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| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | [**50 Years of Sex Changes, Mental Disorders, and Too Many Suicides**](http://winst.us7.list-manage2.com/track/click?u=776f667a54759f3894cdd0eee&id=d0818771c9&e=3881831abb) | | | |
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Outlawing psychotherapy for transgender people may be politically correct, but it shows a reckless disregard for human lives. | |  |  |  | | --- | --- | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | | Dateline Oct 4, 1966: The New York Daily News gossip column reported a girl was making the rounds in Manhattan clubs who admitted to being a man in 1965. She had undergone a sex-change operation in Baltimore at the Johns Hopkins gender clinic.  By 1979, thirteen years later, enough gender surgeries had been performed to evaluate the results. It was time for a report card based on actual patients.  **1970s: How effective was the change surgery? What were the outcomes for transgender people?**  The first report comes from Dr. Harry Benjamin, a strong advocate for cross-gender hormone therapy and gender-reassignment surgery, who operated a private clinic for transsexuals. According to an [article](http://winst.us7.list-manage1.com/track/click?u=776f667a54759f3894cdd0eee&id=d8d5e1e6bb&e=3881831abb) in the Journal of Gay & Lesbian Mental Health, “By 1972, Benjamin had diagnosed, treated, and befriended at least a thousand of the ten thousand Americans known to be transsexual.”  Dr. Benjamin’s trusted colleague, endocrinologist Charles Ihlenfeld administered hormone therapy to some 500 transgender people over a period of six years at Benjamin’s clinic—until he became concerned about the outcomes. “There is too much unhappiness among people who have the surgery,” he said. “Too many of them end as suicides. 80% who want to change their sex shouldn’t do it.” But even for the 20% he thought might be good candidates for it, sex change is by no means a solution to life’s problems. He thinks of it more as a kind of reprieve. “It buys maybe 10 or 15 years of a happier life,” he said, “and it's worth it for that.”  But then, Ihlenfeld himself never had a sex change. [I did](http://winst.us7.list-manage1.com/track/click?u=776f667a54759f3894cdd0eee&id=f3bf17ec65&e=3881831abb), and I disagree with him on that last point: The reprieve is not worth it. After I had a reprieve of seven or eight years, then what? I was worse off than before. I looked like a woman—my legal documents identified me as a woman—yet I found that at the end of the “reprieve” I wanted to be a man every bit as passionately as I had once yearned to be a woman. [Recovery was difficult](http://winst.us7.list-manage2.com/track/click?u=776f667a54759f3894cdd0eee&id=16818f348c&e=3881831abb).  Nevertheless, based on his experience treating 500 transgenders, Dr. Ihlenfeld concluded that the desire to change genders most likely stemmed from powerful psychological factors. He said in Transgender Subjectivities: A Clinician's Guide, “Whatever surgery did, it did not fulfill a basic yearning for something that is difficult to define. This goes along with the idea that we are trying to treat superficially something that is much deeper.” Dr. Ihlenfeld left endocrinology in 1975 to begin a psychiatry residency.  About three years ago, while writing my book Paper Genders, I was curious and called Dr. Ihlenfeld to ask if anything had changed his mind about the remarks he made in 1979. Ihlenfeld was polite to me on the phone and quickly said that no, nothing had changed his mind. It is interesting in today’s atmosphere of political correctness that Dr. Ihlenfeld, a homosexual, holds the view that gender-reassignment surgery isn’t the answer to alleviate the psychological factors that drive the compulsion to change genders. I appreciate his honest, clinical evaluation of the evidence and refusal to bend the medical results to fit a particular political viewpoint.  Next let’s take a look at the Johns Hopkins University Gender Clinic where the transgender girl gossiped about in the New York Daily News had her surgery. Dr. Paul McHugh became director of psychiatry and behavioral science in the mid-1970s and asked Dr. Jon Meyer, director of the clinic at the time, to conduct a thorough study of the outcomes of people treated at the clinic. [McHugh says](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=9ceab513be&e=3881831abb),  [Those who underwent surgery] were little changed in their psychological condition. They had much the same problems with relationships, work, and emotions as before. The hope that they would emerge now from their emotional difficulties to flourish psychologically had not been fulfilled.  In 2015 I sat across from Dr. McHugh in his office at Johns Hopkins University and asked him the same question I had asked Dr. Ihlenfeld: Had anything changed his mind regarding surgically made genders? McHugh told me that he has yet to see a medical justification for the surgical alteration of genitalia and that it is the obligation of medical practitioners to follow the science where it leads, rather than ignoring the science to advance political correctness.  These two powerful and influential doctors were early pioneers in the treatment of transsexualism. Dr. Ihlenfeld is a homosexual psychiatrist; Dr. Paul McHugh is a heterosexual psychiatrist. Both came to the same conclusion, then and now: Having surgery did not resolve the patients’ psychological issues.  **2000s: Were the psychological factors from the Hopkins and Benjamin clinics supported by later studies?**  Studies show that the majority of transgender people have other co-occurring, or comorbid, psychological disorders.  A [2014 study](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=4b806f82ee&e=3881831abb) found 62.7% of patients diagnosed with gender dysphoria had at least one co-occurring disorder, and 33% were found to have major depressive disorders, which are linked to suicide ideation. Another [2014 study of four European countries](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=97bac5ff63&e=3881831abb) found that almost 70% of participants showed one or more Axis I disorders, mainly affective (mood) disorders and anxiety.  In 2007, the Department of Psychiatry at Case Western Reserve University in Cleveland, Ohio, committed to a [clinical review](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=8a0bc354f5&e=3881831abb) of the comorbid disorders of the last 10 patients interviewed at their Gender Identity Clinic. They found that “90% of these diverse patients had at least one other significant form of psychopathology . . . [including] problems of mood and anxiety regulation and adapting in the world. Two of the 10 have had persistent significant regrets about their previous transitions.”  Yet in the name of “civil rights,” laws are being passed at all levels of government to prevent transgender patients from receiving therapies to diagnose and treat co-occurring mental disorders.  The authors of the Case Western Reserve University study seemed to see this legal wave coming when they said:  This finding seems to be in marked contrast to the public, forensic, and professional rhetoric of many who care for transgendered adults . . . Emphasis on civil rights is not a substitute for the recognition and treatment of associated psychopathology. Gender identity specialists, unlike the media, need to be concerned about the majority of patients, not just the ones who are apparently functioning well in transition.  As [one who went through the surgery](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=8e0bff9549&e=3881831abb), I wholeheartedly agree. Politics doesn’t mix well with science. When politics forces itself on medicine, patients are the ones who suffer.  **What about the suicides?**  Let’s connect the dots. Transgender people report attempting suicide at a staggering rate—above 40%. According to Suicide.org, 90% of all suicides are the result of untreated mental disorders. Over 60% (and possibly up to 90% as shown at Case Western) of transgender people have comorbid psychiatric disorders, which often go wholly untreated.  Could treating the underlying psychiatric disorders prevent transgender suicides? I think the answer is a resounding “yes.”  The evidence is staring us in the face. Tragically high numbers of transgender people attempt suicide. Suicide is the result of untreated mental disorders. A majority of transgender people suffer from untreated comorbid disorders—yet against all reason, laws are being enacted to prevent their treatment.  I write out of [deep concern for the transgender men and women who attempt suicide](http://winst.us7.list-manage1.com/track/click?u=776f667a54759f3894cdd0eee&id=e3285fafc9&e=3881831abb), who are unhappy, and who want to go back to their birth gender. The other ones—those who appear to be functioning well in transition, at least for now during their “reprieve”—are celebrated in the media. But I hear from others—the ones who prefer to stay hidden, who are contemplating suicide, whose lives are torn apart, who have had the surgery but still have debilitating physical or psychological issues—the ones whose reprieve is over.  In the 1970s and now, gender-reassignment surgery is routinely performed when requested. Transgender people are the one population allowed to diagnose themselves with gender dysphoria solely on the basis of their desire for sex-reassignment surgery, and not because the medical community has found objective proof that such surgery is medically required.  After fifty years of surgical intervention in the United States, a scientific basis for surgical treatment of transgender people is still lacking. A task force commissioned by the American Psychiatric Association did a [review of the literature](http://winst.us7.list-manage1.com/track/click?u=776f667a54759f3894cdd0eee&id=1f7a53b6f0&e=3881831abb) on the treatment of gender identity disorder and in 2012 stated, “The quality of evidence pertaining to most aspects of treatment in all subgroups was determined to be low.” In 2004, the [review](http://winst.us7.list-manage1.com/track/click?u=776f667a54759f3894cdd0eee&id=4d60f84712&e=3881831abb) of more than 100 international medical studies of post-operative transsexuals found “no robust scientific evidence that gender reassignment surgery is clinically effective.”  We hear the echoes from the pioneers at the Hopkins and Benjamin clinics and see their early conclusions confirmed in today’s studies, showing again and again that psychiatric and psychological disorders exist in the psyches of gender-changers—but who is paying attention?  Scorn and vilification await anyone who dares to suggest that psychotherapy is needed to effectively treat gender dysphoria. Dr. McHugh, Dr. Ihlenfeld, and others like them display great integrity when they publicly raise concerns about psychological issues existing in the gender-changers, and when they push back against the “steamroller approach” of treatment that provides hormones and reassignment surgery without first pursuing less-invasive and life-altering treatment.  Advocates and trans-clients fear that if a psychologist or a psychiatrist looks too deeply into the patient’s psyche they could discover the presence of a disorder that, if properly treated, would take away the dream of sex change, a fantasy they nurtured most of their lives. Living in denial is often a means of escape, a way to avoid looking back at early childhood events and doing the hard work of dealing with a painful past. The causes of these disorders lie buried so deep, and stirring them up leads to such high levels of anxiety, that changing one’s identity and appearance—while extreme—seems preferable.  Thirty-three years ago [I underwent gender-reassignment surgery only to discover it was a temporary reprieve](http://winst.us7.list-manage2.com/track/click?u=776f667a54759f3894cdd0eee&id=ea121a3c33&e=3881831abb), not a solution to the underlying comorbid disorders. I have written books, published articles, and spoken publicly around the world to enlighten people on the prevalence of suicide among transgender people and on the risks and regrets of changing genders.  Television networks such as ABC that glamorize transgenders like Bruce Jenner, in his psychological turmoil, do a great disservice to transgender people and to those who treat them by denying them a safe environment in which to tackle the deeper issues of comorbid disorders and suicide. Continuing to ignore history and the warnings in studies and reports—however inconvenient or politically incorrect they may seem—is no solution to the treatment of psychological disorders. Ignoring suicides will not help to prevent them. Outlawing certain medical interventions when we know that 90% of suicides are due to untreated mental disorders and that a majority of transgender people have coexisting psychological disorders doesn’t advance effective treatment protocols; it shuts down the freedom to follow where science leads.  Allowing a political agenda to override and silence the scientific process will not prevent suicides or lead to better treatments for this population. It’s not compassion; it’s reckless disregard for people’s lives.  Walt Heyer is an author and public speaker with a passion to help others who regret gender change. Through his website, [SexChangeRegret.com](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=2a73b792ce&e=3881831abb), and his blog, [WaltHeyer.com](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=f6633bfb9f&e=3881831abb), Heyer raises public awareness about the incidence of regret and the tragic consequences suffered as a result. Heyer’s story can be read in novel form in [Kid Dakota and The Secret at Grandma’s House](http://winst.us7.list-manage1.com/track/click?u=776f667a54759f3894cdd0eee&id=b5e5ef2a72&e=3881831abb) and in his autobiography, [A Transgender’s Faith](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=b1f68c75a6&e=3881831abb). Heyer’s other books include [Paper Genders](http://winst.us7.list-manage1.com/track/click?u=776f667a54759f3894cdd0eee&id=5a33a40cdc&e=3881831abb) and [Gender, Lies and Suicide](http://winst.us7.list-manage.com/track/click?u=776f667a54759f3894cdd0eee&id=7110108d16&e=3881831abb). | |  |  |  | | --- | --- | | |  | | --- | | Copyright © 2016 The Witherspoon Institute, all rights reserved.  Support Public Discourse by [*making a secure donation*](http://winst.us7.list-manage2.com/track/click?u=776f667a54759f3894cdd0eee&id=2bc6186df3&e=3881831abb) to the Witherspoon Institute. | | | |