THE FEDERALIST

6-Year Old Texas Boy On Track For Repressed Puberty Due To Gender Dysphoria Diagnosis

Little James is comfortable being a boy when he's around his dad & other friends. So why is his mother dressing him as a girl and calling him Luna?

By Walt Heyer JANUARY 29, 2019

As reported in an earlier article concerning a Dallas, Texas, custody case, when in the care of his mother six-year-old James attends first grade obediently dressed as a girl enrolled under the name "Luna." But when with his father, where he's given the choice of boy or girl clothes, James chooses boy clothes and refuses to wear girl clothing. Despite this inconsistent behavior, a gender therapist has given James a diagnosis of gender dysphoria.

In response, heartwarming things have happened in the fight to save James. A team of designers volunteered their services to update the savejames.com website and another caring friend started an online petition directed to Texan representatives to do something to prevent this kind of abuse of children. Generous people donated to the father's legal expense fund, raising half of what is needed.

But the father, Jeff Younger, is still hampered by a shortage of finances to secure expert witnesses and perform a forensic custody evaluation to change the outcome for James.

Follow-Up Visit

After writing the first article about James, I arranged to visit Jeff and his six-year-old twin sons in Texas. We met on a Thursday evening during the boys' usual two hours of visitation with their father. To keep the time casual, Jeff suggested we spend the time with his good friends, the Scott family and their four young children, who always enjoy time together.

Jeff and I drove across town to the mother's home to pick up the boys. As we pulled up, the front door opened, and the two young boys came flying out. James was dressed as a boy, like his brother. Into the backseat they went, saying hi to their dad and to me before they started talking about Ninja Turtles and other things they had done at school. Not one smidgeon of gender dysphoria or "girl talk" appeared during the drive back to the Scott home.

The next two hours were supervised and playful bedlam. Jeff brought out a toy popular with this bunch of friends—plastic swords and shields. Immediately, all six children were joyfully absorbed in rough-and-tumble swordplay with their fathers and each other. A pleasant dinner followed, and then the children went off to other playtime activities.

I observed James' mannerisms, voice inflections, and interactions, looking for evidence of gender dysphoria. I can emphatically say that during the two hours of the visit I saw no sign of gender dysphoria. James indicated no desire to be a girl, nor did he behave like a girl or talk like a girl during the entire time. Both James and his brother happily engaged with the four Scott children and the adults. Both were talkative, demonstrated strong vocabularies, and eagerly showed off their artwork created during a previous playdate.

I asked Jeff why James was dressed as a boy when he ran out of mom's house. Jeff explained that James prefers to dress as a boy, even at his mother's, except when he goes to school dressed as a girl.

After observing James and his behavior, I cannot see how his counselor at Dallas Rainbow Counseling could have diagnosed James with gender dysphoria. She spent time with James and his father, where James showed a preference for being a boy. Even if James preferred a girl name in sessions with his mother, it is a huge leap to a diagnosis of gender dysphoria. He's only six, after all.

A misdiagnosis cannot be ruled out, and a prudent next step is a comprehensive psychological assessment to explore why he identifies as a girl with mom and as a boy with dad. Per the custody order, the only parent authorized to oversee James' psychological counseling is his mother.

A Single Diagnosis Is Not Enough

A single therapist's diagnosis of gender dysphoria has put James on a life-changing protocol known as the Dutch protocol. (The Dutch protocol lacks scientific basis, yet clinics are adopting it.) The protocol consists of social transition to acting like the opposite sex, and hormone blockers.

Social transition is the first step. James' mother has enrolled him in first grade as a girl with a girl name and dresses him as a girl for school. Social transition for a young child is not harmless. It's grooming. My grandmother dressed me as a girl when I was 4, 5, and 6 years old, which led to my own gender confusion.

The next step is administering drugs to block the necessary and natural process of physical maturity and puberty, as early as age 8. Dr. Michael Laidlaw, an endocrinologist practicing in Rocklin, California, says, "What parents should find truly terrifying is the psychological effect of this medication."

Early evidence shows a troubling effect: All of the children put on blockers continue towards sex changes. The blockers themselves seem to influence children to transition. In vivid contrast, 60 to 90 percent of trans kids who are not reinforced in this desire or put on puberty blockers are no longer trans by adulthood. In other words, most trans children naturally grow out of it as they go through puberty, if they are not socially locked into an opposite-sex identity and puberty is not blocked.

Puberty blockers and the following step, cross-sex hormones, are known to cause serious side effects, including infertility. Children are not able to understand these consequences or give informed consent.

James is on track to be given these drugs.

Another opinion is so clearly needed. It's easy to see why this father is alarmed and fights so hard for his boy. An intervention is clearly needed and needed now. A second opinion needs to come from someone who is not a cheerleader for diagnosing gender dysphoria and preparing a child for a sex change. The ideal counselor will explore the family dynamics and other contributing factors.

If the current counselor is solid in her belief the gender dysphoria diagnosis is indisputable and fixed, she should support getting a second opinion in the best interests of the child.

Cross-Dressing Young People Will Influence Their Future

The case of James is very troubling to me because I know how the story unfolds. My grandmother dressed me as a girl when I was 4, 5, and 6 years old. Like James, I was far too young to comprehend the long-term consequences of being encouraged to cross-dress at such a young age, much less fight back. In my child's mind, it felt good to be the center of her attention. Now I call what grandma did to me "child abuse" because her grooming of me as a female negatively affected my entire life.

In adulthood, I was diagnosed with gender dysphoria and underwent unnecessary cross-gender hormone therapy and surgical gender change. I lived eight years as a woman and tried my best to make it work, but after surgery I still had gender dysphoria. Even worse, I was suicidal. Before giving me hormones and surgery, my medical providers should have helped me explore the possible psychological roots of my desire to escape into a female persona, but none did.

I'm not the only one whose life was hurt by the rush to change gender. I have heard from so many trans adults who ask me for advice in going back to their sex at conception that I compiled 30 people's emails into a book, "Trans Life Survivors." Several people in the book transitioned in their teens but when they hit their twenties, their feelings of gender dysphoria changed. They grew out of it, but only after making irreversible changes to their bodies, including the ability to have children, and losing years of their life to an alternate identity.

Help James From Being Locked In

Jeff and his lawyer are pursing action through the court to save James, but public response is still very much needed. Even after a generous outpouring of support, Jeff is still hampered by a shortage of finances to secure expert witnesses and perform a forensic custody evaluation.

This case is not only about one six-year-old boy, but about all children who will get locked into a trans life by a gender dysphoria diagnosis and a parent's endorsement of social transition and hormone blockers. If Younger can prevail in proving the diagnosis of gender dysphoria and the resulting treatment is misguided, this Texas case has the potential to save other young children from similar gender identity nightmares.

Walt Heyer is an accomplished author and public speaker with a passion for mentoring individuals whose lives have been torn apart by unnecessary gender-change surgery.

WALL ST. JOURNAL COMMENTARY

Transgender Surgery Isn't the Solution

A drastic physical change doesn't address underlying psycho-social troubles.

By PAUL MCHUGH **Updated May 13, 2016 2:18 p.m. ET**

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The government and media alliance advancing the transgender cause has gone into overdrive in recent weeks. On May 30, a U.S. Department of Health and Human Services review board ruled that Medicare can pay for the "reassignment" surgery sought by the transgendered—those who say that they don't identify with their biological sex. Earlier last month Defense Secretary Chuck Hagel said that he was "open" to lifting a ban on transgender individuals serving in the military. Time magazine, seeing the trend, ran a cover story for its June 9 issue called "The Transgender Tipping Point: America's next civil rights frontier."

Yet policy makers and the media are doing no favors either to the public or the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment and prevention. This intensely felt sense of being transgendered constitutes a mental disorder in two respects. The first is that the idea of sex misalignment is simply mistaken—it does not correspond with physical reality. The second is that it can lead to grim psychological outcomes.

The transgendered suffer a disorder of "assumption" like those in other disorders familiar to psychiatrists. With the transgendered, the disordered assumption is that the individual differs from what seems given in nature—namely one's maleness or femaleness. Other kinds of disordered assumptions are held by those who suffer from anorexia and bulimia nervosa, where the assumption that departs from physical reality is the belief by the dangerously thin that they are overweight.

With body dysmorphic disorder, an often socially crippling condition, the individual is consumed by the assumption "I'm ugly." These disorders occur in subjects who have come to believe that some of their psycho-social conflicts or problems will be resolved if they can change the way that they appear to others. Such ideas work like ruling passions in their subjects' minds and tend to be accompanied by a solipsistic argument.

For the transgendered, this argument holds that one's feeling of "gender" is a conscious, subjective sense that, being in one's mind, cannot be questioned by others. The individual often seeks not just society's tolerance of this "personal truth" but affirmation of it. Here rests the support for "transgender equality," the demands for government payment for medical and surgical treatments, and for access to all sex-based public roles and privileges.

With this argument, advocates for the transgendered have persuaded several states—including California, New Jersey and Massachusetts—to pass laws barring psychiatrists, even with parental permission, from striving to restore natural gender feelings to a transgender minor. That government can intrude into parents' rights to seek help in guiding their children indicates how powerful these advocates have become.

How to respond? Psychiatrists obviously must challenge the solipsistic concept that what is in the mind cannot be questioned. Disorders of consciousness, after all, represent psychiatry's domain; declaring them off-limits would eliminate the field. Many will recall how, in the 1990s, an accusation of parental sex abuse of children was deemed unquestionable by the solipsists of the "recovered memory" craze.

You won't hear it from those championing transgender equality, but controlled and follow-up studies

reveal fundamental problems with this movement. When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%-80% of them spontaneously lost those feelings. Some 25% did have persisting feelings; what differentiates those individuals remains to be discerned.

We at Johns Hopkins University—which in the 1960s was the first American medical center to venture into "sex-reassignment surgery"—launched a study in the 1970s comparing the outcomes of transgendered people who had the surgery with the outcomes of those who did not. Most of the surgically treated patients described themselves as "satisfied" by the results, but their subsequent psycho-social adjustments were no better than those who didn't have the surgery. And so at Hopkins we stopped doing sex-reassignment surgery, since producing a "satisfied" but still troubled patient seemed an inadequate reason for surgically amputating normal organs.

It now appears that our long-ago decision was a wise one. A 2011 study at the Karolinska Institute in Sweden produced the most illuminating results yet regarding the transgendered, evidence that should give advocates pause. The long-term study—up to 30 years—followed 324 people who had sex-reassignment surgery. The study revealed that beginning about 10 years after having the surgery, the transgendered began to experience increasing mental difficulties. Most shockingly, their suicide mortality rose almost 20-fold above the comparable nontransgender population. This disturbing result has as yet no explanation but probably reflects the growing sense of isolation reported by the aging transgendered after surgery. The high suicide rate certainly challenges the surgery prescription.

There are subgroups of the transgendered, and for none does "reassignment" seem apt. One group includes male prisoners like Pvt. Bradley Manning, the convicted national-security leaker who now wishes to be called Chelsea. Facing long sentences and the rigors of a men's prison, they have an obvious motive for wanting to change their sex and hence their prison. Given that they committed their crimes as males, they should be punished as such; after serving their time, they will be free to reconsider their gender.

Another subgroup consists of young men and women susceptible to suggestion from "everything is normal" sex education, amplified by Internet chat groups. These are the transgender subjects most like anorexia nervosa patients: They become persuaded that seeking a drastic physical change will banish their psycho-social problems. "Diversity" counselors in their schools, rather like cult leaders, may encourage these young people to distance themselves from their families and offer advice on rebutting arguments against having transgender surgery. Treatments here must begin with removing the young person from the suggestive environment and offering a counter-message in family therapy.

Then there is the subgroup of very young, often prepubescent children who notice distinct sex roles in the culture and, exploring how they fit in, begin imitating the opposite sex. Misguided doctors at medical centers including Boston's Children's Hospital have begun trying to treat this behavior by administering puberty-delaying hormones to render later sex-change surgeries less onerous—even though the drugs stunt the children's growth and risk causing sterility. Given that close to 80% of such children would abandon their confusion and grow naturally into adult life if untreated, these medical interventions come close to child abuse. A better way to help these children: with devoted parenting.

At the heart of the problem is confusion over the nature of the transgendered. "Sex change" is biologically impossible. People who undergo sex-reassignment surgery do not change from men to women or vice versa. Rather, they become feminized men or masculinized women. Claiming that this is civil-rights matter and encouraging surgical intervention is in reality to collaborate with and promote a mental disorder.

Dr. McHugh, former psychiatrist in chief at Johns Hopkins Hospital, is the author of "Try to Remember: Psychiatry's Clash Over Meaning, Memory, and Mind" (Dana Press, 2008).