# What You Need to Know About Gender Identity Politics


## Session 2

UNDIAGNOSED PROBLEMS MASKED BY THE “TRANSGENDER” LABEL

# Reading 1: Here is What Parents of Transgender Kids Need to Know

## Walt Heyer

As a former child transgender, my heart goes out to parents whose boy says, "I'm a girl" or whose girl who says, "I'm a boy." The medical diagnosis is gender dysphoria—distress that comes from feeling one's physical gender doesn't match one's internal perception. A flood of questions come with the revelation: What causes it? What treatment will help? What should parents do or not do?

First, do not panic. Studies are showing that kids are not born with this disorder. A 2014 study shows no specific chromosome aberration associated with MtF (male to female) transsexualism. A 2013 study looking for molecular mutations in the genes involved in sexual differentiation found none. Your child was not born in the wrong body.

### Transgender Children Typically Need Treatment for Other Disorders

Studies indicate that two-thirds of transgenders suffer from multiple disorders at the same time, or comorbidity. The top three disorders evidenced in transgenders are depression (33 percent), specific phobia (20 percent) and adjustment disorder (15 percent). A child who states a desire to identify as the opposite sex has a two-thirds chance of having a co-existing disorder.

Let's look at the one at the top of the list: depression. Depression is a leading cause of suicide. A survey of over 6,000 transgenders revealed that 41 percent reported having attempted suicide at some time in their lives. Without effective psychiatric intervention or sound psychotherapy for the underlying depression, the risk of suicide will remain high. As a parent, it is important to look for depression and treat it if it is present.

## Notes

*Please write any comments or questions for discussion here.*

Your child needs psychiatric or psychological help, not a change of wardrobe or hairstyle. Anyone working with a transgender needs to look for, and treat, comorbid disorders. Biologically, it is impossible for a doctor to change a boy into a girl, no matter how much surgery is performed or how many hormones are administered. I know; they tried it on me.

I came into this world a boy. Starting in early childhood, I frequently cross-dressed as a girl. I thought I was born in the wrong body. A nationally-prominent PhD diagnosed me as a transgender with gender dysphoria. Eventually, I underwent the full recommended hormone therapy and the gender reassignment surgery and became the female Laura Jensen. I lived and worked successfully as a female transgender in San Francisco for several years until I was diagnosed with my own comorbid disorder.

With proper diagnosis and treatment with psychotherapy, I found the sanity and healing gender change could not provide. Trangenderism was my outward expression of an undiagnosed comorbid disorder, and gender-change surgery was never necessary. I detransitioned and returned to my male gender, like so many others do who regret changing genders.

### What Causes the Comorbid Disorders that Exist in So Many Transgenders?

After receiving hundreds of emails over the last several years, it became evident to me that comorbid disorders develop in childhood. Some of the stresses people with gender dysphoria have reported are:

- An unstable unsafe home environment, real or perceived
- Separation from a parent by death or other events
- Serious illness among the family or child
- Domestic violence in the home
- Neglect, perceived or real
- Sexual, physical, or verbal abuse
- A strong opposition disorder from social norms

The key for parents to helping young transgenders is to work with a professional to identify the cause of the stress the child faces and correctly diagnose any comorbid disorder that exists concurrently with the gender dysphoria. Parents are in the best position to identify the cause of the stress the child faces.

A caution about the choice of medical professional: parents need to find medical professionals who are not advocates for gender change, and who will look beyond the surface of gender dysphoria symptoms for the comorbid disorders, fetishes, phobias, and adjustment disorders common among the transgender population. Only then can an effective treatment plan be devised that truly targets the child's needs.

As a child transgender myself, I can tell you I needed help. I did not need to dress as a girl at home and at school, with all the stress that would have brought. There is no doubt in my mind that if I would have been encouraged to go off to school dressed up as a female it would have escalated my anxiety and deepened my depression and my desire to commit suicide.

I understand some parents might dismiss the idea of comorbid disorders. They might feel strongly that they need to allow their child the freedom to change genders or experiment with gender. They may think that will help reduce the child's depression because the child seems happier under these conditions. I know—I seemed happier, too, after my gender change, until the novelty wore off and it no longer provided a distraction from my troubles. Happiness turned to despair when the surgery didn't work as treatment and my despair led to attempted suicide. Ignoring the possibility of comorbidity and giving kids the freedom to change gender is, I suggest, killing too many of them.

My web site, www.sexchangeregret.com, has many real-life examples of the results of changing genders taken from the headlines and from the letters I receive on a steady basis from gender change regretters.

I can suggest two books to help you as parents better understand your transgender child: my research book, "Paper Genders," and a novel by C.J. James titled "Kid Dakota and the Secret at Grandma's House."

# Reading 2: Euthanizing the Unhappy

Jennifer Roback Morse

Notes

The recent physician-assisted suicide of a deeply depressed Belgian woman made worldwide headlines. But the headlines didn't say a thing about depression. The headlines read, "Belgian killed by euthanasia after a botched sex change operation."

This is not a story of medicine gone wrong. It is a story of a world where the light has gone out.

Everything about this headline is a euphemism or half-truth. The author couldn't figure out whether to describe the individual as a man or a woman. So, in keeping with GLAAD guidelines, the author used the gender-neutral term "Belgian," to describe a generic person, and later describes the individual as "Nathan, born Nancy, Verhelst." The story never tells us exactly what was "botched" about the operation, except that Nancy was unhappy with the result. And the term "euthanasia" obscures the fact that a physician killed a perfectly healthy woman who happened to have been extremely unhappy for a long time.

Let's read past the headline and consider the story more deeply.

Nancy was the daughter of a mother who wanted sons.

"I was the girl that nobody wanted. . . While my brothers were celebrated, I got a storage room above the garage as a bedroom. 'If only you had been a boy', my mother complained. I was tolerated, nothing more."

Nancy's mother confirmed Nancy's story in this article.

"When I first saw 'Nancy,' my dream was shattered. She was so ugly . . . I had a ghost birth. Her death does not bother me."

She said the farewell letter that Mr. Verhelst had written to her explaining his reasons for choosing euthanasia had not yet arrived, adding: "I will definitely read it, but it will be full of lies.

"For me, this chapter closed. Her death does not bother me. I feel no sorrow, no doubt or remorse. We never had a bond which could therefore not be broken."

It is painfully obvious that Nancy needed love. What she got was a highly invasive set of medical procedures.

The typical justification for the amputation of perfectly healthy breasts and the prescription of powerful hormonal treatment is "gender dysphoria." The Diagnostic and Statistical Manual describes gender dysphoria this way:

there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Looking through the DSM online, I did not find reference to the idea of trying to understand why the person experiences gender dysphoria. Nor did I find any reference to the idea of exhausting less invasive solutions to the distress or impairment before embarking on such a radical process as sexual reassignment surgery and a lifetime of hormone treatment, even on insurance company websites. One might think that an insurance company would want to know that less expensive alternatives had been attempted, before agreeing to pay for sexual reassignment surgery.

Admittedly, this online version of the DSM is for laypeople, not professionals. And also admittedly, insurance companies typically require "two referrals from qualified mental health professionals who have independently assessed the individual." But in the absence of objective criteria that would establish gender dysphoria apart from the individual's feelings, it is not clear what this very open-ended referral requirement exactly accomplishes.

The colloquial version of gender dysphoria is that the person feels "trapped in the wrong body." But this does not apply to Nancy's case. The overriding fact of this woman's life was that her mother rejected her because she was a girl. We now know that millions of baby girls have been aborted worldwide, simply because they were girls. Nancy's story is the slow-motion Western European equivalent. Her mother wanted a son, or at least a better-looking girl. She feels no remorse, even after her daughter's suicide.

What exactly was "botched" about the sex change operation? I could find no allegation in the published accounts that the doctors did anything wrong or were negligent in any way. It appears that there was nothing medically abnormal about her body. The operation was "botched" only in the sense that Nancy was not satisfied with the outcome.

In the hours before his death he told Belgium's Het Laatse Nieuws: "I was ready to celebrate my new birth. But when I looked in the mirror, I was disgusted with myself.

"My new breasts did not match my expectations and my new penis had symptoms of rejection. I do not want to be . . . a monster."

Nancy needed to be affirmed in her femininity. She had internalized her mother's view that she was defective. Not surprisingly, her surgical attempts to correct a moral and psychological problem did not succeed. Changing her body did not resolve the problem of her mother's rejection.

Why no one saw this, I cannot say.

Dr. Paul McHugh was Psychiatrist-in-Chief at Johns Hopkins University from 1975 to 2001. During that time, he made the decision and led the department in shutting down the sexual reassignment unit. Here is what he said, years after the fact:

As for the adults who came to us claiming to have discovered their "true" sexual identity and to have heard about sex-change operations, we psychiatrists have been distracted from studying the causes and natures of their mental misdirections by preparing them for surgery and for a life in the other sex. We have wasted scientific and technical resources and damaged our professional credibility by collaborating with madness rather than trying to study, cure, and ultimately prevent it.

However you may feel about Dr McHugh's argument as a general proposition, we can say that he is absolutely correct in Nancy Verhelst's case. This particular woman was not "really" a man "trapped" in a woman's body. She was "really" a woman "trapped" in a world in which the most important person in her life did not love her.

Nancy did not need surgery. She needed her mother's love. And short of that, she needed other people to care for her, to reach out to her in love, and assure her that she is loved by God.

The Christian community should have and could have reached out to a little girl whose mother was disgusted by her female body. Christians of all denominations need to start creating their own structures of service to those who are so wounded that they want to mutilate their own bodies or kill themselves.

More cases like Nancy's are inevitable. Sexual reassignment surgery for any reason is already here in America. Euthanasia for any reason is coming down the pike. These trends are driven by the modern obsession with personal autonomy, uncoupled from any objective notion of the good. You don't like your body? No problem. We'll change yours to your specification. You don't want to live? No problem. We will help you die. Giving people what they say they want is becoming the sum total of our idea of helping people.

Not long ago, I gave a talk at a university titled "Healing the Family of the 21st Century." In the question period, I laughingly said that we need a new religious order to reach out to people hurting from family problems. (Listen to this around minutes fifty-four through fifty-eight.) In that context, I was talking about the millions of people who have been wounded by the Sexual Revolution: children of divorce, reluctantly divorced or abandoned spouses, heartbroken career women.

But I'm not laughing now. We really do need a group of people whose job it is to reach out to those who need love, for whatever reason, from whatever cause. Pope Francis has recently said that he views the church as a field hospital after battle. "Heal the wounds! Heal the wounds!"

# Jennifer Roback Morse

# Notes

There is a town where the Christian people pride themselves on the care of the mentally ill. This town was the site of the murder of St. Dymphna by her mentally deranged father in the ninth century. Ever since, the residents of this town take mentally ill people into their homes. Coincidently, this town is in Belgium, the country that now euthanizes depressed people like Nancy Verhelst.

The modern world promises health and happiness through science. Science is supposed to deliver human control over the constraints of nature. This, in turn, will make us happy, since the free exercise of our will is supposed to be the key to human happiness.

Science did not deliver happiness to Nancy Verhelst. Science helped her to exercise her will, all right—but that was not enough.

The psychological sciences are inadequate for dealing with the existential problem of lovelessness and loneliness. The medical sciences are not the solution for a spiritual problem. We cannot save ourselves. Only God can save us. Only God's love can sustain us in loving others when all hope of love seems lost. This is precisely when the need for love is the greatest. We who have experienced this love need to be more assertive about sharing this astounding fact with others.

# Suggested Questions About the Readings:

1. What are some undiagnosed problems often observed in people who think they're "trapped in the wrong body?"

2. What is a Christ-like response to people in these situations?

3. Does your profession have any official response to gender identity issues? Do you agree with your profession's stance?

4. What other questions do you have about gender identity and gender dysphoria issues?

5. With whom would you like to share this material?

6. How can the members of the group support you this month or week?

7. Whom would you like to invite to the next session?