

Transgender ideology has enabled people to 'identify' as amputees

Those who challenge the view that a person can identify as an amputee despite being healthy must also challenge the assertion that one can simply identify as the opposite sex.

By LifeSite

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([LifeSiteNews](#)) — Almost ten years ago, I [wrote a column in this space](#) on the phenomenon of the so-called “transabled” – people who identify as amputees or suffer from a mental illness that causes them to loathe one of their healthy limbs. In 2022, a high-profile (alleged) example of this emerged when a 53-year-old healthy, non-disabled Norwegian man [began identifying as a woman paralyzed from the waist down](#)

and took to a wheelchair to give media interviews.

Those who found his claims to be somewhat suspect were in a bit of a bind – which of his assertions, after all, is more ridiculous – that he is a woman, or that he is paralyzed? Our culture has accepted that he can claim to be a woman, and that we must all nod solemnly in response. “How brave of her,” we must all say in unison as his loyal wife pushes him away from the cameras in his wheelchair. “No, not the wife. The other one.”

A grimmer but no less disturbing profile was [published recently](#) by the *National Post* titled “Quebec man has two healthy fingers amputated to relieve ‘body integrity dysphoria.’” It’s a sad story; the young man said he had “intrusive thoughts about his left hand’s fourth and fifth fingers, the sensation they weren’t his, that they didn’t belong to his body” since he was a child and would even have nightmares about them. He fantasized about cutting them off himself. From the *Post*.

Instead, a surgeon at his local hospital agreed to an elective amputation in what is being called the first described case of 'digits amputation' for body integrity dysphoria, or BID, a rare and complex condition characterized by an intense desire to amputate a perfectly healthy body part, such as an arm or a leg. The Quebec case involved an ambidextrous 20-year-old whose attempts at 'non-invasive' relief, including cognitive behavioural therapy, Prozac-like antidepressants and exposure therapy, only increased his distress.

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What is significant about this case is the way it was described by Dr. Nadia Nadeau of the department of psychiatry at Université Laval in a case study published in the journal *Clinical Case Reports*. Nadeau describes the young man's mental and emotional distress, and notes that this distress apparently ceased after the "elective amputation" and that "he was able to pursue the life

he envisioned as a complete human being without those two fingers bothering him.” One month post surgery, he had no regrets.

The particularly significant conclusion came towards the end of the report. According to Nadeau: “He is now living a life free from distressing preoccupations about his fingers, with all his symptoms related to BID resolved. The amputation enabled him to live in alignment with his perceived identity.” This, of course, is *precisely* the argument used by transgender activists making the case for sex change surgeries, cross-sex hormones, and puberty blockers – that these “treatments” will help the recipient “live in alignment with his perceived identity.” Although they wouldn’t call it a “perceived” identity – they’d call it his *real* identity. This perceived identity, however, was considered real enough that a surgeon removed two of his fingers.

The justifications for these “treatments” that include bodily mutilation are similar, as well. The *Post* noted that “Nadeau’s patient, after doing some research,

‘related his condition to gender dysphoria’... People with BID often feel their physical body doesn’t align with the image of the body they have in their minds.”

Furthermore, although “cutting off healthy, functioning body parts for psychological distress raises ethical concerns, BID sufferers sometimes resort to self-mutilation or ‘black-market’ amputations, risking their lives.”

A similar argument is made for “transgender care”: if extreme medical intervention does make the mentally ill person’s body resemble the image of reality in their minds, they might harm themselves. That’s the catch-22, of course. Isn’t surgical mutilation *also* harm, by definition? Not if you redefine it – that’s why trans activists no longer refer to sex change surgeries, but “gender-affirming care.” According to Nadeau: “Recognizing and addressing the unique needs of (BID) patients can lead to a future where they can live with more dignity, respect and optimal well-being.”

Who can disagree with a campaign to increase understanding and dignity for

the mentally ill? I wonder, however, what the limiting principle is here. If a young man who believes himself to be a woman can get himself legally castrated by a surgeon, why can't a man who believes he is an amputee have a leg removed? Or an arm? If we have accepted that people's self-perceptions are more important than actual reality, where does it stop?

Jonathon's writings have been translated into more than six languages and in addition to LifeSiteNews, has been published in the *National Post*, *National Review*, *First Things*, *The Federalist*, *The American Conservative*, *The Stream*, the *Jewish Independent*, the *Hamilton Spectator*, *Reformed Perspective Magazine*, and *LifeNews*, among others. He is a contributing editor to *The European Conservative*.

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