Confronting

A Short Story

By Maryanne Peters

The story that I am telling is set in the year 2001 which is the year that my mother died, but it really starts much earlier than that in the year 1969 which was the year before I was born. Earlier that year my mother had a miscarriage. My sister never lasted to much beyond conception, but my mother mourned her until the day she died.

But because of that miscarriage my mother was prescribed a drug called Diethylstilbestrol or DES. It is a synthetic hormone and was said to reduce the incidence of miscarriages and also morning sickness. It was touted as a wonder drug in the 40s and 50s, but declined in the 60s as some side effects became apparent. By the 70s it was no longer prescribed.

The delay in assessing side effects is because it was not the mothers who were effected but their sons and daughters. Daughters could suffer internal anomalies – hidden birth defects that only became apparent as they sought to bear their own children. Sons included many who were like me – transgendered.

Even when the correlation first became apparent there was a refusal to accept the link, but that is largely because the causes of gender dysphoria remained a mystery. Many physicians doubt that hormones in the mother can affect the brain of a fetus, but the statistics seem undeniable. A scientific survey of “DES Sons” carried out in 2015 found that about 32% identified as transgender, transsexual, gender dysphoric, or intersex. Across the general population that figure is less than 1%.

But there was already material in scientific journals talking about a possible link between DES and transsexualism. I know, because I researched it.

I thought of my gender issues as a curse back then. I was born in the year 1970 and I suppose that I would have been around 5 or 6 years old when I told my mother that I wanted to be a wife and mother when I grew up. She thought that it was a sweet thing to say and a compliment to her, but if it was just that it would have been easy. No – I hated my male body even when it was only the body of a boy. I ached to be a girl. It was all I could think about.

But the 70s and 80s were difficult times for trans-people. It was well after the public curiosity of the 1950s. In the 1960’s the “Gay” community was supposed to include people like me, and they wanted to assert their rights. Before I was born the Gay Liberation Front affirmed in its name that this was a militant movement. I do not want to be seen as critical, but I did not want to protest, I just wanted to be a woman married to a man and living quietly on the suburbs. Instead, there was a pitched battle between trans-activists and radical feminists who claimed that - “transsexualism is based on the ‘patriarchal myths’ of ‘male mothering’, and ‘making of woman according to man's image’”.

I just kept my head down. I felt like a coward, and I guess I was. In those days you could not fight puberty, and it seemed to me that was the real enemy. It just happened and it seemed as if it robbed me of ever achieving my dream of being a woman. It seemed enough of a personal battle when the news was full of others fighting the fight in public. I know now that I owe these people a debt for what they achieved for all trans-people, but at the time I was not ready to raise my head.

Instead, I kept my head down. I kept my secrets and hoped that some day I would be able to live as the person I was inside.

There were always some encouragements. When I was still quite young Caroline Cossey was outed as having been born male and she was gorgeous. Plus, she was intelligent and when she just said: “That’s right, I was born male, so what is your problem?” I just felt better. I wanted to be as beautiful as her, and as smart, but I needed to find my time. She had left home and gone to the city to transition, and I would do that too.

After graduating high school, I left everything behind and started out as somebody completely different. I chose a gender-neutral name and I took an apartment and a job as a graphic artist. I had talent in that area, but I worked to develop it because I felt that in an artistic environment people would be more open to my changing gender. I was partly right.

The fact is that it was hard for everybody at that time. I thought that the “indeterminate” phase would soon be over, and as the hormones and the skin treatments did their thing I would emerge like the butterfly from the cocoon, but the truth is that the disappointments are worse when you live fully female. There is always somebody staring at you, and you know exactly what they are thinking – ‘Is that a guy? What lies between those thighs?’

Then there are the well-meaning associates who introduce me and add “and she is a transwoman”. Why would you do that. I said that I was unashamed of it. I had to say that. But now there would be more that would be looking at me differently.

I worked hard and I was valued. But I was rarely involved in pitching my own material, probably because “clients might not focus on your work – I am sure that you understand”. I did. My bosses were good people, but they were selling product. It is not what they might think – it is what the customers might think.

And then there was dating. Once I had enough confidence at work, I looked to build relationships outside the office. Some of the women I worked with were friendly, and being one of the girls is great, but they had their men, or would soon, and it seemed that I never would. A guy from work, who knew all about me, took me out a couple of times, but I always wondered what that was about. He came out as gay later and I have to say that shook my confidence.

So, there is what we call “stealth”. Don’t tell them. If they think that you are a complete woman, let them think that. I just means that there is no second base. Then there is that awful moment when you see desire turn to horror then disgust, as you tell them your secret. It can be soul destroying.

I just needed to save up enough for my surgery. I told myself that once that was done it would all be better. There could be a second base, but as I discovered, there could never be a home run. A home means a family, and I could never provide that.

I did feel happy when I was finally rid of those ugly male genitals. I loved my vagina. It was sensitive and gave me as much joy as it gave any man who entered it – probably way more, in fact. I could look at myself in the mirror for ages and admire myself in skimpy panties or a bikini. Even the aspects of my body that I did not like (mainly the vestiges of the male me) seemed unimportant when you have a vagina. But you cannot get past the fact that this is a surgical construct.

What I am trying to say is that despite my outward success and complete assimilation as a woman at work and in my community, I still carried a bitterness. The fact that I was not born a biological woman was deeply offensive to me.

As she lay dying my mother told me how beautiful I was and how proud she was that I had dealt with my “problem” by becoming such a wonderful daughter. I never doubted her love for me, but any kind of disapproval was gone by the time that she knew all that would remain of her on earth might be my memories of her, and they had better be good.

She told me about Diethylstilbestrol. It was the first I had heard of it. She said that she had heard that it might be the cause of my “problem” but she could not see how telling me would help. She said that her obstetrician, Dr Howard Gardiner, had prescribed it. He told her that it was powerful but safe, and that it was effective and that her next pregnancy would not end in miscarriage. And I was born so he was proved right.

It simply smiled and assured her that she was right not to speak of it. I told her that “gender dysphoria is an affliction and is not something caused by a drug”. I meant it. I believed that. But it was the right thing to say. She died in peace. My memories of her are only the fondest. That is the way it should be.

It was only after going through her things that I found the letter from Dr Gardiner among her papers, written to her when I was just 5 years old. It referred to an article in 1973: "Prenatal exposure to female hormones. Effect on psychosexual development in boys". Dr Gardiner said that she should refer me to him for assessment in future years, but she never did. I just went to our GP.

But when I looked into that article, I found that there was plenty of material pre-dating it. In fact in many cases doctors had given up prescribing DES in the early 60s well before my mother was given it. I started to get very angry.

I even got angry at some in the trans-community who denied the link between DES and issues of gender, for the very same reasons I had comforted my mother with. It just happened. Nobody is to blame. I certainly did not want to blame her. I blamed him. I blamed Dr. Howard Gardiner.

I saw that he was still in practice, even though in 2001 he would have been well over 60 years old. In my hometown he was still working as a consultant obstetrician in private practice, working at a clinic that catered for “Fertility and Childbirth”. That made me even more angry. I felt that I needed to confront him. I needed to ask him when he knew that DES might have been dangerous and why prescribed it. I wanted to show him something of the damage his actions had done.

I had not been back to the town I was born in since I left high school. My mother had left there after my father died to live near my uncle in another town on the other side of the state. It did not surprise me that not much had changed. National chains had replaced some of the stores, and the cars were late model, but other the town was as it had been in the 80s.

It was late when I arrived, but I went straight to the clinic and asked to see Dr Gardiner. I told the nurse I was referred to that my mother had been a patient of his, and I gave her particulars.

“Dr. Gardiner is very busy, but he has only a few more patients to see so I will ask if he can see you before he goes home,” she said.

“I have driven for three hours to get here,” I said, a little too curtly. “I will wait.”

So, I waited. The waiting room emptied. The last patient left. Then the staff left too. The last one out the door said the line – “The doctor will be with you shortly”.

As the door to his room opened I rose to address the man I had come to see. I had things to say. I had anger to suppress but I had rehearsed a statement a thousand times. “Look at me – see what you have done”.

But the man who stepped out was not Dr Howard Gardiner, and he confirmed that immediately.

“Hello, I am Dr Mark Gardiner,” he said with a warm smile. I was in shock, not just because this was the wrong man but because this man seemed so … something I could not really understand. Just the sight of him seemed to expel all the air from me. “And you are?”

“Celeste,” I stammered. “Celeste Polglase. My other was …”. I simply ran out of words to say.

“She was a patient of my father’s,” he said. “He is not in the clinic today. I should have passed you a message. But I understand that you have come a long way, so I will try to help with any questions that you might have.”

“I am not sure that you can help,” I began, but then I was struck dumb again. He eyes seemed to have that effect on me. He was tall and good looking in his own way, but there was something about him.

“Look, let’s take this across the road and I can buy you a light meal,” he said. “We can talk in a less formal environment but still keep it confidential. I have a private spot, you see. Always around this time I go over there. I am living alone at the moment, you see. Just work and the diner and then home to bed.”

It seemed as if he had taken charge, which was not something I let people do often. He was guiding me out without touching me, and I seemed almost fearful that he would. It seemed that it might cause me to … I was not sure what.

“Okay,” I said. I can tell myself that I knew my chance for a clash with Dr Howard Gardiner was lost, but I could talk with this doctor about … about what exactly?

There was no traffic we just wandered over and he held the door open. He was known in the place and he did indeed have “a private spot” – table for one off to one side, now hurriedly set for two.

“You always say that you don’t socialize with patients, Doc?” the waitress said to him, but winking at me.

“She is not a patient,” he said. “Her mother was a patient of my father’s”.

He ordered a burger and I just asked for a coffee, but soon wished I had asked for what arrived.

But even before that came, as we had only just taken our seats, he said: “I think this is a about DES, isn’t it?”

“Yes,” I said. “If your father was here, I would have some serious questions.”

“My father cares deeply for all his patients. He always has,” Mark said. “I am a fertility specialist, but I came home to help my father wind down his practice. I have always admired the way he relates to his patients. Issues like infertility and miscarriage are so emotional and potentially tragic. He could find a way to feel, and yet still be professional. It is something that I tried to copy.”

It was just a few small brushstrokes, but he had painted for me a picture of his father that was nothing like the one I had in my head. Somehow, I imagined a severe man with a clipboard in his hand simply snapping out the words “5 milligrams of arsenic for this patient”. Now I imagined the doctor in the Normal Rockwell painting listening for the doll’s heartbeat.

“Your mother suffered a miscarriage, right? My father understood that better than most. My mother miscarried twice. He said that he would have prescribed DES for her had he known about it in 1965 when I was born. But then physicians were told that it was a miracle drug and there were results to support that then. It turns out that it was not. And there were side effects – internal deformities.”

He was talking about the daughters of mothers who had been taking DES.

“I don’t have fertility issues,” I said. “But I don’t have children. I am single.” These were just words spoken with no purpose, just to prove that I had completely lost my way.

“I can’t understand that,” he said. “You are an extremely attractive woman. And you have a sense of style. I can see that in you. An intelligence. And tenacity I think.”

“You don’t know me,” I said. It was not an accusation. Perhaps there was a tinge of regret in my voice?

“I think that I would like to,” he said, as he received his burger, and I got a mug of coffee.

People talk about the moment when you get caught up in an emotional whirlwind. It is when things go out of control and you find yourself almost spinning. But the whirlwind is warm, and dizziness can be pleasant. But I got a burger too, and coffee seemed wrong and alcohol seemed better. And then a drive home was “inadvisable” and the words “doctor’s orders” were used more than once.

And the following morning I woke in his bed. The vagina that had been fashioned years before and so well and regularly maintained in anticipation of just one act of sex had been entered and filled by Dr. Mark Gardiner four times.

The fourth time was as the sun rose and he rose to match it – all heat and power and the center of my system. We lay beside one another just looking, with our bodies still tingling.

“There is something that you should know about me,” I said.

“I think that I know every inch of you by now,” he grinned.

“Don’t joke,” I said, just starting to tear up a little. “You need to know that I am not … that I …”.

“Stop,” he said. “Don’t say it. You don’t have to. I looked at you mother’s records. She had only one child. That was you. I know who you are. You are Celeste Polglase – her daughter.”

That was twenty years ago. We have been married for 19 of those years next month. We have three children. A boy and two girls. My husband is a fertility expert. My father in law died only last year. He was a wonderful man and a great grandfather. I only wish that my mother could have been a grandmother to them.

Dr. Howard Gardiner was just the man his son described. There never was a confrontation

The End

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Notes: Ettner, Randi (2015). "Etiopathogenetic Hypotheses of Transsexualism". In Carlo Trombetta; Giovanni Liguori; Michele Bertolotto (eds.). *Management of Gender Dysphoria*. pp. 47–53. [doi](https://en.wikipedia.org/wiki/Doi_%28identifier%29):[10.1007/978-88-470-5696-1\_6](https://doi.org/10.1007/978-88-470-5696-1_6). [ISBN](https://en.wikipedia.org/wiki/ISBN_%28identifier%29) [978-88-470-5695-4](https://en.wikipedia.org/wiki/Special%3ABookSources/978-88-470-5695-4). Diethylstilbestrol (DES), the most studied endocrine disruptor, has been implicated in numerous health problems in female offspring of exposed women. Curiously, few studies have examined the impact on male offspring, the DES sons. An online forum, DES Sons International, conducted a survey of members. Of 500 respondents, 90 members indicated they were transsexual; 48 described themselves as transgender; 17 identified themselves as “gender dysphoric”; and 3 identified themselves as “intersex.”