

Diagnosis of Gender Dysphoria – Too General and Too Much Harm?

The diagnosis of gender dysphoria – [defined](#) as a conflict between a person's physical sex and the one with which he/she identifies – is so general that it can embrace any of a multitude of other ailments. But once gender specialists decide on the diagnosis of gender dysphoria, they stop looking further. If a concerned patient or parent reveals something such as abuse or mental illness that seemed to be a trigger, the specialists consider it less pertinent. Even ongoing drug or alcohol abuse is ignored. Swept up by the broad diagnosis of gender dysphoria, innocent people receive non-reversible, gender-affirming treatment.

Diverse Disorders

By exhuming what has been buried beneath the diagnosis of gender dysphoria, we can form a theory concerning why so many people regret sex change and contact me for help undoing the damage. Perhaps gender dysphoria in some cases is a *symptom*, not a diagnosis, that points to other conditions that could benefit from a treatment other than cross-sex hormones and surgeries.

People in distress about their gender usually seek help from gender specialists who have a blind spot. They hear “gender distress” and conclude, often quickly, that transgender-affirming treatment is the *only* option for every patient. But a look at the variety of types of gender distress – none of which benefit from cross-sex hormones and surgery – shows how wrong that assumption is.

Transvestism, or crossdressing, is when a man likes to dress in women's clothes but doesn't want to be a woman and

otherwise lives typically as a male. The [APA](#) doesn't consider crossdressing a *transvestic disorder* until it is accompanied by sexual excitement.

Drag queens, a.k.a. female impersonators, are male and predominantly homosexual. When dressed up, they present as caricatures of women in flamboyant style.

Autogynephilia is when men experience erotic arousal at the thought or image of themselves as women.

Psychological conditions present in [almost 70 percent](#) of people with gender dysphoria [include](#) anxiety disorders (panic disorder, social anxiety disorder, post-traumatic stress disorder), mood disorders (major depression, bipolar disorder, etc.), eating disorders (anorexia nervosa, bulimia nervosa, etc.), psychotic disorders, dissociative disorders, and substance abuse disorders. Dissociative disorder was found in [29.6 percent](#) of those with gender dysphoria and 45.8 percent had a high prevalence of lifetime major depressive episodes.

Rapid Onset Gender Dysphoria (ROGD), is a relatively recent phenomenon observed in previously normal teens, primarily girls, who suddenly announce their desire to transition to the opposite sex. [Initial research](#) suggests that it may be a social contagion, brought on by angst about puberty and the influence of social media and sympathetic depictions of transgenderism.

So, then who is truly transgender? Some would argue it is all of the above, but I would argue that it remains an open question with no answer. But this much is clear: patients deserve to receive better diagnoses and less invasive treatment plans than simply being thrown onto the fast track to transition.

From My Inbox

People write to me asking for advice on how to detransition,

that is, to stop identifying as transgender and go back to living as their biological sex. Every single one of them, after some discussion and personal reflection, has pointed to something in his or her history, such as childhood abuse, trauma, mental disorders, or family issues, that caused each one to want to abandon the reality of his or her sex and adopt an alternate identity. These could be the cases where gender dysphoria is a *symptom*, not a diagnosis, and could benefit from a treatment other than cross-sex hormones and surgeries.

For example, a person who has been sexually abused might desire to become a member of the opposite sex in an unconscious attempt to shield himself from more abuse. Or, an adolescent may experience body dysmorphia – an obsession about some aspect of his or her appearance – that results in the flawed idea that his or her sex is wrong and the body needs to be changed.

Through their own life experience, and unfortunately often only in hindsight, people with regret see clearly that the cross-gender hormones and surgeries did not fix what ailed them and instead, harmed them. These are the cases where the therapists rushed to recommend hormones – powerful drugs with [known and unknown side effects](#) – before ruling out the presence of other issues that respond to less radical therapies. Most say they wish the gender therapists had addressed the other issues before providing any gender affirming therapy that did more harm than good.

I prefer to see a “slow down and look deeper” approach, especially for young people (whose parents need to have input and not be cut out of the process). Some trans activists disparage this approach as “gatekeeping.” But medicine is supposed to enforce standards and restrictions to protect patients from harm and work for their flourishing, not simply be a dispensary for whatever the patients request.

Two Examples: Sexual Fetish and Psychological Disorders

James Shupe's story is an example of how generalizing the diagnosis of gender dysphoria fails to address autogynophilia, a sexual fetish where men who cross dress are sexually attracted to their own image as a woman.

Shupe explains it this way in his [Daily Signal](#) essay:

Dr. Ray Blanchard has an unpopular theory that explains why someone like me may have been drawn to transgenderism. He claims there are two types of transgender women: homosexuals that are attracted to men, and men who are attracted to the thought or image of themselves as females.

It's a tough thing to admit, but I belong to the latter group. We are classified as having autogynephilia.

After having watched pornography for years while in the Army and being married to a woman who resisted my demands to become the ideal female, I became that female instead. At least in my head.

Like so many others who came to identify themselves as transgender persons and later regretted it, Shupe was sexually abused as a child but never properly diagnosed or treated for it. The therapists failed Shupe by looking at the symptom and not looking deeper for the cause.

A second example is Blair Logsdon, whose [story](#) shows how the generalized diagnosis of gender dysphoria ignores underlying psychological issues. In his quest to relieve gender distress, he requested, and received, 167 unnecessary gender-affirming surgeries from 1987 to 2005, earning him a place in the Guinness Book of World Records.

In 1987, at the age of 26, Logsdon underwent the first of many cosmetic surgeries to change his appearance from male to trans-female. Within a few months, he said he deeply regretted becoming a trans-woman, but continued for decades to plead for

more surgeries, both feminizing and masculinizing. The doctors and surgeons complied, failing him in their responsibility to “first do no harm” while profiting from performing the 167 disfiguring surgeries.

Historical Context

Performing surgery to cure psychological ills didn’t start with sex reassignment surgery.

Starting in 1913, Dr. Henry Cotton became famous for treating psychologically distressed patients with radical, experimental, irreversible surgery. In the time before the discovery of bacteria and antibiotics, Dr. Cotton removed various body parts of the patients, such as teeth, colons, and even testicles to prove his theory that all mental illness was the result of infections. When some patients inevitably died from complications of Dr. Cotton’s “treatment,” he counted them in the success column because they were no longer suffering.

For decades, starting in the 1930s, Drs. Walter Freeman and James Watts made their mark in medicine by treating psychological distress with the frontal lobotomy, a barbaric experimental practice that used an ice pick to indiscriminately scramble the brains of patients. Like Cotton’s patients, after the procedure Freeman’s patients were “no longer suffering” but dramatically changed.

Today’s Treatments for Gender Dysphoria

The mistaken idea of treating psychological distress by cutting body parts continues with so-called “gender affirmation” treatments (really they’re *transgender* affirmation) that remove or add breasts, rearrange genitals and administer powerful cross-sex hormones to masculinize or feminize appearances – with [lifelong physical and psychological consequences](#) for the innocent [casualties](#).

For fifty years, the experiment of providing cross-sex

hormones and surgery to treat gender distress has resulted in [surgical mistakes, unhappiness, regret and suicide](#). A large [study](#) in Sweden, a transgender-affirming society, shows that the suicide-completion rate for people after gender-affirming treatment was nineteen times that of the general population.

Over the last ten years people have expressed to me their bewilderment about how this genital mutilation surgery is even legal. Several men who have written to me recently used the phrase “open wound” to describe their surgically created pseudo-vaginas.

My Story

My position on this subject has been shaped by my own experience with gender dysphoria before and after sex-reassignment surgery, and by years of receiving emails from other regretters.

When my gender therapist, Dr. Paul Walker, told me the only effective treatment for my severe gender distress was hormones and surgery, I regrettably followed his recommendation.

I was happy as a trans woman at first, but within a few years, I felt worse off than before. Counselors were divided in their assessment. Some said I had dissociative disorder and some disagreed. Regardless of the label, what I know is that living in my adopted female persona for eight years didn't solve my troubles, but instead made them worse. I became suicidal.

So-called “gender-affirming” therapy almost caused me to end my life. I thank God it didn't. Years of heart-wrenching counseling under multiple therapists, faithfully pursuing sobriety, and an encounter with Jesus Christ restored my sanity. I detransitioned, got married to a (real) woman, and now tell my story as a cautionary tale to others. I live with the scars and effects of unnecessary surgery and the long-lasting consequences.

My detractors say I was never transgender. They say a diagnosis of dissociative disorder nullifies my experience. If that's the criterion, then according to the study cited before, almost 30 percent of the trans population would be disqualified as transgender. Besides being intolerant and non-compassionate, that argument aims to silence anybody who has been harmed by transgender-affirming treatment. People can hold opposite viewpoints on an issue, but saying that someone's experience of harm at the hand of gender professionals is invalid or "hate speech" because it differs from that of others has no place in public discourse.

The Diagnosis Is Harming People

In today's climate, where sound, scientific facts of medical practice are abandoned in favor of political correctness, people of all ages are being swept up in the diagnosis of gender dysphoria and cannot escape being improperly treated with transgender-affirming therapies.

The diagnosis of gender dysphoria prematurely puts people on a path to transition while trivializing and dismissing contributing factors such as alcohol and drug abuse, sexual fetishes and co-existing psychological disorders. It pathologizes children who innocently experiment with gender roles or who exhibit various anxieties. The result is physical and psychological harm, unhappiness, regret, and a significant rise in suicide.

Like the discredited procedures of Drs. Cotton, Watts and Freeman, the trans "treatment" being idolized today should meet the same fate as lobotomies, tooth pulling and colon removal – tossed on the historical rubbish heap of debunked horrific experiments perpetrated on innocent, hurting people.

As I wrote in my book, [*Paper Genders*](#), cutting off breasts, filling patients with cross-sex hormones, cutting off or refashioning male genitalia, installing a pseudo penis on a female – all of today's transgender treatments are barbaric

and need to stop. Someday these matters will be decided in the courts and hopefully the harmful practices will be curtailed, but “someday” is too late for those being ensnared into the trans ideology today.

The wave of regretters is coming. I’m already seeing it.

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