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Change of Sex and Collaboration With the Psychosis

SIR: In the United States, medical publications and especially the general press have carried discussions regarding the surgical change of sex that have had an inflammatory effect.

At Johns Hopkins University there is a sizeable project dedicated to this problem. Many neurotic patients, particularly homosexuals, are now toying with the idea that they can give in to some of their neurotic fantasies and discontinue their psychotherapeutic programs. The news has given official sanction, as it were, to their distorted yearnings.

Unwittingly, many a physician does not treat the disease as such but treats, rather, the fantasy a patient develops about his disease. We are often seduced into prescribing not what the disease calls for but rather the medication the patient wants for some unconscious reason. Many antibiotics or tranquilizers are prescribed merely because of the subjective need of the patient and without any justifiable medical indication. I believe the surgical treatment of transsexual yearnings easily falls into this trap.

The most highly publicized case was that of "Christine" Jorgensen, who went to Denmark in 1952 to undergo a surgical change of sex. He returned as a "girl" thanks to a castrative operation and the continuous use of female hormones. According to a newspaper account, in 1965 a court in Baltimore ordered Johns Hopkins surgeons to perform an identical operation on a 17-year-old boy(1). Since then, the surgical treatment of so-called transsexuals has grown into the scientific project of the so-called "Gender Identity Clinic," where those who are not hermaphoditic, pseudo-hermaphroditic, or complete homosexuals, but who do have the wish to have another genital status, obtain the treatment they ask for.

Usually such patients are transvestites who for some neurotic or psychotic reason want a change of sexual status. It has been proven clinically that they never do reach their biological goal and remain dependent on hormonal medication. Whether or not they are happy depends on the suggestions given them either by their therapists, their environment, or their new overt or latent homosexual partners.

For a male, the operation means castration and the creation of an illusory artificial vagina; for the female, the operation entails the fabrication of a pseudo penis.

The argument for this surgical cooperation with the neurotic wishes of a patient, as publicized in various newspapers, is rather sentimental. It is said that people who want to change their sex feel very miserable and suffer very much, while psychiatric treatment and long-lasting psychoanalysis fail to help them.

But precisely what psychological treatment is involved, by whom, and by what method? The reports say that the treatment team of surgeons is concerned with the total health and personality of the crossover deviate. But who is to judge? Can we really satisfy the delusions of our patients?

Those patients seen by me who wanted to change their genital status were all borderline psychotics who also wanted other parts of their body altered. They wanted plastic surgery for their faces and noses and entertained other self-destructive fantasies. Their need for sexual alteration lay rooted in a deep-seated depression and a psychotic denial of self.

What about our medical responsibility and ethics? Do we have to collaborate with the sexual delusions of our patients? Are we not rendering them a sad disservice? One of the physicians at the project admitted that many surgically treated patients remained disturbed, but he insisted they were better off than before.

Is this a return of an old epistemological debate in medicine, namely, the denial of psychic etiology in transvestitism? Indeed, it seems that foundation money is preferably granted to mechanical thinking rather than in praise of common sense.

The lay public, both titillated and mystified by the transsexuals, still flocks to nightclubs to stare at the subjects of one of these operations(2).

The project of sex-reassignment has been launched with all the paraphernalia and fanfare of "scientism." It has a euphemistic name and a multidisciplinary team approach, complete with lab, X rays, and psychotests. But it also represents an unfortunate denial of the
wealth of psychiatric insights into the intricate suicidal psychodynamics of those who refuse to accept their gender and themselves.

The references are:

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A Correction
In the memorial to William Rush Dunton, Jr., on Page 1604 of the June issue, it was stated that Dr. Dunton was the grandson of William Rush, “who was a cousin of Benjamin Rush, the founder of our Association, whose profile graces our official seal.”

Readers have pointed out that Dr. Rush was not the founder of the American Psychiatric Association; he died in 1813 and the Association was not founded until 1844.

It is as natural to die as to be born; and to a little infant, perhaps, the one is as painful as the other.

—Francis Bacon