

## A THERAPIST'S MANIFESTO

by Reid Vanderburgh, MA

During my transition, I saw three therapists. One was clearly out of her depth, the second was mediocre but thought she was doing a good job, and the third understood gender issues quite well and was a good match for me. None was trans. However, I don't believe a therapist has to be trans in order to do good work with clients who are questioning their gender identity, or who are beginning the process of transition. In the years since, I have become a therapist myself and now have a clearer understanding of what the first two did wrong, and how the third therapist served me well.

The first therapist I saw worked in an agency dedicated to providing mental health services to the GLBT communities of Portland, Oregon. When I first came to see her, I did not yet realize I was trans, but was aware of being in the midst of an existential life crisis of monumental proportions. After I'd seen her two or three times, I had an epiphany between sessions, realizing I was trans and not the lesbian I'd thought I was. Of course I brought this into my next therapy session, as I recognized this as the core of my life crisis. The therapist asked me how long I'd been conscious of feeling this way. Because I could not say I'd had a lifelong conscious awareness of discomfort with my birth gender assignment, she discounted my conclusion and tried to convince me I was really a maladjusted lesbian.

The second therapist I saw (at the same agency) tried to play devil's advocate, challenging my conclusions about my identity. She too was suspicious of my new self-understanding, also because I had not had conscious knowledge of my "trans-ness" until I was nearly 40 years old. She saw her role as one of trying to pick holes in my conclusion, trying to test it as if it were a scientific hypothesis. She occasionally got angry with me when I stuck to my guns. I left when I realized I wasn't getting anything out of our sessions.

The third therapist I saw charged a great deal more than either of my first two therapists, as she was in private practice. However, I ended up spending less money than I had for the first two therapists as I only saw her for about four hours. That's all the time it took for her to give me some concrete tools of self-knowledge, and see me further along my path of transition.

The crucial difference between the first two therapists and the last therapist I saw is this: The first two saw their role as one of determining whether I was right in my interpretation of my gender identity (basing their conclusion on the DSM definition of Gender Identity Disorder), while the third therapist saw her role as one of guiding me in a process of self-knowledge.

The following guidelines can help a therapist develop a treatment plan for a client whose presenting issue is gender identity:

- Gender is an issue of core identity, not an issue of psychological pathology, and the client is the only one who can make decisions about their core

- identity. It is not up to the therapist to determine whether or not the client is trans, any more than it is up to the therapist to determine what the client's sexual orientation is;
- The purpose of the therapy is not to change the client's mind, play devil's advocate, or provide some sort of "cure," but to help the client understand and perhaps modify the natural defenses they developed over the years to cope with living in a narrow-minded culture. Such defenses, necessary while the client was growing up, are probably affecting current relationships in ways that don't serve the client well. These defenses often inhibit the client's ability to interpret or even feel their own emotions;
  - The ultimate goal of the therapy is to give the client a deeper understanding of themselves – what their gender identity and sexual orientation are; how their behavior patterns affect their relationships; how gender has affected their lives; what they hope for the future; etc. This goal is much more easily achieved if the client has become aware of what their deepest feelings are (see #2);
  - In light of all this self-knowledge, the client will be best able to make informed decisions about transition – hormones, or not? Surgery, or not? Which surgical procedures? "Informed" in this case means not only informed about the effects of hormones, surgical options, etc., but even more importantly, informed about who they are.

Regardless of theoretical orientation or methodological expertise, the primary goal in working with a trans client is to facilitate a process of self-knowledge. Because it is not the therapist's job to determine whether or not a client is trans, this task obviously falls to the client. Because the decisions involved are life transforming and irreversible, deep self-knowledge is the key to the client's ability to make the best decisions for their future happiness and fulfillment.

The first two therapists I saw obviously believed their job was to determine to their satisfaction if I was really trans or not. What a burden it would be, if that was indeed their task! Making that kind of determination for another person is not a job I would want. The third therapist I saw was much more at ease with me, and more relaxed. Of course she was – she saw the task of determining my gender to be mine alone. She helped me acquire self-knowledge, and when she saw I had that, sent me on my journey.

Had she not been satisfied with my level of self-knowledge, that would have been a different story. Surgeons experienced in performing trans procedures require letters of referrals from mental health care providers, and I would only write such a letter if I were satisfied a client had deep self-knowledge. If I find myself hesitant about a client's process, the question I am asking myself is not, "Is this client really trans or not?" Rather, I ask myself, "Is this client trying to be more fully who they are – or are they trying to become someone else?" The latter is a client fleeing their past in a manner reminiscent of someone who has DID

(Dissociative Identity Disorder), and the client in this predicament is going to “feel” significantly different in the room than the client who is seeking self-actualization. If the therapist feels something of this nature may be going on, it may be time to seek consultation with a colleague who has some experience in DID work.

However, this situation is far from common, and most clients presenting with some degree of gender dissonance are going to be exactly what they seem – trans, perhaps unsure whether to transition or not, and seeking guidance. It is up to the therapist to provide guidance along the journey, without trying to determine what direction the journey takes.

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