



Written by [Selwyn Duke](#) on October 3, 2017

## Dirty “Transgender” Secret: “Gender De-transitioning on Rise — but Goes Unreported

Be careful what you wish for; you just may get it. This old warning apparently applies to the genital mutilation termed “gender-reassignment surgery,” as many “transgender” patients regret altering their bodies and seek to “de-transition” — and sometimes find political correctness can make doing so difficult



[Stuff.co.nz](#) [writes](#) of one physician’s experiences with this phenomenon, reporting that five years ago, “Professor Miroslav Djordjevic, the world-leading genital reconstructive surgeon, received a patient at his Belgrade clinic.... That was the first time Professor Djordjevic had ever been contacted to perform a so-called ‘reversal’ surgery. Over the next six months, another six people also approached him, similarly wanting to reverse their procedures. They came from countries all over the Western world ... united by an acute sense of regret.”

Professor Djordjevic now has a further eight people discussing reversals or actually undergoing them. The motivation? He says the patients “have spoken to him about crippling levels of depression following their transition and in some cases [have] even contemplated suicide. ‘It can be a real disaster to hear these stories,’ says the 52-year-old,” reports *Stuff*.

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This danger is real. As I related last year, Dr. Paul McHugh, former chief of psychiatry at Johns Hopkins Hospital and distinguished service professor of psychiatry at Johns Hopkins University, “explained in ‘Transgenderism: A Pathogenic Meme,’ ‘When ‘the tumult and shouting dies [sic],’ it proves not easy nor wise to live in a counterfeit sexual garb. The most thorough follow-up of sex-reassigned people — extending over thirty years and conducted in Sweden, where the culture is strongly supportive of the transgendered — documents their lifelong mental unrest. Ten to fifteen years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to twenty times that of comparable peers.’”

So perhaps it’s unsurprising that there’s a website called [SexChangeRegret.com](#), [featuring the stories](#) of people who realize that, as former “transsexual” Alan Finch put it, “You fundamentally can’t change sex.... Transsexualism was invented by psychiatrists.”

Another person of this mind is Matthew Attonley, 30, who underwent genital mutilation in 2007 and had lived under the name “Chelsea” Attonley until he decided to de-transition. The *Daily Mail* [quoted him](#) as



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saying in 2014:

It is exhausting putting on make-up and wearing heels all the time. Even then I don't feel I look like a proper woman.

I suffered from depression and anxiety as a result of the hormones too.

I have realised it would be easier to stop fighting the way I look naturally and accept that I was born a man physically.

Despite this, these suffering people are generally “not being heard,” to quote Professor Djordjevic. Why? The Federalist's Stella Morabito explained the shocking reason in 2014, [writing](#) that the “transgender lobby actively polices and suppresses discussion of sex-change regret, and claims it's rare (no more than ‘5 percent.’) [sic]. 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.”

No one has to tell this to James Caspian, a psychotherapist specializing in treating “transgender” people. A proposal he made to research “gender-reassignment” reversal at the U.K.'s Bath Spa University was, shockingly, declined because it was too politically incorrect. As *Stuff* informs, the university initially approved Caspian's “proposal to research ‘detransitioning’”. He then amassed some preliminary findings that suggested a growing number of young people — particularly young women — were transitioning their gender and then regretting it.”

“But after submitting the more detailed proposal to Bath Spa, he discovered he had been referred to the university ethics committee, which rejected it over fears of criticism that might be directed towards the university. Not least on social media from the powerful transgender lobby,” *Stuff* continued.

So forget science. Forget good medicine. Forget ethics from the “ethics committee.” Treatment here is determined by political imperatives.

Yet it's no surprise that science doesn't govern “gender de-transitioning” — there's no science behind “gender” transitioning to begin with. As I [explained](#) last year, addressing the idea a person can be a member of one sex “stuck in the body” of the opposite sex, a condition known as “gender dysphoria”:

What physiological markers will the physician look for to verify that I truly am, legitimately, “transgender,” suffering with a supposed brain/body incongruence?

... There isn't a so-called expert alive who could answer the question.

There is no brain scan for gender dysphoria. There is no genetic test. There is no hormonal test. There are no physiological markers of any kind. Yet on the basis of “strong and persistent feelings of cross-gender identification” — and on that basis alone — psychiatrists can and do refer patients for the mutilation known as “gender-reassignment surgery” (GRS). And on that basis alone, doctors may recommend that a young child be allowed to live as a member of the opposite sex [and be prescribed puberty-blocking hormones]. It's no different from telling a cardiologist you feel certain you have heart disease and, without performing tests to confirm the diagnosis, his saying, “Oh, have the feelings been strong, persistent and extant for longer than six months? Okay, well, then I'll cut open your chest and do a bypass.”

In other words, these physicians are committing gross malpractice. They're prescribing a biological remedy (surgery) despite having no evidence whatsoever that a biological problem exists.

Moreover, and quite damnably, Professor Djordjevic suspects that greed lies at this problem's core. As



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*Stuff* reports, “I have heard stories of people visiting surgeries who only checked if they had the money to pay,’ he says. ‘We have to stop this. As a community, we have to make very strong rules: nobody who wants to make this type of surgery or just make money can be allowed to do so.’”

Yet the remedy involves money, too. When patients start suing these quack doctors — who, again, are using invalid diagnostic procedures — the life-rending body mutilation in question will become rare.

In reality, gender-dysphoric people are depressed before surgery, as they are after it. Yet this isn’t because society stigmatizes them and prevents them from living as their true selves, as activists claim. It’s because they have a psychological problem ignored by money-hungry, agenda-driven quack physicians. As Dr. McHugh [advised](#) long ago with respect to treating such patients, “We psychiatrists ... would do better to concentrate on trying to fix their minds and not their genitalia.”



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