

The Desire For a Sex Change

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How should the Catholic community respond to men and women who think that a sex change operation would solve their problem? Catholic teaching in this area is clear. It is impossible to "change" a person's sex. Hormone treatments, cosmetic surgery and surgery to mutilate the sex organs do not change a person's sex.

Confusion in this area has come about because people tend to defer to scientists, particularly in areas where their personal experience is limited. Therefore, when doctors, including those from the prestigious Johns Hopkins, have promoted "sex change" operations for physically normal men who believed they were really women trapped in men's bodies or women who believed they were men trapped in women's bodies, many have accepted the idea that it was indeed possible to change a person's sex.

In an article in *First Things* titled "Sexual Surgery," Dr. Paul McHugh, of Johns Hopkins, laid out some of the history of the "sex change" phenomenon.¹ From the beginning, McHugh had doubts. He interviewed the men for whom the surgeons had created bodies that appeared female, and found the claim that they were now women unconvincing. He states:

"None of these encounters were persuasive...The post-surgical subjects struck me as caricatures of women. They wore high heels, copious makeup, and flamboyant clothing; they spoke about how they found themselves able to give vent to their natural inclinations for peace, domesticity, and gentleness---but their large hands, prominent Adam's apples, and thick facial features were incongruous (and would become more so as they aged). Women psychiatrists whom I sent to talk with them would intuitively see through the disguise and the exaggerated postures. "Gals know gals," one said to me, "and that's a guy."²

When he became psychiatrist-in-chief at Johns Hopkins, McHugh decided to challenge what he considered to be a misdirection of psychiatry. He encouraged a study already begun on the outcomes of such surgeries. The study found that while most of the clients said they were happy, the various psychological problems, which accompanied their feeling they were the other sex, remained unchanged. They still had the same difficulties with relationships, work and emotions.

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Paul McHugh, "Surgical Sex," *First Things* 147 (November, 2004): 34-38.

² *Ibid.*, 34.

McHugh concluded that "to provide a surgical alteration to the body of these unfortunate people was to collaborate with a mental disorder rather than to treat it."³ He ordered the practice halted at Johns Hopkins and tried to convince others that such interventions were a misuse of psychiatry and surgery. However, in spite of the evidence, the support for the idea of "sex change" operations has continued to grow. In fact, there have been several articles discussing whether it is advisable to begin the "sex change" process in adolescence or even before.⁴

McHugh was frustrated to find that those promoting the practice were not persuaded by empirical evidence:

"One might expect that those who claim that sexual identity has no biological or physical basis would bring forth more evidence to persuade others. But as I've learned, there is a deep prejudice in favor of the idea that nature is totally malleable.

"Without any fixed position on what is given in human nature, any manipulation of it can be defended as legitimate. A practice that appears to give people what they want---and what some of them are prepared to clamor for---turns out to be difficult to combat with ordinary professional experience and wisdom. Even controlled trials or careful follow-up studies to ensure that the practice itself is not damaging are often resisted and the results rejected."⁵

Each cell of a person's body contains chromosomes which identify that individual as either male or female. It is not simply a question of different genitals. Before birth prenatal hormones shape the brains of boys to be different than those of girls.⁶ Mutilating surgery and hormone treatments can create the appearance of a male or female body, but it cannot change the underlying reality. It is not possible to change a person's sex.

In promoting the truth about the human person, the Church is on the side of science when it proclaims that it is not possible to change a person's sex.

³ Ibid., 35.

⁴ Robert Listernick, "A 13-Year Old Boy Who Desires Gender Reassignment," *Pediatric Annals* 32.6 (June 03): 378-382; Yolanda Smith, Stephanie Van Goozen, Peggy Cohen-Kettenis, "Adolescents with Gender Identity Disorder Who Were Accepted or Rejected for Sex Reassignment Surgery: A Prospective Follow-up Study," *Journal of the American Academy of Child and Adolescent Psychiatry* 40.4 (April 2001): 472-481.

⁵ Mc Hugh, "Surgical Sex," 37-38.

⁶ Gerianne Alexander, "An Evolutionary Perspective of Sex-Typed Toy Preferences: Pink, Blue, and the Brain," *Archives of Sexual Behavior* 32.1 (February 2003): 7-14. The problems of various genetic and congenital abnormalities are not relevant to this discussion. This essay focuses on the majority of cases, in which those seeking "sex change" operations are physically normal.

Therefore, persons who claim to have had their sex changed may not marry or be ordained.⁷ A man who is surgically altered to resemble a woman may not marry a man and a woman with a male appearance may not be ordained a priest.

Unfortunately, the promotion of “sex change” operations has decreased investigation into prevention and therapy for those suffering from gender dysphoria. However, a number of mental health professionals work with and do help such individuals.

For example, in one case a Catholic, married man who had several children wanted to become female. He had completed electrolysis to remove facial hair and was on hormone treatment. As child he had been unable to model after his angry father, aggressive older brothers, or hostile boys in the neighborhood. He viewed men as angry, violent, dark people with whom he could not identify. Instead, he had escaped from what he perceived as the unsafe world of men, into a fantasy female world where he felt safe. As he matured, these fantasies diminished and he married and had children. However, at a certain point in his career he found himself in an extremely stressful situation both at work and at home, and his original fantasy about being more safe as a female reemerged.

In his therapeutic treatment, he came to understand the origins of his inability identify with his masculinity. Then he worked on forgiving the men and boys who had hurt him in his childhood and in his adolescence, especially his father and his brothers. In working with a spiritual director, he slowly came to experience God as loving father who could protect him, and to develop a relationship with St. Joseph as a role model of male love. A major goal of treatment was to help him see his own masculinity as a positive gift from God.

In another case, a thirty-year-old man with excellent athletic abilities was seeking “sex change” surgery. The therapist he consulted was able to help him uncover serious emotional conflicts with his mother. She was a self-centered person and a substance abuser who had essentially abandoned him as a child. Unconsciously, he thought that if he were a woman, he finally might receive his mother’s love and acceptance. Because he had not experienced a comforting, loving mother/son relationship, his ability to trust and feel safe in the world was badly damaged. He thought that if he were a female he might feel protected in the world. As a result of his regular participation in a “transgender support group” (which was biased toward encouraging “sex change” procedures), he came to believe that there was a biological basis for his belief that he was female. It was extremely difficult for the young man to admit his problems with his

⁷ John Norton, “Vatican Says ‘Sex-Change Operation Does Not Change

Person’s Gender,” C

mother, or to acknowledge his feelings of disappointment, sadness, and resentment. Eventually, through therapy, he was able to recognize the effects of his mother's dysfunction on his self-image.

In dealing with clients who have a desire to become the other sex, it is important not to take the desire at face value, but to uncover the emotional conflicts which has led them to think they would be happier, safer and more confident as the other sex. The recognition of emotional pain with peers or with a parent leads to the awareness of significant anger which can be resolved through a process of forgiveness.⁸ At the same time it is necessary to treat low self-esteem, poor body image, sadness and fears.

Many of those who seek surgical "sex change" suffered from untreated and undiagnosed gender identity disorder (GID) as children. For example, a therapist was consulted by a member of the family of a young woman who had told her parents that she wanted "sex change" surgery after graduating from college. Since childhood, the young woman had shown all the classic symptoms of GID.⁹ She had never had female friends, never wore a dress, never used make up, never wore jewelry or dated a boy. She also insisted that her Catholic parents address with a boy's name which they agreed to do.

GID in children is a treatable condition; however, according to Zucker and Bradley, who are experts in the treatment of this disorder in children, parental ambivalence is, in most cases part of the problem with parents ignoring or excusing obvious problems.¹⁰ Zucker and Bradley encourage early intervention, not simply to avoid a later desire for a "sex change" but to prevent the suffering, unhappiness, and isolation that children with GID experience. In the case of this young woman, the therapist recommended treatment of GID to the family member who asked for consultation, but this recommendation was never communicated to the parents. The young woman recently had her breasts removed.

The other conflicts in those who seek "sex change" surgery experience are a failure to embrace the goodness and beauty of their masculinity or femininity, hatred of their bodies, deep resentment with a parent or peer, childhood

⁸ Robert Enright and Richard Fitzgibbons, *Helping Clients Forgive: An Empirical Guide for Resolving Anger and Restoring Hope* (Washington, DC: American Psychological Association, 2000).

⁹ Richard P. Fitzgibbons and Joseph Nicolosi, "Gender Identity Disorder in Children," *Lay Witness* (June 2001); also available at

¹⁰ Kenneth Zucker and Susan Bradley, *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* (New York: Guilford Publications, 1995), 73.

loneliness and sadness, rejection by peers of the same gender, intense fears of being betrayed and hurt, and a deep desire to be protected in the world. A less common conflict is seen in some boys and men who have powerful artistic and creative gifts, which lead them to experience a strong attraction to the beauty in the female world and to an identification with femininity. This artistic response can begin early in childhood and can lead to a desire to be female. In rare cases, a parent wants a child to be of the opposite sex, dresses and treats the child as being of the opposite sex and may even take the child to a “transgender support group.”

Self-knowledge, forgiveness, skilled psychotherapy and good spiritual direction can all play a part in the healing process. Much more work needs to be done in this field. Parents, pediatricians and educators need to be able to recognize GID in children. Mental health professionals and priests should understand the origins of the condition, and know that successful treatment can occur in persons who come to them with the desire for a “sex change.” Finally, professionals with positive experience in treating this problem need to share their expertise with others.

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