When Mirrors Lie

Dealt a difficult hand by nature, excluded by mainstream society and many queer activists, transsexuals reflect their own truths

by Teri Ventura

photos by Linda Kliewer

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Morris was diagnosed with gender identity disorder. GID is the diagnosis for transsexualism in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, of the American Psychiatric Association. The manual, known as DSM-IV, is considered by medical and mental health professionals to be the authoritative guide to the diagnosis of mental disorders.

Although some questions remain, medical research has uncovered much about what causes GID. A recently completed 11-year study at the Netherlands Institute for Brain Research resulted in clinical findings that "show a female brain structure in genetically male transsexuals and support the hypothesis that gender identity develops as a result of an interaction between the developing brain and sex hormones."

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—Reid Vanderburgh

These findings are similar to Reid Vanderburgh's thinking about his condition.

"Rather than considering this condition a mental disorder," Vanderburgh says, "I find more credible the theory that the cause of gender identity disorder is a hormonal process in utero that didn't happen quite right and a more male psyche was born into a more female body, or vice versa. Under this theory, gender identity disorder could be more accurately described as a birth defect than a mental disorder."

In a letter opposing discrimination against transsexuals, written to the Metropolitan Human Rights Commission, Portland psychiatrist Barry Maletzky describes transsexualism in lay terms: "Transsexualism is an illness recognized by the American Psychiatric Association and by the medical profession in general. The most recent evidence indicates that it is a condition in which an individual is born with the body of one gender but the brain of the other."

Maletzky expounds, "An individual afflicted with transsexualism is striving to live in the brain's gender, rather than the body's, a difficult task sometimes aided by psychotherapy, hormones and gender reassignment surgery. That individual's quest to live in the proper gender is not an expression of whim or choice, but a biologic fact...."

Rachel Koteles knew that she was not expressing whim or choice, but biologic fact, from the time she was 5 years old. That's when her mother began sending her to psychiatrists.

According to Koteles, her mother thought psychiatric treatment would disabuse her "son" of the ridiculous notion that "he" was a girl. It didn't work.

Through to adulthood, Koteles continued to recite her nursery-rhyme wish to the night sky "Star light, star bright..." each time ending with the same wish—to have the body of a girl. Koteles' singular goal in life was gender reassignment surgery. Her estranged father paid for the operation "to remove the icky bits," as Koteles refers to the operation that, she says, gave her life.

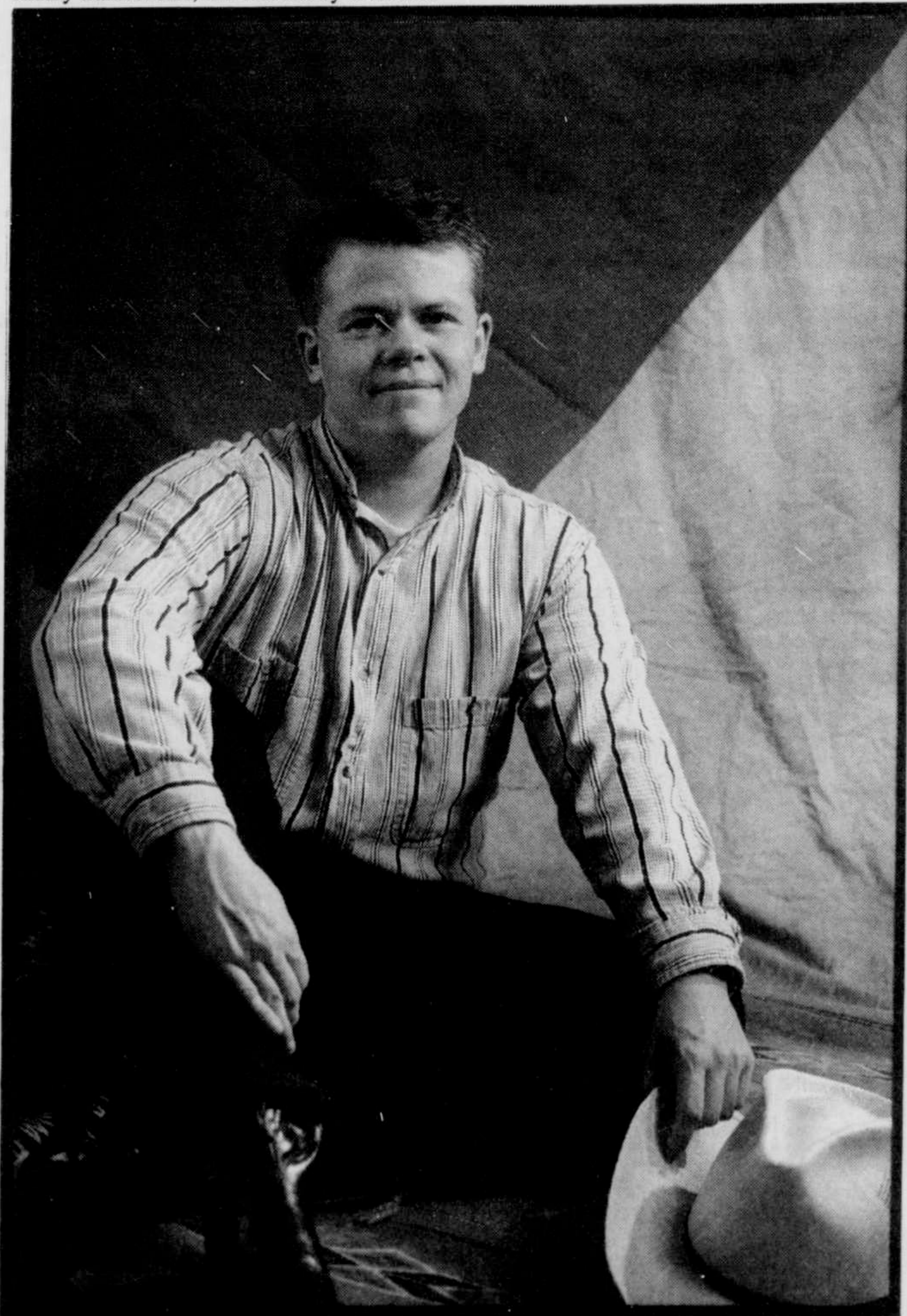
"My father, who's gay, said he couldn't understand what it was like for me, but he said, 'If you've wanted this so bad, for so long, you must need it.' After my surgery," Koteles recounts, "I went outside at night for the first time, and I automatically started making my usual wish on the stars. It wasn't until I was near the end that I realized my wish had come true. I needed a new one."

With tears in her eyes, Koteles smiles and shrugs, as if to say, what else: "I wished for world peace."

Medical professionals now know that attempts, such as Koteles' mother's, to dissuade transsexuals from their true gender, the gender of their brain, are completely ineffective. Dr. Richard Green, psychiatrist and author of several books on transsexualism, frequently serves as an expert witness in legal cases involving discrimination against transsexuals. In a paper published in the *Yale Law and Policy Review*, Green wrote that a transsexual's "compulsion to change anatomic sex is not modifiable by psychiatric intervention."

Most medical professionals agree that sex reassignment surgery is the most effective treatment for transsexualism. Drs. Ira B. Pauly and Milton T. Edgerton, researchers at the Johns Hopkins Gender Identity Clinic, studied the effectiveness of sex reassignment surgery. They concluded that "sex reassignment surgery is the treatment of choice for carefully evaluated, genuine, primary transsexuals."

Pauly and Edgerton draw a clear distinction between primary and secondary transsexuals. They adopted the definition of earlier researchers who found that primary transsexuals have an "unambiguous cross-gender identity from a very early age," as opposed to secondary transsexuals, who "develop their cross-gender identity much later" in defense of another underlying primary condition. Pauly and Edgerton found that "[s]econdary transsexuals have a higher frequency of unsatisfactory results than do true transsexuals." They concluded that sex reassignment surgery should not be offered to secondary transsexuals, and it is not by most medical professionals.



Ken Morris

Medical protocol for the treatment of transsexualism is detailed in the Harry Benjamin International Gender Dysphoria Association's Standards of Care. The Benjamin standards, followed by virtually all reputable doctors, require, among other things, that transsexuals live full time for one year as their targeted gender—the gender to which they are physically transitioning. This is known as the real-life test. People with GID must follow this protocol, completing all of the requirements under strict medical monitoring, to receive a recommendation from their doctors for surgery. Without that recommendation, no reputable doctor will perform gender reassignment surgery.

Margaret Deirdre O'Hartigan is the acting director of the Filisa Vistima Foundation. Named after a 22-year-old transsexual who committed suicide in Seattle in 1993, the foundation helps transsexuals obtain medical and legal services.

"There are those who want to do away with the GID diagnosis," she says.

O'Hartigan chooses her words very carefully as she continues: "They cite, among other things, the accounts of some people who were diagnosed with GID, had surgery, then regretted it. I am truly sorry for their suffering. If you look at the life histories of the people who have surgery and regret it, you will see that invariably, they do not fit the diagnosis. People who do not fit the diagnosis should not have surgery, unless it's just someone who wants to change gender because of a personal preference. For those of us who have an appropriate, primary diagnosis of GID, that diagnosis and treatment, including surgery, are our only relief from suffering."

Dean, who does not want his last name used, speaks softly, yet his deep voice comes through clearly over the phone.

"I am transsexual, and I emphasize that is a medical condition," he says. "Many people consider it a lifestyle choice. Transvestites, part-time cross-dressers and other transgendered people who are not transsexual are examples of people who are exercising lifestyle choices. That is not the case for transsexuals. There is no connection between their chosen lifestyles and our medical condition."

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