The 'transgender' problem

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In 1967 the parents of baby Bruce Reimer, whose penis had been destroyed in a botched circumcision, turned for help to Dr John Money at the prestigious Johns Hopkins Hospital. Dr Money advised them to have their son raised as a girl. Bruce was renamed "Brenda". Surgeons castrated him and fashioned an artificial vagina. He was dressed as a girl and given female hormones.

Dr John Money had established the world's first Gender Identity Clinic at the Johns Hopkins Hospital in Baltimore in the 1960s. He believed that "gender" – masculinity and femininity – is a social construct, unrelated to genes and biology. Dr Money set out to prove his theory using Brenda Reimer as an experiment.

Dr Money spoke to capacity crowds around the world and wrote a book, boasting of the "success" of Brenda's transition to femininity and claiming that boys and girls are made, not born that way. Dr Money became a hero of the feminist movement which claimed that biological sex has no firm link with "genders", of which there may be as many as five.[1]

But it was all a lie. Brenda was desperately unhappy with her female "gender". After doctors finally told him the truth in 1980, he demanded to be treated as the boy he had always felt he was. He renamed himself "David" (as in David vs Goliath), took male hormones, had surgery to reconstruct his penis and later married. But he could never restore what Dr Money had taken away. Plagued by depression, he committed suicide in 2004.

The world did not learn the extent of Dr Money's lies until David spoke out publicly in 1997.[2] In the meantime, the theory that "gender" was not fixed at birth and not dependent on whether the baby had XY (male) or XX (female) chromosomes had become popular in sociological and some psychiatric circles. Sex reassignment surgery to change biological males into transgendered "females" (and vice versa) was increasingly performed as a treatment for people with gender dysphoria, who were – unlike David Reimer – unhappy with the sex they were born with.

Today, people with gender dysphoria are often called "transgenders". Activists have successfully lobbied Western governments to pass legislation allowing transgenders to legally change their sex. In Australia, a court has ruled that a woman who had undergone a hysterectomy and breast reduction surgery (known as "Kevin") was allowed to marry another woman "Jennifer".[3] But are such laws and court decisions only serving to affirm a psychological delusion?

The story of 'John'

"John", aged 28 and single, enters the psychiatrist's office. He is intelligent and successful in his professional career. He is not attracted to women, but is only partly satisfied by homosexual activity. He tells the doctor that for as long as he can remember, his body has not felt "right". He believes he is really a woman, trapped in a man's shape.

Psychological tests show that John's responses are in the normal range for everything except his body image. The psychiatrist agrees to help him change into a "woman".

John begins to dress as a woman and use make-up. He has laser treatment to remove his facial hair and takes female hormones, growing breasts. Later, plastic surgeons remove his genital organs and use some of the tissue to create artificial female organs. He changes his name to Joanne – even on his birth certificate.

Joanne is now regarded as a woman, as "she" has long wanted to be. But although "she" is glad the surgery was done, a year later she still does not feel "right". Her hips are too small. Her arms and legs look wrong. She keeps asking for more operations.

The surgeons believed they had done a good job of turning John into a nice-looking "woman". They are perturbed by Joanne's continuing dissatisfaction. They send her back to the psychiatrist.

John's story is typical of a group of transsexual (or transgendered, as they are now called) people studied by US psychoanalyst Dr Sander Breiner.[4] Dr Breiner, like a number of other professionals, has come to understand that gender dysphoria is largely caused by psychological problems rather than genes or aberrations in physical development. John's disturbed body image cannot be solved by organic manipulation such as surgery or hormones, no matter how well-intentioned or brilliantly successful.

"In psychologically evaluating any patient, it is always important to understand how the patient sees himself," Dr Breiner says. "There are certainly age variations as well as gender and cultural elements involved in this evaluation. However, when an adult who is normal in appearance and functioning believes there is something ugly or defective in their appearance that needs to be changed, it is clear that there is a psychological problem of some significance."

Dr Breiner says the more the patient is willing to do extensive surgical intervention (especially when it is destructive), the more serious is the psychological problem.

"It may not be psychosis," he says. "It may not require psychiatric hospitalisation. But the significance of the psychological difficulty should not be minimised by a patient's seeming success, socially and professionally, in other areas. This principle of isolated significant psychopathology indicating serious psychological problems (despite the ability to function in all other areas of life) is well known psychiatrically, historically, and by the judiciary.

"This conclusion became so well established at Wayne State University that the [sex reassignment] program was eventually discontinued. The much larger and more extensive program at the Johns Hopkins University and medical school in Baltimore, Maryland, was discontinued for the same reason. The psychological problems that are focused on issues related to gender need to be better understood – not denied," Dr Breiner says.[5]

'Boy interrupted'

"John/Joanne" was not completely satisfied after sex reassignment surgery, but

the outcome for Alan Finch was far worse. His case history was shown on national television on the ABC's *Australian Story,* under the title "Boy interrupted".[6]

Alan, who migrated to Australia with his mother and sister as a teenager, decided at age 19 to become a "woman". His decision was supported by health-care professionals and his mother. But it took him on a journey from which he has painfully discovered there is no sure way back.[7]

Alan's problems began in his earliest years. His father, a coal miner from the north of England, was violent and abusive. Alan feared and shrank from him.

Psychiatrist Dr Byron Rigby said Alan's identity problems stemmed from his lack of a positive father figure. "He never had any positive role modelling. The whole reason that he attempted to take refuge in womanhood was that he simply couldn't learn from his father how to be anything that he wanted to be," Dr Rigby said.

As an adolescent, Alan thought he may have been homosexual. He tried that experience but it did not satisfy. Like John, he then thought he was "trapped" in the wrong body.

After taking female hormones for some years, he underwent surgery in his 20s to remove his male organs and create an artificial vagina. He changed his name to Helen.

"My focus was to be the best-looking woman I could be," Alan told *Australian Story*. "I got a job. I was getting attention from men. I felt powerful."

As "Helen", Alan married, but that relationship broke down. Helen was hoping a later relationship would work, but that too fell apart when Helen had to confess that children were not possible because "she" was born a boy.

Then Helen/Alan fell in love with a woman, who encouraged him to become the man Alan again. "I knew with my whole being that was what I wanted to do," Alan, now aged 36, told *Australian Story*.

He began taking male hormones, "a roller-coaster ride emotionally", and felt angry at himself for having been deluded into thinking that becoming a woman would solve his identity crisis. "There was this total confusion again, wondering if I could function as a man, let alone function as a man who has been mutilated to this degree," Alan said.

While many of those who have had sexual reassignment surgery in Australia (about 80 a year in Sydney, Melbourne and on the Gold Coast) seem satisfied, about 10 per cent are "desperately unhappy" with the result.[8]

Alan Finch said: "Anatomically, I was never a woman. [The surgery] was creating a battleground within my own body. It's just rearranging flesh, but the tissue that's used is still male tissue. I was never able to have any sexual pleasure. Everything was fake about it, from top to toe." He said he was considering further plastic surgery to change the appearance of his sexual organs back to male.

Glossary of terms

Some relevant terms are:[25]

- **Homosexuality:** primary sexual attraction for members of the same sex by adults.
- **Transvestism:** cross-gender dressing for the purpose of sexual gratification, or to reduce gender dysphoria anxiety. Most men who cross-dress are heterosexual and do not see themselves as women, but experience sexual pleasure while wearing women's underwear and other clothing. A minority of cross-dressers are transgenders who wear women's or men's clothing because they feel they really belong to the opposite sex.
- **Transgenderism/transsexuality:** belief that one's body is of the wrong sex (eg "externally I am a male who inside is really a woman, I need to be 'changed' surgically and hormonally"). Transgenderism occurs in people who are biologically normal males (ie having XY chromosomes, functioning testes and male genitals) or biologically normal females (ie having XX chromosomes, ovaries and female genitals) but who do not "feel" they are normal males or females.
- **Gender dysphoria:** mental discomfort or unhappiness with one's biological sex.
- **Intersex:** a range of conditions in which (a) the body is not easily classifiable as either male or female (eg having both male and female genitalia) or (b) in which chromosomal sex is inconsistent with the gonads and/or genitals. These conditions are extremely rare, occurring in 18 out of 100,000 births.[26] But these conditions seldom involve gender dysphoria. The term *intersex* is also used by those whose biological sex is quite clear but who wish for psychological or other reasons to be considered as neither male nor female.

Renée Richards

Tennis star and eye surgeon Dr Renée Richards, born Richard Raskind in New York in 1934, is one of the best known transgenders. In a precedent-setting 1977 New York State Supreme Court ruling, Renée was declared legally a woman because hormones and sex reassignment surgery in 1975 had made "her" look like one. She was allowed to play professional tennis against other women who, unlike her, were born that way and did not possess Renée's male skeleton, brain and upper body strength.

But her surgery and legal victory did not make Renée happy. She called the 2004 decision of the International Olympic Committee, which allowed transsexuals to compete, "a particularly stupid decision". She said: "Better to be an intact man functioning with 100 percent capacity for everything than to be a transsexual woman who is an imperfect woman."[9]

In an earlier magazine article, Renée said of her sex reassignment surgery: "I wish that there could have been an alternative way, but there wasn't in 1975. If there was a drug that I could have taken that would have reduced the pressure, I would have been better off staying the way I was – a totally intact person. I know deep down that I'm a second-class woman.

"I get a lot of inquiries from would-be transsexuals, but I don't want anyone to hold me out as an example to follow. Today there are better choices, including medication, for dealing with the compulsion to cross-dress and the depression that comes from gender confusion. As far as being fulfilled as a woman, I'm not as fulfilled as I dreamed of being. I get a lot of letters from people who are considering having this operation … and I discourage them all."[10]

Renée's early life experiences may have been the source of her gender confusion. Her autobiography *Second Serve*[11] tells of a stressful childhood with a dominating psychiatrist mother who was disappointed that her first child was a girl. Richard's older sister "Mike" was a tomboy who dressed her little brother in girls' underwear, forced his penis into painful inversions and encouraged him to explore her body. Richard began to cross-dress in secret and invented an alternative identity named Renée.

In adulthood, Richard Raskind went to Yale medical school and became an eye surgeon, served in the US Navy, married, fathered a child and competed in US Open tennis. Then, after ten years of psychoanalysis and a divorce, Richard (41) underwent surgery to become "Renée". She now warns others with gender dysphoria not to take this drastic step if at all possible.[12]

The Meyer study

Dr Paul McHugh was appointed chief psychiatrist at the Johns Hopkins Hospital in Baltimore in 1975. He was puzzled by gender dysphoria patients he interviewed after their sex reassignment surgery. They were generally men, and although they claimed they were happy after their operation, he was not convinced. They were "caricatures of women", wearing high heels, copious make-up and flamboyant clothing.

Their large hands, Adam's apples and thick facial features were incongruous.[13]

Those he interviewed before surgery seemed even stranger. "They spent an unusual amount of time thinking and talking about sex and their sexual experiences; their sexual hungers and adventures seemed to preoccupy them … they seemed indifferent to children … many of these men-who-claimed-to-be-women reported that they found women sexually attractive and that they saw themselves as lesbians," Dr McHugh said. He decided more research was needed.

The Johns Hopkins Hospital study was conducted by psychiatrist and psychoanalyst Jon Meyer, who was already developing a system for following up adults who had received sex-change operations at the hospital. Dr Meyer found that most of the patients he tracked down some years after their surgery were happy with the operation.

"… only a few regretted it. But in every other respect, they were little changed in their psychological condition," Dr McHugh said. "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.

"We saw the results as demonstrating that just as these men enjoyed cross-dressing as women before the operation so they enjoyed cross-living after it. But they were no better in their psychological integration or any easier to live with… I concluded that Hopkins was fundamentally cooperating with a mental illness. We psychiatrists, I thought, would do better to concentrate on trying to fix their minds and not their genitalia.[14]

Dr Paul McHugh has written: "It is not obvious how this [gender dysphoria] patient's feeling that he is a woman trapped in a man's body differs from the feeling of a patient with anorexia nervosa that she is obese despite her emaciated, cachectic state. We don't do liposuction on anorexics. Why amputate the genitals of these poor men? Surely, the fault is in the mind not the member."[15]

Transgenders are *not* 'born that way'

The exact causes of transgenderism or transsexuality are unclear, but early life experiences seem to play a significant part. Transgendered people do not have hormone abnormalities. They need to take artificial hormones to make them appear like the opposite sex.

NZ researcher Dr Neil Whitehead[16] says: "Only about five per cent of cross-dressers, or transvestites, have any desire to be the opposite sex, but those who do are often convinced they are a woman in a man's body. Fewer women believe they are men trapped in a woman's body. Both are usually called transsexuals and are perhaps one in thirty thousand of the population. At their request 10,000 sex-change operations have been performed to date [1997], creating people physically of one sex but chromosomally of the other." [17]

Dr Whitehead says most transgendered people claim they were born that way. They believe that their dysphoria is caused by genes or by hormonal influences in the womb. However this claim is not supported by studies of identical twins, each of whom has the same genes and the same womb environment.

"Identical twins have (virtually always) identical genes," Dr Whitehead says. "This means they are identical physically, but do they have identical behaviour? … of four studied identical male twin pairs, of which one was transsexual, the other twin was transsexual in only one case. Researchers concluded that genetic factors were most unlikely to be important. If genes compelled transsexuality, all the co-twins would have been identical."[18] Transgendered people are *not* born that way.

Media reports 'dishonest'

Dr Whitehead is concerned about "slippery and practically dishonest" reports which regularly appear in the media suggesting there is "a correlation or link between transsexuality and hormones or brain structure etc." These reports imply that transsexuality or transgenderism has a biological basis.

Dr Whitehead says that a careful examination of the evidence shows nothing of the kind. "Most of those with the physiological condition described do not become transsexual. Those conditions therefore are no more than minor influences… Such studies are notoriously poorly replicable and provide a very shaky foundation… Transsexual brain differences would be more likely the result of transsexual behaviour than its cause," he says.

"There is no one cause, many paths, and many unique experiences. But there is no evidence for the political case that transsexuals were born that way."[19]

Family factors in transgenderism

Many transgendered people have experienced a variety of family situations which may have contributed to their condition. Dr Whitehead says:

"… a late birth order is common. It appears that being late, or last, in a family of children is often not optimum. A child may receive less attention from parents, and other siblings may well be dominant. Rather unusual family conditions have sometimes been implicated. In an NIMH [US National Institute for Mental Health] program, a survey of 70 clients found no obviously physical symptoms … but 80% of the mothers and 45% of the fathers had psychiatric problems of various types, which are very high incidences.

"For the most gender dysphoric, in all cases the father was absent. Overall in 54% of cases the father was absent, and in 37% of cases there was no adult male role model. If a father or role model was available, in 60% of cases he was psychologically distant.

"Another common factor was frequent ineptness at sport. The latter can arise from lack of physical co-ordination, but will have strong psychological effects in the highly

What does the Bible say?

Genesis chapter 1 clearly affirms that God created the human race with two sexes: "So God created man in his own image … male and female he created them."[27] This distinction is at the heart of marriage: "For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh."[28] Jesus Christ repeated and confirmed these essential elements of the created order when answering questions about marriage and divorce.[29]

Furthermore, this male-female distinction is to be expressed visibly through different clothing and hair styles. "A woman must not wear men's clothing, nor a man wear women's clothing..."[30] "... if a man has long hair, it is a disgrace to him, but ... if a woman has long hair, it is her glory".[31]

Jesus condemned adultery, homosexuality and all forms of sexual perversion when he described *porneia* as "evil".[32] The New Testament Greek words *porneia*, or *pornos*, sometimes translated "sexual immorality"[33] or "the sexually immoral",[34] encompasses all sexual behaviours outside male-female marriage – including those condemned in Leviticus: adultery, fornication, prostitution, incest, bestiality and homosexuality.[35]

People who have practised homosexual and other sinful behaviour can change. This is evident from the apostle Paul's first letter to the church at Corinth: "Do not be deceived: neither the sexually immoral [*pornos*] nor idolaters nor adulterers nor male prostitutes nor homosexual offenders nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God. And that is what some of you were. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God."[36]

competitive world of growing boys. Thus there are a constellation of social factors probably involved.

"In some cases, sexual abuse may be involved … particularly for those subjects in clinical settings, rates of 80% have been recorded.

"When the condition is connected to other conditions, treatment of the latter sometimes causes the transsexuality to disappear. A case of Obsessive Compulsive Disorder (OCD) associated with transsexuality was treated for OCD, but the transsexual symptoms also disappeared for four years."[20]

'Transgender' – now part of the 'homosexual agenda'

Caleb Price, a research analyst for the US Focus on the Family, says transgenders are now a highly visible part of the homosexual activist scene.[21]

"For decades, gay activist leaders worked hard to keep those who called themselves 'transgender' or 'transsexual' as far out of the public eye as possible," Caleb Price says. "By their own admission, the last thing they wanted was a bunch of drag queens and cross-dressers to scare away potential allies and ruin any hope for their community to achieve its political goals. So the activists only portrayed homosexuals in favourable and non-threatening ways.

"But recent years have seen a sea-change in attitudes about cultural acceptance of homosexuality. Gay activists now believe that sufficient political gains have been won that they can now turn their attention to adding the "T" – for Transgender – to the GLB (Gay-Lesbian-Bisexual) acronym that represents their community …

"The goal now is to … normalise 'transgenderism'… Ironically, we have now come to the point where pro-homosexual activists are asking us to believe that 'sexual orientation' cannot ever be changed, but that somehow 'gender' *can* be changed!"[22]

What should we do?

Caleb Price asks: "What should we – as Christians – do about this move throughout the culture to affirm 'transgenderism'?"

The Bible teaches that humans are made in God's image as male and female, and that there is a complementarity of the sexes that uniquely brings forth new life. "It's clear that gender and sexuality matter to God," Caleb Price says. "Yet, today's GLBT activists are saying that gender no longer matters … what should be affirmed in law is whatever one's *feelings* are about one's gender – whether or not these perceptions conform to biological reality…

"Clearly, God's created intent for human sexuality and gender has been turned upside down. However, as Christians we must understand that people who struggle with their gender identity have likely lived lives of great pain, confusion and isolation. And just as Jesus went out of His way to minister to the outcasts of society, we are called to humbly share the love of God embodied in the Gospel message of Christ, to lift them up in prayer, and to allow the Holy Spirit to bring about conviction, healing and transformation."[23]

Therapy for transgenders

Transgenders such as Renée Richards have publicly warned of the dangers of sex reassignment surgery. But what treatment is advisable for people suffering gender dysphoria – who may have deep-seated anxieties stemming from early childhood?

Dr Paul McHugh is one of the psychiatrists who believe that gender dysphoria is a form of mental ill health. In general, psychiatrists do not treat delusional patients by affirming their misconceptions. Instead, they try to bring the patient back to reality.

Renée Richards has pointed out that medication to alleviate anxiety and depressive symptoms can be helpful.[24] Counselling can also be beneficial, especially if the dysphoria is linked with sexual abuse or dysfunctional family life during childhood. However, as with other problems and addictions with roots in childhood abuse, progress may be slow and painful.

One thing is certain: the modern "homosexual agenda" which includes the normalisation of transgenderism as a valid alternative to biological males and females, is not helpful. Nor are laws which ban schools from declining to employ transgendered teachers. Children from abused backgrounds, who may be feeling confused about their sexual identity, need affirmation about their biological sex rather than further confusion from teacher role models.

Conclusion

Modern doctors and scientists do not yet fully understand the complex causes or the most effective treatment for those with gender identity disorders. However the best evidence confirms what the Bible teaches – God created us as two sexes: male and female.

Those who, for whatever reason, feel unhappy with their biological sex deserve our compassion and help rather than surgical mutilation, which they may later deeply regret. ■

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