CORRESPONDENCE

Satisfaction With Male-to-Female Gender Reassignment Surgery: Results of a Retrospective Analysis

by Dr. med. Jochen Hess, Dr. med. Roberto Rossi Neto, Dr. med. Leo Panic, Prof. Dr. med. Dr. h.c. Herbert Rübben und Prof. Dr. med. em. Wolfgang Senf in issue 47/2014

Importance of Psychological Care

From my dual perspective as an internist in private practice and a transsexual woman, I wish to comment on the study, which does not only deal with the consequences of gender reassignment surgery but also touches on the problems of medical care for transsexual persons in general (1). I was pleased to see an interpretation that moves away from the perspective of sexual pathology. Unfortunately, transsexuality still ranges among the mental disorders. Many of those affected would wish for medical care beyond any sex/gender-specific perspective and one of sexual pathology. I was edified to read about the study of satisfaction considering various aspects, from esthetics to function, the ability to have an orgasm to social aspects. My personal interpretation of the low response rate of the questionnaires is that very satisfied persons who have arrived in their role have less need to communicate this by means of questionnaires.

I agree with the authors' opinion that experiencing orgasms more intensely is a result of a more harmonious body image.

My personal assumption relating to the satisfaction after gender reassignment surgery is also that this depends on the individual expectations of the effects of such surgery. Some people conflate the operation with their hopes for a solution to all their personal and social problems. Others hope that they will achieve their desired gender role by dint of the surgical procedure itself and without further active input from themselves. In my view, such an overload of expectations and hopes only leads to an increased risk for dissatisfaction if expectations are not met. I therefore believe that effective and professional psychological care remains of great importance, even though many transsexual persons reject compulsory psychotherapy as a prerequisite before they can access medical measures.

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Gender Dichotomy Is Culturally Determined

First of all I wish to express my congratulations to the authors for their comprehensive study (1). It is, however, regrettable that the authors use the same language as representatives of gender theory, which has empirically been invalidated a long time ago. They like to instrumentalize transsexual persons for their own far-reaching sociopolitical intentions. That happens when the authors claim early on in the study that “Culturally, gender is considered an obvious, unambiguous dichotomy.” As a matter of fact, gender dichotomy is not cultural but transcultural and natural and we would not exist without it. Transsexual persons confirm this dichotomy by feeling that they belong to the other sex, but they always remain oriented to one of the two sexes. There has been no proof that liberal societies that place less emphasis on the difference between the sexes have fewer transsexuals than traditional societies, although liberal societies provide better living conditions for transsexual people. Transsexuality entails grave suffering for those affected, for their relatives, and especially for their children, for which hormonal or surgical measures offer merely a modicum of alleviation. The 2011 study from Sweden by Cecilia Dhejne et al. showed the increased rate of mental disorders, attempted suicide, and completed suicide after gender reassignment surgery. The repeatedly expressed desire to have the surgery reversed should not be ignored either—cf. www.sexchangeregret.com. The speed with which nowadays even adolescents in puberty are directed towards surgical measures is frightening. In spite of all our successes we need to admit to ourselves that we are not covering ourselves with glory by tackling a profound identity disorder using hormones and knives. We should aim to find ways of alleviating the suffering in such a way that such measures will be history one day.

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In Reply:

It is entirely correct that gender generally is a natural dichotomy that is physically determined. This dichotomy describes an unequivocal assignation to either the male or female sex with a congruence of genotype and phenotype.

When it comes to the term gender identity this unambiguousness is not necessarily given. According to Senf, the term gender identity means “the integrity and continuity of the concept of self as man or woman—that is, congruence of a person’s own emotional and cognitive experience and definition of their own sex as female or male, with objectifiable manifestations of a particular gender” (1). In the English language, this differentiation is made clear by the use of the words “gender” and “sex.”

In recent years there has been a paradigm shift that is still in progress in the medical and legal approaches to dealing with transgender persons (2). The existence of more than two unequivocally male or female phenotypes has become accepted. Not all people experience themselves as either man or woman. It may be that in many cases, transsexual persons always remain oriented to one of the two sexes in their sense of belonging. But this is not necessarily so and therefore

cannot be regarded as a proof of the Spaemann’s hypothesis

Dr Kohl’s desire for depathologizing transgender identity/transsexuality echoes the DSM-5: “According to DSM-5, transgender identity neither has disease status nor does it require treatment. By contrast, the suffering caused by the deficient or lacking congruence between body and psyche is interpreted as a disorder with the status of a pathology, in the sense of gender dysphoria” (2), which ensures access to the healthcare system.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists.