

Benjamin's Standards of Care

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by Mark

I've been researching this transsexual stuff more and when comparing it to my own situation, I realize how disturbing it is ... and poorly understood; not to mention the outright deceptions involved in duping an ignorant public.

Besides the few hypogonadal/intersexed individuals who are possible candidates for corrective surgery, I would say the great majority fall into two distinct categories...(1) those who want SRS to escape from being labeled a homosexual, and (2) those whose transsexuality springs from the same soil as transvestism. After all, the erotic desire to more feminize one's appearance and fashions isn't far removed from the erotic desire to more completely feminize ones body, permanently.

A joke commonly heard among transsexuals is, "The transvestite is one who gets excited when wearing a woman's clothes; while the transsexual is one who gets excited when wearing the woman's body."

I am firmly convinced that married transsexuals (those who married as men), who feel they need to change, are suffering from a very heterosexual and male-like, aggressive or testosterone-laden phenomenon; they need more and more visual stimulation to attain their exotic high — a more sensuous mental movie in which to enact their wildest fantasies.

Due to the boredom they find in their sexual union with their wives, due mainly to their over-sensualized, erotic stimulation and sexual climax from pornography; as well as their overall responsibilities experienced as husbands, their wives simply don't fulfill their sexual longing any more.

So, instead of the stressors of marriage and parenting causing them to seek another partner, as is typical with many non-transsexual men, they try to turn themselves into another partner; or become both parties in the relationship, thereby eliminating the need for the "real-woman." Thus, they attempt to create a new movie to watch, one in which they are an active participant, and one in which they now possess the enviable position of the woman/wife, where they can then play out their newly proscribed gender role, exhibiting the very qualities they have desired in another woman, which their wife doesn't seem to have. Many qualities they project, may not even exist in "normal" people.

So, instead of billing the movie title, "adultery," in which they know the next wife will only bring the same problems; they create an elaborate illusion, where they can just keep adjusting their mind to their own little movie set, with the "actresses", roles, parts, and scripts fully in-place. Only later do all of these possibilities become "those same-old-reruns," with the supporting cast being the only thing that is changed. Then, without their original wife, they need to do some new scripting; realizing that all of the trouble wasn't at all about changing sex, but the matter of a misdirected and insufficient approach at dealing with many developmental and deeply seated emotional problems in one's own psychology ... and heterosexuality. Many of these awakened, miserable post-operative transsexuals then begin looking for ... a wife, saying they are really now fully re-scripted to fulfill their new role as a lesbian. My goodness! Things become so complicated, don't they? And to top that off, they as often insist that their former wife fulfill their newly contrived "casting call" — as a lesbian.

Alternatively, some will then try dating men so that their physical anatomy properly fits; the newly revised script is now redirected to lead the unsuspecting, naive, and very confused public to draw the distinction that things are not actually what they may appear to be; a further sublimation of their heterosexual masculinity. * Some grow weary of the new script and attempt to change back into a man. * Still others experience less than a satisfactory adjustment as a woman, knowing they would have been better off dealing with their struggles in other ways. * Some try substance abuse. * Some try suicide. * Some try reconciliation with their former wives. * All find themselves sooner or later very disenfranchised from normal society...and very alone. I am convinced that treatment of heterosexually

attracted transsexuals needs to take into account the following factors: A) Hormones are very damaging psychologically. They dull the masculine libido, and therefore sexual conflicts are buried and become inaccessible to psychotherapy.

B) Hormones for such transsexuals are a psychological death sentence, which leads to SRS-the physical death sentence; or what Bob calls “Physician Assisted Suicide.”.

C) Sex therapy is indispensable for these transsexuals. After years of people saying it’s not about sex, it’s about gender...I believe it is terrible to have ignored the erotic/sexual features of transsexuals. Clinicians who have expertise in psychotherapy, are often, unfortunately, poorly prepared in sex therapy. One can go through medical school and a psychiatric residency with no training in human sexuality! One can go through a Ph.D. in clinical psychology with only one course in sexual dysfunctions. This is just terrible; that no one wants to talk about transsexuals’ sex/eroticism and that people don’t have training in sex therapy specifically. Having said that hormone administration is damaging psychologically to transsexuals, since it dulls the libido, preventing ready access to dealing with conflict, I should then say that the whole “theory” of the “real life test” is a joke, except it’s not funny!

People study for tests...people practice for tests...people try to prepare for tests...people cheat on tests! RLT is a sinister joke.

Men who fit a very small subset of Benjamin’s eligible patients, commonly today labeled, “Intersexed People,” can’t effectively pass as men...they don’t need a real life test...they are hypogonadal, talk like girls in voice pitch, don’t need to shave, have very little body hair, reveal high feminine fat distribution, don’t develop properly, appear very feminine, and are typically mistaken for women. They are a small endocrine minority who are already prepared for SRS. They usually don’t even need hormones, and definitely don’t need facial feminization.

They don’t behave as a caricature of women, since they are just naturally feminine, and sometimes androgynous. They have a distinct hormonal problem. The other vast majority, who are told they need a RLT, may spend thousands of hours and even more-thousands of dollars to pass the real life test; something that is nothing more than a joke.

If someone is not having a tough time passing in their birth sex and they have demonstrated measurable success in living in their birth sex, they should not be treated as otherwise. It should also be remembered that transsexuals are unreliable historians and are also known to try to “excuse” or explain their condition by fabricating unfounded physiological underpinnings; much of their ideas and theories coming from the international population of equally deluded peoples; not their own experiences.

The RLT grew out of the Standards of Care, which we know have little to do with Harry Benjamin. He was a kindly grandfatherly-type of gentleman and medical practitioner, who tried to help those whose gender was problematical. But the Harry Benjamin Standards of Care are not in the least in accord with Harry Benjamin’s initial vision.

Harry Benjamin was not directly involved in the founding of even what are called the original standards of care. It was founded by other professionals, many with variant sexual orientations, and now an increasing number of self-serving transsexuals and even transgendered persons. These self-invested transsexuals, who proclaim themselves to the the experts among the transsexual population, presently steer the so-called Harry Benjamin Standards of Care for Transsexuals. Likewise, they try to influence more general regulating bodies such as the DSM and the ICD, to have gender identity disorder removed. I shudder to think of the unscrupulous professionals, who are gaining in popularity, who don’t even subscribe to these poorly designed and continuously eroding standards of care. As for the real life test, I know of professional actors who could easily pass the test. Well, that’s the making of another movie.

Best Regards,

Mark

