The Cracked Crystal Ball II

A progressive voice shining light into the darkness of regressive politics. Pretty much anything will be fair game, and little will be held sacred.

Tuesday, February 10, 2009

Debunking Dr. Paul McHugh

One of the most infuriating things I run across all too often are arguments from religious conservatives that try to bash transsexuals based on the utterances of one Dr. Paul McHugh.

In particular, they like to cite a paper that McHugh wrote in 2004 for the NeoCon magazine "First Things". His article in "First Things" is a doozy - drawing conclusions that are astonishingly subjective.

> Those I met after surgery would tell me that the surgery and hormone treatments that had made them "women" had also made them happy and contented. None of these encounters were persuasive, however. The post-surgical subjects struck me as caricatures of women.

The short comment here is that in McHugh's view, transsexuals didn't measure up to his idea of beauty. For a supposed professional, working in mental health, McHugh should have long ago discarded such idiotic believes from his practice.

> First, 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. Second, discussion of babies or children provoked little interest from them; indeed, they seemed indifferent to children. But third, and most remarkable, many of these men-who-claimed-to-be-women reported that they found women sexually attractive and that they saw themselves as "lesbians."

Ummm...wow. There's more assumptions in that one paragraph than a pharmacy has pills. Starting off with the idea that transsexuals are sex-obsessed. In reality it doesn't work that way. Transsexuals have varying levels of interest in sex - and it's all over the map. Perhaps McHugh only remembers the conversations about sex because they piqued his curiousity. As for children, not everybody is cut out to be a parent; and some, are so distressed by their situation that the idea of creating the emotional space to care for a child isn't even a point of discussion. (I know several ladies who have no desire whatsoever to raise a family - period) As for his astonishment that someone might transition and identify as a lesbian, it only goes to underscore Dr. McHugh's limited understanding of the diversity of human sexuality.

> He [sic. Meyer] found that most of the patients he tracked down some years after their surgery were contented with what they had done and that only a few regretted it. But in every other respect, they were little changed in their psychological condition. 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.

Transition doesn't cure any problems that a person is dealing with besides the gender identity issues. To assume that it would is foolish and shortsighted indeed. I'll address how deeply flawed Meyer's study is later.

> One group consisted of conflicted and guilt-ridden homosexual men who saw a sex-change as a way to resolve their conflicts over homosexuality by allowing them to behave sexually as females with men. The other group, mostly older men, consisted of heterosexual (and some bisexual) males who found intense sexual arousal in cross-dressing as females.

Comment Policy

Comments are the opinions of their respective authors and do not represent any reflection of my own opinions and thoughts.

To manage the amount of comment spam, comments are moderated.

Blog Archive

So the idiocy that is J. Michael Bailey starts even earlier than I thought. Unfortunately for McHugh, there are a surprising number of transsexuals who don't fit into either category that he has so narrowly described.

Yes, it is reasonable to assume that a transsexual exploring the idea of transition would be curious about the sexual experience as a woman, and may well find that notion arousing. What is unreasonable is to claim that the arousal indicates a primary motivation for transition. Among other things, taking cross-sex hormones does all sorts of things to an individual's patterns of arousal.

> Having looked at the Reiner and Meyer studies, we in the Johns Hopkins Psychiatry Department eventually concluded that human sexual identity is mostly built into our constitution by the genes we inherit and the embryogenesis we undergo. Male hormones sexualize the brain and the mind. Sexual dysphoria — a sense of disquiet in one's sexual role — naturally occurs amongst those rare males who are raised as females in an effort to correct an infantile genital structural problem. A seemingly similar disquiet can be socially induced in apparently constitutionally normal males, in association with (and presumably prompted by) serious behavioral aberrations, amongst which are conflicted homosexual orientations and the remarkable male deviation now called autogynephilia.

More or less, McHugh is drawing conclusions from a deeply flawed follow-up study on transsexuals and from a second study which is based on reassignment of Intersex infants. What he completely fails to draw from the Reiner study that he refers to is the logical corollary to the study's findings - namely that a person's gender identity is wired at some fundamental level of the brain, and does not readily shape itself based on social cues. This is in fact the underlying persistence of the transsexual narrative in the first place. Why McHugh fails to see this reality is simply a clue to his view of the world. (and I would feel very sorry for anyone who had to deal with him as a therapist for gender issues)

While I agree that there is evidence that suggests parallels between transsexualism and various Intersex conditions, I think it is important to point out that for the most part, Intersex people do not seem to describe the kind of psychological distress about gender that transsexuals do. Although some experience something similar if they are inappropriately assigned a gender as infants, in general this does not appear to be the case among IS people.

Many point to the case of John Reimer as an example, and his case is neither about transsexualism or intersex conditions - and in many respects proves the notion that there is something about gender identity that is profoundly fundamental to us as individuals - and is not subject to being "changed" by our social environment.

> 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.

I think if McHugh were to park his assumptions that sex equals gender and gender is sexuality for a while, he might come to the realization that just maybe the transsexual is in fact reinforcing a kind of essentialism about gender that he claims the transsexual narrative violates.

McHugh likes to stand up and brag about how he had the Gender Clinic program at Johns Hopkins shut down in the late 1970s because he didn't think that transsexuals benefited from surgery (or transition, probably) at all.

McHugh's position flies in the face of research spanning close to twenty years before his decision to close the clinic at Johns Hopkins. It relies upon a single paper, which is deeply flawed:

> Because this publication is cited frequently by the professional and lay literature it seems important to us to demonstrate extensively why the results of this work are not very enlightening and cannot support the conclusions derived from them.
>
> The scoring system used by the authors is undifferentiated because it is, for example, not evident if an arrest happened because of cross-dressing or for real crimes; if the partnerships classified as gender-appropriate, resp., as nongender-appropriate were partnerships of operated that existed over the time period of the operation or they were entered into post-surgically; if they are living partnerships or sexual partnerships; if the surgical results permitted to have sexual intercourse or not and if the psychiatric contacts, resp., inpatient treatments, came about exclusively because of the persistent pursuit of the goal sex reassignment or happened because of other psychiatric illnesses. One does not learn, for example, if also the routine contacts to the care-providing psychiatrist are counted or not.
>
> The valuing done by the authors is absurd because, for example, the gender of the partner with whom a patient lived was evaluated pre-, resp., post-surgically as opposite. **A single who possibly was not capable of having a long-term relationship and not maintain it received a better score (0) than**

Harper: Bad For Canada
Ignatieff Differentiating Himself
More on the Lawrence King Murder
Harper Ignores Khadr ... Still
Crumbling PMO Organization?
Learning Moments
Microsoft and R&D Spending
Debunking Dr. Paul McHugh
This Comes As No Surprise
Science and Advocacy in Gender Politics
Reform Starts Within
U of C Campus Pro Life Charged With Trespass
More Conservative Chicanery
He Just Had To Poke Someone In The Eye
A Shortsighted Budget

► January (30)

► 2008 (478)
► 2007 (515)
► 2006 (497)
► 2005 (270)
► 2004 (105)

Obey Harper

Campaign 2015: Vote Conservative: Just Say No to Democracy Promotion

> **an MFT who had lived for years with a female friend (and had an intimate relationship?) and did this past the time period of the operation, but whose relation after the operation was evaluated as nongender-appropriate (-1). An inpatient psychiatric treatment was evaluated more negatively (-3) than a jail term (-2). The professional of plumber (Hollingshead job level 4) counted exactly as much as post-surgical "gender-appropriate marriage" (+2).**
> The tables and figures shared by the authors do not seem serious because after the scoring table a maximum of only eight minus and five plus points can be achieved, but in the results table (p. 1014) a range from -18 to +19 points is given. How these figures came about remains totally in the dark. The presumption made by Fleming et al. (1980) that every category could be scored multiple times, is negated by the following thought: It is imaginable that with a multiple evaluation a number of 18 minus points can come about - by three stationary psychiatric admittances (3 times -3) plus three jail terms (3 times -2) plus three "nongender-appropriate partnerships" (3 times -1). **It is unfathomable, however, how 19 plus points can be achieved with the scoring system,unless by, for example, five gender appropriate marriages (5 times +2) plus three different academic professions (3 times +3) within a follow-up study period.**
> One asks the question how it came about that a renowned professional publication published such opaque figure material. Meyer & Reter considered the shared data for the, in a sense, most objective data of their sampling and left out as good as all subjective statements of the follow-up study. It is possible that there was more to be learned from them.
>
> **Not without a problem is also the use of the not-operated as a control group, especially because 40% (14 of 35) of the not-operated had surgery in the course of the follow-up study and the other 21, even if not very decided, further pursued the goal to be operated.** If the operated, in the course of the follow-up study, were counted in the partial sample right away of the operated, the average follow-up study period would have been shortened. How the other results could have been changed by this cannot be fathomed; the authors do not have any comments or calculations for this (comp. the remarks to the publication by Edgertom & Meyer [1973] and the critiques by Fleming et al. [1980], Lothstein [1982] and Abramowitz [1986]).

In short, McHugh's conclusions are based on even more limited data about transsexuals than normal, and it is based on what are clearly very flawed methods for gathering and quantifying the raw data.

Meanwhile, by far the majority of follow up studies (at least up to 1990/91) draw very different conclusions than does McHugh.

Worse yet, by McHugh's own admission, he wasn't going to look at anything to do with transsexualism objectively. His decision was already made by 1975.

> This interrelationship of cultural antinomianism and a psychiatric misplaced emphasis is seen at its grimmest in the practice known as sex-reassignment surgery. I happen to know about this because Johns Hopkins was one of the places in the United States where this practice was given its start. It was part of my intention, when I arrived in Baltimore in 1975, to help end it.

This is not someone whose opinion is objective at all. He had already drawn his conclusions, and no doubt directives to Dr. Meyer's team resulted in a study that fails the 'null hypothesis' test and is deeply flawed. In short, McHugh set out to find evidence to support his position, and didn't actually give one whit to the fact that his position was at odds with the conclusions of a lot of other researchers.

Posted by MgS at 2/10/2009 12:32:00 PM

Labels: Dr. Paul McHugh , Gender Identity , GLBT

No comments :

Post a Comment

Links to this post

Create a Link

Articles and Essays

Societal Dysfunction and Why We Need Food Banks

Harper and the TheoCons I

Harper / CPoC Questions I

Harper / CPoC Questions II

On Psychological Care In Managing Gender Dysphoria

Walt Heyer, Detransition and WPATH SOC

Scripture and Transgender Issues

Sexual Identity Theory

Proving or Disproving Gender Identity

Transgender Critique of Butler's Notion of Gender

Why "My Genes Made Me Do It" Misses The Point

Debunking Talking Points I

Debunking Talking Points II

Debunking Talking Points III

Affiliations

Progressive Bloggers Blogues Progressistes

Visitations

Followers

Newer Post Home Older Post

Subscribe to: Post Comments (Atom)