



# GENDER IDENTITY CONFUSION, PART 2: “THE REALITIES OF SUICIDES”

Little does the general population know the realities of life as a transgender. Gay-lib disinformation campaigns appear to deliberately keep everyone ignorant. Unfortunately, gender confusion is not a state of happy bliss in which an individual has supposedly become “*who he is*”. That is far too simple. It is an ongoing turbulent mental condition which consists of auto-aggressive behavior with an endlessly churning maelstrom of sadness, hatred and self-harm. Bystanders are paralyzed in their responses, beholding seemingly true Martians in their midst. The metamorphosis looks human and yet non-human, or at least, not like me. Awestruck, the on-lookers know no reflex but to gaze.



## 1. Suicidal ideation

Suicidal ideation and ultimately death are all around in a relentless state of arousal. Like a bodybuilder frantically injecting his anabolic steroids in the hope of seeing true handsomeness emerge, forging mirage into reality, so does the transgender yet once again seek the needle. Artificial drugs appear to be the way, but do the results justify the staggering turmoil of efforts?



In a 2014 gay-lib survey ([AFSP-Williams-Suicide-Report](#)) by the UCLA, we read,

*“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.”*

These words stem from a gay-lib think tank, and reflect the frantic attempts to downplay the severity of the mental condition. Each time a radical gay-lib writer notes that “*more research is needed*”, we feel he is saying that his model of understanding is failing, that he is at a loss of words, but nevertheless wishes to continue going in the same erroneous direction, hoping to see light at the end of the tunnel.



You will note on the cover of the report (see above) that the activists called their survey a “*discrimination survey*”, thereby locating the root of problems BEFOREHAND in an allegedly discriminating society. (In medical science, this is called researchers’ bias). Their whole mind-set is focused on, or restricted to society. We interpret this activists’ mind frame as a narrowing of consciousness.

But the most fruitful direction of understanding identification issues has been described decades ago, namely psychiatry directed at the individual and his past, and not directed at a presumed hostile society as the cause for the relentless array of suicide attempts. Psycho-analytic and psycho-dynamic therapy have demonstrated since 1905 what is going on, but due to the suppression of these insights by radical activists, the suicide rates of confused adults are soaring to unheard-of proportions, becoming a national tsunami of mourning and distress.

Accompanying the facade of false eyelashes, wigs and breast implants, we hear the death knell tolling over the sorrowful state of transgenderism. Footsteps solemnly lament with thudding tread the pool of blood with too few torches in the dungeons of the private soul to illuminate the lonely scene of confused despair.



## 2. The ‘transgender’ tsunami

Propelling this new high tide of suicide rates like the rumble of a subterranean earthquake, is the recent ideology of radical gay-lib itself, spilling over the beaches of ignorant crowds, flooding consciousness and offering nihilism as the way to go:



*‘Do nothing, just hang around, and wave the rainbow flag until everyone is happy and right as rain’.*

In the process, allegedly *'misunderstanding'* people are blamed for all woe.

Bathers in a glaring sunlight find themselves being caught unaware. And when the waves slowly retreat, they discern suicidal transgenders strewn on the sandy beaches of modernism, with faces blue as drowned sailors' lips.

Radical gay-lib ideology which denies all pathology, is the only star of Bethlehem on the rise in the past two decades. In the same time frame, this simplistic ideology has shone on the emergence of suicide rates, rocketing sky high. So, in a frantic attempt to put the blame elsewhere, and fleeing from painful truths, the activist now picks on those who have provided understanding and health care: the psychotherapists. They even receive a stigma, *"cis people"*, reinforcing us-them thinking.

In 2014 in a small crib in a manger in San Francisco, activist Kate Kendall perfectly gave birth to the worldwide BornPerfect campaign, pledging to purge the serpents who are bent on spitting out their truth. From city to city, from state to state, and from continent to continent, eradication of dissident thought is woven into the fabric of the new millennium.

### 3. Campaign kick-off in Malta

In 2016, the tiny Mediterranean island of Malta (the smallest EU-member, 410.000 inhabitants) was paid a visit by the ILGA (International Lesbian and Gay Association). The activists were flown in from California, all expenses paid, to help promote new revolutionary punitive measures against oppositional ideology. ILGA succeeded in letting the new Social Democrats coalition declare the following sentences as the state ideology for its legislation (10th December 2016):



*"Under the 'Affirmation Of Sexual Orientation, Gender Identity And Gender Expression Bill', conversion practices, and their advertising, will be met with fines and potentially a prison sentence.*

*In addition to this, the Bill affirms that no sexual orientation, gender identity or gender expression constitutes a disorder, disease or shortcoming of any sort."*

Hence no therapy is warranted, even if the person wants to sort out his/her confused feel-

ings. Seated on her throne of Lesbian Rights as the CEO of this small Californian law-firm, self-crowned Kate Kendall oversees the make-over of the Western cultural narrative. 'Remove the unbelievers from my kingdom. Onward, my dears, onward!' so she commands.

But the word "shortcoming" or "disease" is not to be found in the therapists' chant.



*Trial 1610 Galileo before the Inquisition*

in 1610 Galileo was tried before the Inquisition. As health workers are nowadays also dragged up the stairs to face the Gallows of Intolerance, where they will lose their professional license immediately till the end of their days, and be condemned to prison as a deterrent for others, they utter like Galileo did before them,

*"There is more that meets the eye when it comes to difficulties some individuals experience in the struggle to identify with their own sex".*

#### 4. The right to therapy self-determination

Does struggle merit therapy? Depending on what you find, yes. We cannot keep on claiming that there is nothing unusual to be observed. Therapy should always be an option if you believe in self-determination.



What does psychiatry do? This legal branch of medicine is interested in extreme swings of mood and perception which lead to a totally different out-look on life when a great degree of suffering accompanies that merry-go-round. From normality to depression and back again, from normality to psychosis and back again, from male to female and back again. Still no psychiatric disorder there?

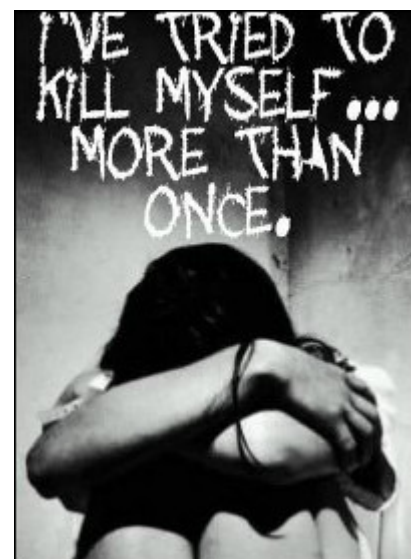
No ethical or moral grounds justify criminalizing the investigation of the absurd identification

swings from male to female and then back to male. All who take a close look, will observe how volatile and self-destructive the client behavior is. There is nothing stable and peaceful about the agonizing gender identification condition. Health care is not about finding a stereotype identity as a way to cope with feelings; that attitude is too simple. It is about the total state of mind accompanying this development. What does research show us?

## 5. The facts

a. Persons who wish to identify as 'transgender' have a death-by-suicide rate which is at least ten times higher than the general population, 41% compared to 4.6%. The actual figures are higher, since many states in the USA do not record gender or sexual orientation self-identity. With transgenders, suicidal behavior is the norm, not the exception. The auto-aggression is visible in plain daylight if one is honest enough to report the facts.

b. The horror is not just the numbers of confused individuals who die, even more horrific are the numerous suicide attempts. Adolescents account for a substantial proportion of suicide attempts, each youngster making perhaps 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/her own body.



The aggression towards the self continues into old age, and does not wear off over the course of time. To the contrary according to the UCLA survey, the risk of actually dying from the condition increases to 1 death after every 4 attempts at old age.

c. The obsession with suicide (aggression towards the self) appears to be *daily life* for persons who are gender-confused. In the Canadian study on [Transgender Health](#) where the results of 42 studies were scientifically combined, we read (2017),



*“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?

d. Men who have undergone surgery and hormone therapy, thereby calling themselves henceforth a ‘woman’, still have a 20-fold higher suicide rate than normal women in the same age category. In other words, the efforts to change the body (so-called ‘*transitioning*’) do not alleviate the mental condition itself. The depressive state of mind persists.

e. Twenty percent of individuals who have ‘*transitioned*’, undergo surgery to go back to the gender that they left behind. So-called ‘*re-transitioning*’ usually occurs within three years of the original surgery, and many more ponder on it. On the social media, they seek ‘*support*’. The old narrative of ‘*being trapped in the wrong body*’ ultimately turns out to have been a false form of self-talk all along.

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 removed and magically restored penis. The expensive operations merely add scars to scars. Slabs of skin tissue are borrowed from other locations to restore the image of what once naturally was, but in a previous mind frame, was denounced at the time.

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 add to the shame, anger and feelings of powerlessness. Ultimately, depressive feelings keep on looming. Activists never discuss it, let alone drag national attention to this side of ‘*being who you are*’. As for what the statistics show us, are questioning kids and their families being honestly informed of the problems that can occur?

f. Studies in medical textbooks show that 85% of children and adolescents get over their feelings of being transgender, as long as they are NOT affirmed, but consistently CONTRADICTED until the age of 16. When persons after that age are also contradicted, then ultimately 96% of persons return to a normal sense of gender by age 25.

These statistics show us that no one is “*born that way*” and that these feelings are merely a transient phase in mental development. Through the media and the intelligentsia, the condition is hyped as though there would be an innate condition slowly emerging, leading to a civil rights issue.

g. The 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.

On the [website Frontline](#), we read:

**FRONTLINE**

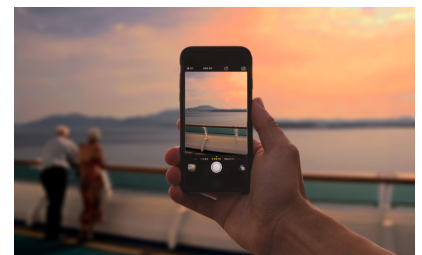
*“What makes treatment tricky is that there is no test that can tell whether a child experiencing distress about their gender will grow up to be transgender. The handful of studies that do exist suggest that gender dysphoria persists in only a minority of the children.”*

### Conclusion

The transgender epidemic is being hyped as a liberating revolution. Feminist ideology and the deliberately politically motivated nonsense of ‘gender studies’ have gone so far that genitals themselves may easily be removed while turning a blind eye to what is really going on in the transgender’s confused mind. We are leaving confused and hurting people to their fate when we declare it normal. We are allowing the inmates to run the asylum.

Basic instincts such as tribal thinking take over, as if Margaret Mead, the anthropologist of seventy years ago, has found a new Pacific Ocean culture, exciting and exotic.

On a crimson sunlit evening on its way to the next peak of experience, we note how the mighty cruise ship, ‘MS Ocean Crest’, picks up steam as she slowly propels the island of the transgenders to the horizon, a refuge where youngsters are known to commit a hundred suicides attempts or more. Retired Janet asks her equally retired husband to come up on deck to make a selfie before the Isle of the Dead passes out of view.



*“Hurry up Matthew, take that picture. We may never see them again. Nature is so exciting and how I love diversity.”*

In the next part, we will investigate the feelings themselves.

To be continued

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