SAGE (Sex and Gender Education – Australia)

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Critique of Australian Story: Boy Interrupted: The life of Allan Finch.
Producer Helen Grasswill
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This programme was a brave first in attempting to record someone who had identified as a male to female transsexual, then transitioned, only to decide later that they had made a terrible mistake. Allan has now transitioned back to living as a man. I have said without reservation that going public was a very brave thing for Allan to do because disclosing your personal life to millions of people can leave anyone vulnerable to criticism.

At the beginning of the documentary Allan, his mother and sister talked about how he came from a family in the north of England where the farther was alcoholic, violent, aggressive and denigrating to all members of the family. This plainly damaged Allan's young male ego during childhood and early teenage years, stopping him forming a strong male association with a father figure or modelling from his father a positive way to identify as a man. Some young boys who have negative male role models tend to reject many male characteristics or begin to emulate poor male behaviour. In this case because Allan did not like sports and was a gentler kind of child, the father had apparently chastised him, calling him a "poofter", thereby according to Allan further causing a rift between Allan and possible future strong male identification.

As a teenager Allan worked as a hairdresser, tried gay relationships but did not think they were for him, and eventually, in a state of sex, gender and sexuality confusion, sought help from a British psychiatrist who offered him the option to transition to become female. Although Allan had been dressing androgynously he had read the autobiography of the English transsexual model Tula and had got the idea that transition might be a route for him to solve all his problems. The descriptions of the clinical interviews during this part of the documentary are profoundly lacking and the viewer is left wondering to what extent he was offered help on a psychological level to try to identify more strongly as a male.

At 19 Alan, his mother and sister moved to Australia where he sought out a psychiatrist who told him if he lived as a woman for two years on hormones, the clinician involved would recommend gender realignment surgery to give him a vagina. One of the conditions of this treatment would be to pass a psychological examination to determine whether Alan thought more like a female or a male. The first time round while he was living as Helen he failed this test and in fact scored more masculine than the average male. The second attempt at the test eight months later produced results that were more typically female. Helen had gone out and learnt the kind of answers the clinicians

involved wanted to hear, so in other words the test was invalid because the person taking it had lied about their true thoughts or failings.

Ekins & King (1996) discussed the sharing of gender identity transitioning information amongst sex and gender diverse subcultures. Many people immersed in those cultures conform to expectations from other sex and gender diverse people and can be carried along by the influences and ideas of other people identifying as transsexual or other sex and gender variant identities. While they may not necessarily be transsexual themselves, they begin to see the transsexual identity and means to solving the problems of their life.

Young (2000) wrote about a group of women in Albania who adopted the family and social role of the man at the head of the family unit. This happened if the last male in the family had died. Cultural influences pushed these ordinary women into a male role identity through social expectation.

Fleisher (1997) shows us the New York drag queens who work as entertainers and sex workers. The interconnected social structure that exists between many of them influences sets of ideas, beliefs, tastes, even down to emulating each other's life stories.

It is well known within psychology that such instruments as psychological tests looking for male or female responses are totally unreliable. Bornstein (1998) in My Gender Workbook presents a number of quizzes and questions about gender and challenges the reader to categorise themselves if they could. Some years ago at a dinner party one of my patients got friends to try and answer these questions to determine whether they were transsexual or not. Two fathers with no gender confusion found themselves having answered the questions in such a way that depicted them as transsexual.

Bailey (2003) Professor of Psychology at Northwestern University, USA is a perfect example of psychology gone wrong with his theory that male-to-female transsexuals were in fact maladjusted effeminate males. The premise of his theory turned out to be based upon fraudulent research where he elicited transsexuals to take part in his research by promising them a letter of referral for surgery (ref). He also sourced his research participants largely from downmarket bars and pick-up joints.

Wilchins (1997 teaches how subversion is a healthy exploration of the self as opposed to seeing sex and gender diverse people as deviating from the norm - the norm being an illusion created by those who fear straying from narrow behavioural concepts. Bornstein (1994) talks about gender being a system of oppression particularly when related to people applying for sex and gender transition. The imposition of gender stereotyping and thinking by an authoritative society and the medical model diagnoses little but only seeks to constrict the individual to narrow parameters and sets them up for failure later in life when they seek to embrace a much broader perspective of their feminine and masculine sides.

As a feminist, I would be unlikely to give typically female responses and my partner, also a feminist, who was born biologically female, would be more likely to score higher in the

masculine direction than I would as a woman of transsexual origin. Such tests as masculine-feminine identification tests are profoundly affected by influences of race, education, social influences, profession, parental programming and performance expectations, and in my book Trans-X-U-All: The Naked Difference, I warned against them being used to try and diagnose transsexualism (O'Keefe 1997). The reasons many clinicians in the gender reassignment business use them is to cover themselves should anyone attempt to sue them later for diagnosing someone wrongly as transsexual when they were not; in short the test results become an insurance policy.

The use of such personality testing made popular by academics such as Eysenck (1953 & 1976) always fail to take into account extraneous variable and cultural influences and are solely time specific. Their use in medical psychology says more about the inadequacies of the clinician to observe, look, listen and search for information from their clients. They do have certain advantages in assessing things like the extent of brain damage for accident victims, but in psychogender differentiation they are useless. Even if Allan/Helen had answered the questions truthfully it is unlikely that in the long term the test would have been any good for diagnosing transsexualism.

Although Helen looked fairly convincing as a young woman and passed on a day-to-day basis as female but it is easy to see from the interviews that Allan was very unsure whether he was doing the right thing when he underwent surgery. He talked about waking up from vaginoplasty and feeling and believing that he had been conned and his very core identity removed. Two other major influences also came through that would have led to the failure to adjust as female. The first is that at no time did Allan talk about his personal responsibility to make his own decisions regarding his transition. In many ways just as his mother before him had seen herself a total victim to his father's violence, so did Allan see himself as being controlled by the doctors involved, when in fact all transitioning people have the option to stop the transition if they do not feel it is right for them. The second major negative influence in Helen adjusting as a female was the sister outright rejecting Allan as Helen and constantly suggesting that such a move was a profound mistake. Allan had already lost his father figure and rejection of Helen by the sister will have had a profound effect upon Allan adjusting to be Helen.

Stoller (1997) the psychiatrist wrote about a woman he observed over several years who identified as male even though she had given birth to five children. Eventually she stopped identifying as male and then started to identify comfortably as female without undergoing a sex or gender transition. The treatment she received was however patchy and unethical by today's standards unethical.

In my own clinic by far the majority of people who present with differing forms of sex and gender confusion do not eventually go forward for sex and gender transition or identify as transsexual. Psychotherapy helps them recontextualise their own life and redefine themselves in ways that is more comfortable for them. Jung (1977) observed how we are all a cacophony of many feminine and masculine traits and essences.

After vaginal construction surgery over the next several years Helen had affairs with men and then also with a women, but during all that time she failed to adjust to being happy as a female. She was sexually unfulfilled and reported being unable to orgasm. Some transsexual females do not adjust well with regard to sex but from my clinical experience I have seen that these people are generally those who may previously have had a negative view towards sex before transition. Some surgeries also fail to produce the kind of sexual stimulus that can be rewarding.

Sex as I teach all my patients, takes place in the mind so if there was a psychological maladjustment, then it is easy to understand the kind of psyche block that would prevent satisfaction. It can be seen from experiments with hypnosis that it is possible to create and remove psyche blocks to the enjoyment of sex and the ability to reach orgasm (Erickson I-IV 1980). Expectation of sexual satisfaction also plays a large part in performance. Some years ago I talked to a surgeon in London who performs gender realignment surgery. He told me about many of his female transsexual patients from Malta who were profoundly religious and who did not want to have a clitoris created because they thought it was wrong for women to have orgasms. In Allan's case it is easy to see during the interviews that the precursor to his problems was that he felt he had made a mistake right from the very beginning and that had stayed with him.

Eventually Helen went back to living as Allan in a state of total confusion with feelings of betrayal. He had handed his life over to the clinicians involved with his transition and realised that they did not have magic answers for his gender confusion and internal turmoil. He blamed himself for becoming over-involved with what he now believed was just a fantasy. He also blamed his mother for allowing that to happen but it seemed most of all that he blamed the clinicians involved for mutilating him. Through all that he still seems to have not come to a place of personal responsibility of accepting that the architect of all that happened to him was primarily himself.

An interview with Dr Byron Rigby, Allan's psychiatrist, unfortunately only confused the programme. He talked about how Allan's surgery should not have been medically justified without counselling. The Harry Benjamin International Gender Dysphoria Association, the world's leading academic body in this field, recommends that all people undergoing any kind of reassignment or realignment also undergo some kind of intensive counselling or psychotherapy. This is, however, only a recommendation and not compulsory and therapy should never be compulsorily for any freethinking human being unless they choose to undertake such a process, otherwise it is enforced treatment. Although it is certainly a wise thing for people to undergo such therapy during a sex and/or gender transition or state of confusion, it should not be compulsory. People undergoing face lifts, cosmetic dentistry, breast argumentation, liposuction, rhinoplasty, hair transplants - all of which can go terribly wrong - are not required to undergo mandatory counselling and neither should people who are undergoing sex and/or gender transition be forced to if they do not want to. But I as a therapist, on the other hand, think they are behaving foolishly if they do not do so. The greatest distance to travel during any life transition is, after all, in the mind.

Dr Rigby further tried to point out that on the masculine/feminine psychological test Allan came out masculine, but he failed to mention that Allan had cheated on the second retake of the same test. This psychiatrist further did not seem to understand that the falsification of these test results by people applying for sex and gender realignment is standard as people simply get the answers they think the clinicians want to hear off the internet or learn them from other transpeople.

It was profoundly reckless of Rigby to suggest that the government should throw a spotlight on sex and gender realignment surgery. Botzer (1995) reported from a study of post-operative male-to-female transsexuals that satisfaction rates for surgery and adjustment was over 95 per cent for people who had gone through sex and gender realignment treatment.

Rigby's brand of patriarchal all-controlling psychiatry may put itself up as gatekeeper to try to determine what people may or may not do with their own lives, but transpeople have fought for years to stop that kind of interference by egotistical psychiatrists with little knowledge of trans issues. Barker & Stevenson (2000) talk about an opposing view of psychiatrist Thomas Szasz, saying that as probably the most famous living psychiatrist. Over a 40-year period, he has tenaciously and consistently presented a critique of the misuse of what he sees as pseudo science to deprive people of their civil rights.

Califia (1997) in documenting the medicalisation of transsexualism shows how what may be often little more than a variance in nature can become a pathology under the controlling over-zealous self-interested professions such as medicine. SAGE therefore cites Rigby's uninformed comments as dangerous even though they were made out of ignorance that can be used to prejudice transpeople's freedom to choose their own destiny.

Sex and gender diverse people applying for access to hormones, surgery, other treatments and civil rights can face terrible prejudice and misconception by the very professionals who put themselves out as the people who can help them (O'Keefe 1999), (Whittle 2002). They can also suffer lifelong oppression by sectors of society that are often hostile to their very existence (O'Keefe & Fox 2003). To date there is no real test for transsexualism that is either psychological or physical. Sex and gender exploration and transition for every individual is ultimately a journey undertaken under their own responsibility, even though they may seek the help of professionals

Again, I reiterate that it was very brave of Allan to participate in this documentary about his life and openly be honest about what has happened to him. He is once again living as a male and about to undergo penile reconstruction. He believes he made a mistake in transitioning to female but the programme paints a dark picture of almost secret doctors who did this to him when all they were trying to do was fulfill his requests. The responsibility for the mistake has to stop with him. What the programme does demonstrate is that no psychiatrist, psychologist or psychotherapist can truly diagnose transsexualism in any reliable way and what they must go on is self-definition by the patient after asking them to explore all the issues and ramifications involved.

The programme makers in this case, however, did not present a balanced point of view of the situation concerning people who have undergone sex and gender realignment. By far the majority of people who undergo such a process do so because they feel it is the only way they are able to continue their lives. It is no less than a lifesaving treatment and surgery for many who otherwise would commit suicide rather than live with their body being out of step with their basic identity. There are also others who choose to undergo such a transition because it is the preferred way they wish to live their lives. For by far the majority of those people it is a successful transition that culminates in them having a better quality of life, but this was never once mentioned or examined in the programme.

Allan at the end of the programme said that he felt it was his responsibility to warn people who may be transsexual identified and considering transition, that there are people like himself who made a mistake. For that SAGE takes its hat off to him for his honesty and self-disclosure.

We at Sage believe it is neither the job of the state, government or the medical profession to determine our sex or gender, but simply to record the probability of presentation and help correct it when an obvious incongruence emerges. Sometimes mistakes are made by people thinking they might be transsexual when they are not, but cases such as this are really quite rare.

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