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JENNIFER FULWILER

Transsexuals, Extreme Plastic Surgery, and What We Can Learn from Both

BY JENNIFER FULWILER Wednesday, June 13, 2012 4:41 AM Comments (228)

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Over the past couple of years I've been watching two related themes play out in popular culture: The increasing acceptance of gender-reassignment surgery, and the increasing rejection of extreme cosmetic plastic surgery.

A father who lives as a woman after having his male organs removed through surgery is highlighted as having done something necessary and even admirable; but a woman who undergoes extensive surgery because she believes that she was meant to look like a "Human Barbie" is scorned, and even kicked off of a popular television show while being called "dreadful" by the host.

It's interesting that in the case of extreme cosmetic treatments, society seems to think that it is only a superficial remedy that does not accomplish any real transformation. A woman who wants to have much darker skin than her natural shade, for example, is seen as having made only a superficial change, one that in fact disrespects the body she was given. If a person of Asian descent believed that she was meant to be Caucasian, and underwent the increasingly popular type of surgery that would alter her physical features in an attempt to achieve that goal, she would be seen as doing something self-destructive. Yet as soon as the surgery moves to the realm of genitalia, it is seen as a positive and effective solution that accomplishes the patient's transformation goal.

I think that we, as a society, should take a closer look at our contradictory views on these two related issues, because we can learn something from our reactions to both types of situations.

We should take our newfound cultural empathy for transgendered individuals, and apply it to everyone who feels that they were born into the wrong body. To experience a fundamental discomfort in your own skin, whether it's with your ethnicity, your gender, your body type, or any other God-given attribute, is no small cross to carry. People in these situations need love and support, not ridicule.

I think we should also consider our unease with non-genital extreme plastic surgery, and ask ourselves if the same principles perhaps apply to gender-reassignment surgery. It is now taken for granted, at least by popular media, that it is *possible* to change your gender through surgery. I worry that this misconception is as dangerous as if it were to be accepted as true that it is possible to change your ethnicity through surgery: More people might be tempted to make irreversible changes that wouldn't accomplish their goal, and that they may one day regret. A post-op transsexual who was born male wrote in a forum for those who wish they had not had

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About Jennifer Fulwiler

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Jennifer Fulwiler is a writer from Austin, Texas who converted to Catholicism after a life of atheism. She's a columnist for *Envoy* magazine, a regular guest on the Relevant Radio and EWTN Radio networks, and a contributor to the books *The Church and New Media* and *Atheist to Catholic: 11 Stories of Conversion*. She's also writing a book based on her personal blog, ConversionDiary.com. She and her husband have five young children. You can follow her on Twitter at @conversiondiary.

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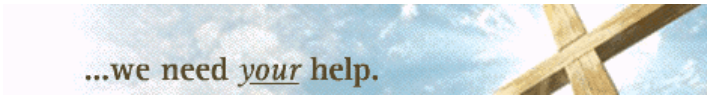
sex-change operations:

> What really drove the point home for me was the realization that it required eight hours on an operating table to make my genitalia appear to be female. That pretty much tells me that I'm NOT female at all. If I were female, why wasn't I born with female genitalia? Sure, there are some intersexed people with ambiguous genitals, but I'm not at all intersexed. My chromosomes are the normal male XY, with absolutely no abnormalities.
>
> The reality is that I'm male, and no amount of surgery changes that fact.

I applaud the gentleness with which our culture now treats transgendered and transsexual individuals, and wouldn't want to see that change -- I would only like to see that empathy extended to all those who feel that they were born into the wrong body. And, most urgently, I would like to see a careful examination of the currently-accepted idea that one can change his or her gender by going under the surgeon's knife. I worry that this widespread misunderstanding of such a fundamental issue is causing a great cultural confusion about the real meaning of gender, and will only add to the hardship of those who are already hurting.



Filed under plastic surgery, transgender, transsexual

Comments

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Posted by Emily on Wednesday, Jun 13, 2012 6:32 AM (EST):

First, I want to say that you have no understanding of the topics you are discussing. I am a transsexual and one day soon I will be having that surgery and I am a father. I am not changing my gender by this surgery. I am changing my sex to match my gender. You see gender is an inate sense of self developed in the mind or spirit and it is fixed and can not be altered by any amount of praying or psycho therapy. I know because I have been trying both for most of my life. Body Dysmorphia, Anorexia Nervosa, and Bulimia Nervosa however can be treated by psycho therapy and establishing or improving a relationship with a Higher Power. I know this because I am suffering from Anorexia Nervosa and I am in an intensive treatment program as I write this.

I am now in a closer relationship with my heavenly father than I have ever been in my life! Why? Because I am walking in his light and working his plan for my life. I have proof that what I am doing is right for me because I am experiencing the fruits of the Spirit, which I never had in my life before beginning my transition at age 39. You may doubt me if you choose, but I know that I am right with my God and I am finding Joy and happiness in my new life as Emily.

Posted by Tim on Wednesday, Jun 13, 2012 8:18 AM (EST):

Gender reassignment surgery makes sense if one believes that the mind and body are completely separate entities (as though the body is a kind of personal property at the behest of the mind). In such a case, it's perfectly natural to want to "conform" the body to the mind. But I agree that it doesn't make sense to condemn unnecessary plastic surgery if you hold this distinction between mind and body.

Of course the Catholic tradition holds that they are not distinct entities and goes along with St. Thomas Aquinas in saying "the soul is the form of the body." Personally I think this is a healthier philosophy to have, but it can be difficult for many to accept the body they have rather than the body they want.

Posted by Emily on Wednesday, Jun 13, 2012 8:54 AM (EST):

You site a great Catholic saint who was a wise man, but it was the Apostle Paul who makes the distinction between the spirit and the body and places greater superiority with the spirit. If my spirit is female than it makes total sense for me to desire to conform my body to my spirit. God knit me together in my mother's womb and men know not the mystery of how this happens. But we do recognize that biology is not perfect since the fall of man in Genesis, yet I am to be held a prisoner to the body. Heaven forbid! Christ died for my sins and to break the chains of legalism. I am allowed through the doctrine of Christian Liberty to bring my body into conformation with my spirit and that is all that I seek to do. The qoute provide in this storie says nothing about the validity of SRS except for the person who wrote it. We also do not know if this person followed the recommended timeline and sought out expert guidance before going through the procedure.

Posted by MarylandBill on Wednesday, Jun 13, 2012 9:27 AM (EST):

BLOGS
Why Don't We Dress Up Anymore? (9200)

BLOGS
Final Solution? Infant Circumcision Outlawed In Germany! (8641)

BLOGS
Beware the Habit of Irony (7469)

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The thing that always strikes me about sex reassignment surgery is that it is considered a treatment for Gender Identity Disorder—i.e., a mental disease. I know of no other mental disease where the treatment is surgery meant to make reality resemble the sufferers beliefs.
From a Christian perspective, obviously, I want to give as much compassion as possible to people who are suffering, regardless of what they are suffering from. But I also have to ask questions. What is the source of Gender Identity Disorder? Can God really have put people in one body and then make then "spiritually" a different gender? I don't believe so. I think Gender Identity Disorder, like all disordered beliefs and desires (and we all have far more of those than we ever care to admit) is a result of our fallen natures. We are often called to fill roles that don't necessarily match how we feel (How many parents over the years have had to be the responsible ones when secretly they wish they could be as carefree as their children?).

Posted by Tim on Wednesday, Jun 13, 2012 9:36 AM (EST):
Emily, I cannot agree with such a Gnostic concept that one is "held a prisoner" in his or her own body. God would not condemn any of His children to a "prison" from birth and I doubt St. Paul would say otherwise.

Even though many of us are dissatisfied with our bodies, we should conform our minds or spirits to God's creation, and not conform God's intention to our own desires. I know it can be quite a hardship for many, especially for those raised in our culture, but I seriously doubt conforming God to ourselves will bring happiness.

I pray that you seriously reconsider undergoing this surgery especially if you are currently suffering from, and being treated for, Anorexia Nervosa. I also pray that you overcome your Anorexia Nervosa.

Posted by Tim on Wednesday, Jun 13, 2012 9:38 AM (EST):
Sorry, I may have been thinking of "Manichean" and not "Gnostic" above.

Posted by momofthree on Wednesday, Jun 13, 2012 9:43 AM (EST):
Emiliy,
I suffered terribly from for Anorexia and Bulimia for many years. I overcame it, but not through any outward physical changes. I wish that you can overcome your eating issues…I think they are perhaps, not dependent on your physical attributes. One can get well. I am living proof of that.

Posted by Emily on Wednesday, Jun 13, 2012 9:44 AM (EST):
There is now a growing body of evidence that is proving a biological eitiology of Gender Identity Disorder. It is becoming evident that as the fetus develops its sex at about 6 weeks post conception for reasons such as an insensitivity to testosterone or in my case less than perfect sensitivity to testosterone prevented fully sexulaizing body and brain as male. Thus I have a brain that follows the female pattern and a body that developed male as that is my geno type. I am not one to label this a mistake because I don't believe God is capable of making a mistake. But, rather believe he knew what he was doing in giving me a challenge that I would have to overcome and providing a path that includes doctors capable of correcting a biological imperfection. Transsexuals are nothing new. We have been a part of humanity since the fall. I am now at peace with my trans nature and believe I can bring something good to the world because of my experience living life as two sexes.

Posted by Emily on Wednesday, Jun 13, 2012 9:59 AM (EST):
Clearly there is a great theological divide between us Tim, but as we both stand befor the Holy Throne of God the Father I will give you a hug as a Christian Brother. We must all walk in the light and understanding that we are given. Sin enters our life when we do that which we know to be wrong and for me after living two years as Emily I know to live as Brandon anylonger would be wrong because that is not my path that God has given me the light to see. I do hope that you can understand that.
Thank you all for your prayers

Posted by Kathleen on Wednesday, Jun 13, 2012 10:58 AM (EST):
Dear Emily,
This is not a subject I have great understanding about & i won't enter into the conversation beyond this, but I want to commend you for discussing it in a courteous & charitable way.That's hard to find in many posts & especially in articles about this subject.
God bless you.

Posted by Kris, in New England on Wednesday, Jun 13, 2012 11:02 AM (EST):
On the subject of the Human Barbie being scorned - she isn't scorned, necessarily, for her own desire to look like a Mattel doll. She is roundly scorned - and rightly so - for gifting her daughter plastic surgery

procedures. Her daughter is, I believe, 10 years old. The mother by her own admission says that her daughter will have to wait until she is 16 before she can use any of the vouchers. In the meantime, the mother's entire M.O. with her daughter is centered on appearance. Which is a monumental problem among young girls - their self esteem is battered enough with unattainable imagery. To have their own mother encourage them to change their appearance when they are just children ... is grotesque.

Posted by Michael on Wednesday, Jun 13, 2012 11:05 AM (EST):
THANK you for bringing this to people's attention! I wish I had seen this back before I returned to the Church, because even back then when I supported the goals of the so-called "GLBT" movement, it occurred to me that I could not think of a single logical argument for "sex-change" operations that did not also support cosmetic surgery, something which I knew I was against and would never change my mind on that. Likewise, I could not think of a single logical argument against cosmetic surgery that was not also arguing against "sex-change" operations. I had difficulty reconciling these two contradictory beliefs in my mind, and only God pointed it out to me, no human being did—and again, this was at a time when I was apostate from the Church and supported the aims of the "GLBT" movement. Again, thank you for pointing this out, so that others may not fall into the same trap!

Posted by Nicole on Wednesday, Jun 13, 2012 11:13 AM (EST):
The Human Barbie was not deemed "dreadful" for her own addiction to plastic surgery but rather for her parenting of her daughter. She gave her 6-year-old daughter pole dancing lessons, gives her money for her plastic surgery fund every birthday and allowed her now 8-year-old to get forehead Botox so she doesn't sweat when she's on stage in beauty pageants. That's a whole different ballgame.

Posted by gina on Wednesday, Jun 13, 2012 11:30 AM (EST):
"I worry that this widespread misunderstanding of such a fundamental issue is causing a great cultural confusion about the real meaning of gender, and will only add to the hardship of those who are already hurting."

Um, no Jennifer, it's people with your attitudes who are doing that. FYI there's nothing gentle or compassionate shown in your article (your delusion to the contrary), it's nasty, smug and proudly ignorant through and through. Btw, the "transsexual" person you quote has admitted he was mentally ill and lied to his therapists about being trans in the first place, so your "expert" witness, in fact, knows nothing first-hand about what trans people go through.

Posted by Tim on Wednesday, Jun 13, 2012 11:52 AM (EST):
@gina: Assuming Jennifer's article is as you say (which I don't believe it is), it's hard to fault someone for trying to make sense of modern controversies in light of her faith and who encourages empathy and gentleness toward people who want gender reassignment surgery.

The truly "nasty, smug and proudly ignorant" thing to do would be to pretend such people don't exist… or maybe just dismissing them with name-calling.

Posted by merno on Wednesday, Jun 13, 2012 12:03 PM (EST):
Correctomundo! I believe your thesis also. These people deserve the utmost happiness, and none of us ever obtain that by doing what we want necessarily. There is always a higher mark to achieve, a goal, an objective. Or, just because the kid has his hand in the cookie jar doesn't mean we must give him a cookie to make him happy.

Posted by priest's wife on Wednesday, Jun 13, 2012 12:17 PM (EST):
jennifer- I don't really have anything to add…but your last post and this one are rather brave…I would be afraid to check my com-box if I wrote like this

Posted by helen on Wednesday, Jun 13, 2012 12:21 PM (EST):
Do we forget to mention that even though someone goes thru the knife to change their genitalia, they still have to take hormone therapy for the rest of their lives so their natural born feature will not regress back to it's original form. You can change reproductive organ superficially but you can't change the hormones that is produce in the brain naturally. So in turn when a person isn't able to provide for itself the medication that makes them like so they will regress to what was so even plastic surgery can't stop that..Something to think about…

Posted by Calah on Wednesday, Jun 13, 2012 12:43 PM (EST):

This is a remarkably careful and gentle post. There is absolutely nothing smug or nasty about it, from an objective point of view. Well done. I also agree with everything you say and applaud you for saying it. I continue to be astounded by the genuine compassion shown for all human beings by so many of the Catholics I have come to know. It's a refreshing change from other faith traditions, and from some traditions of no faith.

Posted by Jami on Wednesday, Jun 13, 2012 12:56 PM (EST):

How can any human say that they know what is in the mind of their Creator? Just because someone doesn't THINK that God would give me the body/sex of a man but the mind/gender of a woman does not mean that it isn't so. I KNOW it's so because I lived it. Contrary to what many believe, sex and gender are NOT the same thing and sometimes aren't congruent. No person can tell what is in the mind of another human, much less in the mind of God. If you believe that God does not make mistakes, then you have to believe that people like Emily and me and thousands of others are exactly what we are supposed to be, even though we have to work hard to get there. I know that, like Emily, since I started living my life to reflect the gender that I have known since I was a child was correct for me, I have found a great peace.

Posted by Jami on Wednesday, Jun 13, 2012 1:06 PM (EST):

@helen - How is the fact that transfolks - both men and women - must take estrogenic or androgenic hormones any different than the fact that other people must take insulin or thyroid hormones to stay healthy? Or even that many NON-transgender individuals must also take estrogen or testosterone? The fact that such medical solutions exist and that they save and/or prolong lives should be proof that God has intended for us to utilize them.

Posted by momof3 too on Wednesday, Jun 13, 2012 1:26 PM (EST):

I agree with Gina I do see some ignorance in this article. First of all, come clean about the whole barbie mom story. With the info others have given it does paint a more accurate picture. It bugs me when people misuse info to try to get their point across.

It is very important people know that not everyone who has had this surgery is happy. They must know the WHOLE truth before they make decisions. I don't know much about this but I do know that the world is not as black and white as the Catholic Church thinks it is.

If you stop and think for a minute there are websites devoted to all kinds of thing people regret. They can include homeschooling, public schooling, being Catholic, having had obesity treatment surgery or plastic surgery, having had a vasectomy or reversal. There are many people who are both happy and unhappy with their decisions. This does not prove it is wrong for everyone.

Posted by anon on Wednesday, Jun 13, 2012 1:32 PM (EST):

Jami,

The difference is that medication like insulin is used to correct an organic pathology. Taking hormones after plastic surgery, as discussed here, is not correecting any organic pathology. The drugs are used to keep up the appearance.

Posted by dritte on Wednesday, Jun 13, 2012 1:38 PM (EST):

I think this is a particularly difficult subject to broach because people who would want to cosmetically alter themselves to appear as members of the opposite sex (and it is only appearance that's being changed)suffer from a psychological disorder that they won't admit is a psychological disorder. Further, they've influenced the politically correct left to use intimidation and political muscle to make psychologists pretend along with them that they are really the opposite sex "on the inside." Theologically, God makes men with male souls and women with female souls. He doesn't play games with our souls or make defective ones. The only time we should be talking about surgery is if someone is born with physical defects that give them the traits of both sexes. But, because of the "everyone with a Bible gets to make his own truth" version of Christianity, making a theological argument is hard because those like "Emily" know the lingo of sola scriptura. I do think we need to have compassion. But, we should absolutely refuse either personally or as a society to pretend that people really are changing their sex and that they have anything other than psychological problems that need psychological treatments not surgery.

Posted by JoAnna on Wednesday, Jun 13, 2012 1:56 PM (EST):

Emily, the genes that determine a human being's sex are present at conception. I don't know where you're getting your information that sex genes aren't present until 6 weeks gestation, but that's incorrect. See http://www.ehd.org/dev_article_unit1.php

Posted by Bonnie on Wednesday, Jun 13, 2012 2:19 PM (EST):

I wonder how a person whose genetic makeup is XY, male, can feel like a female when every cell is male.

Do we know where that sense of self resides? If it's in the genes, then an XY means male, no matter the feelings. But - maybe there's more to it than that. Maybe there's a hormonal component, a nurturing component, an experiential (word?) component, or a complex interaction of all three. As with so many things, we just do not know. Therefore, we are required to behave in a compassionate way, not judging but accepting the person's own response to his or her conscience. We don't need to make a judgment, and we're not supposed to. Maybe some day we will understand why this happens and can more easily help the person whose sense of self doesn't match his or her physical body.
On the grand scale of things, we know next to nothing about everything. Einstein's theory conflicts with quantum physics. Evolution is JUST a theory. We know little and have to keep on trying to do our best within our limits.

Posted by Emily on Wednesday, Jun 13, 2012 3:04 PM (EST):

Helen,
You are a little bit mistaken. Yes it is true that post-op I will have to take hormones for the rest of my life, but it is for the same reasons that a woman has to take estrogen after having a hysterectomy for mental balance and to prevent osteoproresis. I won't have to worry about any kind of remasculinzation if I didn't. I was not very masculine before starting hormones.
Life can be hard for everyone and I am not trying to say that my suffering was any greater than what others suffer, but I could not live another day as Brandon. SRS in itself is not a cure for a disorder, but is for some people a part of it. I know that I have to develop a life outside of just being a woman to find happiness and satisfaction and I am working hard at doing just that.

Posted by Emily on Wednesday, Jun 13, 2012 3:12 PM (EST):

You misunderstood what I was saying. The genes are there at conception, but until the body starts to produce testosterone at 6 weeks post conception the fetus is the same male or female. It is the sensitivity. To testosterone that causes the female sexual organs to reabsorbe and the male ones to fully develop and the testes to mature and decend. If I am not explaining it well I am sorry, but I am a subject matter expert on this as it is so personal to my own story.

Posted by anna lisa on Wednesday, Jun 13, 2012 3:27 PM (EST):

I can't even imagine the burden of what someone like Emily has had to deal with. Could God allow someone born male to have a female spirit? He certainly has allowed a huge array of other anomalies. So I would never have the audacity to argue that this isn't possible. I have also known very feminine men who were heterosexual and very masculine females who were heterosexual. The perfection that we will *all* come to some day will probably make us *all* blush, when we consider the crudeness of our earthly selves. Of course, I believe the church's wisdom on sexual morality applies to everyone without exception, nobody gets a "free pass" to live a life that is sexually immoral. GLBT must live sexual chastity like everyone else. Saint Catherine of Sienna once was granted by God a vision of a woman's soul who had formerly led a life of derision toward others,and in particularly against Catherine. Through suffering terribly at the end of her life,and being tenderly nursed by Catherine, she had changed. St. Catherine said that her soul was so beautiful as it departed for heaven that she believed at the moment that she was seeing God Himself.

Posted by Jami on Wednesday, Jun 13, 2012 4:19 PM (EST):

@anon - Emily has already addressed this, but you are wrong. If I stop taking my low dosage of estrogen, I will not revert to any kind of masculine appearance: my breasts won't disappear (and they're not implants), I won't go bald, I won't regrow my beard or body hair, my muscles won't bulk up, none of that. What will happen, though, is exactly what most women go through when they stop getting estrogen: hot flashes, night sweats, extreme mood swings. In other words, menopause.
Just for information, sex chromosomes come in a number of combinations other than XX or XY, including XXY, XXYY, XXX, XYY, and X. There are also other genes now known to be involved in the determination of sexual characteristics, most notably SRY. There are also conditions (androgen insensitivity syndrome, XX male syndrome) where individuals with perfectly normal XX and XY chromosomes develop into the sex opposite to the one that their sex chromosomes would normally dictate. Biology is far from being a black and white process.

Posted by Jami on Wednesday, Jun 13, 2012 4:31 PM (EST):

At one point in our history, menstruating women were said to be suffering from a psychological disorder. Until recently, homosexuality and autism were classified as psychological disorders. Not that long ago, those who suffered from cerebral palsy or Parkinson's or Alzheimer's were classified as having psychological disorders, not physical ones. There are even those who say that the saints who reported hearing the voice of God instead suffered from psychological disorders. Man's attempts to classify and label the infinite variety of our natural world, especially the things we don't understand, are always going to be found wanting.

Posted by Esther J on Wednesday, Jun 13, 2012 4:33 PM (EST):

This is a hard one for me. I'm a teacher so I like to keep abreast of things that could be/are affecting children and young people.

In the last few months these two pieces have struck me, both on young children, seemingly from stable, loving families, identifying not with the sex in which they were born:

"Transgender at Five"

http://www.washingtonpost.com/local/transgender-at-five/2012/05/19/gIQABfFkbU_story.html

"Led by the Child Who Simply Knew"

http://articles.boston.com/2011-12-11/lifestyle/30512365_1_twin-boys-transgender-jonas

As I read these children's stories, my heart ached. I don't know what could be done for them.

Posted by Christine on Wednesday, Jun 13, 2012 4:33 PM (EST):

There is considerable difference between being born the wrong sex and not liking how you look. Women who go through extreme plastic surgery to look like Barbie dolls belong in the same stream as anoretics, and others who are overly influenced by how they think others look at them.

.

Transsexuals who go through with their operations know who they are inside and want to show others who they really are. They are expressing themselves and not trying to conform for the approval of others.

Posted by Emily on Wednesday, Jun 13, 2012 4:59 PM (EST):

I want to thank you all for the compassionate and calm tone to this discussion. I wasn't sure how my response this mornig would be taken on this board.

Posted by Lawrence on Wednesday, Jun 13, 2012 5:15 PM (EST):

There have been quite a few rebuttals of the "Barbie Woman" analogy, but I would like to see more discussion of the analogy of those who undergo surgery to look like a different race.

-

To those who support gender reassignment surgery: If an African-American woman wanted surgery to look Caucasian because she believed that she was meant to be white, would you consider that to be a healthy and positive decision? (Honest question. Not trying to be inflammatory.)

Posted by Sylvia on Wednesday, Jun 13, 2012 6:06 PM (EST):

I heard that Buddhist monks say it is the spirit that has to accept the body it has been given. One should not seek to alter the sex of the body, or the color, etc. In order to progress on a spiritual path, the soul, though it may feel it is feminine and in the wrong sex body, should accept this for it's own good.

Posted by Sylvia on Wednesday, Jun 13, 2012 6:08 PM (EST):

P.S. I am Catholic, but found what Buddhist monks said in this regard wise.

Posted by Zoe Brain on Wednesday, Jun 13, 2012 6:35 PM (EST):

I hope extracts from two scientific articles will help understanding here.

First, regarding "genetic sex". The idea that if someone has XY chromosomes, thy must be "really" male.

"A 46,XY mother who developed as a normal woman underwent spontaneous puberty, reached menarche, menstruated regularly, experienced two unassisted pregnancies, and gave birth to a 46,XY daughter with complete gonadal dysgenesis."—J Clin Endocrinol Metab. 2008 Jan;93(1):182-9.

I think we can all agree that to say that a mother who's given birth to three children is "really male" just because of her chromosomes is absurd.

Second, whether Transsexuality is a "mental illness" caused by environment after birth, or a congenital mismatch between anatomical body parts, a form of Intersex where the body is partly male, partly female:

Sexual Hormones and the Brain: An Essential Alliance for Sexual Identity and Sexual Orientation Garcia-Falgueras A, Swaab DF Endocr Dev. 2010;17:22-35

The fetal brain develops during the intrauterine period in the male direction through a direct action of testosterone on the developing nerve cells, or in the female direction through the absence of this hormone surge. In this way, our gender identity (the conviction of belonging to the male or female gender) and sexual orientation are programmed or organized into our brain structures when we are still in the womb. However, since sexual differentiation of the genitals takes place in the first two months of pregnancy and sexual differentiation of the brain starts in the second half of pregnancy, these two processes can be influenced independently, which may result in extreme cases in trans-sexuality. This also means that in the event of ambiguous sex at birth, the degree of masculinization of the genitals may not reflect the degree of masculinization of the brain. There is no indication that social environment after birth has an effect on gender identity or sexual orientation.

Posted by Zoe Brain on Wednesday, Jun 13, 2012 6:47 PM (EST):
"I can't even imagine the burden of what someone like Emily has had to deal with. Could God allow someone born male to have a female spirit?"

He certainly allows some people to change sex naturally.
http://www.usrf.org/news/010308-guevedoces.html

Whether such individuals get Transsexuality as the result, or have it cured, depends entirely on the anatomy of their brains. Both happen.

I'm sorry to say that, from personal experience, the Church does not handle such situations well. Neither does the law. I can't blame the Church overmuch, at least, not for their lack of scientific knowledge in this area. I do blame those who lack Charity though.

Posted by Emily on Wednesday, Jun 13, 2012 7:15 PM (EST):
Just for the sake of discussion. This is a true dilema that I face. Who do I choose as a mate. For those in the church that recognize me as a woman I should be with a man and for those who don't they would see that type of relationship as a homosexual one. Either way others will have a problem with the type of relationship I have. I am happy with my decision to be a girl and I believe that is what God desires for me. Than am I given the freedom to choose my mate on the basis of love alone and not care about what others view it as..

Posted by Zoe Brain on Wednesday, Jun 13, 2012 7:28 PM (EST):
I should mention that my objectivity here has to be questionable.

I have 3BHSD (the 3-beta-hydroxysteroid-dehydrogenase deficient form of congenital adrenal hyperplasia). Like 17BHSD - 17-beta-hydroxysteroid-dehydrogenase deficiency ; or 5ARD - 5-alpha-reductase deficiency ; this can cause a "natural sex change". 5ARD and 17BHSD go from female looking at birth to male looking later, 3BHSD can go in either direction.

For me, the natural change (incomplete as in nearly all such cases) was a blessed relief. Like Emily, I'd lived with the peculiar Hell of Transsexuality all my life, bearing my cross as best I could, telling myself that there are worse things than being a girl with a boy body.

Cancer, blindness, quadraplegia, and so on. Losing a child. Yes, far worse things, and others cope. I could too.

My situation was not as bad as Emily's, I'm not a very female female. I could live with it. In misery, just wishing for an early death, but able to continue in the hope that I might be able to help others, and thereby make this whole perverse and horrible nightmare meaningful.

And even though I don't deserve it, while those like Emily do, I got a miracle of sorts. My body normalised, mostly. I'll never win any beauty contests, "plain" doesn't begin to describe it, but at least I can look in the mirror without bursting into tears. I don't wake up in the morning and have moments of terror, wondering where my breasts have gone, and why are there things down there that shouldn't be there. Something I'm sure Emily is familiar with.

People are not supposed to change sex like this, according to the law. They're supposed to have surgery, jump through all sorts of hoops, psychological examinations required by law in some places first, and in others (such as Tennessee) they're just not allowed to do it at all.

The Church has varying views on this - officially Transsexuality is supposed to be an entirely mental illness, any surgical change purely cosmetic, but allowable if that's what it takes to keep the patient alive.

People like me aren't supposed to exist.

More usual Intersex people, those born with obviously mixed anatomy, are all supposed to be mentally handicapped, incapable of giving informed consent to marriage, no matter how many PhDs they might have.

"People suffering from Turner syndrome, Klinefelter syndrome and things of that ilk are typically infertile or regarded as being mentally handicapped in some way. Many things about marriage require people to have the capacity to consent to what marriage is all about, so a significant mental incapacity might be something that might mitigate against a person being able to consent to a contract of marriage. "—Director of the Life, Marriage & Family Centre Mr Meney, Catholic Archdiocese of Sydney, in testimony to the Australian Senate
Sigh. Eppur si muove.

Posted by Susan Mathis on Wednesday, Jun 13, 2012 10:02 PM (EST):

I come from a lifetime of evangelical Christianity. During most of my life I have heard many, many people talk about what they believe God's will for their lives is. For some, that has meant abandoning families, leaving marriages or even stealing. However, I know just as many sincere and well meaning believers who believe that these people are completely wrong. So how are we to know the difference? Emily places a lot of emphasis on her sense of God's will. Is this really good enough? What happens, then, if two people read the same scripture and apply it two different ways? How do we know who is right?

These are the questions that led my family and I into the Catholic Church this past October. I ultimately realized that if my sense of what is right and wrong, formed during my 48 years of life as an individual, disagreed with 2000 years of church teaching, chances are, I'm the one that's wrong.

Posted by Geoffrey Miller on Wednesday, Jun 13, 2012 10:14 PM (EST):

I think Jesus points the way in Matthew 19:10-12. He acknowledges that God does indeed permit certain sexual irregularities ("For there are eunuchs who have been so from birth"), but marriage is not a teaching that is given to them. Therefore, I believe that such individuals may validly seek SRS with the caveat that they live out a call to celibacy, as they are not able to reproduce naturally. Legitimate medicine must always aim to return the person to a natural, healthy, balanced state, and in these situations, it seems SRS would meet the criteria.

I humbly submit my opinion to the judgment of the Church, if I am mistaken.

Posted by enness on Wednesday, Jun 13, 2012 10:15 PM (EST):

Having done some reading on this before, I was under the impression that Klinefelter, Turner, etc. were not known to cause or correlate with the persistent belief that one is the wrong gender (not homosexuality, either). Granted, there is the problem of small sample size. Not surprisingly, a prenatal diagnosis is often considered reason to abort. On top of that, 99% of babies with Turner syndrome apparently die spontaneously in the first trimester—girls who live seem to get the lion's share of physical deformities, too, while boys may or may not have any symptoms.

I realize this is a very complicated, sensitive, and personal subject so I'm treading carefully to avoid implying anything unintentional, but I *do* express some skepticism that these syndromes are really so common as to justify their invocation every time the topic comes up. Yes, it's possible, but how many people are actually getting tested?

Posted by Fr. Bryan on Wednesday, Jun 13, 2012 10:34 PM (EST):

The sad reality about this - and the thing that worries me most about Emily's situation - is that men and women who seek sex reassignment surgery rarely receive the desired results. Thinking that this will give them a "normal life" they often find themselves with deeper struggles than they started out with. It saddens me that these people, who are seeking a better way to live as we all are, make such drastic choices and wind up feeling completely let down by the results. It just doesn't bring the happiness they are looking for. This plays out very often and rarely ends well.

Most of the studies that I have seen that report and analyze the effect of sex reassignment surgery are not long term studies. If they were I don't think anyone who understood them would recommend anyone get the surgery.

So, with that, Emily, I beg you to reconsider your plans to seek sex reassignment. I really don't think it is the answer to the discomfort you face. And Kudos to Jen for writing about this topic.

Posted by Das Erlebnis on Wednesday, Jun 13, 2012 10:39 PM (EST):

"Sticking feathers up your butt doesn't make you a chicken." - Tyler Durden

"You will know a tree by its fruit." - Jesus Christ

Hey, cool, I never thought I could use Tyler Durden and Jesus Christ in the same sentence!! Lol

Posted by Fr. Bryan on Wednesday, Jun 13, 2012 10:48 PM (EST):

Geoffrey Miller -

The Church hasn't given us much on pastoral care of transgendered individuals, but if it does I doubt it would see it the way you outline it. One of the issues is whether or not it is acceptable to destroy a healthy, naturally functioning part of the body. Long story short, it isn't, so sex reassignment surgery would most certainly be considered immoral on these grounds alone.

Catholic Bioethics Quarterly put out a great article on this a few years ago. No, it isn't a magisterial work, but I think it makes a good case: http://couragerc.net/Transsexual_Issues/Sex_Reassignment.pdf

Posted by Mr. Patton on Thursday, Jun 14, 2012 12:01 AM (EST):

Matthew 5:29 -30

29 And if your right eye scandalize you, pluck it out and cast it from you. For it is expedient for you that one

of your members should perish, rather than your whole body be cast into hell. 30 And if your right hand scandalize you, cut it off, and cast it from you: for it is expedient for you that one of your members should perish, rather than that your whole body go into hell.

Posted by Emily on Thursday, Jun 14, 2012 12:21 AM (EST):

To say it that it is wrong and offer no other solution than suck it up and live with it is just foolish. I have been a born again Christian since I was 13. I have prayed for deliverance from this and at 39 God showed me that I can have that deliverance if I stop fighting Him and start following His plan for my life. I see many simialarities between. My life and the story of Jonah.

How do I know this is his will for my life and not my will for my life? First, I spent every fiber of my being trying not to be a transsexual! I thought my nature and desires made me an obmination to God. It led me to isolation and eight years of a meth addiction. Yes, I was "saved," but I had none of the fruits of the spirit. I was living outside of society in a room in Tijuana, Mexico inside the heart of the red light district. I was not a light to the world I was just trying to not kill myself! Then I tried that too. It was in this brokeness that I heard the calling of the Lord to follow a different path; one I believed for my life was wrong. The day I made the decision to transition was the first time that I was able to feel Gods love for me, to feel his Holiness and not turn away in shame, to have the peace I so desperatley wanted. Since that day it has been no cake walk. I was suddenly thrown out of my position of power as a white middle class male and into a group that even in America it is still OK to hate and even kill! Taking estrogen while wonderful and healing to my body brought with some unexpected consequences like a second puberty in both mind and body. Estrogen can make a person a little emotionally unstable at first. Luckly after two years I have become an adult again and found my wise mind. I now have a comfort with myself and my life that I never had before. I am back into my family's fold as the prodical daughter. My son is accepting me back into his life after 6 years of not speaking to him. No, my life isn't always pretty, but no ones is and I don't have that expectation. I do however have all the fruits of the Spirit and for me that is enough evidence that I am following my Creator's will for my life.

The Bible is silent on the issue of SRS as it is a new surgery not possible before the last century, so we need to test it by other measures. I believe I have done so and only want the respect any adult deserves when faced with such options the respect that I am making the right choice for me based on the light I have been given. I am not an abomination to God, but a part of the body of Christ. He had a purpose for me when he made me and if that included giving me the opportunity to live a life in two sexes how am I the pot to complain to the potter that isn't good enough or is a mistake. No, my responsibility is to do as he instructs me and trust that he will give me a life full of richness and since becoming a transsexual He has done just that.

Posted by Das Erlebnis on Thursday, Jun 14, 2012 12:44 AM (EST):

truth is, it is a mental disorder. its about equivalent to saying i wish i din't have opposable thumbs. and then having finger realignment surgery. sounds stupid doesn't it? yes it does.

at the end of the day. you put lipstick on the pig, and that's all you did. you de-formed yourself to suit yourself. cut off the nose in spite of the face.

to the dude who wrote about his experiences in Tiajuana: guess what: you're still a dude. Now you're a dude with man boobs. Getting chopped did not make you a woman. You haven't been re-assigned anyting.

now go click your heals three more times.

Posted by Anonymous on Thursday, Jun 14, 2012 1:07 AM (EST):

Emily,

You are terribly mistaken about the idea that there is a growing body of evidence supporting biological origins of Gender Identity Disorder - the evidence is actually shrinking. No genes have been found in the genome project, brain difference studies have not been replicated, and hormonal difference studies have been fruitless. Attempts to hypothesize about a mechanism have fallen into unprovable theories - such as prenatal hormonal exposure. Interesting idea - totally unprovable without doing experiments on fetuses (I hope no one ever goes there). Furthermore, a large percentage of people with GID commit suicide after the reassignment surgery - it rarely solves anything. Johns Hopkins hospital ran into a great deal of trouble with the suicide rate of their patients - research it. I am speaking to you as a neuropsychologist - you are way off base claiming anything otherwise. Most patients with GID also suffer from severe personality disorders - especially Borderline Personality Disorder. Given the diagnostic picture you have presented us - including eating disorders (and most likely mood and/or anxiety disorders) - you appear to have underlying personality issues. I am not trying to shame you here or humiliate you, but I am afraid your comments are going to mislead other vulnerable people. I am sorry you have had so many troubles and suffering in your life - you will be in my prayers. Sex reassignment is not a solution and in the end may end up causing you even greater suffering. Hang in there - it may take years to work through this, but don't give up.

Posted by Sylvia on Thursday, Jun 14, 2012 1:37 AM (EST):

So what does everyone think of former transgendered such as:

http://pfox.org/Former_Transgender_Tells_His_Story.html
I find it interesting, that people can have their operations reversed after a time, and do.

Posted by Sylvia on Thursday, Jun 14, 2012 1:46 AM (EST):

As I read the posts above, at one point it seemed to me that I had accidentally gone to a "gay newspaper site" instead of the "Catholic Register" because of all the confusion in regards to what the Catholic Church says about this.
Though we should care for people who experience this confusion and be supportive of the trial they are going through, having a sex change is not God's will, or in line with Catholic Church teaching. It is not a medical necessity either.
Simply because we have nuclear weapons, does not mean we should use them to destroy the world. In the same sense, though science allows to alter our sex, does not mean we should. This is a temptation. The Bible is also clear that men are not dress like women or women like men. God made them male and female, and He wants us to accept our bodies.
There are some excellent Christian groups that can help people suffering with this issue, one would be "Living Waters" for the sexually broken. This is available in most large cities throughout Canada, and one can contact them for more info. and locations.

Posted by Emily on Thursday, Jun 14, 2012 2:08 AM (EST):

I agree the evidence is not conclusive, but since I have been dealing with this since I discovered that there were boys and girls and my body was that of a boy, my own personal experience says that it is biological in nature. I don't think my parents did anything to cause this to happen to me and not my older brother or sister. There is evidence that longer chains On the SRY gene may play a role in the development of some transsexuality. Certainly there are more obvious cases of intersexuality, why can't my condition be considered a part of that spectrum. We do not fully understand the source of Gender and since we do not have a understanding are we to condem someone for doing what they believe is right. Over 50% of transsexuals attempt suicide by the time they are 18 and that number is low because those that succeeded aren't with us to report what they did. Clearly something is happening here and I don't have the answer for you. It is beyond human understanding. I only know that I am happier and living a more fulfilling life now that I am Emily. If you told me that I could never transition completely I would be dead within a year. Surgery with all its faults is my only option. I am well connected within the trans commmunity and have many friends that are post opand they are not complaining, but rejoycing in their new lives. For those that follow the WPATH's standards of care the rate of regret is less than any other surgery performed. Not to say that there isn't disappointment in the results sometimes either. It may not turn out to be sensate or there could be really bad outcomes like a fistula requiring extensive treatment and revisions. Like any surgery it is a risk. But, one that I am willing to try so I can finaly be who I am on the inside on the outside. For me transition is the only option left. For those who say wait and let God work his miracles and heal me. I am being healed by following the guidance of the doctors he gifted with the skill and knowledge to treat me for the first time in human history! That is a big enough miracle for me. I have stopped asking for more and yet By doing this He has given me so much more than I ever dreamed I would have. S it not easy to see that I am truly blessed? Despite what the Church teaches, and Tradition instructs I am getting better not sicker. How can you ask me to turn away from the only thing that has ever worked in my entire life just because it doesn't match your understanding of the bible and God? The last time I checked Perfection was not a human quality. Are you suggesting that you are the sole owner of this human perfect understanding and I should obey you and disregard my own intelect and relationship with the Father when you can point to no scriptural basis for your position that is unequivical in its meaning. Jesus listed two commandments, to love God and love your neighbor. How is me having sugery to alter my sex a violation of either of those commandments? I am a single adult with no dependents. This is not the same as someone saying "I think God wants me to leave my wife." Which it clearly states is wrong. How is it different than a man who has a form of cancer that is fueled by testosterone and it is in the base of his penis and the Dr recommends a penectomy and removal of the testies. The testies are still healthy tissue. For every argument put forth I can find an equal argument in the other direction. As you can see I have studied this issue a great deal and have had this argument with myself for 30 years. I am left with the only choice I can make and that is to embrace the life I was given and follow what I believe is to be God's will for my life and thus far has demonstrated itself to be by the production of good fruit.

Posted by Emily on Thursday, Jun 14, 2012 2:27 AM (EST):

There are 613 levitical laws, how many do you break on a daily basis? Jesus Christ came to earth to free us from legalism don't try and reintroduce it selectively. To live by the law leads to death for no one is justified by their own rightousness, but is washed in the blood of the Lamb and made clean.
You live by the Law and I will live in Grace and Christian Liberty

Posted by Zoe Brain on Thursday, Jun 14, 2012 2:42 AM (EST):

Anonymous wrote:

"No genes have been found in the genome project, brain difference studies have not been replicated, and hormonal difference studies have been fruitless."

Just some of the hundreds of Brain difference studies:

Male-to-female transsexuals show sex-atypical hypothalamus activation when smelling odorous steroids. by Berglund et al Cerebral Cortex 2008 18(8):1900-1908;

Male–to–female transsexuals have female neuron numbers in a limbic nucleus. Kruiver et al J Clin Endocrinol Metab (2000) 85:2034–2041

replicating (with better controls)

A sex difference in the human brain and its relation to transsexuality. by Zhou et al Nature (1995) 378:68–70.

A sex difference in the hypothalamic uncinate nucleus: relationship to gender identity. by Garcia-Falgueras et al Brain. 2008 Dec;131(Pt 12):3132-46.

White matter microstructure in female to male transsexuals before cross-sex hormonal treatment. A diffusion tensor imaging study. - Rametti et al, J Psychiatr Res. 2010 Jun 8.

Regional cerebral blood flow changes in female to male gender identity disorder. - Tanaka et al, Psychiatry Clin Neurosci. 2010 Apr 1;64(2):157-61.

Sexual differentiation of the human brain in relation to gender identity and sexual orientation D.Swaab & A.Garcia-Fulgaras Functional Neurology, Jan-Mar 2009:

Neuroimaging Differences in Spatial Cognition between Men and Male-to-Female Transsexuals Before and During Hormone Therapy by Scoening et al J Sex Med. 2009 Sep 14.

Regional gray matter variation in male-to-female transsexualism. by Luders et al Neuroimage. 2009 Jul 15;46(4):904-7.

As regards genes, the cause is hormonal, but some gene sequences pre-dispose the foetus to be affected by lower-level hormonal anomalies, thereby increasing the rate.

A polymorphism of the CYP17 gene related to sex steroid metabolism is associated with female-to-male but not male-to-female transsexualism Bentz et al, Fertility and Sterility , Volume 90 , Issue 1 , Pages 56 - 59

Androgen Receptor Repeat Length Polymorphism Associated with Male-to-Female Transsexualism by Hare at al in Biol.Psych. Vol65, Issue 1, Pp 93-96

The effect is relatively minor though, an increase of only about 10%.

The greatest increase is from pre-natal exposure to hormones such as DES. There the increase is 50,000%

Prenatal exposure to diethylstilbestrol(DES) in males and gender-related disorders:results from a 5-year study Scott Kerlin. Proc. International Behavioral Development Symposium July 2005

You can see milder effects in twins of different sexes, due to the mixed hormonal environment.

Prenatal exposure to testosterone and functional cerebral lateralization: a study in same-sex and opposite-sex twin girls. Cohen-Bendahan et al, Psychoneuroendocrinology. 2004 Aug;29(7):911-6.

What you're saying just isn't true, provably so. You personally may not find the mountain of evidence from animal experimentation and "nature's experiments" - Intersex in humans - convincing, but to say studies haven't been replicated, that genes haven't been found, and that there's no endocrinal evidence is very obviously incorrect.

Posted by ioannes on Thursday, Jun 14, 2012 2:51 AM (EST):

Brandon, May the Lord Bless you for engaging in honest conversation. I really feel for you and the Cross you have been given. Having said that, please know that each one of us have been given the exact amount of Cross that we can bear. Not one splinter more. If you have such a heavy Cross it is because God has thus

created such an amazing soul worthy to carry such a Cross. I pray that you would become a Catholic and inmerse yourself in 2000 years of thought on this subject of suffering. There are many options for you to dedicate your life to the Lord and unite his Cross with his. You are not called to follow your own path, but rather our purpose in life is to become a Saint (meaning one with God). You could become an internet celibate person, spreading the faith of our Lord through internet as I feel you have an inkling of spreading the faith. I don't know, that is for you to discern. I know it's hard, but just think if you had Jesus in front, would he really tell you to go ahead with such a surgery? Would he really say: God has created you this way, but you are happier another way, so go right ahead? Sever yourself from that what God has made you? Think about this my dear friend, even Jesus had a moment in which he asked God to let his torturous death "pass by", yet in obedience he said, "let your will be done" and went through his Passion. Embrace your cross and only then you will find true happiness and Peace. Do you think Jesus would have been truly happy if he escaped the crucifixion and his mission in the world and instead kept spreading the faith himself and doing miracles? No. Embrace the Lord as you were made in his image, and I promise you will have the entire celestial court cheering and applauding you. May the Peace of the Lord be with you.

Posted by Zoe Brain on Thursday, Jun 14, 2012 2:57 AM (EST):

Fr. Bryan wrote:
"Most of the studies that I have seen that report and analyze the effect of sex reassignment surgery are not long term studies."
I can recommend then:
Sex Reassignment. Thirty Years of International Follow-up Studies After Sex Reassignment Surgery: A Comprehensive Review, 1961-1991 Friedemann Pfäfflin, Astrid Junge (Translated from German into American English by Roberta B. Jacobson and Alf B. Meier)

The treatment of adolescent transsexuals: changing insights. Cohen-Ketternis et al, J Sex Med. 2008 Aug;5(8):1892-7.

Transsexualism in Serbia: a twenty-year follow-up study. Vujovic et al, J Sex Med. 2009 Apr;6(4):1018-23.

Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden : Dheine et al PLoS One. 2011 Feb 22;6(2):e16885.
That one's interesting - it showed that SRS does not solve any problems other than the one of Transsexuality. It wasn't possible to compare treated Transsexuals with a cohort of untreated ones, as there weren't enough of the latter still alive. The stigma and blame imposed by priests and others continues to cause psychological damage compared to the general population though.
The same was found in this study:
Quality of life 15 years after sex reassignment surgery for transsexualism. Kuhn et al, Fertil Steril. 2009 Nov;92(5):1685-1689.e3

Posted by ioannes on Thursday, Jun 14, 2012 3:02 AM (EST):

Brandon, you cannot lump the umpteen Levitical Laws with the 10 COMMANDMENTS, which are the 'LAWS OF GOD HIMSELF'. (STRAIGHT OUT OF JESUS' MOUTH). Paul was a Jew, and when he was talking about the Laws he was clearly talking about all those other Laws, NOT the laws of GOD HIMSELF. Jesus CLEARLY says: "If you would enter life, keep the commandments". http://www.scborromeo.org/ccc/p3s2.htm

Posted by Zoe Brain on Thursday, Jun 14, 2012 3:21 AM (EST):

Fr Bryan wrote:
"One of the issues is whether or not it is acceptable to destroy a healthy, naturally functioning part of the body. Long story short, it isn't, so sex reassignment surgery would most certainly be considered immoral on these grounds alone."

Perhaps you should talk to your bishop on this. In 2000 the Vatican sent guidance to Bishops "sub secretum" stating that in severe cases of transsexuality, surgery was morally licit.

Unfortunately the Vatican mixed up the concepts of "Transgender" - those who do not desire surgery - with "Transsexuality" - those who do. It's clear from the context that "severe cases" include all Transsexuals, those who will likely die without treatment.

Because the causation is biological, it's not neatly divided into a strict binary. There are degrees. I'll quote:
"One person we studied had untreated male gender dysphoria (S7), took no hormones and kept his transsexual feelings under wraps. He appeared to have a large INAH3 volume - in the male range - but a female INAH3 number of neurons (68) and a female BSTc somatostatin neuron number (95). Hence, this individual's hypothalamic characteristics were mid-way between male and female values"

In such a case, surgery is not a necessity, so would be morally impermissible.

The article in Catholic Bioethics Quarterly is from 2000. Most of the evidence of biological causation has been gleaned since then. It also unfortunately quotes heavily from a comprehensively debunked book where the author admitted he "made some of it up" after partying with 12 prostitutes at a gay bar, and another from an author who believes that Transsexuals should be exterminated - "morally mandated out of existence".

May I commend you though on your interest in this area. Pastoral care for Intersex and Trans people is desperately needed, and the quality is variable. We have repeated accounts of sympathetic priests stating that, while suicide is a sin, in the case of Intersex people, the Almighty would understand if they did away with themselves to avoid hurting their families. Priests are only human, and sometimes they let their disgust and discomfort get in the way of their duty.

If I can possibly provide you with data, please contact me on this. It's unreasonable that you be expected to be an expert on this very specialised area, but in order to provide pastoral care, you really need to be - or have multiple sources of expert advice to avoid bias.

Posted by Zoe Brain on Thursday, Jun 14, 2012 3:34 AM (EST):
eness wrote:
"I realize this is a very complicated, sensitive, and personal subject so I'm treading carefully to avoid implying anything unintentional, but I *do* express some skepticism that these syndromes are really so common as to justify their invocation every time the topic comes up. Yes, it's possible, but how many people are actually getting tested?"

Thanks for your sensitivity here, it's appreciated. No need to tread on eggshells though. You've demonstrated goodwill, that's all that can be reasonably asked for.

How many? The best data we have is that 33.7 babies per 1000 live births have obvious genital anomalies. Call it 1 in 300 or so, so just over 1 million in the USA alone. That's a reliable figure.

1 in 300 men do not have the usual 46,XY chromosomes. 1 in 450 are 47,XXY, associated with Klinefelter syndrome. These too are reliable figures.

If you take all anomalies of sexual differentiation, no matter how minor or asymptomatic, 1 in 60 people are Intersex. But the vast majority show no symptoms, and unless they attend a fertility clinic or play professional or high-level amateur sport, will never be diagnosed. They're only "technically" Intersex, it may reduce fertility, but has no other significant effect.

Dr Zucker estimates from the many patients he's seen that 7 in 100 Intersex people have gender issues - compared to 1 in 3000 in the general population. Surgeons performing SRS testify that about 1 in 10 of their patients, thought to be normally transsexual, are found to have some degree of Intersex during surgery.

Hopefully this answers your question. I wish the last two numbers had a better evidenciary basis, but it's the best we have.

Posted by Zoe Brain on Thursday, Jun 14, 2012 3:50 AM (EST):
Sylvia wrote:
"having a sex change is not God's will"

God appears to disagree with you.
From http://www.usrf.org/news/010308-guevedoces.html
"During the early 1970s, Dr. Julianne Imperato, a Cornell endocrinologist, conducted an expedition to the Dominican Republic to investigate reports of an isolated village where children appearing to be girls turned into men at puberty. In the village, these children were known as 'guevedoces' (literally, pen1s at 12 years). Also known locally as machihembras ('first women, then man'), these pseudohermaphrodites were documented serially in the following photographs published originally in the American Journal of Medicne (Am. J. Med. 62: 170-191, 1977):
In an isolated village of the southwestern Dominican Republic, 2% of the live births were in the 1970's, guevedoces .... These children appeared to be girls at birth, but at puberty these 'girls' sprout muscles, testes, and a pen1s. For the rest of their lives they are men in nearly all respects…. Their underlying pathology was found to be a deficiency of the enzyme, 5-alpha Reductase."

Such cases are rare in the USA, an estimated 5-10,000 at most. However, in certain other parts of the world, far more common. In the Dominican Republic, 1.7% from 5ARD, in Jubayah in Gaza, 1 in 80 from 17BHSD. The mutations that cause this are more common there than the CCR1 mutation responsible for red hair. A

variety of rarer and less well understood causes exist too (I have one of them BTW, 3BHSD usually causes the sex change before birth, but not always).

Such cases as mine are theologically troubling, and I can understand the resistance to believing we exist. Nonetheless, we do.

Posted by Zoe Brain on Thursday, Jun 14, 2012 3:57 AM (EST):
ioannes wrote:
"Having said that, please know that each one of us have been given the exact amount of Cross that we can bear."

An argument I hear a lot of.

I always ask those who say this if, when they have a toothache, do they see a dentist, or "bear the cross" and "dedicate their suffering to God".
If they don't, then by what authority do they command others to bear far worse suffering, if they won't even bear such a minor cross as a toothache themselves?

So far, I've had no replies.

Posted by Zoe Brain on Thursday, Jun 14, 2012 4:15 AM (EST):
Anonymous wrote:
"Attempts to hypothesize about a mechanism have fallen into unprovable theories - such as prenatal hormonal exposure. Interesting idea - totally unprovable without doing experiments on fetuses (I hope no one ever goes there)."

We have Nature's experiments though - Intersex people, mixed-sex twins, as well as many, many animal experiments. The tragic effects of DES, comparable to the Thalidomide disaster, but less well known. That "Freemartin" cattle exist has been known since time immemorial.

As a neuropsychiatrist, perhaps you should look at the proceedings of the 2009 annual conference of the APA, in particular, seminar 10.

Symposium Title: The Neurobiological Evidence for Transgenderism

EDUCATIONAL OBJECTIVES:

The participants shall learn the current definitions of Transgenderism, Gender Identity, Gender Expression, Gender Role Behavior, Gender Dysphoria and Transsexualism and understand the Standards of Care (WPATH) for treatment. The neurobiological evidence for gender differences in the human brain and genetic inheritability of Transsexualism will be presented. Current US medical practices in the Treatment of GID in children, adolescents and adults will be discussed.

SYMPOSIUM ABSTRACT:

The topic of Gender Identity Disorder is one of great controversy in the world because of the diametrically opposite approach of treatment advocated in different medical centers. The prevalence and incidence of Transgenderism, which reflects the thinking and behavior of the opposite genetic sex, cannot be known because the non-dysphoric patient does not present for medical care for a multiplicity of reasons. What we can estimate and understand is the mild to severely dysphoric patient who seeks medical attention and is given a diagnosis of Gender Identity Disorder under DSM-IV-TR. The panel shall present the current scientific literature pertinent to our understanding of the concept of a male, female or transgender brain. They shall discuss the current research undertaken with Transsexuals, which lends evidence to genetic inheritance and biological causation. Finally they shall discuss the appropriate medical care that can help bring the patient's physical being into congruency with their Brain Gender Identity. While treatment in the form of surgery or cross-hormonal medication has been denied to these individuals at certain prominent medical centers, the number of patients seeking help has increased. As more patients see the psychiatric community as a welcoming entity listening to their concerns, instead of trying to reverse or repair their Transgender thinking, they will be encouraged to allow psychiatry to join in the multi-disciplinary treatment of their condition.

One of the presentations:

Title of Presentation: Brain Gender Identity

Abstract:
Gender Identity is that innate sense of who you are in this world with reference to your sexuality and

behavior, not necessarily corresponding to your genitalia and reproductive organs. Transgenders are atypical and "think" as the opposite gender. Certain areas of the brain have been shown to be sexually dimorphic. They are different in structure and numbers of neurons in males versus females. Protein Receptors for the sex hormones in different areas of the brain (limbic and anterior hypothalamic) must be present in sufficient numbers to receive those powerful hormones. There are androgen receptors (AR), Estrogen Receptors (ER), and Progesterone receptors (PRs). ARs or ERs are predominant at different times in different parts of the human brain. Hormone receptor genes have been identified in humans, which are responsible for sexually dimorphic brain differentiation in the hypothalamus. The groundwork in brain gender identity is gene-directed and takes place by forming male and female hormone receptors in the brain before the gonads and hormones can influence them. Multiple genes acting in concert determine our sexual identity. The human brain continues to make neurons and synaptic neuronal connections throughout life. This contributes to Gender Role Behaviors making individuals in the continuum of gender identity. Gender behaviors must be differentiated from gender identity (Hines). Gender Identity cannot be predicted from anatomy (Reiner). Brain gender identity is determined very early in fetal development, but gender expression, expressed as behaviors requires hormonal, environmental, social and cultural interactions, which evolve with time. One cannot deny the profound effects of Testosterone, Estradiol and other steroids on genital differentiation in-utero or their effects on behavior from birth or the physical and mental cross gender changes caused by exogenous hormones, but gender identity is determined before and persists in spite of these effects.

References:

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Structural and functional sex differences in the human hypothalamus
Horm Behav. Sep, 2001; 40(2): 93-8.

2. DF Swaab
Sexual differentiation of the human brain: relevance for gender identity, transsexualism and sexual orientation
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3.IE Sommer, PT Cohen-Kettenis, T van Raalten, AJ Vd Veer, LE Ramsey, LJ Gooren, RS Kahn, NF Ramsey
Effects of cross-sex hormones on cerebral activation during language and mental rotation: An fMRI study in transsexuals
Eur Neuropsychopharmacol. Mar 2008; 18(3): 215-21.

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Male to female transsexuals show sex-atypical hypothalamus activation when smelling odorous steroids
Cereb Cortex. Aug 2008; 18(8): 1900-8.

As Prof Ecker wrote to me:

Hi Zoe,
Yes, we gave our presentation to 60 plus psychiatrists from the US, AU, FR, IT, EU, UK, Holland etc.
We spoke for 2 1/2 hours on why cross gender identity was a normal inherited variation of humans. We showed how Transgender Brains think, smell, and hear like the opposite sex. We presented internationally accepted guidelines for hormonal treatment of transsexuals to be published Summer 2009.
Here are my slides and with my participants' permission I shall send you theirs. We are now in print in the APA Syllabus and soon in the APA Journal this summer. I am checking if we were recorded.
My greatest personal compliment came from Frank Kruijver, from Holland, whose research of the human brain in TSs started it all. He thought we have taken his work very far in our understanding of the human brain. Hope you can do something with this.
Sid Ecker, M.D.

Posted by ioannes on Thursday, Jun 14, 2012 6:29 AM (EST):

Zoe Brain, you arrogantly assume other people have light and trivial crosses when in reality we ALL have to fight and vanquish our horrid inner demons. For we are not made for this world, but for eternal life. But since you want to use the example of something like a toothache to relate that to our Saviors Cross, then let the Son of Man himself obliterate your argument by placing it in front of our Lord Jesus Christ, for if you had a toothache and were in front of our Lord, he would be more concerned in forgiving your sins rather than in healing your toothache and then perhaps he would have healed you of your bodily ailment, if it was the will of God because it is a healing that does not go against the nature of how God has made you, but rather something that even Luke, who was a physician could check out. If you were to go before our Lord and say, "Oh Most Gracious Lord, God has made me a man/women trapped into a women/man's body, please cure me" he would certainly not sex change the body you were given, for his concern is your perfectly created soul, and not what in your limited earthly reason consider to be your incorrect body.

Posted by momofthree on Thursday, Jun 14, 2012 7:19 AM (EST):
wow…I am learning a lot here. I too would like to commend the mostly civil discussion on both sides.

Posted by momof3 too on Thursday, Jun 14, 2012 7:28 AM (EST):
Zoe Brain and others I appreciate your dialogue on this issue. I may have missed somthing as I am not sure where ioannes is coming from. I'm sorry to see rude and obnoxious people like Das Erlebnis.
I cringe at the thinking of "well the church as been around for 2000 years so it must be right." We know the church grows in understanding as science advances. The church used to condemn people to hell who committed suicide but at some point the church decided to realize the role mental illness can play in this tragedy. I know many will disagree to justify their own positions but the Catholic Church has changed its tune in some areas as time went on.
I am coming out of a black and white world and into one where I am willing to admit I do not have all the answers and neither does the Catholic Church. It is so much easier to live in the black and white world. So much confidence and so much that made me feel like I was superior and holier because I had all the answers.

Posted by JD on Thursday, Jun 14, 2012 7:39 AM (EST):
Offhand, it seems as if gender reassignment is surgery covering up the failures of psychology to help these people be OK with their own bodies.
.
But this information about intersexuality is interesting. What is the Church's position on intersexuality? Also, could homosexuality just another degree of intersexuality?

Posted by Zoe Brain on Thursday, Jun 14, 2012 7:50 AM (EST):
ioannes wrote:
"If you were to go before our Lord and say, "Oh Most Gracious Lord, God has made me a man/women trapped into a women/man's body, please cure me" he would certainly not sex change the body you were given"
I didn't ask… but he cured me anyway. Obviously you didn't read previous comments. I was born looking male. I hated it. My body changed sex to female. It was a miraculous release.
Please, please, please, stop telling God what to do! It's arrogant. It's rude.
The only thing I don't get, is that I didn't pray for it. Others deserve it far more, there seems something wrong when I, who lack faith, get such a miracle, and others far more deserving do not. Every day, many thousands of trans boys and girls pray for such a miracle. Only about 1 in 100,000 get it. Why me, Oh Lord? Why not them? I hope it's some part of an ineffable plan that passes my limited understanding.
So I do what I can to help as best I may, educating others. It's a debt I can never repay more than a tiny fraction of.

Posted by Emily on Thursday, Jun 14, 2012 7:56 AM (EST):
Ioannes, do you not think that I laid this before Christ and prayed for healing? Why is so hard to see that he has answered those prayers and created a path that I can walk where I do change my body and sex. I don't know whether I will be given a perfect womanly body for eternity, or a perfect male body. I do know that whatever form my resurected body takes I will rejoice in it. God made me trans and that is the burden and cross that I need to carry for even after surgery I wil still be trans, never fully man now and never fully woman later. I can only seek to find a place where I can live the life God wants for me. Why is my medical condition any different than any other that is treated with moder science. We don't say to the child born with a cleft palate live with this disfiguring condition because it is the way God made you. I am asking you to place yourself in my position and walk a mile in my shoes before you condemn me for my choice to find relief in the God given talent of a surgeon.

Posted by Chris on Thursday, Jun 14, 2012 8:02 AM (EST):
Emily you are deceiving yourself. Physical attributes such as gender are are determinate of gender identity. If I told you I was a pineapple in a man's body you would laugh. If I said it was my conviction and I needed surgery to conform myself to my true pineappleness you would call me insame. We now have a market society where the question is not is it sane only is it possible and can I buy it! Emily in your body and mind you have conformed yourself to a fiction. What a terrible tragedy!

Posted by Zoe Brain on Thursday, Jun 14, 2012 8:02 AM (EST):
JD wrote:
"Offhand, it seems as if gender reassignment is surgery covering up the failures of psychology to help these people be OK with their own bodies."
True to some extent. The same way that psychology can't cure those with other congenital problems, and curative surgical results are often partial.

Is it better to fit someone born with only one leg with an artificial limb, or to brainwash them into being OK with their own body, accepting that they are crippled even though there's treatment available that could make them walk? If such attempts at brainwashing never work, is that really a failure of psychology? If artificial limbs aren't as good as the real thing, should we automatically abandon them because of that?

Posted by HD on Thursday, Jun 14, 2012 8:27 AM (EST):

It seems to me that in Christ there is neither male or female, so gender is second to everything. If you are born male but feel like a female, that shouldn't matter in your spiritual life. The difficulty lies in not feeling comfortable in the world, not knowing where you fit it in society when you have gender identity issues. Is SRS performed because of a desire to be accepted in the world and to "know your place" in society? If a soul were to truly rise above any attachment to the world (which we are all called to do) gender is secondary. The confusion some people have, may just be their cross to bear; a psychological suffering just as some have physical ones. I believe if God makes them male and female (Gen 1:27) we are born is what He wants us to be. Even if it doesn't feel "right", that doesn't prevent you from being all you are called to be in His eyes. People suffering w/ horrible physical or mental disabilities don't feel "right" either(bipolar disorder comes to mind). I don't hear of any great saint ever talking of how great they feel being a girl, or a boy…all they care about is serving God and others, and not how comfortable they feel in their own body. Their worth is based on them being a beloved child of God. They are our examples of rising above every attraction of this world. Psalm 139:14 says it best, "I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well."

Posted by Zoe Brain on Thursday, Jun 14, 2012 8:29 AM (EST):

JD wrote:
"What is the Church's position on intersexuality? Also, could homosexuality just another degree of intersexuality?"

I've been trying to find out the Church's position on Intersex for a while. It doesn't appear to have one, according to a JD I've consulted.

St Constantine (well, he's a saint in the Eastern rite) decreed that Intersex infants be immured in caskets and thrown into rivers, "defective goods" returned to God for their souls to be recycled.

Peter Cantor's De vitio sodomitico — or On Sodomy (d. 1192 AD) stated:

"The Lord formed man from the slime of the earth on the plan of Damascus, later fashioning woman from his rib in Eden. Thus in considering the formation of woman, lest any should believe they would be hermaphrodites, he stated, "Male and female created he them," as if to say, "There will not be intercourse of men with men or women with women, but only of men with women and vice versa." For this reason the church allows a hermaphrodite — that is, someone with the organs of both sexes, capable of either active or passive functions — to use the organ by which (s)he is most aroused or the one which (s)he is more susceptible.
If (s)he is more active [literally, "lustful], (s)he may wed as a man, but if (s)he is more passive, (s)he may marry as a woman. If; however, (s)he should fail with one organ, the use of the other can never be permitted, but (s)he must be perpetually celibate to avoid any similarity to the role inversion of sodomy, which is detested by God."

The Holy Father, in two rather troubling speeches to the Roman Curia, and the Vatican Diplomatic Corps, declared that anything or anyone that blurred the distinct line between Male and Female was a threat to Hunanity and God's creation. By undermining the doctrine of the Theology of the Body, the existence of people such as myself constituted an attack on the Church. While he didn't call us Vermin, he did say we were a threat to the Human Ecology.

International Intersex support groups urgently requested clarification of what was meant, but so far none has been forthcoming.

As regards Homosexuality being a form of Intersex - in my own opinion, based on the evidence, that's likely. But if I dared say so, I'd be lynched by both Intersex and Gay activists. Neither would accept that, both would consider it highly insulting.

Just as to call Christianity a Jewish heresy, or Islam a Christian heresy, would be controversial, to say the least. All three religions would be out for my blood, even though the line of descent is quite clear. Christ was, after all, the Messiah, and a Jew.

Posted by Zoe Brain on Thursday, Jun 14, 2012 8:35 AM (EST):

Chris wrote:

"Physical attributes such as gender are determinate of gender identity."

I agree entirely.

Hence the importance of facts such as this:

Male–to–female transsexuals have female neuron numbers in a limbic nucleus. Kruiver et al J Clin Endocrinol Metab (2000) 85:2034–2041
"The present findings of somatostatin neuronal sex differences in the BSTc and its sex reversal in the transsexual brain clearly support the paradigm that in transsexuals sexual differentiation of the brain and genitals may go into opposite directions and point to a neurobiological basis of gender identity disorder."

To repeat:

"In this way, our gender identity (the conviction of belonging to the male or female gender) and sexual orientation are programmed or organized into our brain structures when we are still in the womb. However, since sexual differentiation of the genitals takes place in the first two months of pregnancy and sexual differentiation of the brain starts in the second half of pregnancy, these two processes can be influenced independently, which may result in extreme cases in trans-sexuality."

Posted by Zoe Brain on Thursday, Jun 14, 2012 8:46 AM (EST):
Chris wrote:
"If I told you I was a pineapple in a man's body you would laugh. If I said it was my conviction and I needed surgery to conform myself to my true pineappleness you would call me insame."

This is called the "giraffe argument", normally people making it use animals like cats or giraffes rather than vegetables or fruit. But let's take your analogy further.
If we gave your head an MRI scan, would it show that you don't have a brain, but a yellow fruit pulp there?
Do you have minor non-human features like leaves growing in your head instead of hair?
Do you have the vocabulary and behaviour of a pineapple?
Are there rare medical conditions where humans turn into pineapples, or pineapples into humans?

If not, your analogy fails. You're intelligent, literate, you don't have the intellect of a pineapple, (and by that I mean it's significantly higher than that, not lower, no insult is intended!)

Posted by Das Erlebnis on Thursday, Jun 14, 2012 9:24 AM (EST):
"I am changing my sex to match my gender"? Now, there is some confusion.
Buddy, it's gonna take you another 5 years of mass media marketing, team-posting in forums, and hell raising to be convincing that gender and sex are not the same. The words are synonymous.
What you are trying to suggest is that gender is somehow immutable, while sex is.
Yet the argument goes that because gender is physical in the brain, and not just some abnormal pathology, that therefore it is immutable.
But the argument fails because if it is physical, then it is the same mutable substance as the so-called sex. Therefore, it is treatable.
So, when we add to so-and-so's list of "very clearly obvious" science:
Male-to-female transsexuals show sex-atypical hypothalamus activation when smelling odorous steroids. by Berglund et al Cerebral Cortex 2008 18(8):1900-1908;
Male–to–female transsexuals have female neuron numbers in a limbic nucleus. Kruiver et al J Clin Endocrinol Metab (2000) 85:2034–2041
A sex difference in the human brain and its relation to transsexuality. by zhou et al Nature (1995) 378:68–70.
A sex difference in the hypothalamic uncinate nucleus: relationship to gender identity. by Garcia-Falgueras et al Brain. 2008 Dec;131(Pt 12):3132-46.
White matter microstructure in female to male transsexuals before cross-sex hormonal treatment. A diffusion tensor imaging study. - Rametti et al, JPsychiatr Res. 2010 Jun 8.
Regional cerebral blood flow changes in female to male gender identity disorder. - Tanaka et al, Psychiatry Clin Neurosci. 2010 Apr 1;64(2):157-61.
Sexual differentiation of the human brain in relation to gender identity and sexual orientation D.Swaab & A.Garcia-Fulgaras Functional Neurology, Jan-Mar 2009:
Neuroimaging Differences in Spatial Cognition between Men and Male-to-Female Transsexuals Before and During Hormone Therapy by Scoening et al J Sex Med. 2009 Sep 14.
Regional gray matter variation in male-to-female transsexualism. by Luders et al Neuroimage. 2009 Jul 15;46(4):904-7.

We already understand these kinds of experiments in the brain to reflect RESPONSE, and not CAUSES of GIS.
Moreover, just as having an overactive Deep Limbic System (or underactive Temporal Lobes or PreFronal Cortex, and Basal Ganglia, etc) is treatable with medication, so too, we can work to discover other treatments for this ailment as well.
In the end, it was in your head. If it was not physical, then you need a psychologist. If it is treatable, then you need a psychiatrist.

Posted by momof3 too on Thursday, Jun 14, 2012 9:48 AM (EST):
Das Erlebnis, In the midst of a good dialogue your tone is inflammatory and is not going to help anyone make any progress towards truth. Maybe take a few minutes to listen to yourself and how you are coming across. Nobody here is named "buddy"

Posted by HD on Thursday, Jun 14, 2012 10:21 AM (EST):
Emily states:
"God made me trans and that is the burden and cross that I need to carry for even after surgery I will still be trans, never fully man now and never fully woman later."
Then what was the point of the surgery? It didn't release you from the internal burden. It appears that trans is just one of the many crosses mankind faces which science cannot completely repair. God's plan for you may not have anything to do with your mental or physical gender. His plan may be that some are a mother or father and they feel satisfied in that role because there is no confusion with their gender. But your path may be different, i.e., "genderless". That could be a great gift to you; what might God have in mind for you that doesn't include a male/female specific vocation? A plan that has nothing to do with your gender?
How much time was lost focusing on your own head and genitalia when God could be better served focusing on others? as you said, GRS didn't remove the cross that is yours anyway.
I hope that people with gender issues remember that being loved by God has nothing to do with their gender and whether or not they "hate the way their body looks" because it doesn't match their heads. People with terrible disfigurements probably hate the way their body looks too. You must rise above and serve Him and others. I don't mean to sound crass, but if you could focus on someone other than yourself, and not lament the fact that you'd rather have a penis than a vagina, you could do more good in the world. I say that of myself as well, who also has a disordered focus on my own happiness. It is a fact that you can't think about two things at the same time; while you are taking care of and serving others, you cannot be thinking of your own problems.

Posted by Zoe Brain on Thursday, Jun 14, 2012 10:26 AM (EST):
Das Erlebnis wrote:
"We already understand these kinds of experiments in the brain to reflect RESPONSE, and not CAUSES of GIS.
Moreover, just as having an overactive Deep Limbic System (or underactive Temporal Lobes or PreFronal Cortex, and Basal Ganglia, etc) is treatable with medication, so too, we can work to discover other treatments for this ailment as well."

I confess I don't understand fully what you're trying to say here. We know of no way of altering cell type distribution in the BSTc layer of the hypothalamus for example. You appear to be using words with no understanding of their meaning, a jumble of jargon. I have no idea what "Overactive Deep Lymbic System" means.

I'll try to answer what I think you might be trying to say.

First of all, cause and effect. Some of the sexual dimorphisms in the brain are visible in the autopsies of 25-week old miscarried foetusses. It's difficult to see how this can be the result of any postnatal environment. The differences in the brain come first, so cannot be effects. Moreover, the DES studies show causality during gestation.

The BSTc layer differences come after puberty though, so in this case, they cannot be causal, as the symptoms of Transsexuality appear before then.

Basically, if we have 2 phenomena, A and B, that are strongly correlated, one of 4 cases must be true:
1) A causes B
2) B causes A
3) Both A and B are caused by some other phenomenon, C
4) It's all a coincidence.

Hormonal environment in the womb appears to be the "C" that's missing, causing both Transsexuality, and

both early- and late-appearing sexual dimorphism. The early-appearing part before the symptoms of Transsexuality (and often before birth), the late afterwards.

The Brain is plastic in certain areas, but not the ones we're talking about here. Post-natal hormones have an effect on the plastic areas, and often hormonal therapy that makes the brain's anatomy more consistent is adequate in many cases. Surgery is not required in such mild situations.

See:
Changing your sex changes your brain: influences of testosterone and estrogen on adult human brain structure by Pol et al, Europ Jnl Endocrinology, Vol 155, suppl_1, S107-S114 2006

Now *why* an anatomically female lymbic system invariably results in a female gender identity, regardless of body shape, genitalia etc, we can't be certain. We know it does - exceptions may exist, but we've never found one.

We do have a good theory, proven for animals, and very likely true for humans, that explains this, but to properly test the theory would require unethical experimentation on human children. We know the theory is true for humans in other areas though.
See
Biased-Interaction Theory of Psychosexual Development: "How Does One Know if One is Male or Female?" M.Diamond Sex Roles (2006) 55:589–600
A theory of gender development is presented that incorporates early biological factors that organize predispositions in temperament and attitudes. With activation of these factors a person interacts in society and comes to identify as male or female. The predispositions establish preferences and aversions the growing child compares with those of others. All individuals compare themselves with others deciding who they are like (same) and with whom are they different. These experiences and interpretations can then be said to determine how one comes to identify as male or female, man or woman. In retrospect, one can say the person has a gendered brain since it is the brain that structures the individual's basic personality; first with inherent tendencies then with interactions coming from experience.

Basically, a feminised brain leads to female instincts, emotional responses, even senses of smell and hearing. After birth, a child consciously or unconsciously compares themselves to others around them. They identify with those whose instincts match their own, regardless of appearance, and so a gender identity crystallises.

Of course, I may have completely misunderstood what you're trying to say, and if so, I apologise.

Posted by Jami on Thursday, Jun 14, 2012 10:32 AM (EST):
@Das Erlebnis - First, just because you and the English language happen to equate sex with gender does not mean that they are the same thing. Other people and other languages interpret them as being different. One resides in the brain, the other resides somewhat lower in the body. Yes, both are physical but so far our medical technology is only good enough to alter one of them. In the past 50 years, alteration of genitalia at a gross surgical level has advanced enough that reassignment surgery has become an accepted standard - at least for those transitioning from male to female. For those transitioning from female to male, the procedure is not as advanced, mostly because it's a much more complicated surgery. Alteration of brain structures at a cellular level is far from being ready for prime time, but at some point in the future it might very well be an option. But just because a physical medical treatment for a condition doesn't exist - yet - doesn't mean that the condition is psychological.
Second, I'm not sure what you are implying when you say "mass media marketing and team-posting" and "hell-raising", but I'm simply an individual - not a member of some supposed marketing team - who happens to be posting comments here in response to this article and to other comments. The fact that I have some first-hand knowledge and experience to back up those comments or that others might agree with my comments does not invalidate them.

Posted by Zoe Brain on Thursday, Jun 14, 2012 10:56 AM (EST):
HD wrote:
"I don't mean to sound crass, but if you could focus on someone other than yourself, and not lament the fact that you'd rather have a penis than a vagina, you could do more good in the world."

That's not the way it works though. After surgery, there's no longer the necessity for dealing with unending horror. Trans people become far more capable of helping others when freed of their crippling burden.

I'll let an expert on the issue explain it for you:

"Secondly, "Dysphoria," defined by Marriam-Webster's Collegiate dictionary as "a state of feeling unwell or unhappy," or in the American College Dictionary as "a state of dissatisfaction, anxiety, restlessness, or fidgeting" is simply too soft a word to describe the angst most clinicians see on intake with this population.

At best it may be an apt descriptor for individuals who, despite strong evidence to the contrary, are making an extraordinary effort to convince themselves that they are sex/gender congruent. These individuals make life decisions such as getting married and having children not only because they may find it appealing to have a spouse and have children but with the added hope that this activity will ease or erase their obsessive cross gender thoughts. Although there may be instances where these special efforts succeed, (i.e. the incongruity is mild) the more likely outcome is a realization they have actually made matters worse. Typically, at time of presentation these individuals report that either their lives are in ruin, or they are very afraid that if their gender variant condition was to become known they would loose all that they cherish and be ostracized from family, friends and the ability to support themselves. High anxiety and deep depression with concurrent suicide ideation is common. One of the most extreme cases I have treated was that of a 50 year old genetic male, married and the father of 3 grown children with an international reputation as a scientist who reported to me that the reason he finally sought out treatment for his gender issues was because the number of times he found himself curled up in the corner of his office in the fetal position muffling his cry was increasing. That is not dysphoria, that is pure misery. "
—Dr Anne Vitale, "Therapeutic Errors".

Typically people present for treatment not to relieve misery, but because they've reached the limit of human endurance. Their progressive dysfunctionality means that much as they want to continue untreated, they cannot.

I never got to that extreme. Such episodes occurred no more than once a month, not the several times a day of true dysfunctionality. I was able to cope, regardless of the misery, and had my body not changed, would still be doing so, unless a stress-related illness gave me a merciful release. I was so looking forward to an early death.

My gender dysphoria was mild, comparatively.

Now that it's gone, I'm able to do so much more. I understand the meaning of the word "happiness", a concept that I'd only been able to understand in the abstract, not experience it myself. Suddenly, others behaviour made sense, the fact that I'd had an existence of unending horror made certain observed phenomena incomprehensible to me. My standard of "normal" was so low that now I feel gender euphoric - I wake up every day with a dirty great big smile on my face, it's wonderful to be alive. Ok, I have constant pain from arthritis, but that's just physical pain, nothing serious.

Someone blind from birth who is given sight will never take a sunset for granted the way most of us do. It's a gift I was given, another miracle, something most people just take for granted as they've never known anything different.

Posted by Deacon Daniel on Thursday, Jun 14, 2012 12:05 PM (EST):
I think this article may be helpful in this discussion:
http://www.narth.com/docs/york.html
"Emily" mentions the effect of testosterone on the fetal brain, but this effect does not determine the gender of the individual. While it has an effect on behavior, it does not validate a conclusion that the gender at birth was somehow the incorrect gender of the individual. Moreover, its effect on behavior does not result in an individual experiencing same sex attraction.
The NCRegiser article on PB16's remarks that renounce our culture's tendency to disguise falsehood as truth is pertinent to this discussion. I say that because much of the "research" on gender and same sex attraction has been polluted by personal agendas rather than sound scientific principles. An objective review of the history of the APA's decision to remove homosexuality from the list of disorders is a prime example.

Posted by Kim Hatton [UK] on Thursday, Jun 14, 2012 12:42 PM (EST):
My Christian name reflects, to some extent, the gender my mother wanted me to be and for twelve years, having gone through hormone therapy and 'gender reassignment surgery' I lived, earned a wage and almost completed a BA degree as an mature student at a very good university here in the UK. Despite my success I never had the feeling of rightness and security that was promised me. I could not eliminate my past, albeit unhappy, life as a male for 32 years. Not that those years were happy. No psychotherapy was offered me prior to surgery - I just had to 'look right' and be 'positive' about the future. This I succeeded in doing. I was highly motivated by the promised surgery and a 'new life'.
But surgery could not cut out or erase my memories that I was born male and that I was not the same as my female peers. I entered into psychoanalysis and realised that both my natal father and my step-father had been poor role models for a young child who had to cope with divorce at the age of five and a father who was abusive as well as a stepfather who was very passive. Through analysis I came to accept my [damaged] masculinity and reverted, though surgery and a change of hormone replacement to living as a man. Sure I am uncomfortable amongst men who are testosterone fueled and aggressively male but I am at peace now and living the life I should have lived from many years ago. Jesus is my role model.

Posted by Geoffrey Miller on Thursday, Jun 14, 2012 1:50 PM (EST):
All in all, it's obvious that God had zero intent of making a boring world for us to inhabit. This conversation has been absolutely fascinating, but I'm not sure we'll ever come to an agreement on these issues. Things are so ambiguous, it could go either way—maybe the truth itself is cosmically trans-sexed?
I'd follow the judgment of the Church, but no one seems to know what it is.

Posted by Kim Hatton [UK] on Thursday, Jun 14, 2012 2:11 PM (EST):
The teaching of The Catholic Church is very clear on transsexualism. It argues against it. In the Compendium of The Catechism of The Catholic church it addresses it under the prohibition of adultery seeing it as an adjunct of lust. [Which I agree with giving Lust the widest possible definition and understanding possible] I believe it is a deeply rooted psychosexual, developmental disorder that causes much misery, suffering and ontological confusion. Mine was rooted in my negative experiences with masculinity and a very strong mother figure. I wish that faith alone had come to my aid but half the Christians I met were virulently opposed to the patch I chose while another half of liberal Christians were very much supportive of my path. It took psychoanalysis with a very compassionate analyst to help me find my way into a contented masculinity. Surgery, at best, only ever appears to work - partly because many transsexuals embrace a 'transsexual culture'.

Posted by Swift on Thursday, Jun 14, 2012 2:58 PM (EST):
You have got to be pretty uneducated not to wonder what the heck doctors are up to these days with their malpractices in direction in what they suggest for their patients when its goes in this direction of radical transformation of ones body through all these insane surgeries. For goodness sake where have the REAL physicians/doctors gone when they are encouraging people to mutilate healthy genital organs to simply "Appear" more like the opposite!!?!?! This is an insane age. Doctors who are "surgery happy" simply because they have the means to do these kind of things, are ridiculously deceptive in their encouragement and practice of any of its type. Why would someone undergo such mutilation and distortion of their body parts that are not disordered simply to fulfill some "Personal Feeling" they claim to yearn from their "Spirit"? Its truly bizarre psychology, self-destructive thinking, and plain ungratefulness to the blessing of what they have been given.
A boy must "become" a man….a girl must "become" a woman, and it is important for one to recognize the significance of biological order in accordance with character. Not this "I feel therefore I manipulate biological order to conform to my personal yearnings and feelings" That attitude is the very disease of this age, and what has caused people to treat other "persons" as objects and forget who we are as human beings of opposite genders. WAKE UP EVERYBODY to the reality of science, and the human person.
I come from a family of 12 children, and as one of the oldest kids, I have seen how important direction, love, encouragement, MORALITY is when it comes to fulfillment of character and living in accord with ones God given biological order. We were raised Catholic, and I cannot tell you how scary it is when you see other kids who are so sadly manipulated by this culture of self centered "do whatever you want", "non disciplined" people, who were basically raised to live as if they can do whatever they want as long is it driven by "feeling".....rather than NATURAL and MORAL LAW.
That is why this article rocks, because it points out the very irony of the cultural movements of relativist morality and how it SO clearly is contradictory and distorted in its reasoning-and therefore very very saddening when you hear of people who undergo these surgeries….sex change OR basic plastic surgery

Posted by DeaconBillG on Thursday, Jun 14, 2012 3:01 PM (EST):
If we look at the historical perspective, there is very little history, other than our current society's obsession with appearance. It is far more difficult to acccept our own appearance when we draw our cues from those around us. Therefore, are we allowing others to develop our opinions of who we are? We are treating sexuality as a disease, and the many shades of sexuality as variations of a disease, rather than seeing them as part of God's love of diversity in Nature, a definitive sign of His intelligence, His constant participation in the ongoing process of creation. Frankly, I'm incredibly happy that 39 years ago I gave up chasing Barbi Dolls and married a normal woman who is genuinely humble about her real beauty (physical, spiritual, and intellectual), which has shown brighter each day, because we accepted each other for who we were and disregarded the "yeah, buts, and "also rans" of our youth.

Posted by Mark Kamoski on Thursday, Jun 14, 2012 3:04 PM (EST):
@Post by Zoe Brain on Thursday, Jun 14, 2012 3:57 AM (EST)

Regarding this…

I always ask those who say this if, when they have a toothache, do they see a dentist, or "bear the cross" and "dedicate their suffering to God". If they don't, then by what authority do they command others to bear far worse suffering, if they won't even bear such a minor cross as a toothache themselves? So far, I've had no replies.

...here is a reply…

No person ought "commands others". It is a matter of facing reality. It is a matter of counselling others. Reality, the way things are, is commanded by God alone. It is a suggestion that one's natural state is in balance when one accepts reality.

The analogy that you present does not work well. Put a bit better, we can say the following. If one has a painful "tooth", then perhaps one ought to seek help to heal the "tooth", because the normal state of affairs for a tooth is to not be painful. If one has a painful "pattern of thought relating to one's sexuality", then perhaps one ought to seek help to heal the "pattern of thought relating to one's sexuality", because the normal state of affairs for a "pattern of thought relating to one's sexuality" is to not be painful. As for comparative pain, the analogy too does not hold—"worse suffering" is very hard to judge, probably not possible.

Humanity at-large is a fallen nature. That's what Original Sin is. We are not perfect, none of us are. And yet, that is our lot in life. We are called to do our best. To love ourselves.

There is a lot of talk here (and in the cited studies) about humans who "think they are" something other than what, in fact, they are. Just to say "I am a woman but I think like a man" pinpoints the problem area—thinking. To say "I am a woman but I feel like a man" again pinpoints the problem area—feeling. Both statements also pinpoint the reality of the situation—"I am a woman". That IS what you are. Furthermore, and perhaps more importantly, when one says "I think like a man" that presupposes that anyone can say "a man thinks such and such a way". Who has sufficient data for that? Who knows what "men" do think like? Who knows what "men" should think like? We, each of us, only really "know" what we ourselves think like. There is no data for such. Questionaires and self-studies help, but they fall short.

Finally, the healthy/correct/reality-based/proper/etc way of thinking for EVERYONE is ordered on absolute principles. These have nothing to do with sex or gender or feelings or thoughts. They are eternal and we discover them as they are revealed to us from God, as they are the very attributes of God. Faith, Hope, Love. Other virtuous ideals (Prudence, Justice, Fortitude, Temperance, Etc) are also unchanging across time and space and sex and etc. When one addresses the world in such terms as these, and in terms of the eternal

This is why there are unspoken and central question here, relative to the trans or any others.

Do you believe in God?

Do you believe in the immortality of the human soul?

If one answers "no" to either of those questions, then one IS going to have a hard time (probably an impossible time) of making sense out of this world. That is why people struggle. That is why doctor's struggle. The human cannot be healed without God's help.

Why are people depressed?
It is because they do not seek God.

Why do people seek X without ever being satisfied?
It is because they do not seek God.

Why do people seek to change X without ever being satisfied?
It is because they do not seek God.

There's a pattern here.

Well, says the atheist, what about me—I do not believe in God so what can I do?

The answer is simple—the problem is, my friend, that you do not believe in God, and unless and until you address that taproot life is likely to be challenging and confusing.

That is not to say seeking God is easy and a cakewalk—but, it is the right way and that, in itself, is comfort.

I wonder, in all the hundreds of of hours of thinking about why Patient X w
whether that is a good idea, did they (the doctors and shrinks and friends a
think to say—does this person really have faith? Is God in this person's life

That's my quick take on the matter.

HTH.

Thanks.

—Mark Kamoski

Posted by anna lisa on Thursday, Jun 14, 2012 3:14 PM (EST):

Zoe Brain, thank you for this discussion, it had been very informative. I wo
things. First of all, Constantine is not a saint. It is said that he converted u
in the sky, but he was not baptized until his death bed. I hope that you wo
infanticide would *ever* be tolerated by the Church, or one of her saints.

.

Perhaps you are misunderstanding the Church's position on GBLT. It has rightfully taught that *all* human beings, no matter what their sexual orientation, must be loved and respected. The admonition that we must live purity in our state of life applies to *all* without discrimination. And yes, many heterosexual people would rather focus on the sins of others than their own failings. Humanity has a long way to go in loving, accepting and respecting the differences of others.

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Saint Augustine said something along the lines of "The heart never rests until it rests in God." I think about this all the time. The soul always thirsts for God. We try to slake our thirst in people and things, but only God suffices. As Saint Paul says, "all of creation is groaning".

Posted by ioannes on Thursday, Jun 14, 2012 3:43 PM (EST):

Dear Zoe, you mention that:

"For me, the natural change (incomplete as in nearly all such cases) was a blessed relief. Like Emily, I'd lived with the peculiar Hell of Transsexuality all my life, bearing my cross as best I could, telling myself that there are worse things than being a girl with a boy body."

So it seems, you are in a state of incompleteness. If this incomplete morphing happened without your stimulation, then one has to remember that everything that happens to one in life is to help you achieve the goal of being a Saint. So in this, you are called to live striving for this goal (like all of us), even if you are not quite Male. God didn't succumb to your wishes as you are not a male and will never be despite the decreasing and enlarging of certain female traits. Encouraging others to go into such threatening procedures is hardly a charitable act.

Lastly, you mention you don't have faith which and for that I am so very sorry. With faith, you could heed the advice of the fellow posters of trying to live for others as Jesus did, and only then you would find true peace and fulfillment, beyond the limits of what your body looks like. I do have to say that I have a certain respect for people who plainly say that they don't have faith in our Lord because to you, it doesn't really matter to deny Jesus as the way, the truth and the life and therefore auto-damn yourself. For in reality, if to you there is no God, then why bother trying to live along the laws imprinted in our hearts? But to someone like Brandon, there is still hope, beyond his physicality, into eternal life. Don't drag him into damnation with your lack of faith. There is a way for you Brandon, and I fear you might be putting to much hope into a dead end.

Posted by gm on Thursday, Jun 14, 2012 4:04 PM (EST):

@MarylandBill- "The thing that always strikes me about sex reassignment surgery is that it is considered a treatment for Gender Identity Disorder—i.e., a mental disease. I know of no other mental disease where the treatment is surgery meant to make reality resemble the sufferer's beliefs." Actually, another similar disorder manifests itself in people who have perfectly healthy limbs but want to be amputees. They feel that they are amputees, and even go to such lengths to lacerate themselves and allow for infection, attempting to force the doctors to amputate, since, no ethical doctor will amputate a healthy limb for psychological reasons. Clearly, the gender identity issue is a mental disorder.

Posted by kendallpeak on Thursday, Jun 14, 2012 4:09 PM (EST):

I have always considered myself a rhinocerous, yet Doctors refuse to install horns and hooves on me. Instead they refer me to psychologists. Hopefully, someday, society will come to accept me for who I am.

Posted by Geoffrey Miller on Thursday, Jun 14, 2012 4:18 PM (EST):

Well this conversation deteriorated rapidly. We've descended into argument ad "you're damned" territory.

@Kim Hatton [UK] on Thursday, Jun 14, 2012 2:11 PM (EST): Thank you for your clarification on Church teaching; however, your citation still leaves unaddressed the situations where sexual identity is physically,

and not just psychologically, ambiguous.
@ioannes on Thursday, Jun 14, 2012 3:43 PM (EST): Not only do you not get that Zoe Brain is female, and a biologically functional female at that if I understand correctly, you violate the Gospel prohibition against judging the destiny of another's soul. Stop it.

Posted by Kim Hatton [UK] on Thursday, Jun 14, 2012 4:22 PM (EST):
There is a lot of thoughtless venting disguised as rational argument on this thread…..

Posted by gm on Thursday, Jun 14, 2012 4:25 PM (EST):
@Kendallpeak- but if you have the spirt, nay, the soul of a Rhino, then according to the present zeitgeist, you have the freedom to go there. You may have to seek out a Swedish trans-zoological-physiologist.

Posted by Esmerelda on Thursday, Jun 14, 2012 4:36 PM (EST):
This is mainly for Kim Hatton…your story is amazing and touching and made me cry…for you…and for my dad, who has dealt with this for all of his life, and he's now 81.
There's fallout, of course, from wrongly understood sexuality, and I have my own crosses to bear, and figure out from the way I was brought up. My father explained his cross-dressing when I was in my early 20s, having successfully hid it from his five kids til then. Around that time, one of his good friends got a sex-change operation…I remember thinking (this was the first I'd ever heard of such a thing) how absolutely weird the idea was. This was over 30 years ago; it didn't cross my mind that my father was thinking along those lines, as well.
I just wanted to say thank you for adding your thoughts and experiences to this very interesting conversation! You're very brave.

Posted by Kim Hatton [UK] on Thursday, Jun 14, 2012 4:42 PM (EST):
Geoffrey Miller. Where someone is 'intersex' or otherwise genitally ambiguous - such as in Kleinfelter's syndrome. Their sex is usually determined by their chromosomes. When there is an anomaly in the chromosomes then it can generally be ascertained that there is a prevailing sex dominant. Treatment for such anomalies is diverse though generally adults who have been left untreated forge their identity from the predominant sex attributes they were born with - masculine or feminine. The Church has little to say on such people. It is against gender reassignment surgery because healthy tissue is being wilfully destroyed. There is no such thing as sex reassignment surgery. Sex is immutable in ordinary males and females. It cannot be 'changed'. However much a male might feel himself to be female or vice versa s/he remains male or female as s/he was born. Science cannot change that. Transsexualism is a profound psychosexual personality disorder which is very difficult to treat except through prolonged psychoanalysis. GRS is a quick fix that often doesn't work because of the underlysing conflicts being left unresolved.

Posted by Kim Hatton [UK] on Thursday, Jun 14, 2012 4:50 PM (EST):
For
Esmerelda
Thank you for your very kind comment. I grieve for your father and all like him. I am very blessed to have received the therapy I did. It took a long time but I now feel fully integrated as a person.
Bless you

Posted by ioannes on Thursday, Jun 14, 2012 4:50 PM (EST):
Ay-yay-yay Geoffrey Miller. This is what happens when one strays from the Church founded by Jesus Christ and depend on Sola Scriptura. I recommend you to enlighten yourself about judging others:
http://www.catholic.com/magazine/articles/judge-not
"Go and tell him his fault, between you and him alone. If he listens to you, you have gained your brother. But if he does not listen, take one or two others along with you, that every word may be confirmed by the evidence of two or three witnesses. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax collector." (Matt. 18:15-17)
I bet you also think that turning the other cheek means we must be submissive right?
http://findarticles.com/p/articles/mi_m0MKY/is_3_29/ai_n11838798/
Anhyways, regarding the other person, I really don't want to put them on the spot. It seems the body was predominantly female and developed into having male Characteristics. Perhaps female traits decreased to a great degree, and the clitoris was enlarged greatly. From what I understand, the starting point was not that of a Hermaphrodite, and from what was described, it seems that the opposite reproductive organs are not present. Or perhaps it was vice-versa, it is not clear.
In regards to damming, it is not me who damns, but Jesus, and when you have no faith in Jesus, then it is quite clear what your eternal destiny is to be. I forward his teachings in loving charity, not in seeking my own righteousness as I sincerely place my hopes of eternal life on the mercy on my soul.
Other comments from contributors that are not charitable in nature, but seek to mock should be disregarded.

I hope that you stop living in your hippie Jesus bubble, and start spreading his TRUE message, for you will be the cause of ruin of many souls if you keep on misguiding.

Posted by ioannes on Thursday, Jun 14, 2012 4:55 PM (EST):

Kim, what an incredible testimony. Thank you for sharing the truth of our Lord's message. May the Lord Bless you with continued peace.

Posted by Paula on Thursday, Jun 14, 2012 5:05 PM (EST):

@Zoe Brain

Thank you for your thoughtful posts. This is an important dialogue.

It reminds me of the controversies over climate change, each side offering many scientific studies to bolster their claim. The studies you cited are interesting, but don't prove causality for sexual identity disorders. They demonstrate only what we all know: we need good studies that can be replicated. I believe it's premature and a mistake to say Gender Identity Disorders have a biological genesis. The jury is out on this issue and it'll be many years before it renders a verdict.

Posted by anonymous on Thursday, Jun 14, 2012 6:26 PM (EST):

I reiterate:

1) No genes have been found in the genome project - there is NO gene or series of genes that have been found to cause gender identity disorder. The figure someone gave in this forum of 10% - that means 90% is caused by something else, including environment.

2) brain difference studies have not been replicated - displaying a list of studies does not provide evidence of replication. Someone needs to find the same results from one study to another to have replication - the study needs to be repeated. So you would have to show the same results across numerous studies - and please no tiny sample sizes or autopsies of people who have died from diseases - those are lousy studies because of confounding variables. Also, don't quote poor quality brain difference studies to load the deck - poor quality brain difference studies are not experimental in nature. They show brain differences, but they leave open the obvious question: does the brain difference cause the behavior or does the behavior result in brain difference? Only reference experimental designs in brain difference studies - causality must be demonstrated. Correlation does NOT imply causation.

3) and hormonal difference studies have been fruitless. Ditto from number 2 - you can't quote poor quality hormonal difference studies for support. Again, do the hormones cause the behavior or do the behaviors result in hormonal changes? You MUST have proper experimental design, no garbage pseudoscience.

I stand by my original statement. You also avoided the obvious in my criticism - a primary diagnosis of Borderline Personality Disorder, which involves unstable self-image. Borderline PD is a serious disorder resulting from a wide range of parental, developmental, and other environmental factors. It more than enough provides an explanation for secondary Gender Identity issues. Borderline PD is also associated with childhood trauma, substance abuse, dysphoric mood, and self-injury/suicidal behavior. All these factors have been associated with GID.

Posted by Cktrat on Thursday, Jun 14, 2012 7:41 PM (EST):

It's worth remembering that John Hopkins University, which spearheaded sex reassignment surgery in the 60s, later abandoned it when it became clear their doctors were cooperating with a psychological disorder. The reason Christians can and must oppose the anthropological dualism that claims a human being can be biologically one sex and psychologically another is because it runs counter to Scripture and the Christian understanding of the human person. No valid anthropological separation can be made between "sex" and "gender" as many claim, since human personhood is constituted by an inseparable union of body and soul (1 Cor. 6:18-19), and gender isn't accidental to but constitutive of the human person (cf. Gen. 1, where Adam and Eve's gender proceeds from the creative will of God.) God constitutes a person male or female in both body AND soul. And because human beings are essentially their bodies, our gender identity has to be congruent with our biological identity, not the other way around. Any type of gender/sex dualism is radically at odds with the teleogical understanding of human sexuality in Scripture.

Posted by Zoe Brain on Thursday, Jun 14, 2012 8:00 PM (EST):

Deacon Daniel wrote:

"I think this article may be helpful in this discussion:
http://www.narth.com/docs/york.html"

In this, NARTH states:

"Contrary to the wishful thinking of feminists, bisexuals, and transsexuals, there are profound differences between males and females—and those differences are programmed within the DNA from the moment of conception."

Trans people don't deny there are profound differences. It's because of these profound differences that Transsexuality exists. No matter what you do, you cannot convert a boy into a girl, no matter what surgery you perform on their body to make them look like a girl. This is well demonstrated by the David Reimer case. Sex is set in the brain.

The problem is that some girls are born looking superficially like boys.

Where NARTH goes wrong is to say that the differences are determined entirely by DNA, at the moment of conception. This is provably false.

"A 46,XY mother who developed as a normal woman underwent spontaneous puberty, reached menarche, menstruated regularly, experienced two unassisted pregnancies, and gave birth to a 46,XY daughter with complete gonadal dysgenesis."—J Clin Endocrinol Metab. 2008 Jan;93(1):182-9.

If NARTH is correct, such a situation is completely impossible. That such people exist proves them wrong.

You don't have to go that far though. Everyone is aware of the phenomenon of "identical twins", right? Two people with identical DNA. Both the product of a single conception. Yet sometimes (rarely), one is male, the other female.

You may not be aware of Chimeraism, where someones's body is composed of two different cell lines - the product of two conceptions. At the moment of conception, we can't even tell whether one person (the usual case), 2 people (identical twins) or 1/2 person (chimerae) is going to result, let alone what sex(es) they're going to be. Just a moment's thought will show that the "determined at conception" idea is absurd, it flies in the face of obvious facts.

Apart from that, and the polemic political nature of the wording, the article's pretty good.

Posted by Zoe Brain on Thursday, Jun 14, 2012 8:23 PM (EST):
Kim Hatton wrote:

"Transsexualism is a profound psychosexual personality disorder which is very difficult to treat except through prolonged psychoanalysis."

That doesn't work. There are exactly zero studies that show psychoanalysis to be effective. None. Nada. Zip. Even though people have been trying that for over 50 years, and continue to do so today, simply because they've been taught that it *has to be* a psychosexual personality disorder. That's what it says in the older textbooks, despite all evidence to the contrary. Bluntly, it's superstition, a product of ideological belief rather than science. The history of psychiatry is full of such - "drapetomania", "hysteria" and so on. The most recent example being the use of lobotomy and leucotomy 40 years ago to treat stomach ulcers, thought to have an entirely mental cause. Now we know the helicobacter organism is responsible, the whole psychiatric theory was utter rubbish.

"Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success (Gelder & Marks, 1969; Greenson, 1964), particularly in the long term (Cohen-Kettenis & Kuiper, 1984; Pauly, 1965). Such treatment is no longer considered ethical."—Standards of Care version 7

If psychotherapy works, we should be able to show that in studies. We can't, all the studies ever conducted have shown the opposite. Yet psychiatrists continue to try talking cures, and their patients continue to die because of it.

I'll quote former advisor to the Vatican Paul McHugh, on the subject.

"We need to know how to prevent such sadness, indeed horror. We have to learn how to manage this condition as a mental disorder when we fail to prevent it. If it depends on child rearing, then let's hear about its inner dynamics so that parents can be taught to guide their children properly. If it is an aspect of confusion tied to homosexuality, we need to understand its nature and exactly how to manage it as a manifestation of serious mental disorder among homosexual individuals. But instead of attempting to learn enough to accomplish these worthy goals, psychiatrists collaborated in a exercise of folly with distressed people during a time when "do your own thing" had something akin to the force of a command. "

That encapsulates this view rather well. The problem is that we've searched for a psychiatric cause for decade on decade, without success. We have found evidence for biological causality though, proven for animals, very likely for humans.

This is not a political issue - though many like McHugh think it must be.

Posted by TheresaEH on Thursday, Jun 14, 2012 8:46 PM (EST):
In 1978 I was 15 years old. All I wanted was to have a breast reduction. My extra large breasts were the target for bullying and teasing from the other kids at school. So my mother allowed this to be done. The surgery caused me great pain and suffering, I was unable breast feed my children in later years. Having smaller breasts DIDNOT get me any more acceptance by anyone. It changed NOTHING but my breast size. Now as a very mature woman of 50 years of age, I now realize that my boobs were NOT the problem. what was the problem was lack of nuturing and being verbally abused by my mother as a child!!!

Posted by Zoe Brain on Thursday, Jun 14, 2012 8:48 PM (EST):
Cktrat wrote:
"It's worth remembering that John Hopkins University, which spearheaded sex reassignment surgery in the 60s, later abandoned it when it became clear their doctors were cooperating with a psychological disorder."

That's the line the director of the program at the time, Paul McHugh, purveyed in his article "Surgical Sex" in the religious (not medical) journal, "First Things".

He also stated that even before he'd joined the program, his intent was to shut it down on ideological grounds, without even looking at the evidence (see his book, Psychiatric Misadventures, that I quoted above). Verdict first, trial afterwards.

"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."

The Johns Hopkins surgical program was indeed shut down. It was no longer "experimental" but mainstream, the evidence for effectiveness was so convincing. Since then, Johns Hopkins have referred their surgical patients to the dozen or so surgeons who routinely perform such surgeries outside a university research setting, a fact you can check for yourself.

This all happened over 30 years ago, something else that McHugh fails to emphasise in his "Surgical Sex" article.

Posted by prayerwarrior4Jesus on Thursday, Jun 14, 2012 8:55 PM (EST):
God does not make mistakes; only people do!

Posted by Esmerelda on Thursday, Jun 14, 2012 9:06 PM (EST):
Zoe Brain,
Please give a source for the following:
"...the phenomenon of "identical twins", right? Two people with identical DNA. Both the product of a single conception. Yet sometimes (rarely), one is male, the other female."
(If the DNA is identical, their sex must also be identical.)
And a source for this:
"You may not be aware of Chimeraism, where someones's body is composed of two different cell lines - the product of two conceptions. At the moment of conception, we can't even tell whether one person (the usual case), 2 people (identical twins) or 1/2 person (chimerae) is going to result, let alone what sex(es) they're going to be. Just a moment's thought will show that the "determined at conception" idea is absurd, it flies in the face of obvious facts."
(I am unable to locate anything about it - chimeraism - except for Death Metal songs & old sci-fi comic characters)

Posted by Anna on Thursday, Jun 14, 2012 9:31 PM (EST):
Just an observation: If the brain was "female" and the body "male," yet the person wanted to remain "male," would we be promoting brain surgery to "make the brain 'male'" as well? Food for thought.

Posted by Anna on Thursday, Jun 14, 2012 9:34 PM (EST):
Regarding chimera individuals, it is my understanding that you can dissect the genome down to its original intended sex for the human at the embryonic stage.

Posted by Anna on Thursday, Jun 14, 2012 9:37 PM (EST):
One more thought before I go to bed…
"He made them male and female."
I would venture to argue that it is because of original sin that we have this ambiguity. God clearly defined the sexes.

Posted by Zoe Brain on Thursday, Jun 14, 2012 9:39 PM (EST):
Kim Hatton[UK]

May I please ask you a very personal question, one I have no right to ask, and please feel free not to answer:

Where you ever diagnosed as Transsexual according to the WHO's ICD-10 diagnostics manual, or the APA's DSM-IV-TR manual?

There are many purely psychiatric illnesses that appear superficially to resemble Transsexuality. These are usually fairly easily distinguished though. A small dose of hormonal therapy is a useful diagnostic tool here.

"If applicable and patient feels a need to go further in cross gender exploration, a formal referral to physician for Hormone Replacement Therapy is made. It is well documented that the administration of cross sex hormones have a mitigating effect on patents suffering from severe gender dysphoria. The effect is so marked that the treatment is used to confirm or reject the GID diagnosis. Fortunately. psychological outcomes precede permanent physiological secondary sex characteristic changes, making it an ideal diagnostic confirmation/contraindicating tool."—http://www.avitale.com/TreatmentPlan.htm

Usually such cases are so obvious that things don't proceed that far. Transition is a multi-year process.

Two things concern me, looking at the "Bigger Picture". Both are caused by psychiatric lack of knowledge in this area. To be blunt, medical incompetence caused by lack of training.

The first, and ethically more damaging, is that incompetent mental health professionals may give a "false positive", assuming that any patient account of gender incongruence always indicates Transsexuality. Such cases require psychotherapy, not transition. The requirement in the standards of care for a de novo review of the case by an expert practitioner before surgery is authorised is there specifically for this reason.

The second is that incompetent mental health practitioners may not believe in the existence of Transsexuality as such, that it's always a "psychosexual personality disorder", and persist with a "talking cure" that does no good, until the patient leaves or suicides. Even then, such treatment may do *some* good, as Transsexual people often self-medicate with drugs or alcohol, or are otherwise damaged both by the internal biologically-caused distress, and the very overt persecution they face if their condition becomes known. Psychotherapy is required to deal with these issues, either before Transition or after.

Release from a hellish situation doesn't automatically fix all the problems, it just removes the cause.

Posted by Zoe Brain on Thursday, Jun 14, 2012 9:46 PM (EST):
Anna wrote:

"If the brain was "female" and the body "male," yet the person wanted to remain "male," would we be promoting brain surgery to "make the brain 'male'" as well?"

If that was possible, yes. "Promoting" isn't the right word though, more of an option. As it would involve extinction of the existing person, and replacement with a new one, there are ethical issues involved. But if someone, for the good of their family, effectively chose suicide and replacement with another persona as the option they desperately desired, perhaps the option should be available. I know a lot of Transsexuals would desire that, not for themselves, but for the sake of those they care about.

However, as we're talking about surgery within individual cells, and causing new brain structures to grow, we'll have such relatively simple things such as cancer cures and aging-reversal long before that. Converting an omelette back into its constituent eggs would be easier.

Posted by Rachael on Thursday, Jun 14, 2012 9:49 PM (EST):
I knew a man who wanted to have a tansgender surgery. For a long time I thought he was a woman, he acted and dressed like a woman. He claimed to love God very much and came to our prayer group every week. He went to church all the time and had a very strong prayer life. At one point some friends from teh

prayer group had a healing and deliverance prayer session with him all afternoon. At the end of the day he was completely healed of his transsexual lifestyle and literally became a 'new man' in Christ. He sobbed for a long time on the shoulders of his friends who prayed over him. He then announced to us who he really was and the healing and deliverance which took place in his soul. I have heard similar stories from ministers and transsexual people that they indeed were suffering from demonic obsession and oppression. When the demonic presence was cast away the person was set free from this bondage, which it truly is. Christ wants to set us free and heal our souls. I really believe that this is an issue of a spiritual sickness which needs to be healed in the person who is convinced he or she is really the opposite sex. I pray for all of you who are cought in this web of sin and lies from the enemy of our souls, the father of all lies, the deciever and murderer of souls and bodies.

Posted by Anna on Thursday, Jun 14, 2012 9:56 PM (EST):
Zoe Brain wrote: However, as we're talking about surgery within individual cells, and causing new brain structures to grow, we'll have such relatively simple things such as cancer cures and aging-reversal long before that. Converting an omelette back into its constituent eggs would be easier.
^Maybe "easier" but still may not be what the person wants. Then what do you do? Make them live like a male because they already have the body of one? Or make them undergo psychoanalysis to manipulate the mind into "maleness?"

Posted by Zoe Brain on Thursday, Jun 14, 2012 10:12 PM (EST):
Esmerelda wrote:

"(I am unable to locate anything about it - chimeraism - except for Death Metal songs & old sci-fi comic characters)"

Wiki has a good article on it, suitable for a lay person.
http://en.wikipedia.org/wiki/Chimera_(genetics)

If you want something a bit more rigorous,
Disputed Maternity Leading to Identification of Tetragametic Chimerism, Yu et al, N Engl J Med. 2002 May 16;346(20):1545-52.

"We describe a phenotypically normal woman in whom tetragametic chimerism was unexpectedly identified after histocompatibility testing of family members suggested that she was not the biologic mother of two of her three children."
http://www.nejm.org/doi/full/10.1056/NEJMoa013452
Things are nowhere near as simple as the Church teaches, or that many believe. All I can do is lay the evidence before you.

Posted by Zoe Brain on Thursday, Jun 14, 2012 10:17 PM (EST):
As regards "identical twins" of different sexes,

Monozygotic twins discordant for sex, Schmidt et al, J Med Genet 1976;13:64-68

"A pair of monozygotic, adolescent twins is discordant for sex. The phenotypic female twin has chromosome constitution of 46, XY/45, X. She displays many signs of Turner's syndrome, including typical facies, webbed neck, malformed left kidney, high plasma gonadotropins, and streak ovaries. However, her height is 154 cm which exceeds the height usually reported in Turner's syndrome. The male twin has a karyotype of 46, XY and normal sexual development. Only two other reports of pairs of monozygotic twins of opposite sex have been published. "

http://jmg.bmj.com/content/13/1/64.abstract

That was in 1976, many more have been reported since then, but it's still remarkably rare. It happens though.

Posted by Anna on Thursday, Jun 14, 2012 10:26 PM (EST):
Things are nowhere near as simple as the Church teaches
^Can you explain this further? Every piece of evidence you lay out points to abnormalities within biologically defined sexes (i.e. chimeras). The Church recognizes biologically defined sexes. It can hardly be argued that a "normal state" for a human is for mind to be at war with body. The argument is whether a physiological change can repair this rift, and so far, evidence cited above does not support those efforts.

Posted by Zoe Brain on Thursday, Jun 14, 2012 10:29 PM (EST):
Anna wrote:
"Maybe "easier" but still may not be what the person wants. Then what do you do? Make them live like a male because they already have the body of one? Or make them undergo psychoanalysis to manipulate the mind into "maleness?""

I wouldn't "make" them do anything. I'd try to give them all the data about risks, consequences etc so they could make an informed choice themselves. I'd certainly emphasise that to change their brain is essentially a form of suicide (not that we know how to do that). Trying to "manipulate their mind" we know is futile, it doesn't work. Living like a male just because you look like one may work for a while, but the condition is progressive, it gets worse, not better, over time (trust me on that, been there, done that). It's very dangerous, and certainly damaging, to attempt it for too long.

Bottom line: the choice is eventual institutionalisation, suicide, or transition, in extreme cases. There *are* no good options, only bad and worse. The least worst involves destruction of healthy tissue, but at least they get to live a life that's vastly better than they can possibly imagine.

In such cases, even though the Church is under the mistaken impression that there's no evidence of a biological cause (thanks to the misguidance of Paul McHugh), even they have said that surgery is morally licit. They just keep that secret, Bishops Eyes Only.

Posted by Anna on Thursday, Jun 14, 2012 10:32 PM (EST):
The least worst involves destruction of healthy tissue, but at least they get to live a life that's vastly better than they can possibly imagine
^The lesser evil is still an evil.
What evidence have you that the Church condones this type of surgery? You seem to imply conspiracy theory in your last sentence.

Posted by Zoe Brain on Thursday, Jun 14, 2012 11:00 PM (EST):
Anna wrote:
"Can you explain this further? "

I'll try to. Church teaching appears to be that everyone is 100% male or 100% female, a strict divide, no grey areas. Any apparent Intersex situation can always be resolved by looking at evidence - praying for guidance, exorcising demons, examining the entrails of goats, looking at chromosomes, using a micrometer on the phallus so that 0.001 mm separates male from female, etc.

Oh for a return to the 11th century church's view, when they were less dogmatic about things! Never mind.

The usual view is that "anyone with a Y chromosome is 'really' male", as has been stated many times by various Catholic theologians. Attempts have been made in the past to enshrine this into law.

The Indonesian Catholic Bishops on the other hand have stated that anyone with 2 X chromosomes is definitely female, and they commanded an XXY person to stop behaving like a man.

The excuse offered for these contradictory teachings is that there's nothing the Magisterium has said on the question. Fair enough. But it hasn't stopped Catholic authorities from teaching such obviously self-contradictory nonsense as if it were dogma. Articles like the one we're commenting on are the result, ones lacking in human kindness or Charity. The words in 1 Corinthians 13 seem to have escaped them.

I fear that if the Church continues to dogmatically assert the doctrine of the "theology of the Body", they'll look as foolish as they did in the 16th century, dogmatically asserting the doctrine of Ptolemaic cosmology.

Astronomical facts caused grave damage to the Church back then. Biological facts threaten to do the same in the near future. Observations of the Galilean moons around Jupiter were seen as an attack on the Church back then. The existence of people like me are seen (by the Holy Father anyway) as an attack on the Church now.

Eppur si muove.

I'll give one quote that's apposite here:
"The very powerful and the very stupid have one thing in common. Instead of altering their views to fit the facts, they alter the facts to fit their views…which can be very uncomfortable if you happen to be one of the facts that needs altering."

The worst thing is that secular law is in an even greater disarray. From Littleton vs Prange:

"Taking this situation to its logical conclusion, Mrs. Littleton, while in San Antonio, Tex., is a male and has a void marriage; as she travels to Houston, Tex., and enters federal property, she is female and a widow; upon traveling to Kentucky she is female and a widow; but, upon entering Ohio, she is once again male and prohibited from marriage; entering Connecticut, she is again female and may marry; if her travel takes her north to Vermont, she is male and may marry a female; if instead she travels south to New Jersey, she may marry a male."

In Australia, where I live, I'm legally (as well as biologically) female. In the UK, where I was born, I'm legally male (though with a female passport). In the USA, my legal sex would depend on which state (and in Texas, which county) I'm in, and whether on Federal land or not. So please don't interpret this an unjust "Catholic bashing", the Church is by no means the worst offender here.

Posted by Zoe Brain on Thursday, Jun 14, 2012 11:11 PM (EST):
Anna wrote:

"What evidence have you that the Church condones this type of surgery? You seem to imply conspiracy theory in your last sentence."
————-
VATICAN-TRANSSEXUALS
Jan-14-2003 (710 words) xxxi
Vatican says 'sex-change' operation does not change person's gender
By John Norton Catholic News Service

VATICAN CITY (CNS)—After years of study, the Vatican's doctrinal congregation has sent church leaders a confidential document concluding that "sex-change" procedures do not change a person's gender in the eyes of the church.
Consequently, the document instructs bishops never to alter the sex listed in parish baptismal records and says Catholics who have undergone "sex-change" procedures are not eligible to marry, be ordained to the priesthood or enter religious life, according to a source familiar with the text.
The document was completed in 2000 and sent "sub secretum" (under secrecy) to the papal representatives in each country to provide guidance on a case-by-case basis to bishops. But when it became clear that many bishops were still unaware of its existence, in 2002 the congregation sent it to the presidents of bishops' conferences as well.
"The key point is that the (transsexual) surgical operation is so superficial and external that it does not change the personality. If the person was male, he remains male. If she was female, she remains female," said the source.
Bishop Wilton D. Gregory of Belleville, Ill., president of the U.S. bishops' conference, sent a brief letter to U.S. bishops in October informing them of the Vatican document and highlighting its instruction not to alter parish baptismal records, except to make a notation in the margin when deemed necessary.
"The altered condition of a member of the faithful under civil law does not change one's canonical condition, which is male or female as determined at the moment of birth," Bishop Gregory wrote.
The Vatican text defines transsexualism as a psychic disorder of those whose genetic makeup and physical characteristics are unambiguously of one sex but who feel that they belong to the opposite sex. In some cases, the urge is so strong that the person undergoes a "sex-change" operation to acquire the opposite sex's external sexual organs. The new organs have no reproductive function.
...
The priest, citing confidentiality rules, declined to speak on the record to Catholic News Service for this story.
The Vatican document's specific points include:
—An analysis of the moral licitness of "sex-change" operations. It concludes that the procedure could be morally acceptable in certain extreme cases if a medical probability exists that it will "cure" the patient's internal turmoil.

————————-
That sex is always infallibly determined accurately at the moment of birth is provably incorrect. But that's the official line.

See http://www.usrf.org/news/010308-guevedoces.html for a very blatantly obvious counter-example.

That Transsexuality involves "physical characteristics…unambiguously of one sex" is also probably incorrect. That's also the official line though.
See
A sex difference in the human brain and its relation to transsexuality. by Zhou et al Nature (1995) 378:68–70.
Our study is the first to show a female brain structure in genetically male transsexuals and supports the hypothesis that gender identity develops as a result of an interaction between the developing brain and sex hormones

Posted by Michael on Thursday, Jun 14, 2012 11:22 PM (EST):
We are made in the image of God and God is neither male nor female. And He created us in His image.
Our soul (image) reflects God first and our body is the means of living in the world.
With these reflections I found the way to deal with my child when 'she' told me 'she' had begun transition to a male. I had always seen and related to each of my children first as a human person. Their physical gender was secondary.
Since the transition 8 years ago (mastectomy and male hormones only), my 'son' emotionally, mentally, physically, and socially has evolved into a very admirable and successful person (2 college degrees IT professional). In these past 8 years from multiple encounters with his GLBT friends, I've come to understand their concerns and their hardships (crosses).
As a Catholic revert (very late in my life), the vast of majority of Catholics as well as many other Christians have a more difficult time dealing with the transgender issue than with homosexuality. If we see the transgender first as human being, their integrity as a creature (image) of God, then we can better listen to their sorrows and joys and uncertainties so as we can mutually discover what is the right way to carry our crosses.

Posted by Cktrat on Thursday, Jun 14, 2012 11:25 PM (EST):
Zoe Brain said:
"If that was possible, yes. "Promoting" isn't the right word though, more of an option. As it would involve extinction of the existing person, and replacement with a new one, there are ethical issues involved."
From the Christian perspective, which is really what this article is about, it's hard to imagine how confronting a person's gender identity with the aim of resolving internal psychological conflicts is any more the "extinction of the existing person" than the surgical mutilation of their genitalia. The second case is where the true ethical issues are involved, since the former is simply an attempt to help the individual resolve an internal psychological struggle.
The Christian understanding of gender as constitutive of the human person along with the inseparable union of body and soul means that the human body cannot be reduced to a mere instrument in self-identification, as if it worked at the service of an completely autonomous "psychological self." This is the mistaken assumption behind arguments in defense of SRS, and it is completely incompatible with the understanding of the human person found in Scripture.

Posted by Zoe Brain on Thursday, Jun 14, 2012 11:27 PM (EST):
Paula wrote:
It reminds me of the controversies over climate change, each side offering many scientific studies to bolster their claim….

Only one side is offering scientific studies here though, aren't they?

Paula then wrote:
"I believe it's premature and a mistake to say Gender Identity Disorders have a biological genesis. The jury is out on this issue and it'll be many years before it renders a verdict."

Certainly, while the evidence from animal studies is first-class, that for humans is nowhere near as good as I'd like it to be. Sample sizes are too small, simply because only 1 in 3000 people are Transsexual.

It's better than the evidence for many other standard medical treatments though. It's only because of Ideology that it faces so much critique that other areas, ones accepted without question as we know they work, do not.

As regards "the jury is out", let me quote from the Re Kevin cases of 2003:
At paragraph [252]: 'The traditional analysis that they are "psychologically" transsexual does not explain how this state came about. For example, there seems to be no suggestion in the evidence that their psychological state can be explained by reference to circumstances of their upbringing. In that sense, the brain sex theory does not seem to be competing with other explanations, but rather is providing a possible explanation of what is otherwise inexplicable'.
At paragraph [265]: 'In my view the argument in favour of the "brain sex" view is also based on evidence about the development and experience of transsexuals and others with atypical sex-related characteristics. There is a vast literature on this, some of which is in evidence, and I can do no more than mention briefly some of the main points'.
At paragraph [268]: 'It seems quite wrong to think of these people as merely wishing or preferring to be of the opposite sex, or having the opinion that they are'.
At paragraph [270]: 'But I am satisfied that the evidence now is inconsistent with the distinction formerly drawn between biological factors, meaning genitals, chromosomes and gonads, and merely "psychological factors", and on this basis distinguishing between cases of inter-sex (incongruities among biological factors) and transsexualism (incongruities between biology and psychology)'.
At paragraph [272]: 'In my view the evidence demonstrates (at least on the balance of probabilities) that the characteristics of transsexuals are as much "biological" as those of people thought of as inter-sex'.

Proof beyond reasonable doubt? In animals, yes, in humans, no.
Proof on the balance of probabilities? In humans yes, strongly so.
Good or even Fair Evidence of any other explanation? None.
Good evidence against other explanations? Lots.

Posted by Zoe Brain on Thursday, Jun 14, 2012 11:41 PM (EST):
Michael wrote:
"Since the transition 8 years ago (mastectomy and male hormones only), my 'son' emotionally, mentally, physically, and socially has evolved into a very admirable and successful person (2 college degrees IT professional)."

The neurological anomalies associated with partial cross-sexing of the brain do tend to grant certain talents. A ridiculous number of people in Computer Science and Information Technology are Intersex or Trans. 1 in 3000 in the general population, more like 1 in 100 in those areas.

I wish your son every success. It can't be easy to be a boy with a girl body. Unlike his father, whose masculinity was granted at birth, he had to quest for his. You have every right to be extraordinarily proud of your boy. Do you think you could have done the same, had you been born with a feminised body too?

If medical science progresses at its current rate, it's not impossible that one day he may be able to father children too. I can't say it's likely in your lifetime, but may be in his. I hope so, anyway, sterility is a price too high to pay.

Posted by Cktrat on Thursday, Jun 14, 2012 11:50 PM (EST):
Zoe Brain said:
"That sex is always infallibly determined accurately at the moment of birth is provably incorrect. But that's the official line."
The case of the Guevedoces constitutes an anomaly, like intersex individuals. The discussion here concerns people whose sex really is unambiguous, meaning they don't switch sex organically at puberty.
"That Transsexuality involves "physical characteristics…unambiguously of one sex" is also probably incorrect. That's also the official line though."
Obviously this was a qualification meant to exclude intersex individuals from the definition. Besides, being genetically male but having a female brain structure doesn't change one's gender. For example, a male with a characteristically female temperment resulting from genetics of prenatal factors doesn't "become" female because of that.

Posted by anna lisa on Friday, Jun 15, 2012 12:10 AM (EST):
Zoe, the moment you start using abusive language, or sarcasm, considering a matter as grave as this by flippantly accusing the church of consulting "goat entrails", you lose your credibility. I think all of us here can agree that there are devastating injustices in this world that we cringe to consider. That a single child dies of starvation is devastating. The starving child doesn't need an eight hour surgery, all they need is food. What people like Emily and Kim need, is love, acceptance and support. Even Emily was honest by saying that a surgery would be superficial. It is society that needs to change at the root. A scalpel doesn't change the root of the problem.
.

Emily, you are my neighbor, and I accept you the way that you are. You don't need surgery to be accepted, even though I wouldn't judge you if you resort to this. I wish you peace in Christ, where your deepest healing is taking place. It is a process. Even if it is not complete in this life, it will be complete in the next. My prayers go out to you and all of my sisters and brothers that suffer this painful burden. If you were Catholic, you would understand that your suffering, when united to Christ is amazing and powerful in assisting in the salvation of others, who *haven't* found Christ like you have. You are very blessed in this. When we realize this, our suffering is transformed. God Bless you. Offer up your pain with the cross and try to fathom what it is to cooperate in the salvation of others, who were born *whole* in the eyes of the world, but are perishing because God means nothing to them.

Posted by Zoe Brain on Friday, Jun 15, 2012 12:22 AM (EST):

Cktrat wrote:
"The case of the Guevedoces constitutes an anomaly, like intersex individuals."

No-one's claiming that Transsexuality isn't an anomaly! Like Intersex, it's unusual. It's even more unusual than many other Intersex situations, in fact.

Cktrat also wrote:
"Obviously this was a qualification meant to exclude intersex individuals from the definition."

In which case, it excludes all actual Transsexuals, who have mixed sexually dimorphic anatomy, just not externally visibly so. At the risk of being tediously repetitious, which part of
"a female brain structure in genetically male transsexuals" eludes you?

"Our results show that the white matter microstructure pattern in untreated FtM transsexuals is closer to the pattern of subjects who share their gender identity (males) than those who share their biological sex (females). Our results provide evidence for an inherent difference in the brain structure of FtM transsexuals."—Rametti

"In sum, gender identity, whether consistent or inconsistent with other sex characteristics, may be understood to be "much less a matter of choice and much more a matter of biology" (Coolidge et al., 2000). The scientific evidence supports the paradigm that transsexualism is strongly associated with the neurodevelopment of the brain (Zhou et al., 1995; Kruijver et al., 2000). It is clear that the condition cannot necessarily be overcome by "consistent psychological socialisation as male or female from very early childhood" and it is not responsive to psychological or psychiatric treatments alone (Green, 1999). It is understood that during the fetal period the brain is potentially subject to the organising properties of sex hormones (Kruijver et al., 2000; 2001; 2002; 2003). In the case of transsexualism, these effects appear to be atypical, resulting in sex-reversal in the structure of the BSTc, and possibly other, as yet unidentified, loci (Kruijver, 2004)."—Besser, 2006 (we've identified a number of other loci since)

It's a gross over-simplification, untrue in many details, but still capturing the essence, to say "Girl brain in boy body". Not a "spiritual" or "psychological" difference, an anatomical one, visible in autopsies, MRI and PET scans.

Finally, Cktrat wrote:
"Besides, being genetically male but having a female brain structure doesn't change one's gender. For example, a male with a characteristically female temperment resulting from genetics of prenatal factors doesn't "become" female because of that."

I disagree. I've shown that "genetically male" as a term is almost meaningless - 1 in 300 men aren't 46XY. I've shown that a "genetically male" mother can give birth, that genes don't define whether someone's male or female. Neither does genitalia at birth, which is subject to change due to natural causes.

The Church is correct in saying that surgery doesn't change one's sex. Nothing can. All we can do is make the body match the brain (and hence mind, and possibly soul for those who believe in such concepts).

Posted by Sylvia on Friday, Jun 15, 2012 1:47 AM (EST):

I will repeat this, from the beginning, God created them male and female. Without these two, there is no human species. A Catholic person struggling with this issue, needs to ask for Masses to be said for him or her, and pray that God may help him or her to see themselves as God sees them and made them. God does not make mistakes. Male and female He created us. Our souls have to accept the bodies God gave us.

Posted by Zoe Brain on Friday, Jun 15, 2012 1:49 AM (EST):

anna lisa

"At Johns Hopkins Hospital, they have a "gender committee" that meets whenever an intersex baby is born. The team is headed by a pediatric endrocrinologist, but also contains a surgeon, a social worker and a clergyman among others. Together with the parents the team evaluates the baby and decides upon the best course of action."—Gender X The Battle over Boy or Girl, Klein D, Stanford Medicine Spring 2011

I was referring to a practice by certain African churches. Clergy are sometimes consulted to help determine the sex of such children. In some hospitals, there are regular positions, in others, they call in whatever religious representatives the parents request. Both approaches have their disadvantages. Having an appointed Imam determine the sex of a Christian child based on Islamic jurisprudence can cause issues with the parents. Having a Voudoun priest selected by the parents sacrificing a chicken often causes some dismay to the medical team. Having social workers involved, some of whom are New Age, Mormons or Scientologists, also causes complexities.

I wasn't being facetious. Such ceremonies are sometimes used in the USA. The Church doesn't approve of consulting goat entrails, coin-tosses, using micrometers and similar practices, but they do accept the results, however they were arrived at, and do not enquire further.

Posted by Sylvia on Friday, Jun 15, 2012 1:49 AM (EST):
Also, it has been proven, that by changing the "externals" of a person, does not solve the underlying issues for people struggling with these issues. It's not the outside that has to change, but the inside. The heart and mind.

Posted by Sylvia on Friday, Jun 15, 2012 1:53 AM (EST):
Zoe Brain, are you serious? Please don't make the obvious into something so complicated that it requires a team of specialist. When, since the beginning, one just needs to see that if the baby has a penis it is a boy, and if it does not, it is a girl. Both are loved by their Heavenly Father and so are you.

Posted by Zoe Brain on Friday, Jun 15, 2012 2:01 AM (EST):
Sylvia
"Male and female He created us."

Some of us both, yes. Usually it's one or the other, not one and the other, but that happens too.

Matthew 19:12
"For there are some created eunuchs of their mothers womb;"

Isaiah 56:3-5
"3…And let not the eunuch say: Behold I am a dry tree.
4 For thus saith the Lord to the eunuchs, They that shall keep my sabbaths, and shall choose the things that please me, and shall hold fast my covenant:
5 I will give to them in my house, and within my walls, a place, and a name better than sons and daughters: I will give them an everlasting name which shall never perish.

It's a personal promise to those born Intersex. We have to determine for ourselves what is pleasing, as we have no reliable guidance. We must adhere to the basics - keeping the Sabbath, keeping the covenant, not killing, not stealing, treating others with the mercy we'd like shown to ourselves., etc but apart from that, we have to choose for ourselves as best we may, based on our own circumstances.

Posted by Zoe Brain on Friday, Jun 15, 2012 2:22 AM (EST):
Sylvia
"Zoe Brain, are you serious? Please don't make the obvious into something so complicated that it requires a team of specialist. When, since the beginning, one just needs to see that if the baby has a penis it is a boy, and if it does not, it is a girl."

And if it has both? Neither? Something that's in between the two? Something that looks like one thing that changes into the other?
1 in 300 infants are in that situation, Sylvia. Just ask any paediatric nurse.

Please take a look at this URL. It has photos.
http://www.usrf.org/news/010308-guevedoces.html

Or this one - it explains Intersex
http://en.wikipedia.org/wiki/Intersex

I know this is outside your personal experience, and you will probably find it shocking and disconcerting. I'm sorry about that.

Some pictures of Intersex adults:

46,XY male with CAIS 2-3
http://upload.wikimedia.org/wikipedia/commons/thumb/4/42/Men_with_micropenis.jpg/180px-Men_with_micropenis.jpg

46,XX male with CAH caused by 21HD
http://www.carolguze.com/images/Sex/CAH46,XXmale.jpg

46,XY female with CAH caused by 3BHSD (born looking male)
http://2.bp.blogspot.com/_RX1kCTDHtt8/S0FijXClC5I/AAAAAAAAALo/wS1TkMS0xrA/s400/Pic_04_01_2020

46,XY male with 5ARD (born looking female)
http://www.usrf.org/images/Guevedoces5.jpg
Sorry, it's not that simple! It's also not that rare. A million such people in the USA alone.

Posted by Chris Faulds on Friday, Jun 15, 2012 4:53 AM (EST):
+JMJ+
Emily thank you for sharing your experience. I hope that you make the right choice.
I find it interesting that so many people are obsessed with their own personal happiness. Is it not selfish to be considering our own happiness as the all and everything that is neccessary in this life, this passing moment? and happiness is only an emotion e.g. If I go and buy a brand new top of the range BMW I'm happy but I'm definately not full of joy because happiness is self serving joy is found serving others before you serve yourself. As the brand new BMW starts to loose it's lustre my happiness is then focussed onto something else.
Then you have "Love" now that has been completely turned on it's head and confused with the word nice and tolerant. Everything has to be nice, you cannot disagree with anyone because you might hurt their feelings etc etc. Ok so lets play out a simple scenario, My Daughter is about to burn herself by touching the fireguard I shout out NO! do not touch that! Many of the people here would say: That's not a very nice way to talk to your daughter and my answer would be I had to do that because I love her.

I also find it amazing that people can use the name of Jesus Christ as a reason for their choices. Usually it's the a la carte version of Jesus.
The Jesus that suits the individuals choice and warps it into being an act of rightousness.
The super tolerant version of Jesus who is all accepting. Jesus was not / is not tolerant it's as clear as crystal.
Then you have the argument that some how in the last two thousand years we are no longer made in Gods image, we have some how evolved and God's some how getting our preferences, our life choices all mixed up.
The Our Father clearly states what our objectives should be:
Our Father, Who art in heaven,
Hallowed be Thy Name.
Thy Kingdom come.
Thy Will be done, on earth as it is in Heaven. Give us this day our daily bread.
And forgive us our trespasses,
as we forgive those who trespass against us.
And lead us not into temptation,
but deliver us from evil. Amen.
"Thy Will be Done on Earth as it is in Heaven" nOt "My Will"
It's not easy if anyone finds it easy then they definately have the grace of God working in their lives to help them!
Christopher

Posted by gjacks on Friday, Jun 15, 2012 9:05 AM (EST):
Zoe Brain,
You claim that "genetically male" is almost meaningless since it applies differently to 1 in 300 (!) men:
But when you say that "All we can do is make the body match the brain (and hence mind, and possibly soul for those who believe in such concepts)" you imply in your argument that there ought to be congruence between a persons brain and anatomy. If genetics here were truly meaningless, incongruence would not exist in a 46XY with a female brain structure, since whether they were XX or XY wouldn't mean anything. But the very fact that we can even identify a "male" or "female" brain structure is conclusive evidence that the terms are meaningful scientific categories and that certain brain structures have clear scientific links to genetic sex. If brain structure can be said to exist independently from genetic sex, how could one change

one's anatomy (almost always determined by genetic sex) to "match" the brain? And becuse this is true, the case of a person who is unambiguously one sex but has the brain structure and of another is merely evidence of a disordered physical anamoly.
I'm also not sure if you realize you're simply advocating gender determinism based brain structure rather than genetic sex. Where would self-definition come in (e.g. a person whose brain structure is similar to a female's but who gender is clearly male)

Posted by thomas nowacki on Friday, Jun 15, 2012 9:59 AM (EST):
Jennifer Fulwiler do not blame the rest of the world for your personal decision of not having an SRS surgery. You should understand that there is a difference between the vanity plastic surgery versus surgery to makes one mind one with their body. So I hope your decision to tranny was not influenced by outside forces however, the rest of us are secured in out belief system.

Posted by espe on Friday, Jun 15, 2012 10:20 AM (EST):
Since the inception of contraception which is about fifty plus years now, we are seeing more and more immorality in socities all over the world.
Contraception is the worst evil that has befallen this world. It opened up a can of worms that now cannot be contained. Once contraception became legal then of course legal abortion followed which brought on the sexual revolution along with homosexuality and the transgender revolution. What's next,Legalizing Pedophilia or marrying a dog or horse? The problem I see is that the media along with a small minority of powerful & wealthy people (inc. Hollywood) are actually convincing many of the American people that all this is "the new norm."
Another way we went wrong here in this country is making any kind of excuse for divorce and now, about sixty percent of American's are living in adultry. When God is taken out, perversion sets in….

Posted by Zoe Brain on Friday, Jun 15, 2012 10:25 AM (EST):
gjacks wrote:
"Where would self-definition come in (e.g. a person whose brain structure is similar to a female's but who gender is clearly male)"

Such people may exist; we've never found one though. Brain structure (in certain areas, I must be careful to emphasise that) of female appears to universally result in a female gender identity. No exceptions, regardless of what their bodies may look like or have looked like. Should we find one, we'd have to re-consider, and figure out what makes humans unique amongst mammalian species.

gjacks wrote:
"And becuse this is true, the case of a person who is unambiguously one sex but has the brain structure and of another…"

If they have parts of the body (such as the brain) of one sex, but other parts of the body of the opposite sex, how can they be "unambiguous"?

gjacks wrote:
"...is merely evidence of a disordered physical anamoly."

Or natural variation. Is colour-blindness a disorder? Or having red hair? Or blue eyes? Or an extra finger? Or perfect pitch? Left-handedness?
I think it all depends on whether there's a disability or not. Having red hair can be fatal in the tropics. Having one person in a hunting party who's colour-blind can help spot game better.
I consider any Intersex situation which results in sterility to be a disorder. Transsexuality that requires medical assistance likewise. Transgender - where no hormonal or surgical intervention is needed - not. So yes, Transsexuality, because of the dysfunction it causes, is an anatomical disorder, partly curable by surgery and hormones. Hopefully one day completely curable, so Transsexual women can have babies.

gjacks wrote:
"I'm also not sure if you realize you're simply advocating gender determinism based brain structure rather than genetic sex."

Yes, I realise that, and yes, that's what I'm doing. Bearing in mind that a lot of people have brain structures that are neither completely male nor female, so we're only deferring the problem of what sex someone is, not solving it. It does mean though that we don't have gender incongruence. If some can function as either sex - and the evidence for that is overwhelming - they don't have issues. I know a few people with 5ARD who were fine being female, and equally fine being male. They were agnostic about it. I also know people who considered the change to be a release from Hell. They were (effectively) Transsexual boys with girl bodies, that normalised.

But there's also cases like this one:
RE: SALLY (SPECIAL MEDICAL PROCEDURE) [2010] FamCA 237
http://home.vicnet.net.au/~aissg/2010_FamCA_237.pdf

That's a girl with 5ARD who started masculinising, a nightmare to any woman.

It really comes down to how a person is defined. Cut off someone's left hand, do they remain the same person? Remove their heart and replace it with an artificial one, do they remain the same person? Remove a large section of the brain, leaving only enough for the heart to beat and the lungs to breathe, are they the same person? I'd say no to the last, yes to the other two.
A man who loses his genitalia to accident or war wound continues to be male - even if born with XX chromosomes, as some men are. A woman who has a hysterectomy remains a woman. Neither chromosomes, nor genitalia, nor fertility determine sex. Neuro-anatomy does.

This is most visible in such cases of "natural sex change". To some, a miracle cure. To others, a descent into nightmare. And to some, an interesting life experience, nothing more. Depending entirely on their brain's anatomy.

Posted by Linda L. Stump on Friday, Jun 15, 2012 10:40 AM (EST):
When I was much younger I was told that some babies are born with both male and female parts in that area. The doctor would make the decision of which gender he/she thought the baby would be and so that is the way the sex was determined. Nowadays the parents are informed of such a birth and through research and prayer, they decide what sex they believe their child would be. I do not know why some babies are born this way; however, it does happen. Of course, in today's society in a few states in our country all one has to do is determine that the baby within her is not the sex she wants and can abort that baby! I can not imagine any woman not wanting whatever sex our Lord gives us in our womb just because she wants the opposite sex. Of course, to me, there is no excuse for an abortion which nowadays is more a form of birth control than anything else. Until we realize that some babies are born with both sexual parts, sometimes the choices that the doctors and/or parents make might not be the correct choice. We fight and stand up for the right of the unborn; however, we do not understand what has happened once a baby is born with this particular problem. We do need to have a better understanding and compassion for these individuals as well. I am surprised that more people do not know about this with new born babies. Maybe this will help to clarify some things. God help us all to understand what these people go through!

Posted by gm on Friday, Jun 15, 2012 10:51 AM (EST):
@Zoe Brain-
"Oh for a return to the 11th century church's view, when they were less dogmatic about things!" The dogma of gender-ambiguity and transexualism is ambiguous itself and uncertain. Your intellectual gymnastics only points to this uncertainty. All empirical science and inductive research, including biology is as Karl Popper pointed out is only probable at best, but does not yield the absolute certitude that math and logic provides. I would suggest to anyone interested in the topic of gender or the philosophy and theology of the body, Dietrich von Hildebrand's realist phenomenological analysis of the intrinsic necessity of the intelligible essence of male and female in his work entitled "Man and Woman".

Posted by Zoe Brain on Friday, Jun 15, 2012 11:06 AM (EST):
gjacks wrote:
"But the very fact that we can even identify a "male" or "female" brain structure is conclusive evidence that the terms are meaningful scientific categories and that certain brain structures have clear scientific links to genetic sex."

Please watch all 4 parts of Dr Veronica "Ronnie" Drantz' presentation.
http://www.youtube.com/watch?v=UoyYDIcUlr4&feature=bf_prev&list=PL27F47CFF6ABA3BCA

As a professor of biology, she explains it far better than I can. With pictures too.

Posted by Zoe Brain on Friday, Jun 15, 2012 11:29 AM (EST):
gm wrote:
"All empirical science and inductive research, including biology is as Karl Popper pointed out is only probable at best, but does not yield the absolute certitude that math and logic provides."

"I would suggest to anyone interested in the topic of gender or the philosophy and theology of the body, Dietrich von Hildebrand's realist phenomenological analysis of the intrinsic necessity of the intelligible essence of male and female in his work entitled "Man and Woman"."

I agree. It's closely-reasoned, the logic irrefutable. I would suggest you read St John Crystostom's equally closely-reasoned, and logically irrefutable, treatise proving that the Earth is Flat, or the better-known treatise of St Augustine, logically proving that no continent can exist in the Antipodes. Both logically impeccable, both expressed with absolute certitude.

Goedel's incompleteness theorem proves that any logical structure can either be complete - with no unprovable assumptions required - or consistent - containing no self-contradictions. It cannot be both. So any treatise dependant on nothing but Logic must be based on axioms, or be inconsistent. If the axioms are incorrect, the treatise may be logically impeccable and irrefutable, with complete certitude, and still be hopelessly wrong.

The existence of people like me shows that von Hildebrand's axioms cannot be correct, no matter how good his reasoning. The existence of Australia proves St. Augustine's treatise is similarly flawed. I need not mention St John Chrystostom, but he should have known better, as experiments proving the Earth was round had been performed over 300 years earlier, and were widely known in the civilised world.

Posted by Zoe Brain on Friday, Jun 15, 2012 11:36 AM (EST):
Need I adduce other examples of Theologically impeccable treatises on various subjects, that have turned out not to describe reality accurately?

Those two came to mind immediately, but history is littered with them. The arguments against the Germ Theory of Disease for example, very popular with various Theologians in the 19th century, and even with some in the early 20th.

Science deals with probabilities, uncertainties, and necessarily flawed and incomplete measurements. Philosophical and Theological treatises deal with absolutes and certainties. But their record for accuracy is spotty at best, is it not?

Posted by JD on Friday, Jun 15, 2012 12:41 PM (EST):
My understanding is that cases of intersexed individuals are dealt with on a case by case basis.
.
The person is considered either male or female and the Church will quietly grant a dispensation to surgically "correct" any biological problem. The Church teaches that are no "intersexed" souls, only male or female ones.
.
Now, these dispensations for intersexed persons create some rather thorny theological problems. Is there really a separation between soul and body? Can a female soul occupy a healthy male body and if so, then what is the remedy? What implications does this have for homosexuality? Bisexuality?

Posted by Zoe Brain on Friday, Jun 15, 2012 1:08 PM (EST):
JD wrote:
"Now, these dispensations for intersexed persons create some rather thorny theological problems. Is there really a separation between soul and body? Can a female soul occupy a healthy male body and if so, then what is the remedy? What implications does this have for homosexuality? Bisexuality?"

Exactly. These are genuinely difficult theological issues to solve. It's not even certain that souls are sexed - "there is neither Jew nor Greek, male nor female" etc can be interpreted literally as saying that they're the same, or figuratively as saying they're separate but equal.

The cases that really trouble them are the natural sex changers. The rest can be dealt with by assuming it's always possible to tell if someone is "really" male or "really" female. But natural sex changes should not, or rather, *can* not, exist if body (rather than brain) reflects spirit.

I speak from personal experience, and numerous attempts to get straight answers from the hierarchy. They just don't want to know, and I suspect, think this must be some kind of hoax. It can't happen so it doesn't happen, problem solved. If they believe it, they put it in the "too hard" basket and don't reply.

Eppur si muove….

Posted by Kim Hatton [UK] on Friday, Jun 15, 2012 1:22 PM (EST):

A belated reply to Zoe Brain. Yes I was diagnosed as transsexual according to the Harry Benjamin Standards of Care and the DSM diagnostic guidleines. It has always been argued that Transsexualism cannot be treated by psychoanalysis and ths argument goes back to Harry Benjamin himself who informs us it had no effect in 6 out of 6 referred patients. I would question how long the patients were in therapy, how deep the therapy went, how often the sessions were. I was in psychoanalysis for four years 3 times a week for 50 minute sessions. I know of few transsexuals, and all transsexuals initially self diagnose, who made such a commitment. I know of three who have and have left the transsexual lifestyle and urges behind.
As for Emily stating that "I won't have to worry about any kind of remasculinzation if I didn't." I agree but she would gain weight, lose all muscle tone and end up suffering from osteophorosis. That is why she has to be medicated for the rest of her life.
Read more: http://www.ncregister.com/blog/jennifer-fulwiler/transsexuals-extreme-plastic-surgery-and-what-we-can-learn-from-both#ixzz1xt0vIFfG
As for

Posted by Doc Kimble on Friday, Jun 15, 2012 2:00 PM (EST):

Not to bore anyone with details, but I can safely say that this culture has pretty much messed with my life, mind & body, for all of my 64 years of life, and at times, I've "gone along to get along," and at other times, I've fought back….no holds barred. So, in the spirit of fraternal charity, here's the hill I'm dying on with this: We're making a mistake in our thinking when we say a man can become, as if by magic, a woman by sex reassignment surgery, or a woman can also thereby become a man.
I am a Catholic convert, and the Church is, to me, Christ. I want to know how the nuns who want to become priests can be any different than those women who get "sex reassignment" surgery. No amount of tortured "theology" can convince me that a woman can be a priest, and nothing anyone's said here convinces me that anything other than bodily mutilation occurs when you cut on your genitals to make yourself believe you're somehow now "different" with now a right to impose yourself upon the culture as such. How torturous would it be to have to receive Holy Communion from a person who has mutilated, mind and body, the Mass of the Royal Priesthood?
The Body of Christ has been mutilated, once for all, and all we can do now is answer the call to be Christ for others, in whatever station has been assigned to us in life. Life has assigned to many of us the role of Defender of the Faith (I KNOW that comes with Confirmation)....not MY faith, as IMAGINED, but faith IN CHRIST, WHO IS WHO IS.
Lead us not into temptation, Lord….lead us to the Heavenly Kingdom.

Posted by gm on Friday, Jun 15, 2012 2:19 PM (EST):

@Zoe Brain- "St John Crystostom's equally closely-reasoned, and logically irrefutable, treatise proving that the Earth is Flat, or the better-known treatise of St Augustine, logically proving that no continent can exist in the Antipodes. Both logically impeccable, both expressed with absolute certitude." And, "Goedel's incompleteness theorem proves that any logical structure can either be complete - with no unprovable assumptions required - or consistent - containing no self-contradictions. It cannot be both. So any treatise dependant on nothing but Logic must be based on axioms, or be inconsistent. If the axioms are incorrect, the treatise may be logically impeccable and irrefutable, with complete certitude, and still be hopelessly wrong." Von Hildebrand actually agrees with your example, which only apply to mutable non-intrinsic entities- that can only be known through an empirical observation-and applies to a million things in the universe. However, one can make a clear distinction between the above kinds of essences- which apply to all objects of science and immutable essences that are so given by their inner necessity. The intelligible necessary essences like numbers, moral principles, logic principles that are material i.e. rooted in Being (you gave examples of abstract logic), have their foundation in and of itself, or the thing itself, which is the structure of existence and reality. Moreover, "the existence of people like me shows that von Hildebrand's axioms cannot be correct, no matter how good his reasoning", doesn't prove or show that von Hildebrand is wrong, but that he is correct in his point that, if we are to grasp truth, our subjective experience must be in harmony with truth itself, albeit it can also be disharmony with truth, due to value blindness, pride, prejudice and concupiscence.

Posted by Kim Hatton [UK] on Friday, Jun 15, 2012 4:21 PM (EST):

Zoe.
You make a lot of posts but when questions you ask are answered in a way that doesn't suit your agenda - you become very quiet.

Posted by Paul H on Friday, Jun 15, 2012 4:26 PM (EST):

To Zoe Brain:
Thanks for your comments here. I have found them informative.
You wrote:

"I speak from personal experience, and numerous attempts to get straight answers from the hierarchy. They just don't want to know, and I suspect, think this must be some kind of hoax. It can't happen so it doesn't happen, problem solved. If they believe it, they put it in the "too hard" basket and don't reply."
Why does the Catholic Church necessarily need to have a position on this? I agree with the church's teachings on sexual matters. But the fact that a small minority of people have conditions that cause them to be intersexed or transsexual does not necessarily mean that the church's teachings on sexual matters, which apply to people who are unambiguously male or female, are wrong. To me, it means that there is a small group of people for whom it is difficult to know exactly how they fit into the standard male/female paradigm —a paradigm which is generally assumed in the church's sexual teachings. I think it is probably difficult for bishops to figure this out too, and I don't necessarily have a problem with it being difficult for them. I think that sometimes it is better to say "I don't know," and this may be one of those times.
If you are interested in pursuing this further from a Catholic perspective, I would recommend that you send some questions to Jimmy Akin. He is a very smart and well-read Catholic apologist, who considers questions very carefully and in depth. He might be willing to do some research and to give you some answers on his podcast.

Posted by joseph vellone on Friday, Jun 15, 2012 4:29 PM (EST):
What a good,informtive discussion.The expert state of the art medical comments really helped and edified.
The usual pontificators had good solid statements,irregarless of the facts.
The zealous souls who saw only sin and corruption didn't really help.
The wonderful souls who gave encouragement made me proud to be a part of the Mystical Body.

Posted by K C Thomas on Saturday, Jun 16, 2012 12:53 AM (EST):
Now Emily ! Now what is the feeling of the former wife ? How do the children feel ? How the conjugal relationship with the mother of the children. Humans get many feelings, urges and intense cravings, but God has given wisdom, thinking power. There are many occasions the "control machine" has to be switched on. Our feelings alone should not drive us, but feelings should be backed by reasoning, after effects of our deeds and above all our relationship with our creator

Posted by Zoe Brain on Saturday, Jun 16, 2012 3:42 AM (EST):
K C Thomas - I can't speak for Emily. The reason I never contemplated transition, and did make some futile attempt to see what I could do to reverse the natural process when it happened, was because of my partner and child. I didn't value my life nearly as highly as I valued those I love.

What I didn't see was that my child had two alternatives: a father who turned into a girl, or a father who'd slowly disintegrate in abject misery, and eventually die. I thought I was doing the right thing, but I wasn't. For him, he preferred a live, happy, but female father rather than a handful of excruciatingly painful memories.

The result:
http://1.bp.blogspot.com/_RX1kCTDHtt8/R9DbpqnAdzI/AAAAAAAAAFY/72j9wg9iaRY/s1600/family.jpg

Posted by anna lisa on Saturday, Jun 16, 2012 4:11 PM (EST):
Zoe, I couldn't get the link to work. Please help me to understand what you are saying. You were a young intersex man with female reproductive organs (and your wife was okay with this) who married as a male,fathered a child, but naturally became increasingly female, thus losing your wife and child who could not accept this?

Posted by Zoe Brain on Saturday, Jun 16, 2012 10:30 PM (EST):
anna lisa

Not quite: I had underdeveloped male genitalia, vestigial female reproductive tissue internally (indicating mild persistant mullerian duct syndrome - PMDS), and married as a male (after the removal of the latter), despite having a female gender identity. I *looked* male, mostly, not at all female except to an endocrinologist, who'd note the many anomalies. Four years after marriage, the diagnosis at a Fertility Clinic was "undervirilised male" rather than female. I didn't think there was any alternative to living as a male, after all, they were just "feelings", right? As it turned out, no, not right, but we didn't know that back then, and many don't know it now.

Apparently similar to this case, with a similar outcome:
http://www.denverpost.com/news/ci_20606569/colorado-transgender-photographer-focuses-family-identity#ixzz1w9eJKjLS

In that case, both sets of reproductive system, especially the male one, were more developed than my own. The cause there is probably classic PMDS, rather than a side-effect of 3BHSD as in my case. We think.

http://en.wikipedia.org/wiki/Persistent_Mullerian_duct_syndrome

As with most such cases at the time, it was thought crucial to conceal what had been removed from the patient, lest it damage their psychological health. I would have consented anyway, there was a very real cancer risk, and no chance of it ever functioning. But I wasn't given the option. I went into surgery expecting to have my gall-bladder removed, and a 4" scar on my right side, not a 14" incision from bikini like to breastbone, and an abdomen full of scar tissue.

Because I didn't have the complete set of male genitalia, technical means had to be used to extract gametes from partly functional glands.

My partner and I are still together. We are unable to divorce, as the laws here require evidence that the relationship has broken down, and it plainly has not. We did consider it, went to a Family Guidance mediator to divide up assets, but neither side could agree. My partner wanted me to have 75% of the assets, I wanted her to have 75%, and every time the word "divorce" was mentioned, we both broke down crying. We love each other far too much to do the "sensible thing" and split up, and we've given up on the idea, much to our son's relief. I think we might have stayed together just for him, even if there was no love between us. The only downside is that we're both straight, the puberty I finally had gave me a sexual orientation, as it does to most girls. Usually around 12 rather than 47 though…

You may be able to access the photo link above via
http://aebrain.blogspot.com.au/2008/03/family.html

Posted by Zoe Brain on Saturday, Jun 16, 2012 10:52 PM (EST):
Kim Hatton [UK] wrote:

You make a lot of posts but when questions you ask are answered in a way that doesn't suit your agenda - you become very quiet.

Sorry I haven't been able to deal with everything thrown at me. I'll try to address your point.

Did you go as far as having HRT? Did you go through the two years of the "Real Life Test" required by standards in the UK at the time to confirm a tentative diagnosis?

GID has degrees. In only the most severe cases is medical intervention necessary. There it *is* necessary though. More to the point, there are symptoms that may appear similar from other causes, we have to be very careful and conservative. Too conservative though, and the patient dies.

It's really important that if you did go on HRT, and completed the RLT, but did not go through with Transition, that we be made aware of this. Obviously you didn't need surgery, and if the diagnosis of GID was confirmed like this, we're doing something wrong. I'm just glad that you backed out in time. Many, less stable people in the same situation might not.

"There are two components of Gender Identity Disorder, both of which must be present to make the diagnosis. Thee must be evidence of a strong and persistent gross-gender identification, which is the desire to be, or the insistence that one is of the other sex (Criteria A). This cross-gender identification must not merely be a desire for any perceived cultural advantages of being the other sex. there must also be evidence of persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex (Criteria B). The diagnosis is not made if the individual has a concurrent physical intersex condition (e.g., androgen insensitivity syndrome or congenital adrenal hyperplasia) (Criteria C). To make the diagnosis, there must be evidence of clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criteria D). "

Note that I cannot be classed as Transsexual under criterion C. That's why I can't get my UK Birth Certificate changed under the UK Gender Recognition Act, as that requires a documented proof of a formal diagnosis of Transsexuality.

The WHO's ICD-10 (used in the UK) is a bit more lax here, but still much the same.
—-
The International Classification of Diseases (ICD-10) list three diagnostic criteria:
Transsexualism (F64.0) has three criteria:[9]
1)The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone

treatment
2) The transsexual identity has been present persistently for at least two years
3) The disorder is not a symptom of another mental disorder or a chromosomal abnormality
——-
I'm excluded under 3). 3BHSD is a "chromosomal abnormality". According to my medical team, there's no "mental disorder", but I'm sure many here have their doubts about that, and I can't blame them!

Posted by Zoe Brain on Saturday, Jun 16, 2012 11:09 PM (EST):
The current diagnostic criteria for adults in the USA from the DSM-IV-TR are:

Diagnostic Criteria (APA 1994, p 537)

A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

The disturbance is not concurrent with a physical intersex condition.

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

————-
In my own case:
stated desire to be the other sex?
No, men have it easier.

frequent passing as the other sex?
No, I never dressed as female. With a body as male as mine used to be, "lipstick on a pig" is an appropriate phrase.

desire to live or be treated as the other sex?
Ambivalent on that before. I had no idea how well it would fit. How could I?

has the typical feelings and reactions of the other sex?
Obviously true, I knew that at 8 years old. Others noticed too, it's not easy to hide.
request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex?
Nope. I had too much to lose, even though having external genitalia felt ***wrong*** and had done since age 4.

belief that he or she was born the wrong sex?
Not so much "born the wrong sex" as "born *looking* like the wrong sex". I was born female, I just didn't look like it.

disturbance is not concurrent with a physical intersex condition.?
FAIL. Not Transsexual, Intersex.

disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning?
Distress - severe, impairment - mild but worsening.

Posted by Mike P on Sunday, Jun 17, 2012 6:12 PM (EST):
I find it perfectly plausible that there exist people whose brain is telling them they are one gender while their bodies are in fact the other. My question is, which is the more charitable course of action for the transgendered person to take: (1) to conform the brain to the body, so that he/she must deal with his/her problem as best he/she can, or (2) to conform the body to the brain, so that what was formerly his/her issue exclusively is now everyone else's issue? In the former case, personal comfort is diminished for the sake of society's comfort, whereas in the latter case, society's comfort is diminished for the sake of personal

comfort. Whose happiness is more important: the individual's or the society's? And let's not forget that God already laid down the law concerning transgendered persons back in Deut 22:5 - "The woman shall not wear that which pertaineth unto a man, neither shall a man put on a woman's garment: for all that do so are abomination unto the LORD thy God." Remember, sex changes were not possible back in those days, so transgendered people's only option was to dress according to how they perceived themselves to be—but here God expressly forbids that option. And that would indicate to me that God is more interesting in maintaining the male/female distinctions in society, and preserving the social harmony that comes with it, rather than allow the individual to attain to personal happiness at the cost of social harmony. I do not see why this would be any different today, even with advances in medical science. Society is still accustomed to view human beings as males and females, with no in-betweens and no crossovers; Scripture still puts forward male/female distinctions in the structure of society as part of God's ideal plan for humanity; therefore the evidence would seem to point more toward preserving the social order rather than preserving the individual's happiness. (It's like I usually say: If you want to determine how human beings should behave, first strip away all technology, *then* make the rules. Because we often use technology as an excuse for twisting the rules around into what we think we can get away with rather than figuring out what really makes for a happy, harmonious society.)

Posted by Zoe Brain on Sunday, Jun 17, 2012 8:44 PM (EST):
Mike P -
Deuteronomy 22:5 prohibits cross-dressing.
Deuteronomy 22:11 prohibits mixed-fibre clothes
Deuteronomy 22:8 Says that new houses must have battlements on their roof
Deuteronomy 22:20-21 prescribes the death penalty for non-virgins who marry
Deuteronomy 22:28-30 says rapists must marry their victims, unless their victims are betrothed or already married.
However… anyone reading the "old law" and the Talmudaic explanations of how it is to be interpreted must realise that it's absolutely literal and narrow. Thus when it says "the men of HER town" they mean that: all of the men from the town she is from. If any are not present, then the stoning ceremony cannot be performed. Similarly the prohibition on two men sharing a bed that belongs to a woman is exactly that: there's nothing that prohibits them sharing a bed that belongs to a man.
These are not "general principles". Thus a woman may buy some clothes cut in a style that is mannish, but provided a man does not own them, may wear them, as they are not "men's clothes". There's no rule against that. Men may share each other's clothes, women may share each other's clothes, but it is forbidden for a wife to wear her husband's shirt, or socks, for example.
Neither may wear clothing composed of linen and wool, but there's no rule about polyester-cotton blends.
Unless you have built battlements on any new house you have constructed - it's OK to buy an old house without them - then you are breaking God's Law too. If you're Jewish, for these rules don't apply to Gentiles.

Posted by Zoe Brain on Sunday, Jun 17, 2012 8:53 PM (EST):
Mike P
"Remember, sex changes were not possible back in those days"

Actually, they were. 5ARD happens due to sporadic mutations, and 17BHDD is endemic in the Middle East even today.

See: http://edition.cnn.com/2009/WORLD/meast/12/17/gaza.gender.id/

Posted by Rob on Sunday, Jun 17, 2012 10:45 PM (EST):
Societies support for transgender/transexuality is a cruel hoax.
You cannot change your sex, it is encoded in your chromosomes.
Saying that gender is somehow different from sex does not make it true.
Gender and sex are one in the same. Thinking you are a woman does not make you a woman.
There is no doubt that gender confusion is a difficult problem that requires charity and understanding. But pretending does not fix the problem and certainly surgery makes a bad situation worse.
I think it is ok to say I am a man but I feel like I should be a woman, that is stating the problem. But to say I am a woman, when I'm really a man, is lying to yourself and others and will only create more hurt and more confusion.

Posted by Zoe Brain on Sunday, Jun 17, 2012 11:04 PM (EST):
Rob wrote:
"You cannot change your sex, it is encoded in your chromosomes."

SIGH

"A 46,XY mother who developed as a normal woman underwent spontaneous puberty, reached menarche, menstruated regularly, experienced two unassisted pregnancies, and gave birth to a 46,XY daughter with complete gonadal dysgenesis.—J Clin Endocrinol Metab. 2008 Jan;93(1):182-9."

You were saying?

We do face a problem here, one of misinformation and misconceptions. People of goodwill, like yourself, believe things that just aren't true, because that's what you've been taught. No wonder you come to the conclusions you do, because you were only given the simplified view of biology at school, or at home-school.

XX=female, XY=male is a good approximation, true in most cases. But not in all.

There's about a 1 in 300 chance you're not XY for example. Probably a bit less, unless you don't have kids, then rather more.

Posted by Rob on Sunday, Jun 17, 2012 11:46 PM (EST):
@Zoe
I appreciate your adding some science to the discussion, but I think it is a red herring.
AIS as in your 46,xy example occurs in 1 in 13,000 births. The occurrence of XX males that you note as 1 in 300 is actually 1 in 20,000.
I do not dispute the fact that there are cases, and certainly 1 in thousands is a finite number, but I think this is misleading because in the majority or gender confusion cases genetic defects like you list are not present.

Posted by Zoe Brain on Monday, Jun 18, 2012 12:31 AM (EST):
Rob

1 in 300 men are not 46,XY. The majority who are not are 47,XXY, "halfway between" XX and XY - that's 1 in 450. I don't have good figures for 46,XX males.

The current best figures for Transsexuality are 1 in 3,000, rather less common than 1 in 300. The APA figures are 1 in 30,000 for MtoF, and 1 in 100,000 for FtoM, but they;re based on a small study in Scandinavia over 40 years ago, and are inconsistent with any of the studies since.

Most of those diagnosed as "Transsexual" do not have chromosomal anomalies, In theory, none should have, as a chromosomal anomaly precludes a diagnosis of Transsexuality. Unfortunately, most such diagnoses are made without any tests for Intersex being performed.

The following is all too typical:
Thu Jun 14, 2012 9:04 am
> >—- In dr_s_club@yahoogroups.com, <e-mail redacted> wrote:
> > >
> > > For my lifetime, I just thought I am a MtF with a girl face, short statue, round shoulder and female carry angle arms and legs. However, I was diagnosed as True hermaphroditism through an ultrasound pelvic scan. I have a complete female reproductive inside me, including a small uterus and two ovaries. From the X ray, I found I have typical female pelvic bone and pubic arch opening (over 100 degree).
> > >
> > > I am not sure how all these conditions will affect my SRS with Dr. Suporn on November. This is truly a shocking news for me, but it also answered lots of my self-doubts over the years. I have the regular abdominal pain since I entered puberty, and I started to release my breast growing a little bit since 6 years ago (but not very serious, so I did not really pay too much attention). Later I learned that the pain actually happens every month, and it is very similar to the menstrual period.
> > >
> > > Does anyone here has similar situation as I do? Or anyone knows about the condition and would like to give me some suggestion? I have read a lot of research paper, but only one of them showed a similar case like mine, due to no obvious external genital ambiguous. I feel kinda lost now, and I really appreciate any comment or idea.
> > >
> > > Thank you all!
> > > Yuzuki

Rather than being a "Red Herring", the many studies showing that all Transsexual people ever examined have mixed sexual anatomy - only rarely involving chromosomal anomalies - are absolutely central. I only mentioned the chromosomal issues because of the common superstition that chromosomes have magical, supernatural powers to determine "real" sex

With a lot of luck, it may be that this girl might possibly be able to bear children after surgery. Certainly Dr

Suporn would give her the best chance of this - he's the surgeon I went to for genital reconstruction to fix up the mess left after the change.

Not only is this girl's brain feminised, as are those of all Transsexual women, but other parts are too. That's not always the case of course, but maybe 1 in 10.

These are not "hypotheticals", they're real people. This "Gender Confusion" that you talk about is your own. Trans and Intersex people know what sex they are, they're not confused about it. You are.

Posted by Rob on Monday, Jun 18, 2012 9:04 AM (EST):
Zoe writes: "Rather than being a "Red Herring", the many studies showing that all Transsexual people ever examined have mixed sexual anatomy - only rarely involving chromosomal anomalies - are absolutely central. I only mentioned the chromosomal issues because of the common superstition that chromosomes have magical, supernatural powers to determine "real" sex"
I find this first statement incredible. All?
This is a statement from the Intersex Society of North American: "People who identify as transgender or transsexual are usually people who are born with typical male or female anatomies but feel as though they've been born into the "wrong body."". This means that your statement is false. This is the second time you have quoted an incorrect fact - the other your 1 in 300 xx-male figure.
On the second statement, the power of chromosomes is not magical. Although we do not fully understand God's creation, it is real. There are specific sex determining chromosomes in the Y chromosome.
Real sexual variances are serious if rare. Exploiting them for the promotion of gender ambiguity is wrong.

Posted by Zoe Brain on Monday, Jun 18, 2012 11:01 AM (EST):
Rob
Where did I say 1 in 300 men are XX? I said that 1 in 300 men aren't XY. That doesn't mean they have to be XX. Some are XXY, others X/XY, XY/XXY, XX/XXY, XYY, etc. Some are XX, but most are not.

Let's check on what I actually said shall we? Because you're imagining things, and because of your delusions, accusing others of lying.

Thursday, Jun 14, 2012 3:34 AM (EST):
1 in 300 men do not have the usual 46,XY chromosomes.

Friday, Jun 15, 2012 12:22 AM (EST):
I've shown that "genetically male" as a term is almost meaningless - 1 in 300 men aren't 46XY.

Sunday, Jun 17, 2012 11:04 PM (EST):
There's about a 1 in 300 chance you're not XY for example.

It was only then that you wrote:
"The occurrence of XX males that you note as 1 in 300 is actually 1 in 20,000."

Not once did I mention XX males. Now normally I'd let this go, but you then went on to accuse others of "lying to themselves" and "creating harm and confusion". Moreover you wrote "This is the second time you have quoted an incorrect fact - the other your 1 in 300 xx-male figure."

This is bearing false witness, is it not? Ignoring what has been said, and substituting your own version of reality, as that's the only way to justify your malice.

OK, let's look at what the ISNA said (at http://www.isna.org/faq/transgender)
""People who identify as transgender or transsexual are usually people who are born with typical male or female anatomies but feel as though they've been born into the "wrong body."".

That's factually incorrect, and they should have known better than to be so imprecise, even 10 years ago when that was written.

A correct version would be ""People who identify as transgender or transsexual are usually people who are born with typical male or female anatomies (other than neurologically) but feel as though they've been born into the "wrong body.""

By saying "usually" and "identify as" rather than "are diagnosable as", they're correct. Such minor wording differences matter.

As for the evidence of cross-sexed neurology:
See

Male–to–female transsexuals have female neuron numbers in a limbic nucleus. Kruiver et al J Clin Endocrinol Metab (2000) 85:2034–2041

White matter microstructure in female to male transsexuals before cross-sex hormonal treatment. A diffusion tensor imaging study. - Rametti et al, J Psychiatr Res. 2010 Jun 8.

And many other papers on the subject. While there may exist transsexual people without partly sex-reversed anatomy in the brain, we've never found one in the thousands (in aggregate) that have been looked at in dozens of different experiments in labs all round the world.

We have found one case who was not transsexual but did have a partly sex-reversed brain. Just not as completely as transsexuals do.

"One person we studied had untreated male gender dysphoria (S7), took no hormones and kept his transsexual feelings under wraps. He appeared to have a large INAH3 volume - in the male range - but a female INAH3 number of neurons (68) and a female BSTc somatostatin neuron number (95). Hence, this individual's hypothalamic characteristics were mid-way between male and female values."
—Sexual differentiation of the human brain in relation to gender identity and sexual orientation D.Swaab & A.Garcia-Fulgaras Functional Neurology, Jan-Mar 2009:

Posted by anna lisa on Monday, Jun 18, 2012 11:15 AM (EST):

Zoe,
Thank you for the link. You have a beautiful wife and son. I have a couple of other questions: I'm not so concerned about the frequency of intersex people in society. The reality is that these individuals exist. Why shouldn't intersex individuals be able to be encouraged to be exactly what they are, to be affirmed in this rather than using surgery to make them look more "normal". Why can't simply *being* intersex *be* normal? It seems to me that in today's world, it has never been more possible. Little children wear unisex clothing, long and short hair etc. Everyone applauded when Downs kids were used in Target ads. Why the rush to conform? Couldn't you be both mother AND father to your son?

Posted by rob on Monday, Jun 18, 2012 11:57 AM (EST):

@Zoe
Thank you for the discussion and information.
Please understand that I do not hold malice toward you or anyone else. I enjoy a vigorous discussion, so please do not take that as an insult. Your points have been well made and although I may not agree with all, you are better informed on the topic than I am.
You have expanded my knowledge on the topic and motivated me to read more. I finish the discussion a less ignorant and more understanding person.
God bless you and I wish you the best in life.
Rob

Posted by Zoe Brain on Monday, Jun 18, 2012 12:33 PM (EST):

anna lisa wrote:

Why shouldn't intersex individuals be able to be encouraged to be exactly what they are, to be affirmed in this rather than using surgery to make them look more "normal". Why can't simply *being* intersex *be* normal?

It's no more "normal" than being left-handed, or having red hair. No less normal either. I prefer the terms "usual" and "unusual", as "normal" implies correct, in accordance with Natural Law, and "abnormal" implies erroneous.

Yes, one of the objects of many Intersex groups is to show that being Intersex is a difference rather than a disorder. Certainly many (though a minority) of Intersex people see themselves as neither male nor female. They strongly object to having their bodies surgically altered, often damaging health, sensation, urinary continence, and fertility, merely because their unusual appearance upsets others, and their existence contradicts others rather confused religious beliefs about the subject.

However…. this is a humanist, or humane view. We have now gone beyond the realm that science is competent in, and have strayed into the area of morality and doctrinal teaching. This is, after all, a Catholic Forum. For a scientist like me to pronounce opinions, opinions which may be contrary not merely to customary and mutable teachings of the Church, but authoritative inerrant dogma proclaimed as articles of faith by the Magisterium, would be at best disrespectful and ill-mannered, at worst a moral wrong even by humanist lights.

I can show that conclusions such as "Transsexuals have no anatomical cross-sexing, therefore…." are unsound, as the initial assumption is factually incorrect. But that's as far as I'm competent to go. I cannot say that the conclusions are wrong, merely cruel and baseless. They may be justifiable on other grounds.

It appears to my understanding that the Magisterium has pronounced that everyone is either male or female, no intermediates, no exceptions. Moreover, that any attempt to mix female and male is "intrinsically disordered". This is the sole justification for being against homosexuality. Remove it, and the whole edifice collapses. To admit that this might not be the case undermines vast amounts of doctrine - that of the Fall, that of the special role of males in the priesthood etc. It might imply that the ordination of women is permissible, the ramifications are huge.

The Holy Father has repeatedly stated that such beliefs are a threat to Humanity, to God's Creation, and an attack on the Church itself, and that Nature herself does not permit such mixing.

Catholics are therefore called on to reject any doctrine allowing Intersex people to be neither male nor female.

That's why.

I have my own beliefs. To express them here would be inappropriate.

The furthest I could go would be to point out to His Holiness that certain animals change sex as part of their natural lifecycle - Clownfish come to mind - that others are hermaphrodites - such as snails - that others have more than 2 sexes - the naked mole rat has four - and that the bounds between the sexes in the rest of God's creation are not as strict as it may appear to those not well versed in biology. Humans may of course be a special case, but one cannot appeal to a Universal Natural Law that applies to all God's creatures here.

If I may give an analogy…

Urban VII's 1633 decree that heliocentricism is "formally heretical" has never been rescinded, but has de facto lapsed as a dead issue.

All I can say is "Eppur si muove" - still it moves. And remain silent while the Church comes to its own decisions in good time.

Posted by Zoe Brain on Monday, Jun 18, 2012 12:38 PM (EST):
Rob wrote:

"Please understand that I do not hold malice toward you or anyone else."

Now look who's bearing false witness, making unjustified accusations. You can't see her, but I can. By looking in the mirror. Maybe add a lump of hypocrisy in there too. *SIGH*. I'm sorry. I saw what I *thought* was there, not what *was* there. The very thing I condemned you for doing. *SIGH* again.

May I ask your forgiveness please?

Posted by Rob on Monday, Jun 18, 2012 12:48 PM (EST):
@zoe - Sorry, I set the curt tone and did not take offense by your remarks. You needn't apologize, but you have my forgiveness. God Bless, Rob

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Posted by Mark Kamoski on Monday, Jun 18, 2012 1:35 PM (EST):
All—

Here is some food for thought.

Regarding this…

"
@ Post by Zoe Brain on Saturday, Jun 16, 2012 11:09 PM (EST): The current diagnostic criteria for adults in the USA from the DSM-IV-TR are:
Diagnostic Criteria (APA 1994, p 537). A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.
The disturbance is not concurrent with a physical intersex condition. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
"

...that is an interesting set of "diagnostic criteria" to be sure.

It seems to me that such cases have nothing to do with genetics or X or Y or etc. Furthermore, it seems to me that this has nothing to do with "intersex", as is stated clearly in the text. As such, genetics/intersex being put aside, it seems reasonable to note that the state of affairs described is psychological. This is especially evident given the words like—"identification" and "stated desire" and "frequent passing as" and "desire to live" and "desire to be treated" and "discomfort" and "preoccupation" and "belief that he or she was born the wrong sex"—as those describe psychological properties, the state of affairs in the mind.

(Yes, I do note that "intersex" and various genetic situations are indeed important. However, they are another matter altogether and I do not intend to discuss them in this post. Here I am addressing just the "diagnostic criteria" and matters directly related.)

So, edge cases aside, considering the psychological "diagnostic criteria" given above, let's think about it.

Both "male thinkers" and "female thinkers" please join in here—That's a joke, which will be clear if you follow what I present below—that is, there is no such thing as "male thinking" and "female thinking" and such classifications are more harmful than they are helpful.

I will present, therefore, what seems to be some of the "missed question", the one not being addressed enough.

Question: What is "thinking like a male" and "thinking like a female"?

Answer: There is no such thing. This classification is an over-simplification of the individuality of consciousness, perception, and awareness. It is, like much pseudo-science, a meaningless classification and ought to be shunned. It is an illusion that humans have created in order to try to explain the world. There is no "male" or "female" classification for thoughts. It is just an ugly bolt-on to the limited human understanding that we have of "how humans think". How we think, remains largeld unexplained—we probably know at best !5 of "how humans think". Not to mention the fact that we are statically-composite beings, an inseparable composite of mind and body and soul, each of which (not just the mind) is at least 99% undiscovered, even by the best of the best. We are made in the image and likeness of God and, as such, we have as our source the infinite mystery that is God. Inasmuchas we are aligned with God (which we all are to some extent, intrinsically via the created process) we too are part of that infinte mystery.

There is some part of "what humans are" and "how humans think" that is both unknown and unknowable. That fact is a major missing part to how science as practiced today, it why most "science" is incomplete.

Question: How would one KNOW what is "male thinking" and "female thinking"? That is, how does one know that some set of mental processes (A) is "thinking like a male" and some other set of mental processes (B) is "thinking like a female"?

Answer: There is no way. Humans are individuals. We have patterns. We have standards. We have things in common. But, that does not me we can generalize that we have 2 "ways of thinking" and that is it for human development. We are changing. There is no way to tell if some thought (T1) is a "male thought" or a "female thought".

Question: What if some person has some new thought, Q, that is not in the set (A) or the set (B), what then? Is the person, in some percent, at one and the same time "non male" and "non female"? Does that change the person?

Answer: No problem. Think what you want. Don't worry about it. It will not "change you" and it need not "suggest you need surgery or hormones or anything like that to be changed from 'right' to 'wrong' rather you are good as-is". We are all growing. We all have thoughts that are unique across time and space, and as such, we are not classifiable.

Question: What if a person "tries to think like another to seek to understand the other person'e point of view"? Does that change the person?

Answer: No, that does not change "who" a person is. All humans have the ability and facility to determine how they do (and do not) think. There are many influences, of course. But, thinking this way or that way is a matter of choice. As evidence, we can note that it is unlikely that any among us have never said something like "that's funny because I used to think A is correct rather than B when I was a teen and I was sure I was right but I have come to think actually B is correct". We all "change our way of thinking" as we grow. That is part of life. Since we all change, and we all think some unique thoughts, there is no way to classify some set of thoughts as "male" or "female". There is no way to classify one way of thinking as "thinking like a male" and another way "thinking like a female". Our thinking is influenced by experience and society and a myriad of forces (spirtual and mental); but, at the core we have "free will" and therefore we are "free thinkers", free to love.

This is not to say that disorders and confusion do not exist. However, the genesis of such is almost never singularly dimensioned. Disorders are at least 3-part—physical and mental and spiritual. Any "therapy" or "help" that does not address all 3 parts of the human will be, necessarily lacking. However, so too, there is a way to help always, a way to turn disorder into order, a way to turn confusion into understanding, etc. That was starts and ends with he who is THE WAY—namely, Jesus Christ.

HTH.

Thanks and God bless you.

—Mark Kamoski

Posted by anna lisa on Monday, Jun 18, 2012 2:18 PM (EST):

Zoe, Most people are not intersexed. This is an exceptional condition. I feel for what you, Kim, Emily and others have gone through. As many have stated above, we all have different challenges and crosses. All of us have choices and vocations to discern. Sometimes we make errors in judgement, we need to stop, repent of what we have chosen, bring our sorrow to God, and go forth without floundering in the past. If our mistakes serve to humble us, than we have learned well. The problem is that no man is an island, whenever we sin, we harm others, sins don't occur in a vacuum.

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Based on some of the things you have written, I don't think you entirely understand that the core faith of the Catholic church never changes. This is what some call the "deposit of the faith". The Church teaches faith and morals *based* on these core beliefs. The whole Galileo debacle is proof of the fact that the church had ventured beyond the realm of faith and morals. None of those teachings were pronounced "ex cathedra" meaning literally from the "chair" of Peter. It is extremely rare that a pope invokes "Peter" himself, or in other words, Papal infallibility. It certainly doesn't mean that in the every day sense they are infallible on their own. The faith of the Catholic Church is really quite simple.

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Zoe, you have a beautiful young son that you are fighting to protect, love and nurture. Sometimes this task is easier said than done, but because the natural law is written on your heart, and you choose love, you can discern this. Not everyone *can* discern these things because they choose *selfishness* instead. Every choice against love,and self sacrifice perverts and disfigures the heart a little bit more. The Church is a *teaching parent*. It defines the function of the virtues, and helps human beings to choose rightly while considering their neighbor, whether that neighbor is a zygote in a lab, in a womb, or a dying, bedridden patient. A radical "individualism" is what our current society promotes. Buzzwords like "personal fulfillment", "self actualization" etc. seem fine on their face, but in fact they encourage individuals to think of themselves as a universe unto themselves (which would be a kind of hell). The problem is, that our concupiscence, because we are a fallen "work in progress" can fool us at times, making us blind to the plight of our neighbor. Thus: the high rate of divorce, abortion, indifference, and violence against our neighbor.

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Zoe,you are a parent, *your family* is the domestic church. Society is made up of millions of these little domestic churches. Your own instinct to protect your child, in order that he grow up in a nurtured environment, is worth fighting for. *This* is what the Catholic church is fighting to preserve.

.

I wish you and your family many blessings!

Posted by Rick Fitzgibbons, M.D. on Monday, Jun 18, 2012 7:41 PM (EST):

Readers might find of interest our 2009 comprehensive review of this topic, The Psychopathology of "Sex Reassignment" Surgery: Assessing Its Medical, Psychological, and Ethical Appropriateness, National Catholic Bioethics Quarterly, Spring, 97-125, Fitzgibbons, R & O'Leary, D., as well as the successful treatment of gender identity disorder, the childhood precursor of the desire for sexual reassignment, www.childhealing.com.

Posted by Zoe Brain on Monday, Jun 18, 2012 11:40 PM (EST):
Rick Fitzgibbons M.D. wrote:

Readers might find of interest our 2009 comprehensive review of this topic, The Psychopathology of "Sex Reassignment" Surgery:

Abstract. Is it ethical to perform a surgery whose purpose is to make a
male look like a female or a female to appear male? Is it medically appropriate?
Sexual reassignment surgery (SRS) violates basic medical and ethical
principles and is therefore not ethically or medically appropriate. (1) SRS mutilates a healthy, non-diseased body. To perform surgery on a healthy body involves unnecessary risks; therefore, SRS violates the principle primum non nocere, "first, do no harm." (2) Candidates for SRS may believe that they are trapped in the bodies of the wrong sex and therefore desire or, more accurately, demand SRS; however, this belief is generated by a disordered perception of self. Such a fixed, irrational belief is appropriately described as a delusion. SRS, therefore, is a "category mistake"—it offers a surgical solution for psychological problems such as a failure to accept the goodness of one's masculinity or femininity, lack of secure attachment relationships in
childhood with same-sex peers or a parent, self-rejection, untreated gender identity disorder, addiction to masturbation and fantasy, poor body image, excessive anger, and severe psychopathology in a parent. (3) SRS does not accomplish what it claims to accomplish. It does not change a person's sex; therefore, it provides no true benefit. (4) SRS is a "permanent," effectively unchangeable, and often unsatisfying surgical attempt to change what may be only a temporary (i.e., psychotherapeutically changeable) psychological/psychiatric condition. National Catholic Bioethics Quarterly 9.1 (Spring 2009): 97–125.

I completely agree - it makes fascinating reading, especially the contention that those willing to provide surgery and hormones to Trans people are themselves suffering from a "psychopathology" or mental illness, one previously unknown to medical science and only discernible to the authors. The novel re-definition of the term "delusion" that is contrary to the universally accepted definition of the term is also worth attention.

The contention that GID is a "psychotherapeutically changeable psychological/psychiatric condition" is also very much outside the mainstream. There is rather a lot of evidence to the contrary, so much so that human experimentation in this area is now considered unethical due to the death toll that results.

"Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success (Gelder & Marks, 1969; Greenson, 1964), particularly in the long term (Cohen-Kettenis & Kuiper, 1984; Pauly, 1965). Such treatment is no longer considered ethical."
—WPATH Medical Standards of Care, Version 7, 2012

The primary sources used to bolster these novel arguments are also interesting.

There's Janice Raymond, who regards Transsexuals as rapists and agents of the Patriarchy - including the Church - and wants to see them exterminated - "Morally mandated out of existence". It takes very selective quotation indeed from this Radical Lesbian Feminist author to support the argument, but the authors manage it.

There's Michael Bailey, recently in hot water for using a live sex show involving a drill-powered dildo in front of his students, who wrote his work based on discussions he had while partying with half a dozen prostitutes in a gay bar. He based his accounts (which he admits are sometimes fictional, "Merely corroborative detail, intended to give artistic verisimilitude to an otherwise bald and unconvincing narrative.") - in support of Blanchard's Autogynephilia (AGP) theory.

AGP theory itself is based on two objective foundations: the first, that different answers are given by Transsexual women and men to a set of psychological questions. This is interpreted as evidence showing the former to be suffering from "autogynephilia" - a misplaced sexual target illness.
The second, that the different results using plethysmographs inserted vaginally in Transsexual women and natal females showed they were different - that Trans women were not women.

These two bases have been rather undermined: the plethysmograph experiments, when performed on natal women who had had genital reconstruction after radical hysterectomy, showed results comparable to those of Trans women. A classic scientific blunder, choosing an inappropriate comparative cohort. As for the psychological questions, when Moser posed the same questions to natal women, he got the same answers as for Trans women. Again, the same problem. The evidence actually supported the hypothesis that Trans women were indeed women, rather than mentally ill men.

The concept of "Autogynphilia" has since been quietly dropped or de-emphasised by its proponents. It exists as a genuine diagnosis, but only in a minority of cases, rather than a universal explanation.

It is unfortunate that the authors don't see fit to mention this. Any competent researcher would know about it.

Space does not permit a complete critique of all the flaws in this ideological/philosophical (rather than scientific) paper, but I'd be glad to debate them with Dr Fitzgibbons. I feel his controversial article, with its imaginative claims, deserves to be rescued from obscurity. It was, after all, presented by the Vatican as a stunning piece of original research to the United Nations, despite having no experimental data whatsoever within it.

The article itself is available at http://www.ncbcenter.org/NetCommunity/Document.Doc?id=99

I also suggest reading a rather different view, published just before this article.

The treatment of adolescent transsexuals: changing insights. Cohen-Ketternis et al, J Sex Med. 2008 Aug;5(8):1892-7.
"Professionals who take responsibility for these youth and are willing to help should yet be fully aware of the impact of their interventions. In this article, the pros and cons of the various approaches to youngsters with GID are presented, hopefully inciting a sound scientific discussion of the issue."
That's available at http://ai.eecs.umich.edu/people/conway/TS/News/Europe/Cohen-Kettenis JSM2008.pdf

Of interest is that ~80% of children showing gender-nonconformant behaviour when young are not Transsexual. They are merely Gay. Regardless of treatment, be it coercive to enforce gender conformity by punishment and reward - as recommended by disgraced Christian child psychologist George Rekers - or permissive, the results are the same.

The use by Childhealing of the work
Rekers, G., Lovaas, O., Low, B. (1974) Behavioral treatment of deviant sex role behaviors in a male child. Journal of Applied Behavioral Analysis. 7: 134 - 151

Is particularly problematic, as it's now known that children who went through such "therapy" and were "cured" often ended up killing themselves. No follow-up was performed, you see. No Science, only ideology.

George Rekers himself was disgraced when he was caught hiring a "rent boy" the same age as his adopted and estranged son (and hired through "rentboy.com") to give him nude ano-genital massages. What I consider worse is his falsification of facts to bolster his pre-determined ideological beliefs. His fraudulent work is still being used by those of honest goodwill like Dr Fitzgibbons, Nicolosi and so on.

It is no surprise that the "cure rate" claimed by many is so high, when 80% of the patients don't have the condition in the first place. Unfortunately, we have no follow-up, no experimental data from such "Faith Healing", as it appears the proponents don't believe in such things.

Posted by Dr. Rick Fitzgibbons on Tuesday, Jun 19, 2012 7:27 AM (EST):
The leading researchers on Gender Identity Disorder are Zucker and Bradley in Toronto. I recommend their book, Gender Identity Disorder.
Gender Identity Disorder in children is a highly treatable condition. The majority of children treated by those with expertise in this area are able to embrace the goodness of their masculinity or femininity. Over the past 30 years, Dr. Kenneth Zucker, a psychologist and head of the gender-identity service at the Center for Addiction and Mental Health in Toronto, has worked with about 500 preadolescent gender-variant children. In his studies, 80 percent grow out of the behavior, but 15 to 20 percent continue to be distressed about their gender and may ultimately change their sex. Dr. Zucker tries to "help these kids be more content in their biological gender" by encouraging same-sex friendships and activities like board games that move beyond strict gender roles." (www.nytimes.com/2006/12/02/us/02child.html.)
However, according to Zucker and Bradley, "parental ambivalence is, in most cases part of the problem." Parents, particularly mothers, who might rationalize that it is "cute" to have a boy wear female clothing, often ignore or excuse obvious appearances of effeminacy in males. These psychologists encourage early intervention to prevent the suffering of isolation, unhappiness and low self-esteem that children with GID experience. This also helps to avoid a later poorly understood desire some may have for sex change surgery. "In general," they say, "we concur with those who believe that the earlier treatment begins, the better. ...It has been our experience that a sizable number of children and their families can achieve a great deal of change." They also state, "In these cases, the gender identity disorder resolves fully, and nothing in the children's behavior or fantasy suggest that gender identity issues remain problematic. ... All things considered, however, we take the position that in such cases clinicians should be optimistic, not nihilistic, about the possibility of helping the children to become more secure in their gender identity." (Zucker K, & Bradley S. 1995. Gender Identity Disorder and Psychosexual Problems in Children and Adolescents. New York: Guilford Publications, 1995, p.281 and p.282.)

Posted by Dr. Mark on Tuesday, Jun 19, 2012 8:16 AM (EST):

They are called "disorders" for a reason. To support several posters, there is NO biological evidence indicating a physiological basis for these conditions. The likely cause is a fixation and/or personality constellation that is malformed ealry in life. It is highly treatable (not surgically) but in the politically-correct, diversity infested,uber-tolerant atmosphere of our era…all forms of personal gratification MUST be fulfilled lest we be labeled as bigots for even raising an eyebrow.

Posted by Dr. Rick Fitzgibons on Tuesday, Jun 19, 2012 8:44 AM (EST):

Dr. Mark,

GID origins are complex and multi-factorial. Some young male children who lack eye-hand coordination and, are not confident playing sports, don't join male peers in athletic activities because of fear of being rejected. Such rejection can be subtle in that boys who are not proficient in sports may not be invited to join in team play, a major form of male bonding in childhood, simply because they can't help the team. The fear of rejection however, often leads them to turn to girls for friendship. For some this leads to over identification with these friends and the development of feminine traits in speech and in mannerisms. Symptoms of effeminacy and strong identification with females can intensify eventually leading to the development of a gender identify disorder. (See Gender Identity Disorder article at www.narth.com.) Also, the absence of a father-role model in the home can contribute in some males to a profound weakness in male confidence, a difficulty in identifying with the goodness of masculinity and identity confusion.

A less common cause of GID is seen in males who have powerful artistic and creative gifts that lead to 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 wanting a child to be of the opposite sex and dresses and treats a boy as a female or a girl as a male. In addition some boys act in a feminine manner because they perceive their fathers as giving preferential treatment to an older sister. By acting like a sister they unconsciously hope to gain more attention and acceptance from the father.

In addition, a poor body image in a male as a result of being overly thin, small in stature or a lack of musculature can contribute to a profound sense of insecurity in one's masculinity, self-rejection or self-hatred in a culture obsessed with the body and a failure to appreciate the goodness of one's masculinity. The developmental faliure in appreciating the goodness in one's masculinity lead to an identification with femininity. Cognitive distortions can then develop and include thinking that my body is inadequate and not truly masculine and that I would be happier with a female body.

GID in young girls can develop the desire to please a parent as well as the lack of acceptance by same sex peers. This results in low self-esteem and later self-hatred. Failure to attach securely to and to identify with the mother can be another factor. These young girls have no support to, or for other reasons, fail to to embrace the goodness of their femininity. Young females who don't identify with their femininity, are "tom boys" and are overly involved in athletic activities can be difficult to identify in a culture which is so supportive of their involvement with sports.

In addition in a culture in which young females are influenced to think that their femininity is determined primarily by their bodies, girls can develop a negative view of themselves if their bodies don't fit the cultural model of being thin. Then, a lack of acceptance by female peers and a hatred of one's body and ultimately of one's femininity can develop. Some of these females meet the criteria for a Body Dysmorphic Disorder.

www.childhealing.com/articles/genderidentitydisorder.php

Posted by Zoe Brain on Tuesday, Jun 19, 2012 9:47 AM (EST):

Perhaps it would be an idea to look at Dr Zucker's long-term follow-up results.

See
http://www.npr.org/2008/05/07/90247842/two-families-grapple-with-sons-gender-preferences
===
"Bradley has been in therapy now for eight months, and Carol says still, on the rare occasions when she cannot avoid having him exposed to girl toys, like when they visit family, it doesn't go well.

"It's really hard for him. He'll disappear and close a door, and we'll find him playing with dolls and Polly Pockets and ... the stuff that he's drawn to," she says.

In particular, there is one typically girl thing — now banned — that her son absolutely cannot resist.
"He really struggles with the color pink. He really struggles with the color pink. He can't even really look at pink," Carol says. "He's like an addict. He's like, 'Mommy, don't take me there! Close my eyes! Cover my eyes! I can't see that stuff; it's all pink!' "
===

Inducing anxiety attacks in children is one of the more common sequelae of Dr Zucker's treatment.

The difference in our positions is best explained by Dr Zucker's own remarks on the subject:

"The therapists supporting a child's transition early, I have characterized them in a half serious way as liberal essentialists. On the surface, the approach comes across as very humanistic, liberal, accepting, tolerant of diversity. But I think the hidden assumption is that they believe the child's cross-gender identity is entirely caused by biological factors. That's why I call them essentialists. Liberals have always been critical of biological reductionism, but here they embrace it. I think that conceptual approach is astonishingly naive and simplistic, and I think it's wrong."

Like McHugh, he sees it as a political rather than medical issue. I see it as one of biology (as Dr Zucker accurately describes), and there are numerous animal experiments that back that up. Experimentation on human children, manipulating foetal hormones is obviously not merely unethical, but actually evil. However, we do have the results of "Nature's experiments" - Intersex people.

"Prenatal hormones versus postnatal socialization by parents as determinants of male-typical toy play in girls with congenital adrenal hyperplasia" Pasterski VL, Geffner ME, Brain C, Hindmarsh P, Brook C, Hines M Child Dev 76(1):264-78 2005

Data show that increased male-typical toy play by girls with CAH cannot be explained by parental encouragement of male-typical toy play. Although parents encourage sex-appropriate behavior, their encouragement appears to be insufficient to override the interest of girls with CAH in cross-sexed toys.

Sexual Hormones and the Brain: An Essential Alliance for Sexual Identity and Sexual Orientation Garcia-Falgueras A, Swaab DF Endocr Dev. 2010;17:22-35

Boys and girls behave in different ways and one of the stereotypical behavioral differences between them, that has often been said to be forced upon them by upbringing and social environment, is their behavior in play. Boys prefer to play with cars and balls, whereas girls prefer dolls. This sex difference in toy preference is present very early in life (3–8 months of age) [1]. The idea that it is not society that forces these choices upon children but a sex difference in the early development of their brains and behavior is also supported by monkey behavioral studies. Alexander and Hines [2], who offered dolls, toy cars and balls to green Vervet monkeys found the female monkeys consistently chose the dolls and examined these ano-genitally, whereas the male monkeys were more interested in playing with the toy cars and with the ball….

Atypical Gender Development: a review Besser et al International Journal of Transgenderism 9(1): 29-44. 2006

44. In sum, gender identity, whether consistent or inconsistent with other sex characteristics, may be understood to be "much less a matter of choice and much more a matter of biology" (Coolidge et al., 2000). The scientific evidence supports the paradigm that transsexualism is strongly associated with the neurodevelopment of the brain (Zhou et al., 1995; Kruijver et al., 2000). It is clear that the condition cannot necessarily be overcome by "consistent psychological socialisation as male or female from very early childhood" and it is not responsive to psychological or psychiatric treatments alone (Green, 1999). It is understood that during the fetal period the brain is potentially subject to the organising properties of sex hormones (Kruijver et al., 2000; 2001; 2002; 2003). In the case of transsexualism, these effects appear to be atypical, resulting in sex-reversal in the structure of the BSTc, and possibly other, as yet unidentified, loci (Kruijver, 2004). The etiological pathways leading to this inconsistent development almost certainly vary from individual to individual, so no single route is likely to be identified. Different genetic, hormonal and environmental factors, acting separately or in combination with each other, are likely to be involved in influencing the development of the psychological identification as male or female. Psychosocial factors and cultural mores are likely to impact on outcomes (Connolly, 2003).

Prenatal exposure to diethylstilbestrol(DES) in males and gender-related disorders:results from a 5-year study Scott Kerlin. Proc. International Behavioral Development Symposium July 2005

More than 150 network members (out of 500) with "confirmed" or "strongly suspected" prenatal DES exposure identified as either "transsexual, pre- or post-operative," (90 members), "transgender" (48 members), "gender dysphoric" (17 members), or "intersex" (3 members).

...

In this study, more than 150 individuals with confirmed or suspected prenatal DES exposure reported moderate to severe feelings of gender dysphoria across the lifespan. For most, these feelings had apparently been present since early childhood. The prevalence of a significant number of self-identified male-to-female transsexuals and transgendered individuals as well as some individuals who identify as intersex, androgynous, gay or bisexual males has inspired fresh investigation of historic theories about a possible biological/endocrine basis for psychosexual development in humans, including sexual orientation, core gender identity, and sexual identity (Benjamin, 1973; Cohen-Kettenis and Gooren, 1999; Diamond, 1965, 1996; Michel et al, 2001; Swaab, 2004).

Such results are inxplicable by a psychiatric view, so they get ignored by psychiatrists. Conversely, there is no good evidence for the "absent father" or "distant mother" memes so widely proclaimed by NARTH and Dr Nicolosi. Some Trans children do indeed have distant fathers, or overprotective mothers, or distant mothers, but no more so than non-trans children. This idea was first propagated over 40 years ago based on three cases. No controls, no comparitors, three anecdotes.

A follow-up study of girls with gender identity disorder. Drummond KD, Bradley SJ, Peterson-Badali M, Zucker KJ. Dev Psychol. 2008 Jan;44(1):34-45. From the abstract:
At the assessment in childhood, 60% of the girls met the Diagnostic and Statistical Manual of Mental Disorders criteria for GID, and 40% were subthreshold for the diagnosis.

When only 60% of the cohort meet the diagnostic criteria, and we know 80% of those aren't Transsexual anyway, the results reported by Zucker are not statistically significant, as he now admits.
"Zucker put me in touch with two of his success stories, a boy and a girl, now both living in the suburbs of Toronto.
...
When I visited the family, John was lazing around with his older brother, idly watching TV and playing video games, dressed in a polo shirt and Abercrombie & Fitch shorts. He said he was glad he'd been through the therapy, "because it made me feel happy," but that's about all he would say; for the most part, his mother spoke for him. Recently, John was in the basement watching the Grammys. When Caroline walked downstairs to say good night, she found him draped in a blanket, vamping. He looked up at her, mortified. She held his face and said, "You never have to be embarrassed of the things you say or do around me." Her position now is that the treatment is "not a cure; this will always be with him"—but also that he has nothing to be ashamed of. About a year ago, John carefully broke the news to his parents that he is gay.
...
Yet Zucker's approach has its own disturbing elements. It's easy to imagine that his methods—steering parents toward removing pink crayons from the box, extolling a patriarchy no one believes in—could instill in some children a sense of shame and a double life. A 2008 study of 25 girls who had been seen in Zucker's clinic showed positive results; 22 were no longer gender-dysphoric, meaning they were comfortable living as girls. But that doesn't mean they were happy. I spoke to the mother of one Zucker patient in her late 20s, who said her daughter was repulsed by the thought of a sex change but was still suffering—she'd become an alcoholic, and was cutting herself. "I'd be surprised if she outlived me," her mother said."
—http://www.theatlantic.com/doc/200811/transgender-children
This is a success?

Perhaps Dr Fitzgibbons should look at some more recent research, rather than relying on 20-year old papers that even the authors now say are flawed.

He could start with the proceedings of the 2009 APA annual conference, seminar S10,

S10. The Neurobiological Evidence for Transgenderism
1. Brain Gender Identity Sidney W. Ecker, M.D.
2. Transsexuality as an Intersex Condition Milton Diamond, Ph.D.
3. Novel Approaches to Endocrine Treatment of Transgender Adolescents and Adults Norman Spack, M.D.

Posted by Zoe Brain on Tuesday, Jun 19, 2012 10:59 AM (EST):
Dr Mark wrote:

"To support several posters, there is NO biological evidence indicating a physiological basis for these conditions."

One might plausibly decide the evidence is unconvincing, the sample sizes of individual experiments not sufficient for convincing proof (after all transsexuality is rare, sample sizes cannot be large) - though considering the results in aggregate even that's questionable.

That's not the claim in Dr Fitzgibbons' article though, or the claim by Dr Mark. Their claim is that evidence does not and cannot exist. The many articles in medical journals, scientific studies, reports, experimental results and observations - their existence is incompatible with the authors' thesis. I agree with them, it is.

Eppur si muove.

Posted by Zoe Brain on Tuesday, Jun 19, 2012 11:24 AM (EST):
So, does post-natal environment play no part? Not ever?

Er… it has to. In boundary cases. Biology isn't binary, there are degrees. Where most people are unalterably male or unalterably female in terms of their gender identity, where the neuro-anatomy is not strongly sexed, neither is the gender identity.

This is most obvious in cases of 5ARD causing a natural sex change. For boys (neuro-anatomically male), a release from hell. For girls (neurologically female), a descent into nightmare, and for them, treatment to prevent the natural change is a medical emergency.

But for a small proportion, those with Bi-gendered neuro-anatomy, it's more of an interesting life experience. To them, male, female, they see no real difference, it's all a performance.

See
Gender change in 46,XY persons with 5alpha-reductase-2 deficiency and 17beta-hydroxysteroid dehydrogenase-3 deficiency. Cohen-Kettenis PT. Arch Sex Behav. 2005 Aug;34(4):399-410.

In such boundary cases (not of 5ARD but of gender variance in childhood, and bi-gendered neuro-anatomy), we should encourage them to identify as the sex they most closely resemble anatomically. Transition is very much contra-indicated in such cases. The problem is sorting those out from the rest. The Dutch clinics' protocols seem to be pretty good at that, with no false positives, and only a few rather tragic false negatives. Kids thought not to be transsexual, who were, and suicided when treatment was confined to psychotherapy.

Be less conservative though, and we run the risk of sterilising a child where it's not absolutely necessary, actually mutilating them rather than treating them, thereby committing a great evil.

We walk a tightrope. Right now, we accept a certain proportion of patients will die un-necessarily in order to keep our hands clean. We also try to push the boundaries to minimise this death toll - but terrified we might go too far.

Not exactly the picture painted of us in Dr Fitzgibbons' article, is it?

Posted by Dr. Rick Fitzgibons on Tuesday, Jun 19, 2012 11:56 AM (EST):
The readers can benefit by looking at the parents of children with GID. The evaluation of parents of children with GID is essential in the treatment plan. Drs. Zucker, Bradley and colleagues in a 2003 study found that the rate of maternal psychopathology was high by any standard and included depression and bipolar disorder. The fathers particularly demonstrated depression and substance abuse disorder. They recommended that parental conflicts and psychopathology among the parents of children with GID deserved thoughtful consideration. (Zucker K, Bradley, S. et al. 2003. Psychopathology in parents of boys with gender identity disorder. J. Amer. Acad. Of Child & Adolesc. Psychiatry 42: 2-4).
Furthermore, in their textbook, Gender Identity Disorder, they noted that the composite measure of maternal psychopathology correlated quite strongly with Child Behavior Checklist indices of behavior problems in boys with GID.
Boys, who are particularly sensitive to maternal affect, can become anxious and fearful. Zucker and Bradley, experts in Gender Identity Disorder, which is often a precursor of Same Sex Attraction, noted that of 10 consecutive boys brought to their GID clinic for evaluation in every case the mother was suffering from some problem which made attachment to her son problematic.
According to Susan Bradley:
… boys with GID appear to believe that they will be more valued by their families or that they will get in less trouble as girls than as boys. These beliefs are related to parents' experiences within their families of origin especially tendencies on the part of mothers to be frightened by male aggression or to be in need of nurturing, which they perceive as a female characteristic. (Susan Bradley, Affect Regulation and the Development of Psychopathology, NY: Guilford Press, 2003, p. 201-202)
Mothers may block separation, frowning when their sons display typically masculine behaviors, not smiling at their sons' growing independence, and interfering with the father/son relationship. If the father tries to toss the son up in the air or engage in other rough-and-tumble play, the mother may grab the boy out of his father's hands. The boy receives the message that his father is not trustworthy. In other cases, the father is cold or unavailable to the son. In their book, Gender Identity and Psychosexual Problems in Children and Adolescents, Zucker and Bradley posit that:

"The boy, who is highly sensitive to maternal signals, perceives the mother's feelings of depression and anger. Because of his own insecurity, he is all the more threatened by his mother's anger or hostility, which he perceives as directed at him. His worry about the loss of his mother intensifies his conflict over his own anger, resulting in high levels of arousal or anxiety. The father's own difficulty with affect regulation and inner sense of inadequacy usually produces withdrawal rather than approach.

The parents have difficulty resolving the conflicts they experience in their own marital relations, and fail to provide support to each other. This produces an intensified sense of conflict and hostility.

In this situation, the boy becomes increasingly unsure about his own self-value because of the mother's withdrawal or anger and the father's failure to intercede. This anxiety and insecurity intensify, as does his anger." (Kenneth Zucker, Susan Bradley Gender Identity and Psychosexual Problems in Children and Adolescents, NY: Gilford, 1995, p.262).
Zucker and Bradley observe that fathers of gender-disturbed boys tend to go along with their wives' tolerance of cross-gender behaviors, despite their inner discomfort with this tolerance. "These men are often easily threatened and feel inadequate themselves. These qualities appear to make it very difficult for them to connect with sons who display non-masculine behavior." Withdrawing from their feminine sons, "they often deal with their conflicts by overwork or distancing themselves from their families. The fathers' difficulty

expressing feelings, and their inner sense of inadequacy are the roots of this emotional withdrawal."
In our experience we have found it important to strengthen the confidence of fathers in their self-giving to sons with GID and to identify the reasons in particular why a mother would want to feminize her son, encourage cross dressing and even later support transsexual surgery in some cases.

Posted by Bonnie on Tuesday, Jun 19, 2012 4:05 PM (EST):
to Zoe Brain - I was very interested in your information. I had heard about the fetus being flooded with hormones, and that's why I mentioned that. Apparently medicine already knows a whole lot more about this than I do. I wish that the general public, including me, would have easier access to this information so that we could form opinions based on facts, not on just what seems to make sense to us. As I said, we know so little. We should always show compassion to others, no matter the differences. I appreciate your response and hope to read it slowly so that I can digest it better. Thank you.

Posted by AMF on Tuesday, Jun 19, 2012 4:21 PM (EST):
I would like to share the wisdom of Pope Benedict related to this issue. Pope Benedict commented on the dangers associated with the current use of the term gender. He stated, "It (The Church) has a responsibility for the created order and ought to make this responsibility prevail, even in public. And in so doing, it ought to safeguard not only the earth, water, and air as gifts of creation, belonging to everyone. It ought also to protect man against the destruction of himself. What is necessary is a kind of ecology of man, understood in the correct sense. When the Church speaks of the nature of the human being as man and woman and asks that this order of creation be respected, it is not the result of an outdated metaphysic. It is a question here of faith in the Creator and of listening to the language of creation, the devaluation of which leads to the self-destruction of man and therefore to the destruction of the same work of God. That which is often expressed and understood by the term "gender", results finally in the self-emancipation of man from creation and from the Creator. Man wishes to act alone and to dispose ever and exclusively of that alone which concerns him. But in this way he is living contrary to the truth, he is living contrary to the Spirit Creator."
Pope Benedict XVI, Christmas address to the Curia, 12/22/08.

Posted by Zoe Brain on Tuesday, Jun 19, 2012 8:08 PM (EST):
AMF wrote:

"I would like to share the wisdom of Pope Benedict related to this issue."

The address to the Roman Curia is available in full at
ADDRESS OF HIS HOLINESS BENEDICT XVI TO THE MEMBERS OF THE ROMAN CURIA FOR THE TRADITIONAL EXCHANGE OF CHRISTMAS GREETINGS 2008

http://www.vatican.va/holy_father/benedict_xvi/speeches/2008/december/documents/hf_ben-xvi_spe_20081222_curia-romana_en.html

—-
(The Church) must also protect man from self-destruction. What is needed is something like a human ecology, correctly understood.
If the Church speaks of the nature of the human being as man and woman, and demands that this order of creation be respected, this is not some antiquated metaphysics. What is involved here is faith in the Creator and a readiness to listen to the "language" of creation. To disregard this would be the self-destruction of man himself, and hence the destruction of God's own work.
—-

A similar address to the Vatican Diplomatic Corps is available at
ADDRESS OF HIS HOLINESS POPE BENEDICT XVI TO THE MEMBERS OF THE DIPLOMATIC CORPS FOR THE TRADITIONAL EXCHANGE OF NEW YEAR GREETINGS 2010

http://www.vatican.va/holy_father/benedict_xvi/speeches/2010/january/documents/hf_ben-xvi_spe_20100111_diplomatic-corps_en.html

—-
To carry our reflection further, we must remember that the problem of the environment is complex; one might compare it to a multifaceted prism. Creatures differ from one another and can be protected, or endangered, in different ways, as we know from daily experience. One such attack comes from laws or proposals which, in the name of fighting discrimination, strike at the biological basis of the difference between the sexes. I am thinking, for example, of certain countries in Europe or North and South America.
—-

These two speeches have proved concerning (to say the least) for Intersex people, but so far requests for

clarification have remained unanswered. These words have been interpreted by some to suggest that anyone whose body is neither wholly male nor female is a "threat to the human ecology", and their existence, or at least, legislation which would recognise that they're human, with human rights, constitutes an attack on the Church. They're Vermin, basically, an ecological threat, and should be discriminated against.

The words should be read in whole, to get the context. I find them deeply troubling though, as from my reading, this is a quite reasonable interpretation of them. Hopefully not the only one, but the Vatican has remained silent on that.

Posted by Doc Kimble on Tuesday, Jun 19, 2012 8:25 PM (EST):
It's easy to see how messed up this world has gotten since God has been declared dead. How about some of you eggheads "assign" some of the "credit" for all this tranny life being CREATED in the first place by a culture that dumps TONS of female hormones into our drinking water through The Pill running through the bodies of females by the CHOICE of the God of this Age?

Posted by Zoe Brain on Tuesday, Jun 19, 2012 9:48 PM (EST):
Doc Kimble wrote:

"How about some of you eggheads "assign" some of the "credit" for all this tranny life being CREATED in the first place by a culture that dumps TONS of female hormones into our drinking water through The Pill"

1. The word "tr@nny", like the words "n1gger", "k1ke", "wetb@ck" and so on is deprecated. It's unfortunate that it's used so often by "family" organisations that should know better. Or do, but use it deliberately and with malice.

2. There is a real problem, not primarily caused by the Pill as such, but by estrogenic chemicals found in many plastics, and generated as a by-product of many manufacturing processes.

Ethinyl Estradiol should be prohibited as an ingredient in birth control pills as it doesn't break down well in the liver, passes through the body into the environment, and when it does break down, has all sorts of nasty breakdown products. Estradiol Valerate and 17B Estradiol have no such issues.

The main problem though is from industrial waste products. Those appear to be responsible for the increased rate of intersex in certain fish species (though not in others - an area requiring research).

While we don't have enough evidence to say one way or another that increased estrogenic chemicals in the environment lead to an increase in MtoF Transsexuality, it's a plausible conjecture. It would lead to a corresponding decrease in FtoM Transsexuality though.

The only case where there's definitely an issue here is the medical disaster of administering the hormonal drug DES in the 50s to 70s. That deserves to be as well publicised as the Thalidomide disaster.

Posted by Doc Kimble on Tuesday, Jun 19, 2012 10:21 PM (EST):
Zoe Brain:I'm not asking for your permission to use the word "tranny" any more than trannys who use the word tranny to describe themselves ask for my permission to speak any colloquialisms they choose to use. Being a transsexual doesn't make someone morally perfected any more than does skin color provide that quality, though some may seem to think it does. To think anyone has a right to declare any group of individuals immune from moral criticism because of their gender, race or religion is to make a grave mistake in judgment, and also seems to me to be the worst kind of bigotry; a bigot against Truth Himself. The only moral perfection in the history of humankind was achieved by the saints of the Catholic Faith, through the agency of the Holy Spirit , sent to the Catholic Faithful, throughout the ages, by Truth Himself. Jesus is the same, yesterday, today and forever (Hebrews 13:8.) May God forgive me my sins, and you yours.
Nothing you provided in the way of "scientific" evidence for the presence of estrogen in our water supplies by plastic products will convince any aware person that nothing more here is occurring than "expert witnesses" have been hired by nefarious men to avoid guilt for great sins, which, intended or unintended, came by way of their agency, and which could have been avoided if they had listened to the Holy Spirit, Who speaks through the One , Holy, Catholic and Apostolic Church…and NO OTHER !!!!

Posted by Zoe Brain on Tuesday, Jun 19, 2012 11:02 PM (EST):
Doc Kimble - I have no right to grant or withhold "permission" for you to use the word N1gger or Tr@nny or any other word. No-one appointed me Dictator of the World, and I actually believe in the concept of "Freedom of Speech".

I did point out how it makes you look to others. It is offensive, hurtful, and all too often, the last word a Trans person ever hears while being beaten to death. Whether you use it knowing that is up to you of course.

That again I have no power over.

Ultimately though, it doesn't matter what others' opinions of you are, how it "makes you look". What matters is if you can look yourself in the mirror and see someone who tries, however imperfectly, to do the right thing. To act with Charity, Caritas, in accordance with 1 Corinthians 13.

No-one here has called you a bigot. Even if they had done, what would it matter? If you're no bigot, the words reflect badly on them not you. I certainly haven't used that word, only pointed out factual inaccuracies.

The wicked flee when no man pursueth. (Proverbs 28:1)

Quoting that without further clarification would of course be "passive aggressive", a tactic in dishonest dielectic, implying you're wicked without having the integrity to say so explicitly. So I better clarify.

Anyone who goes around claiming that they're being called "bigots" when no-one has done this leads to a suspicion that they're bigots after all. I make no such claim about you. I believe you're mistaken, but all you have to do to change my mind there is give me some evidence, rather than rhetoric about conspiracies, liberal or otherwise.

Posted by Doc Kimble on Tuesday, Jun 19, 2012 11:28 PM (EST):
Your comments are an almost comical attempt at "framing and blaming," a constant tactic used by militant homosexuals to demean any "straight" person, with the intended result being to create sympathy for the militant homosexuals who wish to destroy the traditional family. I refer readers to Kirk and Madsen's "After the Ball," the "handbook for militant homosexuals."
I do believe you used the word "family" to describe me, vaguely, in your initial comment to me. This won't be missed by your militant homosexualist fellow travelers, I'm sure. The imagery of me standing over an imaginary beaten homosexual, taunting him with epithets, reminds me of how the Rainbow Sash group taunt straight members of a Catholic Church parish at Holy Mass.
The silly psychological game of bringing up salacious details of sexual matters in public fora under the guise of "reasoned discourse" is not appreciated; it is really thinly veiled pornography. Politeness in speech in public has certainly gotten a downgrade since "scientists" and "psychologists" stated working their voodoo-type language into public discourse. It, of course, should be confined to places where such language is more in tune with the nature of the audience, certainly not on a public forum such as this one.
Thinking the unthinkable is politically correct speech, while condemning the unthinkable has become a hate crime. Framing me as a person who would incite violence against a homosexual person is hate speech. And denying you did this is a rhetorical flourish that may help you to talk down your conscience, but does nothing to remove your marginalizing and demonizing of me.

Posted by Doc Kimble on Wednesday, Jun 20, 2012 12:00 AM (EST):
Speaking the unthinkable is politically correct speech….."
pardon the correction

Posted by Zoe Brain on Wednesday, Jun 20, 2012 12:02 AM (EST):
Bonnie wrote:

Apparently medicine already knows a whole lot more about this than I do.

Indeed - we can even trace down to specific areas of the brain. If the Superior Parietal Lobule (SPL) is feminised, the "body map" is feminised too. This leads to the intense distress some women feel after mastectomy, or that some men feel after penectomy, or that many amputees feel, as the map doesn't match reality. This also explains why Transsexuals require varying degrees of surgery and hormones to make body and mind aligned. It explains "Phantom Limb Syndrome". It explains why men who have been castrated feel "Phantom Penis Syndrome" in many cases, as do many Transsexual men who haven't had surgery, and also why post-operative Trans women generally do not. Gross lesions in this general region (one nearby, the IPL) have been observed to reliably cause Body Integrity Identity Disorder (BIID), but there may be psychological causes for that too in some cases.

I'll quote Wiki here:
"Exact causes for BIID are unknown. One theory states that the psyche of a child seeing an amputee, may

imprint on this body image as an "ideal." Another popular theory suggests that a child who feels unloved may believe that becoming an amputee will attract sympathy and love. The biological theory is that BIID is a neuro-psychological condition in which there is an anomaly in the cerebral cortex relating to the limbs; cf. Proprioception. If the condition is neurological, it could be conceptualized as a congenital form of somatoparaphrenia, a condition that often follows a stroke that affects the parietal lobe. Since the right side of the inferior-parietal lobule—which is directly related with proprioception—is significantly smaller in men than women, a malfunction of this area could potentially explain not only why men are much more likely to have BIID, but also why requests for amputations most often concern left-side limbs. (The right side of the brain controls the left side of the body and vice versa.)"

However… please don't think we know everything! We see through a glass darkly here, things are fuzzy, non-binary, and while we're pretty sure in many areas, we're less sure in others.

For example:

Dichotic Listening, Handedness, Brain Organization and Transsexuality Govier et al International Journal of Transgenderism, 12:144–154, 2010
—-
This study investigated the functional brain organization of 68 male-to-female (MtF) transwomen and 26 female-to-male (FtM) transmen by comparing their performance with 36 typical male and 28 typical female controls on two indicators of cerebral lateralization: dichotic listening and handedness. A sex-differentiating dichotic test and a handedness questionnaire were administered.

It was hypothesized that the MtF participants' dichotic performance would be significantly different from the control males and resemble the control female pattern. This hypothesis was supported.

It was also hypothesized that the FtM dichotic pattern would be significantly different from the control females and would resemble the control male pattern. This hypothesis was not supported.

Finally, it was hypothesized that there would be significantly more nonexclusive right-handers in both trans-groups. This hypothesis was supported.

Taken together, the dichotic and handedness data reported here indicate that the MtF and FtM conditions are not mirror images in terms of the verbal-auditory aspects of their brain organization and neurobiology plays an important role, particularly in the development of the male-to-female trans-condition.
—-

Just when we were starting to get confident that MtoF and FtoM were exact, simple mirror-images, along comes an ugly little fact that ruins our neat picture. It's most uncomfortable having to change one's opinions when better data comes in (as I've had to do), but a good lesson in humility.

So we modify and improve our ideas to fit the facts, we don't censor the facts to fit our pre-conceived ideas. This is entirely contradictory to common belief in the fields of religion and psychology about what the scientific method is, and how to use it.

A quote from "The Christian World View of Psychology and Counseling" by Sciopne et al
—-
"We affirm that the scientific method is useful in carrying out the creation mandate of Genesis 1:28 to subdue and have dominion over creation when the investigators have Biblical presuppositions and when the Bible does not directly give us the answers we seek; that the use of the scientific method is entirely controlled by the presuppositions of the investigators and therefore the results are a pronouncement of faith rather than of scientific fact; and that the faith nature of the results of scientific investigation is evidenced by the investigators' proselytizing intent, that is, their attempt to transform man into their idea of what man should be.
We deny that the scientific method can ever be applied in psychology without its being thoroughly determined by the presuppositions of the investigators."
—-

It's how they operate - come to an ideologically sound conclusion first, then search for evidence in support - so they assume everyone else does the same. It's a misconception not confined to the religious right either, the Leftist "post modernist" movement is based on this idea.

As Dr Paul McHugh admitted in his book "Psychiatric Misadventures":

"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. "

Verdict first, trial afterwards.

Reality wins in the end of course. Eppur si muove.

Posted by Dr. Rick Fitzgibbons on Wednesday, Jun 20, 2012 12:01 PM (EST):

Unfortunately, many mental health professionals, pediatricians, endocrinologists and other health professionals are failing to diagnose GID in many children and also the serious conflicts in their parents as Zucker and Bradley have identified in their research. Instead, they are labeling such children as transgender, a diagnosis that does not exist in the mental health field for children. This failure to diagnose and offer effect treatment for children with GID and misdiagnosing these children as transgendered deviates from the standards in the mental health field and thereby constitutes malpractice.

Some medical centers who fail to diagnose properly are providing hormone treatments to GID children whom they label as transgender. A pediatric specialist at Children's Hospital Boston has recently begun a clinic for boys who feel like girls and girls who want to be boys. He offers his patients, some as young as 7 years, counseling about the "naturalness" of their feelings, and hormones to delay the onset of puberty. These drugs stop the natural process of sexual development that would make it more surgically difficult to have a sex alteration later in life. This theoretically allows the child and adolescent patients more time to decide whether they want to make the change. This physician alleges that those whom he labels as transgender children are deeply troubled by a lack of understanding of their feelings and have a high level of suicide attempts. He told the Boston Globe that he has never seen any patient make a suicide attempt after they've started hormonal treatment. (www.bioedge.org/index.php/bioethics/bioethics_article/8167/.)

While this physician is accurate in his interpretation of the literature that children with GID and transgender ideation are deeply troubled, his claims of a high level of suicide attempts in children with GID is not substantially supported by that same literature. What is supported is that most children who are treated for their feelings of being of the opposite sex improve remarkably and experience a resolution of their serious emotional and behavioral pain and conflict. All children with cross gender feelings should be evaluated for GID before any hormonal treatment is considered. This pediatrician also fails to consider the potentially serious side effects attributable to taking these hormones in childhood.

Paul McHugh, M.D., University Distinguished Service Professor of Psychiatry and past Chair of Psychiatry at Johns Hopkins University, has a much different view of the attempt to change the sex of children. (www.mercatornet.com/articles/experimenting_with_childrens_sexual_identity.) His studies of transgender surgery brought the procedures to an end there. He has stated that, "Treating these children with hormones does considerable harm and it compounds their confusion. Trying to delay puberty or change someone's gender is a rejection of the lawfulness of nature."

Dr. McHugh studied those who sought transsexual surgery at Johns Hopkins and also wrote, "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." Surgical Sex, First Things," November 2004.

Dr. Cohen-Kettenis, a psychiatrist at a transsexual treatment center for adolescents in the Netherlands wrote in the major journal of child psychiatry that, "The percentage of children coming to our clinic with GID as adolescents wanting sex reassignment is much higher than the reported percentages in the literature." She went on to write, "We believe treatment should be available for all children with GID, regardless of their eventual sexual orientation."(Gender Identity Disorder in the DSM? J Am Acad Child & Adolesc Psychiatr. 2001. 40:391.)

A 2011 Swedish study on follow for patients after sex reassignment found considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Their findings suggested that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, (Lichtenstein, D.C., 2011.)

Hopefully, physicians and mental health professionals will properly diagnose and recommend the appropriate treatment for children with GID. In our professional opinion the vast majority of children who express a wish to be of the opposite sex have GID and have the right to the highly effective treatment that is available for this disorder. Since significant conflicts exist often in their parents, such as the wish that a boy were a girl, they too need to be part of the treatment process.

Posted by Zoe Brain on Wednesday, Jun 20, 2012 7:22 PM (EST):

I think it would help if religiously convicted clinicians started writing in medical journals, rather than just in religious ones.

Just gather the facts, perform a simple statistical analysis, set up experiments and so on. Mere assertion and handwaving won't cut the mustard.

I'd really recommend that Dr Fitzgibbons have a look at:

The treatment of adolescent transsexuals: changing insights. Cohen-Ketternis et al, J Sex Med. 2008 Aug;5(8):1892-7.
That's available at:
http://ai.eecs.umich.edu/people/conway/TS/News/Europe/Cohen-Kettenis JSM2008.pdf

One correction - puberty blockers are only given to 7 year old children (Trans or not) experiencing puberty at that age. They're not part of treatment for GID, Transsexuality, or whatever you care to call it, at that age. It's recommended that the child reach Tanner stage II - usually between 12-14 - before starting them for that.

Posted by Zoe Brain on Wednesday, Jun 20, 2012 7:48 PM (EST):
The link
www.mercatornet.com/articles/experimenting_with_childrens_sexual_identity
appears dead - and it's not in the Internet archive.

Until those proposing alternate therapies and claiming success can produce at least short-term follow-up studies covering a randomised cohort of patients, and have them vetted and published as medical rather than ideological articles, the claims will be viewed with scepticism.

Ideally, we'd like 20-year follow-ups, on large cohorts, as we have with Spack's protocols, but obviously this won't be possible if the treatment regime is novel. We should be able to have *some* results though, rather than mere assertions repeated ad infinitum in religious and political websites.

The problem here though is that we're dealing with people, not things. If we get it wrong, patients die.

Posted by Zoe Brain on Wednesday, Jun 20, 2012 7:51 PM (EST):
Cemeteries can be pretty bleak places, but when it is on the outskirts of a faceless Dutch suburb under a grey January sky, it feel about as about as desolate as you can possibly get. When you are visiting the grave of a child who killed herself in her early teens, the feeling of despair, especially when accompanied by her mother, gives way to an urge to weep bitterly. It is an urge which I am unable to resist as I do the maths subtracting the date of death from the day she was born. It is one thing to be told Juliaantje* was only 14, but to see it carved in marble was too much to bear. Holding her photograph her mother sobs uncontrollably as I hug her while she in turn hugs a precious photograph.
The picture is of a sunny, smiling, apparently bubbly teenager, with long hair and a grey T-shirt. There is nothing in the picture to suggest that she was transgender, but that is the reason she took her life.
When she was 12 her mother tried to have her put onto hormone blockers to delay puberty. She didn't want to develop body hair, a deep voice or have wet dreams. She had already self-harmed when young, trying to slice her penis off with a pair of scissors. However, in what was clearly a borderline decision, the psychologists decided to that she should not be given these drugs. She should be given counselling instead.
In despair her mother, a single parent, tried to take her to the United States, but the air fare and the £200 a month cost of these drugs was way beyond her means. Her father had no money either and both sets of grandparents didn't want to know.
Two years later the talking therapy failed. Juliaantje took a massive overdose and died, having self-harmed, abused alcohol and other substances for more than a year before that.
"She was an intelligent and lively girl." Her mother tells me through the tears and a large glass of Genever in a nearby café, probably the only thing that can deaden the pain of losing her only child. "She had a great future ahead of her, she could have done anything, been a doctor, a lawyer her teachers said…" Her voice breaks. Her happy nature had disappeared when male puberty really hit. "Her voice broke and she started to get facial hair and hair on her chest. She wore make up and turtle-neck jumpers to hide it all, but she simply couldn't deal with the way her body was developing…"
Did she blame the psychiatrists? No. Psychiatry is never going to be an exact science, there will always be people who don't fit into their categories. She does however, feel that they could have given her the benefit of the doubt. "The effects of hormone blockers are easy to reverse, you just stop taking them…" There would have been no risk to her daughter if, at any time she decided that she did not want to be a girl she could simply have stopped, and male puberty would have started.
Hormone Blockers are essentially a way for young trans people and children to leave their options open. They open an extended open window of choice, which gives them time to think about their future, a time during which young people can decide whether they wish to remain the sex they were assigned at birth, whether that be male or female, or whether they need gender reassignment surgery after the age of 18.
Talking to mothers of transgender children in the UK who have been prescribed hormone blockers, usually at great cost (£200 a month plus the cost of a consultation in and flight to the United States) one thing comes

across loudly and clearly; "I would rather have a live daughter than a dead son." One of them told me. One mother had remortgaged her house to pay the cost of these drugs knowing what her child was like, she realised that this would probably be the only way to keep her alive.
Another mother talked of how her young child had been prescribed a cocktail of a dozen drugs, including Ritalin, because of behaviour problems at home and at school. Yet when her child was recognised as transgender everything changed. As soon as she was treated as a girl, the tantrums, the bedwetting, the crying, the screaming, the hyperactivity, the violence, just stopped, as did the need for any of the drugs. "She became happy and contented almost overnight, just because we treated her like a girl! The psychologist who spotted this probably saved her life."
Predictably the accusation of "child abuse" has been levelled at those who advocate prescribing hormone blockers to children between the ages of 12 and 15 (they already are prescribed to those over the age of 16) in the UK. This flies in the face of the evidence in both the United States and Holland, where these drugs have been successfully, and harmlessly prescribed for many years. It also flies in the face of the experience of parents of transgender children, who have lived a day-to-day existence, hoping that their child is still alive and in one piece. Until her daughter was prescribed hormone blockers at age 16 one mother told me of the anguish she and her husband felt when their child had gone missing for a few days when she was 14. "We really thought we would never see her again. Every time the phone rang we thought it would be the police wanting us to identify a body."

—http://www.mermaidsuk.org.uk/

Posted by Zoe Brain on Wednesday, Jun 20, 2012 8:22 PM (EST):
Dr Fitgibbons wrote:
While this physician is accurate in his interpretation of the literature that children with GID and transgender ideation are deeply troubled, his claims of a high level of suicide attempts in children with GID is not substantially supported by that same literature.

Dhejne C, Lichtenstein P, Boman M, Johansson AL, Långström N, Landén M (2011). Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. PLoS One, 6(2): e16885

Transgender Identity and Suicidality in a Nonclinical Sample: Sexual Orientation, Psychiatric History, and Compulsive Behaviors. Journal of Psychology & Human Sexuality, 14(4): 47-65.

Transgender Health: Findings from Two Needs Assessment Studies in Philadelphia. Health and Social Work, 30(1): 19-26

"Substantially" is a matter of judgement. Personally, I find these and the many other studies here not nearly as good as they should be. It's "substantial" but not "good". It needs a lot of improvement, we're relying too much on anecdote here, what "everyone knows". There's too much of that.

Posted by Smoochagator on Thursday, Jun 21, 2012 9:14 AM (EST):
Jennifer, it was very brave of you to write on this subject considering the incredible backlash that you could receive from either side of the issue. I agree with you that even if we feel it is too extreme, or even sinful, for an individual to undergo surgery to change his/her appearance or gender, it is still of utmost importance to treat that person with love, kindness, and compassion. No other response can possibly be argued as "Christian." Over the past few years, I have made several friends who identified as transgender, and my interactions with them have taught me that their deepest emotional and psychological wounds have often come from "believers," and that nothing I say or do is going to convince them that their anatomy is not a mistake. So I choose to love and accept them as they are. Some might say that this is a travesty, that I should condemn their sin vocally, but I can't bring myself to do that. Not when so many other people are ready to do it for me - I'd rather be someone they can trust, and turn to for love and support.

Posted by Zoe Brain on Thursday, Jun 21, 2012 10:44 AM (EST):
Smoochagator wrote:
"Over the past few years, I have made several friends who identified as transgender, and my interactions with them have taught me that their deepest emotional and psychological wounds have often come from "believers,"

That's my observation too, though I feel myself largely immune from it. If someone really intends well, I can forgive a lot, as I myself hope to be forgiven for my own screw-ups. If they don't intend well, then no matter what terrible situation I might be in, they're in a worse one, so deserve my compassion (even if I won't turn my back on them, lest they stab me). I consider Justice untempered by Mercy over-rated. Prevent harm, by force if necessary (see St Augustine on that), but punishment? Save 'em all, and let God sort 'em out.

Posted by Morriec on Thursday, Jun 21, 2012 12:12 PM (EST):
I know that God wants me to be a dog so I am having a dog tail implanted on the end of my coccyx. Thank goodness modern medicine makes this possible and it must mean that God wants me to be this way. With dog biscuits and a flea collar I shall be fine.

Posted by Morriec on Thursday, Jun 21, 2012 12:22 PM (EST):
Scratch my last comment. That was mean. I pray for all with mental disorders.

Posted by Zoe Brain on Thursday, Jun 21, 2012 12:35 PM (EST):
I'll consider the "undo" key pressed. Don't stress about it, OK?

May all my mis-steps be so minor.

Posted by chick with an un P.C. amount of kids on Thursday, Jun 21, 2012 8:32 PM (EST):
I'm just going to add some minor two cents. There is a lot of "food for thought" here. So, for the first time in my life, over the past few days I've thought about what it would feel like to be a guy. My daughter and I talked about this in a very open minded way. I'll spare you the details of what a girly girl I am. Honestly? All I could come back to is this: for the one who is in *LOVE*, all one cares about is the *beloved*. If I was girly girl me, trapped in a male body, all I would care about is living out this life on this earth *in the King's service*. I've had more than a half dozen children. Dear God, how familiar I am with the "human condition", enough so, that I've half wanted to quit my job more than a few times, but *Love* urges me on. I'll give my all to God on this earth. I won't question why He allowed me to bury a child last summer. Why? Because I trust. I trust, and I'm in *love*.

Posted by Doc Kimble on Thursday, Jun 21, 2012 11:25 PM (EST):
Thanks, "chick with an un P.C. amount of kids," this message of yours is the missing dimension which we all must learn. May I please add the words of St Augustine, "We are made for thee, Oh Lord, and our hearts are restless until they rest in Thee."
~Peace~

Posted by That Hat Lady on Saturday, Jun 23, 2012 6:24 PM (EST):
@"Emily": First of all, I do have experience with a loved one who transgendered. I am an eyewitness to the damage and destruction my loved one caused on his family and children in his erroneous idea that his happiness must come first. God created you male, and I'm sorry that's your cross. We all have crosses. If you're honest, you'd fess up to your decision to forget God's plan and follow your own. When we all die we leave our material bodies behind and stand before God exactly as He made us. Your surgically altered identity defies God. You took a great leap away, not toward Him. The goddess you worship is your own alter ego. Your current life is a deception. This seems harsh, but since society applauds you, no one is going to tell you the truth. I pray for you and my loved one that someday the Holy Spirit can help you both see your erroneous ways and convert before it is too late.

Posted by Zoe Brain on Saturday, Jun 23, 2012 7:00 PM (EST):
That Hat Lady wrote:
"If you're honest, you'd fess up to your decision to forget God's plan and follow your own."

If *you* were honest, you'd fess up to the fact that you'd rather see someone else be in danger of dying than feel uncomfortable, and also fess up to telling God what He wants to justify that.

"This seems harsh, but since society applauds you, no one is going to tell you the truth."

Society applauds her? What planet do you live on? Trans people are constantly being told "the truth" by those like you. The average age homeless Trans youth are kicked out of their homes is 13 1/2. All too many parents think like you - better a dead son than a live daughter, and then smugly justify it to themselves bv pretending that they have God on their side.

Among the key findings from "Injustice at Every Turn", the largest survey of Trans people in the USA, with over 6000 respondents:
Respondents were nearly four times more likely to live in extreme poverty, with household income of less than $10,000.
Respondents were twice as likely to be unemployed compared to the population as a whole. Half of those surveyed reported experiencing harassment or other mistreatment in the workplace, and one in four were fired because of their gender identity or expression.

While discrimination was pervasive for the entire sample, it was particularly pronounced for people of color. African-American transgender respondents fared far worse than all others in many areas studied.

Housing discrimination was also common. 19% reported being refused a home or apartment and 11% reported being evicted because of their gender identity or expression. One in five respondents experienced homelessness because of their gender identity or expression.

An astonishing 41% of respondents reported attempting suicide, compared to only 1.6% of the general population.

Discrimination in health care and poor health outcomes were frequently experienced by respondents. 19% reported being refused care due to bias against transgender or gender-nonconforming people, with this figure even higher for respondents of color.

Harassment by law enforcement was reported by 22% of respondents and nearly half were uncomfortable seeking police assistance.

Despite the hardships they often face, transgender and gender non-conforming persons persevere. Over 78% reported feeling more comfortable at work and their performance improving after transitioning, despite the same levels of harassment in the workplace.

Posted by Con on Saturday, Jun 23, 2012 9:03 PM (EST):

There is another possibility that has not been raised as it is a very thorny area with lots of money and power at stake. Enough of a motive to kill or to ignore so consciences can be squashed and plausible excuses created. Diversionary tactics are called for; (1) Blame God, that will do it! Let them prove He didn't!; (2) Blame the parents; (3) Blame the clergy (4) Blame the medical fraternity; and on it goes until we reach for baseball bats, tar and feathers or some new synthetic almost as real as a feather, yet….., in a way not. Confusion reigns supreme and this lot should tear each other apart, leaving us to take the money and run. And the real culprit is, (drum roll please….) Tah! Daa!!!

HUMAN KIND and radiation emitting technology, from personal gadgets that we could possibly do with out. To things that we can't do without. Now when I performed Radiological procedures at the vet clinic it was etched on our brains, "EACH EXPOSURE TO RADIATION HAS A CUMULATIVE EFFECT ON THE BODY." Protect your reproductive bits was the cry from on high!! No,not God this time!! Nasty little God haters! It was our scientific boffins warning that things should not glow in the dark!!! So let us regroup and change the focus to the elephant in the room. It is undisputed that developing cells exposed to radiation are likely to be malformed presenting all kinds of abnormalities depending on the cells affected. Just to give you an idea of the things that can go wrong in a developing organism, I give this example; I will use the example of a 6 month old boxer male with undescended testicles, i.e they are up in the abdominal cavity. An important factor in the production of viable spermatazoa is regulated temperature control of the testes in the scrotal sac. As the temperature increases the testes descend away from the body and when there is a temperature decrease they are drawn up closer to the body to maintain the right temperature for a successful mating. The situation of the undescended testes can often produce some very strange results upon examination of the removed testes. It is not uncommon to find a plug of hair or a toenail inside one of the testes. The testicle contains all the genetic material to form body parts and an elevated temperature for an extended period of time is enough to tip the balance into the abnormal. So, the exposure to radiation causes a cumulative store of radiation in the body with each subsequent exposure to a radioactive source. You could be exposed one year and maybe a year later another exposure, let us say a chest x ray, the result would be that the two exposures would combine, and so on throughout the persons life span. So with the genetic abnormalities being discussed here it well may be a price humanity is paying for progress. People have a tendency to rush new things out to the public in, sometimes an obscene rush,before another competitor gets to the money trough. The tobacco industry still fights the anti-smoking lobby, even though they know smoking kills. I will give you an example of an incident involving an unknowing exposure to radiation. A young woman was going through the city center to her work and stopped to have a coffee at a street side cafe. The young woman was pregnant. Next to the cafe there was a multi story building having the foundations examined for concrete decay. The technique being used was X Ray technology. There was supposed to be a lead shield in place against the inside fence-line , to protect passers by. The company had failed to bring it with them but decided to go ahead, the theory being what you can't see won't hurt you! The woman was sitting right in the line of the X-Ray beam. Who knows what the result of that would cause. It is much more convenient to blame God or some amazing gene metamorphosis, that won't interfere with cash flow and productivity!! You could replace the X-Ray exposure/ Radiation in general theory and add pesticides, or genetically manipulated food crops to the mix. Often the answers are simple but they don't suit big business. There is an old tactic, but an effective one all the same, divide and conquer or divide and take all the money and run. So I will leave this to greater minds and wait for the umpires whistle,and remember the slogan, " IT'S THEM! IT'S THEM!! AND IT ALWAYS WILL BE THEM!!!!! OOOOOOORRFFFFFF WITH THEIR HEADS !!!!!!!!!! LONG LIVE HER MAJESTY THE QUEEN OF HEARTS!!!!!!!

Posted by ANNE on Tuesday, Jun 26, 2012 10:37 AM (EST):

Our society places much too much emphasis on sex - that is not for the pro-creation of children.
If we placed all this energy and emphasis on our ETERNAL LIFE, think how different this World would be.

We must remember that it is a MORTAL SIN to have sex outside of marriage - between one man and one woman. The salvation of our eternal Souls must be our first/main agenda.
Everyone has different temptations and crosses to bare. Will we give in to secularism and relativism and sex, or will we follow JESUS?

Posted by Christopher Buczek on Wednesday, Jun 27, 2012 1:55 PM (EST):

This is for Emily:
Thank you for the courage to engage here, and for doing so consistently in a patient and compassionate manner. While most commenters have been respectful I realize how hard it must be for you to hear others who have no first hand knowledge of your lived experience presuming to tell you how you must live (and love). In another circumstance, these same well-meaning people might hesitate to tell a couple whose child has been diagnosed with severe developmental defects in utero—and which would only live for a few days or weeks once born—that they must see the pregnancy to term only to watch their child slowly suffer and die. Even if they believe that's what God would want and the Church teaches, they would likely suspend judgment out of respect for the enormity of the trial the couple is undergoing, preferring to leave it a private family matter. It is easier for most people to feel real compassion for such a couple because they can imagine how they would feel if they found themselves in the same situation. But because they cannot empathize with your situation at all, cannot even begin to imagine what it would be like to have a gender that is the opposite of your body's sex, they do not feel any such constraint.
It's clear that you have thought, pondered, agonized and prayed over your trial and that God has led you to an answer. I wish you well and want you to know you have my (poor) prayers. Better than that, I will beg the prayers of St. Joan of Arc on your behalf. You might read her biography for solace and inspiration. I can highly recommend Mark Twain's account of her life. Also, the records of her trial was published by Harvard Press a few years back: it is fascinating reading. Joan was tried and condemned as a heretic for, among other things, wearing men's clothes and behaving like a man by leading troops into battle. While it is anachronistic to apply the norms and nomenclature of one time to another so different, a case could be made that she was the Church's first trans saint. Joan went to the stake rather than renounce her belief that she was, indeed, led by God and that she heard the voices of his saints counseling her to do these very things. It was the bishops of the Catholic Church who condemned her to the horrific death of being burned alive, and they cited chapter and verse of scripture to justify doing so. Their names and judgment live in infamy. Joan is a saint revered by millions—even if it did take the Church nearly 500 years to acknowledge her martyrdom at its own hands. Take her as your patron and pray to her for strength and inspiration in all your trials.

Posted by anna lisa on Friday, Jun 29, 2012 4:53 PM (EST):

@Christopher, I would like to comment on just one aspect of what you wrote above: My husband and I were that couple you are describing, faced with a fatally ill baby. It was a crucifixion of sorts, but Jesus was with us. I have never experienced such grace. Hastening our son's departure would have made our agony worse. We buried him on a beautiful day, last August,a stones throw from his great, and great,great grandparents,in a beautiful casket made by his father's loving hands. He was surrounded by his parents, family priest, brothers and sisters, cousins, aunts,uncles and grandparents. His angelic little body and soul were *Honored*. Aborting a child is simply never justifiable in any way.

Posted by Claire from Delaware on Sunday, Jul 1, 2012 10:23 PM (EST):

Can transgender people validly marry after surgery? (I'm not talking about fertile intersex persons who have decided to live as one gender and would like to marry.) Are they free to marry or are they in the same situation as us chaste unmarried heterosexual and homosexual Catholics whom God has called to the single life, even if it is not what we would have chosen?

Posted by Zoe Brain on Monday, Jul 2, 2012 12:54 AM (EST):

@Claire - For that, I'd have to refer to the *sub secretum* letter to the Bishops. But apparently not, no, they can't, any more than a woman whose genitalia had been removed as part of cancer treatment could. However, that needs clarification.
It's all about sex.
The letter states that Transsexuality is a mental illness, with no biological component whatsoever. That there are no differences in anatomy at all between pre-operative Transsexual women, and men, that that is in fact the very definition of Transsexuality. If there is a difference, the people concerned cannot be Transsexual by the Church's definition.
Transsxual women remain men, regardless of "superficial body modification".
The problem is, that Transsexuals (by the Church's definition) may not actually exist. Every person that medical science has defined as Transsexual has shown cross-sexed anatomy in the brain, and often elsewhere too.
The Church has no stated position on the marriage of such Intersex people, though various Church organs have stated in official testimony to legislatures that all such people are regarded as "mentally handicapped",

so mentally incapacitated that they lack the ability to validly consent to marriage.
See testimony to that effect by Mr Meney, Director of the Life, Marriage & Family Centre, Catholic Archdiocese of Sydney, speaking in his official capacity on 3rd May 2012.
This should not be taken as the official line, just the policy in practice. Dissent from it is not disobedience to the Magisterium.

Posted by Zoe Brain on Monday, Jul 2, 2012 1:34 AM (EST):
Note that there have been cases of misdiagnosis of obviously mentally ill people who have deliberately lied to an inexperienced treatment team, and as the result were diagnosed as Transsexual when they were not. Such unfortunate souls account for the handful of cases of "regret" that turn up now and then. They always turn out to have severe psychiatric illness, often multiple conditions.

Walt Heyer is a typical example, but he's turned his multiple diagnosed psychoses into an asset, making a very good living from his books and lecture tours, and donations from sponsors.

Posted by Linda L. Stump on Monday, Jul 2, 2012 9:01 AM (EST):
Zoe, you stated in your message that if a woman or young gal has cancer and all her genetialia has been removed that she can not marry within the Catholic church. How horribly wrong that is. Such a woman should be allowed to marry. Her husband and she could be the best parents of an adopted child! God have mercy on such Catholic teachings!

Posted by Claire from Delaware on Monday, Jul 2, 2012 9:24 PM (EST):
Linda, In order for the sacrament of matrimony to be valid, the couple has to be capable of consummating their love through the act of intercourse (they need not be fertile however). They have to be able to become 'one flesh' or it's not really a marriage. The church is just calling it like it is. For the wisdom of this, consider the difficulty a couple would have to live a completely celibate life although married. It would be a marriage in name but not in reality. NFP requires periodic abstinence and many couples find this to be a challenge. How much more difficult it would be to completely refrain from sexual contact for life because of the inability of one partner. It's traumatic and sad when this happens to a couple who are already married. To enter into such a relationship would be setting oneself up for a load of misery. God does not call everyone to be married.

Posted by Zoe Brain on Tuesday, Jul 3, 2012 4:36 AM (EST):
@Claire -
For the wisdom of this, consider the difficulty a couple would have to live a completely celibate life although married. It would be a marriage in name but not in reality.

I beg to disagree. Ours is more than that. We'd be sexually active if we both weren't straight. As it is - we're more than just sisters, and devoted to the child we made together.

We see breaking marriage vows as wrong - a wrong that's only justified when the relationship is over. Lesbianism, not so much, but not our cup of tea.

Posted by Claire from Delaware on Tuesday, Jul 3, 2012 6:34 AM (EST):
I did not mean to imply that you are in the position I outlined. You entered into a valid marriage, not one in name only. Now the two of you are facing a difficult situation not of your making and trying to do the best for yourselves and your child. The inability to consummate the marriage act is an impediment to contracting a valid marriage; it does not end an already valid marriage.
You seem to be saying that breaking marriage vows is justified 'when the relationship is over'. The problem with that statement is that the marriage bond lasts until the death of one of the partners.
It is of course possible to petition a marriage tribunal for a decree of nullity based on the reality that a condition existed at the time of your marriage that, although unknown to you, would have invalidated the marriage. If granted, your wife would be free to remarry. IMHO the course you have chosen for the sake of your relationship and for your child is the better one but it is certainly not easy.

Posted by BRRobertNapolitanoSchwehr on Tuesday, Jul 3, 2012 2:27 PM (EST):
Sometimes,indeed at all times the complete and true nature of things(for argument sake think of sexuality for the moment as a thing)is known only to God.I ,and was told in the Seminary,have a marvelous grasp of the obvious you might say,but remember Jesus was mislabeled even by the High priest who like the rest of us did not recognize him for who He really is.Without getting too personal many of us do not know what we are talking about on this subject.I believe,I hope and I pray that I like Our Master I speak with authority on this subject.If that is too much of a leap of Faith take it from experience,the school of hard knocks graduated

by all disciples of Jesus.Gender identification is best left to Doctors,priests and rabbis with God breaking all ties in any genetic photo finish.Something to remember next time you see tennis shoes or a flannel shirt or two people holding hands or when your mind wanders watching who returns from the Communion line in Church or who doesn't even receive that Sacrament or any Other.BrRoberto.

Posted by BRRobertNapolitanoSchwehr on Tuesday, Jul 3, 2012 3:44 PM (EST):
Charity towards all and malice towards none all of the above comments were given and taken in a Spirit of genuine Humanity and what I believe to be evident of Our Master,thank you everybody for relieving pain and contributing to true healing like true physicians.Certainly you have done no harm.BrRoberto relegated Deacon.

Posted by Zoe Brain on Tuesday, Jul 3, 2012 9:38 PM (EST):
@Claire - I feel I've left you with a misapprehension.

I knew I was female when I was ten years old. But I also believe in objective evidence, and that said I was wrong (at the time).

I fell in love with another girl, even though I didn't really understand the idea of "sex", any more than any other person who didn't go through puberty.

By some miracle, or the Grace of God, or a rare mutation in my mitochondrial DNA, with the aid of medical science, we were able to have a child together. Not many women in love with each other are so blessed.

Do we regret that we are same-sex? Yes. There is something we will never have, that most married couples do. But I tried to the best of my ability to be the best Man any Woman can be, and it didn't work very well. I think I managed to be a decent human being, but masculinity - the best I could do was try to resemble the kind of man I should have married.

It is ironic, and unfortunate, that at age 47 I finally had puberty, and now understand what all the fuss is about sex. Worse, for my partner, who had to deal with a "husband" whose anatomy was only "mostly male" for so long, most of that masculinity is gone. Enough so there's no "chemistry" any more on her part.

Compared to what we have though - a home, a family, our 31st anniversary, a love and bonding, it's not such a big thing to be celibate. Not because celibacy isn't a "big deal" in its own right, but because the relationship we have is so much greater. To take an analogy, a billion dollars is a lot of money, unless you compare it to trillions, then it's not such an issue.

We're not deserving of your compassion, though it's wonderful of you to give it. Those who do deserve it are the couples trapped in loveless relationships, those who have love but are unable to have children - as most same-sex couples cannot - and many, many more.

There are many Transsexual women - women born with (mostly) male bodies. Only a very few have their bodies change and normalise, it's a miracle, a blessing only a handful are granted. There are many same-sex couples, but almost none can have children together. Again, a miracle, a blessing.

You can see now why I'm so uncomfortable when kind people say "How terrible for you to be in that situation". We were given a gift that few receive, a gift that we feel we didn't deserve, when many more worthy people do.

Thank you for your kindness though, that's never out of place, and gratefully accepted.

Posted by Doc Kimble on Wednesday, Jul 4, 2012 3:21 AM (EST):
http://www.pages.drexel.edu/~cp28/docdble.htm

Posted by Charles O'Connel on Wednesday, Jul 4, 2012 12:21 PM (EST):
Regarding people who claim to speak with expertise & authority, I have been dismayed to hear, on an extremely prominent Catholic broadcast - one associated with this publication - two of the most major Catholic commentators (you would know their names), venturing very naive opinions on this subject. They should either take the time to become educated, or learn to avoid rash judgment by shutting up about it.
The author of this article is confirmed in her findings by a true expert, Dr. Paul McHugh, formerly psychiatrist-in-chief at Johns Hopkins Hospital, in his November 2004, "First Things" article "Surgical Sex".
The first thing to consider, is that people who seek such extreme remedies, are responding, however incorrectly, to very real problems; they aren't doing it on a lark, or to conform with fashion.
The whole history of sexual radicalism is one of such people being exploited by professional agitators who

haven't got their best interests at heart. The emphasis on compassion is the most important thing. In time, those who are really loving will be discovered & remembered.

Posted by Zoe Brain on Wednesday, Jul 4, 2012 7:46 PM (EST):
McHugh's views are based entirely on ideology, not on evidence.

Think about it - his works on the subject are in political/religious journals, not medical/scientific ones. You see his article "Surgical Sex" constantly being quoted. Why? Because it's the only one of its kind. A distinctly fringe, even crackpot, view. Unique. His tenure as head of psychiatry was "controversial" to say the least.

To repeat:
As Dr Paul McHugh admitted in his book "Psychiatric Misadventures":
"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. "

Verdict first, trial afterwards.

> The bishops recently chose Dr. Paul McHugh, former chairman of the Department of Psychiatry and Behavioral Sciences at John Hopkins University School of Medicine, as chief behavioral scientist for their new clergy sex crimes review board. Yet Dr. McHugh once said Johns Hopkins' Sexual Disorders Clinic, which treats molesters, was justified in concealing multiple incidents of child rape and fondling to police, despite a state law requiring staffers to report them.
>
> "We did what we thought was appropriate," said Dr. McHugh, then director of Hopkins' Department of Psychiatry and Behavioral Sciences, which oversaw the sex clinic. He agreed with his subordinate, clinic head Fred Berlin, who broke the then-new child sexual abuse law on the grounds that it might keep child molesters from seeking treatment.
>
> Dr. Berlin admitted he had covered for the sex criminals, angering legislators, child-advocacy groups and state officials. But his actions were not surprising, because "at least eight men have been convicted of sexually abusing Maryland children while under [Dr. Berlin's] treatment there," according to the March 23, 1988, issue of the Capital. Despite a 1990 Government Accounting Office study that found no therapy program that stopped sex offenders, Dr. Berlin said in 1994 that psychiatry can "effectively control" sex criminals.

McHugh still insists that there is no problem with paedophilia in the Church, that it's all imaginary, and that the problem is under psychiatric control.

> "McHugh's actions…pose the deepest threat to the council's credibility. McHugh is the only therapist on the lay council. This makes his participation especially significant, because other members may rely on his presumed expertise. Because he frequently testifies on behalf of accused molesters, doubts may be raised about the council's desire to truly solve the problem.
>
> McHugh…is the man whose report to the court in one case stated that a defendant's harassing phone calls were not obscene – including the call that detailed a fantasy of a 4-year-old sex slave locked in a dog cage and fed human waste.
>
> At least eight men have been convicted of sexually abusing Maryland children while under treatment at the "sex disorders" clinic McHugh runs at Johns Hopkins University School of Medicine – abuse the doctors did not report, citing client confidentiality. When Maryland law was changed to require that doctors report child molestation, the clinic fought it and advised patients on how to get around the law. The memo to patients suggested that molesters report their pedophilic activities to their lawyers, who could in turn tell staff; attorney-client privilege would then protect the molesters from being reported. This memo was fully approved by the boss – Dr. Paul McHugh…

I think that even the most charitable view would call his judgement "questionable" at best. It's not as if he has any evidence to back up his views.

Posted by Zoe Brain on Wednesday, Jul 4, 2012 8:21 PM (EST):
What matters is not who has said something, but whether it's true or not. However, if one is to ignore evidence, and rely on an "appeal to authority", one had better make sure the authority is unimpeachable.

The Vatican, in all good faith, employed McHugh as their advisor on sexual matters. His psychiatric qualifications were impeccable (even if he lacked training in science, as was the fashion in the 50's), his conservative politics eminently sound. The result of adopting his recommendations we all know about.

He hasn't been involved with Transsexual treatment for over 30 years, his knowledge of the area firmly rooted in state-of-the-art theories from the 1950's, and not updated since.

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