

Q&A on Gender Identity Confusion -- Sexual Behavior Disorders



"I am a woman with a beard," testified the person at left at a public hearing in favor of "gender identity" non-discrimination legislation. **All three people sitting at the table consider themselves to be female.** (Photo courtesy of Mass Resistance)

What does "transgender" mean?

The term **Transgender** is an umbrella term that includes transvestism and transsexuality.

Medical professionals acknowledge that a Transgender condition is a Gender Identity Disorder (GID).¹ Gay activists purport that gender identity is defined by how a person *feels at any given moment*. But [t]he fallacy in relying on the subjective is that sex becomes merely a *feeling*. Human feeling, by definition capricious, cannot be a standard upon which our judicial system relies – sex cannot be determined by a balancing of masculine and feminine feelings. Rather, sex must be determined by objective and immutable standards."²

Transvestism involves an emotional need that requires a male to wear female attire to meet a sexual need or reduce one's anxiety.

"Transvestism is not just cross-dressing. Cross-dressing, when a male dresses as a female, can be part of a Halloween party, or some theatrical performance. It can be a way of seducing or manipulating some male to participate sexually with them who has no interest in homosexuality and thinks they're having some romantic activity with a female. Wearing makeup and some effeminate style of attire (but still clearly being a male) also is not transvestism."³

Transvestic Fetishism -- intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing"⁴ "Often the cross-dressing results in collecting female clothing and while cross-dressed masturbating and imagining himself to be both the male subject as well as female object of his sexuality." "The transvestite...feels himself to be male and in the great majority of cases is heterosexually identified."⁵

Transsexuals are transgender people who live or wish to live full time as members of the gender opposite to their birth sex. Biological females who wish to live and be recognized as men are called female-to-male (FTM) transsexuals or transsexual men. Biological males who wish to live and be recognized as women are called male-to-female (MTF) transsexuals or transsexual women. Transsexuals usually seek medical interventions, such as hormones and surgery, to

make their bodies as congruent as possible with their preferred gender. The process of transitioning from one gender to the other is called sex reassignment or gender reassignment.

Cross-dressers or transvestites comprise the most numerous transgender group. Cross-dressers wear the clothing of the other sex. They vary in how completely they dress (from one article of clothing to fully cross-dressing) as well as in their motives for doing so. Some cross-dress to express cross-gender feelings or identities; others cross-dress for fun, for emotional comfort, or for sexual arousal. The great majority of cross-dressers are biological males, most of whom are sexually attracted to women.

Transsexuality is believing one's body is of the wrong sex (e.g. "externally I am male who inside is really a woman that needs to be "changed" surgically and hormonally to be a woman.")⁶ They may cross dress 'for the purpose of reflecting what they feel is their true gender identity.'⁷

Transsexuality and Transvestic Fetishism are all chosen or compulsive behaviors -- not genetics. They are no different from smoking, alcoholism, drug addiction or other self-destructive behaviors. They are not a fixed identity.⁸

Other categories of transgender people include: androgynous, bigendered, and gender queer people.

What about the sexual orientation of Transgender people?

The great majority of cross-dressers are biological males, most of whom are sexually attracted to women. Sexual orientation refers to one's sexual attraction to men, women, both, or neither, whereas gender identity refers to one's sense of oneself as male, female, or transgender. The American Psychological Association has stated that "*Usually people who are attracted to women prior to transition continue to be attracted to women after transition, and people who are attracted to men prior to transition continue to be attracted to men after transition.*" That means, for example, that a biologic male who is attracted to females will continue to be attracted to females after transitioning, whereupon he may then regard himself as a lesbian ("Help! I'm a lesbian trapped in a woman's body!").

What is the difference between sex and gender?

Sex is determined by chromosomes. Sex is an immutable characteristic at the time of birth. Webster's New 20th Century Dictionary (2nd ed.1970) states the initial definition of sex as "either of the two divisions of organisms distinguished as male or female; males or females (especially men or women) collectively." "Male" is defined as "designating or of the sex that fertilizes the ovum and begets offspring; opposed to *female*." "Female" is defined as "designating or of the sex that produces ova and bears offspring; opposed to *male*." The courts have found that "one's sex is fixed at the moment of conception" and that chromosomes should be the primary relevant factor in determining sex. **Chromosome testing is used to determine sex.**

A person's Gender is either male or female. We live in a binary world. Yet gay activists say we can "think" our sex, so gender is what we think. When one is confused about his gender/sex, the medical community, psychiatrists and psychologists acknowledge this confusion as a disordered mental condition called 'gender dysphoria' or 'gender identity disorder (GID).' These gender confused individuals are commonly referred to as "transgenders." They feel as if they are trapped in the body of the wrong gender; however, they retain the sexual orientation of their birth sex. As one transactivist wrote, "gender-identity is the manner in which we think of ourselves, our internal conviction about being men or women, male or female, masculine or feminine (and both or neither)."⁹

Describing gender cannot be simply a 'perception' or a 'feeling.' "Subjective mental thoughts about sex/gender are too amorphous to use as a baseline to establish sex."¹⁰

Is hormone therapy and sexual reassignment surgery a successful and safe treatment?

Sex Reassignment Surgery

Mutilating the body's internal sex organs and external genitalia does not change a person's sex. "In the eyes of the law, sex, like race, is and must be immutable and fixed at birth."¹¹

In 1960, Johns Hopkins was the first U.S. medical facility involved in sex reassignment procedures. The program was discontinued in 1979 after Dr. Jon Meyer published his long-term follow-up report of adult transsexuals treated at Johns Hopkins. None of the post-operatives showed measurable improvement in their lives. "*Sex re-assignment surgery confers no objective advantage ...*" Meyer concluded.

Dr. Paul McHugh, chairman of the Johns Hopkins Department of Psychiatry and University Distinguished Service Professor of Psychiatry, criticized the procedures as "the most radical therapy ever encouraged by 20th-century psychiatrists," comparing it to the discredited frontal lobotomy. Dr. McHugh, contends that "sex change" surgeries hurt rather than heal those struggling with their sexual identity.

"We psychiatrists, I thought, would do better to concentrate on trying to fix their minds and not their genitalia," McHugh wrote of "transgendered" patients in his First Things article '*Surgical Sex*' at http://www.firstthings.com/article.php3?id_article=398 "I have witnessed a great deal of damage from sex-reassignment. The children transformed from their male constitution into female roles suffered prolonged distress and misery as they sensed their natural attitudes. Their parents usually lived with guilt over their decisions-second-guessing themselves and somewhat ashamed of the fabrication, both surgical and social, they had imposed on their sons."

"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," added McHugh.

There are serious physical health risks as well. Post-surgical complications in genetic females include prominent chest wall scars, and in genetic males, vaginal strictures, rectovaginal fistulas, urethral stenoses, and misdirected urinary streams.

Hormone therapy

"Medical Side Effects. Side effects in biologic males treated with estrogens may include increased propensity to blood clotting (venous thrombosis with a risk of fatal pulmonary embolism), development of benign pituitary prolactinomas, infertility, weight gain, emotional lability and liver disease. Side effects in biologic females treated with testosterone may include infertility, acne, emotional lability (including the potential for major depression), increases in sexual desire, shift of lipid profiles to male patterns which increase the risk of cardiovascular disease, and the potential to develop benign and malignant liver tumors and hepatic dysfunction. Patients with medical problems or otherwise at risk for cardiovascular disease may be more likely to experience serious or fatal consequences of cross-sex hormonal treatments. For example, cigarette smoking, obesity, advanced age, heart disease, hypertension, clotting abnormalities, malignancy, and some endocrine abnormalities are relative contraindications for the use of hormonal treatment. Therefore, some patients may not be able to tolerate cross-sex hormones."¹²

"Some complications include water and sodium retention, increased erythropoiesis, decreased carbohydrate tolerance, decreased serum high-density lipoprotein (HDL) cholesterol, liver enzyme abnormalities occur, obesity, emotional or psychiatric problems, and sleep apnea."¹³

“Androgen treatment in a male-to-female transsexual can cause recurrent myocardial infarction.”¹⁴

The effects of hormones drugs are not reversible. When young people halt their puberty before their bodies have developed, and then take cross-hormones for a few years, they'll probably be infertile. Yet only 20% of "transgendered" children continue to experience gender confusion into adulthood.¹⁵

Psychotherapy

There is a strong correlation between sexual abuse and GID.¹⁶ According to one counselor, “80% of the transgenders he’s treated were molested as children. Transgenders also suffer from feelings of rejection and enter into a fantasy life...”¹⁷ “The diagnosis of GID is itself a changing diagnosis since some children diagnosed with GID may later in life display few, if any, symptoms.”¹⁸

Are there any ex-transgenders?

There are many cases of people who no longer feel that they are trapped inside the wrong body. With self-determination, therapy, medication, or support from their loved ones, a person can overcome this disorder and live a life of their birth sex. Parents and Friends of Ex-Gays and Gays (PFOX) raises funds for reversal surgeries and breast explants of former transgenders. Read one such story at http://pfox.org/Former_Transgender_Tells_His_Story.html

Is gender confusion a mental disorder?

Transgenderism is a disturbed mental condition -- a person's distorted view of reality, not a fixed identity. Even men who undergo sex reassignment surgery still remain men – they cannot conceive children or menstruate and must undergo a continuous regiment of hormone pills to overcome their inborn masculinity. They are so strongly attracted to the opposite sex that that is what they want to be. They believe they can become the opposite sex by chopping off their body parts and substituting opposite body parts.

A psychological condition is considered a mental disorder if it causes distress or disability. This distressing feeling of incongruity is called ‘gender dysphoria.’ According to the diagnostic standards of American psychiatry, as set forth in the Diagnostic and Statistical Manual of Mental Disorders, people who experience intense, persistent gender dysphoria can be given the diagnosis of Gender Identity Disorder.¹⁹

The American Psychiatric Association states in the Statistical Manual of Mental Disorders that people who feel their gender identity is incongruent with their birth sex or with the gender role associated with that sex is classified as gender dysphoria.²⁰

Transvestic fetishism (behavior by cross-dressers and transvestites) is defined by the mental health professional's handbook, the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (2000), which is also called *DSM-IV-TR*, as one of the paraphilias. The paraphilias are a group of mental disorders characterized by **obsession** with unusual sexual practices or with sexual activity involving non-consenting or inappropriate partners (such as children or animals). The essential feature of transvestic fetishism is recurrent intense sexual urges and sexually arousing fantasies involving dressing in clothing associated with members of the opposite sex.

Transvestic Fetishism *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorder, DSM-IV, fourth Edition, p574, <http://www.mental-health-today.com/gender/dsm.htm> --*

“The paraphiliac focus of Transvestic Fetishism involves cross-dressing by a male in women’s attire. In many or most cases, sexual arousal is produced by the accompanying thought or image of the person as a female (referred to as “autogynephilia”). These images can range from being a woman with female genitalia to that of a view of the self fully dressed as a woman with no real attention to genitalia. Women’s garments are arousing primarily as symbols of the individual’s femininity, not as fetishes with specific objective properties (e.g. objects made of rubber). Usually the male with Transvestic Fetishism keeps a collection of female clothes that he intermittently uses to cross-dress. This disorder has been described only in heterosexual males. Transvestic Fetishism is not diagnosed when cross-dressing occurs exclusively during the course of Gender Identity Disorder. Transvestic phenomena range from occasional solitary wearing of female clothes to extensive involvement in a transvestic subculture. Some males wear a single item of women’s apparel (e.g. underwear or hosiery) under their masculine attire. Other males with Transvestic Fetishism dress entirely as females and wear makeup. The degree to which the cross-dressed individual successfully appears to be a female varies, depending on mannerisms, body habitus, and cross-dressing skill. When not cross-dressed, the male with Transvestic Fetishism is usually unremarkably masculine. Although his basic preference is heterosexual, he tends to have few sexual partners and may have engaged in occasional homosexual acts. An associated feature may be the presence of Sexual Masochism. The disorder typically begins with cross-dressing as childhood or early adolescence. In many cases, the cross-dressing is not done in public until adulthood. The initial experience may involve partial or total cross-dressing; partial cross-dressing often progresses to complete cross-dressing. A favored article of clothing may become erotic in itself and may be used habitually, first in masturbation and later in intercourse. In some individuals, the motivation for cross-dressing may change over time, temporarily or permanently, with sexual arousal in response to the cross-dressing, diminishing or disappearing. In such instances, the cross-dressing becomes an antidote to anxiety or depression or contributes to a sense of peace and calm. In other individuals, gender dysphoria may emerge, especially under situational stress with or without symptoms of depression. For a small number of individuals, the gender dysphoria becomes a fixed part of the clinical picture and is accompanied by the desire to dress and live permanently as a female and to seek hormonal or surgical reassignment. Individuals with Transvestic Fetishism often seek treatment when gender dysphoria emerges. The subtype With Gender Dysphoria is provided to allow the clinician to note the presence of gender dysphoria as part of Transvestic Fetishism.”

Should laws be passed to protect “transgenders” from discrimination?

Legal protection against discrimination based on mental illness is not provided for any other disorder. Those who wish to assume a “gender identity” contrary to their biological sex are in need of mental health treatment to overcome such disturbed thinking, not legislation to affirm it. “Gender identity” legislation endangers the physical and mental health of the very people it is trying to protect. Physically mutilating the mentally ill is not the answer. For example, will healthy limb amputation, another mental disorder known as Body Integrity Identity Disorder (BIID), be the next protected class? (See Newsweek story: <http://www.newsweek.com/id/138932>)

Nor should we encourage men and women to consume life-long hormones in a daily battle to overcome their natural biology. Hormones cannot change the chromosomes that determine one’s sex.

Abolishing gender and making believe it doesn’t really matter for the rest of the population is also not the answer. One goal sought by gay groups is to ensure that transgenders of all types have legal access to the public bathroom of their choice, regardless of their actual birth sex. See <http://www.transgenderlawcenter.org/pdf/PIP%20Resource%20Guide.pdf> This can make public bathrooms and dressing rooms unsafe for women and children. It is a huge step backwards for women’s rights.

After disrupting their bodies with radical surgery and hormone pills, transgenders approach PFOX for help in leaving the transgender lifestyle. They need funds for gender affirming therapy, reversal surgery, and breast explants. If legislators want to protect transgenders, they can start by giving them the therapy they need.

What about “Intersex”?

Intersex is an extremely rare phenomenon associated with physical birth anomalies and can not be compared with the psycho-social psychiatric condition known as '**Gender Identity Disorder.**' Intersex is a birth anomaly while transgenderism is a psychiatric disorder.

Are children being encouraged to become transgender activists?

Yes, in a trend sweeping schools across the country, heavily funded gay groups are promoting gender identity activism. For example, see the Gay Straight Alliance's *Beyond the Binary -- A Tool Kit for Gender Identity Activism in Schools* at http://www.transgenderlawcenter.org/pdf/beyond_the_binary.pdf

Where I can get more information about GID?

<http://www.realityresources.com/>

<http://www.parakaleo.co.uk/>

www.syrogers.com

www.gendermenders.org

<http://help4families.com>

<http://transgenderintlfellowship.googlepages.com/home>

www.tjifhope.org

<http://groups.myspace.com/extransexaul>

<http://www.biid.org>

<http://law.bepress.com/cgi/viewcontent.cgi?article=8309&context=expresso> -- legal

www.pfox.org

[This Q&A was compiled by PFOX at www.pfox.org pfox@pfox.org]

¹ Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (Washington: American Psychiatric Association, 2000).

² Kate Bornstein, MY GENDER WORKBOOK: HOW TO BECOME A REAL MAN, A REAL WOMAN, THE REAL YOU, OR SOMETHING ELSE ENTIRELY 8 (Routledge,1998).

³ Sander Breiner, MD

⁴ (p. 575) "Paraphilias," Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (Washington: American Psychiatric Association, 2000).

⁵ Dr. Brian Leggiere, Transvestic Fetishism: Alternate Life-Style or Narcissistic Disturbance?

⁶ Sander Breiner, MD

⁷ Dr. Brian Leggiere, Transvestic Fetishism: Alternate Life-Style or Narcissistic Disturbance?

⁸ Matt Staver

⁹ (Singer, 1997)

¹⁰ Matt Staver, J.D. <http://law.bepress.com/cgi/viewcontent.cgi?article=8309&context=expresso>

¹¹ Matt Staver, J.D.,

¹² The International Journal of Transgenderism, IX. Hormone Therapy for Adults Volume 2, Number 2, April - June 1998 <http://www.symposion.com/ijt/ijtc04051.htm>

¹³ Walter Futterweit, *Endocrine Therapy of Transsexualism and Potential Complications of Long-term Treatment*, 27 ARCHIVE OF SEXUAL BEHAVIOR 209-18 (1998)

¹⁴ Jose' Biller, et al., *Ischemic Cerebrovascular Disease and Hormone Therapy for Infertility and Transsexualism*, 45 NEUROLOGY 1611, 1612 (1995); H. Asscheman et al., *Mortality and Morbidity in Transsexual Patients with Cross-Gender Hormone Treatment*, 38 METABOLISM 869 (1989).

¹⁵ Dr. Norman Spack, Boston Children's Hospital

¹⁶ Bradley, et al., *Gender Identity Disorder: A Review of the Past 10 Years*, 37 J. AM. ACAD. CHILD ADOLESC. PSYCH. at 878; Bernd Meyenburg, *Gender Identity Disorder in Adolescence: Outcomes of Psychotherapy*, 34 ADOLESCENCE 2-6 (1999); Max Sugar, *A Clinical Approach to Childhood Gender Identity Disorder*, 49 AM. J. OF PSYCHOTHERAPY 260 (1995).

¹⁷ Jerry Leach, counselor in Lexington, Kentucky, CrossOver Ministries

¹⁸ George A. Rekers, *Childhood Sexual Identity Disorders*, 15 MED. ASPECTS OF HUMAN SEXUALITY, 141 (1981); George A. Rekers, ed., HANDBOOK OF CHILD AND ADOLESCENT SEXUAL PROBLEMS 3-13 (New York: N.Y.: Lexington Books of Macmillan/Simon & Schuster, 1995). See also George A Rekers, *Gender Identity Disorder of Childhood*, in David G. Benner, ed., BAKER'S ENCYCLOPEDIA OF PSYCHOLOGY 446-48 (Grand Rapids, Michigan: Baker Book House, 1985).

¹⁹ American Psychological Association

²⁰ American Psychiatric Association Handbook of Mental Disorders full text: <http://www.mental-health-today.com/gender/dsm.htm>