Educating Myself: Gender Dysphoria and Public Bathrooms

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NOTE: This document is also posted at: http://wp.me/p62zhM-3k

Introduction

This is a discussion about gender dysphoria, commonly called transgender, and whether or not transgender people should be using the bathroom based on feelings of who they are, or their biological sex.

According to Nonbinary.org, transgender is just one of forty-two different self-expressive states a person can be in, therefore, in order to best recognize all these different possibilities, I will use the term gender dysphoric, when referring to the group of people affected by what is medically called gender dysphoria.

Generally speaking, there are also two sides to this discussion.

The first side, I will call pro-privacy. This group, of which I am part of, is arguing that a person should be using the bathroom that matches their biological sex. They believe people have a right to privacy, and a member of the opposite biological sex, in the same bathroom or locker room, violates that privacy. They also believe that opening up the bathrooms and locker rooms to members of the opposite sex on the basis of self-identity, instead of biological sex, will allow sexual predators easier access to women and young girls.

The second side, I will call pro-access. This group believes that people should be allowed to use whatever bathroom they self-identify as, and they believe that it is discriminatory, and a violation of their civil rights, to keep them out.

I’m sure there will be people who object to these terms, but the goal is not to be pejorative. The goal is to use the best terms available to encompass everyone, while maintaining clarity, brevity, and accuracy.

This essay does not address Disorders of Sex Development, a term that refers to “congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical.”

What is Gender Dysphoria?

Gender, by today’s standard, is a social construct where biology, it seems, is irrelevant. Gender is subjective and can change depending on the whims of the person, and has even been described as fluid. So when a 7 year old boy decides he’s a girl, he can change his gender. And then, if he wants, he can change back. Because gender is based on self-identity, instead of something concrete, it is something we have to take another persons word for, there is no objective way to determine its accuracy.

Biological sex, on the other hand, is objective. It’s also binary. There are only males and females, and science can back it up. While you’re developing, in the womb, if you have the XX chromosome, you will be a girl. If you have the XY chromosome, you will be a boy. This can be confirmed by your genitalia. Unsurprisingly, they will match.

Transgender, in it’s simplest form, “refers to an individual whose gender identity does not match their assigned birth sex.” The medical term for this condition is gender dysphoria. It has been changed from an earlier term: gender identity disorder because it was felt that the term disorder brings a stigma with it, and by renaming it, it is hoped that the stigma can be avoided. While this is well-meaning and understandable, it also hides the truth about what is going on.

When a child is born with four fingers, no one asks the doctor if that’s a birth defect. There’s no need to consult an “expert” to know that something is wrong. Likewise, one does not not need to be an expert, or consult one, to know that if your mental “sex” does not correspond with your biological sex, things are not in order. And if the individual is physically healthy? It’s quite obvious that the individual is suffering from a mental disorder. In fact, fender dysphoria falls into a category of psychological conditions called disorders of assumption.

Examples of disorders of assumption include:

- An alcoholic has self-perception that he/she is sober, then decides to drive while legally intoxicated, crashes into another
car and kills an entire family.

- A diabetic has a self-perception that blood sugars are normal, doesn’t check or treat them and then falls into a coma from either hypo or hyperglycemia.
- A patient with high blood pressure has self-perception that his blood pressure is “normal,” doesn’t check or treat it, then has a stroke due to severe hypertension.
- A young woman with anorexia nervosa has self-perception that she is grossly fat, yet has lost so much weight that she dies from malnutrition.
- A young man with body dysmorphic disorder has a fixed self-perception that he is “grossly ugly” and commits suicide, in spite of appearing to be a normal, good-looking young man.

Disorders of assumption, then, are where self-perception does not line up with reality.

**Sex-Reassignment Surgery**

There is a legitimate cause for concern when talking about the health concerns regarding gender dysphoria, especially when that talk pertains to suicide. Gender dysphoric individuals attempt suicide at higher rates than the rest of the population; as many as 41% report having attempted suicide at least once in their life.\(^9\) This is a frightening prospect for parents, and one can understand the great lengths that a parent would go through in order to help avoid that future for their child, but there is at least one study that shows suicide rates actually increase post-surgery.\(^10\)

Rates of suicide are twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBQT – affirming countries.\(^11\)

There are those who question the study’s accuracy,\(^12\) despite the author’s acknowledgement of the contrast—which will show up again later—between their study and others:

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\(^12\) I would suggest because they don’t like the study.
Previous clinical studies might have been biased since people who regard their sex reassignment as a failure are more likely to be lost to follow-up. Likewise, it is cumbersome to track deceased persons in clinical follow-up studies. Hence, population-based register studies like the present are needed to improve representativity.

Unfortunately, suicide is serious problem that needs to be addressed, but it needs to be addressed properly. And while most of the LGBT community is well meaning, I believe they bear a large part of the responsibility, for the suicidal issues plaguing the gender dysphoric. Instead of providing support to correct treatment for a psychological disorder, they undermine families and psychological experts, by working to normalize the condition. Can you imagine a group trying to normalize anorexia nervosa, or dysmorphic disorder? It would be absurd. It’s no wonder those suffering gender dysphoria have higher rates of depression. Not only do they have to face bullying, and their inner confusion caused by dysphoria, but add the confusion that must be caused from the LBGT community feeding the emotions of someone with a psychological disorder, and that of doctors and family members who are trying to get real treatment of the disorder itself.

While suicide may be the biggest concern, it is not the only one. We must also ask is chemical castration, or surgical mutilation, of a physically healthy individual a good idea? Is it even moral, or ethical?

At Johns Hopkins, after pioneering sex-change surgery, we demonstrated that the practice brought no important benefits. As a result, we stopped offering that form of treatment in the 1970s.\textsuperscript{13}

Why didn’t sex-change surgery bring the benefits they had hoped? Maybe it has something to do with this:

It is generally accepted that transsexuals have more psychiatric ill-health than the general population prior to the sex reassignment. It should therefore come as no surprise that studies have found high rates of depression, and low quality of life, also after sex reassignment. Notably, however, in this study the increased risk for psychiatric hospitalisation persisted even after adjusting for psychiatric hospitalisation prior to sex reassignment. This suggests that even though sex reassignment alleviates gender dysphoria, there is a need to identify and treat co-occurring psychiatric morbidity in transsexual persons not only before but also after sex reassignment.\textsuperscript{14}


And then there is the issue of transgender regret, a condition where, after sex-reassignment surgery, the individual regrets the decision, and wants to change back. Unfortunately, there is no going back. An article from The Guardian, in 2004, suggests there may be problems with studies showing that things are just great for individuals who have undergone sex-reassignment surgery.\textsuperscript{15}

Its review warns that the results of many gender reassignment studies are unsound because researchers lost track of more than half of the participants. For example, in a five-year study of 727 post-operative transsexuals published last year, 495 people dropped out for unknown reasons. Dr Hyde said the high drop out rate could reflect high levels of dissatisfaction or even suicide among post-operative transsexuals. He called for the causes of their deaths to be tracked to provide more evidence.

Dr Hyde said: “The bottom line is that although it’s clear that some people do well with gender reassignment surgery, the available research does little to reassure about how many patients do badly and, if so, how badly.”

Later in the article, it is suggested, that “Research from the US and Holland suggests that up to a fifth of patients regret changing sex.”\textsuperscript{16}

But why do we not hear about transgender regret in the media?

The transgender lobby actively polices and suppresses discussion of sex-change regret, and claims it’s rare (no more than “5 percent.”) However, if you do decide to “de-transition” to once again identify with the sex in your DNA, talking about it will get you targeted by trans activists.\textsuperscript{17}

But there is regret. You just have to look for it. Here are two examples that I found. The first if from Alan:

Alan Finch helped to set up the Gender Identity Awareness Association, to dissuade people from genital surgery and campaign against what he calls the “sex change industry”. In April, the chief psychiatrist of Victoria State began an inquiry into the Monash gender clinic, Melbourne, where Finch was treated. But Finch wants all treatment stopped, arguing that transsexualism was invented by psychiatrists.

“Their language is illusory. You fundamentally can’t change sex,” he says. “The surgery doesn’t alter you genetically. It’s genital mutilation. My ‘vagina’ was just the bag of my scrotum. It’s like a pouch, like a kangaroo. What’s scary is you still feel like you have a penis when you’re sexually aroused. It’s like phantom limb syndrome. It’s all been a terrible misadventure. I’ve never been a woman, just Alan.”

The second is from Sandra:

Sandra has had her hair cut short and has begun to wear more masculine clothes as a way of reclaiming her lost manhood. She blames the medical profession for recommending irreversible surgery when she was in no fit state to think the issue through for herself.

Again, it doesn’t take an expert to realize that the benefits are not being seen because the root cause is not being treated. They’re treating a mental disorder with genital surgery.

Who is the parent?

I understand the frustration of parents. They want their kids to be happy, and they certainly don’t want their kids to be suicidal. But I really don’t think these parents are getting their children the best care they can. One of my complaints with parents over the last few years is that they are more interested in being their kids friends, than parenting them. Many times, parenting means telling them no, because in theory, parents should be smarter than their kids. They should know better. They should know that perception is not always accurate. Using the example of anorexia from above, what parent, in their right mind, would feed into their too skinny child’s claim that they are fat? What would you think if you heard a parent exclaim, you know what, if you think you’re fat, you’re fat. You just keep on dieting, and don’t let anyone tell you otherwise. It’s absurd, and so is this.

Is this a matter of the parent giving in to the child? Are they trying to be their kid’s buddy? Is it lazy parenting? Is it easier for the parent to give in to your child? The question is, who benefits when parents ignore the facts and go ahead with “the chemical castration of these children prior to puberty with GnRH agonists (puberty blockers which cause infertility, stunted growth, low bone density, and an unknown impact upon their brain development), and,

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finally, the permanent sterilization of these children prior to age 18 via cross-sex hormones."\textsuperscript{20} Who benefits when “Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population.”\textsuperscript{21} Who benefits? The child or the parent?

I’ve struggled with the term that should be used to describe what is happening. Initially, I had thought child abuse, but it just seems so harsh, especially with the way it’s thrown around these days. But, it turns out, I’m not the only one that thinks child abuse may be the appropriate term.\textsuperscript{22, 23} What would be better? Child endangerment? Negligence? Society freaks out proper treatment is withheld from a child due to religious beliefs, but why no uproar when proper treatment is withheld due to ideological beliefs? I, personally, see no difference.

Children are human beings. There’s something sickening about parents that willingly subject their physically healthy children to irreversible physical and chemical alterations that have been shown to be ineffective, and dangerous. According to the American Psychiatric Association, gender dysphoria resolves itself in 50-88\% of gender-confused girls, and 70-97.7\% of gender-confused boys, when allowed to progress through puberty naturally.\textsuperscript{24} In other words, the best course of action in both boys and girls is to seek psychological treatment, and let nature run its course.

On Bathrooms

https://www.facebook.com/MegBittonPhotography/posts/10153063771317395/embed

Meg Bitton posted a photograph and asked the question: “If this was YOUR daughter, would you be comfortable sending her into a men’s bathroom?”\textsuperscript{25} If that was my daughter, no, I wouldn’t want her in the men’s bathroom, but that’s not someone’s daughter; it’s someone’s son dolled up as a counterfeit daughter. Has Corey, from the photograph, had the surgical procedures to change his objective physical plumbing to that of a female? Here’s a question: If this was...


\textsuperscript{24}“Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)”. \textit{American Psychiatric Association}. 2013. Web. 7 May 2016.

YOUR daughter, would you be comfortable sending “her” into the girl’s locker room? If “she” hasn’t had her sexual reassignment surgery, how do you think that’s going to affect her and the real girls when they find their plumbing doesn’t match?

But, I wouldn’t allow my son to dress as a girl. I would get him the psychological help he needed in order to correct his perception, just as I would get an anorexic child of mine the psychological help needed to correct his perception of weight. Life isn’t always about making a person happy; sometimes health has to be the priority.

https://youtu.be/6s3Fx0lq9Ws

The pro-access lobby claims that normal gender dysphoric people who look the part, such as Corey, or Zeke from a recent video “showing the absurdity of North Carolina’s bathroom bill”, should be allowed to use the bathroom of their choice, and that they have in fact, been doing so all along, before North Carolina’s HB2 was passed. If there has never been a problem, why is it all of a sudden a problem? I can tell you why it has become a problem. It’s because the obvious, easy answer wasn’t good enough. In many instances, a unisex bathroom has been provided to accommodate their needs, so that everyone would be comfortable, but that wasn’t good enough. They have to have access to the bathroom of the opposite sex. Otherwise, it’s discrimination! Someone’s civil rights have been violated!

The pro-access lobby would like you to believe this is a civil rights issue, and the gender dysphoric are being discriminated against. Well, maybe they are. The pro-access lobby also wants you to believe you’re being irrational, hence the label transphobic. Have you noticed that every label they bring has the suffix -phobic. As if they’re the only rational ones, and any disagreement is irrational. But is this disagreement irrational?

With the passage of the bill in North Carolina, men and women have to use the bathroom assigned to them biologically. As mentioned earlier in this post, that’s objective. Your biological sex is not whatever you feel like, and it can’t be changed. Even with gender reassignment surgery, it’s only a partial change. You still have the chromosomes you were supplied with at birth; the ones that helped determine your gender. The pro-access lobby asks, how can this be enforced? Are you going to have the bathroom police stand outside and have people drop their pants? While I’m certainly not advocating that, imagine for a moment what would happen if people were forced to prove their gender before using a public rest room. You drop your drawers, and there would be objective, indisputable evidence as to where you belong. But, say the question were changed slightly. What if those same bathroom police asked you what you self-identify as before entering the bathroom? Unless you’re some kind of card carrying gender dysphoric, how would you prove it? And how would the

bathroom police direct someone to the right place with 42 different possible genders to choose from? What if you identify as agender? Do you decide where you going on a whim? Or do you not use either? Maybe the one with the shortest line? The problem with allowing people to use whatever bathroom they perceive themselves as, is there’s no way to know if they’re lying or telling the truth.

People haven’t been, for the most part, concerned about gender dysphoric people using the bathroom of their choice. Especially when they look the part. But not all gender dysphoric people in transition look the part. That’s where the problem with telling people, all you have to do is claim you’re transgender, and you have free access to the bathroom and locker room of the opposite sex. You’re removing the ability to legally remove an individual from a place he shouldn’t be. There’s nothing you can do about it. If a man can claim he’s transgender and then he can use the women’s room. He doesn’t even have to look like a woman. But this doesn’t happen, the pro-access lobby claims. As usual, they’re either wrong or they’re lying.

A sexual predator who falsely claimed to be transgender and preyed on women at two Toronto shelters was jailed indefinitely on Wednesday.28

The following is separate incident from the same previous article:

In 2012 a college in Washington state decided it would not prevent a 45-year-old man who presents himself as a transgender “female” from lounging naked in a women’s locker room in an area frequented by girls as young as six.29

And at the University of Toronto:

The University is temporarily changing its policy on gender-neutral bathrooms after two separate incidents of “voyeurism” were reported on campus September 15 and 19. Male students within the University’s Whitney Hall student residence were caught holding their cellphones over female students’ shower stalls and filming them as they showered.30

These are not the only incidents.\textsuperscript{31}

But it’s not the Caitly Jenners or the Zekes of the world that people are afraid of. It’s not an irrational fear of gender dysphoric people that most are concerned about, it’s the Richard Rodriguez’s of the world.\textsuperscript{32} Yes they do exist. Most people know they exist, and that’s who people are concerned about.

But this isn’t the only issue.

Regardless of what you think you are, boys should not be taking off their clothes in front of girls, and girls should not be taking off their clothes in front of boys. A boy who thinks he’s a girl isn’t going to have girl parts, and when he gets undressed in the female locker room, do you really think he’s going to feel better about himself? Safer, maybe, but comfortable? It has awkward written all over it. You’re talking about putting a person with a mental disorder in with people of the opposite biological sex, and expecting everything to be great. I don’t believe this is about feeling comfortable; I believe it’s being able to say I win. It’s going to be obvious to everyone involved that he is not a she, or she is not a he, because the biological proof will be literally exposed. Of course, maybe a locker room full of young boys would be okay with a girl who thinks she’s a boy changing in their locker room. But what happens when an adult male takes it upon himself to claim he’s transgender and expose himself in the public locker room at a pool frequented by young girls?\textsuperscript{33} He can’t be arrested, because it’s legal for him to be there!

Seriously, depending on the age and maturity level, this could be potentially traumatizing for some. Especially since it fails to acknowledge the possible problems it could cause with children who have been raped or sexually abused. “Research conducted by the Centers for Disease Control (CDC) estimates that approximately 1 in 6 boys and 1 in 4 girls are sexually abused before the age of 18.”\textsuperscript{34} Some simple math says that if you’re school has 100 boys and 100 girls, 16 boys and 25 girls have been sexually abused.

Don’t they know that, for women who have experienced sexual trauma, finding the courage to use a locker room at all is a freaking badge of honor?\textsuperscript{35}

Over and over again, women are told your abuse is not important,

it’s not important to fund, it’s not important to protect.\(^{36}\)

Finally, there’s the issue of comfort. Yes, privacy and comfort should be afforded to those who want it, but when the number of gender dysphoric people number about 0.3% of the population,\(^{37}\) why does their comfort override the 99.7%? I understand that in many cases, people won’t know they’re in the presence of a gender dysphoric person, but not all gender dysphoric people can pass for the opposite sex. In many cases, it’s obvious when a person is impersonating the opposite sex. The funny thing is, this law isn’t going to affect the gender dysphoric individual that looks like the person he/she wants to be while minding his/her own business. It’s going to affect the individuals that pretend to be something they’re not for legal access to the opposite sex. Which, by the way, once you figure out that an individual has malicious intentions, it’s usually too late. It’s better to keep them out from the start. Obviously, people will try anyway,\(^{38}\) but why make it easy?

There is a movement to open up bathrooms to the opposite sex throughout the country in the public school systems. That means that kids too young to have sex-reassignment surgery would be allowed to change in the wrong locker room. In the example of Corey, while he looks like a girl, he would be allowed to change in the girls locker room. Full frontal nudity. Male genitalia in a locker room full of girls. This wrong, and this misguided accommodation needs to be stopped. As a parent, I find the very idea unacceptable, and so do a lot of others judging by the response that these misguided policies are bringing out. I fear, however, that the ruling political class will squash the complaints of the general public in favor of the minority in the name of “civil rights”.

So, it is discrimination? Yes. But we discriminate as a society regularly, and discrimination isn’t always a bad thing.

Discrimination is not always wrong. Rather, discrimination is like fire. In some contexts, it gives heat and sustains life. In other contexts, it kills. To say that all discrimination is wrong is a failure to appreciate the difference. Our lives are full of discriminatory acts.\(^{39}\)

How do we discriminate?

- By age: if you’re under 18, you can’t vote

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• By age: if you’re under 21, you can’t buy alcohol
• By history: if you’re a felon, you can’t buy a handgun
• By economic status: if you’re poor, the bank won’t let you buy a BMW on credit
• By Grade Point Average: if your grades suck, Harvard won’t let you in
• By race: affirmative action

Some of these are good, and some of these are bad, but the point is, simply invoking discrimination is wrong. I think in this case, based on some of the points I’ve made above, discrimination would be the *wise* choice.

**Violence and Bullying is Unacceptable**

Violence and bullying is unacceptable, no matter the circumstances. But this holds true for both sides in the debate.

Calling someone transphobic because they think people should use the bathroom based on their biological sex is not an irrational fear of people suffering from gender dysphoria. Transphobic would be someone who doesn’t like individuals because of their mental state or semi-transitional look, but never really knows the person.

Maybe those advocating the comfort of the gender dysphoric or the privacy and safety should be labeled common-sense-phobic. Since phobic is based on irrational fear (feelings), it seems fitting. But I’m one for accuracy. Maybe when someone uses the label transphobe, the proper response would be to call them an ass.

**The Common Sense Solution**

As I mentioned earlier, a common sense solution to this problem has been put forth. Make unisex bathrooms available, in addition to the current male and female bathrooms. If you’re gender dysphoric, you use the unisex. In this situation, someone like Corey doesn’t have to use the men’s room as he clearly shouldn’t be doing. Someone like Zeke wouldn’t be forced to use the ladies room. Is Zeke not concerned about her own privacy? Everyone’s privacy would be respected, and it would still keep sexual predators from simply lounging about the locker room where little girls go to change.

Unfortunately, the pro-access lobby doesn’t find this acceptable. They MUST have access to the locker rooms of the opposite sex. Which is why North Carolina is to be applauded for its efforts in defying the pro-access lobby bullies.
Civil Rights

No one’s civil rights are being violated. Women aren’t being told they can’t use the woman’s bathroom. Men, masquerading as women, are being told that can’t use the woman’s bathroom. These people make the choice to abandon their biological sex, and then they complain that their rights are being violated. It’s the right to privacy that is being violated by those that don’t conform to societal standards. Again, I applaud North Carolina for their stand.

Final Thoughts

Not everyone will agree with the studies I use to arrive at my conclusions. There will always be people who try to debunk studies they don’t agree with. I do it myself. I tend to discount studies that don’t appear to line up with reality, unless the evidence is overwhelming. In the short period that I’ve spent, “educating myself” on the topic, it turns out the best data actually reinforces what I believe. Gender dysphoria is a psychological disorder that needs to be treated accordingly, and not normalized.

For the record, I also want to say that I understand that not all who transition are unhappy with the results. There are obviously many that are, or appear to be happy, and I’m genuinely happy for them. But, the reality is that the picture is not all unicorns and rainbows as the pro-access lobby would have you believe. There are serious concerns that aren’t being addressed, and some even have the appearance of being swept under the rug. To me, the interference run by the LBGT community is borderline criminal. As misguided as open access to bathrooms is, it is that last point that concerns me the most.

More than anything, this essay is about human beings. Human beings that taking their lives at an alarming rate. And whether intentional or not, it is worrying that it is this drives the pro-access lobby. But it’s a lobby that opposes psychological treatment of the disorder, and it’s the lobby that actively tries to silence the voices of those who have regrets. The pro-access lobby appears to be more interested in pushing access to bathrooms, than they are actually helping human beings who are suffering.