

How Raymond Became Janice

By Beth Westbrook

For most of his life, Raymond¹ had kept a huge secret from everybody in his life, a secret about a fundamental part of who he really was. He had never told anybody, not his family, his friends, his Army buddies, his co-workers in civilian life, his doctor, or even his ex-wife. Finally, one day the strain of hiding this secret part of his life became too much and he sought the help of a psychotherapist.

He worried for weeks before that first appointment, worried that the therapist would reject him as a patient, worried that she wouldn't believe him, and worried that he would finally have to face up to something about himself that he's always denied and tried to repress. Finally, the day of the appointment arrived, and once Raymond started talking to the therapist, he couldn't stop. Before he knew it, the time for the session was over and he had laid out for the therapist all those personal demons that he never thought he would ever share with anybody.

Raymond's secret was that he suffered from a rare medical condition known as gender identity disorder (GID). In other words, he had the mind of a woman but the body of a man, what is known as a transsexual. Or rather, "she had," because her true identity was that of a woman. Now that she had finally revealed this about herself, the rest of this narrative will respect her self-identification.

Because there is no physiological cure for her condition, the only effective way to treat it was to make her body match her mind. Although, she would have liked to have made an immediate appointment with a surgeon for sexual reassignment surgery (SRS), most of the medical professionals who treat transsexuals abide by the Harry Benjamin International Gender Dysphoria Association's "Standards of Care for Gender Identity Disorders" (SOC), the most current version of which can be found at the association's Web site at <<http://www.hbigda.org/>>.

The SOC was designed to make sure that patients undergoing SRS are absolutely doing the right thing so they will not have any regrets later after undergoing this irreversible operation, and that the surgeons that perform the SRS procedures will not be sued by patients who have made the wrong decision. It was also established to outline certain prerequisites that require the patients to acclimate themselves into their new gender roles and figure out how they are

¹ Raymond/Janice is a composite character based upon many people I've met over the years, information I've read in various texts, and a little bit of my own personal experience. After much thought on the names for this character, I decided to base them upon the name of Janice Raymond, author of the book *Transsexual Empire*, because she has demonstrated a lot of hatred toward this community and would most likely be horrified to know that a fictional transsexual character was named after her.

going to live in the world in their new identity before they are thrown into it complete with newly modified genitalia.

In the SOC, access to almost every physical transformation service is through referral from a psychotherapist. Therefore, it was very important for Raymond to find the best therapist for her. Raymond was not able to continue seeing the therapist to whom she initially came out, even though she really liked her because her office was too far away.

Hoping to save money in the expensive transition process, she first looked into the mental health coverage of her medical insurance plan. Working within the plan, she found a therapist with whom she felt like she would be comfortable after talking over the phone. Raymond was excited because the therapist told her that she did have some experience with the transgendered community.

When Janice got to her appointment, however, she learned that the “experience” the therapist had was that a couple of her personal friends are drag queens, and before the intake session was over she asked Raymond if she has an interest in china patterns as part of the evaluation of her condition.

Realizing that her therapist could not even tell the difference between a transsexual, who is seeking remedy for a lifelong of torment in having to live in a hated gender role, and a drag queen, who dresses up as a caricature of women for fun, Raymond realized that she would never go back to that therapist. After seeing what her insurance plan had to offer, she decided to seek out a specialist and see if the expertise was worth the extra expense.

After searching the Web for a new therapist, Raymond found a list of specialists on Dr. Becky Allison’s Web site at <<http://www.drbecky.com/therapists.html>>. She found one whose practice was just a few miles from her own office and could offer her evening appointments, right after work, once a week.

Like many transsexuals, Raymond had a lot of gatekeeper issues about her therapist, and because of this, she was extremely nervous going to that first appointment. This therapist was supposed to be an expert on her condition, and Raymond was afraid that the therapist would see some little thing in her that flagged her as not really a transsexual and deny her access to medical treatment. During her intake session, however, she learned that that was a very common fear, and her therapist told her that nobody else could tell her what was in her own heart.

During her first visit, Raymond’s therapist asked her if she had picked a feminine name for herself yet. She had not yet settled on a name so she decided to start working on that. It was a major decision to pick her own name, one that most people never make for themselves. She had used a couple of names online

during the previous few years, but she didn't like how any of them sounded when she finally heard them spoken.

Raymond thought about feminizing her male name, but did not like any of those options. She had never really felt any sort of connection to that name anyway because it denied her true identity. She thought about finding out if her mother had picked a girl name for her before she was born, but Raymond had a younger sister who was actually given that name.

One of Raymond's transsexual friends had found out what her male name meant and picked a feminine name with the same meaning. This idea didn't work for Raymond because there were no feminine names with the same meaning, "mighty protector." Finally, Raymond bought a book of baby names and listed every feminine name that she liked. Then she made a spreadsheet of all of the possible first and middle name combinations and narrowed the list down until she finally decided upon the name Janice for herself.

One of the most important things that Janice had to do in her physical transition was eliminate her facial hair. This was also one of the few physical changes she could make without a referral letter from her therapist, according to the SOC guidelines.

There are genetic women with facial hair, but it is generally considered a male trait. According to Kessler and McKenna, it takes about four feminine cues to overcome one masculine cue so Janice needed to rid herself of as many of her masculine traits as possible to be able to compensate for those that she cannot change.

Most of the electrologists she called are open to transsexual patients, and a few of them told her that transsexuals are actually their best customers because of the huge amount of work they need. Several of them also tried to convince her to use laser hair removal instead, but Janice was leery of the cost.

She finally found an experienced electrologist who trained interns that worked very cheaply to gain experience. The electrolysis was extremely painful, even when she used a topic anesthetic called EMLA, which was prescribed by a doctor affiliated with the electrologist, as well as extremely slow and tedious.

Human hair has three stages of growth, and electrolysis is only effective during the active stage. Because of this, Janice was instructed to shave two days before each appointment and then let the hair grow out to make sure that what was visible at the time was active growth. She hated not being allowed to shave for two days preceding her appointments because she was constantly being reminded of her beard during that time.

After dozens of hours of electrolysis, Janice became frustrated with the pace of the results and decided to try laser instead. After some research, she discovered that the ruby quartz lasers, particularly the Lightsheer brand, were the most effective.

The laser operator was able to clear Janice's entire face during that first one-hour session, a feat that the electrologist had not been able to accomplish in the total of their sessions together. She was also told that each subsequent treatment, spaced out five weeks apart instead of the one week for electrolysis, would take less time as the hair thinned out. The laser operator also told her that she could keep her face shaved all the way up to the time of her appointments.

The main disadvantage to the laser treatments, however, is that it is ineffective on white and gray hairs. Because of that, Janice eventually had to return to electrolysis to finish clearing her face, but there was much less work to be done by that time.

Another important preparation that Janice had to start working on as soon as possible was learning how to sound more like a woman. During puberty, testosterone made her vocal cords lengthen, which caused her voice to deepen. This change is permanent, and hormone therapy will do nothing to undo it.

She started working with a speech therapist who taught her a few techniques for raising the pitch of her voice, including tensing her vocal cords to prevent part of them from vibrating, speaking from her head instead of her chest, and smiling to temporarily shorten her vocal cords. More importantly, she was also taught to speak with a wider range of pitches, instead of the monotone that is typical of most men.

During these sessions, they also discussed the conversational styles of women as compared to men, and her therapist recommended two books by sociolinguist Deborah Tannen, *You Just Don't Understand: Women and Men in Conversation* and *Talking from 9 to 5: How Women's and Men's Conversational Styles Affect Who Gets Heard, Who Gets Credit, and What Gets Done at Work*. They also worked on Janice's nonverbal cues, such as how she walks, sits, stands, gestures, and almost everything else she does.

One of the most important milestones in a transsexual's transition is the beginning of hormone replacement therapy (HRT). According to the SOC, a patient should meet with a qualified psychotherapist for at least three months before starting HRT, and most physicians who administer HRT require the SOC-recommended referral letter from the patient's therapist.

Since the advent of the Internet and online foreign pharmacies that will sell drugs through the mail without a prescription, the SOC has been amended to allow medically supervised HRT to patients who have been self-medicating for three

months or longer, without having to first meet the usual waiting period. This was intended to minimize the risk to the patients. Janice had not been self-medicating so she had to abide by the waiting period.

There are not many doctors who are willing to administer HRT so Janice had to find a doctor who specialized in such treatments. She first discussed her plans with her primary care physician (PCP), who, although supportive, was not willing to prescribe the hormones for Janice, to make sure that her medical care was not compromised.

Her PCP also ran the blood tests that Janice needed before starting HRT. These included checking her liver function, fasting glucose, and her levels of potassium, testosterone, and estrogen, and a complete blood count.

During Janice's first visit to the doctor, he performed several physical checks, including checking her liver for tenderness and discussed with her the benefits, limitations, and possible risks of HRT to make sure that she was fully aware of what she was doing and that her expectations were realistic. They also discussed Janice's desire to undergo HRT and her history of psychotherapy.

Among the effects of the HRT was that Janice's body would stop producing sperm, and after time this change would become permanent. Janice had never had children as a man, but she did not want to lose the option so she found a list of sperm banks on the Genderpsychology Web site at <http://www.genderpsychology.org/reproduction/spermbank.html> and had made several visits to one of them before going to see the doctor to start her HRT.

Because Janice came prepared with the necessary lab results, she was able to start her HRT during the same visit instead of being sent away to return with the results at a later date. Her doctor discussed with her several options for different delivery methods for the hormones, such as pills, patches, or creams, but he recommended that she receive injections at least initially because that method would raise her estrogen levels the quickest.

In addition to her first estrogen shot, Janice also received a prescription for Spironolactone, which is often used as an anti-androgen to reduce the body's level of testosterone. Spironolactone is a potassium-sparing diuretic so Janice was advanced to be careful of her potassium intake. The doctor told her to not use salt substitutes, to be careful about how much orange juice she drinks, and to not eat an excessive amount of bananas.

Janice had to take the Spironolactone daily for as long as her body was able to produce testosterone, in other words as long as she still had her testes. She also had to return to the doctor's office once a month for another estrogen injection.

As she progressed, Janice confided in friends and family members whom she felt like she could trust to keep her secret, but to fully transition she would not be able to keep her true identity a secret forever. She knew that she faced two options for her career: She could either transition on her current job in front of all of her co-workers or she could quit her job and find a new one under her new name.

Janice liked her job so she decided that she would keep it if she could. She checked the Web site of the Transgender Law and Policy Institute at <http://www.transgenderlaw.org/> to find out if there were any laws to protect her rights in her city or state, but her state was not one of the two that had such laws, and her city was not one of the 44 that did. She also checked the same site to see if her employer's non-discrimination policy explicitly protected gender identity, but it was not listed.

After several weeks of internal debate, Janice was finally able to get up the nerve to talk to the human resources department to find out where she stood with them if she were to try to transition on the job. The HR department told her that the company had a zero tolerance policy toward any discrimination and harassment, whether it was for a group that was explicitly listed in the policy or not so she would be protected by the company.

With an HR rep, Janice worked out a timetable of when she would make her transition at work and at what point along the way she would be coming out to whom, starting with her immediate supervisor. Janice also drafted a letter to her closest co-workers to give them a more personal explanation than the generic official announcement that management was going to make. The HR rep worked with Janice over a period of several months, giving advice on revising this letter until it was finally ready to be sent.

Throughout this process, Janice had been practicing her feminine appearance and had been spending more and more of her off-work time in her new identity, but she was facing a major milestone in her life: going full-time. Once Janice went full-time, she would lose the ability to hide in the familiar role that she had previously spent so much of her life living and she would be faced with the challenge of testing her ability to now live as a woman completely. This is the Real Life Test (RLT) that the SOC requires for a minimum of one year before a patient can be referred for SRS.

In order to be able to live as Janice, she needed to legally change her name. The regulations for this vary from jurisdiction to jurisdiction, but Janice lived in Texas so the first step in this process was to file a name change petition with the family court of her county. She found instructions and sample documents on the Web site of a local female-to-male social group at <http://www.geocities.com/alamoboyz/>.

In addition to these samples, she got copies of the papers that a couple of her friends had filed and used all of these to write her own petition. One of these latter examples also included the petition for a legal change of gender.

According to the lore of the community, some people had been successful in that request and some, including the friend who gave her the sample, were denied based upon the Littleton case of 1999, in which a Federal appeals court in San Antonio had ruled a heterosexual marriage between a man and a post-op transsexual to have been an illegal gay marriage between two men. Janice was also unsuccessful in this request so she had to accept a new driver's license with an "M" gender marker, which could put her in legal jeopardy for the simple act of using a public restroom.

When she appeared before the judge, Janice was asked if she was trying to change her name for purposes of defrauding someone or hiding from her creditors. After getting her name change petition approved, Janice took her paperwork to get her driver's license changed. While she was there, she tried to get them to correct the "typo" on her gender marker, as a friend had suggested, but she was not successful in this tactic either.

After getting her license updated, Janice filled out a request for a new Social Security card and to change her name on her passport. She also had to update all of her financial records, including her bank accounts, her credit cards, her car loan, and her lease.

She then updated her automobile registration and sent a letter to the schools she had previously attended and her previous employers asking them to update her records. She also took a copy of the name change order to her current employer to get her personnel and benefits records changed over and to get a new employee ID card.

Although the SOC's requirement for RLT is only a minimum of one year, very few transsexuals ever receive SRS that quickly. In addition to the long waiting lists most of the surgeons have, there is also the problem of paying for the operation because most medical insurance plans explicitly deny coverage.

When Janice finally felt financially ready to pay for SRS, she requested a letter of referral from her therapist and also had to make an appointment with another therapist to get a second opinion. For SRS, the SOC requires letters from two therapists, one of which must have a doctorate, and the other must have at least a Master's degree.

Choosing a surgeon for SRS is a major decision for any transsexual because there are variations in the techniques of each of the doctors so the patient has to decide which doctor best meets her needs. To help her decide, Janice read

descriptions of their techniques on the Anne Lawrence's Transsexual Women's Resources page, <<http://www.annelawrence.com/srsindex.html>>, where she was also able to view pictures of the results.

Janice contacted the surgeon of her choice, and his office (worldwide, all of the surgeons who perform SRS are men) and was told that they would allow her to schedule her surgery when she received her first letter, from her primary therapist. The date for her surgery was more than a year later, and she was required to pay a large deposit as soon as she made the appointment.

A few months later, she flew out to the surgeon's office for a preliminary visit. During this visit, the doctor examined Janice's genitals and discussed her surgical options based upon the raw materials that were available.

Contrary to what the general public might believe, SRS does not involve chopping off the male genitals and throwing them away. The actual procedure usually involves using the penile and scrotal materials to construct the neovagina. There are surgeons who prefer to graft a section of the patient's colon to become the vaginal lining, but most patients do not chose this option because of the many unpleasant side effects.

One month prior to her surgery, Janice had to cease taking her hormones because they can interfere with her postoperative healing. During this month, she began to experience hot flashes, not unlike those that genetic women have during menopause.

When she finally woke up after her surgery, the nurse offered Janice a mirror to examine her new genitals. They were still swollen and discolored from the surgical trauma, but to Janice they were the most beautiful sight she had ever seen. Janice had to stay under medical supervision in an outpatient facility for an extended period of time while she healed and regained her strength before she was allowed to return to her normal life.

For the rest of her life, Janice must continue taking estrogen to maintain the feminization of her body, although at a lower dosage now that she no longer has testes, and she must also regularly dilate her vagina to keep it from growing closed. Most people, however, cannot tell from looking that her genitals were surgically created, and a few months after surgery she was able to achieve an orgasm with them.

With a notarized letter from the surgeon who performed her SRS, Janice was finally able to get her gender marker on her driver's license changed and her birth certificate updated. She had to make a decision about whether to go "stealth," hiding her history past completely, or being out about her past. Janice decided to compromise and not lie to anybody, but to not make it a point to tell people if not asked.

Socially, she now lives the normal life of a woman, having traded the discrimination that she suffered as a transsexual for the same discrimination that all of the other women around her face in their lives. Sometimes, she wonders if it was all really worth it, but then she remembers how miserable she was as Raymond and knows that she made the right decision.