A Life Less Ordinary
by Emma Mishel

Editors’ note: The names of all the individuals in this story are pseudonyms intended to protect the subjects’ privacy.

PAPERS, files, folders, boxes, Post-Its, labels, magazines and books fill the tiny, square computer room in the back of his house, along with two desks that take up two entire walls. He comes in shirtless, sits down in an old office chair covered by a Pomeranian dog tee, and faces the computer. Glasses and a full, brown beard cover his face. His head is balding but for tufts on the sides by his ears. He has with him a large black-and-beige shoebox.

He places the shoebox on the desk and begins to unload the items inside: a bottle of rubbing alcohol, a packaged needle, a cotton ball, a Band-Aid, and a tiny green bottle of liquid. One by one, he places each item neatly on a paper towel. He unwraps the Band-Aid and sticks it to the bottom of the desk for easy access. He dabs the cotton ball with alcohol, shakes the green bottle and opens the needle package. Carefully, he sticks the needle into the green bottle, turns it upside-down and pulls back. He watches it fill up to exactly 0.7, flicking it a few times to get rid of any bubbles that have formed. Birds chirp outside the screen door to his left, and Jack FM plays on the radio to his right.

He pulls out the bottom drawer from the desk and props up his left leg. He begins to massage his thigh. After his leg is sufficiently relaxed, he rubs the alcohol on a selected spot in the middle and quickly sticks the needle into his thigh. Slowly, he pushes the needle down, never taking his large brown eyes off of the liquid going into his body-- the liquid that has transformed him from Joanna Lynn to John Lee Anderson.

John, 45, could tell you what it was like to have a woman’s body, but he could never explain what it was like to be a woman. He just never felt like one. Even as a little girl, John felt that he should have been born a boy, though he didn’t have the language to explain it. In kindergarten, John’s class had a circus. Teachers assigned him to wear a purple tutu for the performance. What he really wanted to be was a lion, or a tiger, or a bear, or one of the ringmasters. Wearing a tutu with bright white tights underneath was completely humiliating for him. He didn’t understand what was going on, but he knew it just wasn’t right.

John found himself constantly jealous of his older brother, Frank. Their dad would teach Frank things like how to be a gentleman and how to play different sports, and John would wonder, Why doesn’t he play catch with me? Why doesn’t he teach me how to be a gentleman? Playing house, John would always be the daddy or the dog, feeling like a boy who just never got the chance to be a boy.

At 14, John came across a newspaper article about a man who was having sex-reassignment surgery to become a woman: Christine Jorgensen. “Transsexual,” they called it. His heart beat a little quicker at that moment, That’s me! But at the time, he thought that only men could become women, and not vice-versa. He decided to go to the local library in his hometown of rural
Indiana to find out more. However, the word “transsexual” was nowhere to be found in any of the books.

Feeling extremely isolated, he turned to his two closest girlfriends from school and told them that he thought he should have been born a boy. Both of them were shocked and disgusted. They didn’t want to talk about it. Hurt and lost, John came to the realization that if he couldn’t tell his best friends, then there was nobody in the world he could talk to about his feelings. From then on, he started internalizing them, trying to make them go away by pushing them deep down inside. Not until his late twenties did they erupt again.

Outside the weather is both sunny and overcast. Nothing beats a cup of our new coffee is written on a white board next to the front counter. Receipts are printed, change is knocked around in the cash drawer, and a bell on the door sounds anytime it is opened. As a couple exits the restaurant, John enters eagerly, followed by Sandra, his friend of over 10 years.

John takes off his sunglasses, puts them in his pocket, and looks around. The hostess greets them and leads them down a walkway to a booth by the window. John takes off his blue hat that says “Cabela’s” on the front, the name of a sporting goods store that Sandra introduced him to many years ago. He doesn’t play a lot of sports, but he loves camping. There’s something about being on his own out in the middle of nowhere that is very cleansing to him. As he sits down, he tosses the hat on the seat across from him and clears his throat. Sandra sits next to him, fixing her T-shirt that says “Alaska: The Last Frontier.”

In the ‘60s, Sandra was a Forward Observer in Vietnam, a reconnaissance position that was extremely dangerous. Today, she makes her living as a machinist. Every day she creates various parts out of metal. She transitioned into a woman at her job—a place John describes as having “no normal people.”

While they eat, John and Sandra talk about all of the different transgender groups they have attended over the years. They agree Love of Transsexuals (LOTS) was the best group they’ve ever been to; it was also where they first met back in ‘97. LOTS was a support group run by the mother of a transitioning female-to-male, and John thinks that’s why it was so successful. Typically, the same-sex parent of a person who is transgender is the one who takes it the hardest.

Sandra then remembers to tell John about one of her mother’s friends who visited her mother’s house recently. She looked at my mom’s refrigerator and saw a picture of me and my four brothers, and she asked my mom, “I thought you had five sons?” My mom said, “Well, this one’s transsexual! What do you expect her to look like?” Sandra giggles and looks at John, who nods and smiles. He then looks down at his plate.

“I don’t think my mom could even say the word transsexual.”

Before John told his family he was transgender, he told them he was a lesbian. At 19, he was living in Alta Loma, California with his parents and brother. They had just moved there from rural Indiana where they knew of only one gay person—the theater director of the local church whom everyone was warned to stay away from.
In California, John got a job at Carl’s Jr. It was there he met his first lesbian. John developed an intense infatuation for her after he learned about her feelings for women. From then on, he started going down the lesbian path, and California was the perfect place to start experimenting. A frequent bar-hopper, John met a woman named Michelle one evening, and they immediately connected and started a relationship. John stayed at her place two nights in a row, causing his parents to worry as they didn’t know where he was. Their only daughter was missing, and they feared the worst. In distress, they called the local sheriff. After that, John knew he had to tell his parents what was going on.

When he told them he was a lesbian, he didn’t think they would be that surprised. John had been dressing pretty butch for a long time. For his 13th birthday, he and his mom went to the store to pick out his birthday gift. He chose men’s dress slacks. His mom didn’t seem to mind. Nor did she mind sewing shorts under the skirts John had to wear to school when he was younger so that he could feel more comfortable. But after finding out that her only daughter was a lesbian, John’s mother did mind. She and her husband, both conservative Republicans, told John that he could not be that way under their roof. So John went to live with Michelle.

Eight years and a couple of girlfriends later, John met his future ex-wife. Her name was Renee, a 21-year-old-straight girl who went to lesbian bars because she didn’t like when guys constantly hit on her. At a club in Pomona, she danced with John. They soon fell in love, got married five months later (receiving their domestic partnership from the city of Laguna Beach), and had their honeymoon in Lake Tahoe. From the beginning, Renee was attracted to John’s masculinity, and she was not surprised to see genital prosthetics in his drawer when they started dating. When they watched a Geraldo show about transgender people and John sent away for the transcripts, Renee was not surprised either. When he then told her that he wanted to transition, she didn’t skip a beat.

If only everyone in John’s life were this supportive.

Together for about five years, Renee and John would sometimes visit John’s parents over Christmas. Mark and Alice Anderson did not have the best relationship with John to begin with, and they were always very cold to their new daughter-in-law. They never gave even gave her a present when she’d stay for Christmas.

But Mark and Alice took it much harder when John first told them that he was transgender. Actually, he couldn’t even tell them. About a year after he married Renee, at 29, John wrote his parents and his brother a four-page letter to explain how he felt. He explained that he had already begun taking the hormones.

One week. One week since they got the letter. His dad had called him and told him to come over so that they could all discuss it. So here he was. He had just driven one hour on the 10 Freeway to get to their house in Palm Springs. The letter explained things: how he had felt like a boy his whole life, how this was just something he needed to do, and that he hoped to have their support. He wanted to tell them sooner, but events kept delaying the moment: his uncle’s death for example. Sending them a letter, he’d decided, was the best option. That way they could freak out on their own first and be calmer once everyone was ready to talk. John, at last, was ready now.
Tidal waves filled his stomach and sweat formed on his palms, but he was ready. He took a deep
breath and entered through their front door.

Things did not go well from the beginning.

John walked across the gray carpet and sat at a table in the living room. A white stone fireplace
stood in the middle of the room; daylight streamed through numerous windows. Mark and Alice
each sat on cream-colored, upholstered chairs with pastel flowers on them, making a triangle
between John, his mother and father. On the walls hung pictures of John and his brother as
children during their family trip to Disneyland in 1967, the ideal nuclear family staring him right
in the face.

You’ll never be able to grow a beard, John’s mom told him. You’ll be a freak, a social outcast.
Nobody will ever want to be with you.

John tried to debate with her, “You don’t understand. You don’t know about it. This is all new to
you, but I’ve felt like this my whole life. At one point, I almost killed myself with dad’s
handgun.”

“Well, maybe you should have,” she replied.

John was taken aback. It was easier for his mother to deal with him dead than transitioning.

“Please stop the hormones,” they insisted to their daughter. “You can still stop.”

John refused, happy he’d already started them.

He kept trying to educate them, arguing with them, but they didn’t want to hear it, Alice especially. She knew she was right.

Things were getting nowhere, so an hour after he arrived, John got up and left. His parents’
conclusion was more than clear: We wouldn't feel comfortable having you at family gatherings if
you do this. You should consider yourself written out of the will.

John’s brother Frank, although initially shocked, was more supportive. He tried to get their
parents to accept John, but they never really did. John remembers sitting on his parent’s couch
one day a few years ago, looking over at his mom’s weird and disgusted expression.

“What is it mom?” he asked her.

“Sometimes I see you as this strange man that’s come into our family and killed my
daughter.”

Although John was born female, the psychological sense that he has of himself (also known as
gender identity) is more male. His gender expression—the communication of gender through the
types of clothes he wears, his hairstyle, mannerisms, way of speaking, and the roles he takes
— is masculine. Most people feel strongly about expressing themselves in the way that is consistent with their inner gender identity. Gender identity cannot be tested for or measured like biological sex can, as it involves how one thinks of oneself.

Gender identity, however, is completely separate from sexual orientation. Women who become men do not necessarily want to be with women. In fact, after he divorced his wife, John found himself more attracted to men, and today he would rather be intimate with a man than with a woman.

People tend to think that everyone falls into the extreme categories of “male” or “female” and “gay” or “straight.” However, Alfred Kinsey, an American biologist in the 1940s and 50s, conducted studies on human sexuality, and showed that most people are, in fact, not at one extreme but at some place in-between. Kinsey revealed that the living world is a continuum in each and every one of its aspects. His research proved that sexuality is often fluid and that a person’s identity can easily move to a new position on the continuum.

The terms used today, “gay” or “straight,” do not even apply to transgender people. If a Male-to-Female had sexual intercourse with another female, for instance, it would be considered “gay” or “lesbian” sex because of the terms we have today. But if she still had male anatomy, it would also be considered “straight.” Thus there really are no labels with respect to transgender orientation, since sexuality is always receptive to change. The way anatomy figures in is very complex.

The best day of John’s life was the day he had his breasts removed. He had never before been under anesthesia and was a bit frightened, but he had been looking forward to this event for a very long time. Having been on male hormones for one year, he had grown facial hair and his voice had dropped, but he still had 44 DD breasts. Needless to say, this made for some interesting looks in the bathroom. Inside a McDonald’s bathroom one time, a woman looked at John and ran screaming. After a year of looking like something in-between a man and woman, it was time to get rid of the glands on John’s chest that were, to him, like big tumors.

Initially, John had a hard time finding a surgeon. Another Female-To-Male had his chest surgery done not long before then and had sued his physician, so every doctor John asked to do the surgery refused for fear of also being sued. Of the seven physicians John talked to, only one, from a major research university, eventually agreed to perform the procedure.

Under the knife for two and a half hours, John was very pleased with the result of his surgery. He was especially pleased with the new size of his nipples. They were so big before. The doctor had told him to draw a circle on a piece of paper as to how big he wanted them. They’d come out the perfect small, male size that he wanted.

When shirtless, John now has two long scars on both sides of his chest stretching from the middle of his armpits to the center of his chest. But being able to go to the pool is just wonderful for him now, and not having to wear huge clothes or layers is a big relief. His outward, everyday appearance now reads male. However, John still has a vagina.
There are three main types of bottom surgeries for FTMs, the first being Metoidioplasty. Metoidioplasty takes advantage of the fact that ongoing testosterone treatment causes the clitoris to grow longer. (About the length of a thumb is not uncommon). The procedure involves cutting the ligament that holds the clitoris in place under the pubic bone, as well as some of the surrounding tissue, to create a small penis from the elongated clitoris. Metoidioplasty may also involve the creation of a scrotum by inserting testicular implants inside the labia majora, then joining the two labia to create a scrotal sac. The procedure may additionally involve urethral lengthening to allow the patient to urinate through the penis while standing. The disadvantages are that the resulting penis is quite small, and thus cannot usually be used for penetration.

The next procedure is called the Centurion, which is a variation of Metoidioplasty. In the Centurion, the round ligaments (which run along the sides of the labia) are freed from the labia majora and brought together along the shaft of the clitoris to provide girth for the new penis. The extraction of the round ligaments from the labia majora leaves a hollowed-out area which serves as a "pocket" for solid silicone scrotal implants. The labia majora are later joined to form a scrotal sac. A urethral extension to the tip of the new penis is formed by joining skin flaps around a catheter that runs along the underside of the clitoris. It results in a natural-looking, erotically sensate penis, but it is also quite small and often cannot be used for penetration.

If an FTM desires an average-sized penis that looks acceptable in the locker room, through which he can urinate, and with which he can engage in penetrative sex, a Phalloplasty is the way to go. A Phalloplasty involves the construction of a penis using donor skin from other areas of the body, such as from the abdomen, groin, leg or forearm, that is then grafted into the pubic area. It also involves a urethral lengthening so that the patient can urinate through the penis. In addition, erections can be achieved by this procedure with a malleable rod implanted permanently or inserted temporarily in the penis, or with an implanted pump device.

Metoidioplasty and Centurion procedures range from about $6,000 (for clitoral release only) to $30,000 (including urethral extension and testicular implants); Phalloplasty procedures range from $50,000 to $150,000. However, there is also a risk that something will go wrong at some point, especially in a Phalloplasty. Thus, these figures are the bare minimum, as more money will most likely be spent on extra, corrective surgeries and maintenance procedures.

John would give up anything shy of his dog to have the perfect penis, but he is just not happy with the genital reconstruction surgeries currently available for FTMs. The first two are pretty inferior, and the Phalloplasty is too expensive and comes with too many risks. After all, it’s easier to dig a hole than build a pole.

Yet genital reconstruction surgery is not what “completes” the transition for FTMs, since many do not have bottom surgery. Aside from removing their breasts, John says it is the testosterone (which most FTMs call “T”), and the testosterone’s physical effects that really make FTMs feel like men.

The first time John injected himself with testosterone was a pivotal event. He felt a flooding his body, as if he were tracing the blood as it pumped through his arms and legs. He almost passed out. It was the beginning and end of his transition, and it was overwhelming.
About a month after the first shot, John’s period stopped. After about four to six weeks, his voice began to drop and his facial hair slowly started growing in. After about six months, he had some fur under his chin. After a few years, he had a full beard, and due to an increase in T-dosage, he started going bald.

Taking hormones influences and regulates practically every cell, tissue, organ, and function of the body, including growth, development, metabolism, and sexual and reproductive functions. If an FTM stopped taking testosterone, even if he had been on the testosterone for 10 years, his menstrual cycle could return. Therefore, taking testosterone is a lifetime commitment—John will do it until the day he dies.

He doesn’t mind.

Testosterone gives John energy, confidence, and courage, and makes him feel like he has enough strength to conquer the world. When it runs out every 10 to 14 days, he feels achy, irritable and tired—which is what he says a woman feels like most of the time. He thinks that if women knew how good testosterone was, everybody would be walking around with mustaches.

John does retain some feminine qualities, however, and he really cherishes them. Actually, he never appreciated them until after he became a man, and now he thinks they make him a better man. As opposed to a “macho asshole guy,” he sees himself as a sensitive and caring man.

Today, not only does he live a more honest life, but John lives a very different life as a man. For example, He’s noticed that in certain social events, people tend to listen to him and respect his opinion more. One thing he didn’t expect, however, was the extra stress that men have to deal with.

John was one of the first to arrive at a party a few years ago at a house that belonged to a woman he didn’t know. Within half an hour of being there, the woman had asked him to move a large fan, to unstick the top of a martini shaker, and to light the pilot in her oven. She didn’t approach anyone else, she just came to John—the only man that had arrived at the party. The expectations that come with being male totally blindsided him.

One lesbian, three gay men, and John sit on the Out Professionals Career Panel at UC Irvine. Hanging down from their table is a blue sign that says “UC Irvine Career Center” in yellow letters. A typed nametag has been placed in front of each panel member, except John, whose tag has been handwritten in purple marker. Each panelist has a water bottle, except John, who drinks a Fresca.

John wears a brown-and-white-checkered button-down shirt, a brown belt, and dark blue pants. He looks thoughtfully at Eileen, one of the career counselors at UCI, as she introduces each panelist: A female scientist, a male engineer, a male administrator, and a male physician who are all out at work. They talk about their personal experiences of coming out in the workplace. John sits to the left of the administrator and the doctor. The lamp behind them reflects on John’s bald
head and his face has turned a reddish color, almost matching the maroon-colored walls of the room around him.

“I’m actually only semi-out at work,” John says. “I decided not to fully come out.”

The doctor rubs the administrator’s knee thoughtfully. The two have been dating for over 13 years.

“It’s a little bit different when you’re dealing with bathroom issues,” John continues, “It’s a little bit more complicated.”

John believes that transgender people really don’t belong in the gay and lesbian community. He thinks that, in a lot of ways, being transgender is a medical thing. Gay people don’t need to go to the doctor, get shots, or have surgery, so the gay experience is very different from the transgender experience. But there are not enough transgender people to accomplish anything and they have to side with somebody, so they side with the LGB community.

John thinks that transgender people really belong to the intersex community, but the intersex community doesn’t want anything to do with transgender people. Officially, their association does not consider trans as intersex, though this does not mean that all intersex individuals do. Intersex people have physical proof—they were born with something wrong with them—but transgender people are just seen as mentally ill.

John notes that gay people have the ability to come out to whomever they choose. Transgender people don’t have that option. When you transition, everyone will know—your coworkers, your neighbors, your family—everyone. The paper trail follows you forever, even for people who transitioned 35 years ago. No one ever knows when some paperwork will come up and out you.

Three years ago in California, for instance, a car hit a transgender man while he was crossing the street. He had a fractured pelvis and internal bleeding, so paramedics had to cut off his clothes to assist him. When they saw that he had female genitalia, they referred to him as “she,” and the newspapers did the same. He had been “outed,” not only to his friends, but to everyone at work.

Upset by this, John called the policeman in charge of the report to try to set up some transgender sensitivity classes for him and the rest of the force.

“Oh you don’t understand,” said the policeman, “We don’t need that. I’m gay.”

The physician and the administrator talk the most at the panel discussion.

“Those who are confident in their sexual orientation have the least problems at work,” the administrator says, touching the doctor’s shoulder.

“I talk about my partner. There are photos of the two of us on my desk. I’ve found that the self-confidence that you have helps.”

John nods. He clears his throat and says, “Three months ago, I had the opportunity to come out to my coworkers.” He considered just breaking the news to them without preface.
“I thought it might be kind of fun. But work is the only place that I’m just a guy. I really value that space where I can just be who I am, and not have to explain it. But it’s also frustrating socially, like I can’t share part of my life. These relationships never go past a certain point. It bothers me a great deal. It’s baggage I carry around with me. I think [the physician] has excellent advice about confidence. People can read that energy. But once you come out, you can’t go back in.”

John used to be a waitress. When he made the choice to transition, he realized that there was no way that he could do it while in the food industry, especially at a place where he had to wear skirts and tights. He thought about what else he could do, and he remembered doing some volunteer work at a state hospital when he was younger. Somewhere he could work with disabled adults would be a great place to transition, he thought. No one would take too much notice of it, or care.

He was right.

John got a job at as a social worker at a small facility for the severely disabled. Two or three months later, he told his boss that he was planning to transition. His boss did not object and so, for the next year, John transitioned openly at work.

A year and a half passed, and John’s wife’s job relocated to Orange County. The move was a great opportunity for John. It was his chance to reinvent himself, to be the new John that he always felt he was. It was during this time that he had his chest-reassignment surgery. Then, he was hired—for the first time in his life—as a male.

Today, John is still a social worker who assists seniors. The best part about his job is helping people. He believes it is the most meaningful thing you can do—make the world a better place, especially for people who are social outcasts or have social challenges.

John is also a member of the Parents and Friends of Lesbians and Gays (PFLAG) Speaker’s Bureau, where he is invited to speak in classrooms about being transgender and about transgender issues. In addition, he leads the Orange County Female to Male (OCFTM) discussion and support group at the Gay and Lesbian Center in Garden Grove each month. John feels happy providing support to other transgender people, trying to keep the continuity and build a community to establish things and obtain rights. Somebody’s got to be there for the new people, and he is more than willing to help.

Because of all of his involvement in the transgender community, last year John decided it was best to tell his department director about being transgender so that he could feel safe in case something were to come out. John’s director was very surprised. She was the one who hired him though, and John knew that she liked him. He in turn felt very comfortable with her. Nothing has ever been said, so she has obviously respected confidentiality, and she has been “pretty cool” with it ever since.

Generally, people don’t transition in order to become transsexuals. Most transgender people want to transition and then live as men or women and not as transgender. That can be a very hard thing
to do, however, even for the most confident transsexuals. For John and most transgender people, their former sex will always be a part of their past, and perhaps also part of their bodies, no matter how much they try to hide or reconstruct it. John confronts these issues whenever he sits down on the toilet to urinate, or whenever he wants to be sexual with someone and must tell them about his identity. Still, the complexity and complications are well worth it for him. In fact, John looks on the bright side, in that not many people can say they’ve lived life as both male and female.

“A life less ordinary,” he calls it.

A woman creeps into John’s OCFTM meeting on Sunday evening. She wears light blue jeans, a red shirt and a denim vest over her shirt. She has never been to a transgender meeting before, but her counselor thought it would be a good idea, she told everyone.

“Are you guys all Female to Males?” she asks, starting to cry. “It feels so good to talk about it. I’m a heterosexual man in a female body.”

John nods. “I’m glad you came.”