

Trans memo

The belief in "gender identity" is causing harm



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This memo argues that teaching children (by charities, schools and non-governmental organisations) indiscriminately that “trans” is a matter of “gender identity” is causing a psychological contagion, primarily amongst girls.

To stop this contagion, this memo suggests teaching children about “trans” and “gender identity” should cease, and children who experience disorders of cross-sex identification be handled on a case-by-case basis.

This memo shows that the belief that transsexuals (defined as those who take medical steps to change their secondary sex characteristics) are in some way literally the other sex — have the “gender identity” of the opposite sex — is unsupported by research.

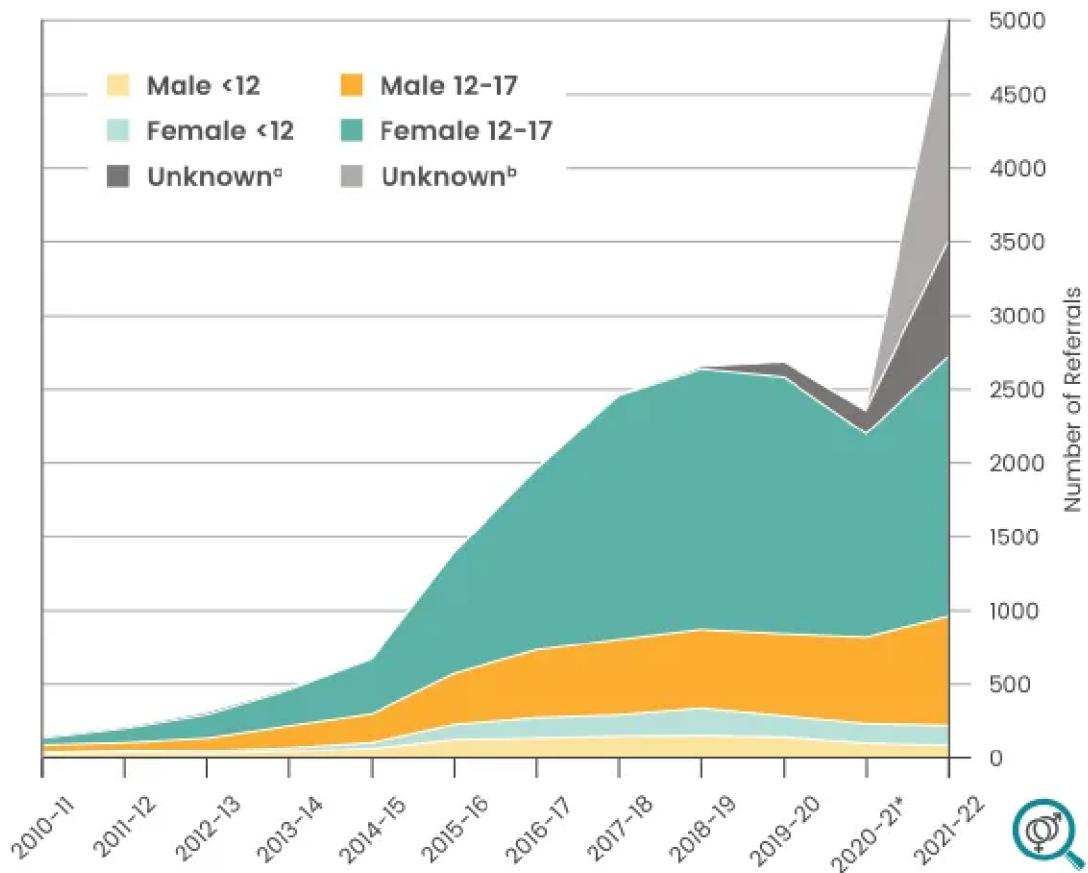
It argues that the medical community are not being guided by research, but rather by this belief, and are causing harm to those who are approaching them with distress regarding matters of personal cross-sex identification. They are providing supposed care to children based on this belief, which these children cannot consent to.

Although this memo is focused on the United Kingdom, the examples within will be applicable to other countries who are facing this issue.

What has been happening?

Over the last decade, there has been a drastic increase in the number of child and adolescent referrals regarding “gender dysphoria” — the unhappiness with one’s sex:

Child and Adolescent Referrals for Gender Dysphoria United Kingdom (GIDS)



*Referral activity to GIDS/Tavistock was sharply limited in 2020-2021 due to COVID-19.

^aBeginning in 2018-19, increasing numbers of referrals are not reported by sex.

^bBeginning July 2021, referrals made directly to GIDS are reported separately from those handled by the Arden & GEM referral management service. The Tavistock reports that Arden & GEM handled over 1500 additional referrals in 2021-22 (age and sex not reported separately).

Source: [Society for evidence based gender medicine](#).

In 2010, there were a handful of children being referred, primarily boys. Since then, the ratio has changed: now girls are the vast majority that are being referred to “gender identity” clinics.

Why is this happening?

It would be useful to look at what charities are teaching children:



“Gender identity is also on a spectrum. We all have our own unique identity”. *Mermaids*. (Picture is Barbie at one end of the female “gender identity” spectrum, and a soldier at the male end of the spectrum).

There is no right or wrong way to be trans.... - [Stonewall](#)

Trans: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. - [Stonewall](#)

We use trans as an umbrellla [sic] term and are fully inclusive of non-binary individuals; please don't worry about not feeling 'trans enough' - [Gendered Intelligence](#)

Charities present “trans” as a vague concept. *Stonewall* introduce the concept that “sex” is a social construct, “assigned” by doctors, rather a material reality. *Gendered Intelligence* present “trans” similar to a club that you can join, with no clear definition. *Mermaids* presents children with a diagram that how well you conform to averages of sex-based behaviour determines whether you have a “male” or “female” “gender identity”, with no space for feminine boys, nor masculine girls.

A social contagion amongst girls

History suggests that teaching a loose definition of a psychological condition to children is not a good idea, as this cohort is susceptible to socially-contagious mental health issues, as girls misdiagnose their growing-pains with symptoms of clinical conditions.

In Hong Kong for example, there had never been an epidemic of “anorexia” until their local media publicised the “Western ailment” of anorexia nervosa, which had been responsible for a girl’s death. ¹ There was an outbreak of girls presenting with symptoms afterwards. This has happened multiple times through history:

The Salem witch trials of the seventeenth century [...] nervous disorders of the eighteenth and neurasthenia epidemic of the nineteenth century. Anorexia nervosa, repressed memory, bulimia, and the cutting contagion in the twentieth. One protagonist has led them all, notorious for magnifying her own psychic pain: the adolescent girl. Her distress is real. But her self-diagnosis, in each case, is flawed—more the result of encouragement and suggestion than psychological necessity...Today’s diagnostic craze isn’t demonic possession, it’s “gender dysphoria.” And its “cure” is not exorcism, laxatives, or purging. It’s testosterone and “top surgery”. ²

It appears therefore likely, that there is not an internal cause that explains why so many girls are being referred to “gender identity” clinics, but rather an external cause: teaching children loose definitions of “trans”.

Some make the argument that the increase in numbers is due to an increase of societal acceptance for “trans”. However that is not convincing, as if it were true, one would expect the rise in referrals of boys and girl to be equally distributed, when in fact what one sees is that girls are vastly overrepresented in children presenting to “gender identity” clinics.

As the reason for girls being referred to “gender identity” clinics appears external, rather than internal, providing medical treatment to this cohort will be harmful. This harm has already been covered numerous times in the media.

In the UK a young woman, Kiera Bell, brought a legal case against the NHS after being harmed by the supposed treatment she was provided with by the now-closed Tavistock and Portman NHS trust “gender identity” clinic:



“[UK court hears children cannot consent to puberty blockers](#)”, Topping,
A. *The Guardian*. 7th October 2020.

There is no medical treatment that is appropriate for this cohort of girls. The cure is rather to be found in preventing charities and non-governmental organisations from teaching children their loose definition of “trans”. The content that charities and non-governmental organisations are teaching children — that “trans” is a matter of a “trapped” “gender identity” — is also not the truth.

The causes of male cross-sex identification

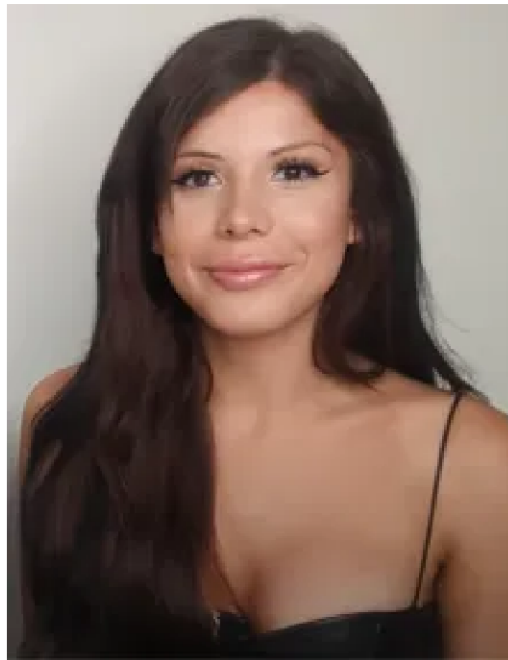
The idea that “trans” is explainable by an apparent “gender identity” “trapped” in the wrong body is contested. The concept of a “gender identity” can be seen as a continuation of what researchers called, in the case of males identifying as women, the “feminine essence narrative”. [3](#)

In disagreement with the “feminine essence narrative”, researchers instead see that cross-sex identification is in fact a matter of atypical sexual orientation. In the late 1980s, a researcher named Dr. Ray Blanchard posed that the root cause for all male-to-female cross-sex identification was a matter of either homosexuality, or *autogynephilia*, which is a word he coined that meant “love of the concept of oneself as a woman”.

Homosexual cross-sex identification

In the DSM-5, which is a manual used to diagnose mental disorders, the “two types” of cross-sex identification disorder are recognised as early-onset, and late-onset. The first, early-onset, in the case of males is characterised as being when a particularly feminine boy has the persistent wish to be a girl. At the onset of puberty, they will

usually find that they are homosexual, and this persistent wish will, in the majority of cases, stop. ⁴⁵



The transsexual YouTuber and conservative commentator Blaire White. ([The Blaire White Project](#)). Blaire White's life experience follows the pattern of the homosexual transsexual type. Photo source: Wikipedia.

Autogynephilic cross-sex identification

The second type, autogynephilic, or late-onset, occurs at puberty-onwards, when an otherwise masculine boy, might suddenly declare that they want to be a woman, or a man might suddenly present as wanting to be a woman in later life, even after marriage and having children.



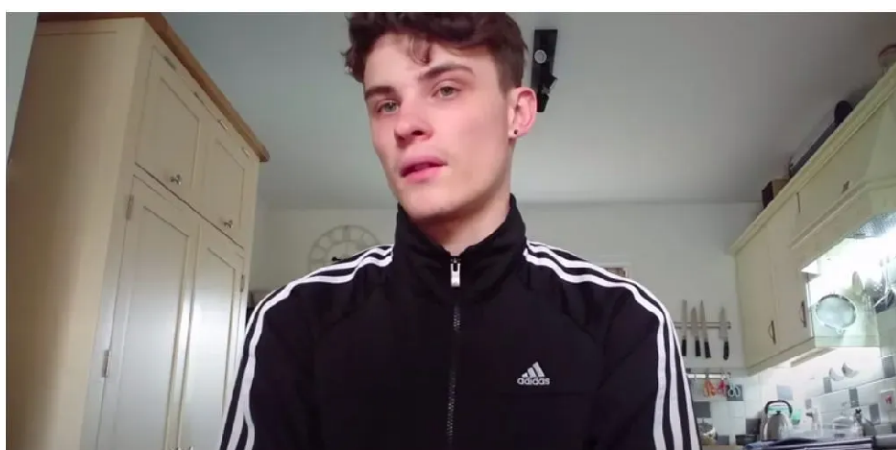
"Call me Caitlyn" *Vanity Fair*. 25th June 2015.

Dr. Blanchard writes that the cause of this type of cross-sex identification is also connected with sexual orientation. In this case, rather than a heterosexual male being oriented solely towards women in the outside world, they are also oriented to the concept of themselves as a woman:

Gender identity disturbance in males is always accompanied by one of two erotic anomalies. All gender dysphoric males who are not sexually oriented toward men are instead sexually oriented toward the thought or image of themselves as women. ... the writer would prefer to replace it with the term autogynephilia ("love of oneself as a woman").

It should be noted that the concept of autogynephilia does not imply that autogynephilic males are always sexually aroused by the thought of themselves as women, or by dressing in women's clothes, or by contemplating themselves cross-dressed in the mirror - any more than a man in love always obtains an erection at the sight of his sweetheart, or pair-bonded geese copulate continuously.⁶

The phenomenon of autogynephilia appears less well known as homosexuality, as not every male who experiences it will find themselves compelled to adopt the outward identity of a woman.⁷ In itself, autogynephilia is neither a disorder nor a diagnosis — for most it will be an entirely private experience:



Autogynephilia: the truth

History of autogynephilia

Although Dr. Blanchard coined the word “autogynephilia”, it is not a modern phenomenon and can be observed in history. The researcher Henry Havlock Ellis recognised the phenomenon in the 1930s, and named it “Eonism”, after the Chevalier d'Éon, the cross-dressing French diplomat:

On the psychic side, as I view it, the Eonist is embodying, in an extreme degree, the aesthetic attitude of imitation of, and identification with, the admired object. It is normal for a man to identify himself with the woman he loves. The Eonist carries that identification too far... [8](#)

It is likely that David Bowie had autogynephilia, given his experiment with cross-sex presentation and his relationship with the male-to-female homosexual transsexual Romy Haag, as the attraction in this relationship correlates with autogynephilia. [9](#)



David Bowie, 1971.

Bowie's apparent ambiguous bisexuality would also be explained by what Dr. Blanchard termed “pseudobisexuality”. [10](#) For a male with autogynephilia, men are not the target for romantic or personal attraction, but are rather “faceless” props, used only insofar as they further the conceit of the attraction to the concept of oneself as a woman.

The recurring phenomenon of autogynephilia through time and place suggests that there is an innate propensity behind the phenomenon. Dr. Blanchard considered the question of whether or not autogynephilia is innate in an interview:

I don't think that people are born with fully formed paraphilias, fully formed specific paraphilic interests and I don't think that anybody is born with a fully-formed cross-gender identity. What I think is that people are born with predispositions or vulnerabilities to a kind of erotic miss-learning, which then predisposes them to things like autogynephilia, perhaps it predisposes them to develop a cross-gender identity [...]

I don't think think people are born with that specific crystallised paraphilia, but I think they are born with some sort of defect, where erotic learning is not self-correcting... some paraphilias definitely cluster: autogynephilia and masochism, for example, and autogynephilia, masochism and what we might call "stuff fetishism": fetishism for particular materials, like leather, silk, rubber... it's not completely at random... [11](#)

The preference for certain types of materials is recognisable in accounts of autogynephilia, which reference such preference for certain fabrics:



'In the game, I knew myself as Hannah': the trans gamers finding freedom on Roblox Faber, T. The Guardian 24 April 2021.

The idea of autogynephilia as a misdirected sexual orientation is compelling, when one observes examples of cross-sex identification. The impression is arguably that of an otherwise masculine male who is not searching for a girlfriend in the outside world, but who searches for their girlfriend in the internal world of the concept of themselves as a woman:



The philosopher and YouTuber Abigail Thorn. Abigail Thorn: 'I came out as trans and made headlines'. *BBC* 3rd April 2021.



'I just want to see the person I always saw in my head: the story of a face – podcast' *The Guardian* 8 Jan 2021.

Why “gender identity”?

The two-type theory of male cross-sex identification is arguably the truth about “trans”, however was met with a backlash particularly amongst transsexual male activists who preferred to believe in the narrative of the “trapped” “gender identity”, for political and psychological reasons.

These activists in particular targeted a contemporary of Dr. Blanchard, Prof. J. Michael Bailey, in a campaign of harassment after the publication of his book *The Man who would be Queen*, which covered the research on the two-type theory in a popular manner easily accessible to the public. [12](#)

Alice Dreger, a bioethicist whose work included campaigning for the rights of people born with disorders of sexual development (DSDs), describes the issue:

They wanted the whole business of Blanchard's taxonomic division shot down. Transsexuality should appear only as the public could stomach it, as one simple story of gender, a tale of "true" females tragically born into male bodies, rescued by medical and surgical reassignment. And there should be absolutely no mention of autogynephilia or any other sexual desires that might make trans women look to the sexually sheltered like the perverts they were historically assumed to be. [13](#)

It is arguable that many of these activists were delusional, as they genuinely believed that they had a female "essence" — or "gender identity". The campaign of harassment appears therefore not only motivated by political reasons, but also for personal psychological reasons: to avoid shattering the delusion that they were in fact, males with an atypical sexuality. Anne Lawrence, himself a self-described autogynephilic transsexual, writes in the book *Men Trapped in Men's Bodies*:

The theory of autogynephilic transsexualism forces us to confront the fact that both our essential natures and our motives seem to directly contradict our desired ends. We autogynephilic transsexuals want to be women; but the theory tells us that we are not women and that we don't even resemble women—not in the least. We would like to believe that our desire to be women springs from our need to express some internal feminine essence; but the theory tells us that we have no internal feminine essence and that our desire to be women actually springs from our paraphilic male sexuality. [14](#)

Today, knowledge of the two-types of male cross-sex identification has been shut-down. In its place, the belief that transsexuals literally have the "essence" or "gender identity" of the opposite sex prevails. [15](#)

Whereas in previous generations, many boys and men with autogynephilia would have kept their experience of autogynephilia private, or tried to integrate it into their male identity, as in the case of Bowie, the belief in "gender identity" is revealing the latent phenomenon of autogynephilia, as more males have started "coming out" as supposed women.

What we are today seeing is the result of males with autogynephilia, who have a propensity for cross-sex identification are being told by every position in authority,

by schools, charities and non-governmental organisations, that what they are feeling, literally makes them in some way the opposite sex.

Not every male who has autogynephilic cross-sex identity disorder is invested in a delusion of womanhood, but rather many are trying the best they can to understand what they are feeling.

They are not being served by the myth that they have the “gender identity” or “essence” of the opposite sex, which in some cases, leads them down the pathway of unnecessary surgery. It is only post-surgery, when they discover that nothing has changed, that many realise that they have been operated on under false pretences, with life-changing consequences.

Despite Prof. J. Michael Bailey, and his family, being attacked by those wishing to suppress research on autogynephilia, Bailey remains of the opinion that those hurt the most regarding the suppression of research, are males with autogynephilia themselves. [16](#)

The medical profession

It is arguable that the medical profession have abandoned research-led care and are now captured by a belief in “gender identity”, leading the medical community to to harm, rather than help those who approach them, regarding their distress related to cross-sex identification.

Medical professionals cannot give the advice to parents of remarkably feminine boys that they will likely grow out of their cross-sex identification at the onset of puberty, and can discount the narratives of older typically masculine males with autogynephilia.

Neither can they give advice to parents of girls, that statistics and history suggest they are likely suffering from a social contagion.

Medical professionals cannot give this advice, as to do so would be to undermine the belief that it is possible for someone to know their own “gender identity”, and that cross-sex identification is solely a matter of a “trapped” “gender identity”. The medical profession is providing supposed treatments based on this belief — not evidence.

Dr. Blanchard talks about how the pathway to medical treatment has changed:

Blanchard: Oh, for sure. I mean, the people who approve, who are in favour of transition in children, who are in favour of earlier medical interventions, whether it's puberty preventing medications, whether it's testosterone for young girls, whether it's surgical procedures carried out on kids as young as 16, I think they all believe that they know — they know what's going to happen to this person in 10 years or 20 years. These people believe they know: that they can see into somebody's soul, and they know how things are going to be. I'm not that good. [17](#)

It is not clear how many in the medical profession truly believe that it is possible for someone to know the “gender identity” of the opposite sex, and how many medical professionals are keeping quiet with their doubts, as they know that to raise doubts would be to threaten their career:

I met someone new at my local gym today. She's a nurse at a gender clinic. She said the boys come in to the clinic all nerdy and hunched over. The girls are dark and depressed. She said all the nurses at the clinic know it's “bullshit”. [18](#)

This memo argues that until the medical profession recognise that there are different reasons behind cross-sex identification, and that “trans” is not explained by an innate and supposedly knowable “gender identity”, then they are likely to be harming, rather than helping, those seek their care.

[1](#) Abigail Shrier *Irreversible Damage* p. 168

[2](#) *Irreversible Damage* p. 254

[3](#) “Deconstructing the Feminine Essence Narrative”, Blanchard, R. PhD. *Archives of Sex Behavior* (2008) 37:434–438.

[4](#) “Boys clinic-referred for gender identity concerns in childhood had a high rate of desistance and a high rate of a biphilic/androphilic sexual orientation.” Singh, D., Bradley, S. J., & Zucker, K. J. (2021). A Follow-Up Study of Boys With Gender Identity Disorder. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.632784>

[5](#) See also the story of Danny in *The Man who would be Queen*, Bailey, J. M. B., Ph. D. (Joseph Henry Press, 2003). The author has made his book legally available for free on his

university faculty's website:

<https://www.researchgate.net/publication/281747420> *The Man Who Would Be Queen*

6 “The Classification and labelling of nonhomosexual gender dysphorias”. Blanchard, R., Ph.D. *Archives of Sexual Behavior* 18(4) 315-334 p. 323.

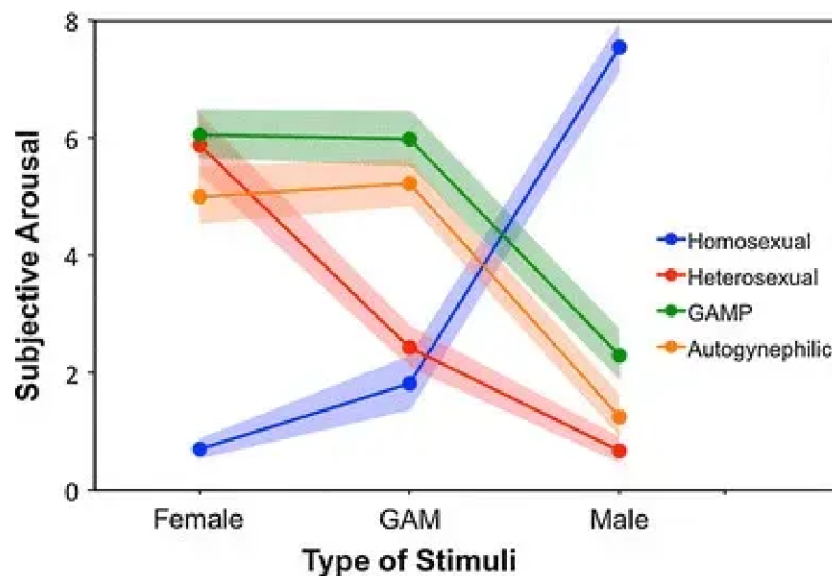
7 “It is important to distinguish between autogynephilia and autogynephilic gender dysphoria. Autogynephilia is basically a sexual orientation, and once present does not go away, although its intensity may wax and wane. Autogynephilic gender dysphoria sometimes follows autogynephilia, and is the strong wish to transition from male to female. A male must have autogynephilia to have autogynephilic gender dysphoria, but just because he is autogynephilic doesn't mean he will be gender dysphoric. Many autogynephilic males live their lives contented to remain male. Furthermore, sometimes autogynephilic gender dysphoria remits so that a male who wanted to change sex no longer does so”.

“Gender dysphoria is not one thing” Bailey, J. M., Ph.D and Blanchard, R., Ph.D., *4th Wave Now: A community of people who question the medicalization of gender-atypical youth*.

8 *Psychology of Sex*. By Havelock Ellis. (New York: Ray Long and Richard R. Smith, Inc., 1933.)

9 “[David Bowie's Transgender Muse Romy Haag](#)”, *Dangerous Minds*, 23rd June 2015.

The attraction to male-to-female transsexuals (gynandromorphs - GAMs), also known as gynandromorphophilia (GAMP) , correlates with autogynephilia, making it likely Bowie's experimentation with sex presentation was an expression of autogynephilia.



“Sexual Arousal Patterns of Autogynephilic Male Cross-Dressers” Kevin J Hsu, A. M. Rosenthal, David Miller, J. Michael Bailey *Archives of Sexual Behavior* 46 January 2017.

- 10 “Autogynephilic males might be labelled bisexual, but this is arguably qualitatively different from that experienced by homosexual gender dysphorics... this type of “bisexual” orientation need not reflect an equal attraction to male and female physiques and would perhaps be better characterised as pseudobisexuality”.

Blanchard, R., & Steiner, B. W. (Eds.). (1990). *Clinical management of gender identity disorders in children and adults*. Washington, DC: American Psychiatric Press.

- 11 “[Pioneer Series: Autogynephilia: Myth and Meaning with Ray Blanchard](#)” *Gender: A Wider Lens Podcast*. O’Malley, S., Ayad, S. 4 February 2022.

- 12 *The Man who would be Queen*, Bailey, J. M. B., Ph. D. (Joseph Henry Press, 2003). The author has made his book legally available for free on his university faculty’s website: https://www.researchgate.net/publication/281747420_The_Man_Who_Would_Be_Queen

- 13 *Galileo’s Middle Finger*, Dreger, A., (Penguin, 2015) pp. 65-66.

- 14 *Men Trapped in Men’s Bodies: narratives of autoynephilic transsexualism* Lawrence, A. (Springer, 2013) p. 203.

- 15 See previous citation “Deconstructing the Feminine Essence Narrative”, Blanchard, R. PhD. *Archives of Sex Behavior* (2008) 37:434–438.

- 16 “Conway is responsible more than any other person for suppression of research and rational discussion of autogynephilia. And gender critical followers: there are many good, decent, and kind autogynephiles, and most of them would like to know what is true about their condition. They have suffered most by its suppression.” Prof. J. Michael Bailey. X. 27th August 2023 <https://twitter.com/profjmb/status/1695922373780799955>

- 17 “[The Life & Research of Dr. Ray Blanchard](#)”, interview with Benjamin A. Boyce.

- 18 <https://twitter.com/blackcatcanvas/status/1552611173635608576>

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