

# Transgender Questions and Arguments

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This document has been prepared as a briefing document for the discussion on transgender issues. Objectivity is one of the first things to be lost in any strong arguments and in a series of three papers I am seeking to restore some objectivity to the present disputes. In the first of these papers: Gilchrist, S. (2019): "*Divisions: Self-Declaration and Gender Variant People*"<sup>3</sup> I discuss the social and legal implications that are involved. In the second paper: Gilchrist, S. (2019): "*The Development of Transgender Behaviour and Identities in Early Life*"<sup>4</sup> I examine the origins and characteristics of transgender conditions. In it I describe the contribution I make in my own research. In a third paper: Gilchrist, S. (2019): "*Interpreting Science and Challenges to Gender Identity Research*"<sup>5</sup> I discuss how objectivity is being maintained or is being denied in the use of scientific research. In this document I give separate answers to individual questions. Since standalone answers are given to each question, some repetition may be found. For documents containing continuous narratives see the above papers and the additional papers I refer to in the answers I give in these accounts.

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<sup>1</sup> Personal biography at: <http://www.tgdr.co.uk/documents/SusanBiographyPapers.pdf>

<sup>2</sup> Available online at Gilchrist, S. (2019): "Transgender Questions and Arguments": <http://www.tgdr.co.uk/documents/243P-TransgenderQuestionsAndArguments.pdf>

<sup>3</sup> See: Gilchrist, S. (2019): "Divisions: Self-Declaration and Gender Variant People": <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

<sup>4</sup> Gilchrist, S. (2019): "The Development of Transgender Behaviour and Identities in Early Life": <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

<sup>5</sup> Gilchrist, S. (2019): "Interpreting Science and Challenges to Gender Identity Research" <http://www.tgdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf>

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### 1. WHAT'S DIFFERENT? HOW DOES IDENTITY DEVELOP?

Studies on the development of incongruent gender identities held by transgender people have argued that these identities are triggered by the response or lack of response of the foetal brain to a wash of sex hormones about ten weeks after conception. That presumption is challenged in this analysis since, although sexual differentiation does take place before birth, gender differentiation depends on making relationships with others, and that cannot happen until after birth.

Therefore, instead of looking for strong determining factors for the development of gender identity that are present from birth, and indeed before it, I take the reverse approach by considering how gender identity can develop under the contagious and innate neurophysiologically driven forces involving the actions of mirror neurons, empathy and possessive imitation, which dominate development through the early years. In this investigation I demonstrate that all of the physiological, neurological and psychological aspects of brain development act together to form a finely tuned system in which the maximum amount of individuality, possessiveness, intelligence and inquisitiveness, together with the minimum degree of energy expenditure are generated. Typical or atypical gender identities can therefore develop and, from a statistical point of view alone it is expected that a proportion of people who have gender or sexually variant identities must be created without the requirement for any external cause. That also happens before any child can be aware of what has already occurred.

Since sexual differentiation of the brain occurs before birth and gender differentiation only happens after it, some form of transformation is required. Evolutionary processes and studies on how people act and respond to aggression show that different patterns for males and females exist. These are found to be pre-natal in origin, and differences in behaviour arising from them are present from the moment of birth. The overlap in behaviour and the contagion of early development means that some male newly born babies behave and interact more like female babies and vice versa. I show that this early difference is reinforced by the momentum of the development process, and that pattern continues into adult life. This process begins far too early for masculine and feminine identities to be created, and these elements only exist as overlays on what has already been formed. I demonstrate that the creation of a sense of gender identity and the intensity with which gender reassignment is pursued is an outcome of these social interactions rather than the cause.

For all people, including transgender people, the development of gender identity starts in the same way. A consequence is that transsexuals develop a gender allegiance which is contrary to their biological sex, but this is at least as firmly held as those for whom their gender identity and allegiance follow a normal path, indeed it may be argued that the gender allegiance and identity which is felt by transsexuals should be even stronger because it has had to be fought for at all times. The failures or the inability to identify with male behaviour patterns and the male attitudes to aggression and competition also means that social attitudes and behaviour should correspond with the gender identity that is actually possessed. Male to female transsexuals are therefore men who interact with society in emotions and attitudes in harmony with women. I also demonstrate that the development of gender identity is not through the pursuit of masculinity or femininity as the traditional theories predict. Of course natal women and transgender women do have different histories and backgrounds but the commonality of their interests, identities, behaviours and concerns means that instead of fighting each other, they should be allies in a feminist cause.

A particular problem arises because it is often believed that the origins of transgender conditions are not well understood. The results of my research confirm the conclusions of the present medical consensus which is supported on a worldwide basis by the great majority of the major professional institutions. Based on experiential evidence it concludes that the core elements of both gender and sexual identities are features which arise very early in development, which do not respond to the predations of others and cannot be changed in later life. Some more radical feminist groups pursue the mantra that male to female transsexuals are men who masquerade as women to exert power and domination over them and to manipulate femininity to satisfy their own needs and desires. Religious traditions often determine that gender identity is a God-given feature which is fixed exclusively from birth by biological sex. Standard approaches to psychology and psychiatry do not take account of these early internally driven neurological processes. They presume that early development relies entirely on the actions of cognitive abilities. They also presume that these act on a largely blank canvas which still exists at around three years of life.

Contrary to these recipient based processes I show from literature reviews and current research that the existing neurophysiological studies always emphasise the extreme intensity and contagion of the early development processes. These are active from birth. They indicate that: *“The need to possess and imitate is built into physiology and the foremost challenge to be explained is not about how learning develops but about how the observer can inhibit this imitative process so that he or she does not respond by actually engaging in the same process or act”*. Using the development of gender incongruent identities as a case study and by matching the advances of these contagious and self-generating identification processes to the developing brain physiology I conclude that the creation of the core senses of personality and identity coalesce from previously disorganised thought around the median age of two years. This is the time when rapid advances in neural interconnectivities and cognitive abilities take place. It is significant that these core elements of

personality and identity are formed through the momentum of the development processes, and this is before neural co-ordination and cognition has developed sufficiently to check the direction in which development occurs.

The increasing neural co-ordination immediately following this period of coalescence enables core constancies of personality and identity to form, and a rebalancing in the patterns of neurological development takes place. From the time that neural co-ordination begins to develop those neural interconnections that are most used grow stronger and those that are less used grow weaker, and periods of peak neural plasticity occur<sup>6</sup>. Studies on the development of incongruent gender identities have shown that the core gender identity, which simply identifies the place a child holds in society, has been unchangeably fixed at the latest by the age of three years. Significantly that takes place before gender identification due to socialisation occurs. This also is the time when I argue that a gender differentiated brain, as distinct from a sexually differentiated brain is created: it is this gender differentiation which locks the core gender identity in place. These constancies may simply be sufficient for the same person to be recognised if two people meet again after being separated for a number of years. They also last until dementia or physical brain injury changes the personality that has been formed.

For those people whose core gender identity conforms to the gender role identification which is subsequently created, little or no evidence of any conflict may exist. For others who face this conflict, trauma arises because of the rejection, attrition and alienation which are enforced through the inability to identify with the expected demands. Many suppress this or fight against this with all their might. That can last for many years and some may over-compensate for it in the way that they seek allegiance to their assigned gender role. The conflicts also straddle the conscious and unconscious mind. It is considered that this is why late onset of awareness sometimes occurs. This can continue until the attrition and the constancy of the dissention destroys their control. After transition, for many male to female, and also for female to male transsexuals, gender longer becomes noticed as an issue in everyday life. The great majority merge invisibly into society. As men and women in the roles they now belong to, they live ordinary and unremarkable lives.

An urgent area of concern is to ensure that the correct management methods are used. When the influences of the early neurophysiologically driven forces are ignored, gender identity is presumed to develop from about three years onwards exclusively as a consequence of the experiences gained through association with the gender role. This can be regarded as a reward driven activity since identification follows and is dependent on the earlier experiences of the gender role. When the existence of the core gender identity is instead taken into account the reverse occurs. In this case the identification processes are active from birth and are seen to precede any experiences of gender socialisation and the gender role. Therefore, instead of characteristics that are reward driven, these are shown to be identity driven instead. The management methods that are needed for these different characteristics and conflicts are almost opposite to each other: and they are also well known. Those required for identity driven characteristics are associated with personality variation, the ones required for reward driven categories are associated with disruption instead. Great harm can be done when incorrect diagnoses are made.

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<sup>6</sup> See section 6:0: *Physiology and Psychology* and section: 10:0: *Male and Female Brains* in Gilchrist, S. (2019): "*The Development of Transgender Behaviour and Identities in Early Life*": <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

## 2. WHAT IS THE FOCUS OF THIS DOCUMENT?

Transgender people come in many varieties, male to female, female to male, non-binary, non-gender and anywhere in between. Male to female transsexuals are considered by some to challenge the integrity of women, or to be considered potential male purveyors of oppression and abuse. In discussions amongst such protagonists, all other varieties of transgender people are either not considered a threat, or they are just ignored. In this document I focus on these concerns. This means that my emphasis in this account is on male to female transsexuals. For more general discussions see the other material I have written at: <http://www.tgdr.co.uk/articles/bibliography.htm> for the inclusive accounts. This suggests that the major issues of concern are about power and domination in society, rather than transgender concerns.

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## 3. WHY THE ARGUMENTS?

In early 2016 the United Kingdom Government gave notice of its intention to reform the 2004 Gender Recognition Act. The aim of the reform was to remove the bureaucracy involved in obtaining a Gender Recognition Certificate<sup>7</sup>. Instead of requiring assessments by independent medical panels the proposal was to allow people to self-declare their gender identity using a simple process. It was made clear that all of the previous protections which existed under this Act<sup>8</sup> and the 2010 Equality Act would remain intact. No other alterations to any legislation were proposed. That has promoted a furious response amongst sections of the feminist movement. Contrary to the Government statements, alarm and concern has been raised by the arguments put forward; particularly by some of those who are more radical in the feminist movement that any such reform would lead to torrents of men invading women's protected spaces for the purposes of sexual abuse<sup>9</sup>. In the arguments these groups presented it is implied that no protection for women whatever would be provided, and that the protections which do presently exist would be ignored.

Instead of one argument about self-declaration, two battles are currently being fought, the first is concerned with sexual abuse and abuses of power by men who are not transgender; the second is about transgender people themselves. The disregard of already existing provisions and the

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<sup>7</sup> When anyone satisfies its provisions a Gender Recognition Certificate (GRC) is issued. The requirements to obtain a GRC are as follows: That the person is over 18 years of age; that they can demonstrate they have lived in their new gender role for at least 2 years. Two medical reports, one from a gender specialist, are also required. Proof of intention to continue to live in new gender role must also be furnished. If that person is married, then permission from the partner must be obtained. A fee must also be paid. Divorce from a partner in any existing marriage was previously required. In January 2016, following consultation with transgender individuals and support groups, the Women & Equalities Committee of the United Kingdom Parliament, chaired by Maria Miller MP reported to the government with a number of proposed changes to improve the gender recognition process, along with 34 other recommendations to improve the lives of transgender people.

<sup>8</sup> The Act gives people with gender dysphoria legal recognition as members of the sex appropriate to their gender identity allowing them to acquire a Gender Recognition Certificate. People whose birth was registered in the United Kingdom or abroad with the British authorities are able to obtain a birth certificate showing their recognised legal sex. People granted a full GRC are from the date of issue, considered in the eyes of the law to be of their 'acquired gender' in most situations. Two main exceptions to transgender people's legal recognition are that the descent of peerages will remain unchanged (important only for primogeniture inheritance) and a right of conscience for Church of England clergy (who are normally obliged to marry any two eligible people by law). Additionally, sports organisations are allowed to exclude transsexual people if it is necessary for 'fair competition or the safety of the competitors'; courts are allowed to disclose an individual's trans status; employers are allowed to exclude trans people as a 'genuine occupational requirement'; and organisations are allowed to exclude trans people from single sex or separate sex services as 'a proportionate means of achieving a legitimate aim'. The example given in the Act is a group counselling session provided for female victims of sexual assault.

<sup>9</sup> Hinsliff, Gaby: (2018): "The Gender Recognition Act is controversial – can a path to common ground be found?" The Guardian 11 May 2018: <https://www.theguardian.com/world/2018/may/10/the-gender-recognition-act-is-controversial-can-a-path-to-common-ground-be-found>

misrepresentation of transgender people in the opinions that are presented is a source of great distress<sup>10</sup>.

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### 4. WHAT ABOUT THE DISAGREEMENTS?

There is little agreement about the origins of transgender conditions and two completely different views about how atypical gender identities are created are currently held. For many lesbians and feminists male to female transsexuals are predatory men who seek to exert power and domination over women, who manipulate femininity to their own desires and advantage by adopting a female role: It is argued that their failure to succeed in the male role means they try to do it in the female role instead. For transsexuals, (as a generalisation), their understanding of history instead is one of a lifetime being forced to live in a gender role which one cannot identify with, with all of the anguish distress, rejection and high suicide rates that are involved. In my answer to question 1 in this document: *“What’s different? How does identity develop?”* I show that great harm can be done by the medical misdiagnoses that are made.

However the differing perceptions adopted by society have an important impact. The first explanation identifies transgender people as protagonists, the second as victims. These differences also affect how the results are interpreted. The group pursuing the protagonist explanation attributes the high suicide rates and the trauma that is encountered to an argument that people have brought their distress on themselves by seeking gender transition. Members of this group also dismiss the idea that this could be caused by the harassment of transgender people by the surrounding society. The victim group adopts the reverse picture: it sees gender reassignment as the road to salvation and it considers that the trauma they face is created by the harassment of society instead.

Instead of the legal protection and self-declaration resulting in hordes of men invading women’s spaces for the purpose of sexual abuse, (which if that was going to happen, should have happened after the 2010 Equality act), a different phenomenon has arisen. In place of some male to female transsexuals acting as victims by being forced to live in a male role they could not identify with, their rejection of men and the male role, together with their identification with women has turned some into propagandists instead. People who hold strong and radical feminist views are found within the transgender communities. Instead of co-operating in a common cause, the lack of understanding of the origins of the condition and the failure of each group to listen to or accept the integrities and experiences of the other has led to manipulations of science and the present toxic disputes: for without the objectivity that is needed, this is not a debate.

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### 5. ARE TRANSGENDER PEOPLE MEDICALLY MISDIAGNOSED?

They are crucial differences in the two current explanations, and they lead to the medical and social misdiagnosing of transgender people. In my answer to question 1 in this document *“What’s different? How does identity develop?”* I demonstrate how and why this medical misdiagnosis occurs. I also show that this is evident in the types of behaviour encountered, since the search for power which described in the first explanation given in question 2 *“What is the focus of this document?”* contrasts with the second which shows that it is manifest through the search for identity instead. The management methods and behaviour encountered in these identity driven and reward

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<sup>10</sup> See: Gilchrist, S. (2019): *“Divisions: Self-Declaration and Gender Variant People”*: <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

driven interactions are almost opposite in character to one and other<sup>11</sup>. The differences between these are also well known, for the management and treatment methods for identity driven conflicts are equivalent to those applied to personality disorder or variation while those required for reward driven conflicts relate to perversion or disruption instead. The former viewpoint includes a consideration of the neurophysiological processes which dominate early development, the latter excludes them<sup>12</sup>. Radical feminist and religious groups often presume that transgender conditions arise because they are the products of disturbance, and that they are reward driven in nature. The scientific consensus and the conclusions of this analysis show that they are driven by identity instead. Great harm can occur when these medical misdiagnoses are made.

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### 6. HOW ARE THE MEDICAL DIAGNOSES MADE?

In the answer to “What is a Personality Disorder” on its Website<sup>13</sup> the Royal college of Psychiatrists states that: *“The answer is not clear.... Generally it is concerned with keeping good relationships with others, but it is noted that Upbringing, Early Problems and Brain Problems are all likely to be involved: As far as upbringing is concerned it is noted that sometimes, but not always, people with personality disorder have experienced; physical or sexual abuse in childhood; violence in the family; parents who drink too much can play a part. Early problems manifest themselves in features, such as severe aggression, disobedience, and repeated temper tantrums in childhood. Some people with antisocial personality disorder have very slight differences in the structure of their brains, and in the way some chemicals work in their brains can also be involved”*. This describes a vast range of features in which genetic, social and environmental features are involved. The website also notes that: *“However, there is no brain scan or blood test that can diagnose a personality disorder”* and this comment may be relevant to what is discussed later in this account.

In this analysis I take a psychodynamic based approach which has similarities to that of Freud's. However instead of identifying the sexual motives as the driving force I replace it with the innate, contagious and fragmented processes of early development, research into which has been pioneered by Gallese, Dawkins, Girard and others. This involves the actions of mirror neurons, possessive imitation and neurological processes. Unlike the Freudian approach, which requires the development of sufficient cognitive abilities to process the demands, which usually appears at around the age of three years, the actions of the neurophysiological driving forces are present from birth. I then use this as a case study to map how the transition takes place between the contagious, fragmented, internally created driving forces identified in the neuroscience based studies pioneered by Girard, Dawkins, Gallese and others: which dominate development from birth, to the restraining forces of cognitive development identified in the traditional psychodynamic and social learning theories pioneered by Freud, Piaget and others: which only later can come into effect.

A rapid and major advance in neural and cognitive takes place around a (median) age of two years. From the results of the neurophysiological studies I show that up to this time, development takes place in a fragmented way, where the neural contagion and self-generated learning processes

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<sup>11</sup> These differences are well known. The management and treatment methods for identity driven conflicts are those applied to personality disorder or variation. Those required for reward driven conflicts relate to perversion or disruption instead.

<sup>12</sup> For papers on this neurophysiological and psychological research work see: Gilchrist, S. (2016): “Taking a Different Path”: Chapter 10 in: *“This Is My Body: Hearing the Theology of Transgender Christians”*, Ed: Beardsley, T. and O'Brien, M: Darton Longman and Todd. May 2016 ISBN 978-0-232-53206-7 also Gilchrist, S. (2016): *“A New Approach to Identity and Personality Formation in Early Life”*: <http://www.tgdr.co.uk/documents/218P-InfluencesPersonality.pdf> also Gilchrist, S. (2013): *“Personality Development and LGB&T People: A New Approach”*: <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>. The following paper: Gilchrist, S. (2019): *“The Development of Transgender Behaviour and Identity in Early Life”*: <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf> will soon be available

<sup>13</sup> <https://www.rcpsych.ac.uk/mental-health/problems-disorders/personality-disorder>

create massive capacities to absorb information, but in the form of largely un-coordinated thought. Once development begins in a particular direction it becomes difficult to stop. These are also self-reinforcing processes where minor inputs can trigger the direction in which development takes place. What is also created depends on the momentum of the process. As a consequence the core elements of personality and identity are created before the full impact of cognitive thought.

As well as the sudden and intense explosion in cognitive activities which occur at the time of the neural transformation period, there are major neural changes which enable the brain to function as a more co-ordinated unit. This is the period when I argue that the elements of previously un-coordinated thought coalesce to form the core elements of personality and identity. I conclude that these define the place which the child holds in society and they set the framework for attitudes that are formed. I classify gender identity, including incongruent gender identity as one of these core elements of personality. Previous work on the development of incongruent core gender identities has shown that these are unchangeably fixed at the latest by the age of three years. However repeated work has also shown that this age should be reduced instead of increased, and the convergence created by reducing this time to the time of the neural transformation period, leads me to conclude that this particular period of coalescence is the particular time when these core elements of personality and identity are formed.

Following these developments the advances in neural co-ordination enable a constancy of personality to be created through further neural processes that are involved. In these processes those neural interconnections that are most used grow stronger and those that are less used grow weaker. Peak periods of neural plasticity occur<sup>14</sup>. This has the effect of tuning the brain to the environment and it is also is the time when I argue that a gender differentiated brain, as distinct from a sexually differentiated brain is created since it is these neurological processes which lock the core gender identity in place. Significantly this takes place before gender identification due to socialisation occurs. These constancies may simply be sufficient for the same person to be recognised if two people meet again after being separated for a number of years. However they last until dementia or physical brain injury changes the personality that has been formed.

From the age of about three years on, strong, stereotyped and often exclusive gender role identities begin to be created, but by then the unconscious core gender identity has already been locked in place. Although this investigation concentrates on gender identity, it may be argued that other core elements of personality and identity form in equivalent ways. In this investigation I show that all of the physiological, neurological and psychological aspects of brain development act together to form a finely tuned system in which the maximum amount of individuality, possessiveness, intelligence and inquisitiveness, together with the minimum degree of energy expenditure are generated. I show that typical or atypical gender identities can therefore develop and, from a statistical point of view alone it is expected that a proportion of people who have gender or sexually variant identities must be created without the requirement for any external cause.

In his work on sexuality Freud drew a distinction between inversion and perversion<sup>15</sup>. However these were always interpreted in terms of the sexual motive. He described homosexuality as an inversion, the cause of which, for Freud, was in the boy's failure to separate his own identity from that of his mother so that he identifies with the father, and in the girl's case, identification with the father rather than its transference to the mother. He also used the term to describe the dream's

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<sup>14</sup> See section 6:0: Physiology and Psychology and section: 10:0: Male and Female Brains in Gilchrist, S. (2019): "The Development of Transgender Behaviour and Identities in Early Life": <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

<sup>15</sup> Freud (1905/1915) 'Three Essays on the Theory of Sexuality', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume VII (1901-1905)*, Hogarth Press: 123-246.



transformation of one thing into its opposite in order to disguise it. Perversion for Freud was a sexual drive component that fails to come under the dominance of the genital area and its reproductive needs, instead it focuses on some non-reproductive object or aim. Jung rejected Freud's use of sexuality in this way and sought to interpret these drives in terms of social inputs such as histories, atmospheres and the collective unconscious. A distinction between inversion and perversion might therefore be made by describing inversion, (or a deviation) as a characteristic which has developed from the outset, and a perversion as something where the normal path of development has been disrupted. Management methods for personality disorders tend to be through therapies which concentrate on how to manage the still continuing conditions, whereas perversions might be managed in ways which seek to provide a cure. All of these descriptions involve considerations of upbringing, early personality characteristics and neural processes. What is really needed is some method of separating each of these elements and unravelling their effects.

Identifying these stages and making the presumption that gender identity is just one of the core elements of personality that are created, gives a greater opportunity to consider how the three areas of "*Upbringing, Early Problems and Brain Problems*" are involved. In my approach describe in the answer to question 1 in this document: "*What's different? How does identity develop?*" I note that the core elements of personality are created and fixed before gender socialisation occurs. I also classify their development as identity driven characteristics and conflicts, since they are created by the momentum of the innate neurophysiologically based processes, and they predate any behavioural influences arising from the later socialisation that occurs.

Much of the coherence of identity and personality that develops depends on the success of the coalescence that takes place during the neurophysiological transformation period. However, because of the roughness of this process I argue that the earlier elemental concepts are not lost. These remain hidden inside the matrix underneath and it is the underlying graininess which disturbs the coherence of selfhood that is being created. This means that there is a different end point for every individual who resolves their conflict with the gender that they are assigned to, and this can account for the great variety of experience that appears. By similar arguments those early problems of severe aggression, disobedience, and repeated temper tantrums can arise because of the unevenness of the processes involved.

In this investigation I have mapped the transition between the contagious, fragmented and neurophysiologically created driving forces present from birth to the restraining and feed-back forces of cognitive development which later arise. I characterise conflicts and characteristics which arise under the influence of these cognitive processes as reward driven instead of identity driven, since the order is reversed. It is this reversal of order between identification and socialisation which I argue is the key distinguishing feature between the two development processes. Although present descriptions of personality disorders include all of the elements of upbringing, including the early issues and brain problems described earlier, I associate the key element to be defined by the order in which identification and socialising takes place. The results of this analysis indicate that the core elements in the development of gender identity are fixed in place before socialisation occurs. That concurs with the present consensus on gender and sexually variant conditions which declares that the core elements of personality and gender and sexual identities are features which arise very early in development, which do not respond to the predations of others and cannot be changed in later life. When trauma exists methods of management akin to personality disturbances must be used. In this investigation I have also shown that these are characteristics which straddle the conscious and unconscious mind. Methods of management such as talking therapies remain valid; however care should be taken to ensure that the correct assumptions are made.

By employing the sexual motive, Freud encouraged the exploration of the unconscious mind to find out why repression occurs. In this examination it is concluded that the reverse takes place. The contagious neurophysiological processes in early development, which ensure that the maximum possible degrees of human potential, inquisitiveness and individuality are created, means that, instead of being a product of arrested development, inverts are if anything more likely to be found within those who are high flyers in society. Freud himself noted that many of the most revered people in history were themselves inverts<sup>16</sup>. There is a perception today that this capacity is true of transgender people as well. A greater proportion of transgender people are also on the autistic spectrum than there are in the general population, and some degree of bipolarity is found. These issues are beyond the scope of this article however they are discussed in more detail in: Gilchrist, S. (2015): "*Personality Development and Gender: Why We Should Re-think the Process*"<sup>17</sup>. It is postulated that the higher incidences of autism and these bipolar elements may be co-incident features that exist because of the strength of these contagious forces of development, combined with the greater abilities of the person concerned, and not from gender identification itself

It is important to note that the development of typical gender identities cannot be used for these studies, since it needs the consideration of incongruent gender identities for these conflicts to be exposed. Therefore a defining feature of this analysis is that it takes account of the innate neurophysiological forces which dominate early development. However standard psychiatric processes ignore them. Because the standard theories do not show that the early identification of gender and sexual identities takes place through the identity driven processes described in this analysis, these standard theories predict that gender identity is formed through the action of cognitive processes alone. The same approaches also predict that gender identities do not become confirmed before a relatively late stage. Furthermore instead of the elements being formed through identity driven processes, they are understood to be created by reward driven ones instead. For more details see: Gilchrist, S. (2015a): "*Personality Development and Gender: Why We Should Re-think the Process*"<sup>18</sup>

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### 7. HOW DO THE MEDICAL DIAGNOSES AFFECT TRANSGENDER CHILDREN?

Methods of management and diagnoses depend crucially on how the origin of the conditions is understood. For transgender children that is a particular concern. If the influence of the innate forces of early development and the existence of the core gender identity is recognised, then identification precedes socialisation and this confirms the experientially based scientific consensus, which considers the core elements of both gender and sexual identities to be features which arise very early in development, which do not respond to the predations of others, and cannot be changed in later life<sup>19</sup>. These are identity driven in nature and all later reward driven processes act as overlays on what has already been formed. If instead the existence of the contagious and innate forces of early development and the core gender identity are ignored, then socialisation is

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<sup>16</sup> See also Freud, Sigmund: (1935). "A Letter from Freud": Published as Historical Notes in: *The American Journal of Psychiatry*, April, 1951, 107, No. 10, pp. 786 and 787.

<sup>17</sup> Please note that this paper is currently being revised and updated. However it can still be accessed on the web at the present time: See sections 2:17: "Genetic Inputs" and section 9:1:3: "Conflict Types" in Gilchrist, S. (2015): "*Personality Development and Gender: Why We Should Re-think the Process*": [Updating]: <http://www.tgdr.co.uk/documents/209P-RethinkPaperFull.pdf>

<sup>18</sup> Gilchrist, S. (2015a): "*Personality Development and Gender: Why We Should Re-think the Process*": [Updating]: <http://www.tgdr.co.uk/documents/209P-RethinkPaperFull.pdf>

<sup>19</sup> This is the position taken for example by the British Royal College of Psychiatrists, the British Psychological Society and parallel United Kingdom organisations. Each of the major medical organizations across the UK has signed a memorandum of understanding which very strongly condemns any attempt to try to 'cure' gender and sexually variant people. Corresponding positions are taken by the American Psychiatric Association and the American Psychological Association who have released statements which are equally as strong. Other international mental health organizations, including the World Health Organization have followed. All of these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view.

considered to precede identification. The identity driven element is no longer accepted and the characteristics are considered to be entirely reward driven instead. Traditional theories of how gender identity develops may then be applied. These argue that this develops entirely as a response to learned experience, which takes place over many years<sup>20</sup>.

There are therefore profound differences in understanding and approaches to the care and management of transgender children and people. Conservative Christian and radical feminist approaches both reject the identity driven characteristics and regard them as reward driven instead. Many religious groups take the view that stereotypical male and female gender identities must be imposed on all children because gender identity is determined on the grounds of biology alone. Radical feminist groups may adopt the mantra that male to female transsexuals are predatory men who seek to exert power and domination over women. Their failure to get what they seek in the male role means that they do it in the female role instead. By ignoring the early and innate processes traditional psychiatry and psychology also regards them as reward driven activities. If the correct care and management of transgender people is to be provided, it is essential that these issues are properly addressed.

Both the Royal College of Psychiatrists and groups like Transgender Trend<sup>21</sup> advocate an approach which can be described as “*Watchful Waiting*”. However the key issues are about how “*Watchful waiting*” is addressed. The Royal College and the other professional institutions take the approach which treats gender and sexually diverse conditions as personality variations within the normal range of development, which cannot be created by the predations of others, and as standard practice they encourage their exploration and acceptance so that self-esteem is gained and that trauma is resolved. In place of identifying transgender conditions as being identity driven, Transgender Trend and other associated groups consider them to be reward driven instead. If their views were correct, these groups would be totally justified their fears that the “*transgender lobby*” is pursuing a rush towards gender reassignment, since from their viewpoint, giving people the opportunity to explore their gender identity would serve as a recruitment platform for that purpose. Under this scenario it is the belief of these groups that people are being cajoled into pursuing gender reassignment and that a great deal of unhappiness will occur.

However the experiential evidence and my research shows that these core gender identities have already become unchangeably fixed by the age of three years. That is well before children can examine their own minds, and make any choice. Giving all children the ability to explore their gender identity gives them the ability to find it. It does not give them the freedom to choose it. These conflicting medical misdiagnoses mean that what is adopted as a compassionate approach by one group is understood as coercion by the other. While a great majority of children do find that they

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<sup>20</sup> In these traditional studies it is shown that, for young children, their initial concepts about gender are quite flexible. They do not begin to notice and to adopt gender-stereotyped behaviour until the age of two or three. A few years later, their concept of gender becomes quite rigid. Before the age of five, children do not seem to think that gender has any permanence. A pre-school child might ask his female teacher whether she was a boy or girl when she was little, or a little boy might say that he wants to grow up to be a mummy. Toddlers think that changing clothes will also change gender. It is not until children understand that boys have penises and girls have vaginas that they know that changing clothes does not change gender. Research suggests that children’s concept of gender develops gradually between the ages of three and five. Once children begin to think about gender as a stable trait, they also start to incorporate gender into their own identity. From around that time they become motivated to relate to other members of their group, and to seek out gender-related information, often becoming very strict about adhering to gender stereotypes. When they are between seven and ten years of age children become more relaxed about maintaining these gender stereotypes. This is therefore a process of self-discovery and self-awareness. These require cognitive abilities to be present. Traditional development theories presume that these processes act on a blank canvas, and that gender identity is entirely created through the behaviour predicted by the social learning and psychodynamic development theories. This analysis instead shows that the elementary core gender identities are created by pre-cognitive processes and that the conscious allegiance to a gender identity is the result of a struggle between these subconscious and conscious conflicting demands. Differing elements may dominate at different times. Therefore these processes are only overlays on what has already been formed. For a summary of these traditional viewpoints, see: Bue, Vanessa Lo. (2016): “When do children develop their gender identity”. Rutgers University Newark: [Accessed 11 July 2016]: <http://theconversation.com/when-dochildren-develop-their-gender-identity-56480>

<sup>21</sup> Transgender Trend Website

identify with their biological sex, some will not, and the hurt, guilt and self-loathing that can result may have a very harmful effect. It is shown that the great trauma, guilt and the high rates of attempted suicide in transgender people is not caused by giving children the freedom to explore it: it is caused by the denial of that freedom instead<sup>22</sup>.

Of course nobody should try to force children into any gender identity or role. Contrary to the allegations made by some groups, every protocol which is adopted in the United Kingdom for transgender children is designed to prevent any irreversible choice being made until each person reaches eighteen years of age<sup>23</sup>. While more research on the long term effects of using puberty blockers may be needed, any side effects they may have must be balanced against the alleviation of tension they provide. Although there has been a very large increase in the number of children being referred to gender identity clinics in recent years, the effectiveness of the processes and pathways which they are required to navigate may perhaps best be measured by considering the proportion of people who seek to de-transition after reassignment has taken place. Despite allegations being made by certain groups the best evidence currently available suggests that this the proportion is very small. I discuss this in question 32 of this document: "*What proportion of people de-transition?*". I oppose restrictions being placed on any research. This is an area where more research would be welcome however it must be conducted in ways in which absolute objectivity is maintained

The claim made by some groups which states that there is no scientific or medical consensus to show that surgical and medical interventions for gender transition effectively address the complex symptoms associated with gender dysphoria over the long term is challenged in many academic and peer reviewed research studies that have been carried out. 73 of these have been reviewed by Cornell University<sup>24</sup> who conducted a systematic literature review of all peer-reviewed articles published in English between 1991 and June 2017. They found no studies concluding that gender transition causes overall harm. One recent report, which studied 3700 people, shows that more than four in five transgender young people have self-harmed and more than two in five transgender young people have attempted to take their own lives. For adult transsexuals the actual suicide rate is 8 to 10 times higher than that of the general population. Both groups use these high suicide rates to justify their own arguments: one group uses it to condemn what they see as the harm created by the "transgender lobby" the other group cites the reason for the high suicide rate as being due to the persecution and harassment suffered by transgender children (and by others), because their ability to be true to their own identities is derided or denied. These are not academic concerns. Instead of the scaremongering and the secular scapegoating of transgender people by society, these are issues which need responsible argument and unbiased reportage: they are issues where children's lives are at stake.

The real victims in these disputes are all children. Giving children the freedom to explore their gender identity means that a wider number will do so. Some may find they are lesbian or gay, a small number may find they are transgender. However all will gain a greater understanding of each other through the exploration that is made. It is the denial of that freedom which may cause more harm. In these circumstances for transgender children and others the trauma arises because of the rejection, attrition and alienation which are enforced through the inability to identify with the expected demands. Many suppress this or fight against this with all their might. That can last for

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<sup>22</sup> Gilchrist, S. (2018c): "*The Safeguarding of Transgender Children*": <http://www.tgdr.co.uk/documents/241P-SafeguardingTransgenderChildrenDoc.pdf>

<sup>23</sup> Tavistock Clinic

<sup>24</sup> For a review of 73 studies in the academic literature, see: Cornell University (2019): "*What does the scholarly research say about the effect of gender transition on transgender well-being?*": What We Know Project: <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

many years and some may over-compensate for it in the way that they seek allegiance to their assigned gender role. This can continue until the attrition and the constancy of the dissention destroys their control. The conflicts also straddle the conscious and unconscious mind, and that may also be why late onset of awareness sometimes occurs. Although such groups may in the short term succeed in achieving their aims, the tension that is stored up for the future may succeed in doing much greater harm.

Although Transgender Trend on its website lays great emphasis on its claim to take an objective view, it restricts what it reports and it states that nothing else is backed up by credible research. Rather than respecting the integrity of people who disagree with their viewpoints, it dismisses them as activists and campaigners instead. I find similar problems with the websites of some radical feminist groups, and also in the ways in which some conservative elements in the Christian churches have sought to select only the science that can be used to “prove” its desired results<sup>25</sup>. Therefore those who follow these groups and website can be deluded into believing that no other possible approaches exist. As someone who has sought to manage my own situation and who has aimed to give transgender people the maximum freedom of choice by challenging some of the traditional approaches, it might be expected that I should have some sympathy with the views expressed by these organisations<sup>26</sup>. I do indeed recognise and respect the genuinely felt fears and concerns that these people have. However I totally and unequivocally condemn every group, regardless of purpose, who manipulates science, or who uses pseudo-science either in ignorance, or intentionally, to justify their approach. I discuss some of these issues in my answers to questions 21 to 34 in this document and in the paper Gilchrist, S. (2019): “*Interpreting Science and Challenges to Gender Identity Research*”<sup>27</sup>.

A further argument is often made by such groups is that more research is needed. However that argument is difficult to justify when research results that already exist are disregarded. One of the features arising from identifying the development of transgender identities as reward driven processes is that a “Cure” can be postulated, and this is often pursued through the “Gay Cure” and the “Reparative Therapy” approaches that are offered. Therefore it must be of some consequence, and a condemnation of those groups who continue to take this approach, when all of the major professional medical and psychological institutions in the United Kingdom have come together to produce a “Memorandum of Understanding” which condemns both “Gay Cures” and “Reparative Therapy” as being totally inappropriate for their harmful and destructive effect<sup>28</sup>.

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### **8. HOW WIDESPREAD IS THE EVIDENCE?**

Although there are major disagreements about the origins of the conditions the experiential evidence is extremely strong. This is expressed in the current scientific consensus, which is supported on a worldwide basis by all of the major professional medical institutions who are involved in these areas. This includes the World Professional Association for Transgender Health (WPATH), whose guidelines are endorsed by virtually all of these major world professional bodies<sup>29</sup>,

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<sup>25</sup> Malpractice

<sup>26</sup> Gilchrist, Susan. (2015): “*A Path of My Own*”: Person Centred Care and Support: NHS Transgender and Non-binary Symposium 30 June 2015 <http://www.tgdr.co.uk/documents/SuF0630q-TransgenderNBSymposiumSlidesSil-30jun15.pdf> . For the Symposium Report see: <http://www.tgdr.co.uk/documents/SuF0630s-FINALSymposiumReport.pdf>

<sup>27</sup> Gilchrist, S. (2019): “*Interpreting Science and Challenges to Gender Identity Research*” <http://www.tgdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf>

<sup>28</sup> This memorandum can be found at: <https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf>

<sup>29</sup> The guidelines can be downloaded from this website: <https://www.wpath.org/publications/soc>

the experiential evidence and also by my own research<sup>30</sup>. This consensus considers the core elements of both gender and sexual identities to be features which arise very early in development, which do not respond to the predations of others, and cannot be changed in later life<sup>31</sup>.

The term “Gender Incongruence” is now used to describe what transgender people experience. It is not classified as a personality variation, not a mental illness, and under the WPATH and World Health Organisation guidelines (ICD 11) any form of treatment is only needed if trauma is being caused by the condition. In such circumstances it should be treated as a personality variation: it is not a disruption to any of the expected paths of development, and no attempt should be made to change the condition because of the harm that doing so would cause.

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### **9. WHY HAS THIS EVIDENCE NOT PREVIOUSLY BEEN CONSIDERED?**

Some of this evidence is still not taken account of because of the historical barriers which have previously existed. Religious condemnation and the legal criminalisation of gender and sexually variant behaviour hid much of the experiential evidence from view. Before the advances of neuroscience many of the processes involved in early development were unknown, or not well understood. The traditional approaches to psychology and psychiatry which continue to be used in everyday practice do not take full account of what is available, and the neurophysiological processes which dominate early development are not considered. The current disputes about the origin of transgender conditions will continue until this is resolved. The uncertainty about early development is a leading factor in the claim that more research needs to be carried out.

Transgender people have been present in all societies at all times. Prior to the work of Girard and others experiential evidence had to be relied on since the tools and techniques which enabled the neuroscientific analyses described in this account were not available. The idea that gender identity should follow biological sex seems to be so obvious that it is simply believed and it is written into histories and doctrines of society, including the Christian churches. A particular difficulty with religious organisation is that these doctrines and traditions can come to be seen as items of divine revelation, so that any possibility of changes is denied. That can be a major obstacle to overcome. For this reason I have carried out a historical, theological and social study. I demonstrate that the contradictions between the interpretation of science and the interpretations of theology are due to changes in the theology of the Church.

These problems still continue. Few books on child development consider the implications of the neurological processes considered in this account. Therefore major advances in understanding across all of these disciplines still need to be made.

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<sup>30</sup> That is described in this account. Which you can see a summary at: <http://www.tqdr.co.uk/articles/index.htm> . The full personal bibliography is available at: <http://www.tqdr.co.uk/articles/bibliography.htm>

<sup>31</sup> This is the position taken for example by the British Royal College of Psychiatrists, the British Psychological Society and parallel United Kingdom organisations. Each of the major medical organizations across the UK has signed a memorandum of understanding which very strongly condemns any attempt to try to ‘cure’ gender and sexually variant people. Corresponding positions are taken by the American Psychiatric Association and the American Psychological Association who have released statements which are equally as strong. Other international mental health organizations, including the World Health Organization have followed. All of these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view.

## 10. IS THE EXPERIENTIAL EVIDENCE BACKED UP BY SCIENTIFIC RESEARCH?

The answer is yes. A great deal of work has already been undertaken and the arguments by certain groups that it has not, is not supported. For details see Gilchrist, S. (2019): *“Interpreting Science and Challenges to Gender Identity Research”*.<sup>32</sup> However a major gap arises with the limitations of the traditional psychoanalytic, psychodynamic and social learning theories, because the assumption is made that cognitive processes guide learning and development at all times of life. These limitations, which lie within these theories themselves, mean that the neurophysiological innate and contagious processes which dominate development during the first three years continue to be ignored. The present perceptions implies that the way in which people respond or do not respond to a wash of sex differentiating hormones about 10 to 12 weeks after conception causes the brain to develop in a male to female direction, and everything follows thereafter. That leaves a yawning gap which my investigation seeks to explain. An additional issue arises because gender identity is determined by how each person relates the other. However interactions with the other can only happen at the earliest from the first moment after birth: they do not happen before that time.

The difficulties should not lie with implementation. Instead they arise from the understanding of how gender identities are formed. The results of current research, which are based on experiential evidence confirm and support the present understanding which concludes that the core elements of both gender and sexual identities are features which arise very early in development, which do not respond to the predations of others and cannot be changed in later life. They confirm that transgender conditions are driven by the search for identity and not reward, and that the methods for managing any trauma that occurs must be those that are appropriate for managing personality variation: not those for dealing with disruption. They demonstrate that gender identity is not a lifestyle choice, and that the presumption that gender reassignment is sought as a method of exerting power over women is not correct. This viewpoint is taken by the great majority of professional medical and psychological institutions in the Western world. It is also the position taken for example by the British Royal College of Psychiatrists<sup>33</sup>, the British Psychological Society and parallel United Kingdom organisations<sup>34</sup>. Equivalent positions are taken by the American Psychiatric Association<sup>35</sup> and the American Psychological Association<sup>36</sup>. Other international mental health organizations, including the World Health Organization have followed. All of these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view, whose guidelines are endorsed by virtually all of these major professional bodies<sup>37</sup>. It further supports the latest Memorandum of Understanding issued jointly by all the major medical and psychological professional institutions in the United Kingdom which condemns both “Gay Cures” and “Reparative Therapy” as being totally inappropriate for their harmful and destructive effect<sup>38</sup>.

However because of the gap in understanding of the origins of these conditions these explanations are not accepted by various factions. Different explanations of their origins are presented which tend to suit the agendas of the different groups: and selective use of science is being made to prove various points. Conservative Christian and radical feminist approaches both reject the identity driven

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<sup>32</sup> Gilchrist, S. (2019): *“Interpreting Science and Challenges to Gender Identity Research”* <http://www.tqdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf>

<sup>33</sup> Royal College of Psychiatrists' statement on sexual orientation [http://www.rcpsych.ac.uk/pdf/ps02\\_2014.pdf](http://www.rcpsych.ac.uk/pdf/ps02_2014.pdf)

<sup>34</sup> British Psychological Society and other organisations: Conversion Therapy: Consensus Statement. [http://www.bps.org.uk/system/files/Public%20files/conversion\\_therapy\\_final\\_version.pdf](http://www.bps.org.uk/system/files/Public%20files/conversion_therapy_final_version.pdf)

<sup>35</sup> APA Sexual Orientation and Gender Identity Statement: <http://www.apa.org/helpcenter/sexual-orientation.aspx>

<sup>36</sup> APA Policy Statements on LGBT Concerns <http://www.apa.org/pi/lgbt/resources/policy/> <http://www.apa.org/about/policy/sexual-orientation.pdf>

<sup>37</sup> The guidelines can be downloaded from this website: <https://www.wpath.org/publications/soc>

<sup>38</sup> This memorandum can be found at: <https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf>

characteristics and regard them as reward driven instead. Many religious groups take the view that stereotypical male and female gender identities must be imposed on all children because gender identity is determined on the grounds of biology alone. Some radical feminist groups may adopt the mantra that male to female transsexuals are predatory men who seek to exert power and domination over women. Groups like Transgender Trend are concerned about the impact of what they see as the rush to promote gender reassignment by a “*transgender lobby*”, is having on children. I review these issues in two papers. In the first of these papers: Gilchrist, S. (2019): “*Divisions: Self-Declaration and Gender Variant People*”<sup>39</sup> I discuss the social and legal implications that are involved. In the second paper: Gilchrist, S. (2019): “*Interpreting Science and Challenges to Gender Identity Research*”<sup>40</sup> I examine how objectivity is being maintained or is being denied in the use of scientific research. I also consider some of these issues in my answers to questions 29 to 32 in this document. It is absolutely essential to recognise and respect the genuine concerns that these people have and the passions with which their viewpoints are presented. However any departure from objectivity in the use of science can unintentionally cause considerable harm. It destroys the validity of their approach.

Of course more research is always needed. However, no matter how much research is carried out, the cry will always be made that “*more research is needed*” when that research does not support the agendas of the campaigning groups. Those people carrying out the research will be dismissed as campaigners or activists, or the existing research will be ignored or dismissed as lacking credibility if it does not meet the agendas of these campaigning groups. All of these terms allegations and dismissals are being employed in the arguments that are presently taking place. An urgent need is therefore to fill the present gap in the understanding of how transgender conditions and I attempt to do this in my own research. See Gilchrist, S. (2019): “*The Development of Transgender Behaviour and Identities in Early Life*”<sup>41</sup>. I also address these matters in this article.

Transgender people do not live in isolation from others in society. By their journey across the boundaries they challenge many vested interests, customs, practices and relationships regardless of their moralities in any society which is divided on gender lines. Some of these vested interests, customs and practices may genuinely promote the good of society, others will not. I consider some of these aspects in the remaining questions and answers in this document.

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### **11. MUST GENDER IDENTITY ALWAYS BE IN LINE WITH BIOLOGICAL SEX?**

No. Many studies do show that sexual differentiation in the brain develops well before birth. However the development of gender identity depends on the ability to separate the self from the other. That cannot happen in the womb. This means that the development of a gender differentiated brain, as distinct from a sexually differentiated brain, can only begin for the moment of birth. Some transformation mechanism is needed and it is shown that the range of behavioural differences between male and female babies from the moment of birth can be sufficient to trigger the direction in which gender identity develops, and the contagion of the development processes may lead to atypical gender identities being formed. The process is the same for everyone: however overlaps and large variations are found. Therefore development will usually, but need not always be, in line with biological sex.

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<sup>39</sup> See: Gilchrist, S. (2019): “*Divisions: Self-Declaration and Gender Variant People*”: <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

<sup>40</sup> Gilchrist, S. (2019): “*Interpreting Science and Challenges to Gender Identity Research*” <http://www.tgdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf>

<sup>41</sup> Gilchrist, S. (2019): “*The Development of Transgender Behaviour and Identities in Early Life*”: <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>



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### 12. WHAT DRIVES TRANSGENDER PEOPLE?

For many people the sense of gender seems so firmly fixed that it is accepted as a self-governing fact of everyday life. For transgender people their rejection of this sense of identity and their belief that they are "*Born into the wrong body*" often has a life-changing effect. The distress created by the early assigning or reassigning of the gender of intersex and very young children is used to argue that this gender incongruence is present from the moment of birth. It is also argued that how a baby responds to a wash of sex hormones in the foetal brain about ten to twelve weeks after conception determines the way in which gender identity develops. Because of these considerations, much research has been carried out on brain structure and functioning which attempts to identify sufficient gender based differences in the brains of males and females to show how these outcomes occur. However those arguments are challenged in this investigation. Although sexual differentiation in the foetal brain leads to behavioural differences which are found from the moment of birth, the creation of a gender differentiated brain as distinct from a sexually differentiated brain is shown to be due to the massive developments in brain structure and neuroplasticity which most intensely takes place up to four years after birth.

At birth the part of the brain responsible for reasoning, perception, intuition and understanding is very primitive in nature: thus the massive advances which take place during the first three to four years of life start from a very low base. In this work I map the transition between the contagious, fragmented, internally created driving forces identified in the neuroscience based studies pioneered by Girard, Dawkins, Gallese and others: which dominate development from birth, to the restraining forces of cognitive development identified in the traditional psychodynamic and social learning theories pioneered by Freud, Piaget and others: which only later can come into effect. Attempts to explain the origins of transgender conditions using these traditional theories and other social learning methods fail because the presumptions underlying them is that cognitive and social learning processes guide development at all times of life. Therefore in studies which rely on these traditional theories the impact of the early and innate neurophysiological driving forces are ignored. For Freud, Piaget and others the development of gender identity is presumed to begin from around the age of three years, primarily as a reactive process on a blank canvas. In this study, which takes account of the self-generating neurophysiological processes, this early period is instead shown to be a time of intense and rapid development, during which the core senses of gender identity and personality are formed and before this time have become locked in place. Children only fully develop their own theories of mind before the age of about four years. This is the time when many report their first experiences of feeling discomfort with the gender identity assigned to them. Even though the description of "*Born into the wrong body*" is incorrect, it eloquently describes what many feel about the situation they face.

The development of gender identity depends on establishing interactions with others. For all people, including transgender people, the development of gender identity starts in the same way. That is from the moment of birth. Evolutionary processes and studies on how people enact and respond to aggression show that different patterns for males and females exist. These differences are demonstrated to be pre-natal in origin. They are encountered in babies before any gender socialisation occurs. The overlap in behaviour and the contagion of early development means that some male newly born babies will behave and interact more like female babies and vice versa. This early difference is then reinforced by the momentum of the development process, and that pattern continues into adult life. This process begins far too early for masculine and feminine identities to be created, and these elements only exist as overlays on what has already been formed. It is shown

that that the creation of a sense of gender identity and the intensity with which gender reassignment is pursued is a consequence of these social interactions rather than the cause. Trauma arises because of the rejection, attrition and alienation which are created through the inability to identify with the expected demands. The conflict with gender is not about rewards. It is driven by identity instead. In everyday terms this means that male to female transsexuals are men who interact with society in emotions and attitudes in harmony with women. After transition many merge invisibly into society living ordinary lives.

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### **13. ONCE FORMED, CAN THE CORE GENDER IDENTITY BE CHANGED?**

In this investigation I examine these neural processes from both a neurophysiological and a psychological point of view. I show how the momentum of the contagious and innate neurophysiologically driven forces of early development leads to a basic core sense of gender identity being created. Although behavioural differences at birth may set the direction of travel, the contagion of these processes means that this usually, but not always, conforms to the biological sex: This core sense of identity only defines the place of the child in society. It is concerned with identity alone. I then show how later developments in brain physiology and cognition enable a gender role identification to be created, and also an underlying constancy of personality to be formed. In this investigation I demonstrate that all of the physiological, neurological and psychological aspects of brain development act together to form a finely tuned system in which the maximum amount of individuality, possessiveness, intelligence and inquisitiveness, together with the minimum degree of energy expenditure are generated. Typical or atypical gender identities can therefore develop and, from a statistical point of view alone it is expected that a proportion of people who have gender or sexually variant identities must be created without the requirement for any external cause. Children do not have the ability to be aware of any incongruence in the gender identity that is created until about the age of four years, and for some the conflicts that exist may continue to be confined to the unconscious mind. By this age any incongruence in the gender identity that has been created has been locked in place.

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### **14. HOW DO TRANSGENDER PEOPLE DESCRIBE THEIR BATTLES?**

A feature common to all of the neurophysiological studies is the emphasis on the great strength and intensity of these processes. This study matches learning abilities to these changes. All of these theories deal with conflicts which straddle the conscious and unconscious mind. When no conflict exists there will be no conscious awareness of the early formation processes that are involved<sup>42</sup>. Nevertheless the impact of the innate neurophysiological driving forces remains. The lifetime tension between these feedforward and adventurous forces of physiology and the feedback and restraining forces of cognition is demonstrated in this analysis to provide the stimulation whereby the highest degrees of achievements of humanity, and of individuality are obtained. Gender oscillations (or what is usually described as gender fluidity<sup>43</sup>) may appear as balances between

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<sup>42</sup> This is why the case study of the development of atypical rather than typical gender identities must be used

<sup>43</sup> The concept of gender fluidity implies that these lie somewhere along a cognitive continuum predicted by conventional theories. The fragmented nature of development described in this analysis challenges this concept. That is also important when other conditions, such as autism are considered: See: 5:0: "Manifestations" in: Gilchrist, S. (2015): "*Personality Development and Gender: Why We Should Rethink the Process*": [Updating]: <http://www.tqdr.co.uk/documents/209P-RethinkPaperFull.pdf> . Please note that this paper is currently being revised and updated. However it can still be accessed on the web at the present time.

these alter and on some occasions, intense disruption may be found<sup>44</sup>. Often the conflict may continue to be hidden from conscious awareness until the changes in neural processing at puberty reveal it or until some trauma, which may not be directly related to any gender issue occurs. This may be a cause of rapid onset gender dysphoria; for once the genie has been let out of the bottle it cannot be put back.

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### **15. HOW STRONGLY DO TRANSGENDER PEOPLE FEEL THEIR ALLEGIANCE?**

In this analysis I show that the development of gender identity is based on behavioural differences which apply from the moment of birth. The overlap in behaviour and the contagion of early development means that some male newly born babies will behave and interact more like female babies and vice versa. This early difference is then reinforced by the momentum of the development process, and that pattern continues into adult life. I conclude that the development of a gender identity arises as a consequence of these behavioural differences. It is not the cause. This means that for every person the development of their own gender identity and allegiance, atypical or not, proceeds in the same way. A consequence is that transsexuals develop a gender allegiance which is contrary to their biological sex, but this is at least as firmly held as those for whom their gender identity and allegiance follow a normal path, indeed it may be argued that the gender allegiance and identity which is felt by transsexuals should be even stronger because it has had to be fought for at all times. The failures or the inability to identify with male behaviour patterns and the male attitudes to aggression and competition also means that social attitudes and behaviour should correspond with the gender identity that is actually possessed. The development of gender identity is not through the pursuit of masculinity or femininity as the traditional theories predict. Male to female transsexuals are therefore men who interact with society in emotions and attitudes in harmony with women.

It is notable that transgender people may not be men who want to be women and vice versa. Many fight against this idea with all their might. That can last for many years and some may over-compensate for it in the way that they seek allegiance to the male role. This can continue until the attrition and the constancy of the dissention destroys their control. The underlying forces which drive this compulsion come from the desire to be true to themselves. The real test for this allegiance is to consider how well people who have undergone gender reassignment integrate into society. After transition has taken place, gender for many no longer noticed as an issue in everyday life. The great majority merge invisibly into society and as women they live ordinary and unremarkable lives.

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### **16. HOW DO TRANSGENDER PEOPLE INTERACT WITH SOCIETY?**

Part of this answer is given in the answer to the question “*What about the disagreements?*” Much relies on the attitudes that society and others adopt. The need for anonymity depends on the safety of the individual. In contradiction of the assertion that transgender people are seeking to exert power over women and erase their rights and concerns by some feminist groups, they are far more likely to suffer abuse and ridicule instead. Victims of transphobia experience harassment, school bullying, and violence in school, foster care, and social programs. Adult victims experience public

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<sup>44</sup> The term oscillation is preferred because elements of bipolarity may be involved. See 5:2 and 9:1:4: “Bipolarity” in Gilchrist, S. (2015): “*Personality Development and Gender: Why We Should Re-think the Process*”: [Updating]: <http://www.tgdr.co.uk/documents/209P-RethinkPaperFull.pdf> . Please note that this paper is currently being revised and updated. However it can still be accessed on the web at the present time

ridicule, harassment including misgendering, taunts, threats of violence, robbery, and false arrest; many feel unsafe in public. A large proportion of transgender people declare that they have been the victims of sexual violence. Some are refused healthcare or suffer workplace discrimination, including being fired for being transgender, or feel under siege by conservative political or religious groups who oppose laws to protect them. There is also discrimination from some people within the movement for the rights of gender and sexual minorities. These issues give many reasons for seeking anonymity but these are all reasons that should not exist, and from which there should be no need to hide. That is why transgender people need society to counteract these prejudices and offer them a full welcome into it, and it is why any rejection of the honesty, integrity and full acceptance of their identities, particularly by churches and religious groups can have such a harmful effect.

Although some lesbians and feminists see male to female transsexuals as predatory men who seek to exert power and domination over women, transsexuals often see themselves as victim groups who find that the trauma they face is created by the harassment of society instead. Some have reacted against this and their rejection of men and the male role, together with their identification with women has turned some into propagandists and maybe radical feminists instead. The lack of understanding of the origins of the condition and the failure of each group to listen to or accept the integrities and experiences of the other has led to manipulations of science and the present toxic disputes.

There are many different approaches and the question of how transgender people interact with society will depend greatly on the circumstances they face. Those who publically declare that they are transsexual are outliers in their approach. That is for a variety of reasons. Transgender women and natal women have different histories and backgrounds but when they relate as women to natal women, they relate as themselves. The aim of most transgender women is to accept their full responsibilities to society, be welcomed into society simply as themselves; and to be fully accepted in society as they are, without any need for secrecy being involved.

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### **17. CAN TRANSGENDER PEOPLE BE “CURED”?**

The present scientific consensus and the professional medical institutions which have an involvement in transgender issues, regard the core elements of both gender and sexual identities as features which arise very early in development, which do not respond to the predations of or recruitment by others and cannot be changed in later life. This confirms not only the experiences of many transgender people, but also the conclusions of the professional medical institutions, the scientific consensus and the mass of experiential evidence which shows that transgender women relate as themselves and to others in society in ways which correspond to those which any woman who was forced to live as a man might expect. It further supports the latest Memorandum of Understanding issued jointly by all the major medical and psychological professional institutions in the United Kingdom<sup>45</sup>. This condemns both “Gay Cures” and “Reparative Therapy” as being totally inappropriate for their harmful and destructive effect. These are processes which attempt to change the sexual orientation and the gender identity of any individual by restoring a sexual orientation or gender identity which corresponds with that associated with the biological sex that is presumed to exist. Not only do these processes fail to achieve this, they attack and destroy the sexual or gender identity on which that person’s sense of selfhood is built and they leave a vacuum in its place.

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<sup>45</sup> This memorandum can be found at: <https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf>

Although the euphoria that can be created may seem to provide a “cure” and provide relief for a time they attack an essential foundation upon which the sense of selfhood is based.

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### **18. SHOULD THE PRIMARY IDENTITY MARKER FOR SOCIAL AND LEGAL IDENTIFICATION BE GENDER IDENTITY OR BIOLOGICAL SEX?**

In the section on “What are the Arguments?” I noted that instead of one argument about self-declaration, two battles are currently being fought, the first is concerned with sexual abuse and abuses of power by men who are not transgender; the second is about transgender people themselves. When gender identity conforms to that expected by biological sex, little difference will be encountered, but when they do not the legitimacy of transgender identities is denied. For radical feminist and women who treat all men as potential sexual abusers the social marker must be identified as biological sex. For religious groups who believe that gender identity is a God-Given feature that should not be tampered with the identity marker for legal social and in addition spiritual, action the identity marker should again be biological sex.

This denial has led to the collusion of the Christian Church in the secular scapegoating of gender and sexually variant people by society, and to the present proposals by the United States executive government to legally define gender identity as being that belonging to the genitalia present at birth, irrespective of any other influences and regardless of any transformations, surgical or otherwise that are made. The traditional teaching of the Christian Church which condemns all forms of gender and sexually variant behaviour, regardless of purpose as intrinsically disordered acts of grave depravity also highlights that concern. An article: “*Church of England crosses red line as it blesses “genital mutilation”*” published by “Anglican Mainstream” reflects the prejudices and the nature of the feelings involved<sup>46</sup>.

The issues of self-declaration provoke a further battle between what most transgender people themselves believe and what some radical feminist viewpoints pursue. In the United Kingdom the identity marker for social interaction was changed from biological sex to gender identity as long ago as 2004 when the 2004 Gender Recognition Act was passed. In practical terms, transsexual people have been able to self-declare their gender identity for social and legal purposes under the 2010 Equality Act. The proposed Government changes to the 2004 Gender Recognition Act, which would allow people to self-declare their gender identity, should have had little direct impact on these arrangements, since there is no intention to change anything relating to the protection of women under the act. The attacks by feminist groups dismiss these already existing protections by encouraging people to believe they do not exist. They also raise unjustified alarm amongst women by arguing that self-declaration will lead to a free-for-all situation where no protections whatever will be applied. The rates of sexual and physical abuse by men against women are very much higher than the reverse, and figures regularly show that one in four women have been the victims of sexual or physical abuse. That is an intolerable situation and its significance and impact should never be avoided or diminished in any way. I also argue very strongly that the protection of women’s safe spaces must remain fully intact. All men are considered to be abusers by declaring that they really are men who are transgressing the realities of women’s lives, and they emphasise that the social marker must always be biological sex.

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<sup>46</sup> Anglican Mainstream. (2018): “*Church of England crosses red line as it blesses “genital mutilation”*”. December 11<sup>th</sup> 2018  
<https://anglicanmainstream.org/church-of-england-crosses-red-line-as-it-blesses-genital-mutilation/>

Contrary to the feminist view that male to female transsexuals are protagonists who seek to erase the identities of women, transgender experiences are far more like those of victims instead. In the question on: how strongly do transgender people feel their allegiance? I note the overlap in behaviour and the contagion of early development means that some male newly born babies will behave and interact more like female babies and vice versa. This early difference is then reinforced by the momentum of the development process, and that pattern continues into adult life. I conclude that the development of a gender identity arises as a consequence of these behavioural differences. It is not the cause. This means that for every person the development of their own gender identity and allegiance, atypical or not, proceeds in the same way. A consequence is that transsexuals develop a gender allegiance which is contrary to their biological sex, but this is at least as firmly held as those for whom their gender identity and allegiance follow a normal path, indeed it may be argued that the gender allegiance and identity which is felt by transsexuals should be even stronger because it has had to be fought for at all times. The failures or the inability to identify with male behaviour patterns and the male attitudes to aggression and competition also means that social attitudes and behaviour should correspond with the gender identity that is actually possessed, and this is borne out by experiential evidence which shows that transgender people are not a threat. See: Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People"*<sup>47</sup>

The development of gender identity is not through the pursuit of masculinity or femininity as the traditional theories predict. Male to female transsexuals are therefore men who interact with society in emotions and attitudes in harmony with women. The conclusion is therefore that the primary marker for gender and social interaction must be gender identity, and not biological sex. The effect of the reform to the 2004 Gender Recognition Act is to make what the present legislation provides for explicit rather than implicit, as it has been from the time that the 2010 Equality Act was passed. The challenge to the legitimacy of transgender identities is therefore coming from both religious and some radical feminist sources. A great deal of anger is encountered within the transgender communities because of the misrepresentation that occurs.

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### **19. HOW IS THE EXPERIENTIAL EVIDENCE AND THE SCIENTIFIC CONSENSUS SUPPORTED?**

It is shown in this study that a major limitation on traditional psychodynamic, psychoanalytic and social learning theories occurs during studies on early personality and identity development, including gender identity, because they presume that learning is driven by cognitive processes at all times of life and the innate neurophysiological forces which dominate early development are ignored. The aim of my research has been to fill that gap. This demonstrates that the development of gender identity is not through the pursuit of masculinity or femininity, as the traditional theories predict. Instead it is from the different interactions between aggression, competition, co-operation and empathy that are formed. In place of conflicts which arise from the pursuit of rewards, it demonstrates that the conflicts which transgender people face are concerned with identity instead. It affirms that for legal purposes transgender women must be regarded as women. It confirms not only the experiences of many transgender people, but also the conclusions of the professional medical institutions, the scientific consensus and the memorandum of understanding condemning "Gay Cures" and "Reparative Therapy" as harmful approaches.

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<sup>47</sup> See: Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People"*: <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

## 20. WHAT ABOUT INTERSEX PEOPLE?

People who identify as transgender or transsexual are usually people who are born with typical male or female anatomies but feel as though they've been born into the "wrong body." For example, a person who identifies as transgender or transsexual may have typical female anatomy but feel like a male and seek to become male by taking hormones or electing to have sex reassignment surgeries. People who have intersex conditions have anatomy that is not considered typically male or female. Most people with intersex conditions come to medical attention because doctors or parents notice something unusual about their bodies. If experts at medical centres are asked how often a child is born so noticeably atypical in terms of genitalia that a specialist in sex differentiation is called in, the number comes out to about 1 in 1500 to 1 in 2000 births. These are the people who are likely to be reassigned to a gender more in conformity to their appearance, often without their knowledge close to birth. The trauma that this has created has led expert medical opinion to declare that any such reassignment should be delayed until children make their own decision. In contrast to this some groups concerned with transgender issues try to minimise the number involved by creating their own restricted definitions of intersex, and the categories they chose to include do not necessarily have any association with transgender at all.

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## 21. ARE TRANSGENDER PEOPLE MORAL?

In this science based investigation it is demonstrated that these gender and sexually variant conditions are instead driven by the search for identity and not behavioural reward. Behaviour is not the motive. Therefore there must be as wide a range of moral attitudes and behaviour among the gender and sexually variant peoples as in the community at large. As a consequence a moral duality must exist whereby those transgender people who seek to express their own identities in ways which conform to the highest moral values of society should be highly regarded, while those who do not should be very severely condemned for their acts.

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## 22. IF THIS MORAL DUALITY EXISTS, WHY IS IT DENIED BY MANY THE CHRISTIAN CHURCH?

The condemnations of traditional Christian teaching are quite clear when in the traditional teaching it condemns all homosexual acts as intrinsically disordered behaviour of grave depravity which is always in pursuit of inappropriate sex. The same arguments are also extended to transgender people. This doctrine makes no distinction between acts which represent the outpourings of love and faithfulness, or power and domination, or lusts for immoral sex. Any form of gender or sexually variant behaviour, regardless of purpose, where gender discrimination or gender complementarity is social and legally enforced challenges the "good order" of society. In my separate research studies I show that a paradigm shift has taken place in Christian teaching, where the condemnations of acts, which were first condemned on the grounds of their purpose and intention, have been turned into condemnation of the acts<sup>48</sup>. Separating the abuses of power from the abuses of sex gave the institutions of the Church some protection against being accused of complicity in any such acts<sup>49</sup>.

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<sup>48</sup> For the full range of papers on these issues see: <http://www.tgdr.co.uk/articles/bibliography.htm>

<sup>49</sup> Gilchrist, S. (2017f): "Condemning Sexual Abuse and Welcoming Gender and Sexually Variant People into the Christian Church": <http://www.tgdr.co.uk/documents/237P-ChangesInChurch.pdf> also: Gilchrist, S. (2017e): "Gender and Sexual Malpractice and Abuse in the Christian Church": <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf> and BBC News 20 February 2019: "Catholic cardinals urge end of 'homosexual agenda': <https://www.bbc.co.uk/news/world-europe-47302817>

The need to combat the gross abuses of power and sexual abuses in society has meant that all awareness of the moral dualities inherent to gender and sexually variant behaviour has been lost. Because of these the universal condemnation of gender and sexually variant behaviour arises from changes in the theology of the Church<sup>50</sup>.

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### **23. DO TRANSGENDER PEOPLE SEEK TO ERASE THE DIFFERENCES BETWEEN MEN AND WOMEN?**

The argument that *“the possibility of celebrating or recognising gender transition appears to be based on the rejection of physical differentiation between male and female”* is held by a number of groups but that is predicated on their assumption that it is a lifestyle choice. One description states that *“Radical trans activists, with the complicity of progressives earnestly attempting to support what they perceive as a vulnerable victim group, are guilty of the worst form of misogyny in their ruthless campaign to erase from our thoughts the human female body as a unique life form. Many feminists understand this, and they comprise the frontlines of resistance to this movement. For their pains they have earned the condescending sobriquet of “TERFs,” trans exclusionary radical feminists”*<sup>51</sup>. That presumption of choice and the erasing of female identity is emphasised in another article<sup>52</sup> *“We want to talk about gender and the differences between men and women, and whether or not the law should be rewritten to allow people to change their legal sex more easily. The government says it is committed to making ‘self-identification’ easier. That means whether you are legally male or female is purely a matter of choice. It would be nothing to do with your biology or your socialisation”*. The equivalent perception that transgender people are protagonists who pursue power and choice in the erasing of female identity is expressed in the radical feminist mantra that male to female transsexuals are predatory men who seek to exert power and domination over women, who manipulate femininity to their own desires and advantage by adopting a female role.

In contradiction of this assertion that transgender people are seeking to exert power over women and erase their rights and concerns, they are far more likely to suffer abuse and ridicule instead. Child victims of transphobia experience harassment, school bullying, and violence in school, foster care, and social programs. Adult victims experience public ridicule, harassment including misgendering, taunts, threats of violence, robbery, and false arrest; many feel unsafe in public. A large proportion of transgender people declare that they have been the victims of sexual violence. Some are refused healthcare or suffer workplace discrimination, including being fired for being transgender, or feel under siege by conservative political or religious groups who oppose laws to protect them. There is also discrimination from some people within the movement for the rights of gender and sexual minorities. Contrary to the feminist view that male to female transsexuals are protagonists who seek to erase the identities of women, these experiences are far more like those of women as victims instead. These experiences are ones of lifetimes of being forced to live in a gender role which one cannot identify with, with all of the anguish distress, rejection and high suicide rates that are involved.

Transgender people seek equality in power, behaviour and equality between the sexes. They attack the compulsory enforcement of gender complementary in all societies by demanding that they and all people are given equal acceptance in both gender roles, Transgender people cross the

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<sup>50</sup> Theological studies references. For the full range of papers see: <http://www.tgdr.co.uk/articles/bibliography.htm>

<sup>51</sup> Kay, Barbara. (2018): *“Diluting the meaning of ‘woman,’ to appease transgender activists, is misogyny”* National Post: <https://nationalpost.com/opinion/barbara-kay-transwomen-deserve-respect-but-they-arent-women>

<sup>52</sup> Green, Judith. (2018): *“Transgender activists and the real war on women”* Spectator <https://www.spectator.co.uk/2018/03/transgender-activists-and-the-real-war-on-women/>



boundaries between male and female, and the adoption of gender identity as the marker for social interaction is a measure of how fully gender equality has been achieved. Although some lesbians and feminists see male to female transsexuals as predatory men who seek to exert power and domination over women, transsexuals often see themselves as victim groups who find that the trauma they face is created by the harassment of society instead. Some have reacted against this and their rejection of men and the male role, together with their identification with women has turned some into propagandists and potentially radical feminists instead. The lack of understanding of the origins of the condition and the failure of each group to listen to or accept the integrities and experiences of the other has led to manipulations of science and the present toxic disputes.

However transgender people do not erase the differences between men and women, instead of this they identify what the social and neurological differences are, and they highlight the problems that arise. The transgender demand for true equality challenges the enforcement of a dogma or doctrine in Churches and countries and religious institutions which enforce gender complementarity in their institutions. This also means that the actions of any chauvinist or feminist group which seeks to give either sex power or domination over the other are challenged as well. Those groups who argue that transgender people erase the differences between men and women ignore or deny all of the other variances. It is crucial that these differences and the concerns they give rise to acknowledged and fully addressed.

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### **24. IS GENDER COMPLEMENTARITY AN ISSUE?**

People cross-dress and disrupt gender for many reasons. In this account it is shown that the different patterns of male and female aggression are not just a matter of social conditioning, they are also an inbuilt and evolutionary trait. There are indeed predatory men who seek to exert power and domination over women, who may also manipulate femininity to their own desires and advantage by adopting a female role. The challenge for any woman when she meets such an individual is one of knowing which is correct. These are areas where major abuses could occur, where the concerns must be fully recognised, where the appropriate caution is needed and where carefully measured approaches must be enforced.

Challenging Christian doctrines demands that a further criterion is satisfied, for this requires that the views of the founder must always be correct. If any changes in interpretation are needed they must be shown to be because of misunderstanding by the followers or historical changes rather than mistakes by the leader himself. That is the focus of my theological work<sup>53</sup>. One of the most obvious areas of relevance comes from the enforcement of gender complementarity by various branches of the Christian Church. It is perhaps notable that in the Bible Jesus never condemns gender complementarity. However the social and legal enforcement of it is condemned by Jesus many times. That approach is contradicted by Peter and Paul in the Epistles and Letters, where the social and legal enforcement of gender complementarity was needed for survival and to gain respect for Christians and the Church. This constitutes a change in the theology of the Church. A further change has led to a paradigm shift in Christian teaching where the condemnations of acts, which were first condemned on the grounds of their purpose and intention, have been turned into condemnation of the actual acts<sup>54</sup>. Separating the abuses of power from the abuses of sex gave the institutions of the Church some protection against being accused of complicity in any such

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<sup>53</sup> See: <http://www.tqdr.co.uk/articles/index.htm>

<sup>54</sup> For the full range of papers on these issues see: <http://www.tqdr.co.uk/articles/bibliography.htm>

behaviour<sup>55</sup>. The need to examine the developments of Christian Theology is therefore also a major but separate part of this investigation. That need is highlighted in a letter opposing the introduction of a liturgy to welcome transgender people into the Church of England which states *“The possibility of celebrating gender transition appears to be based on the rejection of physical differentiation between male and female (known as ‘sexual dimorphism’). This dimorphism is not only an almost universal biological reality (with the exception of a very small number who are biologically intersex) but has also been the basis of the Church’s understanding of Christian marriage, is seen as an important feature of God’s work as creator, and is a symbol of God’s covenant relationship with humanity”*<sup>56</sup> Gender complementarity is only an issue when it is socially and legally enforced. As a voluntary activity it can rightly be embraced in social and family life. Indeed conforming to it is the most natural and voluntary way for most people to live their lives.

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### **25. DO TRANSGENDER PEOPLE CHALLENGE FAMILY LIFE?**

Yes they do, and a great deal of anguish can also be caused to their families and friends. However the distress faced by transgender people is also great.

If this is to be managed correctly it is essential that the correct understanding of the origins and dynamics of these conditions, and that the correct management methods are used. Gender and sexuality go their different ways. Many transsexuals marry in their imposed gender role for all the right reasons and love they possess. However as age increases the drive gets stronger and if no way is found to manage these dynamics the outcome can be a total, sudden and catastrophic collapse. This can have devastating results. When gender and sexuality are in conflict it is usually sexuality that is suppressed. There is the destruction of relationships and commitments through the failure to cope, even when love is as strong as ever. There is the blame for letting oneself down, the hurt to other people that has been caused and the guilt for the inability to conform to the edicts of others and one’s own expectations. Crippling harm can be created by the attitudes of some religious groups who heap guilt on transsexuals who cannot follow the path they prescribe. The trauma that this creates can be enormous and further attempts to fight the conflict only accelerate the demand. Much of one’s self identity is built on a foundation that is wrong and a different approach is required<sup>57</sup>. This must calm the dynamics and provide a firm base.

There is a fundamental disagreement about how the understanding of gender and sexually variant conditions is interpreted by science, and how it is interpreted by many in the Christian Church. Of particular concern is the way that some in the Church are making selective use of science to try to give the impression that science supports the conclusions they seek to present. The present worldwide scientific consensus and the opinions of the professional medical institutions which have an involvement in transgender issues, regard the core elements of both gender and sexual identities

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<sup>55</sup> Gilchrist, S. (2017f): *“Condemning Sexual Abuse and Welcoming Gender and Sexually Variant People into the Christian Church”*: <http://www.tgdr.co.uk/documents/237P-ChangesInChurch.pdf> also: Gilchrist, S. (2017e): *“Gender and Sexual Malpractice and Abuse in the Christian Church”*: <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf> and BBC News 20 February 2019: *“Catholic cardinals urge end of ‘homosexual agenda’*”: <https://www.bbc.co.uk/news/world-europe-47302817>

<sup>56</sup> The full letter can be found at: <https://www.responsetohob.co.uk/>

<sup>57</sup> These are more fully discussed in Gilchrist, S. (2013d). *“Personality Development and LGB&T People: A New Approach”*. Gilchrist, S. (2015a) *Personality Development and Gender: Why We Should Re-think the Process*: and in Gilchrist, S. (2011e) *“Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality”*. Research and clinical practice has shown that the core concept of gender, in the sense of being who one is, is one of the first, (if not the first) general concept of self to be formed. It develops from birth. Attempts to fight it or to suppress it invariably fail and methods similar to those which are used to manage addiction or depression must be employed. However addiction and depression are compulsions of moritudo which lead to oblivion or death. The compulsions associated with the gender conflict lead towards fulfillment and life. They grow stronger with age and gender reassignment is generally considered to be the inevitable outcome of the condition. Once it has been correctly assessed current psychiatric approaches concentrate on enabling ways of enabling the most effective and least disruptive transition. See footer for access.

as features which arise very early in development, which do not respond to the predations of or recruitment by others and cannot be changed in later life.. At the Church of England General Synod in February 2019 many questions asked the House of Bishops to describe how they had considered the impact on friends and family of male to female transsexuals who had transitioned, or which asked them to withdraw the document providing for the use of an existing liturgy to welcome transgender people who had transitioned into the Church<sup>58</sup>. There are two reasons that could lie behind this. One is the wish to provide genuine help. The second is to prevent or to dissuade transgender people from transitioning in the first place. That viewpoint can express the agenda that transgender people are being selfish, that they are only prepared to look after their own interests or declare that they are condemned in Christian teaching as having fallen from grace and salvation through the pursuit of inappropriate acts. If these issues are not faced up to with full consideration of the difficulties encountered on both sides the result is all too often a catastrophic collapse which can devastate transgender people and families alike.

Therefore the key issues to be considered are about how to address this question. The response of those who oppose transition is to argue that God's love is available to everyone and that transsexuals should avoid transition, by living their lives as they are "In the Full Love of Christ". Any service which welcomes transgender people who have transitioned into the Church is considered as escape from that obligation. There is also the perception that these conditions can be "prayed away" and that "Gay Cures" and "Restorative Therapy can restore a gender or sexual orientation to that which is expected by the biological sex. The problem with these views is that they are not supported by science and great harm is created when the incorrect viewpoints are applied. It is this concern which has led not only the major United Kingdom professional medical institutions to sign a Memorandum of Understanding condemning such practice, but also equivalent condemnations on a worldwide basis. That evidence would seem to be pretty conclusive and the degree of acceptance is leading Governments and States to legally ban conversion therapy and gay cure approaches. However challenges continue to be made by Christian and other groups who seek to countermand this consensus view by presenting what are claimed to be objective views of science, but which instead interpret the science in a selective way: so that it seems to justify the agenda they seek. Arguments are often presented which state that more research is needed before transgender people can be accepted, but more research will always be argued for if science does not support the arguments that are pursued. It is extremely important to note that I do not dispute the motives of these protagonists in any way. These are very real concerns which must be taken seriously and be fully addressed. The condemnations that are made destroy the self-esteem and the self-acceptance that is needed to manage these demands.

I addresses these issues in two papers: Gilchrist, S. (2017h): "Marriage, Sex and Gender"<sup>59</sup>  
Gilchrist, S. and Beardsley, T (2014d): "A Report on The Workshop: Love's constancy & legal niceties: transgendered perspectives on marriage" Led by Tina Beardsley & Susan Gilchrist 'To Have and To Hold – the Theology of Marriage', Conference held on Saturday 27th September 2014 at St John's Church, Waterloo, London<sup>60</sup>:

Studies on marriage survival rates show that of those who were in a relationship before they decided to transition, about half reported that their relationship had been maintained. Of the relationships which did not survive after the transition, only about half of FTMs reported the reason for separation was related to their transition. Similar experiences are found with male to female

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<sup>58</sup> Church of England General Synod document \*\*

<sup>59</sup> Gilchrist, S. (2017h): "Marriage, Sex and Gender": Article: <http://www.tgdr.co.uk/documents/030B-MarriageAndGenderArticle.pdf>

<sup>60</sup> Gilchrist, S. and Beardsley, T (2014d): "A Report on The Workshop: Love's constancy & legal niceties: transgendered perspectives on marriage" Led by Tina Beardsley & Susan Gilchrist 'To Have and To Hold – the Theology of Marriage', Conference held on Saturday 27th September 2014 at St John's Church, Waterloo, London: <http://www.tgdr.co.uk/documents/213P-TrangenderMarriageFinal.pdf>

transsexuals .The survival of marriages and families depends greatly on the quality of pastoral care and support that is provided. Many report that the same love remains and that they are still married to the same person even through gender presentation had totally changed. Clearly supportive counselling is required. It must not be condemnatory in nature. The very least that any Church could do is to give all members of any family, including the person who is transitioning their total respect and unequivocal support

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### 26. WHAT IS MY RESPONSE?

It should perhaps be noted that I have not transitioned. I value and cherish everything in the life I have built and there is nothing I would change except the frame of reference in which it is lived. However that demands maintaining a truce between the commitments I have made to the life I have built, and this conflicts with the sense of identity I feel deep inside. Those commitments will change as life alters and as ideals for the future give way to the realities of the past. However the sense of identity does not, and I can only maintain that truce because I believe it is right. Therefore I totally support those for whom the balance of that truce leads to gender reassignment, and that would include myself. Keeping that truce is also crucially dependent on the attitudes of others<sup>61</sup>. Even well-meaning opinion can be counterproductive since any advice which expects transsexuals to use willpower to control the conflict has the opposite effect and it reinforces the runaway drive. The need for everybody to confirm their own self identities means that people are always likely to live in a gender polarised society. However that need not be an intolerant society. For this reason a public education programme is urgently needed to correct the current misunderstandings and to enable the churches and society to move forward together in true love for each other in this world. I totally support the decision of the Church of England to recommend a liturgy for welcoming transgender people into the Church. I also believe that is overdue. Providing the correct pastoral care demands the full and open understanding that both religion and science ought to present. I believe that the present manoeuvrings are destroying the lives of many people and the integrity of the Church.

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### 27. CAN TRANSGENDER PEOPLE BE FEMINISTS?

Although gender equality is socially and legally aspired to, few would consider today that we live in a truly equal society. The rates of sexual and physical abuse by men against women are very much higher than the reverse, and figures regularly show that one in four women have been the victims of sexual or physical abuse. That is an intolerable situation and its significance and impact should never be avoided or diminished in any way. Even though men and women may be equally aggressive, it is shown that they tend to express their aggression in different ways. Work on the "*domestication of the brain*" suggests that this is not just a matter of social adjustment and the presence of these differences before gender socialisation occurs, also marks this out as an evolutionary trait. The strength of the "*me too*" movement<sup>62</sup>, with the high prevalence and the often justified condemnations of male violence against women, is a dominant feature in current society. It has been noted that two completely different views about how atypical gender identities are created are currently held. For those who accept that male to female transsexuals have a history of living in

<sup>61</sup>The word truce is used instead of balance here because this still represents the outcome of unresolved battles.

<sup>62</sup> The "Me Too Movement", is a movement against sexual harassment and sexual assault. The movement began to spread virally in October 2017 in an attempt to demonstrate the widespread prevalence of sexual assault and harassment, especially in the workplace. It followed sexual-abuse allegations against Harvey Weinstein. Tarana Burke, an American social activist and community organizer, began using the phrase "Me Too" as early as 2006, and the phrase was later popularized by American actress Alyssa Milano, on Twitter in 2017. Milano encouraged victims of sexual harassment to tweet about it and "give people a sense of the magnitude of the problem". (Wikipedia)

a role they cannot identify with; then the primary marker for all social and legal identification should be gender identity. For those believe that the drive is one of power over women, it should be biological sex. However there is no consensus and considerable disagreement and arguments exist.

It is notable that many people in the more radical sections of the feminist movement deny the legitimacy of transgender identities. One should expect a true feminist agenda to seek equality for all, but paradoxically the need to assert and reverse the gender binary between men and women is essential if the momentum of the more radical feminist campaigns for gender recognition is to be sustained. This whole area has become a political minefield where the validity of transgender experience and the freedom of self-identification are being condemned because transgender people are being alleged to erase the validity of lesbian relationships. Groups such as these are identified as Trans-Exclusive Radical Feminists (TERFs) and cause considerable anger in the transgender community. As far as these feminists are concerned transgender people are perceived to weaken their campaigns against the oppression of women, since the mantra that male to female transsexuals are really men who masquerade as women, has to continually be reinforced.

Amongst many women, including feminists the opposite view is encountered. When people meet others who are transgender they often find that the great majority of them are people who are seeking to be true to their own identities in the gender they know they possess. It is also of note that a recent poll showed that a large majority of women were in favour of granting transgender women full women's rights. It is also reassuring to note the strength of the condemnation by other LGBT people of anti-transgender lesbian activists who sought to disrupt the 2018 London Pride Parade. The growing public profile of gender variant people means that other people in society are becoming increasingly able to make their own judgements on these matters. Among many women and feminists there is now wide support for transgender people, with no sense of threat to their own feminism and the expression of feminist views. Transgender women and natal women do have different histories and backgrounds, but I believe that their matching experiences enrich rather than condemn any feminist cause.

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### **28. WHAT IS THE CURRENT RESEARCH BASE?**

Some campaigning groups base their arguments on the allegation that the work I have described has been produced by activists in pursuit of ideology and no credible scientific base exists. Evidence for these viewpoints I believe can be found on Transgender Trend's website. On the advice given to schools on the *"Impact of Teaching Gender Identity to Children"* Transgender Trend states *"Transgender organisations such as Gendered Intelligence, GIRES and Allsorts Youth Project deliver training for teachers and PSHE classes for children in schools. Their teaching is backed by no credible science but has been adopted by government, the NHS, schools and therapists. Changing gender is presented as synonymous with changing sex The definition of "girl" is "young female" and a boy is a "young male" so to be "a girl in a boy's body" makes no sense and renders the words "boy" and "girl" meaningless and indefinable If changing from boy to girl can be achieved by changing social markers of gender (eg clothes/hairstyle) the meanings of the words "boy" and "girl" change from factual biological sex categories to subjective gender types (ie stereotypes)"*<sup>63</sup>. Other groups, such as the Evangelical Alliance make the same allegations over lack of research and present viewpoints which are at variance with the peer reviewed publications and the conclusions that are reached. Some radical feminist groups continue to pursue the mantra that

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<sup>63</sup> <https://www.transgendertrend.com/wp-content/uploads/2018/02/Impact-of-Teaching-Gender-Identity-to-Children.pdf>

male to female transsexuals who masquerade as women to exert power and domination and manipulate femininity to their own desires. While it is perfectly legitimate to present your own reasons to support your own arguments it is hardly acceptable to claim that you are presenting an objective account of the science when the scientific consensus, the viewpoints of the professional medical institutions and the results of peer reviewed academic research are all left out. These issues are discussed in more detail in Gilchrist, S. (2019): *“Interpreting Science and Challenges to Gender Identity Research”*<sup>64</sup>

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### 29. WHAT IMPACT DOES THE CLAIMED LACK OF KNOWLEDGE HAVE?

One of the major arguments being put forward by those who are opposed to the full inclusion of transgender people is the claimed lack of research. That, together with the lack of knowledge about existing understanding, is evident in a letter opposing the introduction of a liturgy which welcomes transgender and transsexual people into the Church of England<sup>65</sup>. It is also to be found on the *“Transgender Trend”* website where the objectivity of the work of many people in this field is dismissed by calling them activists instead.<sup>66</sup> As someone who has sought to manage my own situation and who has aimed to give transgender people the maximum freedom of choice by challenging some of the traditional approaches, it might be expected that I should have some sympathy with the views expressed by these organisations<sup>67</sup>. I do indeed recognise and respect the genuinely felt fears and concerns that these people have. However I totally and unequivocally condemn every group, regardless of purpose, who manipulates science, or who uses pseudo-science either in ignorance, or intentionally, to justify their approach.

<sup>64</sup> Gilchrist, S. (2019): *“Interpreting Science and Challenges to Gender Identity Research”* <http://www.tgdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf>

<sup>65</sup> A summary of the letter is given here: A RESPONSE TO THE HOUSE OF BISHOPS GUIDANCE ON TRANSGENDER WELCOME. *“Gender dysphoria is an emotionally painful experience that requires understanding, support and compassion. Because it has affected a very small proportion of people, evidence from the medical and social sciences is often conflicting and of poor quality. Although gender dysphoria has been recognized for many decades, in recent years controversial new theories about the relationship between biological sex and the social meaning of gender have been linked to gender dysphoria. These ideas continue to be widely contested, with well-intentioned and thoughtful people on all sides of the debate..... The many ordinary parents and teachers who now express concern about these new theories do not wish to cause harm to the tiny number of children afflicted by gender dysphoria; but neither do they want to harm the potentially larger numbers of children by prematurely imposing untried and untested ideas on young children. Given the many instances in the history of medicine where under-researched interventions, introduced prematurely, have caused more harm than good, our guiding principle should be ‘first do no harm’....The possibility of celebrating gender transition appears to be based on the rejection of physical differentiation between male and female (known as ‘sexual dimorphism’). This dimorphism is not only an almost universal biological reality (with the exception of a very small number who are biologically intersex) but has also been the basis of the Church’s understanding of Christian marriage, is seen as an important feature of God’s work as creator, and is a symbol of God’s covenant relationship with humanity.....In addition, there is no recognition that novel and largely untested theories about sex and gender also carry potential for harm in terms of the psychological and developmental needs of children and young adults. The notion of gender transition is highly contested in wider society. There is widespread concern at the idea of biological males claiming to be women when they have not shared their personal and social experience; there has been a worrying increase in rapid onset gender dysphoria (ROGD) particularly amongst girls who appear to lack confidence in their identity as female; there are concerns about the long-term effects of ‘puberty blocking’ hormones given the poor quality of the research; and there is no scientific or medical consensus that surgical and medical interventions (‘gender transition’) effectively address the complex symptoms associated with gender dysphoria over the long term.”* The full letter can be found at: <https://www.responsetohob.co.uk/>

<sup>66</sup> The Transgender Trend website says that: *“While sex (male/ female) is an immutable biological reality, gender (masculinity/ femininity) is understood as a social construct which changes through history and according to societal norms. Conversely, the American Psychiatric Association (APA) who produce the guidance upon which NHS practice is based, describes gender identity as: ‘a category of social identity (that) refers to an individuals’ classification as male, female or occasionally some category other than male or female. It’s one’s deeply held sense of being male or female, some of both or neither, and does not always correspond to biological sex’* As such according the APA & NHS gender identity is unverifiable and yet considered to exist independent of both gendered socialisation and biological sex. *There is no scientific basis for the idea of innate deeply-held sense of gender..... Social change has in large part been driven by the tactics of transgender activists to shut down debate and silence those in disagreement. The issue of ‘transgender kids’ has become a political social justice issue and anything other than affirmation of a child’s ‘gender identity’ has been painted as ‘conversion therapy’ by health organisations pressured by activists”*. <https://www.transgendertrend.com/current-evidence/>

<sup>67</sup> Gilchrist, Susan. (2015): *“A Path of My Own”*: Person Centred Care and Support: NHS Transgender and Non-binary Symposium 30 June 2015 <http://www.tgdr.co.uk/documents/SuF0630q-TransgenderNBSymposiumSlidesSil-30jun15.pdf> . For the Symposium Report see: <http://www.tgdr.co.uk/documents/SuF0630s-FINALSymposiumReport.pdf>

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### 30. WHAT CAUSES TRANSGENDER PEOPLE HARM?

The claim made by some groups which states that there is no scientific or medical consensus to show that surgical and medical interventions for gender transition effectively address the complex symptoms associated with gender dysphoria over the long term is challenged in many academic and peer reviewed research studies that have been carried out. 73 of these have been reviewed by Cornell University<sup>68</sup> who conducted a systematic literature review of all peer-reviewed articles published in English between 1991 and June 2017 that assess the effect of gender transition on transgender well-being. They identified 56 studies that consist of primary research on this topic, of which 52 (93%) found that gender transition improves the overall well-being of transgender people, while 4 (7%) report mixed or null findings. They found no studies concluding that gender transition causes overall harm. As an added resource, they separately include 17 additional studies that consist of literature reviews and practitioner guidelines. These findings are supported in the recent Stonewall Report on transgender issues, prepared under the auspices of Cambridge University. This makes sobering reading<sup>69</sup>. Rather than being predators, 41% of transgender people and 31% of non-binary people have experienced a hate crime or incident because of their gender identity in the previous 12 months. More than 28% of transgender people have faced domestic abuse from a partner. 25% experienced homelessness at some point in their lives. 12% of transgender employees have been physically attacked by colleagues or customers in the previous year. 36% of transgender university students in higher education have experienced negative comments or behaviour from staff in the last year. A recent systematic review and meta-analysis of nearly 2.5 million adolescents, found that sexual minority youths have greater risk of life-threatening behaviours compared with their heterosexual and gender conforming peers. Another recent report, which studied 3700 people, shows that more than four in five transgender young people have self-harmed and more than two in five transgender young people have attempted to take their own lives. For transsexuals the actual suicide rate is 8 to 10 times higher than that of the general population<sup>70</sup>. Transgender youths are the most affected followed by bisexual and homosexual teens. In its attempts to contradict these results, Transgender Trend selects just two reports, one of which is the Stonewall report an attempts to discredit its findings. All of the other material is ignored

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### 31. WHAT ARE THE REASONS FOR SUICIDE? WHAT ARE THE SUICIDE RATES?

Actual suicides among young children are very rare and GIDS (Gender Identity Development Service, which is the NHS's only facility for transgender children based at the Tavistock Centre in north London) cautions about making inappropriate claims on this basis<sup>71</sup>. It notes that suicidality in young people attending the GIDS is similar to that of young people referred to child and adolescent mental health services: however that is still too high<sup>72</sup>. Transgender Trend also quotes a Swedish study on the long term follow up on the suicides rate among transsexual people. While that study reports that reassignment alleviates gender dysphoria, notably it does not identify reassignment

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<sup>68</sup> For a review of 73 studies in the academic literature, see: Cornell University (2019): 'What does the scholarly research say about the effect of gender transition on transgender well-being?': What We Know Project: <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

<sup>69</sup> Stonewall (2018): "LGBT in Britain - Trans Report" <https://www.stonewall.org.uk/lgbt-britain-trans-report> also Stonewall/Cambridge University (2017): "School Report (2017)": <http://www.stonewall.org.uk/school-report-2017>

<sup>70</sup> Data collected on an international basis.

<sup>71</sup> <http://gids.nhs.uk/evidence-base>

<sup>72</sup> <http://gids.nhs.uk/news-events/2018-10-15/our-response-full-itv-series-butterfly>

itself as the reason why these suicides occur<sup>73</sup>. That is addressed in other literature. This shows that there are a range of factors which affect the high reported suicide attempts. These include: age, poor mental health, homelessness, abuse or harassment, particularly sexual assault, problems accessing medical care, lost friends, family, spouse or access to children, domestic abuse, being attacked after being recognised as transgender, psychological, verbal or physical abuse, lack of parental support. The features are those which are associated with rejection, persecution or hate attacks against transgender people. Professor Michael King currently believes that, although suicide rates today are higher before transition, after transition they drop to rates comparable to the population as a whole<sup>74</sup>.

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### 32. WHAT PROPORTION OF PEOPLE DE-TRANSITION?

On its website Transgender Trend describes a number of case studies where people have de-transitioned. Every case is a personal tragedy but if an objective view is to be taken, a proper balance of understanding must be maintained<sup>75</sup>. The impression is given on this website and by other groups is that the proportion of people who seek to de-transition is high, and that the act of transitioning is the reason for regret. Often the reasons quoted for de-transitioning are instead to do with harassment by society rather than gender reassignment<sup>76</sup>. Despite these difficulties, the demand to de transition is remarkably low. About a third reported that they sought this because of a change in gender identity, while the rest reported being motivated by either surgical complications or social rejection.<sup>77</sup> Many studies find that gender reassignment surgery improves the quality of life of most of those who undergo it, and those who do not see improvement are a minority.<sup>78 79 80 81</sup>. A 2018 study of de-transition rates found that approximately 0.3% of those who underwent a transition-related surgery later requested de-transition related care. While the actual figure may be

<sup>73</sup> Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, Landén M (2011): "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden". PLoS ONE 6(2): e16885.

<https://doi.org/10.1371/journal.pone.0016885> Conclusion "This study found substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalisations in sex-reassigned transsexual individuals compared to a healthy control population. This highlights that post-surgical transsexuals are a risk group that need long-term psychiatric and somatic follow-up. Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons. Improved care for the transsexual group after the sex reassignment should therefore be considered."

<sup>74</sup> Personal communication from Professor Michael King

<sup>75</sup> Whatever the merits or de-merits of Serrano's article, a proper balance must be obtained. <https://www.transgendertrend.com/a-response-to-detransition-desistance-and-disinformation-by-julia-serano/>

<sup>76</sup> For descriptions of personal experience see: Roberts, Amber: (2015) "Dispelling the Myths Around Trans People Detransitioning" Vice November 7 2015

[https://www.vice.com/en\\_uk/article/kwxkwz/dispelling-the-myths-around-detransitioning](https://www.vice.com/en_uk/article/kwxkwz/dispelling-the-myths-around-detransitioning). See also Quora; *What percentage of transgender people who transition later decide to detransition, and of them, how many will eventually retransition?*:

<https://www.quora.com/What-percentage-of-transgender-people-who-transition-later-decide-to-detransition-and-of-them-how-many-will-eventually-retransition>

<sup>77</sup> Danker, Sara, MD; Narayan, Sasha K., BA; Bluebond-Langner, Rachel, MD; Schechter, Loren S., MD, FACS; Berli, Jens U., MD (August 2018). "A Survey Study of Surgeons' Experience with Regret and/or Reversal of Gender-Confirmation Surgeries". *Plastic and Reconstructive Surgery – Global Open*. 6: 189 – via Wolters Kluwer.

<sup>78</sup> For a review of the academic literature, see: Cornell University (2019): "What does the scholarly research say about the effect of gender transition on transgender well-being?": What We Know Project: <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

<sup>79</sup> Van de Griff, Tim C.; Elaut, Els; Cerwenka, Susanne C.; Cohen-Kettenis, Peggy T.; Kreukels, Baudewijntje P. C. (12 June 2017). "Surgical Satisfaction, Quality of Life, and Their Association After Gender-Affirming Surgery: A Follow-up Study". *Journal of Sex & Marital Therapy*. 44 (2): 138–148. doi:10.1080/0092623X.2017.1326190. Retrieved 4 September 2018.

<sup>80</sup> Hess, Jochen; Neto, Roberto Rossi; Panic, Leo; Rübber, Herbert; Senf, Wolfgang (21 November 2014). "Satisfaction With Male-to-Female Gender Reassignment Surgery". *Deutsches Ärzteblatt Online*. doi:10.3238/arztebl.2014.0795. PMID 25487762. Retrieved 4 September 2018.

<sup>81</sup> Papadopoulos, Nikolaos A.; Lellé, Jean-Daniel; Zavlin, Dmitry; Herschbach, Peter; Henrich, Gerhard; Kovacs, Laszlo; Ehrenberger, Benjamin; Kluger, Anna-Katharina; Machens, Hans-Guenther; Schaff, Juergen (May 2017). "Quality of Life and Patient Satisfaction Following Male-to-Female Sex Reassignment Surgery". *The Journal of Sexual Medicine*. 14 (5): 721–730. doi:10.1016/j.jsxm.2017.01.022.



higher it still remains a very low. At a recent conference Dr James Barrett quoted a figure of one percent<sup>82</sup>. Much attention has been paid to the work of Dr Miroslav Djordjevic, who is a urologist in Belgrade. As at October 2017 he had seen about 14 patients who have changed their minds. All of these are transgender females who have asked him to recreate their male genitalia. Djordjevic notes that all got their initial procedures elsewhere, at clinics where he feels they did not receive sufficient psychiatric screening<sup>83</sup>. Djordjevic himself carries out a large number of surgical gender reassignment operations. He was one of the people who were responsible for bringing this issue to attention. He also indicates that the proportion who seek to de-transition is low and is comparable to the figures already described

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### 33. HOW IS RESPONSIBILITY EXERCISED?

These figures are corroborated in a mass of other studies for which information is available elsewhere<sup>84</sup>. Like the consequence of the medical misdiagnoses, this enormous trauma, guilt and the high rates of attempted suicide among young transgender people is not caused by giving children the freedom to explore it: it is caused by the denial of that freedom instead. When the Church of England itself suggested that this approach was taken for children in its schools it was met with howls of protest and ridiculing from newspapers and members of the press<sup>85</sup> and also from other Christian groups<sup>86</sup>. Of course nobody should try to force children into any gender identity or role. However both groups use these high attempted suicide rates to justify their own arguments: One group uses them to condemn what they see as the harm created by the “transgender lobby” the other group cites the reason for the high attempted suicide rate as being due to the persecution and harassment suffered by transgender children (and by others), because their ability to be true to their own identities is derided or denied. Many transgender people are particularly angry because they see the realities of their self-identities being dismissed, the scientific consensus which supports the deep seated identity driven nature of their conditions being flouted and the depth and genuineness of moral integrities being deliberately ignored<sup>87</sup>. That is not just because of the actions of radical feminist groups. People have been genuinely shocked by the vitriolic responses from many Christians and Christian groups to the Government’s consultation on the proposed reform of the 2004 Gender Recognition Act. These are not academic concerns. Instead of the scaremongering and the secular scapegoating of transgender people by particular groups in society, these are issues which need responsible argument and unbiased reportage: they are issues where children’s lives are at stake: and all of us owe children that respect and concern.

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### 34. WHAT ARE THE IMPLICATIONS OF MISDIAGNOSING TRANSGENDER PEOPLE?

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<sup>82</sup> SexualityConference

<sup>83</sup> Djordjevic, Miroslav L.; Bizic Marta R.; Duisin,Dragana; Bouman, Mark-Bram; Buncamper Marlon “Reversal Surgery in Regretful Male-to-Female Transsexuals After Sex Reassignment Surgery” The Journal of Sexual Medicine: Volume 13, Issue 6, June 2016, Pages 1000-1007

<sup>84</sup> See the text and endnotes on suicides in: Gilchrist, S. (2017): “Gender and Sexual Malpractice and Abuse in the Christian Church”: <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf>

<sup>85</sup> Gilchrist, S. (2017): “Religious and Secular Scapegoating of Transgender People: and its impact on the Christian Church”: <http://www.tgdr.co.uk/documents/238P-SecularScapegoating.pdf>

<sup>86</sup> Gilchrist, S. (2017): “How Not to Treat Transgender Children”: <http://www.tgdr.co.uk/documents/241P-TransgenderChildren2.pdf>

<sup>87</sup> For a measure of the level of this disagreement see the statement: “Transgender, intersex, and gender non-conforming people wont be erased by pseudoscience” of the 26<sup>th</sup> October 2018: [https://not-binary.org/statement/?fbclid=IwAR3Y4CbJfqmIztX3cV\\_Gu-2slywU6UrB32UVYyLVaJLpSOZQo8-39xHF1xg](https://not-binary.org/statement/?fbclid=IwAR3Y4CbJfqmIztX3cV_Gu-2slywU6UrB32UVYyLVaJLpSOZQo8-39xHF1xg)

Part of the answer to this is given in the questions on “are transgender people medically misdiagnosed? And how are the medical diagnoses made?” An important feature to note is that this staged process also gives rise to different characteristics and conflicts. In identity driven conflicts the characteristics which drive it are determined before the cognitive analysis can take effect. In a reward driven conflict the sense of identity comes after the cognitive experiences have already occurred. The existence of the early neurophysiological driving forces is denied in Christian doctrine on gender and sexual variation, which presumes that these are reward driven activities, and that gender identity must always be in accord with biological sex. The influence of the same forces is also dismissed by the traditional psychodynamic and social learning theories, because they presume that cognitive processes control all aspects of learning and development at all times of life. The management methods are almost opposite to each other and Christian doctrine medically misdiagnoses these conditions, as do those feminist approaches which presume that transgender people masquerade as women for those rewards, which they argue are sought<sup>88</sup>.

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### **35. WHERE IS MY SUPPORT?**

I have described my approach to management in more detail elsewhere<sup>89</sup>. It might therefore be presumed that I support the views of Transgender Trend and like-minded groups. However I do not. I argue that through their selective use of science and by their dismissals of anyone who tries to present opposing arguments, as activists, people in pursuit of political agendas, hatemongers and irresponsible, great harms are being done. It is hardly surprising that among transgender people this provides an equally angry reaction. It is notable that similar arguments and abuses are also encountered in the present day disputes about the full inclusion of LGBTI people in the Christian Church<sup>90</sup>. If science is to be used to justify any position it must be used in an objective way. To rubbish, disparage or accuse any people who are responsibly trying to present opposing arguments as lacking in integrity, or whose emotions has suspended their judgement, is not to my mind a responsible response.

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### **36. HOW SHOULD THESE CONDITIONS BE MANAGED?**

The most significant features which gives rise to these disagreements are the perceptions that the origins of gender and sexually are not well understood. The assumption held by many people that gender and biological sex should always be in alignment seems a natural point of view. The arguments I have presented in this document show why this is not always the case, and it obvious that I support the scientific consensus and the viewpoints of the professional medical institutions which declare that the core elements of both gender and sexual identities are features which arise very early in development, which do not respond to the predations of others and which cannot be changed in later life. I also note that these unconscious foundations do not presume binary outcomes, and the conscious expression of gender may vary greatly throughout life. However I totally and unequivocally condemn any group or any person who deliberately misuses scientific knowledge or the lack of scientific knowledge to pursue political or social agendas or to mislead people on medical causes and effects. To my mind that is what some groups are doing by claiming

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<sup>88</sup> These differences are well known. The management and treatment methods for identity driven conflicts are those applied to personality disorder or variation. Those required for reward driven conflicts relate to perversion or disruption instead.

<sup>89</sup> Gilchrist, S. (2013): “*Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality*”: <http://www.tqdr.co.uk/documents/205P-ManagementTechniquesInGenderDysphoria.pdf>

<sup>90</sup> Gilchrist, S. (2017): “*Gender and Sexual Malpractice and Abuse in the Christian Church*”: <http://www.tqdr.co.uk/documents/236P-Malpractice.pdf>

to present objective interpretations of science, which in practice are limited to affirming their own perceptions. By stating that all other interpretations, apart from their own, do not result from credible science, that they are false or are the work of activists; then they are also declaring that the objectivity of independent academic research is lost.

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### **37. WHAT ARE THE TOXIC ARGUMENTS AND WHY DO THEY EXIST?**

In the answer to my question on *“Can transgender people be feminists?”* I noted that, although gender equality is socially and legally aspired to, few would consider today that we live in a truly equal society. The rates of sexual and physical abuse by men against women are very much higher than the reverse, and figures regularly show that one in four women have been the victims of sexual or physical abuse. The strength of the *“me too”* movement<sup>91</sup>, with the high prevalence and the often justified condemnations of male violence against women, is a dominant feature in current society. That is an intolerable situation and its significance and impact should never be avoided or diminished in any way.

Male to female transsexuals also come under abuse. Child victims of transphobia experience harassment, bullying, and violence in school, foster care, and in social programmes. Adult victims experience public ridicule, harassment including misgendering, taunts, threats of violence, robbery, and false arrest; many feel unsafe in public. A large proportion of transgender people declare that they have been the victims of sexual violence. Some are refused healthcare or suffer workplace discrimination, including being fired (although illegal) for being transgender, or they feel under siege by conservative political or religious groups who oppose laws to protect them. There is also discrimination from some people within the movement for the rights of gender and sexual minorities.

Both of these groups suffer from this male aggression which is directed against women. In the case of transgender women there is an additional factor likely to increase that aggression, and this is their active rejection of the male role. Both groups have much in common, in fighting the mostly male persecutions they face. Some radical feminist groups continue to pursue the mantra that male to female transsexuals are men who masquerade as women to exert power and domination in order to manipulate femininity to their own desires. The argument presented is that male to female transsexuals can never be regarded as real women because in their previous lives they have never experienced the discrimination that real women face, and that they have enjoyed pursuing all of the power and privileges that, as men they were able to have. Contrary to the feminist view that male to female transsexuals are protagonists who seek to erase the identities of women, their experiences are far more like those of women as victims instead. These histories are ones of lifetimes of being forced to live in a gender role which one cannot identify with, with all of the anguish distress, rejection and high suicide rates that are involved.

Instead of submitting to a victim mentality, it is precisely because of this victimisation that some transgender people become propagandists instead; and their rejection of the male role means that

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<sup>91</sup> The “Me Too Movement”, is a movement against sexual harassment and sexual assault. The movement began to spread virally in October 2017 in an attempt to demonstrate the widespread prevalence of sexual assault and harassment, especially in the workplace. It followed sexual-abuse allegations against Harvey Weinstein. Tarana Burke, an American social activist and community organizer, began using the phrase “Me Too” as early as 2006, and the phrase was later popularized by American actress Alyssa Milano, on Twitter in 2017. Milano encouraged victims of sexual harassment to tweet about it and “give people a sense of the magnitude of the problem”. (Wikipedia)

some will take a radical feminist view. I discuss this in a paper Gilchrist, S. (2019): "*Divisions: Self-Declaration and Gender Variant People*"<sup>92</sup> where I report and comment on a discussion between three transgender people. There is a great deal of anger expressed against radical feminist groups by some transgender people because radical feminists do not only deny the legitimacy of their identities, they also dismiss the arguments transgender people present in support of a feminist cause. In place of both of these groups co-operating for their common purposes, the lack of understanding of the origins of transgender conditions and the failure of each group to listen to or accept the integrities and experiences of the other has led to manipulations of science and the present toxic disputes. Without the objectivity that is needed this is a dispute and not a debate. In my writing I try to step aside from the anger in an attempt to provide some reconciliation between the opponents themselves.

Transgender people cross the boundaries between male and female and the adoption of gender identity as the marker for social interaction is a measure of how fully gender equality has been achieved. Because they traverse the differences in gender; transgender people seek full equality in power, behaviour and esteem between the sexes. They attack the compulsory enforcement of gender complementary since their actions demand that, they and all people are given equal acceptance and opportunity in both gender roles in all societies. This transgender demand for true equality challenges the prosecution of a dogma or doctrine in countries, churches and religious faiths that enforces gender complementarity in their institutions. They also challenge the actions of any chauvinist or feminist group which seeks to give either sex power or domination over the other. It is crucial that these differences and the concerns they give rise to acknowledged and fully addressed.

It is notable that many people in the more radical sections of the feminist movement deny the legitimacy of transgender identities. One should expect a true feminist agenda to seek equality for all, but paradoxically the need to assert and reverse the gender binary between men and women is essential if the momentum of the more radical feminist campaigns for gender recognition is to be sustained. Groups such as these are identified as Trans-Exclusive Radical Feminists (TERFs) and cause considerable anger in the transgender community. As far as these feminists are concerned transgender people are perceived to weaken their campaigns against the oppression of women, since the mantra that male to female transsexuals are really men who masquerade as women, has to continually be reinforced. This whole area has become a political minefield where the validity of transgender experience and the freedoms of self-identification are being condemned

Amongst many women, including feminists the opposite view is encountered. When people meet others who are transgender they often find that the great majority of them are people who are seeking to be true to their own identities in the gender they know they possess. It is also of note that a recent poll showed that a large majority of women are in favour of granting transgender women full women's rights. It is also reassuring to note the strength of the condemnation by other LGBT people of anti-transgender lesbian activists who sought to disrupt the 2018 London Pride Parade. The growing public profile of gender variant people means that other people in society are becoming increasingly able to make their own judgements on these matters. Among many women and feminists there is now wide support for transgender people, with no sense of threat to their own feminism or to the expression of feminist views

In this analysis I have shown that although sexual differentiation of the brain begins before birth, gender differentiation depends on making relationships with others, and that can only begin from the moment of birth. I also show that the development of this identity is based on behavioural

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<sup>92</sup> See: Gilchrist, S. (2019): "*Divisions: Self-Declaration and Gender Variant People*": <http://www.tqdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

differences which apply from this moment. In this account it is shown that the different patterns of male and female aggression are not just a matter of social conditioning, they are also an inbuilt and evolutionary trait. The overlap in behaviour and the contagion of early development means that some male newly born babies will behave and interact more like female babies and vice versa. This early difference is then reinforced by the momentum of the development process, and that pattern continues into adult life. I conclude that the development of a gender identity arises as a consequence of these behavioural differences. It is not the cause. This means that for every person the development of their own gender identity and allegiance, atypical or not, proceeds in the same way. A consequence is that transsexuals develop a gender allegiance which is contrary to their biological sex, but this is at least as firmly held as those for whom their gender identity and allegiance follow a normal path, indeed it may be argued that the gender allegiance and identity which is felt by transsexuals should be even stronger because it has had to be fought for at all times. I also show that my research confirms the current scientific consensus and the conclusions of the professional medical institutions that have an involvement in transgender issues. These, as have been noted, regard the core elements of both gender and sexual identities as features which arise very early in development, which do not respond to the predations of, or recruitment by, others and cannot be changed in later life. This also means that gender identity must be used as the primary marker for social and legal identification, and not biological sex.

Of course there are predatory men who seek to attack the privacies of women; invade women's spaces; engage in sexual discrimination and abuse; enforce power and domination over women: who may also manipulate femininity to their own desires and advantage by adopting a female role. The challenge for any woman when she meets such an individual is one of knowing which is correct. These are areas where major abuses could occur, where the concerns must be fully recognised, where the appropriate caution is needed and where absolute responsibility and carefully measured approaches are required. These are issues which I discuss in another paper Gilchrist, S. (2018b): "*Transgender People and Women's Concerns*<sup>93</sup>". However they are not arguments which should be used to differentiate between transgender and natal women. The failures or the inability of male to female transsexuals to identify with male behaviour patterns and the male attitudes to aggression and competition also means that social attitudes and behaviour should correspond with the gender identity that is actually possessed, so that the development of gender identity is not through the pursuit of masculinity or femininity as the traditional theories predict. Male to female transsexuals are therefore men who interact with society in emotions and attitudes in harmony with women. When male to female transsexuals do transition, they live in ways which are true to their own identities, without any overtones of gender being involved. Natal women and transgender women do have different histories and backgrounds. Instead of fighting each other the commonality of their interests, identities and concerns which I have identified means that they should be allies instead.

What is perhaps becoming clear is that this is not so much an argument about transgender people it is an argument between different feminist viewpoints. In addition to the divisions this creates between natal women, it is mirrored in the transgender community, and in that in turn creates corresponding divisions as well. Transgender people are the victims in these disputes. The legitimacy of their identities and their motives are attacked, for although many women and feminists are willing and happy to accept the integrity of transgender people, many of those in the radical feminist movement are not. That rejection is seen in the disregard of the scientific consensus which states that the core elements of both gender and sexual identities as features which arise very early in development, which do not respond to the predations of or to recruitment by others and cannot be changed in later life, the preservation of the mantra that male to female transsexuals are men who

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<sup>93</sup> Gilchrist, S. (2018b): "*Transgender People and Women's Concerns*": <http://www.tgdr.co.uk/documents/243P-TransgenderSocialIssues.pdf>

masquerade as women to exert power and domination in order to manipulate femininity to their own desires, the determination to prove that male to female transsexuals are men, and will always respond as men because of a feminist binary reading of biology and its connotations of gender with sex<sup>94</sup>. It is further seen in the response to the United Kingdom Government proposals to allow transgender people to self-declare their legal gender on their birth certificate. I examine these issues in detail in the paper Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People"*<sup>95</sup>; I recognise that two contrasting views exist about how transgender identities develop, I consider that can be no justification for rubbishing one point of view at the expense of the other, and I assert that there can be no justification for presenting an argument in which the existing legal protections are simply left out. Nor can there be any justification for ignoring the fact that self-declaration as a legally protected characteristic has been in place for the last eight years.

Inevitably such attacks lead to equally strong responses. There are some in the transgender community who believe that *"it is right (and justified) to be transgendered and therefore whatever they do must be right"*. Let me also make it totally and utterly clear that I oppose any form of harassment at any time. I totally condemn the reception that *"A Woman's Place"*, has received in some quarters through their stated harassment of venues and ticket sites which host them, the bomb threat, the threats on social media and the sometimes violent protests<sup>96</sup>. I totally agree that this should not be happening in any free and democratic society. Females coming together to discuss the law and how it affects them are being frightened off by these actions. It is the lack of objectivity and the partisan approaches adopted by both sides in these arguments which leads to such a toxic atmosphere. This is not a debate. Neither side is prepared to listen to the other, each side is building up cartoons of their own realities through which they seek to gain support by convincing others who are not involved in their campaigning, and who do not have the necessary information, to judge the correctness of their causes. Divisions will continue to increase for as long as these cartoons continue to be created. Perhaps their caricatures will burst when both groups can discover that what they are fighting over is not concerned with their differences: it is instead about what they share in common, through their advocacies of women's interests, the wellbeing of women, the care for women and the full implementation of women's rights.

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### **38. ARE TRANSGENDER WOMEN, WOMEN?**

So far I have avoided using the slogan: *"Transgender women are women"* in this document because many feminists consider this to be an unwarranted attack on their identities and histories of facing past discrimination. People in mainly the more radical feminist movement often declare that its use implies that all of the present protections for women will be destroyed. That allegation is made by certain campaigning groups, and it provides the grounds for some of the most serious attacks that are made on transgender people. However this is not a viewpoint that I have found any widespread support for inside the transgender communities. Most people in these communities support the provision of all the necessary protections, not least because the nature of their identification makes them more sensitive to the needs and concerns of all women, but also because they may need them themselves. The same is also true about the attitudes to "self-declaration" of gender identity, where most people I believe... and I also know from extended conversations, would want the

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<sup>94</sup> Campaigning groups like Woman's Place correctly identify the protected characteristics in the 2010 Equality act, but when they authorise a letter demanding that councils and organisations change their documentation, which simply says in it that "gender" should be replaced by "sex", they are I believe misleading people in their campaign <https://womansplaceuk.org/sex-is-a-protected-characteristic/>

<sup>95</sup> See: Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People"*: <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

<sup>96</sup> Stock, Kathleen. (2018): *"Notes for my talk to A Woman's Place UK, Brighton, 16th July 2018"*.

<https://medium.com/@kathleenstock/notes-for-my-talk-to-a-womans-place-uk-brighton-17th-july-2018-f1b607414119>

necessary protections to remain. The United Kingdom Government has made it clear that regardless of the consultation process on the reform of the 2004 Gender Recognition Act, no change to the existing provisions and protections will be made, and in those countries which have already legalised “self-declaration” of gender identity, the equivalent protections continue to be enforced.

A crucial element in this discussion is about what the primary identity marker for legal and social interactions should be. I note in my answer to the question: “Should the primary identity marker for social and legal identification be gender identity or biological sex?” that when gender identity and biological sex are congruent there should be little difference, but when they are incongruent, the legitimacy of transgender identities is denied. “Women’s Place” on its website argues very strongly for responsible discussion and debate<sup>97</sup>. It takes the view that the primary marker for social and legal identification must be biological sex. It also considers that accepting the description that “Transgender women are women” and the adoption of “Self-Declaration of Gender identity” means that all women’s rights and protections will automatically be destroyed. Furthermore it ignores the protections that presently exist under the 2010 Equality Act and the 2004 Gender Recognition Act, the Government’s assurance that these will not be changed, and the fact that under the 2010 Equality Act in practice self-declaration of gender identity has been available, without the disasters which “Woman’s Place” predicts having occurred. On a recent web page it correctly lists the protected characteristics of the 2010 Equality Act, but in a letter, which it encourages its supporters to send out to councils and to other official organisations, the group urges them to change instances where they refer to “gender” as a protected characteristic to that of “sex” arguing that these organisations are incorrect in their interpretation of the 2010 Equality Act. That to my mind is a further obscuration, since it is not under “sex”: it is under the correctly listed characteristic of “gender reassignment” in the 2010 Equality act which has enabled the self-declaration of gender identity to come into effect<sup>98</sup>.

I also have similar difficulty with “Transgender Trend”<sup>99</sup>. This group claims on its website that: “This site is for everyone who is concerned about the social and medical ‘transition’ of children, the introduction of ‘gender identity’ teaching into schools and new policies and legislation based on subjective ideas of ‘gender’ rather than the biological reality of sex”, and which claims to report an objective view of the scientific research. I examine the claims which Transgender Trend and other groups make on their websites and their publications in detail in the paper: Gilchrist, S. (2019): “Interpreting Science and Challenges to Gender Identity Research”<sup>100</sup>. In it I discuss how objectivity is being maintained or is being denied in the use of scientific research. I perceive that Transgender Trend dismisses; does not report or criticises the validity of any research which does not support the views it presents. It also questions the integrities of those people and groups who undertake that research. Some of these results are reported in the answers I give to other questions in this article. I believe that science is being used in a biased way to give a desired result. There are similar issues in relation to the welcome of both gender and sexually variant people into the Christian Church. Details of that work are given in: Gilchrist, S. (2017f): “Condemning Sexual Abuse and Welcoming Gender and Sexually Variant People into the Christian Church”: and: Gilchrist, S. (2017e): “Gender and Sexual Malpractice and Abuse in the Christian Church”<sup>101</sup>:

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<sup>97</sup> <https://womansplaceuk.org/>

<sup>98</sup> When Woman’s Place authorises a letter to be sent to councils and organisations demanding that they should change their documentation, which simply says that “gender” should be replaced by “sex”, they are I believe misleading people in their campaign <https://womansplaceuk.org/sex-is-a-protected-characteristic/>

<sup>99</sup> <https://www.transgendertrend.com/>

<sup>100</sup> Gilchrist, S. (2019): “Interpreting Science and Challenges to Gender Identity Research” <http://www.tgdr.co.uk/documents/243P-InterpretationsSelfDeclaration.pdf>

<sup>101</sup> Gilchrist, S. (2017f): “Condemning Sexual Abuse and Welcoming Gender and Sexually Variant People into the Christian Church”: <http://www.tgdr.co.uk/documents/237P-ChangesInChurch.pdf> also: Gilchrist, S. (2017e): “Gender and Sexual Malpractice and Abuse in the Christian Church”: <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf>

There must always be absolute objectivity and impartiality in the reporting of any scientific research. The problem with any campaigning group is that it will always hope to discover the results it wants in any scientific research and from my studies in my belief, that objectivity has been lost. Each for its own reasons is identifying the development of both gender and sexually variant identities as the result of reward driven activities, where the development of a gender identity arises the result of a desired behaviour or act. However I have shown that this interpretation misinterprets these conditions and in line with the worldwide consensus adopted by the medical institutions, and my own research which shows that, that when any trauma exists, this must be managed in the same way as that which is used when any order personality variation or disorder occurs. Most people will be familiar with how alcoholism is managed and most people will recognise that this cannot succeed before the person concerned is able to take full ownership of their own situation, and that they are able to build the self-acceptance, self-understanding and self-esteem that are needed.

There is a fundamental difference however. Compulsions which arise from alcoholism might be regarded as compulsions of *mortido* since they lead to oblivion and death. Compulsions that arise from gender dysphoria may be regarded as compulsions of *libido* since their goal is to seek fulfilment in life<sup>102</sup>. These are conflicts which cannot be fought since attempts to suppress them only increase their force. Therefore activities such as talking therapies seek ways to manage their demands. For transgender people it is crucial to adopt an approach which builds these elements of self-acceptance, self-understanding and self-esteem. For some this may lead towards gender reassignment or it may not and it is fundamental to its functioning that either result must be treated as being equally correct. It works by enabling people to find a truce between the need to be fully oneself in the life that gender allegiance demands and the loyalty to the commitments and relationships that have been made in the life that has been built. This balance changes with time and attempts to fight the conflict destroy the transcendence required. Keeping and having the knowledge of the freedom to change if it ever becomes needed is essential for its success: it supports family commitments, it helps relationships to be maintained and it allows transition to take place in an orderly way if or when the time is right<sup>103</sup>. (See also the answer to my question: “*do transgender people challenge family life?*”) Approaches which do not do this fail transgender people, they destroy the self-acceptance and self-esteem that is needed, and they fail the organisations themselves.

Unfortunately there is little evidence that this is understood. Transgender Trend is absolutely right to be concerned about the consequences of misdiagnosing children who believe that they are transgender. On its website it dismisses the introduction of ‘gender identity’ teaching into schools and new policies and legislation based on subjective ideas of ‘gender’ rather than the biological reality of sex and it identifies the development of transgender identities as the result of reward driven activities, where the development of a gender identity arises the result of a desired interaction or act. In particular it condemns any attempt at early diagnoses in the belief that children can be persuaded or coerced into accepting something they will later regret. However scientific research shows that the core gender identities have already become unchangeably fixed by the age of three years. That is well before children can examine their own minds, and make any choice. Giving all children the ability to explore their gender identity gives them the ability to find it. It does not give them the freedom to choose it. While a great majority of children do find that they identify with their biological sex, some will not, and the hurt, guilt and self-loathing that can result may have a very harmful effect. Like the consequence of the medical misdiagnoses, this great trauma, guilt

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<sup>102</sup> *Libido and Mortido*: See sections 5:6, 10:6 and 13:3 in Gilchrist, S. (2013): “*Personality Development and LGB&T People: A New Approach*”: <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>

<sup>103</sup> For more details of this approach see:



and the high rates of attempted suicide in transgender people is not caused by giving children the freedom to explore it: it is caused by the denial of that freedom instead<sup>104</sup>.

These medical misdiagnoses mean that what is adopted as a compassionate approach by one group is understood as coercion by the other. Of course nobody should try to force children into any gender identity or role. Contrary to the allegations made by some Churches and religious groups, every protocol which is adopted in the United Kingdom for transgender children is designed to prevent any irreversible choice being made until each person reaches eighteen years of age. A recent report, which studied 3700 people, shows that more than four in five transgender young people have self-harmed and more than two in five transgender young people have attempted to take their own lives. For adult transsexuals the actual suicide rate is 8 to 10 times higher than that of the general population. Both groups use these high suicide rates to justify their own arguments: one group uses it to condemn what they see as the harm created by the “transgender lobby” the other group cites the reason for the high suicide rate as being due to the persecution and harassment suffered by transgender children (and by others), because their ability to be true to their own identities is derided or denied. These are not academic concerns. Instead of the scaremongering and the secular scapegoating of transgender people by society, these are issues which need responsible argument and unbiased reportage: they are issues where children’s lives are at stake.

These all come back to the question “*are transgender women, women*”. In this study I show that for every person the development of their own gender identity and allegiance, atypical or not, take place in the same way. A consequence is that transsexuals develop a gender allegiance which is contrary to their biological sex, but this is at least as firmly held as those for whom their gender identity and allegiance follow a normal path, indeed it may be argued that the gender allegiance and identity which is felt by transsexuals should be even stronger because it has had to be fought for at all times. I also demonstrate that for transgender people it is crucial to adopt an approach which builds the elements of self-acceptance, self-understanding and self-esteem which is needed to manage these demands. I further show that as age increases the drive gets stronger and if no way is found to manage these dynamics the outcome can be a total, sudden and catastrophic collapse. In accordance with the memorandum issued by the professional medical institutions I condemn the attempt to “Cure” transgender people. Not only do these processes fail to achieve this, they attack and destroy the sexual or gender identity on which that person’s sense of selfhood is built and they leave a vacuum in its place. The vast majority are able to separate biology from gender identity, and recognise that gender identity does not have to be congruent with biological sex. For all other reasons mentally, in the way they behave, and for every other purpose in society, male to female transsexuals are justified in regarding themselves as women. I would argue also that it is essential for others to use the term, “*Transgender women are women*”, not because it denies or compromises any past histories but because as women in society male to female transsexuals not only interact in society in harmony with women, but they can truly be themselves as women with women in the way that they live their lives.

Of course transgender women and natal women do have different histories and backgrounds but by working together, instead of fighting each other, they can together improve people’s lives.

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### **39. DO SCIENCE AND THEOLOGY CONTRADICT EACH OTHER IN THE INTERPRETATIONS THEY PROVIDE?**

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<sup>104</sup> Gilchrist, S. (2018c): “*The Safeguarding of Transgender Children*”: <http://www.tgdr.co.uk/documents/241P-SafeguardingTransgenderChildrenDoc.pdf>

This analysis is in two parts. The first part is neurophysiological study on how gender and sexually variant conditions develop. The second part uses the principles of science to test the validity of the present day teaching of the Christian Church. Gender dysphoria is used as a case study to test and to validate the process. A major transition occurs between the ages of two and three years. Conflicts and characteristics which originate from before this time have their focus on identity alone. However those which arise during later development are concerned with behaviour and reward. It is shown that the development of gender and sexual identities are identity driven, therefore as wide a range of moral attitudes, beliefs and behaviour are to be found amongst these people as those which exist within society at large. It is additionally demonstrated that a moral duality must exist whereby gender and sexually variant people who express their true attractions and identities in ways that conform to the highest moral standards of their own societies should be highly regarded, while those who misuse these relationships should be very severely condemned for their acts. This result contradicts the traditional teaching of the Christian Church which presumes that all gender and sexually variant behaviour comes from reward driven lifestyle choices, is considered to be disordered, instead of the gift of life it chooses the sexual act, and it is considered to always be in pursuit of immoral or inappropriate sex<sup>105</sup>.

A critique of the history and theology of the Christian Church and the surrounding first century societies is conducted to determine how and why this contradiction occurs<sup>106</sup>. It is shown that the teaching of Jesus incorporates the same moral duality as that predicted by the neurophysiological and psychological study. Therefore the source of the contradiction that arises must come from changes in the theology of the Church<sup>107</sup>. It is perhaps notable that Jesus does not condemn gender complementarity in the Bible. However the social and legal enforcement of it is condemned by Jesus many times. That approach is contradicted by Peter and Paul in the Epistles and Letters, where the social and legal enforcement of gender complementarity was needed for survival and to gain respect for Christians and the Church. This constitutes a change in the theology of the Church.

The need to examine the developments of Christian theology is therefore also a major but separate part of this investigation. It is noted that while Peter seemed to content simply to carry the traditions of Judaism into Christianity<sup>108</sup>, Paul sought to express the full equality of men and women, both in role and status within the Christian Community while conforming to the demands of Roman society outside it<sup>109</sup>. However as well as migrating into the strongly patristic and gender divided Roman World, Christianity at the same time migrated into the Persian and Zoroastrian world where gender equality was practiced. Zoroastrian religion did not discriminate between men and women. Leaving aside the differences with regard to religious observances and role responsibilities, both the sexes are treated equally in the religious literature. If a full understanding of how Christianity has developed that must include a consideration of the Apostolic Church of the East, including the Thomasine texts<sup>110</sup>.

The Gospels show that Jesus had attacked the social, sexual and gender abuses of first century Jewish society without compromise. However the need to take the Gospel message to the world

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<sup>105</sup> Catechism of the Roman Catholic Church

<sup>106</sup> See: Gilchrist, S. (2016f): "Influences of Gender and Sexual Variation in the History and Traditions of the Christian Church": <http://www.tgdr.co.uk/documents/220P-InfluencesChurch.pdf> and: Gilchrist, S. (2016e): "Influences of Gender and Sexual Variation on the Life and Teaching of Jesus": <http://www.tgdr.co.uk/documents/219P-InfluencesJesus.pdf>

<sup>107</sup> Gilchrist, S. (2017d): "A House Built on Sand? Attitudes to Gender and Sexual Variant Identities and Behaviour in Christianity and the Christian Church": <http://www.tgdr.co.uk/documents/231P-HouseUponSand.pdf>

<sup>108</sup> Gilchrist, S. (2015): "Deuteronomy 22:5 and its Impact on Gender and Sexual Variation in the Christian Church": <http://www.tgdr.co.uk/documents/022B-Deuteronomy22-5.pdf>

<sup>109</sup> Gilchrist, S. (2016): "Sex and Gender Variation in the Christian Church: Is it Not Time to Consider the Science?": <http://www.tgdr.co.uk/documents/226P-ConsiderScience.pdf>

<sup>110</sup> Gilchrist, S. (2019): "The Gospel of Thomas and its Impact on Gender and Sexual Variation in the Christian Church": <http://www.tgdr.co.uk/documents/027B-ThomasAnalysis.pdf>

required the survival of Christianity and the Church. The adaptations this needed are clearly evident in the letters and epistles of Peter, Paul and John<sup>111</sup> where gender complementarity was strongly enforced to gain respect for the Church. See the answer to the question on “*is gender complementarity an issue?*” for more information. That could have happened on an ad-hoc basis or it could have been the result of a pragmatic approach. There are good reasons for believing that a pragmatic approach was taken. That is explored in the investigation. However if Peter and Paul were to be true to the Gospel message they must have believed that the authority to do this came from the teaching of Jesus himself. The requirement of Jesus to work within society to change it would have been one source for this. However there is another source in Matthew 19:12 where Jesus discusses the issues of marriage and the place of eunuchs in the Church. The statement which immediately follows this discussion: “*He who is able to receive this, let him receive it*” is unique in the way that it qualifies the teaching which Jesus presents.

The relationships between power and sex are investigated in this analysis. Roman society saw sex through the viewpoint of domination and subjection and it is shown how abuses of power were used to give permission for the abuses of sex. It is also demonstrated that the condemnation of sexual abuse was based on the consequences for people, rather than concern with the sexual act Gilchrist, S. (2011b): “*Issues on the Sanctity of Same-Sex Relationships*”<sup>112</sup>. Some of the most challenging elements to first century society are presented in Matthew 19 because of its serious mistrust and condemnation of eunuchs; and also because of the attacks on social order created by the gender disruptive behaviour of the Goddess cults, with their self-castrated male priests. These self-castrated priests were widespread in the Roman Empire. They were certainly present in first century Palestine. Jesus could hardly have been ignorant of their presence when he made the statement given in Matthew 19:12 and this passage gave particular challenges to the early Church<sup>113</sup>. See Section 3:1:8: “*Cultural Transformations*” and section 3:2:1 “*Transgender Relationships and Marriage*” in Gilchrist, S. (2013a): “*An Unfinished Reformation*”<sup>114</sup>. Jesus would have known the Old Testament passage in Isaiah 56, which gave those eunuchs who kept the law a high place within Jewish society. However these were Jewish eunuchs who had that condition forced upon them because of the acts of a dominant power. Jesus went much further than this when he declared that those who have instead made themselves eunuchs for the “*Kingdom of heaven’s sake*” are also accepted into the same fold. For Jesus these acts of self-castration and the gender challenges it made was no impediment to spreading the Gospel message<sup>115</sup>. Thus just as it is with the transgressive body of the eunuch in the New Testament which symbolizes the Kingdom of God, and who is charged with bringing its mission to the world, then like the Ethiopian Eunuch in Acts (Acts 8:26-40), those transgender people who use the breadth and range of their experiences to embrace and enrich the ideals of both lives may participate in that priestly act.

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<sup>111</sup> Christians were expected to set examples of purity and respectability in Roman society, through the conduct of their lives

<sup>112</sup> Gilchrist, S. (2011b): “*Issues on the Sanctity of Same-Sex Relationships*”: <http://www.tgdr.co.uk/documents/014B-IssuesOnTheSanctityOfSame-SexRelationships.pdf>

<sup>113</sup> The impact of the cults and the results of the neurophysiological and psychological studies both demand a reassessment of the attitude which Jesus took to the Cult of Cybele and the Gallae priests. The most obvious passage in this respect is that in Matthew 19:12 where Jesus declares that: “*For there are eunuchs, which were so born from their mother’s womb: and there are eunuchs, which were made eunuchs by men: and there are eunuchs, which made themselves eunuchs for the kingdom of heaven’s sake. He that is able to receive it let him receive it*” (NRSV). Jesus would have known about the cult of Cybele and about her Gallae priests. He also would have known the Old Testament passage in Isaiah 56, which gave those eunuchs who kept the law a high place within Jewish society. However these were Jewish eunuchs who had that condition forced upon them because of the acts of a dominant power. Jesus went much further than this when he declared that those who have instead made themselves eunuchs for the “*Kingdom of heaven’s sake*” are also accepted into the same fold. With the high profile of the cult of Cybele and her Gallae priests it is difficult to avoid the conclusion that those of the Gallae who sought to live true to the ideals of both lives should be included in this as well. The commanding tone which Jesus used in this text caused great difficulties for the early Church, who would also have known about the dualities within the cult’s behaviour, and whose own gender challenging behaviour threatened the social order of a gender divided Roman society. That is unlike the later Church where all existence of the moral duality and the associated disruption is suppressed or is denied

<sup>114</sup> Gilchrist, S. (2013a): “*An Unfinished Reformation*”: <http://www.tgdr.co.uk/documents/016B-UnfinishedReformationArticle.pdf>

<sup>115</sup> Some people took this as a literal requirement, which it was not.

The compromise contained in this statement in Matthew allowed the Church to move forward and gain acceptance in the Roman world. However this was not just a statement of compromise. It was also the command for the Christian Church to express in full the radical teaching of Jesus on gender and sex as soon as it had the power to do so. Today that has still not happened: instead of returning to the radical teaching which Jesus had presented: the Church used these opportunities enforce its own power and authority. If those initial compromises are present because they were needed by a powerless group inside a powerful first century Roman Society: they no longer apply. Therefore it is now time to follow in full this commandment of Jesus, and restore the radical teaching of Jesus on gender and sex to the present day Church.

This is not a neutral analysis because it uses the results of the neurophysiological study to conduct a critique of the Christian Church. The danger of this approach is that it can create its own agenda. Therefore its success or failure depends upon whether it brings a greater or lesser understanding to the development of the Christian tradition and to the teaching of Jesus himself. Unlike other attempts at analysis, there is little need for the interpolations, insertions, adaptations and changes to the original New Testament texts that are alleged to have been anonymously made by later writers in the early Church. It can be assumed that the writers of the Gospel of John remained true to John's message. It is also shown that this applies in the Letters and Epistles of Peter Paul and John, even when their authorship is in doubt. It is shown how the reasons for the prohibition of same-sex intercourse have changed from the condemnation of the social and personal consequences which its abuses created, to the condemnation of the act. The correct return can only be made if the moral duality disclosed in the neurophysiological study and in the teaching of Jesus is restored. There is no condonation whatever of any abusive sex. Instead of centuries of making homosexuality the scapegoat for all sexual abuse it is demonstrated in this analysis that the correct outlook for the Christian Church should be one of combatting all forms and all types of abusive sex<sup>116</sup>.

It is important to note that the scapegoating of minority groups in society is a social phenomenon. The denial of the existence of identity driven conflicts and characteristics by the traditional teaching of the Christian Church creates the presumption that all gender and sexually variant behaviour comes from reward driven lifestyle choices, it is described as disordered and it is considered to always be in pursuit of immoral or inappropriate sex. Some sections of the Christian Church have given, and still give legitimacy and support to the secular scapegoating of gender and sexually variant people by countries and societies through their collusion with it and in some countries extreme penalties are applied. However other sections do not; and it is shown how this has led to the schisms in the present day Christian Church. The allegation by the Christian Church that gender and sexually variant conditions are the results of reward driven lifestyle choices is refuted in this investigation, where the neurophysiological and psychological study shows that they are driven by identity instead. Accurately identifying the characteristics of each conflict type creates is also very important because the correct methods of managing them are almost opposite to each other<sup>117</sup>. For centuries much harm has been done because the wrong methods and approaches have been applied<sup>118</sup>.

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<sup>116</sup> Gender and sexual variation are examined together in this document. However that is only because they are common travellers in relation to society, and also because the driving forces behind them have the same dynamics. There is only limited interaction between gender identity and sexual orientation and as wide a range of sexually variance may be found amongst gender variant people as that in the general population. The reverse also applies. Gender variant behaviour directly challenges the power and social structures of gender discriminatory societies. Sexually variant behaviour instead attacks these through the relationships it creates. For the author the issues of concern are those of gender and not sexual orientation and acts. The differences between them are also very important. This is why these two conditions must also be considered separately in more detailed accounts

<sup>117</sup> In the same way that treatment for depression or addiction differs from other types of treatment.

<sup>118</sup> For full descriptions see: Gilchrist, S. (2015): "*Personality Development and Gender: Why We Should Re-think the Process*": <http://www.tqdr.co.uk/documents/209P-RethinkPaperFull.pdf> and Gilchrist, S. (2016): "*Foundations of Science, Sex and Gender Variation in the Christian Church*": <http://www.tqdr.co.uk/documents/217P-FoundationsSexGender.pdf>

It was not good enough for Jesus simply to express his care and concern for women, gender and sexually variant people; the poor the outcast and the dispossessed. Jesus identified himself with all of these people and he gave women the full ownership of his message. The Christian ideals on gender and sexuality are spelt out by Paul in Galatians 3:26-28. *“So in Christ Jesus you are all children of God through faith, for all of you who were baptized into Christ have clothed yourselves with Christ. There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus”*. This is a wide ranging analysis which has looked at Church history and theology from different perspectives. All of these support the conclusions that all transgender people, transsexual lesbian, gay, heterosexual and bisexual people who attempt to live their lives in ways that fulfil the love of Christ, and who seek to express their own identities in roles that are true to themselves; must be accepted in their own right. All sexual behaviour is governed by the purity of intention and there is no automatic condemnation of any same-sex act.

If these results are challenging it must be in part because of the centuries of prejudice that has existed. Instead of condemning all acts of same-sex and cross-gender behaviour as inherently sinful, this analysis indicates that a return is required to the boundary which recognises the moral duality which is inherent in gender and sexually variant behaviour; where identical criteria in relation to use and abuse are applied to heterosexual and to same-sex acts of sex, and where the only judgements that should be made are those of love, responsibility and the intention of the acts.

It is important to note that discrimination against gender and sexually variant people is a socially led phenomenon and it would be a mistake to identify its cause with religious belief. The transformation needed to gain acceptability in the Greco/Roman culture brought the Church to collude with these secular demands of society rather than to challenge them. Not only has this consent reinforced the secular prejudices of such discriminatory societies; it gave and it still gives religious legitimacy to them, it reinforces the severity of the penalties that are encountered and it contradicts the results which the neurophysiological and psychological analysis presents. Instead of recognising the moral duality which is inherent in gender and sexual behaviour, without exception all of these people have been made the scapegoats for abusive sex. Great harm has been done by the medical misdiagnoses that have been and are being made. The persecution and slaughter of gender and sexually variant people, not only in Christianity but in Islam, Judaism and all other religions, states and cultures which have drawn their teachings from this has been enormous, and repentance is needed for these acts.

Centuries of criminalisation and condemnation have prevented any awareness of the moral duality being observed. Little could happen for as long as that existed, however the changes in society mean that this is no longer the case. This moral duality is now available for everybody to see in the love expressed in same-sex marriage and civil partnerships. It has become easy for an unbiased observer to separate a same-sex relationship given in faithfulness, love and lifetime commitment from a strong heterosexual friendship, and to discriminate between loving and illicit same-sex behaviour, even in the absence of sex. Instead of exploring this new situation many Christians have taken refuge in the traditional doctrines of the Church. It is argued in this analysis that this fervent reliance on its disproved traditional doctrines and its failure to take appropriate action is destroying not only the credibility of the Church; it is also destroying the credibility of Christianity itself.

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### **40. WHAT IS NEEDED FOR AN EFFECTIVE RESPONSE?**

This scientific consensus regards both gender and sexually variant identities and behaviour as naturally expected variations of the human condition, which are intrinsic to the personality created, that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life. This viewpoint further affirms that gender identity is NOT determined by biological sex, and the reasons for this are again confirmed in my own neurophysiological and psychological research<sup>119</sup>. The same viewpoint is taken by the great majority of professional medical and psychological institutions in the Western world. This is also the position taken for example by the British Royal College of Psychiatrists<sup>120</sup>, the British Psychological Society and parallel United Kingdom organisations<sup>121</sup>. Equivalent positions are taken by the American Psychiatric Association<sup>122</sup> and the American Psychological Association<sup>123</sup>. Other international mental health organizations, including the World Health Organization have followed. All of these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view, whose guidelines are endorsed by virtually all of these major professional bodies<sup>124</sup>. It further supports the latest Memorandum of Understanding issued jointly by all the major medical and psychological professional institutions in the United Kingdom which condemns both “Gay Cures” and “Reparative Therapy” as being totally inappropriate for their harmful and destructive effect<sup>125</sup>.

In the question on: “*What About the Differences?*” I noted that there is little agreement about the origins of transgender conditions and two completely different views about how atypical gender identities are created are currently held. For many lesbians and feminists male to female transsexuals are predatory men who seek to exert power and domination over women, who manipulate femininity to their own desires and advantage by adopting a female role: It is argued that their failure to succeed in the male role means they try to do it in the female role instead. For transsexuals, (as a generalisation), their understanding of history instead is one of a lifetime being forced to live in a gender role which one cannot identify with, with all of the anguish distress, rejection and high suicide rates that are involved.

It is notable that many people in the more radical sections of the feminist movement deny the legitimacy of transgender identities. One should expect a true feminist agenda to seek equality for all, but paradoxically the need to assert and reverse the gender binary between men and women is essential if the momentum of the more radical feminist campaigns for gender recognition is to be sustained. This whole area has become a political minefield where the validity of transgender experience and the freedom of self-identification are being condemned because transgender people are being alleged to erase the validity of lesbian relationships. Groups such as these are identified as Trans-Exclusive Radical Feminists (TERFs) and cause considerable anger in the transgender community. As far as these feminists are concerned transgender people are perceived to weaken their campaigns against the oppression of women, since the mantra that male to female transsexuals are really men who masquerade as women, has to continually be reinforced

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<sup>119</sup> Gilchrist, S. (2016): “Taking a Different Path”: Chapter 10 in: “*This Is My Body: Hearing the Theology of Transgender Christians*”, Ed: Beardsley, T. and O’Brien, M: Darton Longman and Todd. May 2016 ISBN 978-0-232-53206-7 also Gilchrist, S. (2016): “*Science and Belief. A New Approach to Identity and Personality Formation in Early Life*”: <http://www.tgdr.co.uk/documents/218P-PaperPersonality.pdf>

<sup>120</sup> Royal College of Psychiatrists’ statement on sexual orientation [http://www.rcpsych.ac.uk/pdf/ps02\\_2014.pdf](http://www.rcpsych.ac.uk/pdf/ps02_2014.pdf)

<sup>121</sup> British Psychological Society and other organisations: Conversion Therapy: Consensus Statement. [http://www.bps.org.uk/system/files/Public%20files/conversion\\_therapy\\_final\\_version.pdf](http://www.bps.org.uk/system/files/Public%20files/conversion_therapy_final_version.pdf)

<sup>122</sup> APA Sexual Orientation and Gender Identity Statement: <http://www.apa.org/helpcenter/sexual-orientation.aspx>

<sup>123</sup> APA Policy Statements on LGBT Concerns <http://www.apa.org/pi/lgbt/resources/policy/> <http://www.apa.org/about/policy/sexual-orientation.pdf>

<sup>124</sup> The guidelines can be downloaded from this website: <https://www.wpath.org/publications/soc>

<sup>125</sup> This memorandum can be found at: <https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf>

Christian tradition also ignores this scientific consensus and instead determines that gender identity is a God-given feature which is fixed exclusively from birth by biological sex. Although scientific opinion regards the formation of gender identity as part of the process of personality formation, the traditional Christian doctrines consider the expression of all gender and sexually variant identities and the subsequent self-identification, to be a consequence of pursuing inappropriate rewards, and sexual desires. In the identity driven conflicts the characteristics which drive it are determined before any cognitive analysis can take effect. In reward driven conflicts the sense of identity comes after the cognitive experiences have already occurred. The medical methods for managing these different types of conflict are almost opposite to each other. Since the legalisation of homosexuality and the implementation of gender equality legislation, people can see for themselves that the full range of moral expression is present within these gender and sexually variant groups. Great harm can be created by the medical misdiagnoses that are made.

In this investigation I have examined the social and medical backgrounds. I also I describe the toxic arguments that are presently infesting the current climate. In this article I have also examined how pressure groups are trying to make selective use of science to prove their points<sup>126</sup>. I also note that those who do not support their arguments, (including presumably the Professional Medical Institutions), are branded as “activists” and are condemned as not adopting an objective approach. These are urgent issues that the Christian Churches have to address. Sadly the answer has always been “too little too late”<sup>127</sup>. During the present discussions the Church of England in its “*Living in Love and Faith*” programme<sup>128</sup> has again put an embargo on any deeper consideration by confining itself to “*Exploring together, and hearing from others, what radical Christian Inclusion, ‘founded in scripture, in reason, in tradition, in theology and the Christian faith as the Church of England has received it*”<sup>129</sup> Through refusing to face up to the issues an opportunity has been missed and that will continue to lead to failures in the Church<sup>130</sup>

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<sup>126</sup> Gilchrist, S. (2017f): “*Condemning Sexual Abuse and Welcoming Gender and Sexually Variant People into the Christian Church*”: <http://www.tgdr.co.uk/documents/237P-ChangesInChurch.pdf> also: Gilchrist, S. (2017e): “*Gender and Sexual Malpractice and Abuse in the Christian Church*”: <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf>

<sup>127</sup> Gilchrist, S. (2014b): “*Controversy and Challenge: Issues of Gender and Sexuality in the Present Day Christian Church*”: <http://www.tgdr.co.uk/documents/018B-ControversoryAndCrisis.pdf>

<sup>128</sup> Living in Love and Faith: Christian teaching and learning about human identity, sexuality and marriage ith <https://www.churchofengland.org/LLF>

<sup>129</sup> GS misc 1158 General Synod: “*Next Steps on Human Sexuality*” [https://www.churchofengland.org/sites/default/files/2019-02/gs\\_misc\\_1158\\_next\\_steps\\_on\\_human\\_sexuality\\_0.pdf](https://www.churchofengland.org/sites/default/files/2019-02/gs_misc_1158_next_steps_on_human_sexuality_0.pdf)

<sup>130</sup> Gilchrist, S. (2017c): “*What Next? Some thoughts following the rejection by the General Synod of the Church of England, of report issued by the “Bishop’s Reflection Group on Sexuality”*”. <http://www.tgdr.co.uk/documents/229P-WhatNext.pdf>