

Woman Demands Doctors Sever Her Spinal Cord To Align Body To Mind, 'Same As A Transsexual Man'

Let's examine gender dysphoria, the underlying condition of identifying as transgender, with a similar but different body identity problem

<http://thefederalist.com/2017/04/04/woman-demands-doctors-sever-spinal-cord-fit-body-mind-transsexual-man/>

Glenn Stanton with Focus on the Family, April 4, 2017 in the Federalist

An effective way to determine the fundamental nature of a thing is to compare it with something that is similar, but different. For example, what is an oval? It's an elongated circle. Let's examine gender dysphoria, the underlying condition of identifying as transgender, with a similar but different body identity problem.

Transgender advocates tell us the encompassing feeling about incongruity between transsexuals' body and self-concept is unlike anything else humans can experience. Thus, they demand very intentional public acceptance.

But being transgender is only one subset under a larger condition. While many trans advocates resist the categorization, it falls practically under the category of what psychologists term Body Integrity Identity Disorder (BIID). It's a general condition where a person's physical body does not align with or is dis-integrated with what his or her mind understands itself to be. It's psychological Platonism.

No, Really, I'm an Amputee With an Extra Arm

Another significant form of body identity disorder is similar but different, and more common than many might think. It goes by various names: [apotemnophilia](#), [somatoparaphrenia](#), or [xenomelia](#). Just as gender dysphoria drives the sense that one's body is not right and must be reconstructed, this is a curious condition where an individual intensely feels that a particular limb or other section of his or her body does not belong. One specialist in this field reports in the [Archives of Sexual Behavior](#) that these are not two wholly disparate conditions. They share many clinical similarities.

Like the gender dysphoric person, those desiring amputation will go to extreme lengths to create integrity between their actual body and their self-understanding. Nearly all desperately request amputation of a [very specific part](#) of the body. Most desire a leg amputation, usually the left leg above the knee. A minority desire an arm removed, most often left side, below the elbow. Few desire amputation of fingers or toes. This constancy among patients is curious.

Medical ethics prohibits such amputations, so many resort to maiming the limb so severely that it must be amputated. Clinicians report common means are laying the limb on a railroad track

to wait for a passing train, or using power saws. Shotguns, wood chippers, hammers, and chisels have been employed.

One Milwaukee man constructed his own guillotine to do the deed and said if surgeons reattached it, he would happily sever it again. Its removal was that essential for his own sense of well-being. A legal professional employed by the California State Bar applied tourniquets to both her legs, hoping to create the need for medical amputation due to gangrene. Frequently, this desire is sexualized, an erotic desire to be an amputee or sexual attraction to the same.

Why Can Transsexuals Cut Off Body Parts But Not Others?

Some with this condition refer to themselves as [transabled](#). They “know” their true essence is not just being free of a particular limb, but actually being a disabled person of some sort. Some feel they are truly a blind person, but are living with the unacceptable “burden” of working eyes. For some, it’s hearing.

Chloe Jennings-White is very capable and well-accomplished, a **research scientist with degrees from Cambridge and Stanford. However, she “knows” she is also a [paraplegic](#)**, even though fate has dealt her fully functioning legs. She lives in a wheelchair with heavy-duty leg braces and has always felt this way from earliest memories. She has asked doctors to sever her spinal cord so that her body will finally align with her own understanding of herself.

Jennings-White confesses she doesn’t know why her desire to have her body align with her true essence upsets people so much. It is *her* body, after all. She says it’s not that strange, but “the same as a transsexual man having his penis cut off. It’s never coming back, but they know it’s what they want.” Why him and not her?

Trans advocates resist this comparison, claiming these are very different things. [How?](#) Well, they say one is made up and the other is real. **They say one is a severe psychosis and one is natural. Can you guess which evaluations apply to which condition?** It is a convenient way to understand the two if you’re transgender, but are they really that different? Researchers who study these individuals report they rarely demonstrate any other type of psychosis beyond this condition.

If Voices Were Telling Them to Do This, It’d Be ‘Psychotic’

Dr. Russell Reid, a British psychiatrist and one of the leading experts in treating gender dysphoria, spoke on the similarity between the two conditions on a BBC documentary on apotemnophilia. In the show’s [introduction](#), Reid explains, “Certainly when I first heard of people wanting amputations it seemed bizarre in the extreme, but then I thought well, I see transsexuals and transsexuals want healthy parts of their body removed in order to adjust to their idealised body image and so I think that was the connection for me.”

Reid added, “It’s not as if some force is telling them to have their limb off and they’re following their paranoid delusion to do that. If that were the case then they would be psychotic, but they’re not like that.”

Carl Elliot, a journalist, medical doctor and philosopher of psychiatry, has studied this condition in depth and written about it in [The Atlantic](#). **He is struck by how these patients mimic the gender dysphoric, employing the language of identity, selfhood, and long-felt “naturalness”** in describing the necessity of amputation. Published studies reveal the great majority of such individuals—63 to 83 percent—**report it as an issue of self-identity** and have felt this way since early childhood. Elliot reports these common phrases of explanation from his many interviews:

“I always felt I should be an amputee.”

“I have felt this is *who* I was.”

“It is a desire to...be myself, as I ‘know’ or ‘feel’ myself to be.”

“Just as a transsexual is not happy with his own body, but longs to have the body of another sex, in the same way I am not happy with my present body, but long for a peg-leg.”

The Truly Disabled Reject The Transabled

Here’s another similarity. As there are many feminists, like [Germaine Greer](#), who categorically and unapologetically reject the legitimacy of a male-to-female trans person as an actual woman, there are the genuinely disabled who fiercely reject and [condemn](#) the transabled as pretenders regardless of how strong their feelings are. They see no virtue or comradery in the falsely disabled joining the resistance against society’s “able-normativity.”

One is generally seen as crazy, the other by many as brave.

In fact, they see the wannabes as insulting and minimalizing, as if it’s a fantasy-role they’re playing. As one truly disabled man explains, “[I]t is not bigotry to defend the disability community against the transabled.” Both of these groups—feminists and the truly disabled—say **you can’t actually become something you’re not by merely cutting off some body part**, getting some crutches, or a change of wardrobe, and then claiming you’re down for the cause. This was [visible](#) in the recent Women’s March.

So, compare and contrast. What are the *differences* between these two phenomena? The **perfectly healthy, functioning parts of the body that must be cut off to** relieve the dysphoria are different. **One is generally seen as crazy, the other by many as brave.** Only one has a very powerful lobby and allies in influential places pressing for its normalization.

The *similarities*? A constant and deep feeling of incongruity between one’s body and actual sense of self, most reporting they’ve “always felt this way.” Both exist in the mind of the person. The individual is willing to go to great lengths, expense, complex processes, and severe pain to “align” body and mind. The differences are actually minimal.

Does Body Cutting Help These Sufferers?

Now, to the most important question, because this involves real, hurting human beings: *Does the cutting help?* Few would agree that cutting off a perfectly healthy limb or severing spinal **nerves is the compassionate** and sensible solution for the transabled person. But is it different for the transgendered person?

A 2011 Swedish [study](#), a long-term follow-up of men and women who underwent gender reassignment surgery, indicates that cutting bodies and administering hormonal treatments are not as ameliorative as many think. The authors carefully explain the methodological problems that have plagued previous analyses and how their study provides marked improvements.

In contrast to the general population in Sweden, those who have undergone sex reassignment surgery in that extremely gender-variant country are:

- Three times more likely to **die prematurely** from any cause.
- Nineteen times more likely to die from **suicide**.
- Three times more likely to die from cardiovascular disease.
- Three times more likely to require psychiatric hospitalization.
- Two times more likely to engage in substance misuse.
- Two times more likely to commit violent crime.

Of all the health categories the researchers examined, only suffering “any accident” or committing “any crime” were *less* than two times greater than the general population. The scholars conclude, “Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons.” **Cutting the body does not seem to heal the mind.**

Surgery Does Not Address the Psychological Problems

The eminent Paul R. McHugh directed the Department of Psychiatry and Behavioral Sciences at Johns Hopkins University and was psychiatrist-in-chief at Johns Hopkins Hospital for more than 25 years. He addressed the wisdom of cutting the body to cure the mind in a celebrated essay entitled “[Psychiatric Misadventures](#)” in the *American Scholar*. **He decries the Manichean “illusion of technique” which assumes “the body is like a suit of clothes to be hemmed and stitched to style” to match the mind, all established on “the ghastliness of the mutilated anatomy.”**

Both of these are severe psychological conditions and must be treated compassionately but truthfully.

He tells of a conversation he had with a surgeon colleague at Johns Hopkins on the matter. The surgeon explained, **“Imagine what it’s like to...think about spending the day slashing with a knife at perfectly well formed organs, because you psychiatrists do not understand what is the problem here but hope surgery may do the [patient] some good.”**

We must understand that both of these are severe psychological conditions and must be treated compassionately but truthfully. **The fact that high-profile professional psychiatric associations [say](#) one of these is no longer a psychological disorder must be taken with a substantial grain of salt.** Their conclusion is not the result of any new scientific development. It’s the [admitted](#) result of **significant pressure by pro-transgender lobbyists.**

Patients are seldom well-served by ideology and beliefs crafted from political expediency. For their sakes, we must be honest about what we are dealing with here, and the similarities between these two conditions should be instructive.

Glenn T. Stanton writes and speaks about family, gender, and art and is the author of eight books including ["The Ring Makes All the Difference"](#) (Moody, 2011) and ["Loving My LGBT Neighbor"](#) (Moody, 2014). He blogs at glenntstanton.com.