

Cracking the Code of Gender Dysphoria: How I Developed My Model, Part 2 – Vetting My Initial Model



Looking to Vet My Model and Seeking Out Gender Dysphoria Patients

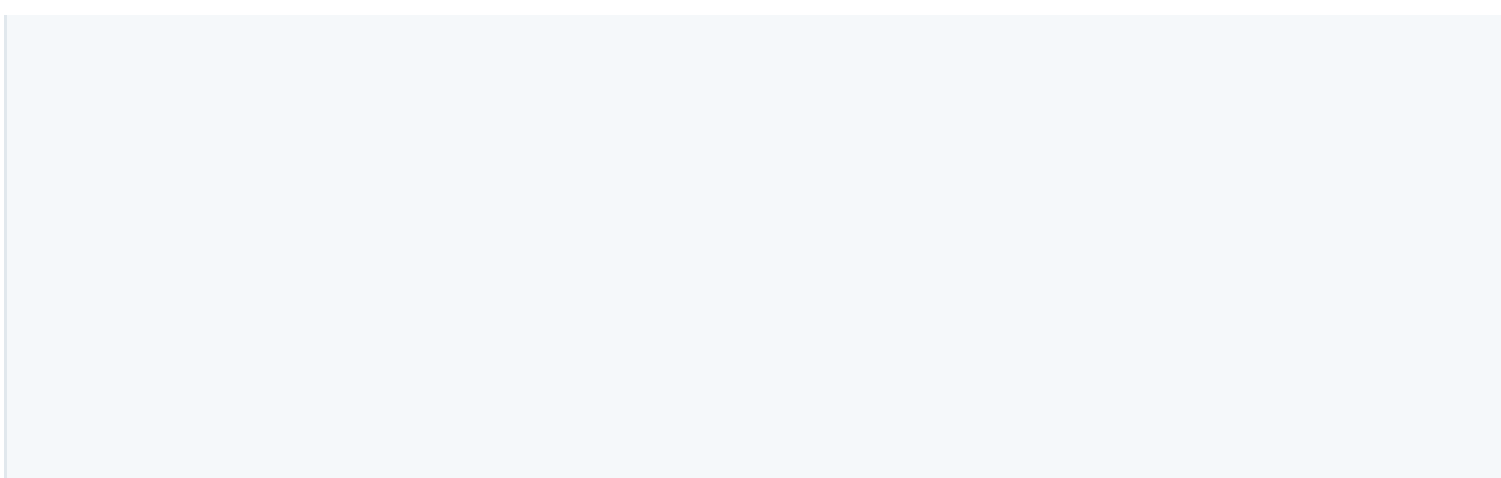
I Knew That I Was Right – But That I Could Be Wrong

With my initial model having been developed, my next step was to go to Twitter and vet it. I needed to find some people who have gender dysphoria and run my intuitions past them. I had a strange dual state of mind, in which I was both certain that I was right and open to the possibility that I was wrong. I felt that the probability that people would vet my intuitions was 100%, but if they did not, I would accept this seemingly impossible outcome.

Images of My Post Model Development Twitter/X Interactions

Below are images of me speaking about gender dysphoria with a woman named Julia. She and I were in a debate over her claim that me saying "biological woman" is transphobic. She seemed like a dedicated ally of trans people, and so I thought I'd see what she may know.

image 5





Leonard Clinton Williams III 
@OstinatoRigore4

My personal theory is that gender identity, as it is experienced by dysphoric people as well as everyone else, is produced by structures in the brain that are basic or to one degree or another primitive.

My hunch is that this condition begins very, very early in life.

6:39 PM · 7/7/23 · **43** Views



1



1



Julia @giufuliafa · 7/7/23



What does he say about hormones?



1



20



Leonard Clinton Williams III  @OstinatoRigore4 · 7/7/23



Are you aware of any theory as to where gender identity, as it is experienced by dysphoric people, exists in the brain? It seems to be either not related to the sexualization of the brain or somehow fundamentally different than other sexualization processes.



1



23



[Show replies](#)

In my early days, I used the term "sexualization of the brain" instead of sexual differentiation of the brain. Sexual differentiation of the brain is better and more accurate.

image 6

8:23 PM · 7/7/23 · 23 Views


1 ↻ ♥ 1 ↗




Julia @giufuliafa · 7/7/23

Yes I'm aware of theories. That's all they are for now. Theories.


1 ↻ ♥ 21 1 ↗



Leonard Clinton Williams III  @OstinatoRigore4 · 7/7/23

Can you give an example? Are you aware of any scientists who think that it is a hardwired biological structure? That's what it seems like to me.


1 ↻ ♥ 12 1 ↗




Julia @giufuliafa · 7/7/23

pubmed.ncbi.nlm.nih.gov/21094885/

1 ↻ ♥ 35 1 ↗



Leonard Clinton Williams III  @OstinatoRigore4 · 7/7/23

That's a good one and that's exactly along the lines of what I am thinking. They differ slightly, possibly, in thinking it has to do with the sexualization of the brain. There is something that doesn't add up there, and that needs to be explained.

↻ ♥ 33 1 ↗

image 7

more

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28



Leonard Clinton Williams III

@OstinatoRigore4

When I say gender identity, I'm referring to the innate sense of knowing that you are a boy or a girl, that starts very early in life. As an adult, you will know that your are a man or a woman, but this innate sense develops very, very early in life. I am very fascinated by this.

1:34 PM · 7/14/23 · 78 Views

2

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Leonard Clinton Williams III

@OstinatoRigore4 · 7/14/23

I want to get to the bottom of it and understand it better.

33



Julia

@giufuliafa · 7/14/23

That's what everyone who uses it is referring to. I'm not sure what these other things you think people are referring to are.

1

29



Leonard Clinton Williams III

@OstinatoRigore4 · 7/14/23

It absolutely is not. From one case to the next, there are different elements at play. Have you seen the documentary What is a Woman?

image 8

...

will know that your are a man or a woman, but this innate sense develops very, very early in life. I am very fascinated by this.

1:34 PM · 7/14/23 · 78 Views

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Most relevant replies ▾



Leonard Clinton Williams III

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Julia

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@giufuliafa

· 7/14/23

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29



Leonard Clinton Williams III

•

@OstinatoRigore4

· 7/14/23

...

It absolutely is not. From one case to the next, there are different elements at play. Have you seen the documentary What is a Woman? If you have, I can give you a perfect example.

61



Leonard Clinton Williams III

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@OstinatoRigore4

· 7/14/23

...

Watch this at about 2:25. This person describes how people go through a “gender identity development journey.” This has not a damn thing to do with what dysphoric people experience.

youtu.be/Kd9w5MKimiM

Image 9



thing to do with what dysphoric people experience.

youtu.be/Kd9w5MKimiM

1



41



Julia @giufuliafa · 7/14/23



How do you know?! You don't know what dysphoric people experience and are here to learn, no? They're saying asking oneself that question is a good way to explore one's own gender identity. Some people come out of that journey non-binary.

2



38



Leonard Clinton Williams III @OstinatoRigore4 · 7/14/23



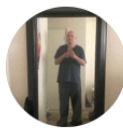
I know what dysphoric people experience because they tell me (and the rest of the world) on social media, news media, the internet, etc. and I can read about it. It is a medical condition.

Dysphoric people do not have to ask a question. They know, without asking, the same way that I know without asking, both as a man and as a child. Dysphoric people do not arrive to where they are through a journey. They feel intense discomfort and dis-ease over their body, often by age 2, 3, or 4.

1



39



Leonard Clinton Williams III @OstinatoRigore4 · 7/14/23



And I'm speaking of what I might call "classic dysphoria." I am referring to a condition where a structure or set or structures in the brain, or some distributed area in the brain produces a gender identity, and this identity doesn't match a person's biological sex.

2

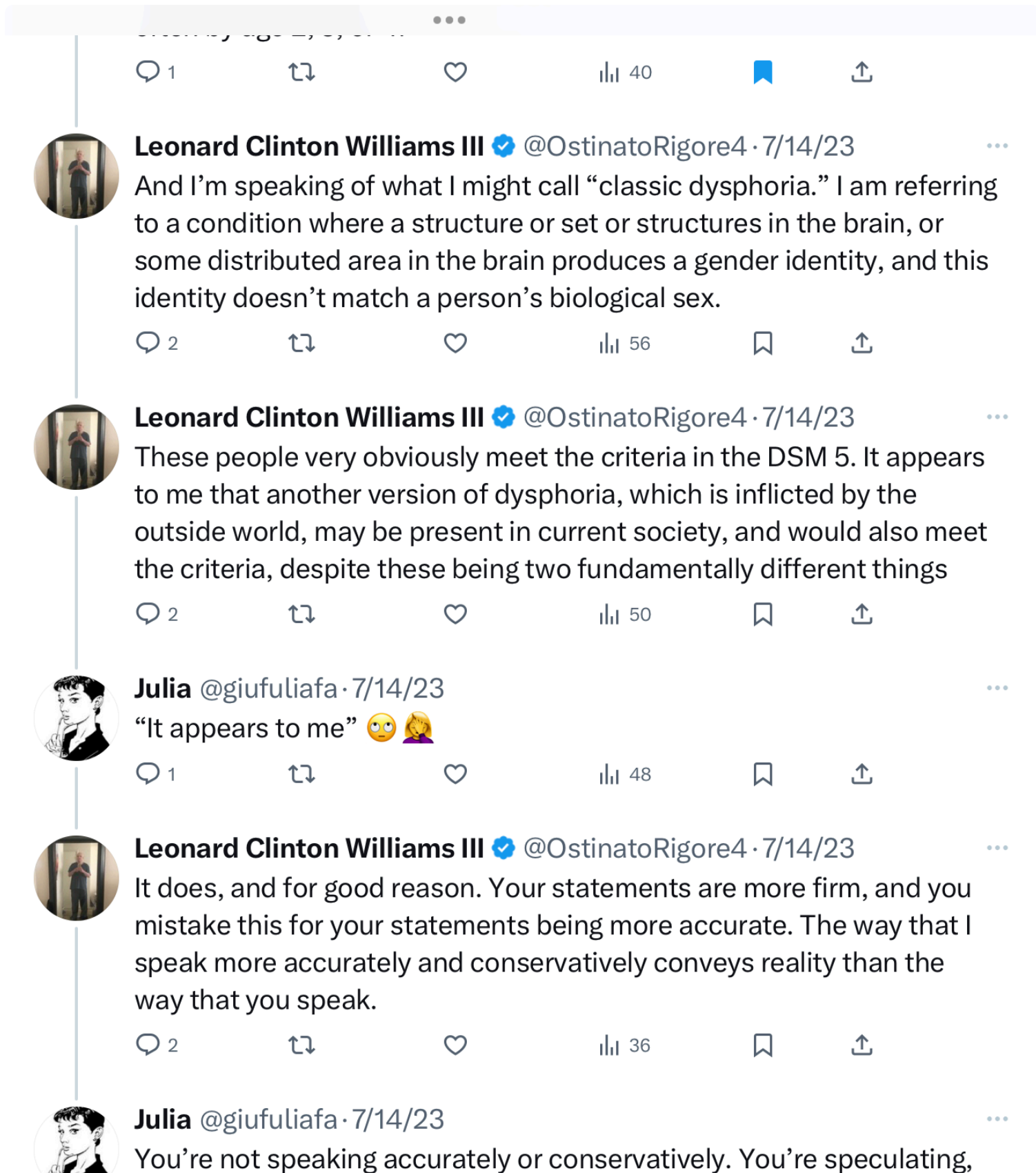


55



You will see that in my original conception of this condition, intense distress onsets at ages 2 through 4. That is true in many cases, but keep reading and you will see how I have to adjust my model for how dysphoria sometimes works in genetic females.

Image 10



Seeing Everything in Terms of Gender Dysphoria Brought Order Into Chaos

It would take me some time, to find people who suffer gender dysphoria. I began to follow more and more people, and as I was on the lookout for some gender dysphoria patients, I had a new set of eyes with which to view the chaotic scene in front of me. I looked at all transgender people, current and former, using people who have gender dysphoria as the baseline. By gender dysphoria, I mean the type of gender dysphoria that my model was based on.

Chauvinism for My Model and Imitation Gender Dysphoria Brands That Shouldn't Even Be on The Shelf

I started to notice, very fast, that there were people speaking of "dysphoria" who didn't have anything like what I had conceived. I eventually found out that the diagnostic criteria were very broad, and that medicine was letting a much broader crowd through the gates.

In my discourse on Twitter, I would account for these factors by adding qualifications like “true” or “genuine,” as in true gender dysphoria or genuine gender dysphoria. I would say “for people who have genuine gender dysphoria...” when I explained how the condition worked. I considered the type of gender dysphoria my model is based on to be true or genuine gender dysphoria, and everything else was kind of a made up or poorly defined malady, that had little to do with gender dysphoria.

Ok – Your Gender Dysphoria Is Legit & Mine Is a Neurological Condition

I would sometimes also use the phrasing “as it has been historically understood,” as in “gender dysphoria as it has been historically understood,” to distinguish what I was speaking of, in a given thread, from everything else. I knew that the phenomenon that I had happened upon understanding had been recognized for a long time, due to Drew Pinsky referring to it on his website, and also from vague comments a psychiatrist had made on a documentary. I eventually termed the type of gender dysphoria my model is based on neurological gender dysphoria or early onset gender dysphoria.

X Platform Is My University, My Lab, and Where All My Friends Live

My journey to vet and eventually flesh out my model started by participating in debates and discussions, and asking people questions on Twitter, now known as X Platform. I would also listen to podcasts. In the beginning, I did basically no reading of research papers, as I recall. I don’t recall reading a single one until someone challenged me on a point that I made.

I was very confident about my model and all of its implications, but there were times when I’d hedge my bets and say things like “I am very convinced that this condition emerges very early in life.” This is as opposed to saying “someone’s belief that they are the opposite sex will onset very early in life, if they have genuine gender dysphoria.” I would speak with more consistent and definitive confidence once I had vetted my model with some gender dysphoria patients in threads and in DMs.

What the Hell Are These People Doing

As I started to really participate in the discussion, and follow more and more people, it became apparent to me that there is a potentially really big problem in medicine. The problem stemmed from people who do not fit my model being given the same treatment protocol as the ones who do. Remember that I had determined that medical transition was the only option for the people who fit my model, and it seemed to me to be an unquestionable fact that transitioning people who do not fit it is going to be an absolute disaster.

I came across numerous girls who as minors, or at barely over age eighteen, had their breasts removed. These were girls who decided they want to be boys, or that they might really be boys, all of the sudden at age 11, 12, 13, or 15. I came across one young woman who had been given testosterone during her early teens, as a recommended treatment for the therapist’s assessment that she was “gender fluid.” I thought to myself, “Jesus Christ, I can’t believe nutcases like this exist and are allowed to work in healthcare.”

There was another young woman whose doctor tried to allay her trauma over having her breasts removed by speculating that this woman may, in fact, be “nonbinary,” instead of a “trans man.” It’s like “oh god, we’ve got another whack job in our midst.”

This "Gender" Stuff Ain't Gonna Cut It

These “gender” people started to seem like a problem really fast, due to things like this. Remember that in my model, the only people who have gender dysphoria, of the type that requires medical transition, are people who believe they are males or females, i.e. they identify as boy, girl, man, or woman. I have long understood just what serious business it is, to practice medicine.

When I was the age that these young women were when they received these hormones, my school would have classified the drugs they were given as anabolic steroids. These are the drugs that can do all sorts of damage, and they are giving them to emotionally volatile teenage girls over what honestly sounded to me like crackpot nonsense.

How in the hell do you diagnose someone as, or assess them for being, “gender fluid.” I would tell people I talked to online to watch out for any medical person who brings up “any of this gender bullshit.” I would tell them “When your therapist suggests that you may be ‘nonbinary’ that’s your cue to exit stage left immediately and never go back.”

Do They Really Do This

I wasn’t sure just how much this was happening, at first, this thing where teenage girls and other people who don’t fit my model were being given hormones and surgery. I had pulled the DSM-5 guidelines, and I had seen how the criteria included people who “wished” they were another gender. This was kind of baffling, as to why medicine would be fulfilling such “wishes.”

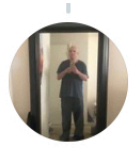
I could not think of a conceivable model in which such a protocol for such a person could predictably get good outcomes. It also had me thinking back to Drew Pinsky’s page of info, where one of his main points was “for these people, their identification is not expressed in terms of ‘I wish,’ it is a definitive ‘I am.’” We seemed to have guidelines that were designed to approve all of the wrong people for treatment.

I Wanted to Help Them

The things like this, that I saw, started to cause me to have bad feelings about this section of the medical profession. These bad feelings, that included occasional extreme anger and frustration, would become more intense over time. They would eventually be accompanied by a desire to reach out to these people and explain to them the mistakes that they are making. I wanted to explain my model to them, once I had vetted it, so that they could see the crucial difference between the people who fit my model and those who do not.

Images From My Walk Around Twitter

image 11



Leonard Clinton Williams III 
@OstinatoRigore4

Yep. We've left the planet. This rapists in women's prisons thing is the most insane thing I've ever heard of. Women's sports is another place where people are denying reality. It's baffling. Then you have this recent thing where trans women want to attend lesbian speed dating. I follow a woman who had her event canceled over a policy against this.

It's a big smorgasbord of batshit insanity and you're considered Adolph Hitler if you speak critically about any of it.

9:25 AM · 8/20/23 · 153 Views



Four Pivotal Developments in Vetting My Model

Pivotal Development #1 – Running Into Gender Dysphoria Patients

There were a handful of pivotal developments, in my journey of vetting my model. The first one was running into several people, on Twitter, who had the type of gender dysphoria my model was based on. I would ask these people questions on public threads.

Pivotal Development #2 – Someone's Calling Bulls**t on My Model – Bring It On

The second one was someone challenging one of the features of my model. In my model, it seemed to me that there is no such thing as someone who desists, who has that type of gender dysphoria. Someone on a thread challenged a point I had made by saying “most gender dysphoria is relieved by going through puberty.”

Images From Pivotal Development #2

image 12



Leonard Clinton Williams III 
@OstinatoRigore4



This is a great post. I'll add to this that gender dysphoria is not an experience of *wanting* to be the opposite sex. People with this condition *know*, with conviction, that they are the opposite sex. That's how the experience is for them. This feeling is accompanied by terrible and never ceasing unease. The unease may start in early childhood or it may start in puberty. The only way they (and, as I understand it, doctors) know to cure this unease is for them to transition in one or more ways.

4:40 AM · Aug 19, 2023 · **7,613** Views

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6



2



42



4



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Reply

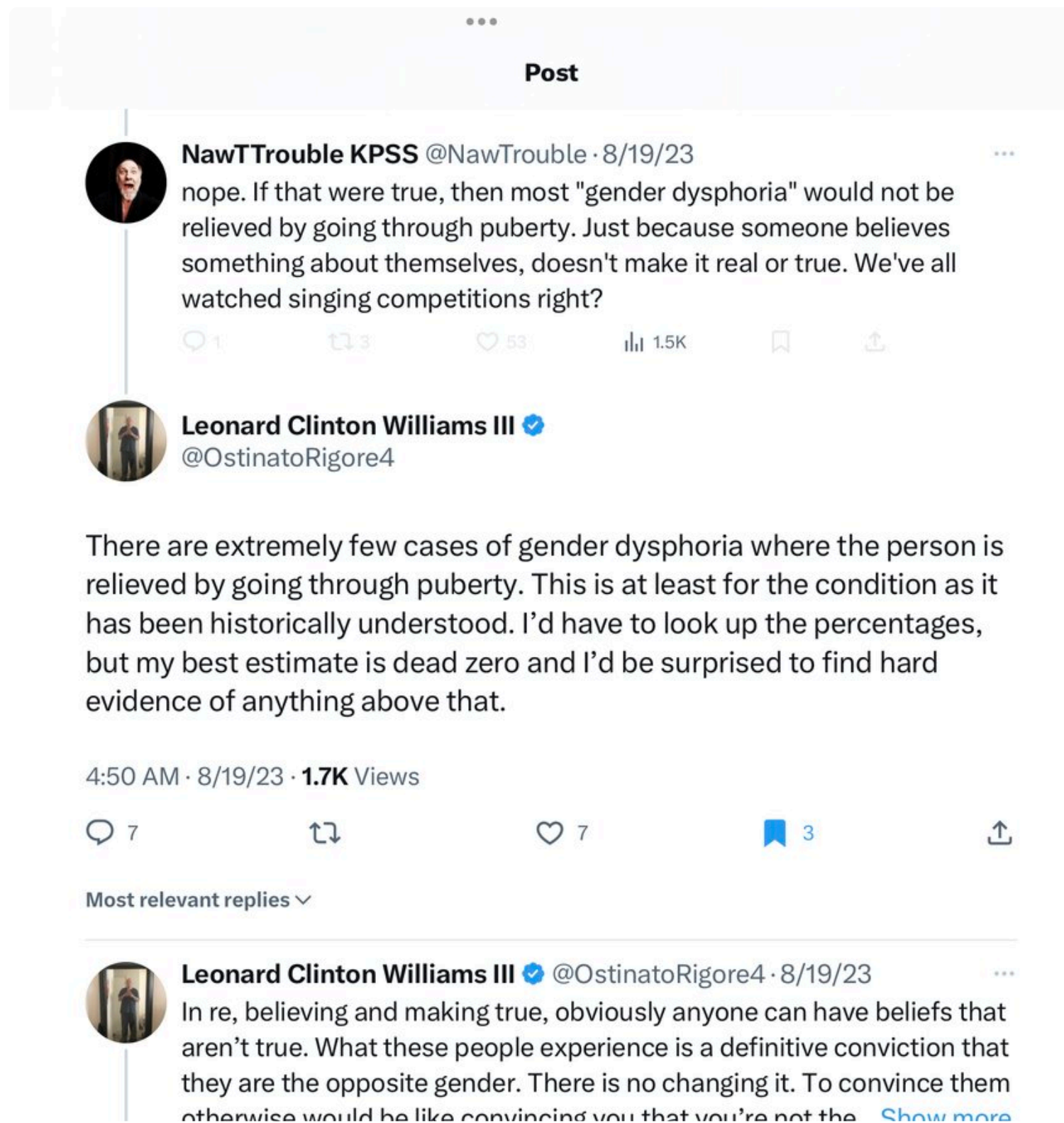


NawTTrouble KPSS @NawTrouble · Aug 19, 2023



none. If that were true then most "gender dysphoria" would not be relieved

image 13



Pivotal Development #3 – Cash for Q & A – Just What The Doctor Ordered

The third pivotal development was when I got my first interview client. A young trans man I came across had responded to my offer to do a paid Q & A session. I sent him a DM with an offer of \$25 an hour to answer my questions, and he agreed. This was about September 5th, 2023. It was an opportunity to speak in great depth with someone who had gender dysphoria. I had recognized this trans man as a case of gender dysphoria from several posts he had made about his experiences.

Pivotal Development #4 – An Expert and Transitioned Dysphoric Who Saw Things Just Like I Did

The fourth pivotal development was coming across a Twitter user who was a transmedicalist, or “trans med” for short. I didn’t know what a transmedicalist was at the time, but this person had a huge volume of posts and other material published online about gender dysphoria. She was a lifelong suffer of gender dysphoria, who had found relief by medically transitioning. She was a super well-versed expert. That was made immediately apparent, and what also stuck out was how essentially everything this person said resonated with my view of gender dysphoria and my model.

This transmedicalist, who had read so much of the literature going back to the 1950s and possibly even earlier, thought about gender dysphoria in the exact same terms that I did, on almost every line item. She would be a very useful reference point, when I got some info from someone else that conflicted with my model.

Images From Pivotal Development #4

image 14



image 15

This Post was deleted by the Post author. [Learn more](#)



Leonard Clinton Williams III ✓
@OstinatoRigore4

You understand this in the same terms that I do. If you read the literature, it is the people who feel an innate sense who do not desist. I do hope that clinicians are making this distinction. Every detransitioner I have come across absolutely did not have gender dysphoria.

6:40 AM · 9/4/23 · **151** Views



@tiredtransmed, I would find, is a textbook case of the type of gender dysphoria my model is based on. See the outcome of pivotal development #2 section for how I found the research paper that I reference.

image 16



Leonard Clinton Williams III ✓
@OstinatoRigore4

Everything you say lines up perfectly with how I have understood this condition. I started researching this about 5 months ago. I have read a handful of research studies and looked at a few webpages. Also read a small part of 4 books on the subject. Then talking to people on twitter. There is essentially nothing that people with a genuine case of gender dysphoria say that doesn't validate my perceptions about how this condition works.

Your posts are also educating me on some things. I have been curious about how the current diagnostic process differs from my conception of how things work, which I assumed was consistent with what had been done in the past. Here you are confirming the flaws that I perceived in the DSM-5 criteria. They are broad enough to let people in, who do not remotely have the condition that you have, and this is happening in practice. To the extent this is happening in practice, particularly when minors are the patients, I believe that it is extremely likely that a terrible mistake is being made. It will likely take 10 years or more, for it to all come to the surface about how many kids have been harmed in this recent wave of children flooding gender clinics.

3:29 AM · 9/5/23 · **824** Views



My trans med friend also thought it was insane, what they are doing in making the criteria for gender dysphoria fit so many other people.

image 17



Leonard Clinton Williams III ✓
@OstinatoRigore4

That is interesting. I have talked to dysphoric people who have said that it is different for everyone. You are saying that for MTF dysphoric people, the penis always causes dysphoria, with not one single exception? That would make perfect sense, but why is it that some people do not opt for surgery? For the purposes of this question, I am excluding people who just can't afford it.

Is there a trade off involved, again not considering money? Or would it be more the case that anyone who identifies under the general heading "trans", claiming to identify as a woman, who is not pursuing some kind of medical intervention for their penis and/or who clearly has no distress concerning it, is a dead giveaway person who doesn't actually have gender dysphoria?

Note that I define gender dysphoria as the medical condition that you have. These people that are in some way unhappy about social norms are a side show and have nothing to do with that condition.

5:07 PM · 9/6/23 · **116** Views



image 18



Leonard Clinton Williams III 
@OstinatoRigore4

I question whether “transgenderism” is even a disorder, when used the way that you use it, where you have a distinction between transgender and transsexual. Ignoring that, transsexual people experience something they call dysphoria, and to me this dysphoria appears to be fundamentally different than any sort of discomfort/unease/depression, etc. that someone who isn’t a transsexual experiences.

My conception of this, based on the limited information that I’ve thus far encountered, is that this dysphoria arises from fundamental biological processes. The dysphoria seems to me to be the conscious experience of a larger process that is almost entirely unconscious. The dysphoria seems to me to be automatic.

The way I view it is that no one else, who is not a transsexual, has experienced this distinct type of dysphoria, and the fact that clinical descriptions of it seem to match what others experience reflects the difficulty in precisely putting into words what the experience is like. This is opposed to there actually being any kind of overlap.

Does this resonate with you at all?

6:04 PM · 9/6/23 · **42** Views



image 19

...

In the way that I understand this, dysphoria is not on the spectrum of happiness, sadness, or disappointment, although these things are side effects of the actual phenomenon. It is not a question of how unhappy you are. It is the opposite of euphoria, the thing that first time drug users experience that resembles heaven. It is a question of “how much does your natal sex make you feel like you are living in hell”, i.e. “how comparable is what you experience to fire scorching your flesh and sulfur clogging up your nostrils, every waking hour.”

It is a biological phenomenon that has its roots in deeply unconscious processes. I have ran the below description across people with neurological/neurobiological based dysphoria (this thing I describe), and they say it resonates. As someone who doesn’t have this condition, this is my best intuition of what it feels like. This my best idea of how seeing/hearing the features and evidence of their natal sex makes such people feel:

“But to continue, for people like you, I picture the dysphoria as being a cross between complete despair, the psychological equivalent of a kidney stone, and a big set of finger nails screeching down a chalkboard with such a deafening intensity that you feel it, unbearably, in every fiber of your being.”

2:01 PM · 10/28/23 · 185 Views

 2

image 20



Leonard Clinton Williams III 
@OstinatoRigore4

I disagree with him. What people with GD refer to as their gender identity is innate. It is also something that we all have. It is self-evident that this is the case. It has its basis in the person’s neurology.

6:37 AM · 9/4/23 · 69 Views

 1 1

Kids These Days Call Everything Dysphoria

Some of the younger people I was questioning did a good bit of mingling with the people who had other types of dysphoria, and they didn’t seem to realize that they are apples and oranges with these other people. They would tell me things along the lines of “dysphoria doesn’t affect everyone the same way. Some people are fine with...”

Such statements didn't jive with my model, as in my model, all sensory input that conflicts with what the person's brain "thinks" or "knows" that they are is going to trigger distress. I had to iron out that picture, and I eventually figured out that the ultimate source of the info I got was sometimes someone who didn't have genuine gender dysphoria.

Another thing that stood out about this transmedicalist was that she shared my feeling of being kind of perturbed by the issues created by the behaviors of broader crowd of trans people and the "gender" people. I would eventually learn that transmedicalists are people who think that the only "real" trans people are people who have the type of gender dysphoria that my model is based on, which most of them call transsexualism. Many of them resent being placed under an umbrella with what they call "transgenderism."

If They Don't Fit My Model, Kick 'Em Out—You're Screwing Up the Numbers

It was around the time that I first met the transmedicalist that I zeroed in on DSM-III transsexualism as having criteria that would be very effective at capturing people who have the type of gender dysphoria my model is based on and would also be effective at kicking everyone else out. I subsequently began to use the DSM-III's estimate of 1/50,000 people as my estimated base rate for neurological gender dysphoria, though I think that I had first obtained this estimate from a study in the Netherlands.

A Mystery Remains and Playing With Numbers In My Head

As I was vetting and further fleshing out my model for neurological gender dysphoria, I had some side projects that can be called 1) figure out what is going on with all of these other trans people; and 2) figure out what is going on in this section of the medical profession, especially that involves minors.

Particularly for the second one, I was to a large extent left to play around with numbers and speculate. I could take my base rate of 1/50,000 people and add a buffer to get a range. Then I could look at stats about what percentage of < 18s are getting treated by gender clinics. If that number was reasonably within my estimated range, that would be an indicator that the majority of adolescents being treated are adolescents with neurological gender dysphoria. I was and still am very concerned about the way that these people in medicine do not understand things the way that I do. It seems they are possibly operating in the dark and possibly causing terrible harm in the process.

Outcome of Pivotal Development #1

I Was (Pretty Much) Dead On

The outcome of my first pivotal development of meeting and questioning a few people who have gender dysphoria was very positive. My model was vetted very consistently, with only a few slight nuances.

I asked a trans man who was roughly in my age category about the quality of dysphoria being automatic, thinking that he *was* a boy at a very young age, and the dysphoria onsetting early in life.

Sometime after that, I came across a younger trans man on a thread and asked him about his dysphoria. He told me that he would go mute for extended periods of time, before he was prescribed testosterone, because of how it tortured him to hear his female sounding voice.

The first, older, trans man said that yes, the dysphoria is automatic, that yes, he thought he **was** a boy from his earliest memories, and that his dysphoria only got “real” at puberty. He also told me that he had a psychological expectation, as a child, that he would grow a penis. He spoke as if he was just waiting for that to happen, in his childhood.

It Doesn't Get Real Until...? That Actually Makes Sense

This was overall a major vetting of my model. I validated my intuition that the dysphoria was automatic, that there was an early onset, and that he thought in terms of “I am.” There was a slight tweak, in his description that his dysphoria didn’t “get real” until puberty. This was not what I expected, to the extent that he was suggesting that he didn’t have any dysphoria before puberty, but it also seemed perfectly compatible with my model.

My model was based on sensory input, that conflicts with (in this case) the person being a male. If you picture a female child dressed up as a typical male, sort of like a tomboy appearance, as what he seemed to describe, you will see that the person is very androgynous and could pass for a male child. Young children are much more physically androgynous, than are older children, so they will pass better both to themselves and to others. The sensory input such a child takes in would not be in stark contrast or starkly conflict with a reality that he is a male. The report of lesser or even just barely existent dysphoria seemed to add up.

Vetting and Tweaking

The net result of the discussion with this trans man was that my model was vetted and also slightly tweaked, and that I had a new detail to add to the picture- for some reason, at least some female dysphoric children will have a psychological expectation that they will grow a penis one day. Another element I picked up from him was a sense of your body “betraying” you, that was an element of his experience when female puberty onset.

I Missed It – But I Have It Now

When the young trans man responded that his voice tortured him so badly that he wouldn’t speak, he instantly stuck out as an obvious case of neurological gender dysphoria. He also caused me to have a new insight. In my thought process, I had never thought of a person’s own voice causing dysphoria. My mind primarily went to what they see, how others react to them, how others address them, and sensations of touch, though I was certain that all of their senses are involved.

It was part of my intuition, in which I conceived an idea “this male person’s brain thinks that he is a female, and so his brain needs to see a female when he looks at himself.” The same phenomenon would apply to their other senses. For instance, I thought that a person addressing a trans man as they would address a typical woman (“ma’am, do you need help,” “has she been checked in,” etc.) would be auditory input that would trigger dysphoria.

The thought of someone's own voice causing dysphoria was such an obvious thing, and yet I missed it until this trans man told me. I immediately took a mental note of that, and incorporated dysphoria triggered by the person's voice into my model. I would eventually find that this is very common among people who suffer from dysphoria.

The young trans man seemed to also vet my description of the dysphoria being automatic, and he seemed to also confirm a related idea that I had, that dysphoric people would occasionally obtain momentary relief through distractions, though he was somewhat subtle or passive in doing both.

"Flow" States And Gender Dysphoria

In my conception of this never ceasing torment, I partly thought of it in terms of what has been called a "Flow" state. Flow, in a book with that title, is described as a pleasant condition of immersion or absorption that arises from one's cognitive resources being completely and perfectly consumed by some activity. The activity might be a game, or a sport, or playing a musical instrument.

The idea is that your brain has so much capacity to handle any given challenge; if the challenge in front of you is too difficult, you will become overwhelmed and this will cause you unease; if the challenge is not difficult enough, you will have excess cognitive resources, and that excess capacity will have your mind drifting to all of the worries of your life. You will have unease over the exam next Wednesday, or the house payment coming up, or how you're not going to be able to retire until age 70, or whatever it happens to be. The way to escape both sides of this otherwise perpetual vulnerability to feelings of unease is to give your mind exactly what it can handle, not one drop more and not one drop less.

As this applies to people who experience dysphoria, as long as they are on the lower end of their capacities, they will have a potential to experience dysphoria, and that potential will be actualized ceaselessly. Their only way out, other than to use drugs, is to starve their minds of any excess capacity for conscious awareness.

A Directive for Maintaining Peace of Mind

My concept, here, can be understood if expressed as a directive: be perpetually occupied; have your mind totally consumed, such that your brain has no bandwidth to register the feminine appearance of your hands or of the skin just below your right wrist, out of the corner of your eye, as it often does when you're sitting in a recliner watching TV. These are the terms I think in, about this medical condition, and my conception has been proven to be very accurate. I am, as of the present, not fully sure how much dysphoria someone's hands or the appearance of the skin on their wrists can cause. My various descriptions of how the ceaseless unease works have been vetted by numerous people, however.

Selective Dysphoria?

There was a tiny snag introduced in my conversation with the younger trans man. He told me that dysphoria is different for everyone, and that not everyone has dysphoria over the same things. This was something that I would have to iron out. It also factored into me having an uncertainty about what I witnessed in what was posted on Twitter. I could not tell who didn't fit my model with perfect accuracy, not without reading some of their posts or listening to them talk about their experiences. A lot of people seemed awfully suspect, just based on how they present themselves.

There were a lot of people who seemed to not have much distress over their primary sex characteristics, and this element of only having selective dysphoria sounded like it might explain that. The selective dysphoria, on the other hand, just made no sense to me. Everything about my model was adding up with everything that I had gotten in my discussions on Twitter, except this one thing. My hunch was that there was actually something to be explained about this info, rather than a deficiency in my model, but this posed a question that I would need to answer. I still felt very confident in my overall sense of how this worked. I expected that my intuitions would be vetted more and more as time went on.

The Timeline and My Question Answered

This was in early August 2023, that I talked to the older trans man, and in late August 2023, that I talked to the younger trans man. I came across the transmedicalist account about a week or so later, by my best recollection. I soon found out that the trans med's collection of Twitter posts had the answer to the question I had about what it indicates if someone has no discomfort with their primary sex characteristics. Such a person is not compatible with having the type of gender dysphoria that my model was based on, which is the same thing the trans med has and is such an expert on.


The trans med also confirmed some things for me about what was happening in medicine. Those watered down criteria were not just there for show; there were people being approved for treatment based on them. The trans med saw a big problem with this, and legitimately dysphoric people who felt that something is not right, with how things are currently being done, would become somewhat common to come across as I went along. These people are pretty hard to come by, even on the internet, but they can recognize people who are not like them really fast, as a rule, and they understand very well that the care that so helps them is something that can devastate someone else's life.

Images from Pivotal Development #1

image 21

...

Post



Leonard Clinton Williams III

@OstinatoRigore4

I am curious about the experience of dysphoria. If you care to answer, did this start out very early in your life? And also, my take on this is that the dysphoria is kind of automatic. It's like it's always there, and you don't have to think about it. Does that resonate with you?

2:17 AM · 8/3/23 · 90 Views

2

1

image 22



image 23

Post



Leonard Clinton Williams III ✓
@OstinatoRigore4

One more question, would you say that you felt a conviction, in a sense, that you were a boy, when you were a little kid? As I understand dysphoric people, there is a definitive sense of “I am a boy.” I can imagine a confusion as you try to work out, as a child, what’s going on.

9:18 AM · 8/3/23 · **59** Views



2



1



Most relevant replies ▾



Leonard Clinton Williams III  @OstinatoRigore4 · 8/3/23

And thank you so much for your very informative and enlightening answers.



1



47



Miguel the Mysterious @crickus6 · 8/3/23

Oh yeah, I was certain! I fully expected a 🍆 was gonna sprout eventually lol. It just ends up feeling like a self betrayal. Your body is doing this thing to you, and you're helpless to stop it.



36



image 24

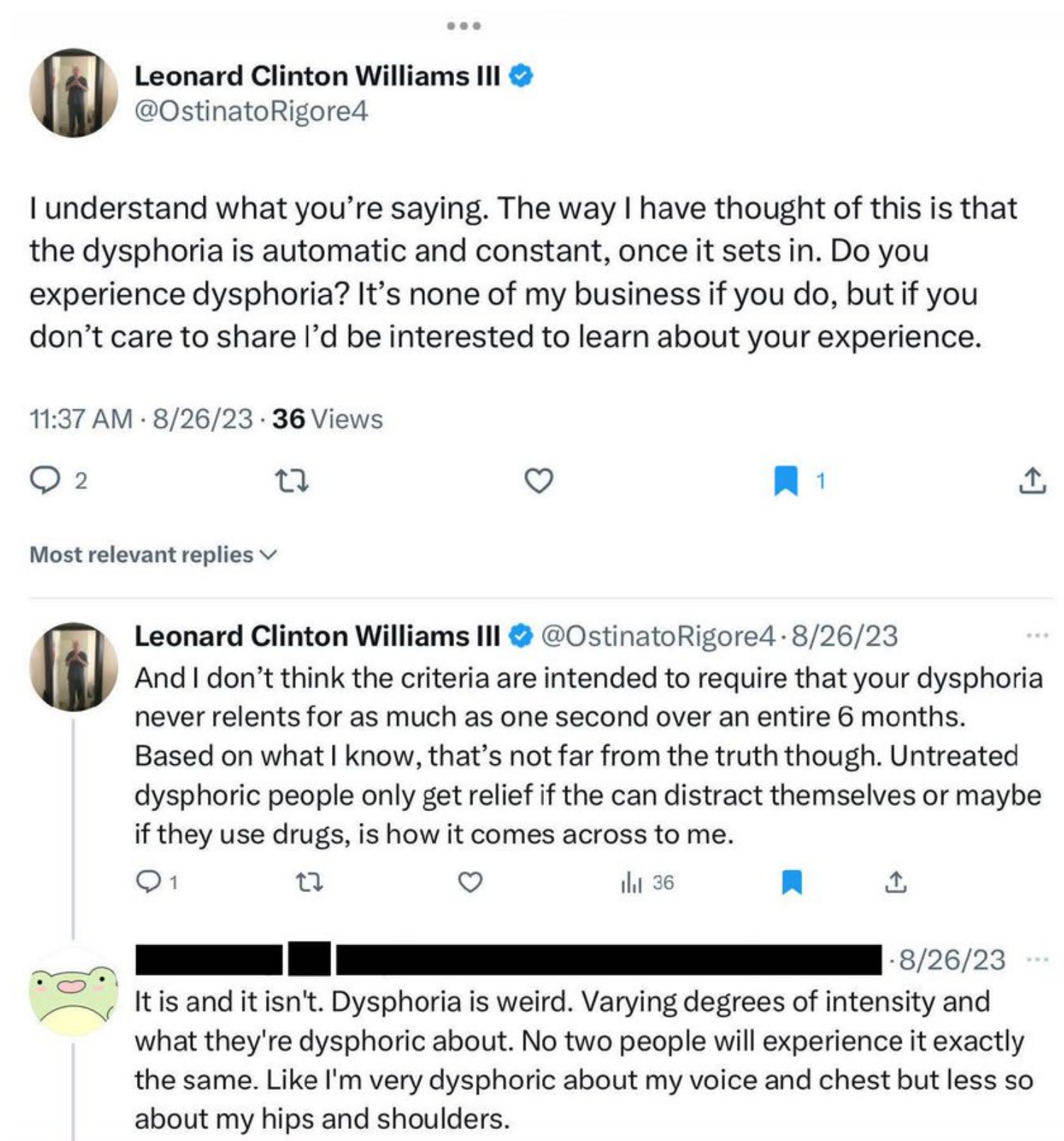


image 25



Leonard Clinton Williams III 
@OstinatoRigore4

And I don't think the criteria are intended to require that your dysphoria never relents for as much as one second over an entire 6 months. Based on what I know, that's not far from the truth though. Untreated dysphoric people only get relief if they can distract themselves or maybe if they use drugs, is how it comes across to me.

11:40 AM · 8/26/23 · 38 Views



1



1



[REDACTED] · 8/26/23 ...

It is and it isn't. Dysphoria is weird. Varying degrees of intensity and what they're dysphoric about. No two people will experience it exactly the same. Like I'm very dysphoric about my voice and chest but less so about my hips and shoulders.

Though a lot of distractions yes



1



30



Leonard Clinton Williams III  @OstinatoRigore4 · 8/26/23 ...

Everything you are saying to me makes perfect sense. It sounds like the way to have less dysphoria is to never do anything that reminds

image 26



image 27

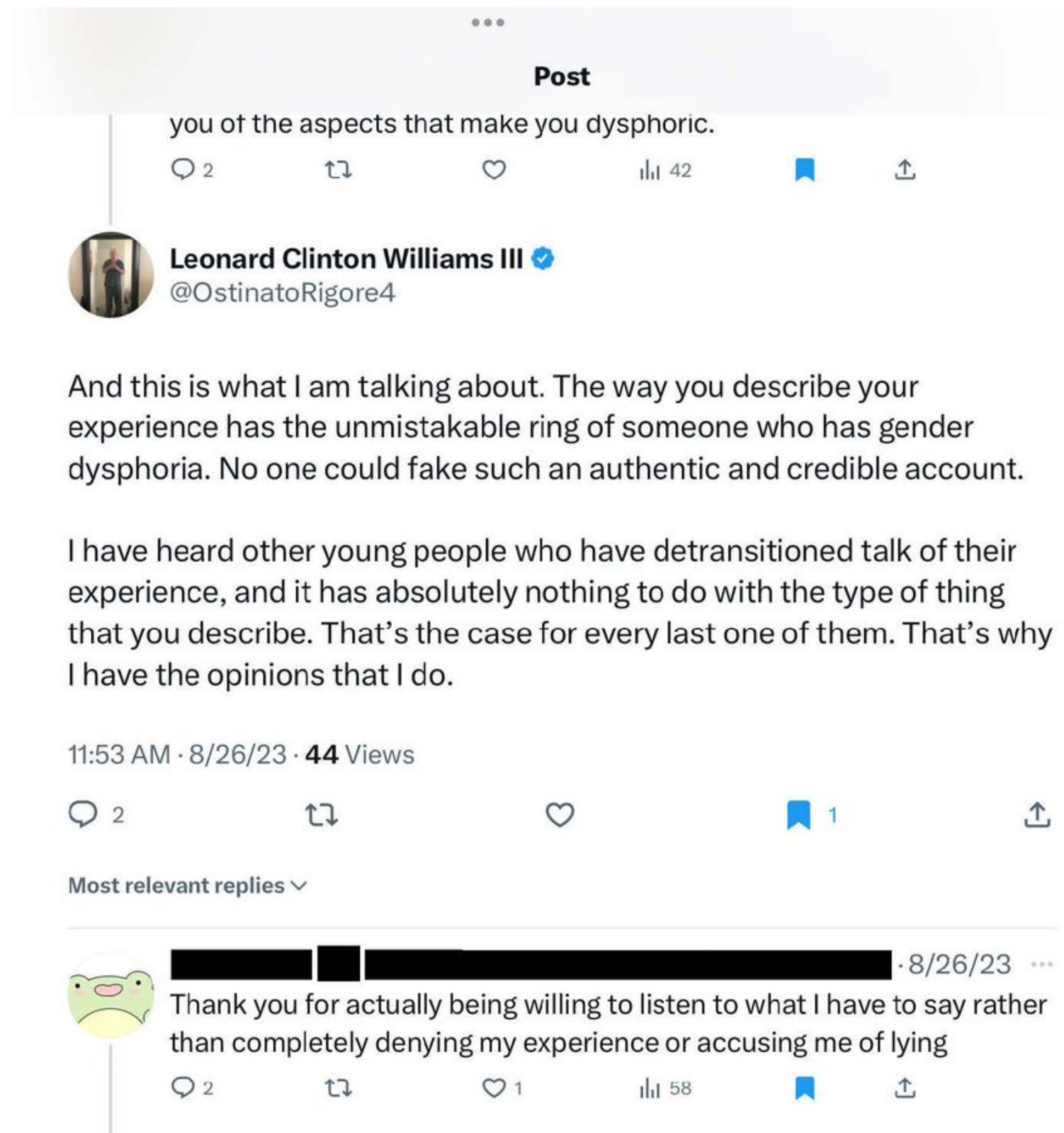


image 28



Outcome of Pivotal Development #2

Some Things Just Can't Be True

The second pivotal event wasn't really pivotal, as nothing changed as a result, but it sticks out in my mind because this was one of the first times that someone directly challenged one of the assumptions of my model with evidence.

The idea of someone who had neurological gender dysphoria and was cured or "relieved" by puberty was totally from another universe. If such a person actually existed, I would be totally without an explanation, and it would seem like the gears of the universe going in reverse or something.

For sure, if they did exist, I would be all over it, trying to find out everything I can about the person. There was no way that my picture was that incomplete. I had to have missed some element, in that instance, but I wasn't even going to consider it for more than 3 seconds it until I saw it in real life. Still yet, I had not yet even talked to more than one gender dysphoria patient, and my lack of exposure to a broad range of examples, to vet my model, had me in a mood to hedge my bets to some degree.

Responding to the Challenge

Being conservative, I responded to this woman’s claim that, not just a few, but *most*, as in a majority, of cases of gender dysphoria are relieved by puberty with this:

“There are extremely few cases of gender dysphoria where the person is relieved by going through puberty. This is at least for the condition as it has been historically understood. I’d have to look up the percentages, but my best estimate is dead zero and I’d be surprised to find hard evidence of anything above that.”

I truthfully had never checked to see how the condition had been historically understood, but I assumed that it was consistent with my model. My model felt, to me, like the “right” way to do things. It is how you are supposed to identify cases of gender dysphoria, and I assumed that the people in the past had used something similar. This seemed consistent with the affirmation model Drew Pinsky described, which lined up with my model very well.

Now We've Got Two of 'Em...Actually Make That Three

Another Twitter user replied to me that 80% of gender dysphoria cases are resolved by puberty, according to studies. I asked that Twitter user for a source for her claim.

In response to that request, a third Twitter user jumped into the conversation, and linked a research article that he said substantiated the claim that 80% of gender dysphoria cases are relieved by going through puberty. I was very eager to fact check this claim. I had a certainty that when you unpack the research and the data it is based on, it will not contradict my model at all.

I've Done This One Before

I am familiar with the experience in which someone makes a claim contrary to what I have said, supports it with “evidence,” and then when I unpack the evidence, I am shown to be right. When you have statistics, you have the numbers; then you have the story behind the numbers, and most people do not bother with the story. I was extremely confident that I would be vetted as right.

His link was bookmarked to a quote, within that research article, that stated the following:

“Evidence from the 10 available prospective follow-up studies from childhood to adolescence (reviewed in the study by Ristori and Steensma²⁸) indicates that for ~80% of children who meet the criteria for GDC, the GD recedes with puberty.”

Finding The Story Behind The Numbers

My first task was to track down the study being referenced in item 28, that reviewed 10 studies, and I believe that I may have also googled this claim about 80% desistance. I ended up on a study from 2018, in which one of the authors of the studies the 80% desistance rate was based on had clarified that their study could not be used to measure desistance rates. Then I also looked at the study referenced in item 28, which was from 2016, and a related study from 2013, both of which covered desistance and persistence, and there was nothing to be found in them that contradicted my model.

These "Dysphoric" Adolescents Aren't The Matter at Hand

These were not groups of children who had been selected on criteria that included a naturally occurring, early onset conviction of being the sex opposite their body, in which the person thinks in terms of “I am,” that is accompanied by evidence an automatic, unconscious process that causes a conscious experience of torturing dysphoria. It was a mixture of all sorts of kids, that were not selected based on any one of the above. Most of the boys knew they were boys; most of the girls knew they were girls. Their “dysphoria” was over a variety of things, none of which directly addressed the type of ceaseless, unconscious process that I look for.

Naysayers Find Themselves Hoisted Upon Their Own Petard (in other words, telling me that I'm wrong proved that I am right)

The researchers *did*, however, have one very significant discovery. They found that children who believed that they *are* the “other” sex persisted, while the children who *wished* to be the other sex desisted. The way it was worded made it sound like persisting was a universal feature of the kids who believed that they *are* the other sex. The research he linked, and the research that it was based on, did not discredit my model, they confirmed it. The evidence against my claims was evidence for my claims.

The Researchers Need to Catch Up

I typed up a set of responses to the person who had posted the research, and I was also struck by how these researchers didn’t seem to understand this condition as well as I do. They seemed to have *discovered* that the children who persist will be the ones who think in terms of “I am,” rather than to have *anticipated* it. They also didn’t seem to understand how this key piece of the puzzle fits in with a broader biological phenomenon. I didn’t realize it at the time, but these were researchers at the famed Amsterdam clinic, the clinic that had developed the Dutch Protocol.

Images from Pivotal Development #2

image 29

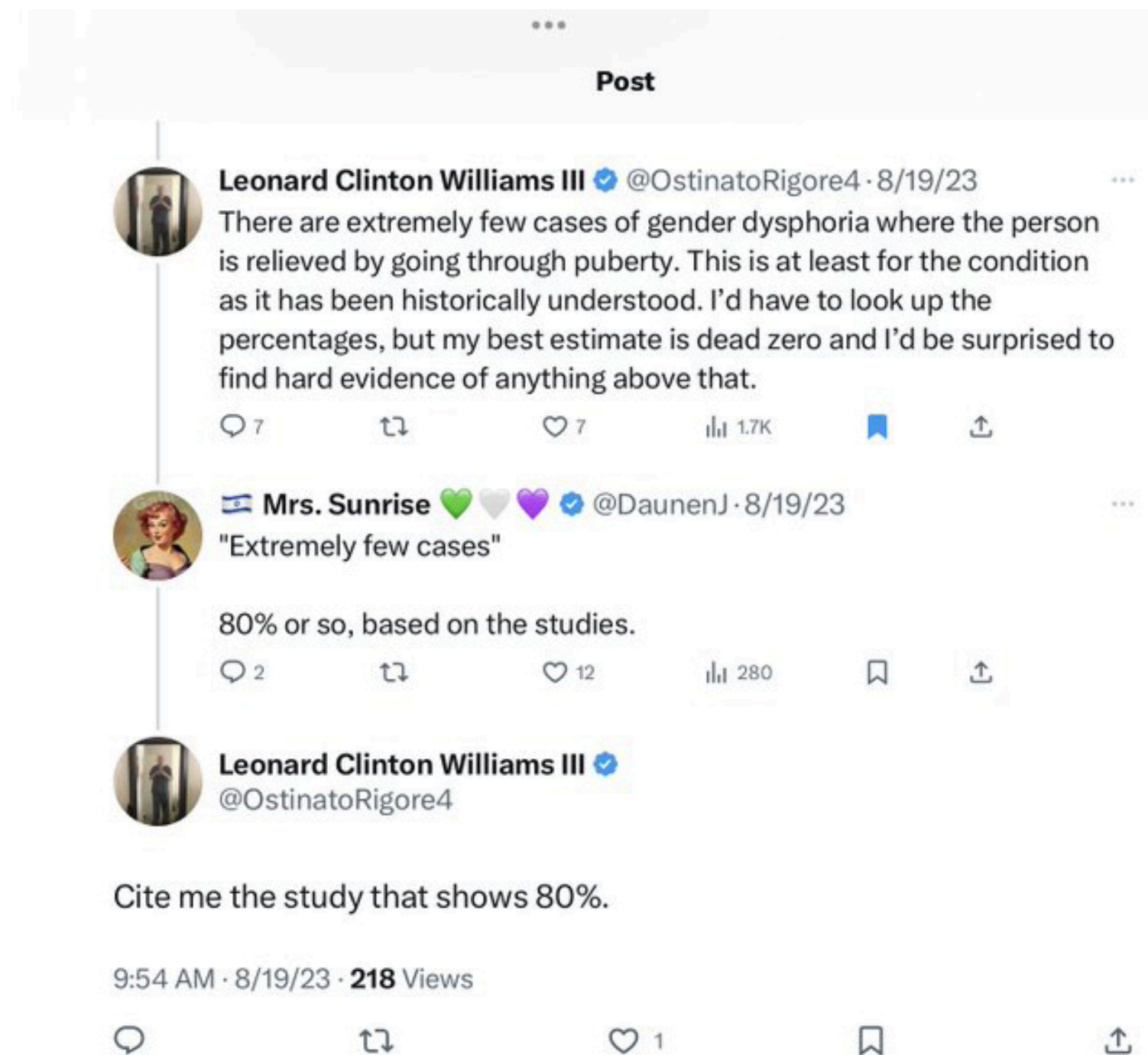



image 30



Temerity Drax

@DraxTemerity

Post

Follow

Hi, here's a reference to 10 such studies in a publication by the NLM with an internal link to the review by Ristori and Steensma tinyurl.com/3tyn8dw5


10:08 AM · 8/19/23 · 468 Views

1

1

4

2



Leonard Clinton Williams III

✓ @OstinatoRigore4 · 8/19/23

That one took some fact checking. You linked a study which cited a review of 10 studies, which concluded that the desistance rate was ~ 80%. The authors of the review later issued a clarification that the goal of the study was not to determine desistance rates, and thus should not be used for that purpose. For the purposes of their study, a child who didn't respond to the request to participate in the follow-up was labeled as a desister. They also have the qualification that the children included may only be "gender variant."

tandfonline.com/doi/epdf/10.10...

In this article, the authors state that the studies they conducted cannot be used to support an 80% desistance estimation. The 80% figure appears to come from 2 prior studies, not the one that is referenced in the study you linked.

1

3

2

706

image 31



...

Post

If you read the study where this data comes from, where a large percentage of childhood onset cases are resolved after puberty, the children who desist are the ones who describe their dysphoria as resulting from “wishing” to be the other gender. The children whose dysphoria persists are those who “felt that they were the other gender.”

I interpret the latter as “children with a gender identity of the opposite gender.” In other words, these are the children who have an innate sense that they are the opposite gender.

These two groups of children, those who feel that they *wish* and those who feel that they *are*, appear to be experiencing two separate and fundamentally different phenomena. It seems to me that it is a mistake to group these together, for purposes of research or treatment.

The children with an innate identity, and a related psychological conviction that they are the opposite sex/gender, appear to have these as a result of an enduring condition of being.

12:45 AM · 9/5/23 · **102** Views

💬 2



❤️ 2

🔖 1



Most relevant replies ▾

This comment may belong in another section. I use this term "innate identity" and "innate sense," whereas the researchers did not. I am really referencing my model, which you can see in my description of how an "innate identity" creates a conviction of being the "opposite" sex.

image 32



Leonard Clinton Williams III ✓
@OstinatoRigore4

I found the study being referenced. The authors of the study you linked didn't even quote the correct figure. This study found desistance rates of 87%. So they quoted an earlier study by the same author.

zero.sci-hub.se/4841/991744141...

Note the very interesting and relevant distinction referenced in this study:

“the persisters explicitly indicated that they felt they were the ‘other’ sex and the desisters indicated that they only wished they were the ‘other’ sex.”

This is the distinction that I have repeatedly made- people with gender dysphoria of the type I reference believe they are the other sex. This is completely different than *wishing* you are the other sex. This was part of the data that they got from one study in the review, which had quite a large sample. The way it is worded makes it appear as if this belief that one is the opposition sex was a universal feature of persisters and a nonexistent feature among the desisters. It is consistent with everything that I have said, and supports my 0% estimated desistance rate for children with the type of gender dysphoria that I speak about.

11:50 AM · 8/19/23 · 180 Views

This is my actual response to the person. This one and image 30. Image 32 (above) is from later. I tell him that the paper that is supposed to disprove my claim actually vets my estimated 0% desistance rate.

Outcome of Pivotal Development #3

Now We're Getting Somewhere

In the third pivotal development, my Q & A session with a young trans man, I made tremendous progress in vetting my model. I was able to ask detailed questions about every aspect of it that someone could verify. Obviously, no one is going to be able to verify if their core gender identity is housed in their most primitive brain structures, but things like early onset, thinking in terms of “I am,” and a detailed inquiry about the nature of how the dysphoria works were doable. Here was a chance for me to know if I've got it right, and I also wanted to ask some new questions that I had.

Interlude – A Strangely Credible Account of Being Cured

I had come across a young woman who described an unmistakable account of having the type of gender dysphoria that my model is based on, and who claimed to have been cured. The account she gave of her cure was extremely interesting, but there was something else that caught my attention.

She described having a sensation of a phantom male pubic region, from the time she was a very small child. By phantom, I mean that she felt like she had this body part, but it obviously was not there. I thought to myself that this sounded like her brain had a sense of the body that was supposed to be there, and being a female with gender dysphoria, her brain “thinks” that her body should be a male body. This was very intriguing, and I mentally filed this idea for later use.

To this day, I wonder if her account of gender dysphoria was somehow influenced by someone in the know. That would be the only way an otherwise layperson woman could describe such a credible account. Her claim to have been cured is a radical claim, as if this therapy modality that she received is a cure, it would have the potential to revolutionize a niche in medicine.

No One but a Real Expert Could Make This Up

The modality she described was not talk therapy; it involved a photographer who had her do exercises with artistic photographs he made of her. It also came across as extremely credible. It had the same quality, of being impossible to fake without the aid or influence of someone who has a lot of technical expertise. It also made a lot of sense in terms of my model. I put it on my todo list, to get some money to pay this woman for a detailed interview. I hoped her therapist would also be reachable in some way.

Some months after I came across this, I met a dysphoric person who was looking for an alternative treatment for dysphoria. She had made friends with some gender critical people who had encouraged her to detransition. I told her that the treatment this woman received, which had such extreme credibility, would be like me taking a walk into the wilderness and happening upon a unicorn. I hoped to do an interview with this woman and then possibly work with a therapist to design a protocol to test it. I would need a dysphoric person to be a test subject. I have still not done any of the items on my agenda for this “dysphoria cure,” as of the present.

Down a Sideroad About Neural Maps

Sometime subsequent to seeing this cured dysphoric female’s web article, I was listening to a podcast by a Twitter/YouTube account with the username The Thinking Atheist. It was about the issues surrounding trans people, and it had some trans people as participants in the discussion. One of the trans people, while speaking about the controversy over bathrooms, said “we just want to pee” and, as she was talking about this said that “people don’t understand neural maps.”

I didn’t fully understand what this trans person was saying. What could a “neural map” have to do with being a dysphoric person? The idea wasn’t absurd, that a dysphoric person would have a “neural map,” though I wasn’t completely sure what was meant by this. It was just that this trans person made reference to this neural map as if it were the central and defining feature of being a dysphoric person.

To me, it didn’t sound central, but more like some kind of related feature. I would have expected a well-versed person to say something like “people don’t understand what it’s like to have a neurologically based sex identity, that is the opposite of your phenotypical sex.” I didn’t expect it in exactly those words, as that was my proprietary way of describing it, but I expected that basic idea to be the centerpiece for any expert.

It All Seems to Fit Together – Let Me Ask Someone

That aside, I made a connection between this cured dysphoric female seeming to have a sense of the body that was supposed to be there and this concept of a neural map. All of this also seemed connected to this thing the older trans man had told me, that he expected to grow a penis when he was a child. I would eventually read, in the medical literature, that this expectation was common among dysphoric people born with female physiology. I could run this idea by my new trans man interview subject.

Another thing, that I wasn't fully sure of, is what effect hormones have on dysphoria. I knew that they reduced dysphoria, but I didn't fully understand how. It was obvious to me that feminizing or masculinizing the person's body and voice will reduce dysphoria, but it seemed possible that some biochemical phenomenon was involved. I would waver back and forth on this when I thought about it. I mostly fell on the side that there was most likely no biochemical phenomenon involved, but I never had a certainty about this. To make a final verdict, I would need more information. My interview with my new trans man would also be an opportunity to find out more about this.

My Q & A Session With a Trans Man

The outcome of interview with my new trans man was that my model was vetted on every major line item. He confirmed the aspects of early onset, thinking in terms of “I am,” the dysphoria being ceaseless and automatic, the dysphoria being an experience of torture, and being a prisoner of the dysphoria. He also said that my description of what dysphoria felt like resonated with him, particularly the aspect that resembled a set of fingernails screeching down a chalkboard.

He said that he did believe there was some biochemical phenomenon involved in cross sex hormone therapy. He also said that when he had to take same sex hormones as a child, for PCOS, his dysphoria immediately became extremely intense and persistent. In reference to his brain having a sense of the body that should be there, he said that this was so acute in his case, that he would often forget that he doesn't actually have a penis.

Behold – Another Piece of The Puzzle

Then he gave me another element of gender dysphoria. He said that when he looked in the mirror, he felt as if he was looking at a stranger. This was before he began taking testosterone. Following taking testosterone, he says he began to feel a sense of familiarity with the person in the mirror.

The new elements he gave about same sex hormones and the lack of familiarity with the person he saw in the mirror gave me something to work on. This is raw material that I could use to flesh out my model. That he had PCOS caused a lightbulb to light up in my mind. This is a disorder that causes female bodied people to produce testosterone. I had a hunch that there would be a correlation between this condition and gender dysphoria.

Belief, Unbelief, and a Potential Causal Mechanism

Shortly after developing my model, I had seriously questioned the idea on Drew Pinsky's website, that gender identity is established during the sexual differentiation of the brain. I had seen trans women who displayed stereotypical aggressive male behavior. These trans women seemed to have masculinized brains, not feminized brains. It didn't exactly add up, how a female gender identity could be established in a masculinized brain.

After some thought, I did think it had something to do with the sexual differentiation of the brain; I just thought that it must be some separate or independent part, that somehow had a different process. The sexual differentiation of the brain is all about hormone exposure or the lack thereof, and the question to be answered is “how did this person come to have an atypical hormonal environment, at some critical juncture prenatally.”

Fact Checking My New Hypothesis With ChatGPT

A genetic female fetus that produces testosterone seemed like a very likely answer, that would account for a lot of gender dysphoria cases. I asked ChatGPT about this, and ChatGPT confirmed that many genetic females who have gender dysphoria also have PCOS. I later hypothesized that the person having PCOS would be a pretty good indication that his or her mother had it, and this would also explain how androgens get into the prenatal environment.

Images from Pivotal Development #2

image 33

Here is question 1. This is my hypothesis on what the experience of dysphoria is like. Does this resonate with you at all? It is from a reply I left:

When you say “my mind never really stops” that is in line with how I understand this condition. The way it seems to me is that there is this process that is going on in the background, that is unconscious. This process is what produces the conscious experience of dysphoria. It is like a never ceasing brain activity, and you never get a vacation. It is going full force at breakfast. It comes to work with you. If you suddenly wake up at 2:15 am, it is right there waiting for you. This type of thing.

What I picture is that in every cycle of this processing, anything and everything that conflicts with your innate sex/gender identity triggers dysphoria. It’s like there is cycle after cycle of this brain activity going on, underneath the hood, and on each cycle, it will trigger dysphoria with a level of intensity that is commensurate to the quality and quantity of sensory inputs that conflict with your innate identity.

Does this resonate with you at all? The way I picture it, someone who has this condition would be likely to have a feel for this process, even though it is unconscious. It is something that you negotiate with every day. It’s like you get used to it; you know that it’s there, and you become a prisoner of this thing that I describe, where you can never escape it, where it’s always waiting for you.

This is primarily based on my intuition, and I’d be curious how much it resonates with people who have this condition.

Sep 8, 2023, 8:49 PM

And we might get to 150 to 300 questions

Sep 8, 2023, 8:51 PM

Here I explain to him the underlying process of dysphoria (according to my perceptions of how it works). He gets a tiny bit confused and thinks that I am saying that his dysphoria is cyclical. What I am actually doing is making an analogy of how brain activity works. I am explaining to him that brain activity is cyclical.

image 34

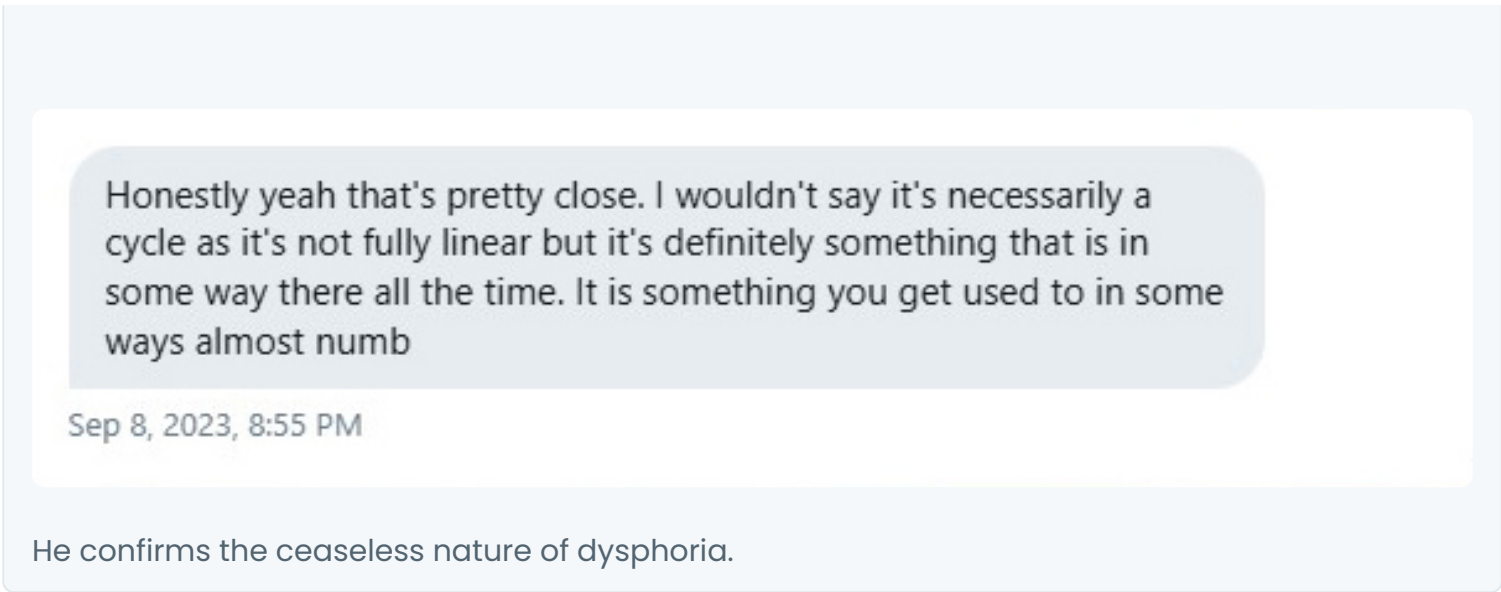
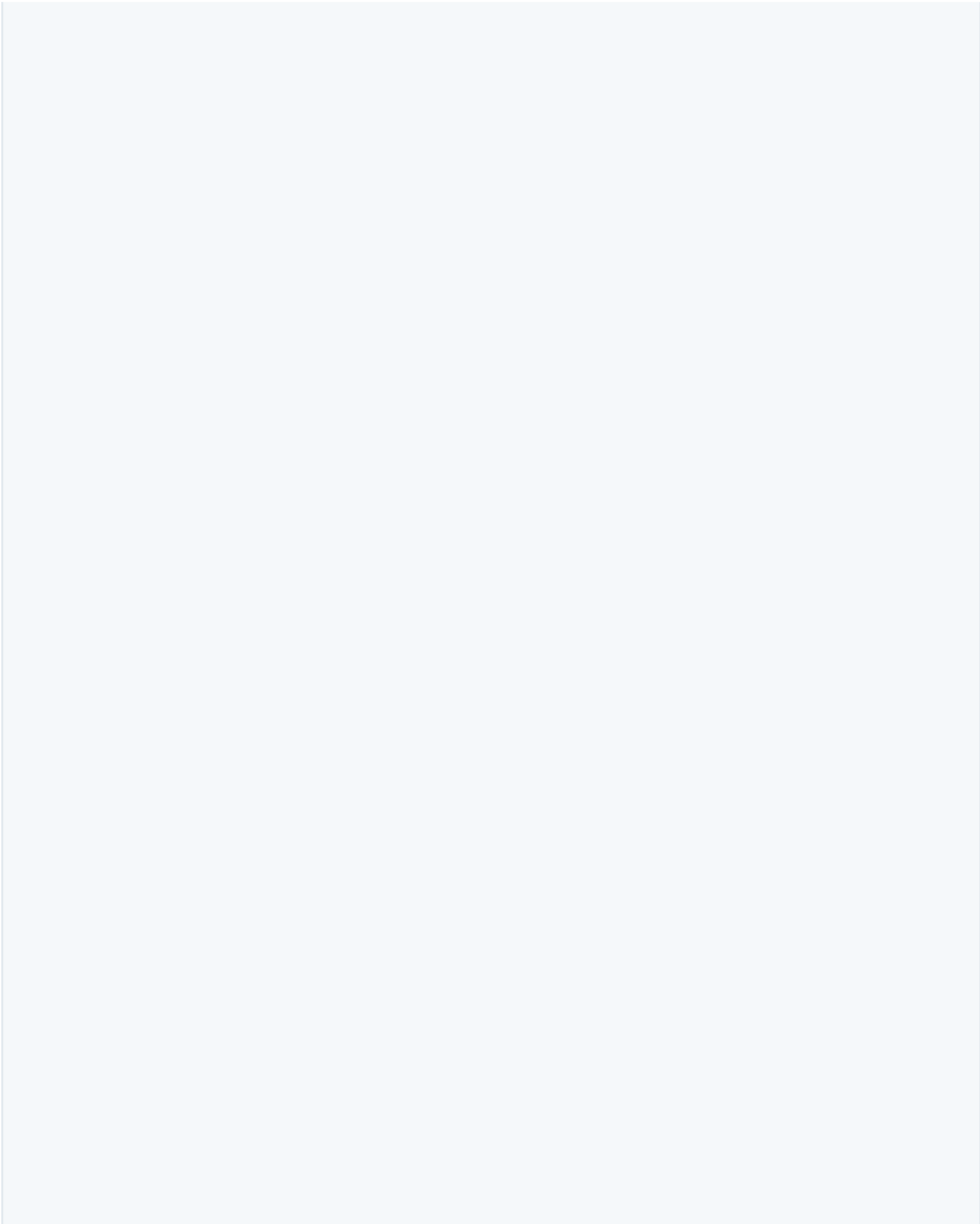


image 35



When I say cycle, I am using an analogy with computers. Computers do processing in cycles. I am not saying that your experience is a cycle. I'm saying that your brain has a process that is endlessly going. It goes from step a, to step b, to c, and so on. Whatever the task you are doing, or if you're just resting, your brain is executing a series of steps to do what it does. I am using the analogy of a cycle to describe each iteration of brain activity.

The way that I picture this is that all day long, your brain is working, it just goes on automatically, without you willing it to do anything. In other words, you don't have to use any effort to make your brain do work, it just does. The largest part of your brain activity is completely unconscious. Sometimes you will your brain to do stuff. You might take a walk, and in that case, your brain would be put to work as a result of something that you consciously initiated. But otherwise, even when you are doing nothing, like say laying on your couch and looking at the ceiling, your brain is hard at work.

So to make an oversimplified example, say that your brain repeats a process of 10 sequential steps. It does step 1, then step 2, then step 3, and so on. In the analogy that I am making, each iteration of going through all 10 steps is a cycle. It goes through those steps over and over, at a very fast pace.

And so there is cycle after cycle of this processing, and on each cycle, there is a potential for a glitch. That potential is sensory inputs that conflict with your gender identity. So for you, the way to have peace, is to dodge and to avoid anything and everything that conflicts with your identity. Otherwise on each cycle, you hit a glitch, and that glitch triggers an automatic feeling of dysphoria. The more information that exists that conflicts with your identity, as of that cycle, the more intense your feeling of dysphoria will be. When I say qualitative, I mean the level to which the sensory input blatantly conflicts with your identity. The more the sensory input can "pass" as being compatible with your identity, the less potential it has to cause dysphoria and the less intense the dysphoria will be. The more it blatantly cannot pass, the more intense the dysphoria it causes will be. That's qualitative. The quantity just means the number of conflicting inputs. So if your voice conflicts and you say something, and at the same time, someone references you as the opposite of your identity, that would be a quantity of 2 inputs for that cycle.

Does this make sense and does it resonate with you? Is there any part where I am off?

Sep 8, 2023, 9:14 PM

I clarify what I mean, when I say that it goes in cycles. I explain, in detail, my analogy and how this relates to the underlying biology of dysphoria.

image 36

Yeah. It definitely resonates. It is possible to block the dysphoria with distractions and sometimes things physically blocking it such as packers or binders or being unable to see the trigger. Sometimes if you get enough of another stress you can also override the dysphoria but that tends to lead to a meltdown

Sep 8, 2023, 9:29 PM

He says it resonates and confirms other aspects of my intuitions about how this works. See my description of "flow" states and how they relate to gender dysphoria. They are covered earlier in this article.

image 37

Yes, that's what I mean by you never get a vacation and it is always there waiting on you. This underlying process that triggers feelings of dysphoria. It's like where you go, it goes. If you get up at 4 am, it's right there waiting for you, the instant you wake up. It's like your condition never says "you get a break this week. You can take in all the sensory input you want, and there will be no dysphoria." Instead, it is merciless and relentless and you are its prisoner.

Sep 8, 2023, 9:41 PM

The reason that you have this feeling of noise that you get kind of numb to, is that there is almost always some minuscule information in your mind/body/environment that conflicts with your identity. That's how I picture it. It's like it's this continuous unease that is less intense but very distressing and distracting. It's like you have a sense that something isn't right running in the background. Then, from time to time, you get input that intensely and blatantly conflicts with your identity, and you get struck with intense and hellish dysphoria

Sep 8, 2023, 9:44 PM

Yeah that is exactly it. Even if it's not intense there's the constant feeling that something is wrong or if you do get the smallest of breaks there's always the looming threat of it triggering. It genuinely is like being in a prison. If you get a break you know that one false step and it's over.

Sep 8, 2023, 9:45 PM

Here I tell him my idea that the experience is one of being a prisoner of the dysphoria. He responds that this is exactly how it works.

image 38

Here's another question- hormones reduce dysphoria. Is this entirely due to their masculinizing/feminizing effects on your body, voice, etc. or is there some kind of biochemical thing that happens?

In other words, I understand this mainly in terms of sensory inputs and their interaction with the brain (which is where your gender identity has its basis). It doesn't seem too likely to me that there is any kind of chemical imbalance or any sort of thing along those lines that can be cured with hormones, but I leave open the possibility and am somewhat unsure

Sep 8, 2023, 9:51 PM

We're at an hour. I owe you \$25 thus far, if that works for you. Your budget of 300 questions will have us doing this for 2 months. It was a good idea but will actually kind of cheat you. I will pay you once we are completely done. That will save you on transaction fees.

Sep 8, 2023, 9:53 PM

It's a little bit of all of it. A lot of it definitely comes from the masculinization changes and voice changes but I do think some comes from a biochemical reaction. It is hard to tell if it's changing how my anti-depressants work or if it's the actual hormones. However I do know that when I was put on estrogen it made it 1000% worse sooo take that how you will

Here is one place that I was (sort of) wrong on. I hedged my bets, in the beginning, about the possibility that there were benefits of cross sex hormones outside of cosmetic changes, or changes within the body that the brain could somehow sense. I was on the fence though. I didn't get off the fence and take a hard stance until later, when I saw that for sure something is going on with hormone therapy.

image 39

Or you might have put it as you "feel like you are a boy"

Sep 10, 2023, 5:47 PM

Yes but not in the traditional way. At the time I didn't have any knowledge of trans being a thing when I first recognized my dysphoria which was around 11. I thought maybe I had been born intersex and was just wrongly raised as a girl. At 13 when I found out trans men existed that was when all my feelings clicked.

I was raised in a small town and all my behaviors and feelings were always written off as me being a tomboy.

Sep 10, 2023, 5:48 PM

People sometimes have a hard time of making sense of it as children. He thought he was intersex because he'd never heard of a trans man.

image 40

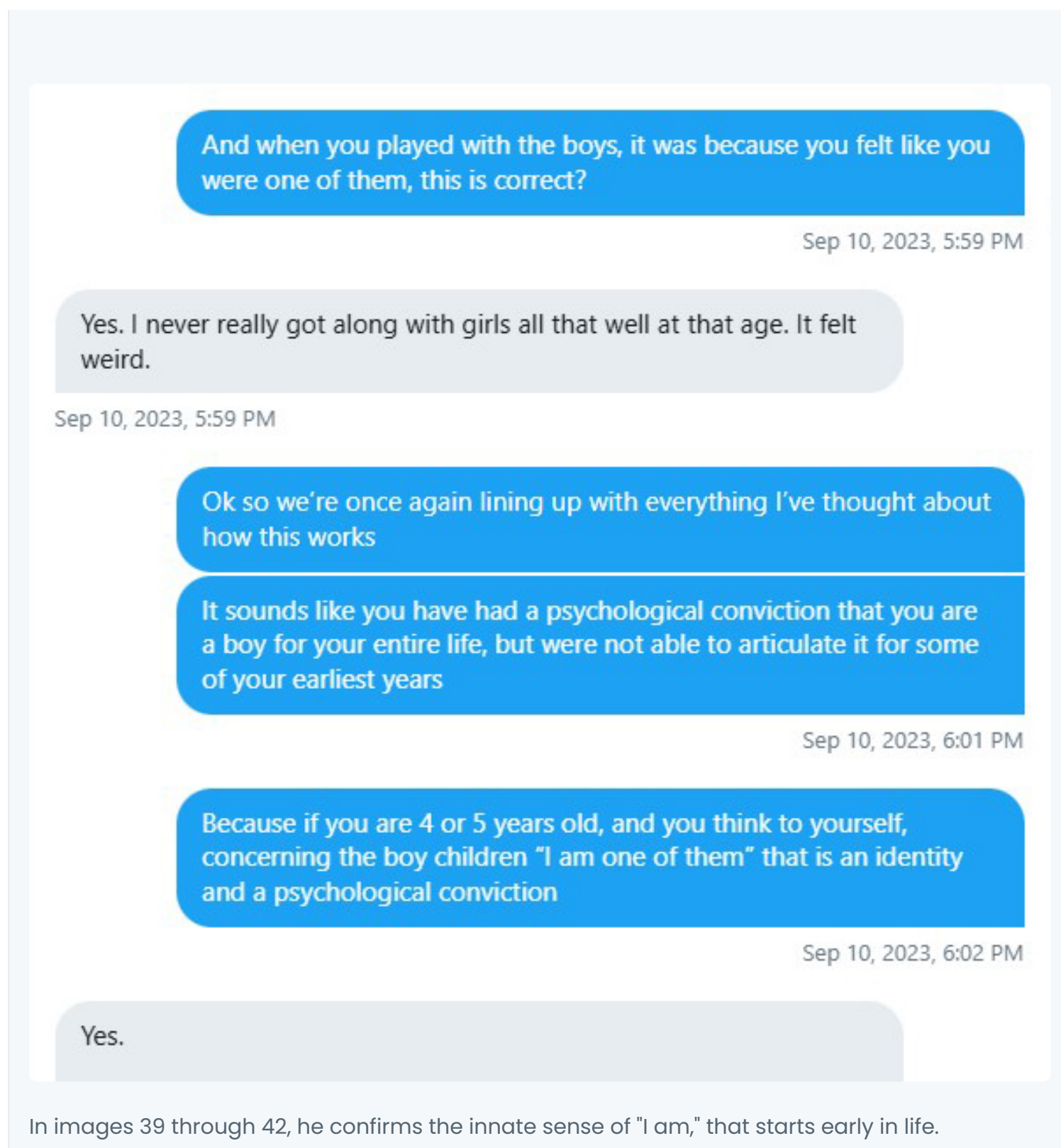


image 41

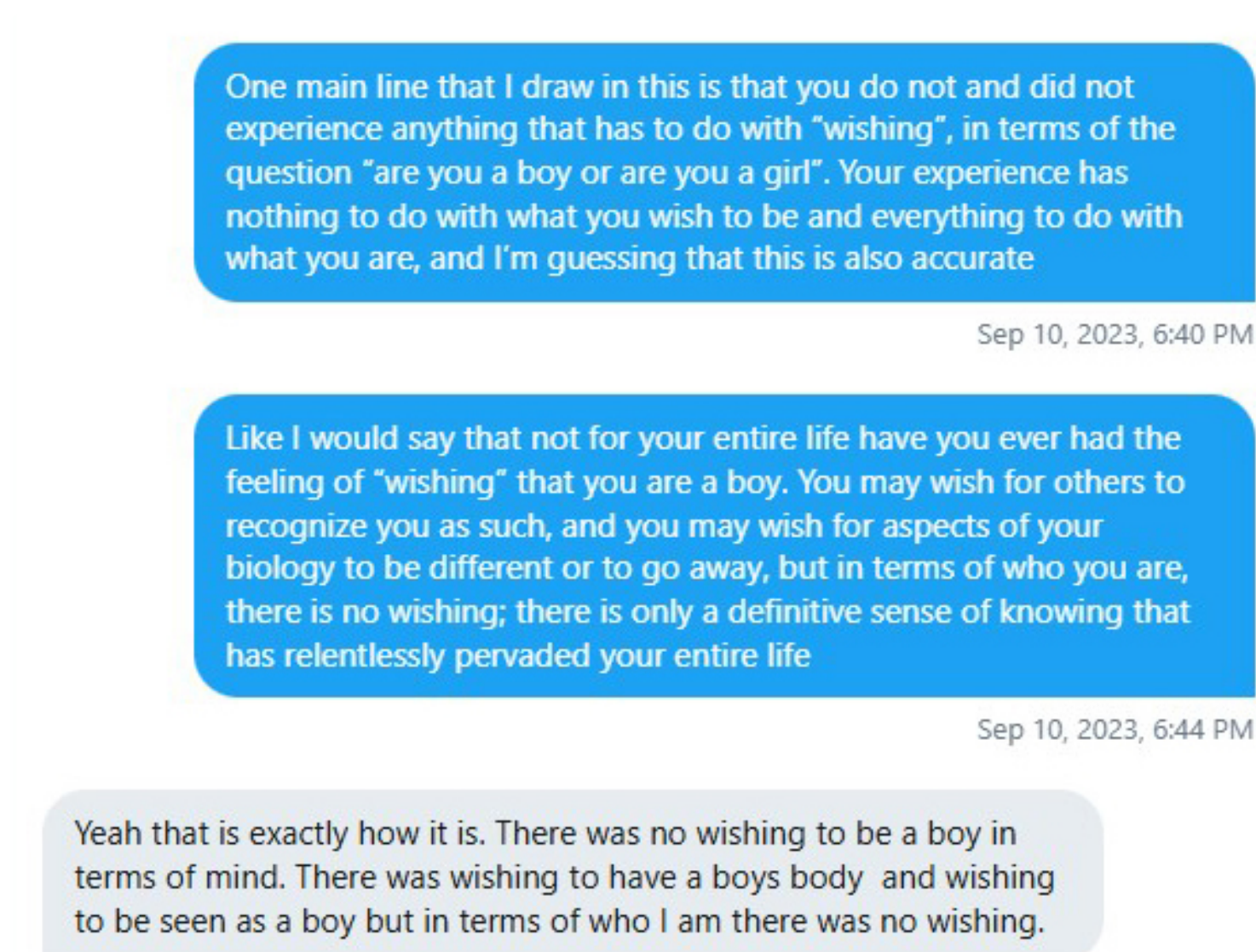


image 42

Sep 10, 2023, 7:28 PM

Like when you are a small child, you are a boy. You identify with them and as one of them. At a fundamental level, you are expecting to develop as one of them. You have an automatic assumption that your experiences in life will mirror theirs, as you grow up.

Then what happens is reality betrays this expectation and it is a horrifying reality that you just cannot consent to

Sep 10, 2023, 7:31 PM

That is definitely the case. While the physical features cause distress there is also that sudden betrayal of reality that adds to it. Especially since those developments also lead to a very sudden change in how you get treated.

Sep 10, 2023, 7:34 PM

and I'm telling you my friend, my heart breaks for you and for the others who experience this

Sep 10, 2023, 7:34 PM

Thank you for your sympathy. You have been one of the only people who have had a genuine interest in an actual conversion and actually listening to what trans people have to say about our experiences.

Sep 10, 2023, 7:35 PM

image 43



I've got one more set of questions for you. Part of your thing is that you were born or that you have "the wrong body" in terms of your biology not matching your identity.

Before you got treatment, when you looked in the mirror, did you ever have some sense of the body that "should" be there, in place of the one that is there.

Then the next question, related to the same, did you ever have a sense, like a physical sensation type of thing, or like aura of the body that "should" be there. Like could you sort of feel or sense another body that you didn't actually have, like it was real, even though it wasn't there. Like maybe you had a sense of it where you could have tried to relate to others the shape and or contour if of it.

If the answer to the above question is yes, this body that you sensed that "should" be there, was it a complete body, or was it just your sex characteristics, like maybe you could sense sex characteristics that were different than yours, but the rest of your body matched what "should" be there

Sep 11, 2023, 6:31 PM

I was completely detached from my reflection for the most part. I had a sense that things were missing or shouldn't be there when I looked at my body but anytime I looked in the mirror it felt like I was looking at a picture of someone else rather than a reflection of myself.

Yes. I definitely have had moments of actually forgetting I don't have a penis. Mostly when half asleep. it is always very disappointing.

Sep 11, 2023, 6:42 PM

Here I query him about the concept of a neural map and an "aura" of the body that should be there. I learned about this from a podcast and the cured dysphoric female's blog article.

image 44

I see. So your experience would not be consistent with having a "map" of your body that was somehow imprinted in your neurology? Or maybe it would

And now, after treatment, this is largely resolved? You feel connected to your body when you look in the mirror?

Sep 11, 2023, 6:44 PM

Yes. I can actually look in the mirror now. It's wild. It also helps that my face is very different from how it was pre-t. I'm also finally able to imagine myself living past the age of 25. Before I couldn't even imagine living to be 21

Sep 11, 2023, 6:46 PM

I specifically bring up the "map" of the body. I had not thought of this in detail, as of this point in

image 45

Yeah that's another question, this experience of dysphoria that you had over your voice and other things, on a scale of 1 to 1,000,000, how bad was it? I'm talking about the spikes that would hit you when you were triggered, not the Persistent unease that runs in the background most of the time

Sep 11, 2023, 6:48 PM

And this thing where you didn't want to live, this is because of the dysphoria, I would imagine. By this I mean the actual experience of dysphoria that is so unpleasant. But I think it is also a reaction to the dysphoria.

Like I would imagine this dysphoria being so crippling, that you felt like you would never have anything life, like you can't read a book in peace, you can't go shopping, you can't do anything that most people do, and so it's like what's the point. Does that sound accurate?

Sep 11, 2023, 6:51 PM

Voice 800,000,000
Face 900,000,000
Breast 1,000,000,000
Genitals 50,000,000
Hand writing (yes it's weird but I can't explain it) 6,000
Name/pronouns 1,000,000,000
There's probably a few random things I'm forgetting but those are the ones off the top of my head. I'm multitasking with uni work

Sep 11, 2023, 6:51 PM

That's part of it. There was also just the fact that I got so detached from my images and life that I just could not imagine my future. I can't even look back on my few memories left of my childhood without basically seeing them in third person

Sep 11, 2023, 6:53 PM

I think this qualifies as torture. On an intensity scale of 1 to 1,000,000 he rates having breasts at level 1 billion. This is the hell that punctuates the torment, that these people live 86,400 seconds per day. On most days, they never miss one second out of the entire 86,400, except possibly when they sleep.

image 46

I am of the opinion that I understand certain fundamentals about this Medical condition in a way that possibly not one single person other than me does. I think that I understand distinctions that researchers at Harvard and Yale do not

This:

But to continue, for people like you, I picture the dysphoria as being a cross between complete despair, the psychological equivalent of a kidney stone, and a big set of finger nails screeching down a chalkboard with such a deafening intensity that you feel it, unbearably, in every fiber of your being.

Sep 26, 2023, 4:06 PM

Yeah it does. Having had kidney stones yeah honestly a little worse.

Sep 26, 2023, 4:07 PM

Does that sound anything like how you would describe dysphoria? The things you rated as being uncomfortable at a level of 9 billion on a scale of 1,000,000

Sep 26, 2023, 4:07 PM

Yes

Sep 26, 2023, 4:08 PM

If you have ever had kidney stones, you can get a sense of the torment these people deal with here. Neurological gender dysphoria is **worse** in his books. (if you're a woman, kidney stones hurt worse than childbirth, if that gives you an idea).

image 47

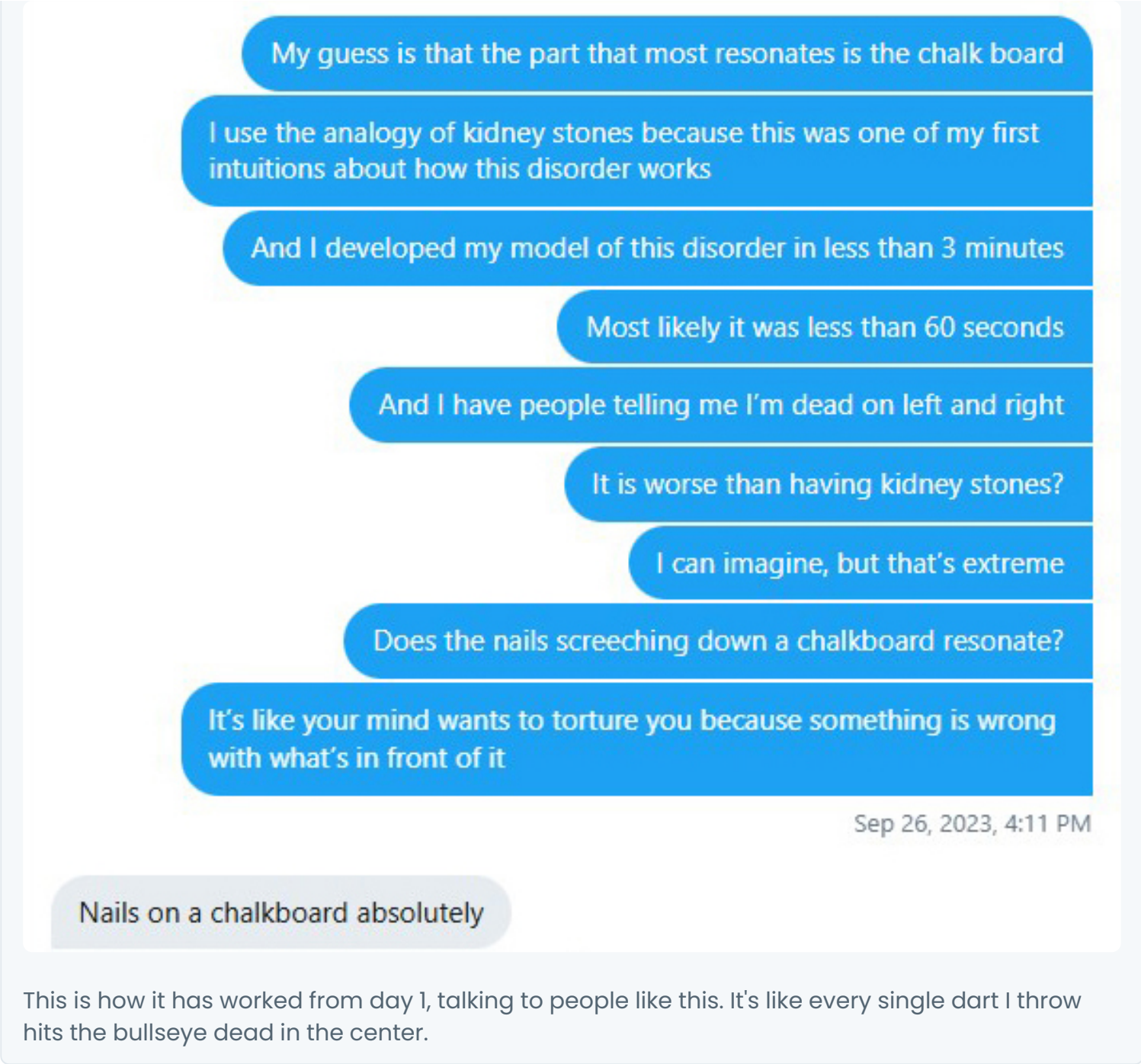


image 48



Oh you're fine

My theory on this, which seems to be absolutely reality

Is that there is a universal sex identity in human beings

Meaning every human being has a neurologically based identity as a male or a female

It is something that evolved

Sep 26, 2023, 4:43 PM

There definitely is. Most people just don't seem to recognize that they have one because they don't have to think about it due to it lining up with their biological sex

Sep 26, 2023, 4:43 PM

And almost certainly every single mammal has one

Quite possibly reptiles and birds too

Sep 26, 2023, 4:44 PM

I'd say at the very least all ape and ape relatives have one.

Sep 26, 2023, 4:44 PM

In images 48 through 51, I tell him about my theory.

image 49

It is evolved and it is brain structures that are not affected by the outside environment

My guess is that you think this because we are of the ape genus

If you think of it in evolutionary terms, it seems to obviously be something that first arose in very simple creatures

In our lineage

Sep 26, 2023, 4:45 PM

That and the fact that primates primarily apes have a very clear society in their groups based on sex

Sep 26, 2023, 4:45 PM

image 50

And that would mean that all mammals have it

Yes

You are along my lines

And it is related to how intelligent the creature is

But is inversely so, for the most part

Humans and other apes have big brains

If we were all that is, there would be no need for this

We have the cognitive capacity to figure out our sex

But simpler creatures

If they need to know their sex for any reason

To survive or to reproduce

The only way they will know is if they know out of the box

If it is hardwired as a brain structure that requires no cognition

That's the main reason it evolved

This sense you have that you are a male, which is identical to the sense that I have, it is produced by your brain

image 51

There is a structure in your brain and it mine

Sep 26, 2023, 4:50 PM

That grows and fully develops very early in life. It's part of the most basic hardware. You did not learn your sense of being a male. You did not acquire it through looking at the world and comparing yourself to it.

Your sense of being a male grew inside your brain. Sex/gender identity grows. Very early in life, you had an increasingly crisp sense that you are a male. That sense is the direct product of your brain growing. Your sense comes into focus and becomes more crisp at a 1:1 ratio with this part of your brain growing. That's how it works.

And in saying that others don't know because their biology lines up, you again think just like I do. A fish swimming in the water has a conviction that he needs water, but a fish who has been taken out of the water has a conviction that he needs water that is on a whole other level.

Sep 26, 2023, 4:55 PM

Exactly.

Sep 26, 2023, 5:03 PM

And the dysphoria is a biological alarm bell

Or alarm signal. However you want to describe it

Sep 26, 2023, 5:19 PM

Yeah

Sep 26, 2023, 5:23 PM

The Main Outcomes of My Initial Model Vetting Process

There were five main outcomes of my initial model vetting process, following these four pivotal developments and the three or four months that followed.

I Was Right

The first was that my model was vetted on every line item. My original conception of this condition and its underlying biology was shown to be dead on.

No One Else Sees What I See

The second was that I had a very clear sense that the majority of people in this field, whether they be gender clinicians, researchers, or both, did not see this condition in the same terms that I did. It actually seemed that literally no one did. My conception of this

condition seemed to be mine and mine alone. The clinicians and researchers understanding wasn't as accurate, and they missed distinctions that were obvious to me.

These "Gender" People Aren't So Bad, New Friends, and More Research Material

The third was that I had created some opportunities to learn about and understand the atypical gender dysphoria patients, the ones who did not fit my model. This included some of the “gender” people who had sort of perturbed me in the beginning. I met a nonbinary woman who was more than happy to “teach” me about being nonbinary. I also met some people in the “wishes they were” category, which I had felt so perplexed about. I would eventually do detailed interviews with some of these people. I also found people who had posted a lot of their experiences online, who I could study.

New Questions To Be Answered

The fourth was that I had some new questions to find answers to, which provided a path that I could use to flesh out my model. I never really had a goal of building “the best model,” and I certainly didn't develop or vet my model as a consequence of some predetermined goal to “develop the best model,” “be the first to (insert any goal here),” “show people I'm the best,” or anything along those lines.

My entire process, from the beginning, has been driven by curiosity, a drive to crack whatever puzzle is in front of me, and the deep satisfaction I get out of solving problems (solving problems = cracking puzzles, in how I personally think). For that reason. It may be more accurate to say: “gave me more questions to be answered” than to say: “gave me a way to flesh out my model,” even though the outcome and natural consequence of this process was fleshing out my model.

The way it works is I will continue asking questions, discovering new things, and refining my understanding until my understanding is complete, out of a natural drive that I have no interest in suppressing, and that I probably could not suppress if I tried. I am motivated on a minute-by-minute basis by this natural inclination. I have never made any sort of long-term plan as to how I will go about vetting my model.

More New Friends

The fifth outcome was that I made friends with several people who have neurological gender dysphoria. People would see my posts about my model, and it would resonate very strongly with them. One transsexual woman said that she might want to use one of my posts as a new introduction to the book she authored. I had people sending me DMs to thank me for posting such accurate information that helped others understand them.

My friendship with these people would give me an opportunity to ask questions and vet new ideas that I had, as I went along. It was also a human experience of allowing people to feel understood. This is not something such people have everyday, as they are chronically misunderstood. It was and continues to be a rewarding part of my research.