cross-dressing, passing, make-up, wigs, etc. In this first part, many transgender folk don't even venture from their own home and often have a juvenile (before age fifteen) and later, an adult phase. The so called "Primary Transsexual" is an individual who never constructs a male persona and therefore never accepts their male genitals or challenges their female self-map.
- Accepting one's self-map - This stage is more varied than the first and consists of changing one's life to fit one's self-map. These changes may only involve bringing one's significant other and loved one's into their dressing behaviour and expanding their activities or starting hormones, electrolysis and public dressing. One develops a "comfort level" with one's self-map and its conflict with their male persona and insists others respect them for what and who they are as they accept and learn to respect all of themselves.
- Becoming one's true self - This is the last but unfortunately least experienced part of transitioning. This is the stage when that little child trapped inside an artificial persona in order to fit in breaks free, grows up and has their own life - often with markedly different values, temperament and interests.

My method for transitioning I term "Informed Decision Making." In this, the client makes their own decision to go down which road and how far upon being given the information and insight needed to do so. I find many transgender folk focus on their dress and body at first not realising that the whole persona changes during successful transitioning. This is why physical transitioning (clothes, make-up, hormones, surgery) are only a minor part of the whole transition process. Values, lifelong hobbies, musical tastes, temperament, and goals, can and often do change. The new self which emerges from under the male personality often grows into a person no closer to the male persona than a sister. Naturally, it is often a rebirth in slow motion (it takes one to two years).

Also, unlike psychotherapy, transitioning need not be weekly. In fact, very few of my clients receive weekly sessions after the first few months. Why? Because it is a learning and unlearning procedure much like learning a new language, algebra, a musical instrument or a better golf swing. After the first few "lessons," all you need be is consistent. Of course, the more intensive the effort, the quicker one will reach their goal. But counselling more than once a week doesn't seem to help - unless there is more than one problem being worked on, such as transitioning plus marriage problems.

For example, let's say Mary (who was Bob) has recently come to accept she is transgendered, and has a wife, Betty, who she cares for, and four children ages four, seven, nine, and twelve. Mary is a successful engineer at a large company making a very good wage. Her wife does not work outside the home.

Mary has several problems to solve. One, - what does "transgendered" mean to her? Two - how does she now relate to her wife who is fearful and upset? Three - how, when and what to tell the children? Four - what should she do about work, friends, family, etc.?

The first problem is part of transitioning and by far the most important. As Mary answers, "What does being transgendered mean to me?" the solution to her other questions will become clearer and clearer. But at some point, as Mary gets to know and accept herself more, she and Betty will probably benefit from couple/marriage counselling as there are many issues between them they need to resolve.

Because a person's core personality often changes greatly during transition, making too many decisions too soon is a mistake. At the beginning of transition, Bob's values, goals and baggage (personal responsibilities, etc.) are still in charge - at this stage Mary is only a gleam in Bob's eye. It takes time to tear down the walls and fill in the gaps. As Mary is learning and growing, Betty needs to be brought along too - at least as far as she is willing or capable of going. Remember, this a very trying time for the spouse as well as the transgendered person. The partner's whole life is being turned upside down and she has no control over it. The partner often feels betrayed, angry and frustrated. Betty can even see Mary as her enemy, her competition. But, the more and the sooner a knowing, experienced professional is brought into the picture, the easier it is for both parties, and the better the outcome for everyone. Betty's willing cooperation is needed for best dealing with the children, family, and future living arrangements.

With Betty brought into the process, as Mary's transformation continues they can decide as a couple what their relationship and living conditions will be. Not always, happily, but truthfully with everyone's needs acknowledged and discussed. If Mary realises she must transition fully into a female body and role, they are now positioned to deal with this together including the telling of children, family and friends. Often a completely new job description is called for upon transition - sometimes because of the difference in Bob's and Mary's personality and values, and other times because a woman in not as accepted or respected in the old employment. And, of course, sometimes the prejudice of the employer leads to a loss of job. But, I have found that prejudice is the least common reason for job change if the transition is done correctly on all levels - emotional and psychological as well as physical. In fact, over the last few years, I have experienced very few negative reactions from employers, family and friends towards my transitioning transgender gender clients. So few that I have began to feel that most negative reactions stem from transgender folks not being given good help during transition rather than the transition itself. The exceptions to this rule are often spouses and best friends, because in both cases, the very basis of the relationship are often threatened by transitioning.

There is a global need for all transgender folk, whether C.D., TV., TS. or TG. to transition, although the road taken and the distance travelled may vary greatly from individual to individual. Transitioning is much more than a physical/superficial journey. And transitioning in itself is not psychotherapy but a rebirth of an individual long buried under the layers of society's imposed expectations. Like all births, it can be long, difficult, very painful and full of doubts at times. But who can deny the joy and expectation of a new life, a new beginning, even if the death of the old is needed to give room for the birth of the new?

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.