

Regret Isn't Rare: The Dangerous Lie of Sex Change Surgery's Success

 thepublicdiscourse.com/2016/06/17166/

By Walt Heyer

We have been told sex reassignment surgery is successful. The advocates say that regret is rare, and that 98 percent of surgeries are successful. While that figure might be true for surgical complications, before we accept a narrative of surgical success we should consider the evidence. To evaluate success or failure, we need to go beyond the mechanical skill of the surgeon to examine the emotional and psychological wholeness of the patient afterwards—and not just in the first few months, but in the years to come.

Transgender advocates have worked to create a false narrative, hoodwinking the world into believing that no one ever has regrets from a surgical change of gender. They say the transgender ideology they promote is harmless, safe, even beneficial. But what happens when we dismiss the rhetoric, look at the research, and apply basic critical thinking? We see the reports of success fade and those of regret rise.

Twelve years ago, *The Guardian* reported that a review of more than 100 international medical studies of post-operative transgender patients by the University of Birmingham Aggressive Research Intelligence Facility found “no robust scientific evidence that gender reassignment surgery is clinically effective . . . Research from the US and Holland suggests that up to a fifth of patients regret changing sex.”

Shortly after undergoing sex change surgery, most people report feeling better. Over time, however, the initial euphoria wears off. The distress returns, but this time it is exacerbated by having a body that is irrevocably molded to look like the opposite gender. That's [what happened to me](#), and that's what [the people with regret who write to me](#) say happened to them.

A Tale of Tragic, Preventable Regret

Recently I received an email that blows the lid off the idea of sex change success and illustrates the truth about damaged lives. This man's story of transition started in his teens. He explains:

I transitioned to female beginning in my late teens and changed my name in my early 20s, over ten years ago. But it wasn't right for me; I feel only discontent now in the female role. I was told that my transgender feelings were permanent, immutable, physically deep-seated in my brain and could NEVER change, and that the only way I would ever find peace was to become female. The problem is, I don't have those feelings anymore. When I began seeing a psychologist a few years ago to help overcome some childhood trauma issues, my depression and anxiety began to wane but so did my transgender feelings. So two years ago I began contemplating going back to my birth gender, and it feels right to do so. I have no doubts--I want to be male!

I did have orchiectomy [the removal of one or both testicles], and that happened before my male puberty had completed, so I have a bit of facial hair which I never bothered to get electrolysis or laser for, and so the one blessing about all this is that with male hormone treatment I can still resume my male puberty where it was interrupted and grow a full beard and deep voice like I would have had if transgender feelings hadn't intruded upon my childhood. My breasts are difficult to hide

though, so I'll need surgery to get rid of them. And saddest of all, I can never have children, which I pray God will give me the strength to withstand that sadness.

When this man's childhood trauma was treated appropriately, his transgender feelings waned. But sadly, he lost ten years of his life and the ability to father biological children.

This young man's story could have been foreseen and prevented if only transgender advocates had embraced the early findings of Dr. Charles Ihlenfeld. In 1979, [Dr. Ihlenfeld warned his colleagues about unsuccessful outcomes](#). Based on six years of experience treating over 500 people with cross-gender hormones, Dr. Ihlenfeld sounded a warning on gender transition. He found that there was simply too much unhappiness among patients after changing genders, and that too many people who had sex change surgery later took their own lives. In his medical opinion, 80 percent of those who want a sex change should not do it. And for the remaining 20 percent, he found that that the sex change would only provide a temporary reprieve, not a lifelong solution.

When so many post-operative transgender individuals remain distressed, even suicidal, then a reasonable conclusion is that surgery is not sufficient to eliminate the depression.

Dangerous Levels of Psychiatric Disorders

People with a diagnosis of gender dysphoria are encouraged to undergo sex transition as treatment. But according to [studies](#), over half of this population is likely to have one or more coexisting psychiatric disorders, such as depression, phobias, and adjustment disorders, which influence the outcomes, as we saw in the letter earlier. The coexisting psychiatric disorders should be treated first before undergoing irreversible, life-changing sex change surgeries.

A staggering 41 percent of people who identify as transgender reported in a [national survey](#) that they had attempted suicide. That's over [twenty-five](#) times the rate of suicide attempts (1.6 percent) among the general population. Clearly, this is a group at high risk for dangerous levels of depression—and, as the work of Dr. Ihlenfeld attests, sex change surgery is not the way to help keep them safe.

Yet any report of psychiatric issues among transgenders is seen as too negative to the social justice narrative. Individuals with gender dysphoria are discouraged from seeking treatment for their depression, phobias, and adjustment disorders. Instead, it is assumed that their psychiatric difficulties are due to their "not being true to themselves," and they are fast-tracked to transition. To my knowledge, transgender advocates have never made a point to warn the transgender community to look for other treatable disorders or to lobby the medical community for better diagnosis and care for coexisting disorders, which are present in over half the group.

I will readily admit that I have skin in the game on this topic. I [was diagnosed with gender dysphoria and approved for sex reassignment surgery](#) by the pre-eminent authority at the time, Paul Walker, PhD. He chaired the committee that authored the original Harry Benjamin International Standards of Care, which are similar to the guidelines in use today. He quickly approved me for hormone therapy and surgery without considering the comorbid disorders that might have fueled the gender dysphoria. Like the person whose story I shared above, after male-to-female surgery didn't permanently heal my gender discomfort, I sought counseling. Amazingly, the feelings of gender discomfort I had for a lifetime died out after extensive counseling resolved the issues.

The majority of transgender people (62.7 percent, according to one [study](#)) have at least one comorbid psychiatric disorder. Many people think transgenders are homosexual and that changing genders is about sexual relations. That wasn't the case for me, nor for the people who have written me over the last ten years. Every single one of them had unwanted pain caused by sexual abuse, deep trauma, mental disorders, horrible loss, or terrible family

circumstances in early life. Often the parents were not aware that any abuse or trauma had occurred. Treating psychological pain with sex change surgery doesn't work.

Regret Is Not Rare

Most people don't realize that the outcomes of sex transition are not tracked over time. That is, no one knows how many people are happy, how many have regrets, how many return to their birth sex, or how many have died as a result of suicide. Even when studies are conducted, the results are often based on a minority of the participants because, as *The Guardian* reported: "the results of many gender reassignment studies are unsound because researchers lost track of more than half of the participants. For example, in a five-year study of 727 post-operative transsexuals published, 495 people dropped out for unknown reasons."

In addition, many studies may report misleading outcomes because they look at results over too short a period of time. Feelings of regret or suicide may not surface for ten to fifteen years after the transition, but studies don't track patients that long. People with regret have contacted me as far out as thirty years after transition.

Today, we are told that those with gender dysphoria—whether they are [four-year-old children](#) or [Olympic athletes](#)—are better off living as the opposite sex. Putting blind trust in those who use bullying tactics to discourage debate or scientific challenge has traumatic and sometimes deadly consequences for the innocent victims. Consider the harm that occurs today as a result of this propaganda:

- *Unbiased medical information and treatment is simply not available to those considering sex change. Only one course of treatment is provided: hormone treatment and sex reassignment surgery.*
- *Hurting people who regret transitioning are bullied into silence.*
- *Researchers can be run out of their profession if their results challenge the transgender activists' narrative. The freedom to pursue scientific evidence is in jeopardy.*

Let's stop enabling the delusion that transition is the only answer. Let's allow scientific research to flourish, no matter what the results show. Let's look at the evidence and facts and encourage treatment options that address dangerous psychiatric conditions first. In that way, we can ensure the best outcomes for those who have gender dysphoria.

Walt Heyer is an author and public speaker with a passion to help others who regret gender change. Through his website, [SexChangeRegret.com](#), and his blog, [WaltHeyer.com](#), Heyer raises public awareness about the incidence of regret and the tragic consequences suffered as a result. Heyer's story can be read in novel form in [Kid Dakota](#) and [The Secret at Grandma's House](#) and in his autobiography, [A Transgender's Faith](#). Heyer's other books include [Paper Genders](#) and [Gender, Lies and Suicide](#).