The truth about transgenderism: what every parent needs to know

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Brett (not his real name) was only three years old when he discovered Barbie dolls. His parents thought it was a phase he would soon outgrow, but that didn't happen. He wanted to wear frilly pink dresses like those Barbie wore. At kindergarten, he only wanted to play with girls. He told people that he wanted to be a lady when he grew up.

His parents didn't know what to do. They consulted their paediatrician, who had seen a number of children like Brett over the years. In those days, such children were said to be suffering from a *gender identity disorder.* These days, the preferred term is *gender dysphoria* – that is, unhappiness (dysphoria) with the sex they were born with.

The paediatrician advised Brett's parents to encourage play with other friendly boys, along with special outings to encourage father-son bonding. Brett's transgender feelings gradually disappeared.

"Every one of my patients presenting with transgender feelings eventually lost those feelings," a South Australian paediatrician told me.[1] An experienced West Australian teacher has said the same thing.[2]

Follow-up studies by the Portman Clinic in London and the Vanderbilt University in Tennesee found that between 70 and 80 percent of children who initially identified as the opposite sex later identified as their true sex – without any treatment.[3]

Gender identity specialists Dr Kenneth Zucker and Dr Susan Bradley say that in general, if the condition is treated early, gender identity disorders will fully resolve. They say:

(These are) unhappy children who are using their cross-gender behaviors to deal with their distress. The treatment goal is to develop same sex skills and friendships.

In general, we concur with those who believe that the earlier treatment begins, the better... It has been our experience that a sizable number of children and their families can achieve a great deal of change. In these cases, the gender identity disorder resolves fully, and nothing in the children's behavior or fantasy suggest that gender identity issues remain problematic.[4]

US psychologist Dr Richard P Fitzgibbons says the same is true in his experience. He comments:

Children are born with a drive to seek love and acceptance from each parent, as well as siblings and peers. If this need is met, children develop an acceptance of their masculinity or femininity… Boys and girls with gender identity problems are not freely experimenting with gender atypical activities. They are constrained by deep insecurities and fears and are reacting against the reality of their own sexual identity, usually as a result of failing to experience love and acceptance from the parent of the same sex, or same sex peers.[5]

Why are rates of transgenderism increasing?

The number of "transgender" children has skyrocketed in Australia and other Western countries in less than a decade.

In 2003, the transgender clinic at Melbourne's Royal Children's Hospital had just one patient. In 2007, there were four. In 2015, it expects to see 200 young children and adolescents – and other states are seeing a similar rise. Many of these children are being prescribed hormone blockers to delay puberty, in preparation for possible mutilating "sex change" surgery later on.[7,8,9]

One reason for the soaring numbers of these children is the recent change in attitudes to transgender feelings. Western media are promoting US celebrities like Bruce (now Caitlyn) Jenner, who have surgically "transitioned" to the opposite sex.[10] What was once considered abnormal is now being seen as normal. Commentators are now claiming that children with gender dysphoria were "born that way" because of inherited genes or exposure to hormones in the womb.[11]

As a result, increasing numbers of doctors and therapists now believe that gender dysphoria is best treated by altering the body to fit the perceptions of the mind. This is a bizarre solution, since the surgery is painful and mostly irreversible. A man who has sexual reassignment surgery (SRS) may generally appear to be a woman, but

What parents can do

US psychologist Dr Richard P Fitzgibbons, who has treated children with gender identity disorder for the past 30 years, has recommended strategies that parents can use to help their young child with gender dysphoria feel comfortable with his or her natural sex (edited below).[6]

For a boy with transgender feelings, his:

- **father should spend more time in father-son activities, strengthening the bond between them;**
- **father should affirm his son's masculine gifts;**
- **parents should encourage friendships with other boys, while gently diminishing time with opposite-sex friends;**
- **parents should slowly diminish their son's play with opposite-sex toys;**
- **parents should arrange coaching to develop their son's athletic and sporting ability if possible, and gradually lead the boy to take part in team play if his skills improve;**
- **parents should encourage their son to forgive other boys who have hurt him, and to be thankful for his masculine gifts;**
- **parents should communicate with other parents whose children have been successfully treated for gender dysphoria.**

For a girl with transgender feelings, similar strategies apply – encouraging bonding with her mother, along with same-sex friendships and activities.

In cases where a mother wants her son to be a girl, or parents want their daughter to be a boy, Dr Fitzgibbons says underlying emotional conflicts need to be addressed. Professional help may be required.

the sex chromosomes in every cell in his body will forever remain XY – male.

There is no valid evidence that genes or hormones determine gender identity.

***US psychologist Dr Richard P Fitzgibbons has outlined some current research in his 2015 paper,* Transsexual issues and informed consent *(edited extract below):*[12]**

A new controversy is occurring in our elementary and high schools today as a result of parents asserting a right to identify the sex of their child without regard to the biological and genetic realities. The parents and child may insist that the child's name be changed to one of the opposite sex and that the child be allowed to wear clothing of the opposite sex and use opposite sex toilets.

Important medical and psychological issues need to be considered before the educational, medical, political and judicial systems rush headlong into a process of affirming in youth and in their parents a fixed false belief that a person can be a sex that is not consistent with their biological and genetic identity, and that such individuals have the right to transgender surgery.

Fixed false beliefs are identified in the mental health field as manifestations of a serious thinking disorder, specifically a delusion. Health professionals are supporting this delusional belief in these youth and their parents.

It is vital to understand what motivates youth to identify with the opposite sex, to understand why parents support this developmental disorder, to know that proven successful treatment programs exist for such youth, and to be aware of the serious psychiatric illnesses resulting from sexual reassignment surgery, including a 2015 study from Boston.[13]

Gender Identity Disorder (GID)

In the Boston study, the mean age at which youth presented for consideration for sexual reassignment surgery was nine. GID is a childhood psychiatric disorder in which there is a strong and persistent cross-gender identification with at least four of the following preferences:

- repeated stated desire to be of the opposite sex,
- in boys, a preference for cross-dressing or simulating female attire and, in girls, wearing stereotypical masculine clothing and a rejection of feminine clothing such as skirts,
- a strong and persistent preferences for cross-sex role in play,
- a strong preference for playmates of the opposite sex, and
- an intense desire to participate in games and pastimes of the opposite sex.

Dr Richard P Fitzgibbons

However, the latest Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has replaced the diagnosis Gender Identity Disorder with a new empirically unproven diagnosis, Gender Dysphoria. The director of the National Institute of Mental Health has rejected the DSM-5 because of the lack of validity in regard to new diagnoses which would include Gender Dysphoria.

Children who previously met the criteria for GID are now being falsely identified as transgendered youth in an attempt to change their treatment. There has never been an approved psychiatric diagnosis of transgendered youth established by clinical trials.

Family conflicts

Zucker and Bradley have identified a number of conflicts in the families of children with GID. These problems include disproportionately high rates of maternal psychopathology, such as depression and bipolar disorder.

They note that a boy who is highly sensitive to his mother's signals may feel insecure and threatened by her anger or hostility, which he perceives as directed at him – leading to high levels of arousal or anxiety. The father may have difficulty dealing with his emotions. He may have an inner sense of inadequacy, leading to withdrawal.

The boy then becomes increasingly unsure about his own self-value because of the mother's withdrawal or anger and the father's failure to intercede. The father finds it difficult to connect with a son who displays non-masculine behaviour. He may deal with conflicts by overwork or distancing himself from his family, often demonstrating depression and substance abuse.

Zucker and Bradley say: "… boys with GID appear to believe that they will be more valued by their families or that they will get in less trouble as girls than as boys. These beliefs are related to parents' experiences within their families of origin, especially tendencies on the part of mothers to be frightened by male aggression or to be in need of nurturing, which they perceive as a female characteristic."[14]

Conflicts in youth and adults who seek SRS

Youth and adults who desire Sex Reassignment Surgery (SRS) may have psychological problems such as:

- severe childhood rejection by same sex peers resulting in intense fears of rejection that are associated with an unconscious belief that one would feel safer in life if he/she were of the opposite sex;
- intense fear of the father's anger with an unconscious belief that one would feel safer if one could become a male;
- a negative childhood view of masculinity because of excessive anger from important males, including the father, a brother or male peers or because of vulgar behaviors in male peers;
- a poor body image with a belief that one would be more attractive is she/he were of the opposite sex;
- in artistic young males, a keen appreciation and love for beauty which is seen more in femininity than masculinity, and a desire to be what one loves;
- in very strong young females, a love for what is perceived as male strength and preferential treatment for males with a subsequent desire to become what one loves;
- in very athletic and strong young females, an intense bonding and identification with young males through athletic activities, a rejection of play with girls, coupled with a deep unconscious loneliness and a sense of not fitting in;
- a sense of failure as a male or as a female, with a delusional belief one would feel more confident and happy being a member of the opposite sex;
- severe unresolved anger with others that is misdirected at oneself;
- in males, severe rejection by one's mother with the unconscious hope that one could gain her love and approval if one were a female;
- intense anger and mistrust in a mother toward masculinity, leading to a desire of a young male to become female in order to please one's mother;
- severe pressure from significant others to consider SRS, including from a mother who wants a daughter.

Bad Medicine

Some medical centres support the delusional beliefs of the youths and their parents, labelling the youth as transgender and giving hormone treatments in preparation for eventual body-mutilating surgery.

A paediatric specialist at the Children's Hospital in Boston has a program for boys who feel like girls and girls who want to be boys. He offers his patients – some as young as 7 years old – counselling about the "naturalness" of their feelings and hormones to delay the onset of puberty. These drugs stop the natural process of sexual development that would make it more surgically difficult to have a sex alteration later in life.

This physician alleges that those whom he labels as transgender children are deeply troubled by a lack of understanding of their feelings and have a high level of suicide attempts. While this physician is accurate in his interpretation of the literature – that children with GID and transgender ideation

are deeply troubled – his claims of a high level of suicide attempts in children with GID is not substantially supported by the medical literature. In fact, the literature demonstrates a shocking increase in suicide and in psychiatric illness after sexual reassignment surgery.

Today, youth with gender confusion are being encouraged to consider sexual reassignment surgery without being warned of the severe risks associated with such surgery or being given informed consent about other treatment that could resolve their confusion.

In the 2015 Boston study, 180 transgender youth (106 female-to-male; 74 male-to-female) had a twofold to threefold increased risk of psychiatric disorders, including depression, anxiety disorder, suicidal ideation, suicide attempt, self-harm without lethal intent, and both inpatient and outpatient mental health treatment compared to a control group of youth.[15]

A 2011 follow up of SRS from Sweden demonstrated that persons after sex reassignment have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population.[16]

Dr Paul McHugh, former chair of psychiatry at Johns Hopkins, wrote about this research in the Wall Street Journal: "Most shockingly, their suicide mortality rose almost 20-fold above the comparable non-transgender population. This disturbing result has as yet no explanation but probably reflects the growing sense of isolation reported by the aging transgendered after surgery. The high suicide rate certainly challenges the surgery prescription."[17]

Former transgender Walt Heyer found out the hard way that sexual reassignment surgery creates more problems than it solves (edited article below):[18]

The dark and troubling history of the contemporary transgender movement, with its enthusiastic approval of gender reassignment surgery, has left a trail of misery in its wake.

I know, because I suffered through "sex change" surgery and lived as a woman for eight years. The surgery fixed nothing – it only masked and exacerbated deeper psychological problems.

The beginnings of the transgender movement have gotten lost today in the push for transgender rights, acceptance, and tolerance. If more people were aware of the dark and troubled history of sexual reassignment surgery, perhaps we wouldn't be so quick to push people toward it.

The setting for the first transgender surgeries (mostly male-to-female) was in university-based clinics, starting in the 1950s and progressing through the 1960s and the 1970s. When the researchers tallied the results and found no objective proof that it was successful – and, in fact, evidence that it was harmful – the universities stopped offering sex-reassignment surgery.

Since then, private surgeons have stepped in to take their place. Without any scrutiny or accountability for their results, their practices have grown, leaving shame, regret, and suicide in their wake.

The founding fathers of the transgender movement

The transgender movement began as the brainchild of three men who shared a common bond: all three were paedophilia activists.

The story starts with the infamous Dr Alfred Kinsey, a biologist and sexologist whose legacy endures today. Kinsey believed that all sex acts were legitimate – including paedophilia, bestiality, sadomasochism, incest, adultery, prostitution, and group sex.

He authorised despicable experiments on infants and toddlers to gather information to justify his view that children of any age enjoyed having sex. Kinsey advocated the normalisation of paedophilia and lobbied against laws that would protect innocent children and punish sexual predators.

Transsexualism was added to Kinsey's repertoire when he was presented with the case of an effeminate boy who wanted to become a girl. Kinsey consulted an acquaintance of his, an endocrinologist by the name of Dr Harry Benjamin. Transvestites, men who dressed as women, were well-known. Kinsey and Benjamin saw this as an opportunity to change a transvestite physically, way beyond dress and make-up. Kinsey and Benjamin became professional collaborators in the first case of what Benjamin would later call "transsexualism."

Benjamin asked several psychiatric doctors to evaluate a boy with transgender feelings for possible surgical procedures to feminise his appearance. The doctors couldn't come to a consensus on the appropriateness of feminising surgery.

That didn't stop Benjamin. On his own, he began offering female hormone therapy to the boy. The boy went to Germany for partial surgery, and Benjamin lost all contact with him, making any long-term follow-up impossible.

The tragic story of the Reimer twins

The third co-founder of today's transgender movement was psychologist Dr John Money, a dedicated disciple of Kinsey and a member of a transsexual research team headed by Benjamin.

Money's first transgender case came in 1967 when he was asked by a Canadian couple, the Reimers, to repair a botched circumcision on their two-year-old son, David.

Without any medical justification, Money launched into an experiment to make a name for himself and advance his theories about gender, no matter what the consequences to the child. Money told the distraught parents that the best way to assure David's happiness was to surgically change his genitalia from male to female

Former transgender Walt Heyer

and raise him as a girl.

As many parents do, the Reimers followed their doctor's orders, and David was replaced with Brenda. Money assured the parents that Brenda would adapt to being a girl and that she would never know the difference. He told them that they should keep it a secret, so they did – at least for a while.

Activist doctors like Dr Money always look brilliant at first, especially if they control the information that the media report. Money played a skilled game of "catch me if you can", reporting the success of the boy's gender change to the medical and scientific community and building his reputation as a leading expert in the emerging field of gender change. It would be decades before the truth was revealed.

In reality, David Reimer's "adaptation" to being a girl was completely different from the glowing reports concocted by Money for journal articles. By age 12, David was severely depressed and refused to return to see Money. In desperation, his parents broke their secrecy, and told him the truth of the gender reassignment.

At age 14, David chose to undo the gender change and live as a boy. In 2000, at the age of 35, David and his twin brother finally exposed the sexual abuse Dr Money had inflicted on them in the privacy of his office.

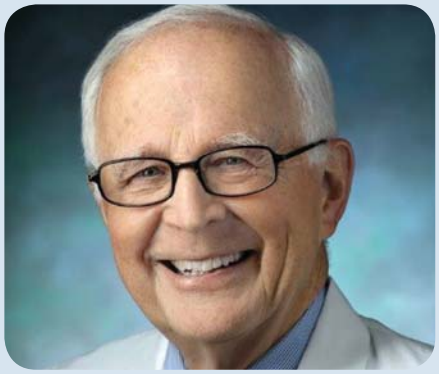
The boys told how Dr Money took naked photos of them when they were just seven years old. But pictures were not enough for Money. The paedophilic doctor also forced the boys to engage in incestuous sexual activities with each other.

The consequences of Money's abuse were tragic for both boys. In 2003, only three years after going public about their tortured past, David's twin brother, Brian, died from a self-inflicted overdose. A short while later, David also committed suicide. Money had finally been exposed as a fraud, but that didn't help the grieving parents whose twin boys were now dead.

The exposure of Money's fraudulent research results and tendencies also came too late for other people suffering from gender issues. Using surgery had become well-established by then, and no one cared that one of its founders was discredited.

Results from Johns Hopkins: surgery gives no relief

Dr Money became the co-founder of one of the first university-based gender clinics in the United States at Johns Hopkins



Dr Paul McHugh

University, where gender reassignment surgery was performed. After the clinic had been in operation for several years, Dr Paul McHugh, the director of psychiatry and behavioural science at Johns Hopkins, wanted more evidence than Money's assurances of success following surgery. Long term, were patients any better off?

McHugh assigned the task of evaluating outcomes to Dr Jon Meyer, the chairman of the gender clinic. Meyer selected 50 subjects from those treated at the Johns Hopkins clinic, both those who had undergone gender reassignment surgery and those who had not had surgery.

On August 10, 1979, Dr Meyer announced his results: "To say this type of surgery cures psychiatric disturbance is incorrect. We now have objective evidence that there is no real difference in the transsexual's adjustments to life in terms of job, educational attainment, marital adjustment and social stability." He later told The New York Times: "My personal feeling is that the surgery is not a proper treatment for a psychiatric disorder, and it's clear to me these patients have severe psychological problems that don't go away following surgery."

Less than six months later, the Johns Hopkins gender clinic closed. Other university-affiliated gender clinics across the country followed suit, completely ceasing to perform gender reassignment surgery. No success was reported anywhere.

Results from Benjamin's colleague: high suicide rates

It was not just the Johns Hopkins clinic reporting lack of outcomes from surgery. Around the same time, serious questions about the effectiveness of gender change came from Dr Harry Benjamin's partner, endocrinologist Charles Ihlenfeld.

Ihlenfeld worked with Benjamin for six years and administered sex hormones to 500 transsexuals. Ihlenfeld shocked Benjamin by publicly announcing that 80 percent of the people who want to change their gender shouldn't do it. Ihlenfeld said: "There is too much unhappiness among people who have had the surgery… Too many end in suicide." Ihlenfeld stopped administering hormones to patients experiencing gender dysphoria and switched specialties from endocrinology to psychiatry so he could offer such patients the kind of help he thought they really needed.

Advocates of sex change surgery then needed a new strategy. Benjamin and Money looked to their friend, Paul Walker PhD, a homosexual and transgender activist they knew shared their passion to provide hormones and surgery. A committee was formed to draft standards of care for transgenders that furthered their agenda, with Paul Walker at the helm. The committee included a psychiatrist, a paedophilia activist, two plastic surgeons and a urologist, all of whom would financially benefit from keeping gender reassignment surgery available for anyone who wanted it. The "Harry Benjamin International Standards of Care" were published in 1979 and gave fresh life to gender surgery.

My experience with Dr Walker

I myself suffered greatly to come to terms with my gender. In 1981, I sought out Dr Walker to ask him for help. Walker said I was suffering from gender dysphoria. A mere two years after both the Johns Hopkins study and the public statements of Ihlenfeld drew attention to the increased suicide risk associated with gender change, Walker signed my approval letter for hormones and surgery – even though he was completely aware of both reports.

Under his guidance, I underwent gender reassignment surgery and lived for eight years as Laura Jensen, female. Eventually, I gathered the courage to admit that the surgery had fixed nothing – it only masked and exacerbated deeper psychological problems. The deception and lack of transparency I experienced in the 1980s still surround gender change surgery today. For the sake of others who struggle with gender dysphoria, I cannot remain silent.

Modern transgender activists, the descendants of Kinsey, Benjamin, and John Money, keep alive the practice of medically unnecessary gender-change surgery by controlling the flow of published information and by squelching research and personal stories that tell of the regret, unhappiness, and suicide experienced by those who undergo such surgery.

Transgender clients who regret having taken this path are often full of shame and remorse. Those who regret their decision have few places to turn in a world of pro-transgender activism. For me, it took years to muster the courage to stand up and speak out about the regret.

I only wish Dr Paul Walker had been required to tell me about the Johns Hopkins study showing surgery did not alleviate severe psychological problems, and Ihlenfeld's observation of the continuing transgender unhappiness and high incidence of suicide after hormones and surgery. This information might not have stopped me from making that disastrous decision – but at least I would have known the dangers and pain that lay ahead.

More information is available on Walt Heyer's website, SexChangeRegret.com

Conclusion

There is no convincing evidence that children with gender identity disorder or gender dysphoria are "born that way". However, there is evidence that most of them will lose their transgender feelings over time – especially if they receive the right kind of help early enough.

As Dr Richard Fitzgibbons says (in part): "Therapy is not directed toward forcing a sensitive or artistic boy to become a macho-sports fanatic, but helping a boy to grow in confidence, appreciate the goodness of his masculinity and be happy in his masculinity. Similarly, girls are helped to appreciate the goodness and beauty of their femininity, including their body."[19]

References

1. Private communication from an Australian paediatrician, 2015.
2. Constance Paul, Madeley WA, "Boys, girls and sexuality in schools", Letters to the Editor, *The West Australian*, 18 March 2015, p 22.
3. Paul McHugh, "Transsexual surgery isn't the solution", *Wall Street Journal*, 12 June 2014.
4. K Zucker & S Bradley, *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*, Guilford Publications, New York, 1995, pp 281-2.
5. Richard P Fitzgibbons, "Transsexual issues and informed consent", *Institute for Marital Healing*, www.childhealing.com/articles/transsexualissues.php
6. Ibid.
7. Monique Shafter, "Referrals soar at Australia's clinic for transgender youth as support programs get fresh funding", 7.30, *ABC TV*, 8 July 2015
8. Melissa Davey, "Transgender unit at Melbourne's Royal Children's Hospital gets $6m boost," *The Guardian*, 1 June 2015.
9. Kate Legge, "Boys will be girls. And girls will be boys. Why are so many kids making the switch?", *The Weekend Australian Magazine*, 18 July 2015, http://www.changelingaspects.com/PDF/Boys%20will%20be%20Girls%20%20Australian%20Magazine%2018%2019%20July%202015.pdf
10. John Stonestreet, "Bruce Jenner, Transgenderism and the Church", *BreakPoint*, 7 May 2015, https://www.breakpoint.org/bpcommentaries/entry/13/27319
11. See for example, "Gender dysphoria – causes", National Health Service, UK: http://www.nhs.uk/Conditions/Gender-dysphoria/Pages/Causes.aspx
12. Richard P Fitzgibbons, "Transsexual issues and informed consent".
13. S L Reisner, R Vetters, M Leclerc, S Zaslow, S Wolfrum, et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", *Journal of Adolescent Health*, March 2015, http://www.ncbi.nlm.nih.gov/pubmed/25577670
14. Susan Bradley, *Affect Regulation and the Development of Psychopathology*, Guilford Press, New York, 2003, pp 201-202.
15. S L Reisner, et al, op. cit.
16. C Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", *PLoS ONE*, 2011, 6(2): e16885.
17. Paul McHugh, op. cit.
18. Walt Heyer, "'Sex Change' Surgery: What Bruce Jenner, Diane Sawyer, and You Should Know", *The Public Discourse*, 27 April 2015, http://www.thepublicdiscourse.com/2015/04/14905/
19. Richard P Fitzgibbons, "Transsexual issues and informed consent".