


How can we ignore the dire statistics surrounding the transgender experience?

We have to accept that it is a serious mental health issue

Job Berendsen | Jun 18 2019 |  20



First trans solidarity rally and march, Washington DC, in 2015 / Ted Eytan / flickr

How little people know of the realities of life as a transgender. The disinformation campaigns of radical elements within the LGBT movement suggest that transitioning to a different gender is a

blissful process in which an individual becomes “who he is”. The research tells a different story. It proves to be an ongoing turbulent mental condition of auto-aggressive behaviour, that is to say, aggression toward the self and one’s own body in a maelstrom of sadness, hatred, and compulsive self-harm.

I am a psychiatrist, now living in Belgium, and a former gay and HIV/AIDS activist. I recognise the strategies which are being used by Millennials in our circle to promote the “transgender” cause, which is apparently the new kid on the block. These strategies are aimed yet again at appealing to the public’s sympathy for the oppressed, but this time a genuine mental health issue is being turned into a civil rights issue without a shred of evidence. Good science is being smothered with junk science.

As a result, we have a tragedy on our hands. Of all psychiatric conditions, gender dysphoria has the highest prevalence of morbidity (suffering) and mortality (a death rate of 35 percent). Anorexia nervosa (refusal to eat) is a comparable auto-aggressive condition concerning acceptance of body image. Its mortality rate clocks in at a mere 20 percent.

What are some of the negative manifestations of accepting the transgender solution to gender dysphoria?

The elevated risk of suicide

In 2014, the American Foundation for Suicide Prevention (AFSP) and The Williams Institute, an LGBT think-tank at the UCLA School of Law, conducted [a survey of suicide among gender-confused persons](#). This is a very revealing document that has been ignored by gay and

transgender activists, the mainstream media and the American Psychiatric Association. Its findings are staggering:

“The rate of suicide attempts among respondents to the National Transgender Discrimination Survey (NTDS), conducted by the National Gay and Lesbian Task Force and National Center for Transgender Equality, is 41 percent, which vastly exceeds the 4.6 percent of the overall U.S. population who report a lifetime suicide attempt, and is also higher than the 10-20 percent of lesbian, gay and bisexual adults who report ever attempting suicide. Much remains to be learned about underlying factors and which groups within the diverse population of transgender and gender non-conforming people are most at risk.”

The report pointed out that persons who wish to identify as “transgender” have a suicide attempt rate which is at least nine times higher than the general population. The actual figures may be even higher since many US states do not record gender or sexual orientation. A Canadian meta-study published in 2017, “Varied studies on transgender suicidality”, has revealed a suicide attempts rate which is 22 times higher than the general population. With transgenders, therefore, suicidal behaviour is the norm and not the exception. The pathological auto-aggression is obvious.

Adolescents account for a substantial proportion of suicide attempts, with each youngster making on average 100 or more attempts for every suicide death. These numbers are not seen in any other

psychiatric condition. In other words, we see an incessant cry for help, with the juvenile making dozens, even hundreds, of hysterical (non-lethal) attacks on his or her own body.

When an individual is diagnosed with another serious psychiatric disorder (i.e. fitting into two or more diagnostic categories), the suicide attempt rate soars up to 65 percent. Self-aggression towards the self continues into old age and does not wear off over the course of time. On the contrary, according to the AFSP survey, the risk of actually dying in old age from the condition increases to 1 death after every 4 attempts.

Obsession with suicide (aggression towards the self) appears to be the stuff of daily life for persons who are gender-confused. In the above-mentioned Canadian study in which the results of 42 studies were combined, we read:

“In the past year alone, 51 percent thought about suicide and 11 percent had attempted suicide. In comparison, this means 14 and 22 times that of the general public.”

Still no psychiatric disorder there?

The AFSP report did not investigate whether a complete transition decreases the risk of suicide, as activists tend to claim. “We were unable to determine,” it said, “whether suicidal behavior is significantly reduced following transition-related surgeries.” But the studies cited date back to 1984 and 2006. A 2011 study in the journal PLOS based on Swedish data told a very different story. It reported that transwomen (natal men) who have undergone surgery and hormone therapy still have

a 20-fold higher suicide rate than natal women in the same age category.

“The long-term study -- up to 30 years -- followed 324 people who had sex-reassignment surgery. The study revealed that beginning about 10 years after having the surgery, the transgendered began to experience increasing mental difficulties. Most shockingly, their suicide mortality rose almost 20-fold above the comparable non-transgender population.”

In other words, efforts to change the body (so-called "transitioning") do not alleviate the mental condition itself. The depressive state of mind persists.

“More research is needed”, they conclude. Translation: "we are completely clueless, but if we keep digging we'll find something". It never occurs to them that it may be time to switch to a different paradigm.

What about transgender kids?

The media is full of reports featuring pre-pubertal transgender children. This is madness. Well-known studies show that 85 percent of children and adolescents get over their feelings of gender confusion as long as they are not affirmed but consistently contradicted until the age of 16. When persons after that age are also contradicted, then up to 98 percent return to a normal sense of gender by age 25.

In her 2017 paper in the journal Psychological Perspectives, Lisa Marchiano wrote:

"There is a wealth of replicated research that tells us that 80–95% of children who experience a cross-sex identification in childhood will eventually desist and come to identify with their natal sex as adults."

In a well-researched news feature in 2018, Jon Brooks wrote:

"For decades, follow-up studies of transgender kids have shown that a substantial majority—anywhere from 65 to 94%—eventually ceased to identify as transgender."

Openly gay Canadian clinical psychologist and sexologist James Cantor reviewed the literature on desistance in 2016. He found that:

"Only very few trans-kids still want to transition by the time they are adults. Instead, they generally turn out to be regular gay or lesbian folks. The exact number varies by study, but roughly 60–90% of trans-kids turn out no longer to be trans by adulthood."

Statistics therefore demonstrate that no one is "born that way", but that gender identity confusion is a transient phase in mental development, and that persistence of the state of mind is a rarity.

Radical transgender pressure groups insist on puberty-blocking drugs being administered at an ever younger age, but child psychiatrists are

increasingly concerned that children and adolescents are not capable of making life-changing decisions at such a young age. In a 2015 PBS article “When Transgender Kids Transition, Medical Risks are Both Known and Unknown”, journalist Priyanka Boghani wrote:

“What makes treatment tricky is that there is no test that can tell whether a child experiencing distress about their gender will grow up to be transgender. The handful of studies that do exist suggest that gender dysphoria persists in only a minority of the children.”

Again and again, we hear the mantra “more research is needed”. In a 2016 journal edited by transgender activists, “Transgender Health”, Nelson and colleagues wrote:

“Male-to-female transsexual women or transwomen who undergo cross-sex hormone treatments experience increased health-related risks (e.g., increased rates of cardiovascular disease and premature death). Yet, the exact mechanism by which altering biochemistry leads to metabolic impairment remains unclear. While much attention has been paid to cross-sex hormone therapy, little is known about the metabolic risk associated with orchiectomy (castration). The Guidelines on Endocrine Treatment of Transsexuals concludes by recommending the need for rigorous evaluations of the safety, effectiveness, and long-term impact of endocrine protocols in transgenders”.

In other words, we have no clue as to what we are doing, but we will call our protocols “guidelines” anyway. We are not killing our patients; no, they just experience increased health-related risks like premature death.

The frequent failure of transitioning

Activists reassure the public that people who choose to live as transgender can reverse their decision with nothing to worry about. This is nonsense. When genitalia have been removed or operated on and when only vague scars betray the former ‘wrong’ anatomy, it becomes a messy business to restore that same former anatomy and to get the genitalia and the nerve tips functioning normally as they previously did. There is nothing tantalizing or sexy about a magically restored penis. The expensive operations merely add scars to scars. Slabs of skin tissue must be borrowed from

other locations with more mutilating scars added to other parts of the “transgender” body, specifically extensive areas on the forearms and legs.

The failure of so-called “re-transitioning” is grossly underestimated. You cannot swing from one gender to the other at any time you feel like, as if you are merely changing your shirt. These disappointments subsequently add to the shame, anger, and powerlessness. Depressive feelings keep on welling up. Are questioning kids and their families being honestly informed of the problems that can occur while the transgender medical team anxiously waits for their ultimate thumbs-up?

Furthermore, individuals who leave transgenderism behind and try to “detransition” face gross harassment from the LGBT community. In [a profile of Brian Belovitch](#), a New Yorker who lived for 15 years as a trans woman named Tish Gervais, the journalist observes:

“Trans people who have retransitioned are often treated as outcasts, as aberrations or as an embarrassment to our community's goals. They are assumed to be failures, traitors to the cause of trans liberation.”

Is ‘minority stress’ really a factor in transgender misery?

The causal relationship of suicide attempts with negative social factors is the core argument for transgender activists. Meanwhile, they are turning alleged misery into a thriving surgical industry. From a psychiatric point of view, it needs to be challenged.

The notion that prejudice and discrimination would

result in poor health is called “minority stress”. The AFSP report makes a surprising admission about this:

“The survey data did not allow us to determine a direct causal relationship between experiencing rejection, discrimination, victimization, or violence on the one hand, and lifetime suicide attempts on the other. Drawing on minority stress theory (Meyer, 2003) and recent research on the development of suicidal thinking and behavior following victimization (Espelage & Holt, 2013; Klomek et al., 2011), we hypothesized that mental health factors may be an important factor in helping to explain the strong and consistent relationship observed between stressors related to anti-transgender bias and lifetime suicide attempts among NTDS respondents”.

The data, so they say, do not allow us to determine a direct relationship between social experiences and suicide attempts -- but the researchers conclude it anyway. Then they try to get away with it by saying they had "hypothesized" that a relationship 'may be' present, due to the unsubstantiated "minority stress" theory.

There is scant evidence that “minority stress” substantially affects the health of minorities. It’s certainly not clear whether it applies to LGBT self-identified people or whether it is lethal. A highly publicised article in the journal Social Science & Medicine in 2013 dramatically claimed that minority stress cut 12 years off the life expectancy of gay people; it had to be retracted. According to

Retraction Watch:

“the authors discovered an error in the study, which, once corrected, rendered the association between structural stigma and mortality risk no longer statistically significant in the sample of 914 sexual minorities.”

Two factors could be involved in these high transgender suicide rates: societal prejudice and poor mental health. But even the authors of the AFSP report explain their data by attributing it beforehand to discrimination, as their title suggests. Their input “a discrimination survey” is presented as their output: “discrimination”. In science, this is called researcher bias.

Traditionally psychiatry and psychoanalysis locates the cause of mental illness in the individual him/herself and not in the highly fluctuating structure of any contemporary society in which he or she may live. External stresses only exacerbate an internal weakness. But radicalised factions within the LGBT movement are corrupting psychiatry by locating the cause of mental illness outside the person in oppressive social structures which stigmatise and discriminate. Everyone else has to change in order to accommodate the unhappiness, disorientation and fragility of a person who would otherwise be called mentally ill.

These sobering statistics should motivate the psychiatric community to monitor individuals suffering from gender identity disorder, but activists within the American Psychiatric Association have successfully advocated for de-pathologizing gender confusion. “Do not go to a shrink,” is their message.

“Stay away from those people if you want to be happy”. The prominence of transgender ideology represents a triumph for the notorious anti-psychiatry movement.

The consequences of getting it wrong

The transgender epidemic is being hyped as a liberating and inspiring revolution. But the propaganda ignores what is really going on in a transgender’s confused mind. When we affirm the transgender experience as a perfectly normal dimension of human sexuality, bewildered and hurting people will be abandoned.

The facts, as we know them, are consistent with another hypothesis. It is this: the suffering of gender identity disorder stems from a transient mental condition which is accompanied by an 85 to 98 percent chance of recovery as long as it is systematically not affirmed.

“Transgender health” is hyped by radical activists posing as real scientists who disparage moderate views. We are witnessing the emergence of a parallel scientific world -- LGBT science -- with its own paradigms, journals, peer reviewers, and definitions of normality so that they can attribute all the woes of the transgender experience to social stigma. The inmates are running the asylum with, as in Malta as of 2016, dissident shrinks heading for jail. It is as if the legislators are saying: “open the isolation cell, boys, the inmate goes out, the shrink goes in, just what he deserves, and for a long time to come!”

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