



Homochromosexuality: A new psychiatric disorder

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13 April 2008

What is homochromosexuality? Before defining this mental illness, it would be better to look at psychiatric disorders in general, specifically psychosis, and then discuss more fully how this particular psychosis affects not only those suffering from it but society in general because this particular psychosis is presented by many influential leaders in religious, medical, feminist and other ideologically based social groups. As a result of the influence and power of those suffering from this particular psychosis, their delusional thinking has made this a more generalized psychotic delusion than other psychotic states. In other words, this particular psychiatric disorder tends to be a massive psychotic state affecting whole populations which has made study of this psychosis extremely difficult and even impossible in some areas of the world.

Psychosis is a generic psychiatric term for a mental state often described as involving a "loss of contact with reality." People suffering from it are said to be psychotic. People experiencing psychosis may report hallucinations or delusional beliefs, and may exhibit personality changes and disorganized thinking. (1)

What are the symptoms of homochromosexuality? The most salient characteristic is the rigid, irrational delusion that sex is dimorphic and that chromosomes determine the real sex of an individual. This obviously combines irreconcilable thought processes which are contradictory and causes those suffering from homochromosexuality to illogically manipulate data to fit their irrational need to refuse the fact that people are extremely diverse and that there is a spectrum of sex variations in the natural world. Despite the fact that data

prove that there are not just two sexes and that the sex development process is very complex with numerous parts of the body being involved, all of which can take different pathways within the same individual, these people stubbornly cling to the idea that there is a marker somewhere for the “true” sex of an individual and that there are only two sexes. Whereas the general population often shares this delusion, it is not a psychosis in most people because they are not obsessed with the delusion to the degree that many researchers, religious leaders and certain radical feminists are, who often spend a large part of their lives in useless research and polemics to defend their delusional thinking. However, the damage of this psychosis affects the general population in very tragic and sometimes deadly ways. One of the characteristics that homochromosexuals have in common is their fetish for chromosomes as the most important marker of a person’s true sex despite all the evidence to the contrary.

Let’s consider this fetish for chromosomes which seems to be the most basic symptom of this psychiatric disorder. Essentially, fetishism is attributing some kind of inherent value or powers to an object. For example, the person who sees magical or divine significance in a material object is mistakenly ascribing inherent value to some object which does not possess that value. (2) For quite a while now it has been established as a scientific fact that a “Y” chromosome does not make one male and in fact the “Y” chromosome is not a reliable marker for determining the sex of an individual. For example, there are XY-females who have become pregnant and given birth, some more than once. (3) There are individuals who have no Y chromosome who have fully developed male anatomy. Despite all the facts, this fetish for chromosomes appears epidemic among certain ideologically based groups. Just recently, there was an amendment proposed in the state of California which would have defined a man as anyone having at least one Y chromosome. This was felt necessary because the proponents of this amendment were more interested in their homochromosexual idea that marriage should be only between a man and a woman and they felt they can define exactly what a man and a woman are by chromosomes – their fetish – despite the fact that we know that hormones, gonads, internal reproductive anatomy, and many regions of the brain are all involved in determining the sex of an individual. However, these little bits called chromosomes are held up as having some magically divine power to define the sex of all people despite the scientific proof to the contrary but this obsession is caused by the other comorbid symptom of this psychosis which motivates their incessant quest to find some magical fetish which would define what a man and a woman are: their irrational delusion that there are only two sexes and everyone is really a male or a female. Reality proves otherwise.

This epidemic psychosis, homochromosexuality, is ravaging whole populations and causing severe suffering because it breeds sexism and prevents individuals from developing their full human potential. It is used to keep people in their “proper” place as determined by the psychotic leaders who charismatically spread this fetishism. Women are really very different from men they claim and this little chromosome proves it. “Look at this”, they say. “It is magical. It is

God's proof that we are different." This is psychotic. Science proves that chromosomes do not have these magical powers.

What groups of the population are most affected by homochromosexuality? One group which suffers a particularly pernicious form of this psychotic delusion is a group of researchers involved in intersex research and research on homosexuality and transsexuality. It is this group which replaced the term "intersex" with "DSD", short for "disorders of sex development" (a diagnosis which includes a whole array of "disorders" which were previously not intersex at all) and the reason this group suffers from the most pernicious form is because they are studying the very sex variations which prove that sex is not dimorphic but they insist that it really is. Their fetishism for chromosomes is evident in their diagnostic descriptors for each DSD. Each descriptor must start with the chromosome of the individual followed by an incongruent marker which would explain why it is a "disorder" of sex development. (4) It is incredible what magical powers these people see in chromosomes despite the fact that their own research shows that chromosomes do not a man or a woman make. It makes rational discussion with such unreasonable people impossible and at this time there is no effective treatment to help these individuals.

Another group that combines mythical thinking with their fetishism for chromosomes is found among religious leaders, especially in the Catholic Church and many fundamentalist evangelical churches also. In this group, the delusion is more understandable but nonetheless just as devastating to the general population. It is understandable because they are not basing their delusional thinking on science as alleged by the DSD researchers. They are basing their delusional thinking on mythical understandings of the Bible and religious dogma which often contradict scientific data. To read the incoherent thought processes of a typical religiously-oriented homochromosexual, click here: <http://www.wels.net/sab/qa/behav-sex-05.html> (5)

Certain radical, separatist, feminists are also responsible for spreading this psychosis and one of the most well-known is Germaine Greer. She has refused to consider women with androgen insensitivity syndrome as women and refers to them as "incomplete males". (6) They are XY she states and one cannot change one's chromosomes. The problem with her thinking is that there are XX-men and in many cases no matter what a woman with AIS would do, they are not going to be able to be a man because their bodies will not respond to the hormone necessary to virilize their bodies. Her delusional thinking that women are some magical class of people that she can define in a manner to preserve the sacred myth that there are only two sexes and women are very different from men has led her to the altar of the same fetishistic worship – homochromosexuality.

Research is only beginning in this area. No one has been able to find a cause for homochromosexuality. However, some researchers feel that it is possibly genetic and they are working to determine the cause. Their research has an eerie resemblance to some researchers who are using intersex people to try to

find the cause of homosexuality such as J Michael Bailey, Eric Vilain (7) and Sherry Berenbaum. Unfortunately these researchers have damaged their own research by proposing a method of prenatal screening for homochromosexuality if the cause is ever found to be genetic. They feel there is no other treatment that would cure this psychotic disorder and therefore feel it would be more pragmatic to eliminate this from the gene pool. They have begun to write a paper very similar to the paper that J Michael Bailey wrote. J Michael Bailey has been interested in finding the cause of homosexuality (and using intersex people to help find it) and at the same time he has written a paper in defense of prenatal screening for homosexuality (8) once the cause would be found and in defense of allowing parents to abort such fetuses. This solution is disturbing to many people and so is the research by some groups who are homochromophobes. Even though homochromosexuality is a serious illness, these people should be treated with respect and it would be more humane to look for solutions to this problem that would be less violent and also take into consideration that there may be some important reason for this genetic anomaly in the human population.

Follow-up:

More recent research on homochromosexuality proves that this psychosis has found its way into poor countries where XX fetuses are terminated, simply because it is believed they are girls, and girls are less desirable. So they say. (Also, we wonder how many XX males have been "cleansed"). Forensics is now just coming to the conclusion that homochromosexuality isn't all it is "cracked-up" (pun INTENDED) to be. Male DNA at a crime scene or female DNA at a crime scene is now coming "under investigation".

There is a particular form of homochromosexuality which often eludes psychiatric diagnosis and as a result there is a new diagnosis for this extremely dangerous type: autohomochromophilia. Autohomochromophilia is characterized by insisting that one is not a homochromosexual but nevertheless obsessing on the idea that really the current identity politics which divide people into just two categories – those who identify as female and those who identify as male based on some physical feature – is fundamentally valid and they become enamored by viewing themselves as important and scientific as the well-established homochromosexuals who continue to spread their psychotic delusions. One classic case of autohomochromophilia is Alice Dreger who has written: "why it is silly to think of your sex as being what you think your chromosomes are." (9) However, she has spent a lot of her life defending binary homochromosexuals and preserving the male/female identity politics implicit in such homochromosexually-challenged social systems and in so doing has inflicted much damage by erasing intersex and insisting that we are all really males or females with a disorder of sex development.

Is Alice Dreger a homochromosexual in denial? A latent homochromosexual? An ego-dystonic homochromosexual? Or is she just lying which is one of the most

typical symptoms of an autohomochromophile? Obviously, her faux “intersex” activism and her binary, sexist views prove the latter.

There is some research which is proving a link between homochromosexuality and folie à deux (literally, "a madness shared by two") which is a rare psychiatric syndrome in which a symptom of psychosis (particularly a paranoid or delusional belief) is transmitted from one individual to another. The same syndrome shared by more than two people may be called folie à trois, folie à quatre, folie à famille or even folie à plusieurs (madness of many). Recent psychiatric classifications refer to the syndrome as shared psychotic disorder (DSM-IV) (297.3) and induced delusional disorder (folie à deux) (F.24) in the ICD-10, although the research literature largely uses the original name.

Notes:

- (1) <http://en.wikipedia.org/wiki/Psychosis>
- (2) <http://en.wikipedia.org/wiki/Fetishism>
- (3) http://www.gendercare.com/library/italiano_paper3.html

See also: <http://www.cmj.org/periodical/PaperList.asp?id=LW9058> and icem.endojournals.org/cgi/content/short/jc.2007-2155v1

(4) Table 2: An example of DSD classification

Sex chromosome DSD's include:

- (A) 45,X (Turner syndrome and variants)
- (B) 47,XXY (Klinefelter syndrome and variants)
- (C) 45,X/46,XY (mixed gonadal dysgenesis, ovotesticular DSD)
- (D) 46,XX/46,XY (chimeric, ovotesticular DSD)

46,XY DSD's include:

- (A) Disorders of gonadal (testicular) development
 1. Complete gonadal dysgenesis (Swyer syndrome)
 2. Partial gonadal dysgenesis
 3. Gonadal regression
 4. Ovotesticular DSD
- (B) Disorders in androgen synthesis or action
 1. Androgen biosynthesis defect (eg, 17-hydroxysteroid dehydrogenase deficiency, 5 α reductase deficiency, StAR mutations)
 2. Defect in androgen action (eg, CAIS, PAIS)
 3. LH receptor defects (eg, Leydig cell hypoplasia, aplasia)
 4. Disorders of AMH and AMH receptor (persistent mullerian duct syndrome)
- (C) Other
(eg, severe hypospadias, cloacal extrophy)

46,XX DSD's include

- (A) Disorders of gonadal (ovarian) development
 1. Ovotesticular DSD
 2. Testicular DSD (eg, SRY+, dup SOX9)
 3. Gonadal dysgenesis
- (B) Androgen excess
 1. Fetal (eg, 21-hydroxylase deficiency, 11-hydroxylase deficiency)
 2. Fetoplacental (aromatase deficiency, POR)
 3. Maternal (luteoma, exogenous, etc)
- (C) Other (eg, cloacal extrophy, vaginal atresia, MURCS, other syndromes)

Source: Consensus statement on management of intersex disorders

I A Hughes, C Houk, S F Ahmed, P A Lee, LWPES/ESPE Consensus Group

<http://www.medhelp.org/ais/PDFs/Chicago-Consensus-Statement-06.pdf>

(5) See also: <http://www.traditionalvalues.org/urban/ten.php>

(6) Germaine Greer's "The Whole Woman"

Online commentary: <http://www.aissg.org/debates/GREER.HTM>

(7) "Because all Klinefelters that have a Y are male, whereas Turners, who have no Y, are females. So it's not a dosage or the number of X's, it's really the presence or absence of the Y."

Source of the above quote:

When a Person Is Neither XX nor XY: A Q&A with Geneticist Eric Vilain

<http://www.sciam.com/article.cfm?id=q-a-mixed-sex-biology>

(Please note: It appears that the homochromosexuals who wrote the proposed amendment that defined a person as a man if a person had one Y chromosome had read Eric Vilain's "research".

(8) Homosexual eugenics paper by J. Michael Bailey

<http://ai.eecs.umich.edu/people/conway/TS/Bailey/Greenberg-Bailey/Homosexual%20Eugenics.pdf>

(9) <http://www.alicedreger.com/beyond.html>