



Written by [Selwyn Duke](#) on November 11, 2014

## The Transgender Con? Many “Transgender” People Regret Switch

“You fundamentally can’t change sex.... Transsexualism was invented by psychiatrists.” These are not the words of a conservative organization or a fundamentalist preacher, but of former “transsexual” Alan Finch.

Having decided to “transition from male to female” at age 19, the Australian man later regretted the life-rending move and chose to once again live as his true sex approximately 15 years later. And he’s not alone. A growing number of “transgender” people, though once sure they wanted to live as the opposite sex, now wish they’d never had their bodies surgically altered.



Exploring this phenomenon just today, the *Federalist’s* Stella Morabito [writes](#):

Everyone has regrets. Some of us have big regrets. Most everyone has some place to go to get help dealing with them.

Except for, say, a guy who had sex-change surgery and now would like to have his penis back. (The one God gave him.)

Morabito goes on to cite a poll showing that even 65 percent of people who’ve had cosmetic surgery — which is relatively minor body alteration — later regret the decision. As she writes, quoting Courtney Love on her lip enhancement procedure, “I just want the mouth God gave me back.”

Yet many regretful “transsexuals” are afraid to open their mouths. Writing about how the scope of “transgender” de-transition desires is hidden, Morabito writes, “The transgender lobby actively polices and suppresses discussion of sex-change regret, and claims it’s rare (no more than “5 percent.”) [sic]. However, if you do decide to ‘de-transition’ to once again identify with the sex in your DNA, talking about it will get you targeted by trans activists.” This is reminiscent of how the homosexual lobby has viciously attacked grown children of same-sex couples all because these people now oppose same-sex child-rearing, which *The New American* [reported on](#) earlier this month.

Some de-transitioning “transsexuals” are speaking out, however. Starting with Finch, he [told](#) *The Guardian* in 2004:

Transsexualism was invented by psychiatrists.... You fundamentally can’t change sex.... The surgery doesn’t alter you genetically. It’s genital mutilation. My “vagina” was just the bag of my scrotum. It’s like a pouch, like a kangaroo. What’s scary is you still feel like you have a penis when you’re sexually aroused. It’s like phantom limb syndrome. It’s all been a terrible misadventure. I’ve never been a woman, just Alan.

In fact, there even is a website entitled [SexChangeRegret.com](#), which [features the stories](#) of people



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such as Finch. Another such individual is Matthew Attonley, 30, who underwent genital mutilation seven years ago and had since been living under the name “Chelsea” Attonley, but now wants to de-transition. The *Daily Mail* [quoted him](#) as saying last month:

It is exhausting putting on make-up and wearing heels all the time. Even then I don’t feel I look like a proper woman.

I suffered from depression and anxiety as a result of the hormones too.

I have realised it would be easier to stop fighting the way I look naturally and accept that I was born a man physically.

And given that opponents of genital-mutilation surgery are often accused of trying to force people to live a lie, something Attonley said was quite interesting: “I have always longed to be a woman, but no amount of surgery can give me an actual female body and I feel like I am living a lie,” reports the *Mail*.

Are these people outliers, as “transgender” activists would say? Not according to research. As *The Guardian* also [wrote](#) in 2004:

There is no conclusive evidence that sex change operations improve the lives of transsexuals, with many people remaining severely distressed and even suicidal after the operation, according to a medical review conducted exclusively for Guardian Weekend tomorrow.

The review of more than 100 international medical studies of post-operative transsexuals by the University of Birmingham’s aggressive research intelligence facility (Arif) found no robust scientific evidence that gender reassignment surgery is clinically effective.

... Chris Hyde, the director of Arif, said: ... “There’s still a large number of people who have the surgery but remain traumatized — often to the point of committing suicide.”

Morabito cites as a good example of this late *Los Angeles Times* sportswriter Mike Penner. After [announcing](#) in 2007 that he would return from a vacation as “Christine Daniels” and then becoming a “transgender” activist, he decided to de-transition the next year and reclaim his old Penner byline. But he could not reclaim his sanity.

He committed suicide in 2009.

Interestingly, Morabito reports that all “blog posts and bylines by Christine Daniels were mysteriously scrubbed from the *LA Times* website,” and his funeral “was strictly private to keep out media.” But even in death, he wasn’t allowed to leave the “transgender” fold. As Morabito put it, “The LGBT community had their own memorial service, but only for ‘Christine Daniels,’ not Mike Penner.”

An even sadder story is that of Belgian Nancy Verhelst, who was distraught after genital-mutilation surgery, saying she felt more a “monster” than a man. But her government had a solution for her cheaper and quicker than de-transitioning. At her request, they murdered her under Belgium’s euthanasia laws.

Morabito cites another such individual who lamented, “I am grieving at how I have mutilated my body,” but there are too many cases to mention here. And this is no surprise given the criteria for recommending an individual for genital-mutilation surgery.

“Gender dysphoria” (GD), we’re told, is a condition in which a person’s body doesn’t match his true “gender.” But there is no blood test for it. There is no identifiable genetic marker. There is no medical exam at all. Rather, the diagnosis is made based on, as PsychCentral.com [puts it](#), “strong and persistent



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cross-gender identification”; in other words, strong and persistent *feelings* that you actually are a member of the opposite sex.

Yet such a diagnostic standard would constitute malpractice in any other branch of medicine. Could you imagine a patient telling a cardiologist that he has a strong and persistent feeling he has heart disease and the doctor, on that basis alone, performing bypass surgery? The point is that whatever one thinks of the soundness of the “gender dysphoria” diagnosis, the basis on which it’s made certainly is not medically sound.

No one has to tell this to Alan Finch. He said in no uncertain terms, “The analogy I use about giving surgery to someone desperate to change sex is it’s a bit like offering liposuction to an anorexic.” The phenomenon also could be analogized to “Body Integrity Identity Disorder” (BIID), the sense that a body part — an arm, leg, etc. — doesn’t belong on your body. As with GD sufferers, those with BIID have strong and persistent feelings that their body doesn’t match their mind, and they likewise desire surgical alteration (amputation). Yet while virtually everyone reflexively assumes that BIID is a psychological problem and that the solution is to change the mind, it’s politically correct with GD to insist that the remedy is to change the body. Is this double standard really driven by medical imperatives — or political ones?

Yet “transgender” dogma is so unquestioned today that even very young children are allowed to choose their “gender.” An example is six-year-old girl Ryland, who Parent 24’s Tamar Cloete [bills as](#) the “world’s youngest transgender child.” Calling her parents’ decision to allow her to live as a boy “brave,” Cloete writes that this “may be a phase or it might not, but that is all up to the kid to decide.”

Absolutely striking. We would agree that a six-year-old is far too young to decide his own diet, educational program, or bedtime. But we’re to believe he’s mature enough to decide to “live as the opposite sex”?

Cloete says that Ryland’s parents “learnt about a higher suicide/suicide attempt rate among transgender people” and don’t want to lose their child, indicating they’re unaware that “the suicide rate among transgendered people who had reassignment surgery is 20 times higher than the suicide rate among non-transgender people,” as CNS News [reported](#) in August. They also are unlikely to know that 70 to 80 percent of children with their daughter’s feelings spontaneously lose them.

Sadly, the consequences of this ignorance can be irreparable. Just ask Paul Rowe, who now regrets his 1989 genital-mutilation surgery. Feeling stuck in limbo, he’d like to be his old self again but says it’s fruitless. “I can never become a complete man again,” he [laments](#). “There’s no turning back.”

And no one knows this better than the original poster boy for ground-breaking “transgenderism,” tennis player Dr. Richard Raskind. Better known by the name he assumed after genital-mutilation surgery in 1975, “Renee Richards,” the physician is quoted as saying in “The Liaison Legacy,” *Tennis Magazine*, March 1999, “I get a lot of inquiries from would-be transsexuals, but I don’t want anyone to hold me out as an example to follow.... As far as being fulfilled as a woman, I’m not as fulfilled as I dreamed of being. I get a lot of letters from people who are considering having this operation ... and I discourage them all.”

Obviously, surgery or not, sexually confused individuals have a cross to bear. But they very well might be happier if they consider the counsel of former psychiatrist-in-chief for Johns Hopkins Hospital Dr. Paul McHugh. “‘Sex change’ is biologically impossible,” he [says](#). “People who undergo sex-reassignment surgery do not change from men to women or vice versa. Rather, they become feminized men or



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masculinized women.” And that’s why he [concluded](#) long ago, “We psychiatrists ... would do better to concentrate on trying to fix their minds and not their genitalia.”



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