

Gender Identity, Feminism, and Transgender People

Susan Gilchrist

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Abstract

In recent years, the concept of gender identity and its definition has become a topic of major and at times, toxic dispute between transgender people, the professional medical institutions who are concerned with transgender issues, and gender-critical feminist groups. This account concentrates entirely on male-to-female transsexuals, feminism, and gender identity, because these are the battle lines through which the present conflicts are being fought. There are two opposing explanations which give rise to these disputes. The first, from the professional institutions, recognises transgender conditions as personality variations which establish identity, and are embedded very early in life. The second, adopted mainly by gender-critical feminist groups, regard it as a disruption of homosexuality, having sexual motivations, where very early development is not accounted for. The first group puts gender identity at the heart of the personality which is created; and makes it the primary marker for the social interactions. The second group defines it as a socially learned construct. The management methods are almost opposite to each other. I compare both approaches. Using a new neurological analysis, I give a detailed analysis of how gender identity and personality form early in life, which affirms the approaches of the Professional Institutions. This extended article focusses on how gender identity is formed, and it examines the problems and harms imposed on transgender people and society when the wrong diagnoses are applied.

This document is available at: Gilchrist, S. (2021): "*Gender Identity, Feminism, and Transgender People*": <http://www.tqdr.co.uk/documents/250P-GenderIdentityAndTrans.pdf>

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Summary

In recent years, the concept of gender identity and its definition has become a topic of major and at times, toxic dispute between transgender people, the professional medical institutions who are concerned with transgender issues, and gender-critical feminist groups. This account concentrates entirely on male-to-female transsexuals, feminism, and gender identity because these are the battle lines through which the present conflicts are being fought. There are two opposing explanations which give rise to these disputes. The first, from the professional institutions, recognises transgender conditions as personality variations which establish identity, and are embedded very early in life. The first group puts gender identity at the heart of the personality that is created. The second explanation, adopted mainly by gender-critical feminist groups, regard it as a disruption of homosexuality involving sexual motivations; and very early development is not accounted for. This group defines it as a socially learned construct. Management methods are almost opposite to each other. This article focusses on how gender identity is formed, and it examines the problems and harms imposed on transgender people and society when the wrong diagnoses are applied. Using a new neurological analysis, I compare both approaches and I give a detailed analysis of how gender identity and personality form early in life. In this extended account I consider the problems and harms that are imposed on transgender people and society because the wrong diagnosis is applied. This results in incorrect motives being inferred and incorrect management methods being employed.

According to the professional institutions and world authorities, gender and sexual identities are personality variations within the normal range of development which are encountered very early in life. Using this gender entitlement, it is possible for someone who is male to identify with women from the moment of birth, have a sense of identity and an outlook, behaviour and lifestyle which is in harmony with women, who respects women, and who fights throughout life as assiduously and strongly as any woman for the protection and security of her safety and gender-based rights. Applying the same gender entitlement to the second explanation of autogynephilic transsexuality, where sexuality and sexual orientation is still treated as a personality variation but where transsexuality is treated either as a paraphilia, perversion, disruption, or sublimation¹, turns the same transsexual with precisely the same outlook, from an ally into an opponent, who is then perceived to be erasing women's identities and attacking their hard-won sex-based rights.

The feminist movements cover a very broad spectrum. From the outset male-to-female transsexuals have been closely involved in the feminist movements, including those who have become prominent in leadership roles. Many welcome these people without question by accepting who they say they are; and judging gender by the evidence of how they live their lives. However, this creates a problem for the gender-critical feminist groups, who either deny the existence of gender identity; or define it as most nothing more than as social construct; or equate it to biology and sex. In contrast to their dismissal, the professional institutions and world authorities place gender identity at the heart of the personality that is created where elementary core elements form very early in life, and

¹ Autogynephilia was defined by an American psychologist, Dr Ray Blanchard, as "a male's propensity to be sexually aroused by the thought of himself as a female". (Auto = self, gyne = woman, philia = love.) quoted from "Woman's Place website"

makes it the primary marker for the social interactions. Thus, a contradiction exists, for if it is accepted that an elementary core gender identity arises very early in life and is effectively fixed by the age of three years, then the gender-critical feminist approach is invalidated, not just for transgender people, but wherever and to whoever it is applied. If the legitimacy of the gender-critical approach is adopted, then the depth of transgender identities, and the existence of the core gender identity is denied.

In this analysis I discard the traditional assumptions that sexual impulses provide the driving forces encountered in early psychological development and replace them with the innate and contagious neurophysiologically driven forces, involving the actions of mirror neurons, empathy, and possessive imitation. These dominate early development and are active from birth. It is common knowledge that a major neural transformation takes place between the ages of two and three years. Before this transformation, internally generated neurological forces drive the search for identity through imitation and the rejection of what is wrong. During this transformation period, massive advances in cognitive abilities take place. Reasoning skills rapidly develop and the experiences of socialisation drive identification from that time onwards. Development processes then become driven by behaviour and desire, and these act on overlays on what has already been formed. Features which arise before this transition period can be associated with personality variation, those which arise after it can be identified with deviation or disruption instead. Managing a personality variation requires accepting its reality and finding ways to accommodate its demands. These involve methods of inclusion and acceptance; and approaches akin to managing compulsions may be required. The techniques required for paraphilias and their equivalents involve methods which seek to resolve the disruption of an original course. These disparities in management methods are well known. Most people can readily recognise the correct ones to use. These results support the experiential evidence and the approach adopted by the professional institutions and the world authorities. Therefore, regardless of this research, the same arguments continue to apply.

The two groups define what they mean by women in different ways, and there is a critical mismatch in the diagnoses that are applied. Transgender people identify women as occupying a social space in society: gender-critical groups confine the definition to adult biological sex. From this analysis I conclude that the approach put forward by the professional institutions is correct, and that the autogynephilic approach fails. This is because of its misdiagnosis, because it does not adequately consider how development proceeds very early in life, because it only applies properly to male-to-female transsexuals, because the full range of transgender conditions are not considered. Nor does it match the lived experience of transgender people who see their struggles in terms of alienation and rejection of an enforced identity because of the need to be themselves. That is opposite to the identification being forced on them by gender-critical groups, who argue that transgender conditions are being driven by desires, behaviours, and roles which are underwritten by sublimated motives of sex. This is what is needed to prove that the gender-critical approach is correct. Thus, the motives of transgender people are disputed, and the legitimacy and integrity of their identities denied.

The situation becomes more critical when any group seeks to use science and courts of law to justify their positions. It should therefore be expected that rigorous, impartial, and objective analyses are undertaken. In this extended account I attempt to examine what has become a toxic conflict by giving equal respect and consideration to the science that is presented by all sides. In place of this, I find that the arguments which support the professional institutions, world authorities, and those who support them are belittled on social media and by gender-critical academics, with statements such as *“There is no scientific basis for the idea of innate deeply-held sense of gender”* *“Their teaching is backed by no credible science but has been adopted by government, the NHS, schools, and therapists”*. People supporting them face personal and academic attacks. I show that flawed science is used, and objectivity is lost. The disparagement of the approaches offered by the professional institutions means that many may be deceived into adopting the gender-critical approach.

Gender Identity, Feminism, and Transgender People²

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Draft Document, full version comments will be welcome⁴.

1:0: Introduction

On the 1st. December 2020 the High Court of Justice in England intervened in a furious argument between the different groups over the administration of puberty blockers, which relied on understanding the nature and origin of transgender conditions A discussion of that case is given in Gilchrist, S. (2020): "*Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case*"⁵. In recent years, the concept of gender identity and its definition has become a topic of major and, at times, toxic dispute between transgender people, professional medical institutions who are concerned with transgender issues, and gender-critical feminist groups.

This account concentrates entirely on male-to-female transsexuals, feminism, and gender identity because these are the battle lines through which the present conflicts are being fought. However, it is part of a much broader study which examines how both gender and sexually variant identities, which include transsexuality and homosexuality, are created within the context of the development of personality and identity in early life. There are the two opposing explanations which give rise to these disputes. The first, from the professional institutions, recognises transgender conditions as personality variations which are embedded very early in life. The second, adopted mainly by gender-critical feminist groups, regard it as a disruption of homosexuality and the very early development is not accounted for. The methods of management are almost opposite to each other. The first group puts gender identity at the heart of the personality which is created. The second group defines it as a socially learned construct. I compare the two approaches in this document. This article focusses on how gender identity is formed, and it examines the problems and harms that are imposed on transgender people and society when the wrong diagnoses are applied.

In this analysis I discard the traditional assumptions that sexual impulses provide the driving forces encountered in early psychological development and replace them with the innate and contagious neurophysiologically driven forces, involving the actions of mirror neurons, empathy, and possessive imitation identified by Gallese, Dawkins, Girard, and others. These dominate early development and are active from birth. Studying their actions provides greater opportunities to consider how the basic, or the "Core" elements of personality and identity, including gender identities and sexual identities (expressed in terms of sexual orientation) originate, and how they develop during the early and later years of life.

According to the professional institutions and world authorities, gender and sexual identities are personality variations within the normal range of development which are encountered very early in life. Using this gender entitlement, it is possible for someone who is male to identify with women

² This document is available at: Gilchrist, S. (2021): "*Gender Identity, Feminism, and Transgender People*": <http://www.tgdr.co.uk/documents/250P-GenderIdentityAndTrans.pdf>

³ A personal biography is available at: <http://www.tgdr.co.uk/documents/SusanBiographyPicture.pdf>

⁴ Please respond to spap4144@gmail.com

⁵ Gilchrist, S. (2020f): "*Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case*": <http://www.tgdr.co.uk/documents/249P-JudgmentResponse.pdf> Some of the discussion in that commentary is used again in this article,

from the moment of birth, have an outlook, behaviour and lifestyle which is in harmony with women, who respects women, and who fights as assiduously and strongly as any woman for the protection and security of her safety and her gender-based rights, throughout life. Applying the same gender entitlement to the second explanation of autogynephilic transsexuality⁶, where sexuality and sexual orientation is still treated as a personality variation but where transsexuality is treated either as a paraphilia, perversion, disruption, or sublimation⁷, turns the same transsexual with precisely the same outlook, from an ally into an opponent, who is then perceived to be erasing women's identities and attacking their hard-won sex-based rights.

The two groups define what they mean by women in different ways and there is a critical mismatch in the diagnoses that are applied. Transgender people identify women as occupying a social space in society: gender-critical groups confine the definition to adult biological sex. Managing a personality variation requires accepting its reality and finding ways to accommodate its demands. These involve methods of inclusion and acceptance. Approaches akin to managing compulsions may be required. The techniques required for paraphilias and their equivalents involve processes which seek to resolve the disruption of an original course. These methods are almost opposite to one another and great harm can be created when the wrong one is used.

There are more contradictions over timescales and motives. Those who argue that transsexuality is a paraphilia come mainly from some radical feminist movements: Their arguments identify it as a disruption to the normal path of development which is driven by sublimated sexual motivations: It is perhaps best seen as a distortion of male homosexuality rather than sex. These groups consider that gender identity is a socially learned experience which develops only gradually: and it is not fully confirmed until puberty occurs. The other groups who represent the consensus view of the professional medical institutions, treat it as a personality variation which is within the normal range of human development, it is driven by a search for identity, not behaviour or sex, and the core elements are embedded very early in life. Therefore, it is not hard to imagine the intense disputes that arise over the management of transgender children when these conflicts in approaches and timescales are involved.

A further difference concerns the origins of transgender conditions. For many years, the standard explanation offered argued that a wash of hormones in the brain about twelve weeks after gestation causes it to develop in a male or female direction and that transgender conditions occur when this wash does not follow the expected path. I do not take this approach because I argue that both gender and sexual identification (which expresses itself as sexual orientation) require interaction with others: this means that they cannot happen before birth. Nevertheless, this explanation fits very strongly with the experiential evidence gathered by the professional medical institutions which regard gender and sexual identification for everyone, including gender and sexually incongruent or variant identities, as being: *"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"*.

In this analysis it is argued that neither gender nor sexual identities can form before birth since these require interaction with others. However, there is such a large variation in neural maturation rates and aggression patterns in human development that large overlaps occur. It is the differences

⁶ Autogynephilia was defined by an American psychologist, Dr Ray Blanchard, as "a male's propensity to be sexually aroused by the thought of himself as a female". (Auto = self, gyne = woman, philia = love.) quoted from "Woman's Place website"

⁷ Paraphilia is a term used to describe what was previously known as sexual perversion and sexual deviation. It is the experience of intense sexual arousal to atypical objects, situations, fantasies, behaviours, or individuals. The word was coined to avoid the pejorative connotations that the word perversion creates. There is no scientific consensus about where any border between unusual sexual interests and paraphilic ones should be placed. There is also discussion about which, if any, of the paraphilias should be listed in diagnostic manuals for disorders, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

in these behavioural and maturation patterns in infancy which drive the creation of gender and sexual identities. Therefore, sexual identification and gender identification, including sexual orientation and transsexuality are decoupled from biology. Gender incongruence occurs when the core gender identity conflicts with what biology expects. Thus, any dogma which defines gender identity as a socially learned construct misdiagnoses transsexuality, not just in terms of gender identification, but in behaviours to expect. These behavioural patterns are shown to be present in some way before and after birth. Moreover, the overlaps in behaviour are sufficient for it to be possible for someone who is male to develop a female gender identity, because they act and interact in harmony with women, and that includes attitudes to aggression, throughout life. In this study I show how the distinctive patterns of neural development after birth lock these core elements of gender identity, also of sexual identity, permanently in place. That happens very early in life. General gender studies show it is one of the first core elements to be formed. This puts the development of gender identity at the heart of the personality that is created and makes it the primary marker for the social interactions that take place.

This approach differs from that offered by mainly gender-critical groups, where these earlier elements are ignored. Gender identity is perceived only as a later socially learned construct, and patterns of behaviour are modelled on biological sex⁸. If it is accepted that an elementary core gender identity arises very early in life and is effectively fixed by the age of three years, then the gender-critical feminist approach is invalidated, not just for transgender people, but wherever and to whoever it is applied. If the legitimacy of the gender-critical approach is adopted, then transgender conditions are misdiagnosed, and the depth of transgender identities is denied. The incompatibilities in the two processes lead to further attacks.

Depending on which identification is adopted, the methods of management for transgender people are almost opposite to one another. Thus, what is seen as compassion by one side is automatically condemned as coercion by the other. One side argues that it is sublimated sexual behaviour and desire which drives the conditions, but for the other, it is identification and rejection instead. On one side the transgender person is presented as the perpetrator or generator of their own misfortune, on the other that person becomes the sufferer instead. One of these sides dismisses gender identity as a purely socially learned construct or denies its existence, the other places it at the heart of the personality that is created. It is these disagreements which provide the background for what has become a toxic dispute.

This article is not about the accuracy or otherwise of the slogan “*Trans women are women*”. That identification is for all women to offer. It is not one for transgender people to impose. The article is instead about the misdiagnoses that are created because of these conflicts and how they are applied. Using a new neurological analysis, I compare both approaches and I give a detailed analysis of how gender identity and personality form early in life.

A further concern is the loss of impartiality and objectivity. That is greatly increased by unchecked use of social media. This provides a ready platform where each side creates its own versions of science and uses its own deductions to convince itself and to persuade uninvolved others, of the correctness of its own arguments, while at the same time telling those who are opposed to it that they are not who they say they are. Often some theme or focus is used to justify that viewpoint.

⁸ Definitions of the terms gender identity and sexual identity vary. The 1989 Oxford English Dictionary defines gender as, “*in modern and especially feminist use, it is employed as euphemism for the sex of a human being, often intended to emphasize the social and cultural, as opposed to the biological, distinctions between the sexes*”. This feminist usage describes gender identity solely in terms of sex without regard to any non-sexual relationships. In contrast, I consider that gender identification sets out how men and women relate to each other when social and non-sexual interactions are involved. Sexual identification sets out how men and women relate to each other when sexual attractions are involved. Gender identity and sexual identity are terms which describe the sense of belonging that each creates. So, to describe someone as having a female gender identity is to describe someone who relates to society in that social capacity, not in terms of biology or the attractions of sex.

Frequently that is religious dogma. In this feminist focussed conflict I argue a major token is the dispute over the proposed reform of the United Kingdoms' 2004 Gender Recognition Act.

This is an extended account which is intended to act as a reference document and to be a compendium of transgender people's experiences, including social encounters, in the United Kingdom at the present time. A further article is available at: Gilchrist, S. (2021): "*Responsibility in Transgender Disputes*"⁹. At the core of these disputes is the role that gender identity plays. There are the two conflicting explanations. The first places gender identity at the heart of the personality that is created, the second defines it as a social construct. The intensity of the conflicts arises because the first regards gender variant identities as a personality variation, the second considers it to be a personality disruption and great harm and trauma is created when the wrong diagnosis is applied. However, this is not just a matter of trauma caused by a wrong diagnosis. It has major consequences for relationships in society and the history of persecution that for millennia, gender and sexually variant people still face and have faced.

1:1: Timescales

There have been, to say the least, multitudinous studies on how gender identity develops in children. We have seen that the professional medical institutions regard the development of gender and sexual identities as personality variations where the core elements become embedded very early in life. The term "*Core Gender Identity*" is frequently used to describe this... it identifies a maybe unconscious sense of belonging, without any behavioural implications being involved. For those who assert that gender identity is only a socially learned construct, gender Identification is made entirely through association with the gender role. It develops much more slowly, and it is only fully confirmed when puberty occurs. The previous existence of a core gender identity is dismissed or denied.

There is little disagreement about how identification with the gender role is made. Around the age of two, most children become conscious of the physical differences between boys and girls. Most can easily label themselves as either a boy or a girl before their third birthday. From about the age of three strong gender stereotypical behaviour begins to be encountered. By the age of four, nearly all children have a stable sense of their gender identity. However, children do not develop a sufficiently robust "*Theory of Mind*" until the age of four to five years. This measures the ability of children to examine their beliefs, how they mentally process them, and their ability to separately assess the results. That delay in understanding is why, for most of us, our earliest memories are episodic, and why we have limited knowledge of what had previously occurred. Since these earlier experiences are hidden from conscious awareness, some transgender people may describe themselves as being "*born into the wrong body*", but with gender-critical feminist groups those early influences are denied.

1:2: Social Learning Approaches

Although these timescales are not disputed there are major conflicts about how identification takes place. Some social learning approaches conceptualize the process of development as in three stages: In the first stage, toddlers and preschool children learn about the socialized aspects of gender. Around the ages of five to seven years a sense of gender identity is consolidated and becomes rigid. After this second period, some fluidity returns and attitudes to the socially defined gender roles relax. Another social learning approach breaks the establishment of gender identity down into four parts: first understanding the concept of gender, second, learning the gender role

⁹ Gilchrist, S. (2021): "*Responsibility in Transgender Disputes*": <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

standards and stereotypes, third identifying with parents, and fourth forming gender preferences. According to these social learning theories, identification with a gender identity continues into young adulthood, and is determined by social conditioning alone. Often any distinction between gender and sex is disputed or denied.

In the 1989 *Oxford English Dictionary*, *gender* is defined as, “*in modern and especially feminist use, it is employed as euphemism for the sex of a human being, often intended to emphasize the social and cultural, as opposed to the biological, distinctions between the sexes*”¹⁰. No clear distinction between sex and gender is therefore made. Current radical feminist accounts of gender identity and transsexuality continue the arguments that gender identity is nebulous undefinable concept, which is created by social conditioning alone. Also, that it is an artefact largely created by discrimination and stereotyping against women, involving issues of power and domination and abuses of sex¹¹. That is an approach taken most strongly by gender critical feminists. Thus, while one of these sides dismisses gender identity as a purely socially learned construct, the other places it at the heart of the personality that is created, and that disagreement lies at the heart of the conflicts that occur. Although professional medical institutions acknowledge the existence of the gender identity, as we have seen, as a fundamental element of identity, certain feminist groups deny its existence. There are therefore important differences in understanding that must be addressed.

1:3: Research Background and Scope

I have carried out extensive work on examining how personality and identity develop in early life. This also draws on my experience on how these are formed, because of my involvement in situations of tribal conflict where violence occurs. This approach is not confined to gender or sexual identity and I show how it may be used to study how personality in general is created. In this account I seek to present common explanations which describe how gender and sexual identities for every person, including heterosexual, lesbian, gay, bisexual, and transgender people, are created. Full details of my activities, and the papers I have written on this work can be found at <http://www.tqdr.co.uk/articles/bibliography.htm>. A personal biography is also available at: <http://www.tqdr.co.uk/documents/SusanBiographyPicture.pdf>

In this work I discard the traditional assumptions that sexual impulses provide the driving forces encountered in early psychological development and replace them with the innate and contagious neurophysiologically driven forces, involving the actions of mirror neurons, empathy, and possessive imitation identified by Gallese, Dawkins, Girard, and others. These dominate early development and are active from birth. Examining their actions provides greater opportunities to consider how the basic, or the “Core” elements of personality and identity, including gender identity originate, and how they develop during the early and later years of life. I compare the two approaches described earlier in this document.

As an academic and with academic support. I have written and presented extensively to scholarly groups and others on these gender topics. See my website www.tqdr.co.uk for details of these activities, and for my publications. Although all this work is written directly for publication in peer reviewed academic journals, the need for immediacy in the arguments on social media which have

¹⁰ Oxford English Dictionary (2d ed. (online) 1989), as accessed Aug. 22, 2010. This feminist usage describes gender identity solely in terms of sex without regard to any non-sexual relationships. I consider that gender identification sets out how men and women relate to each other when social interactions are involved. Sexual identification sets out how men and women relate to each other when sexual attractions are involved. Gender identity and sexual identity are terms which describe the sense of belonging that each creates. So, to describe someone as having a female gender identity is to describe someone who relates to society in that social capacity, not in terms of biology or the attractions of sex.

¹¹ Bettcher, Talia, (2014): “*Feminist Perspectives on Trans Issues*”, The Stanford Encyclopaedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2020/entries/feminism-trans/>. Mikkola, Mari, (2019) “*Feminist Perspectives on Sex and Gender*”, The Stanford Encyclopaedia of Philosophy (Fall 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2019/entries/feminism-gender/>.

been, and are now taking place, means that I am only now preparing parts of it for publication in peer review sources. However, all my papers can be downloaded directly from my website.

2:0: Feminism and Transgender Issues

Among certain feminist groups the integrity of transgender people's identities has been denied. The hostility that may be encountered can be seen for example in Janice Raymond's 1979 book *"The Transsexual Empire"*¹² where the view that male-to-female transsexuals metaphorically rape women's bodies is expressed. On the other hand, Butler accepts and very strongly supports transgender people. To understand the attitude that Judith Butler take today to transgender issues the You Tube video: *"Feminist icon Judith Butler on JK Rowling, trans rights, feminism and intersectionality"* should be viewed¹³. Not only does this video show how her attitudes have developed: it also illustrates the dangers of using historic evidence any current court case.

In her book *"Gender Trouble"*, first published in 1990¹⁴, Judith Butler argued that behavioural manifestations are present prior to the existence of gender identity and a sexed body¹⁵ (rather than the other way around), However, in this book she called into question the pre-existence of any group of gender-based characteristics prior to the enforcement of a gender role¹⁶. She followed Freud in seeing the ego as formed largely through a process of complex identifications. Under Freud, the cognitive abilities needed to transform these behavioural manifestations into personal identifications are not considered to be present until about the age of three years. For Butler therefore gender identity becomes a socially learned performative act¹⁷ and all understandings of the driving forces in gender identity in these feminist narratives become associated with power and

¹² This is more thoroughly elaborated in Janice Raymond's Book: (Raymond, Janice, (1979) "The transsexual empire: The making of the she-male", Boston: Beacon Press.) where she writes: *"All transsexuals rape women's bodies by reducing the real female form to an artifact, appropriating this body for themselves. However, the transsexually constructed lesbian-feminist violates women's sexuality and spirit, as well. Rape, although it is usually done by force, can also be accomplished by deception". (104)*

¹³ Butler (2021): *"Feminist icon Judith Butler on JK Rowling, trans rights, feminism and intersectionality"*: See Butler's YouTube video <https://www.youtube.com/watch?v=tXJb2eLNJZE>

¹⁴ Butler, Judith (1999): *"Gender Trouble: Feminism and The Subversion of Identity"*: Routledge
New York And London: <http://eng296.digitalwcu.org/wp-content/uploads/2018/09/butler-gender-trouble-chapter-1-w-RC-selections.pdf>
http://www.kyoolee.net/GENDER_TROUBLE_-_Preface_-_Butler.pdf

¹⁵ Term used by Butler etc: someone who has reached the age to appreciate what sexual differentiation is.

¹⁶ Butler argued that standard feminist accounts take gendered individuals to have some essential properties qua gendered individuals or a gender core by virtue of which one is either a man or a woman. This view assumes that women and men, qua women and men, are bearers of various essential and accidental attributes where the former secure gendered persons' persistence through time as so gendered. But according to Butler this view is false: (i) there are no such essential properties, and (ii) gender is an illusion maintained by prevalent power structures. First, feminists are said to think that genders are Butler considered socially constructed in that they have the following essential attributes (Butler 1999, 24): women are females with feminine behavioural traits, being heterosexuals whose desire is directed at men; men are males with masculine behavioural traits, being heterosexuals whose desire is directed at women. These are the attributes necessary for gendered individuals and those that enable women and men to persist through time as women and men. Individuals have "intelligible genders" (Butler 1999, 23) if they exhibit this sequence of traits in a coherent manner (where sexual desire follows from sexual orientation that in turn follows from feminine/ masculine behaviours thought to follow from biological sex). Social forces in general deem individuals who exhibit incoherent gender sequences (like lesbians) to be doing their gender 'wrong' and they actively discourage such sequencing of traits, for instance, via name-calling and overt homophobic discrimination. Think back to what was said above: having a certain conception of what women are like that mirrors the conditions of socially powerful (white, middle-class, heterosexual, Western) women functions to marginalize and police those who do not fit this conception.

These gender cores, supposedly encoding the above traits, however, are nothing more than illusions created by ideals and practices that seek to render gender uniform through heterosexism, the view that heterosexuality is natural, and homosexuality is deviant (Butler 1999, 42). Gender cores are constructed as if they somehow naturally belong to women and men thereby creating gender dimorphism or the belief that one must be either a masculine male or a feminine female. But gender dimorphism only serves a heterosexist social order by implying that since women and men are sharply opposed, it is natural to sexually desire the opposite sex or gender. In: Mikkola, Mari, "Feminist Perspectives on Sex and Gender", The Stanford Encyclopedia of Philosophy (Fall 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2019/entries/feminism-gender/> .

¹⁷ Butler, J., 1990, *"Performative Acts and Gender Constitution"*, in *Performing Feminisms*, S-E. Case (ed.), Baltimore: John Hopkins University. See also section 4:6 in this document.

sex, masculinity and femininity, social learning, and the gender role^{18 19}. Freudian approaches with sexually motivated psychodynamic theories, and by implication Butler in her 1990 book, and in her other publications of the time, considered that before the age of three little in the way of structure is understood to be created, so that development from that time onwards begins as if on a blank canvas. Instead of this, I regard all future development as an overlay on what has already been formed²⁰.

Although Butler seeks to accommodate transsexuality in her narrative, others do not: in addition to Raymond, one account argues that there is no change of sex/gender at all and uses the “*masquerade hypotheses*” to condemn trans people. Another similarly alleges that trans people are donning a mask or engaging in a pretence that effectively hides what they always really are²¹. In such views, the trans person is represented as either deceptive or deluded. Groups, including *Transgender Trend, Fair Play of Women, A Woman’s Place and the LGB Alliance*, claim to support trans people, but completely dismiss any idea of gender identity by describing it as “*an ideology that has no grounding in science*”. More worryingly, trans women will be considered as men contrary to their self-identification²². The acronym “TERF” is an acronym for trans-exclusionary radical feminist. Coined in 2008, the description was originally applied to a minority of feminists espousing sentiments that other feminists consider transphobic, such as rejecting the assertion that trans women are women, the exclusion of trans women from women's spaces, and opposition to transgender rights legislation. The meaning has since expanded to refer more broadly to people with trans-exclusionary views who do not have any involvement in radical feminism²³. At the core of this dispute is the disagreement as to whether gender identity is a purely socially learned construct, or if it lies at the heart of the personality that is created: All of these feminist approaches treat it as being socially constructed²⁴. Two recent articles illustrate the dilemmas that are created. These are: Jacques, Juliet: (2020): “*Liberals need to stand up for trans rights, before it's too late*”²⁵, and Rustin, Suzanna: (2020): “*Feminists like me aren't anti-trans – we just can't discard the idea of 'sex'*”²⁶

The question is where do transgender people fit into these feminist dynamics? That does not mean that some feminists do not support transgender people. Butler for example has argued for civil rights for trans people, saying: “*Nothing is more important for transgender people than to have access to excellent health care in trans-affirmative environments, to have the legal and institutional freedom to pursue their own lives as they wish, and to have their freedom and desire affirmed by the rest of the world*”. Emi Koyama²⁷ defines trans-feminism as “*primarily a movement by and for trans women who view their liberation to be intrinsically linked to the liberation of all women and beyond*”. For Koyama, trans feminism “*stands up for trans and non-trans women alike and asks non-trans women to*

¹⁸ Bettcher, Talia, (2014): “*Feminist Perspectives on Trans Issues*”, The Stanford Encyclopaedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2020/entries/feminism-trans/> .

¹⁹ Mikkola, Mari, (2019) “*Feminist Perspectives on Sex and Gender*”, The Stanford Encyclopaedia of Philosophy (Fall 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2019/entries/feminism-gender/> .

²⁰ See section 4:6 in this document

²¹ See Overall, Christine, (2004), “*Transsexualism and ‘transracialism’*”, *Social Philosophy Today*, 20 (3): 184 and 185. Overall, Christine, (2009), “*Sex/gender transitions and life-changing aspirations*”, in *You've changed: Sex reassignment and personal identity*, Laurie Shrage (ed.), Oxford: Oxford University Press, 11–27. Overall, Christine, (2012), “*Trans persons, cisgender persons, and gender identities*”, in *Philosophy of sex: Contemporary readings* (sixth edition), Nicholas Power, Raja Halwani, Alan Soble eds. New York: Rowan & Littlefield, 251–267.

²² Hayton, D: (2020): “*Transwomen Are Men*” YouTube 20 Feb 2020 <https://www.youtube.com/watch?v=PO4pFnRdC1o>

²³ Jefferys, S. (2014): “*Gender hurts: A feminist analysis of the politics of transgenderism*”: Routledge

²⁴ See for Example, Moore, Suzanne “*Women must have the right to organise. We will not be silenced*” *The Guardian* 2 March 2020 <https://www.theguardian.com/society/commentisfree/2020/mar/02/women-must-have-the-right-to-organise-we-will-not-be-silenced>

²⁵ Jacques, Juliet: (2020): “*Liberals need to stand up for trans rights, before it's too late*” *The Guardian*: Thu 24 Sep 2020 <https://www.theguardian.com/commentisfree/2020/sep/24/liberals-stand-up-trans-rights-transgender>

²⁶ Rustin, Suzanna: (2020): “*Feminists like me aren't anti-trans – we just can't discard the idea of 'sex'*”: *The Guardian* Wed 30 Sep 2020 <https://www.theguardian.com/commentisfree/2020/sep/30/feminists-anti-trans-idea-sex-gender-oppression>

²⁷ Koyama, Emi, 2006, “*Whose Feminism is it Anyway? The Unspoken Racism of the Trans Inclusion Debate*”, in *The Transgender Studies Reader*, Susan Stryker and Stephen Whittle (eds), London: Routledge

stand up for trans-women in return". Bettcher²⁸ and Jenkins²⁹ argue that there is more than one "correct" way to understand womanhood. They argue that, rather than trans women having to defend their self-identifying claims, these claims should be taken at face value right from the start.

In this account I distinguish men from women in three ways: "One is the sense of belonging that gender identity generates, the second comes from the variations which enable men and women to delight and to find love with each other (or same-sex partnerships), and the third comes from the differences that biology creates". In the introduction I noted that there is strong evidence from neurophysiology to show, that while male and female behaviour on average falls into two categories, there is such a large spread in the natures of these identifications that large overlaps occur. See for example Mitchell (2018)³⁰.

Recognising that gender and sexual identities cannot form before birth, since they depend on interaction with others, also means that they cannot stem directly from reproductive biology. Therefore, they must arise from secondary effects. Differences in physical aggression and neural maturation rates early during infancy create behavioural distinctions. See Wrangham (2019)³¹ for an evolutionary perspective on how these develop. Both characteristics have elements that are pre-natal in origin and their variations are wide enough to transcend the male and female stereotypes that are considered to exist³². Thus, the development of a particular gender identity is a consequence of these behavioural interactions and tribal identifications... instead than their cause. Therefore, for everyone it is behaviourally rather than biologically determined. Most people will develop a gender identity which is in accordance with the biological sex, but some will not, and I show in section 4:0 how these core elements become fixed by the age of around three years. Thus male-to-female transsexuals who identify as women may be expected to act in harmony with women throughout life.

From the beginning, many trans women have been fighting at the very front line of feminist movements. Trans women of colour were some of the key people involved in the act of resistance which led to the creation of the Stonewall movement in 1969. Trans women still act and behave in harmony, behaviour, outlook, and attitudes with natal women in their active pursuit of feminism, women's interests, and in other causes. Some groups argue that trans women who have not undergone female gender socialization from childhood cannot be described as women³³. However, if one group restricts the definition of a woman exclusively to that of "an adult biological female", then no trans woman can be called a woman. If the other group, without denying biology, identifies men and women, through relationships in society and the commonalities of interests, actions, behaviour, and how we live our lives, then both groups can be travellers in a common cause. The effect of excluding two of these characteristics, by dismissing commonalities of purpose, by treating sex as being synonymous with gender and by restricting the definition of women to that of "an adult biological female" does not just exclude trans women, it denies all the other definitions and identifications of

²⁸ Bettcher, T.M., 2013, "Trans Women and the Meaning of 'Woman'", in *The Philosophy of Sex*, N. Power, R. Halwani, and A. Soble (eds.), Lanham, MD: Rowman and Littlefield Publishers, Inc

²⁹ Jenkins, K., 2016, "Amelioration and Inclusion: Gender Identity and the Concept of Woman", in *Ethics*, 126: 394–421

³⁰ Mitchell, Kevin J. (2018): "Innate: How the Wiring of our Brain Shapes Who We Are": Princeton University Press; ISBN 978-0-691-17388-7.

³¹ For a study of the evolutionary patterns leading to these differences see Wrangham, Richard: (2019): "The Goodness Paradox: How Evolution Made Us More and Less Violent" Pantheon Books ISBN 978 1 78125 583 4

³² "Although both sexes respond in the same way to reactive aggression, in proactive aggression different schema exists for men and women. Proactive aggression among men tends towards the direct actions of violence while female aggression tends towards disparagement instead. A wide variation is encountered, and overlap may occur. Therefore, the development of a particular gender identity is a consequence of these behavioural interactions rather than the cause": See section 11:0: "Aggression and Identification" in Gilchrist, S. (2019b): "The Development of Transgender Behaviour and Identities in Early Life": <http://www.tqdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

³³ Bach, T., (2012), "Gender is a Natural Kind with a Historical Essence", *Ethics*, 122: 231–272. Mikkola, M. (2016), "The Wrong of Injustice: Dehumanization and its Role in Feminist Philosophy", New York: Oxford University Press

womanhood to natal women as well. There is a great deal of anger about this in the trans communities, which can lead to unhelpful responses. J. K. Rowling is entirely correct to be distressed about the images of transsexuality that are presented to her under the term “*Gender Ideology*” and to the attacks on her self-identity as a woman that these images, and her alignment with the gender-critical movement, create³⁴. But, as we see in section 12:3, these are not images which the great majority of transgender people would either recognise or impose. They are images presented by campaigning groups and others who seek to deny the legitimacy and depth of the gender identities which transgender people possess.

Butler is right in arguing that behavioural manifestations are present prior to the existence of gender identity and a sexed body. However, in common with other feminist approaches, and in her earlier publications, she has failed to account for the massive neurological advances taking place during the first three to four years, which includes how their pro-active dynamics alter the learning and development processes that are encountered. By disregarding these elements and by construing gender identity to be the product of reactive and socially constructed performative acts, these changes are ignored. It is the impact of this failure, or in some cases denial, which I argue has led to many of the differences, disagreements, misdiagnoses, and misinterpretation of motives that are encountered in the present disputes.

3:0: Gender Identity

In contrast to identifying gender in line with these gender-critical feminist approaches, which view it as a purely socially learned construct, or being synonymous with sex, in this section we will look at the types of approaches typically adopted by the professional medical institutions. It is important to note that, while biological sex is set at conception and is immutable, both gender identity and sexual identity (which includes romantic and sexual orientation)³⁵ depend on interaction with others, since these concepts can only develop from birth. However, the core elements of both gender and sexual identities, which create the senses of belonging that lie at the heart of the personalities for everybody that are created, are both seen by the professional institutions to be complementary to each other, they follow parallel paths of development and they both become unchangeable from very early in life. This identifies the scientific consensus adopted by the professional institutions which, on a worldwide basis, identifies both gender and sexually variant conditions and behaviour as being “*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*”.

That description of gender and sexual identities in terms of personality variation shows why transgender people who have surgery to make their bodies conform more closely to the gender identities they experience, do not believe that they are undergoing a change in sex. Terms such as *Gender Confirmation* surgery or *Gender Affirmation* surgery are the terms that are used. Those who go on to obtain a *Gender Recognition Certificate* are not considered to modify biological sex, they only change “*legal sex*”. Those who transition but do not obtain a GRC might be considered to have changed “*social sex*”. These terms mean that male to female transsexuals integrate completely into society as women, without denying the physical differences that biology creates.

Most of the current studies which accept this account of gender identity, divide its formation into two stages. The first stage is the development of a sense of belonging, which is often called the “*Core*

³⁴ Rowling, J.K. (2020): “*J.K. Rowling Writes about Her Reasons for Speaking out on Sex and Gender Issues*” <https://www.ikrowling.com/opinions/j-k-rowling-writes-about-her-reasons-for-speaking-out-on-sex-and-gender-issues/>. [accessed August 2020]

³⁵ Using the term sexual identity rather than sexual orientation emphasises the sense of identification rather than behaviour associated with a sexual act

Gender Identity". This is followed by the development of the "*Gender Role Identity*", which is concerned with how people relate to each other. The consensus endorsed by the professional institutions maintains that a "*Core Gender Identity*" should be regarded as the personality characteristic that can be defined as the social space one occupies in society, either as a male or as a female, or as other, which becomes unchangeable very early in life. It is a sense of belonging or identity with no behaviour or gender stereotyping involved. Conflicts can be characterised by the rejection of the gender identification that is being enforced. It is not associated with masculinity or femininity, or with gender-based power struggles in society since it is established before such stereotyping and conscious awareness takes place.

On the other hand, the second component, the "*Gender Role Identity*"³⁶, is the identification made due to the association with the role one occupies in society, either as a male or female, or other. Behaviour and desire are the driving forces behind, and it develops much more slowly because of the identification with the social role. These experiences change with time, and this does not reach maturity until many years have passed. Thus, the overall... and therefore the perceived identification of gender that a person possesses is a combination of these two, elements and that also changes with time³⁷. The core gender identity may only explode into conscious awareness when some trauma is involved. These differences in timing, permanence, and awareness have considerable implications for determining how childhood development should be managed. They should also be regarded as complementary processes. The sequence is important since the Core Gender Identity is shown to have become established before Gender Role Identification takes place.

This is also why some transsexual people describe themselves as being "*Born into the wrong Body*". Although that is not physically correct it describes a common feeling, because all previous stages are concealed. It should also be noted that many core elements of personality and identity may remain in the unconscious mind unless some trauma or difficulty brings these unconscious elements to light.

It is hardly surprising that many children and young people question their gender identity, particularly when any conflict between the core gender identity and gender role identity might occur. In recent years that freedom to question has become much greater among the younger generation, since these issues are no longer taboo, and they are much more openly discussed. There is also a much greater acceptance of non-binary gender identities and roles. Today up to four-fifths of those who regard themselves as being transgender, identify with non-binary roles. About eighty percent of those who at some stage thought they were transgender, and who embark on that exploration, find that they no longer need to question or alter their assigned gender identities and roles³⁸. That, of course should be welcomed. For others, the reverse occurs, and these people continue their transgender journeys. Regardless of either outcome, it is essential to create places for exploration which are accepting of all viewpoints and are free from fear, oppression, and guilt. For everyone, the same freedoms of exploration and the ability to find self-acceptance should be applied.

3:1: Transgender Journeys

³⁶ In some work I use the term "*Gender Allegiance*" instead.

³⁷ Many traditional theories only recognise the existence of the gender role.

³⁸ Meaning they do not seek to conform to any binary stereotype. For distributions see Spizzirri, G., Eufrásio, R., Lima, M.C.P. *et al.* (2021): Proportion of people identified as transgender and non-binary gender in Brazil. *Sci Rep* 11, 2240 (2021).

<https://doi.org/10.1038/s41598-021-81411-4>. See also: <https://www.allabouttrans.org.uk/wp-content/uploads/2014/05/non-binary-gender-factsheet.pdf>

It is an almost universal belief among the general population that transsexuals are men who want to become women and vice versa. However, that creates a misunderstanding which must be addressed.

Some transgender people develop a gender role identity and a core sense of gender identity identification which are both at variance with the biologically expected gender role. These people reject the role and identity which is assigned to them from the outset. The conviction that this is something which must be corrected often become evident from the earliest years. The rejection of the imposed gender is complete. In this case the compulsion which drives the need to change is encountered from the earliest stages

However, many transgender people do develop a gender role identity role which conforms to their biological sex... also a core sense of gender identity which opposes it. Many of these people try to fight or suppress this contrary core gender identity until the attrition caused by the constant demands too often leads to catastrophic collapse. That struggle can lead to overcompensation when trying to conform to the expected gender role. Attempts to suppress this only increase the strength of the demand. The drive also gets stronger as age increases. Hopes for the future give way to the realities of the past, and this collapse can happen at any time of life. For some, we have seen that the conflict may be hidden from conscious awareness until it explodes into existence at some later time. Often the reasons which cause this may have little to do with the conflict itself. Depression and changes with puberty can play an important role. Sexual influences are absent since the core sense of gender identity is established before these come into action, and the rejection of what is understood to be wrong drives the conflicts instead.

However, the rejection of an imposed identity and role can turn into the desire for a new role and identity when that pathway is denied. This means that the real goal may only become apparent after the perceived goal is achieved. Typically, before transition gender identity is an obsession. However, after transition, gender often ceases even to be thought of as an issue, or even something that comes to mind. It is important that this transition should be recognised in any management methods that are applied.

Therefore, at a deeper level the goal for transgender people is to find ways of living lives that are true to themselves. These are some of the reasons why many trans people merge invisibly into society, living normal lives in ways that are true to their identities. When this is understood the issues of predation should no longer be a matter of concern. This harmony of behaviour is also why so many people in society are happy to accept the accuracy of the statement that "*Trans Women are Women*", despite the opposition of certain feminist groups.

Instead of believing that transsexuals are people who want to become men or women, the conviction that transsexuals are people who believe that they ought to be men or women should be adopted: And this is not about desire, or seeking masculine or feminine stereotypes, it is about finding places where people can be themselves. Transition resolves the issue and people identify completely as men and women in the way they live their lives. Many people who do try to fight or suppress their core sense of gender identity also report that a discomfort has been present from their earliest years. Fighting these conflicts fails, and a welcoming approach which builds self-esteem and acceptance by others is essential for managing their demands. As I show later, management methods appropriate to personality variations and compulsions must be used.

Legislation around the world has allowed transgender people to self-identify their gender without official medical assessments, but with necessary safeguarding procedures in place. These have not raised any difficulties. Support for this in the United Kingdom is made clear in the public response to the Government's consultation on the reform of the 2004 Gender Recognition Act, which showed wide support for all aspects of reform, including 64% in favour of removing the requirement for a

diagnosis of Gender Dysphoria and 80% in favour of removing the requirement for a medical report. This is supported by professional medical bodies, including the British Medical Association³⁹. That these conclusions have not been followed through is a matter of regret⁴⁰. I believe it to be a consequence of misdiagnosing and incorrect fears of attacks on women's rights. I comment on these data later in this document.

4:0: Personal Research

4:1: Context

Many neuro-imaging research studies have attempted to find alterations in the brain structures of transgender people which differ from those of the general population. The results do show significant differences, but they also suggest that this is due to gender-based socialisation, and that the differences become much less as age decreases. However, in section 4, I show how that the developing nature of neural interconnections plays an important role. I also take the view that gender identity and sexual identity (expressed as sexual orientation) cannot form before birth since these require interaction with others, and that any pre-birth influences on these are only behavioural in kind. In more technical papers, I demonstrate that their effect is to act as triggers which promote development in a particular direction which usually, but not always corresponds to that of the biological sex. It is also a contagious and internally driven pro-active process, where the trigger may be minimal, but sufficient for it to create primitive tribal differences along gender lines⁴¹. It is self-reinforcing, and once it starts in a particular direction it becomes difficult to stop. In this work I use the neurologically and behaviourally based studies pioneered by Dawkins, Gallese, Girard and others. I also demonstrate how the development of gender and sexual identity matches the massive neurological changes which take place during the first three to four years, and their consequences for later life. Traditional psychodynamic and social learning theories require a certain level of cognitive abilities to be present before identities develop, but the co-ordination that this needs to be effective only becomes available between the ages of two to three years. With this understanding, the earlier period may be ignored. Instead: I examine development from birth. Of necessity I can only give a summary of my work in this response. However full details are available elsewhere⁴².

Position statements by the Royal College of Psychiatrists⁴³, the World Professional Association for Transgender Health (WPATH)⁴⁴, and others make it clear that there is no place for transgender and

³⁹ British Medical Association (2020): BMA submission: Women and Equalities Committee inquiry on Reform of the Gender Recognition Act <https://www.bma.org.uk/media/3584/bma-submission-reform-of-the-gender-recognition-act.pdf>

⁴⁰ House of Commons: (2020): "Gender recognition and the rights of transgender people" House of Commons Research Briefing Paper (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>

The following two papers are listed as superseding the previous paper

House of Commons: (2020): "Gender recognition reform: consultation and outcome" House of Commons Research Briefing Paper (Number 09079, 10 December 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-9079/>

House of Commons: (2020): "Provisions to support transgender children in schools" House of Commons Research Briefing Paper (Number 9078 10 December 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-9078/>

⁴¹ Rene Girard was an early pioneer in this work. See Girard, R., Williams, J.G. (Ed): (1996): "*The Girard Reader*": Independent Publishers Group ISBN-10 :9780824516345 ISBN-13 : 978-0824516345

⁴² For papers on my neurophysiological and psychological research work, see: Gilchrist, S. (2019): "*The Development of Transgender Behaviour and Identity in Early Life*": <http://www.tqdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>, Gilchrist, S. (2019): "*Divisions: Self-Declaration and Gender Variant People*": <http://www.tqdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>, 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.tqdr.co.uk/documents/218P-InfluencesPersonality.pdf> and Gilchrist, S. (2013): "*Personality Development and LGB&T People: A New Approach*": <http://www.tqdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>.

⁴³ Royal College of Psychiatrists (2018): "*Position Statement on supporting transgender and gender-diverse people*": PS02/18 https://www.rcpsych.ac.uk/pdf/PS02_18.pdf

⁴⁴ WPATH (2016): "*Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.*" World Professional Association for Transgender Health. <https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf>

gender diversity to be classed as a mental health disorder and they advocate that the term “*Gender Incongruence*” should be used to describe it: It is instead a personality variation within the normal range of development. The only circumstances where treatment should be engaged in is where distress arises from the individual’s lack of self-acceptance or the actions of others, not the condition itself. It is present in early childhood, and it cannot be changed by the person concerned or the predations of others in later life.

However, it is generally accepted that the origins of transgender conditions are not well understood. Therefore, the diagnosis and the management methods that are applied rely to a great degree on the wealth of experiential evidence and not on fundamental research. The aim of my investigation is to better understand the origins of the conditions and to provide that research base.

4:2: Approach

A common perception which has traditionally been endorsed is that transgender conditions are encountered because a wash of sex hormones brain about twelve weeks after gestation causes the brain to develop in a male or female direction. When that does not match the biological sex, transgender conditions occur. As we have seen in the introduction, I do not take that approach. What I do is to focus on how the fundamental elements of personality and identity form during the first three to four years of life. Many people may try to fit what they understand about transgender conditions into existing theories. This may be to suit certain agendas. It should be noted that the approach I adopt is to use the research knowledge and experience on transgender conditions as case studies to test the validity of the various theories that are presented, rather than trying to shoehorn them into the predictions that the current theories provide.

In the earlier sections of this document, we have seen that traditional Freudian approaches presume the period of up to three years to be a time of seething and largely unstructured emotions. According to this, development from that age onwards begins as if on a blank canvas. The need to explain this gap is why I discard the traditional assumptions that sexual impulses provide the driving forces encountered in early psychological development and replace them with the innate and contagious neurophysiologically driven forces involving the actions of mirror neurons, empathy, and possessive imitation identified by Gallese, Dawkins, Girard, and others. These dominate development through the early years and are active from birth. In this approach I examine how development begins from that moment of birth. Instead of acting as if on as blank canvas, I regard all development beyond three years as an overlay on what has already been formed.

I also argue that gender identity and sexual identity cannot be created before birth because these depend on interaction with other people. However, unlike Rippon⁴⁵ and those who pursue a social learning approach, which is primarily reactive in nature, this approach is strongly pro-active instead. It is in essence a psychodynamic analysis which rejects the traditional assumptions that sexual impulses provide the driving forces presumed in the traditional approaches and uses instead the innate and contagious neurophysiologically driven forces which dominate from birth. I make use of work by Girard and others to show how primitive tribal associations are first created; and how from this, identities are formed⁴⁶.

4:3: Overview

It is also well known that features, which are described as “*brain plasticity*” and “*brain permeability*” allow the brain to greatly change and adapt to its environment. It is also known that there are

⁴⁵ See section 8.

⁴⁶ For explanations see Gilchrist, S. (2013d): “*Personality Development and LGB&T People: A New Approach*”: <http://www.tqdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>

exceptional periods during early development, where peak periods of brain plasticity occur. At this time there are massive advances in neural capabilities among those attributes that are most used, but unused attributes become permanently lost. During one of these periods, language capabilities, gender awareness and neural co-ordination are known to greatly increase. It is also a time where more global concepts, including the core elements of personality and identity develop through coalescence from previously fragmented elements of thought. These developmental patterns have the effect of tuning the brain to the environment. This reduces the energy required, leads to a more focussed neural organisation, and a continuity of personality is created. That allows people to recognise and interact in the same or similar ways with each other even when there have been many changes and many years that have been spent apart.

In the full investigation I demonstrate that all 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. However, chaos would occur if this were to continue unchecked. Because of the early tuning of these processes, which are described in the context of the “*Domestication of the Brain*”, I show that unless physical injury or dementia intervenes, these underlying core elements of personality and identity remain constant for life.

In this analysis I argue that the neurological processes which are involved in creating the core elements of personality and identity are the same as those which apply to the development of gender identity for every person, transgender or not, and for all the relevant attributes and learning skills acquired during early life. In further developing this analysis, I want to take five areas for more detailed consideration: these are early formation, the transition period, consolidation, fluidity and stability, and concepts of self, not just for transgender conditions, but how gender and sexual identities for everyone are formed⁴⁷.

4:4: Early Formation

The first three to four years of life are times when enormous increases in neural capabilities occur. However, this is not uniform. In the first two years children have a vast capacity to absorb information, but limited ability to organise it. Because of this, learning is not about developing expectations for the future; but knowing about what to accept and what to reject. There are also peak periods of development in different areas of the brain at different times. An extremely rapid increase of cognitive abilities takes place in the pre-frontal cortex of the brain⁴⁸ at a certain time, which is usually between the ages of 14 months and two years. Neural activity and interconnections, which were previously localised, rapidly spread. Distant areas of the brain become connected, and networks between the two hemispheres develop. There is an explosion in language abilities and cognitive capacity. For the first time the pre-frontal cortex can start to function as a single co-ordinating unit. This period has also been linked to the time when other skills, and gender

⁴⁷ For more detailed information, see Gilchrist, S. (2013d): “*Personality Development and LGB&T People: A New Approach*”: <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>

⁴⁸ The prefrontal cortex (PFC) is the cerebral cortex covering the front part of the frontal lobe. This brain region has been implicated in planning complex cognitive behaviour, personality expression, decision making, and moderating social behaviour. The basic activity of this brain region is considered to be for the orchestration of thoughts and actions in accordance with internal goals. The most typical psychological term for functions carried out by the prefrontal cortex area is executive function. Executive function relates to abilities to differentiate among conflicting thoughts, determine good and bad, better and best, same and different, future consequences of current activities, working toward a defined goal, prediction of outcomes, expectation based on actions, and social “control” (the ability to suppress urges that, if not suppressed, could lead to socially unacceptable outcomes).
[https://www.thescienceofpsychotherapy.com/prefrontal-cortex/#:~:text=The%20prefrontal%20cortex%20\(PFC\)%20is,making%2C%20and%20moderating%20social%20behaviour.](https://www.thescienceofpsychotherapy.com/prefrontal-cortex/#:~:text=The%20prefrontal%20cortex%20(PFC)%20is,making%2C%20and%20moderating%20social%20behaviour.)

awareness, first appears. “*Quorum Sensing*”⁴⁹ mechanisms have been put forward as a way of explaining the rapidity of the change that takes place. In this study I show that this peak period is further associated with the time when the “*Core Gender Identity*” emerges from previously fragmented thought.

4:5: Transformation

It is of note that although gender awareness is present from the age of two years strong gender stereotypical behaviour does not begin to be encountered until about the age of three. Not surprisingly one may expect there to be changes in learning patterns before and after this transformation period occurs. These changes have major consequences about how these conditions are managed. Prior to it, one may expect identification to drive and precede socialisation, since the necessary neural co-ordination has not yet been achieved. The reverse comes into play after transition occurs for socialisation now precedes identification, and transformations in outlook are found.

The transformation period is the time when the cognitive abilities greatly increase. In this analysis I associate the dominant forces propelling development before the transition period to be those of possessive imitation⁵⁰, identification, and rejection. After this transition period the motives of behaviour and desire take over control because the increasing cognitive abilities can be used to set goals and link cause to effect. The early forces do not disappear, instead cognition holds them in check. From then onwards social experiences drive the identification that is made. Features which arise before this transition period can be associated with personality variation, those which arise after it can be associated with deviation or disruption instead.

There are also two key elements that must be considered during this period, the first is the neurological changes associated with the domestication of the brain, and the second is the relationships between identity and role. In the 1960’s Money, Stoller and others split the definition of “*Gender Identity*” into two, the “*Core Gender Identity*” which distinguishes the sense of belonging, identity and rejection from the “*Gender Role Identity*” which, not surprisingly is associated with behaviour and desire in relation to the gender role. In early work Stoller and Money found that the core gender identity had become unchangeably fixed by the age of three. Subsequently Stoller felt forced to reduce this to below two years⁵¹. The timing of these match what the transformation period predicts.

4:6: Consolidation

In the previous section we have noted that gender awareness first appears at a time when there is a massive explosion in neural and cognitive capabilities around a median age of two years. We also know that after this peak period has passed, attributes and skills which had previously been available to babies have become permanently lost. Measurements of synaptic density, which can

⁴⁹ The best way to explain this is to imagine a crowd of people randomly milling around in the room. Suddenly a celebrity walks into the room and everyone rushes to that celebrity who becomes the focus of attention in the room. Thus, the previously unorganized elements of thought suddenly become organised, and more global perceptions are created.

⁵⁰ Wanting to possess or imitate something for its own sake without regard to reason or cause.

⁵¹ Early medical involvement in the management and treatment of transgender and intersex people was made on the assumption that the standard descriptions of the development of gender identity applied. Social learning theories were used, and it was presumed that a blank canvas was available before these gender associations could be learned. The experience of treating gender variant people showed that this was not the case, and gender identification was firmly fixed at a much earlier age. Furthermore, they concluded that it was impossible for the core gender identity to be changed any later than three years of age. This still did not fit the actual circumstances and one investigator (Stoller) tried to adapt Freud’s theory of psychodynamics by presuming that the desired state was female, and not male, to bring this threshold down to an age of between one and two years. Stoller, Robert. (1968): “*Sex and Gender: On the Development of Masculinity and Femininity*”, Science House: Stoller, Robert. (1973): “*Splitting: A Case of Female Masculinity*”, Quadrangle, New York. Money, J. and Erhardt, A.A (1996) *Man and Woman, Boy and Girl: Gender Identity from Conception to Maturity* (Masterwork Series) New Edition 1 Jan. 1996, Jason Aronson Inc. ISBN-10: 1568218125 ISBN-13: 978-1568218120

broadly be taken as a measurement the number of neural interconnections also reach a peak in children around the age of three years and then die back. This peak is about one and a half to two times higher than that found in adults. This decrease is a consequence of processes known as synaptic pruning and Hebbian learning, where the neural interconnections that are most used grow stronger and those that are less used die back. This reinforces the attributes that are needed and discards those that are not. The consequence of these is to tune the brain to the environment. I show that unless physical injury or dementia intervenes, these underlying core elements of personality and identity remain constant for life.

Traditional approaches regard the creation of gender identity as a responsive or performative act, which is created in response to the naming and gender expectations imposed on babies from birth. A problem with this is that during early development the neural coordination and the cognitive abilities that are needed to link present experiences to expectations for the future are absent, or they have not come fully into effect. The learning capacity of babies and very young children is enormous throughout these early periods, but it is poorly co-ordinated and experientially focussed. During these early periods on average the neurological patterns of maturation of male and female babies develop at different rates. The arguments that the differences in the patterns of interaction caused by these differential rates of maturation are present from the moment of birth are put forward by Girard and others⁵². As Rippon also notes, babies are already creating in-groups and out-groups by the age of three months⁵³. I examine these processes in detail in Gilchrist, S. (2019): *"The Development of Transgender Behaviour and Identities in Early Life"*, also in earlier documents. There I show that gender based social or tribal groupings are first created through the processes of peer group identification, arising from differing profiles of aggressive behaviour and differing maturation rates⁵⁴. This is culturally independent, and it takes place before the concepts of gender or sex begin to be formed. Of course, naming and the creation of social expectations play an overwhelming role in how the gender role identification is formed. However, that is built on top of an underlying core gender identity, which arises from these early peer group interactions. It is this sense of belonging which we identify as the Core Gender Identity, that becomes unchangeable from, at most the age of three years.

This supports the early conclusions reached by Money and Stoller, which state that these elemental core senses of gender identity, have become fixed and unchangeable by this same age. Processes such as *"Gay Cures"* and *"Reparative Therapy"* that seek to change the sexual orientation and the gender identity of any individual, deny the existence of any fixed sense of identity. Since identification precedes socialisation at this early time there is no other identity to put in its place. Trying to restore a sexual orientation or gender identity which corresponds with that associated with the biological sex leaves a vacuum inside: and repeated failures only serve to strengthen the guilt, trauma, and the demand. There are many other conditions, not connected with sex or gender, which are classed as personality variations or disorders that have a fixed or unchangeable sense of identity that is either being accepted, suppressed, or fought⁵⁵. Methods of management appropriate to compulsions should be used. These require self-acceptance and self-esteem to be created together with ways of calming the dynamics, while avoiding obsessions about cause. It is also why the practice of conversion therapy can have such a devastating effect.

⁵² For an overview of Girard's work go to Girard, R., Williams, J.G. (1996): *"The Girard Reader"*. New York: Crossroad Herder (1996) ASIN: B004G5VBOO. For backgrounds see Girard, R. (1965/1961) *"Deceit, Desire, and the Novel: Self and Other"* in Literary Structure, Baltimore: Johns Hopkins University Press. Girard, R. (1977/1972): *"Violence and the Sacred"*, Baltimore: Johns Hopkins University Press. Girard, R., Oughourlian, J.-M. and Lefort, G. (1987): *"Things Hidden since the Foundation of the World"*, Stanford CA: Stanford University Press.

⁵³ Page 195: Rippon, Gina. (2019); *"The Gendered Brain: The new Neuroscience that shatters the myth of the female brain"*: Penguin Random House, London 2019: ISBN 9781847924759.

⁵⁴ Gilchrist, S. (2019b): *"The Development of Transgender Behaviour and Identities in Early Life"*: <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

⁵⁵ This is where our work on tribal identities in situations of violence has some relevance.

4:7: Fluidity and Stability

Although the early work by Stoller, Money and others and others showed that this core gender identity had become unchangeable by the age of three years, the gender role identity continues to develop and change throughout life. Thus, the outward manifestation of gender will be a combination of these processes: and that may vary considerably over time. When there is no disagreement between the core gender identity and the gender role identity no conflict will be created, and no awareness of the core gender identity any potential for conflict may exist. However, when conflict does occur trauma will arise which can lead to compulsive demands.

Transgender people and sexually variant people deal with these conflicts in many ways. We have already seen that some transgender people may describe themselves as “*being born in the wrong body*”. That may be an accurate description of how these people feel but it is only because the core gender identity has already been formed before any conscious awareness of it appears. Few are naïve enough to believe this corresponds to a change of sex. Some from childhood reject any association with the expected gender role. Others may try to suppress the sense of core gender identity entirely by seeking to enforce their own identification with the expected gender role. The degree of over-compensation may be so pronounced that any realisation by others that these people may be transgender, can come as a complete surprise. Therefore, the allegiance to any gender role may vary greatly over time. This may be described as fluidity when the core sense of gender identity is denied⁵⁶. However, the conflict will only be resolved when the sense of core gender identity and gender role identification find ways to be in harmony with each other, and that is why an approach of inclusion and acceptance must be sought.

4:8: Concepts of Self

Even though a sense of self-identity is very real to many people, there are considerable disagreements as to what that means. Its existence is questioned, it has been described as a delusion, it is defined by relations with others, it changes regularly, searching for it changes it and because of these changes it never can be found. I do not wish to go into details here, but for the purpose of this analysis it seems to me that one way of describing it is to consider it as a continually developing compendium of all of life’s experiences, which we interpret in such a way so that the separation of the self from the other is defined. That gives enormous scope for development, but the unchanging nature of the core elements of personality and identity, which are formed very early in life, means that this also takes place within bounds. It is probably these core elements which give us the sense of security and the constancy of personality and identity that is needed for coherence within society, and the stability which we believe we each have.

It should also be noted that these processes are not unique to gender or sexually variant identities. Other core elements of identity and personality may be expected to develop in the same way. The fragmented nature of these early processes suggest that our own perceptions of self-identity have at their foundation, a compendium of social experiences and a coalition of coalescences, instead of a continuum of thought.

That fragmentation may become evident in various ways. This includes the independence of gender and sexual identities: for as wide a variation of sexual identification occurs in the transgender communities as in the population at large. The coherence of self-identity also depends on the smoothness of the coalition that is achieved, and conditions such as addiction, depression, alcoholism etc are likewise found to require lifetime strategies to manage their compulsive demands. In more extreme situations bipolar or savant conditions may be diagnosed when

⁵⁶ The bi-polar characteristics of the conflicts that can be created means that the word oscillation may be appropriate: see section 8:3.

disruption is severe, but the scope of the disruption is limited, or perhaps the possibility of psychoses, through the disintegration of the concept of self.

There is a very long delay in the maturation of the human pre-frontal cortex when it is compared with other animals. It is claimed that “*The prolonged developmental plasticity in the associative frontal cortex in human allows an unprecedented opportunity for acquisition of the highest level of cognitive abilities*”: but this also means that more may go wrong⁵⁷. Thus, in any strongly pro-active process, the timing must be correct: for too short a delay leads to clones being created and too long a delay leads to chaos being found. Elsewhere I argue that this is a tuned process which leads to the maximum amount of individuality, possessiveness, intelligence, and inquisitiveness, being formed.

As these core elements form very early in life, management methods parallel to compulsions should be used. In this analysis I divide compulsions into two groups: those of *mortido*, where the outcome of their demands leads towards oblivion and death, and those of *libido* which lead towards fulfilment and life. Those of *mortido* will certainly be noted because of the harm that results, but those of *libido* may not: Instead, they may manifest themselves in adulation for the high-flyers in life. In this analysis I associate transgender conditions with compulsions of *libido*. That can also explain the link to autism, when this too is associated with those who are more able⁵⁸. Many transgender people fight or suppress what their core sense of gender identity is telling them for many years; but trying to fight or suppress or to abstain from something that would do harm is very different trying to do the same for something that is perceived to lead to fulfilment of life. It is generally accepted that these attempts at suppression eventually fail. If any management method is to succeed it must be focussed on calming the compulsive dynamics without searching for a cause. For this an approach of affirmation, which includes the creation of self-acceptance, self-worth, and self-esteem is required.

We have already noted that there is little disagreement about how the gender role identity evolves. This is a consequence of socialisation. In this analysis I identify the innate neurophysiological forces as the powerhouse which drives development forward and I show that the primary role of cognition is to keep disorder in check. After the transition period, we have noted that the cognition-controlled drives of, behaviour, desire and the seeking of goals come increasingly into effect. Too often, the existence, or influence of the core gender identity is spurned or ignored. Rejection also turns into desire when the demands of rejection are denied, and studies of brain activity using functional magnetic resonance imaging (fMRI) show how a gendered brain structure evolves over time.

4:9: Consequences

In the previous sections I have shown how the consequences of early neurological developments, domestication, and the requirements for continuity lead to the creation of core senses of identity and personality which become established for life. For transgender people, the core sense of gender identity is at variance with what is expected from biological sex. In the earlier sections I have also shown that attempts to fight or suppress this potentially leads to instability and collapse.

I compare this to the analogy of building a tower on an unstable foundation. No matter how strong the walls of the tower are built or how well they conform to the expectations demanded of them, that tower will collapse if the foundations are attacked or destroyed. I describe my own experiences in

⁵⁷ Schore, A.N.(2001), Petanjeka, Zdravko; Judaša, Miloš; Šimića, Goran; Rašina, Mladen Roko; Uylingsd, Harry B. M.; Rakicb, Pasko; Kostovića, Ivica. (2011).

⁵⁸ See for example the work of Simon Baron-Cohen and the Cambridge Autism Research Centre <https://www.autismresearchcentre.com/staff/simon-baron-cohen/>

two poetry anthologies⁵⁹. I refer to transgender journeys in section 3:1 and in a paper Gilchrist, S. (2011): "*LGB and T People: Labels and Faith*" I describe the harm that occurs when these are suppressed⁶⁰. It is no co-incidence that the great majority of professional institutions now support an affirmative approach which enables children and others to explore their senses of gender without fear of discrimination, oppression, and guilt. Creating acceptance and understanding are key elements in maintaining control. In a further paper on "*Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality*"⁶¹ I describe a management strategy which adopts this approach.

It is essential to accept that the aim of this approach is not to deny or prevent change. Instead, it aims to make a smooth change possible so that if it is needed it can come at the right time and for the right reasons, and in a way that minimizes the trauma it creates. Change may also be less likely to be needed if the correct management techniques are applied. It is even less likely to be needed if the driving forces and motives are properly understood. Talking therapies, such as Cognitive Behavioural Therapy, are extensively used to manage the types of trauma caused by personality variations and personality disorders. For these to succeed, an atmosphere of acceptance and freedom from fear, and from guilt, must be created. When the integrity of transgender people's identities and motives are attacked by others who are determined to impose diagnoses which transgender people cannot identify with, then the effectiveness of such management methods is demolished or destroyed.

A complaint voiced by certain feminist groups is that more research is needed. The Royal College of Psychiatrists also states that the origins of personality variations and personality disorders is not well understood. However, the validity of any research must be confirmed by experiential evidence. There are estimated to be between 200,000 to 500,000 transgender people in the UK⁶², 4,559 people were referred to UK Gender Identity Clinics in 2016⁶³, there are about 1.4 million transgender people in the United States⁶⁴, and elsewhere in the world there are many more. Talking therapies, by their very natures mean that the practitioner as well as the patient must learn from those experiences. This means that a vast amount of experiential evidence is now available.

It is essential that the correct diagnosis is made. With the approaches which presume a sexual motivation and indeed for many of the standard psychiatric approaches, the creation of a gender identity is believed to follow, and to be a result of the socialisation which occurs. That process can be diverted or disrupted by the predations of others, and the inculcation by other people of desires to follow a different path. This leads to certain groups, including religious organisations condemning all behaviour which gives expression to gender and sexual variant identities as lifestyle choices which are always presumed to be associated with inappropriate sexual motivations, and where depravities such as paedophilia and attacks on gender identities are alleged⁶⁵.

⁵⁹ Gilchrist, S. (2003): "*Selfhood's Tower*": Poetry Anthology: <http://www.tgdr.co.uk/documents/302V-Selfhood'sTower.pdf> and Gilchrist, S. (2011): "*Verses in Search of the Self: Poems and Commentary*": <http://www.tgdr.co.uk/documents/301V-VersesSearchOfSelf-PoetryAnthology.pdf>

⁶⁰ Gilchrist, S. (2011): "*LGB and T People: Labels and Faith*": <http://www.tgdr.co.uk/documents/002B-LabelsFaithText.pdf>

⁶¹ Gilchrist, S. (2013): "*Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality*": <http://www.tgdr.co.uk/documents/205P-ManagementTechniquesInGenderDysphoria.pdf>

⁶² Government Equalities Office (2018) "*Trans People In The UK*": ISBN: 978-1-78655-673-8
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf

⁶³ Guardian. (2016): "*Gender identity clinic services under strain as referral rates soar*" The Guardian 10 July 2016
<https://www.theguardian.com/society/2016/jul/10/transgender-clinic-waiting-times-patient-numbers-soar-gender-identity-services>

⁶⁴ Williams Institute (2016): "How many Adults Identify as transgender in the United States?"
<https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

⁶⁵ Much of my work has been about dealing with religious matters. See my bibliography for those details
<http://www.tgdr.co.uk/articles/bibliography.htm>

In this account are considering two different approaches: that of personality variation where rejection, identification and acceptance are the driving forces behind them, or that of personality disruption supported by mainly feminist movements, which consider gender identity to be socially learned constructs, driven by motives of power, behaviour, and desire. There are considerable behavioural differences between the two approaches. That means they can be distinguished from each other, and there is a wealth of experiential evidence to support the viewpoint of the professional institutions. The purpose of my research is to identify the origins of these conditions, the motives and the driving forces behind them, and to fill in the gaps.

4:10: Responsibility

With any social learning approach identification takes place after socialisation occurs, and its formation is a consequence of the desires that are expressed. The reverse occurs when identification precedes socialisation. The rejection or acceptance of what is imposed becomes the driving force, and the development of gender identity is treated as a personality variation instead. The methods of managing personality variations and disruptions are almost opposite to each other: and the correct one must be applied. The results of this research identify transgender conditions as personality variations which arise very early in life: Thus, 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. The trauma and the high rates of attempted suicide in young trans people is not caused by giving children the freedom to explore their gender identities: it is caused by the denial of that freedom instead.

Of course, nobody should try to force children into any gender identity or role, and this is an area where greatest possible care must be exercised. The Royal College of Psychiatrists and other groups advocate approaches which can be described as “*Watchful Waiting*”. However, the key issues are about how “*Watchful waiting*” is applied. This where arguments become particularly toxic, allegations of malpractice are made, factual and scientific evidence is misrepresented or is distorted to pursue various social and political agendas and to prove partisan points. These can often be unchallenged when social media is used. Yet this is an area where responsibility and objectivity above all is needed. It is clear from this analysis that my views on the development of both gender and sexually variant conditions are in line with the those expressed by the professional medical organisations and World Professional Association for Transgender Health (WPATH)⁶⁶. However, I do not exercise my responsibility if I do not use the best of my ability to take an objective and impartial approach. That is what I seek to do in this response, and in the other documents. In one of these documents: “*The Safeguarding of Transgender Children*” I try to deal with some of the issues involved⁶⁷

5:0: Viewpoints of the Professional Institutions

My research results support the worldwide consensus of medical professional institutions and international bodies, which regards both gender and sexually variant identities and behaviour as being “*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*”.

Each of the major medical organizations across the UK has signed a memorandum of understanding which unambiguously and strongly condemns any attempt to try to “*Cure*” gender

⁶⁶ World Professional Association for Transgender Health (WPATH) <https://www.wpath.org/>

⁶⁷ Gilchrist, S. (2018c): “*The Safeguarding of Transgender Children*”: <http://www.tqdr.co.uk/documents/241P-SafeguardingTransgenderChildrenDoc.pdf>

and sexually variant people⁶⁸. These processes are referred to as “*Conversion Therapy*” for lesbian and gay people, and “*Reparative Therapy*” for trans people. This consensus is adopted for example by the Royal College of General Practitioners, the British Psychological Society and eleven other United Kingdom organisations⁶⁹. The Royal College of Psychiatrists has issued its own statement which fully supports this view⁷⁰. Equivalent positions are taken by the American Psychiatric Association⁷¹ and the American Psychological Association⁷². Other international mental health organizations, including the World Health Organization have followed⁷³. All these organisations are signatories to the World Professional Association for Transgender Health standards, which provides the consensus view, and whose guidelines for management and treatment are endorsed by virtually all these major professional bodies⁷⁴. These statements universally condemn *both* “*Gay Cures*” and “*Reparative Therapy*” as being totally inappropriate for their harmful and destructive effect. By describing gender and sexually variant identities as variations, all research into the origins of transgender conditions must examine how identity develops for everyone in society, and not treat transgender people as a separate group.

6:0: Management Methods

We have seen that the techniques in managing distress caused by a personality variation parallel those of managing a compulsion. There are four absolute demands that must be met if a compulsion of any type is to be effectively managed. The first is the absolute requirement to accept the reality of the condition, the second is the total need to recognise that willpower and determination cannot suppress or control it, the third is the unqualified demand to recognise that the support and help of others is needed, and the fourth is the complete need to accept that, for no matter how long one has managed to calm the compulsion, even to the extent that conflicts may seem to have disappeared, the trauma and the disruption it creates may erupt at any time. That means welcoming and acknowledging in full one’s identity. For trans people it means accepting and embracing the complexity of the identity that is possessed. Fighting the conflict fails for there is nothing to put in its place: so that only strengthens the demand. The crucial need is to give the person the degree of self-acceptance and self-esteem to ensure that freedom from self-guilt and guilt imposed by others is obtained and that the correct choices are made. With the self-acceptance and self-esteem that this gives, there is a far greater chance that people will find they are not transgender, do not need to conform to a binary role, or that transition will not be required. It is also necessary to remember that transgender conditions are driven by the rejection of the imposed role and identity, not the desire for the new.

Although I know that I am transsexual, for personal reasons and commitments I have not fully transitioned and in Gilchrist, S. (2013): “*Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality*”: <http://www.tgdr.co.uk/documents/205P-ManagementTechniquesInGenderDysphoria.pdf> I describe the approach that I use.

⁶⁸ 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>.

⁶⁹ British Psychological Society and other organisations: Conversion Therapy: Consensus Statement. http://www.bps.org.uk/system/files/Public%20files/conversion_therapy_final_version.pdf

⁷⁰ Royal College of Psychiatrists' statement on sexual orientation is available at: http://www.rcpsych.ac.uk/pdf/ps02_2014.pdf. On transgender issues see: https://www.rcpsych.ac.uk/pdf/PS02_18.pdf

⁷¹ APA Sexual Orientation and Gender Identity Statement: <http://www.apa.org/helpcenter/sexual-orientation.aspx>

⁷² APA Policy Statements on LGBT Concerns <http://www.apa.org/pi/lgbt/resources/policy/> <http://www.apa.org/about/policy/sexual-orientation.pdf>

⁷³ The term “Gender Incongruence” is now used to describe what transgender people’s 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.

⁷⁴ The guidelines can be downloaded from this website: <https://www.wpath.org/publications/soc>

This is also the affirmative approach adopted by the professional medical institutions. It is additionally predicated on the understanding that a core sense of gender is integral to the personality created; that it is formed very early in life, and at the same time and in the same way as all other core elements of personality and identity are formed. Later, when the physical changes of puberty are destroying hopes for the future in a gender that has long been identified with, the administration of puberty blockers can play a very important role in helping to retain the composure that is needed to calm the trauma and avoid potential catastrophes created by what is a compulsive demand⁷⁵.

It seems that the strength of these experiences provides conclusive evidence, however a problem still arises; since the origins and causes of personality variations and disorders are not well understood. In its answer to the question “*What causes a personality disorder*” the Royal College of Psychiatrists says: “*The answer is not clear, but it seems that like other mental disorders, upbringing, brain problems and genes can play a part.*”⁷⁶ That leaves plenty of scope for disagreement, but it does not provide any justification for one group to trash another group who holds a different view. There is therefore a major gap in understanding from the time of birth to the age of three to four years which needs to be filled, and that has been the focus of my work. However, it is not the research itself that should be used to justify any approach. Instead, it is the quality and reliability of the experiential evidence which should prove the theories and determine the validity of the results.

Over the last sixty years, understanding of transgender conditions has advanced greatly, from a traditional type of Freudian approach, which did presume a sexual motivation, to the current situation which, sees it a discomfort with identity: not sex, and defines it as a personality variation instead. There is now a vast amount of experiential evidence to confirm the approach taken by the professional medical institutions, and I will refer to just one book “*Theorising Transgender Identity for Clinical Practice*” to show how this can be used⁷⁷.

7:0: Overview

7:1: Developmental Processes

One of the main difficulties encountered is that there are major disagreements about the nature and causes of transgender conditions. Psychodynamic and social learning theories can only give a limited understanding since they themselves presume the attributes and processes involved in early development. They also require a sufficient level of cognitive abilities to be present and these are not fully effective until about the ages of two and three years. The approaches adopted by various feminist groups do not allow for any major changes in the neurological patterns and capabilities at any time during the first three years. These changes are dismissed by Rippon⁷⁸ in her neurological studies. Others, including Butler⁷⁹, associate or have associated the development of gender identity with social learning processes and performative acts.

My research work considerably predates the current arguments. For these and other reasons I have engaged in a neurologically based study which examines in detail the neural processes involved in

⁷⁵ For personal reasons I have not availed myself of these or other medications

⁷⁶ Royal College of Psychiatrists (2020): *Personality disorder*. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/personality-disorder> [accessed June 2020]

⁷⁷ Langer, S.J. (2019): “*Theorising Transgender Identity for Clinical Practice*” Jessica Kingsley Publishers ISBN-10: 1785927655 ISBN-13: 978-1785927652

⁷⁸ See section 9:1 onwards.

⁷⁹ See section 2:0 onwards.

the development of gender and sexual identities, notably during the first three to four years of life. I am grateful for the academic encouragement and assistance. In this analysis I show that the innate and contagious neurologically driven forces involving the actions of mirror neurons, empathy, and possessive imitation dominate development in the early years. As I have noted earlier, these are active from birth. There is a major neural transformation and an explosion in cognitive abilities, which takes place around a median age of two years. This causes a transition, from the early dominance of these innate neurologically driven forces to the later control of cognition. That takes place between the ages of two to three years. I also show that this is the time where the core elements of personality and identity are created. Nevertheless, these neurologically driven forces do not disappear, they are only held in check.

Early neural development is not uniform. There are peak periods in many areas of the brain where rapid advances take place, after which, those capabilities which are less used do not develop as effectively in future or become permanently lost. Language capability is one such feature, and it has been noted that the development of gender awareness is closely associated with the time when the explosion in language capabilities first takes place. In this analysis I argue that the core elements of personality and identity are subject to the same neural processes, and that the same mechanisms of consolidation and tuning the brain to the environment are also involved. Consequently, an underlying constancy of personality is created, which remains unless physical brain injury or dementia destroys it in later life.

There are also major changes in the learning processes before, during and after the neural transformation period. Before the neural transformation period the learning capabilities of young babies and infants are enormous, but the neural co-ordination is insufficient to link by reason, the activities that are engaged in, to the goals that are sought. The rejection of what is wrong and the processes of possessive imitation drive cognition ahead. After the transformation period the reverse occurs. Before the transformation period, identification precedes socialisation. After it, socialisation precedes identification. Conflicts which have their origins from before or during the transformation period are characterised by rejection and the search for identity: Those which originate after it, have behaviour and desire as their goals. That is why it is essential to correctly diagnose transgender conditions. It is also why the use of “*conversion therapy*” or “*reparative therapy*” can have such a devastating effect.

It is important to note that, while biological sex is set at conception and is immutable, both gender identity and sexual identity depend on interaction with others: That is because these concepts can only develop from birth. Contrary to the arguments presented by gender-critical feminist groups, these create the senses of belonging that lie at the heart of the personality for every person... they follow parallel paths of development and both become unchangeable from very early in life. Therefore, the core elements of both gender and sexual identities which are identified in this analysis are complementary to each other. That complementarity is also recognised by the professional institutions. This provides the foundation for the scientific consensus adopted on a worldwide basis by the professional institutions and international bodies which identify both gender and sexually variant conditions 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*”.

The analysis I present is essentially a psychodynamic study in which I replace Freud’s presumed sexual motives with those of the innate neurologically driven forces, which are active from birth. That change has enabled me to examine in more detail how personalities and identities are formed and how early development occurs. However, Freud also identified homosexuality as an inversion, which he considered to be an identity-driven process. The commonalities between the development of gender and sexual identities mean that transsexuality should be considered in the same way. The

same understanding also means that transgender people who have surgery to make their bodies conform more closely to the gender identities they possess, do not believe that they are undergoing a change in the physicality of sex.

7:2: Social Interactions

No discussion on this topic should even begin without considering the gross discrimination and threats of abuse and violence from men that all women face. The figures speak for themselves, the prison populations, the violent attacks, the chaperoning, the social and career restrictions, the attitude that women exist as helpmates for men, and the domination in society which being male provides, over millennia have been present. Therefore, why should any male-to-female transsexual wish to enter that clan? For some 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, where it is argued that their failure to succeed in the male role means they try to do it in the female role instead. Generally, the latter argument fails for, before they have transitioned many male-to-female transsexuals have been high-flyers in male society.

That takes us back to the topic which lies at the heart of the present disputes. Namely, is gender identity merely a socially learned construct, or does it lie at the heart of the personality that is created? If it is accepted that an elementary core gender identity arises very early in life and is effectively fixed by the age of three years, then the gender-critical feminist approach is invalidated, not just for transgender people, but wherever and to whoever it is applied. If the legitimacy of the gender-critical approach is adopted, then transgender conditions are misdiagnosed, and the depth of transgender identities is denied. For those who argue that gender identity is purely a socially learned construct, the issue is one of male domination and power over women. From this perspective, those male-to-female transsexuals who identify as women are understood to erase women's identities and attack women's sex-based rights: their argument is that social conditioning creates boundaries that cannot be crossed. This gives strong reasons for adopting autogynephilic explanations for transsexuality, where homosexuality is regarded as a personality variation and is a fundamental and clearly defined element of identity, while male-to-female transsexuality is regarded as a sublimated sexually motivated paraphilia or disruption of homosexuality instead.

For transsexuals, (as a generalisation) an opposite view is taken. Their understanding of history is instead one of a life being forced to live in a gender role which one cannot identify with, with all the anguish distress, rejection and high suicide rates that are involved. Many male-to-female transsexuals, including those who over-compensate or may be high-flyers in male society, fight desperately to avoid transition before failure occurs. In section 3:1 we saw that, instead of believing that transsexuals are people who want to become men or women, the conviction that transsexuals are people who believe that they ought to be men or women should be adopted. In Section 2:0 I distinguished men from women in three ways: One is the sense of belonging that gender identity creates, the second comes from the variations which enable men and women to delight and to find love with each other, and the third comes from the differences that biology creates. There is such a large spread in the natures of male and female identifications that major overlaps occur, and as we have noted that it is possible for someone who is male to identify with women from the moment of birth, and to have an outlook, behaviour and lifestyle which is in harmony with women throughout life.

This is not about seeking masculine or feminine stereotypes it is about finding places in society where people can be themselves. It is true that such people are likely bring with them the expectations of the social status of males, but they are unlikely to want to preserve any association with the history of male domination in the role they reject. As women, now facing the prejudices

encountered by women, that assurance is far more likely to be used to serve women and improve the status of women during their everyday lives. Instead of being identified by the gender-critical movements as antagonists who attack women's sex-based rights, transgender women are, and have traditionally been seen to be allies and advocates in the feminist world. That harmony and advocacy is why so many feminists and indeed the great majority of people, as recorded in the survey on the reform of the Gender Recognition act, are willing to accept transgender women as women, women who work together in harmony and as allies in a common cause. Far from erasing natal women's identities, transgender women have been and continue to be, in the forefront of the battles for women's rights.

In the neurophysiological analysis we have seen evidence of the harm that is created by an incorrect diagnosis and why the correct methods of management must be used. Far too often however, gender and sexual discrimination, inequalities in society, attacks by religious and social dogmas, and fears of predation, and perceptions of choice mean that the distinction is not made, and incorrect diagnoses are applied. Attempts to fight the conflicts created by transgender conditions fail and methods appropriate to compulsions must be adopted. Diagnosing these as personality variations means that rejection and identification are the motives that are encountered. Misdiagnosing them as perversions, paraphilias or disruptions means that behaviour and desire take their place. The former fights conflicts which few would wish on others, while the latter may promote predation and choice. The management methods required are almost opposite to each other, and society is well used to understanding the different methods that are required. The outcomes of this analysis are not new, they confirm the viewpoints of the professional institutions, and they support the large amount of experiential evidence that already exists.

The underlying sources of these conflicts are not about assertions of male-to-female transsexuals claiming to be women. That label of "*women*" is for all women to give, it is not for transsexuals to impose. Those who exclusively define women as "*adult biological females*" must deny that label. Those who see male-to-female transsexuals and natal women "*as people who interact with society in common ways*" can give it. Those who deny the existence of gender identity, and reduce it the biology of sex, are forced for their own purposes to impose a definition of "*gender ideology*" on male-to-female transsexuals which states that "*these people believe that they really are changing sex*". This does not mean that these people are necessarily antagonistic. There are transgender people who have done a great deal to foster the acceptance of transgender people in gender-critical circles. Debbie Hayton is one, and despite the other criticisms I make, she should be given credit for this work. However, by adopting the same approaches as these groups, the same harms are being created, transgender conditions are being misdiagnosed and the depths and integrities of transgender identities are being denied. There are many feminist approaches. Gender-critical feminists form only a small minority in the feminist movement, but these attacks, which identify transgender people as attacking women's sex-based rights, have an impact which spreads far beyond the gender-critical feminist movements.

What is needed is an understanding which recognises the depth and integrity of transgender conditions, without reducing in any way the strength of the battles that are rightly being fought for women's rights. In this analysis two elements are identified. The first is the core gender identity. This defines the sense of belonging to a particular gender: it finds the place one occupies in society, and it can be regarded as innate. It provides the gender complementarity where men and women can find delight and love in each other (or in same sex partnerships). It also provides the stability and the constancies of personality and identity which provide the rocks upon which future battles may be fought, also from where onward developments can take place. No battles for women's rights, or for any other goal, can be effectively fought unless that stability is created, and this is essentially unchangeable by the age of three years. The second is the gender role identity, and it is this which fights the battles of power and sex. Again, as we have seen, there is such a large spread in the natures of male and female identifications that major overlaps occur. The development of a

particular gender identity for everyone is a consequence of these behavioural interactions and tribal identifications instead of their cause. It is the core gender identity which provides the common foundation. While the approaches offered by the professional institutions allow for the existence of the core gender identity, the approaches adopted by the gender critical groups deny it. In place of ignoring the core gender identity or regarding these elements as being contradictory, they should be seen to be complementary. Thus, instead of seeing a gender entitlement which is perceived to be erasing women's identities and attacking their hard-won sex-based rights, the same gender entitlement can provide a sense of identity and an outlook, behaviour and lifestyle that is in harmony with women, who respects women, and who fights as assiduously and strongly as any woman for the protection and security of every woman's safety and gender-based rights, throughout life.

8:0: Opposing Arguments.

It is even more important in any dispute of this intensity that full engagement occurs. I have described in section 2:0 the arguments presented by mainly feminist groups, which deny the existence of the core sense of gender identity, and who argue that gender identity is created by social conditioning alone. In the earlier sections I have examined the approaches of the professional institutions. Now, in the following sections I wish to examine the approaches typically taken by gender-critical feminist groups, and the strengths and weaknesses of each position. That can be considered from two viewpoints, the quality of the experiential evidence and the strength of the underlying research.

Despite the current evidence, and the advances in understanding that have taken place, Transgender Trend states on its 2020 website that: *"There is no scientific basis for the idea of innate deeply-held sense of gender"*⁸⁰. They declare that their concerns are: *"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"*⁸¹. On the advice given to schools on the *"Impact of Teaching Gender Identity to Children"* Transgender Trend states *"Transgender organisations such as Gendered Intelligence⁸², GIRES⁸³ and Allsorts Youth Project⁸⁴ 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.*

Transgender Trend was one of the organisations giving evidence for the prosecution in the Tavistock v Bell case and is cited in the Judgement Document (paragraph 103) as *"an organisation that provides evidence-based information and resources for parents and schools concerning children with GD"*⁸⁵. It should be noted that the organisations, Gendered Intelligence, GIRES and Allsorts Youth Project, which are condemned in this statement, by Transgender Trend and by companion organisations, support the understanding of the professional institutions, which I have

⁸⁰ *"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 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".* <https://www.transgendertrend.com/current-evidence/> See also *"The Pink and Blue Brain Myth"*: <https://www.transgendertrend.com/brain-research/> [All accessed 2020]

⁸¹ Transgender Trend: <https://www.transgendertrend.com/>

⁸² Gendered Intelligence: <http://genderedintelligence.co.uk/>

⁸³ GIRES: <https://www.gires.org.uk/>

⁸⁴ Allsorts Youth Project: <https://www.allsortsyouth.org.uk/>

⁸⁵ GD - Gender Dysphoria

previously described. My paper on *"The Safeguarding of Transgender Children"*, referred to earlier, also challenges this approach⁸⁶.

In an article written for "Russian Times": *"Mob Justice: How One Feminist's Simple Tweet Enraged Transgender Activists and Saw Her Sacked from Her Dream Job"* Debbie Hayton writes: *"By denying the central catechism of gender identity ideology that we (trans people) can choose our sex, (natal) women have been denounced as bigots, transphobes and TERFs (Trans Exclusive Radical Feminists)"*⁸⁷. Gender identity ideology or *"Transgender Ideology"* is a term which is frequently touted to describe this dogma that *"Transgender people change sex"*. This is an allegation presented by gender-critical feminist groups for whom the existence of the core gender identity, and even the reality of gender identity as anything more than a nebulous concept is denied.

The justification claimed for this approach comes from the adoption of the work of Blanchard and others to explain the origins of transsexuality. I describe this further in section 9.1. Blanchard proposed that male-to-female transsexuals are either sexually attracted exclusively to men (homosexual) or are sexually attracted primarily to the thought or image of themselves as female (autogynephilic), and that autogynephilic transsexuals seek sex reassignment to actualize their autogynephilic desires⁸⁸. In the previous sections we have seen how the development of the core sexual and gender identities develop in early life. There it is shown that, although gender and sexual identities follow independent paths, they are complementary to each other, and neither need follow biological sex. Under the interpretation adopted notably by gender-critical feminists, both biological sex and sexual identities (including sexual orientation) are combined into the one word "sex". The concept of gender identity is dismissed as being unreal or an undefinable socially learned construct. Therefore, it also becomes absorbed into the same word "sex". This leads to inconsistencies which imply that homosexuality is real and gender identity is not. In effect this approach treats transsexuality as a perversion or disruption of male homosexuality, where for autogynephilic transsexuals, the sexual motives are sublimated or denied. That has the effect of treating homosexuality and lesbian and gay relationships as personality variations, and transsexual identifications as perversions, paraphilias or disruptions instead. This has major implications for how these conditions are managed, including when approaches to *"conversion therapy"* are involved. As we have seen in section 7:1: transgender people vigorously deny that description, because their own experiences demonstrate very well that this is about identity and not sex.

Apart from the fact that there are few transgender people, if any, I know who believe the statement on the Transgender Trend website that *"Changing gender is synonymous with changing sex"*, these statements raise questions about the objectivity, impartiality, and thoroughness of this gender-critical approach. When surgery is sought to make the body more closely conform to the gender

⁸⁶ Gilchrist, S. (2018c): *"The Safeguarding of Transgender Children"*: <http://www.tqdr.co.uk/documents/241P-SafeguardingTransgenderChildrenDoc.pdf>

⁸⁷ Hayton, Debbie (2020) Facebook Post about RT article "Mob Justice: How one feminist's simple Tweet enraged transgender activists and saw her sacked from her dream job" 31 August 2020 <https://www.rt.com/news/499510-mob-justice-feminists-transgender/>

⁸⁸ Autogynephilia was defined by an American psychologist, Dr Ray Blanchard, as "a male's propensity to be sexually aroused by the thought of himself as a female". (Auto = self, gyne = woman, philia = love.) *"The increasing prevalence of male-to-female (MtF) transsexualism in Western countries is largely due to the growing number of MtF transsexuals who have a history of sexual arousal with cross-dressing or cross-gender fantasy. Ray Blanchard proposed that these transsexuals have a paraphilia he called autogynephilia, which is the propensity to be sexually aroused by the thought or image of oneself as female. Autogynephilia defines a transsexual typology and provides a theory of transsexual motivation, in that Blanchard proposed that MtF transsexuals are either sexually attracted exclusively to men (homosexual) or are sexually attracted primarily to the thought or image of themselves as female (autogynephilic), and that autogynephilic transsexuals seek sex reassignment to actualize their autogynephilic desires. Despite growing professional acceptance, Blanchard's formulation is rejected by some MtF transsexuals as inconsistent with their experience. This rejection, I argue, results largely from the misconception that autogynephilia is a purely erotic phenomenon. Autogynephilia can more accurately be conceptualized as a type of sexual orientation and as a variety of romantic love, involving both erotic and affectional or attachment-based elements. This broader conception of autogynephilia addresses many of the objections to Blanchard's theory and is consistent with a variety of clinical observations concerning autogynephilic MtF transsexualism"*. *Becoming what we love*: Lawrence, A. A. (2007): *Autogynephilic transsexualism conceptualized as an expression of romantic love*; *Perspect Biol Med*. Autumn 2007;50(4):506-20. doi: 10.1353/pbm.2007.0050.

which is identified with, with the terms “Gender reassignment surgery” or “Gender confirmation surgery” are now invariably used. As we have seen in the previous section, there is no attack on women by this taking action, and I argue it is a term of discredit and misrepresentation which is foisted upon transgender people to satisfy agendas which these groups create. I examine this in more detail in an extended article: Gilchrist, S. (2021): “Responsibility in Transgender Disputes”⁸⁹ (I am presently withholding parts of this document because I wish to update it in the light of this court ruling, though key parts continue to be available). The primary issue I addressed in Gilchrist, S. (2020f): “Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case”:⁹⁰ is one of examining the Court judgement to see if all these differences of opinion and approach are correctly included in any judgement that is made, and that the correct management methods are endorsed.

8:1: Interpretations of Research

These differences and disputes emphasise the crucial need to find the right methods of managing these conditions. For that we also need to consider the mantra presented first by second-wave feminists which distinguished sex from gender by arguing that this is created through a social learning process that imposes the role of male or female onto sexed bodies. The important feature of the feminist account is that gender is socially, not individually, constructed... therefore, as I have noted, the earlier transitions and processes I identify in terms of individual personality development are dismissed, disputed, or ignored⁹¹. While Butler accepts the need to accept transgender people, in her earlier literature (see section 2:0) she follows Freud in seeing the ego as formed largely through a process of complex identifications which take on the perceived properties of a lost love object. As with Freud, the search is for sexual desire and the identity driven motives and behaviours which take place during the first three years are ignored. That disregard for the early development and the core gender identity is a common theme in these feminist approaches today.

In her book. “*The Gendered Brain*”, Gina Rippon traces the neurophysiological development of gender from birth to adult life. However, as part of condemning the ideas: “*that we can only make a difference to a child’s brain in the first three years of life*” and “*that there are different types of brain-based learning*” (page 88) as “*whack a mole*” myths, she also identifies the development of distinctive neural gender physiologies as being due to cognitive processes associated with social learning alone. She defines these “*whack a mole*” myths as untruths which are stated so often that they come to be believed. Although Rippon devotes only two pages to transgender issues, her assertion of that “*whack a mole*” theme is a major element in her book. Even though Rippon acknowledges the power of the pro-active forces which drive early development, in every case she seeks to argue that identification is reactively created by social learning processes, with the added implication that intrinsic differences such as the different neural maturation rates in early development exert minimal effects. Because of the assumptions she made, Rippon confined her assessment of how gender identity develops to that of the gender role, whose influence she extended to birth. Thus, the impact of the core gender identity is denied. Most importantly Rippon strives to demonstrate that there are few material changes in learning patterns during the first three years. By arguing that sufficient cognitive abilities are always present, the impact of the neurological advances in the development of identity during the first three years of life are also ignored⁹².

⁸⁹ Gilchrist, S. (2021): “Responsibility in Transgender Disputes”: <http://www.tqdr.co.uk/documents/248P-Responsibility.pdf>:

⁹⁰ Gilchrist, S. (2020f): “Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case”: <http://www.tqdr.co.uk/documents/249P-JudgmentResponse.pdf> Some of the discussion in that commentary is used again in this article,

⁹¹ See for example Rippon, Gina. (2019); “*The Gendered Brain: The new Neuroscience that shatters the myth of the female brain*”: Penguin Random House, London 2019: ISBN 9781847924759.

⁹² I discuss this extensively in 5: Feminism and Male-to-female Transsexuals

In a 2015 paper Joel et al showed that there are no gross differences in the neural structures between male and female brains. Instead, the authors described the brain to be a mosaic of features where some parts of the brain may be more male in character, and some more female: and all of us possess a mixture of both⁹³. That is taken to mean by these gender critical groups that there are no intrinsic elements involved in the creation of gender identity. Gender is also considered synonymous with sex, and the early development of the core gender identity is likewise ignored. Social conditioning determined through the abuses of power and domination create the neurological differences, and that these are the exclusive driving effects. As far as these feminists are concerned transgender people are perceived to threaten and weaken their own campaigns against the oppression of women, so that the mantra that male-to-female transsexuals are really men who masquerade as women, must continually be reinforced⁹⁴. This is the approach taken by groups of gender-critical feminists, and an article by Debbie Hayton with the title of “*Gender Identity is Bollocks*”⁹⁵ does little to calm what has become a toxic dispute.

But is this interpretation correct? Joel et al it seems does not agree. In their 2015 paper Joel et al did not say that there were no sex differences. Instead of this, they described the brain as a mosaic of male and female features. Within that mosaic, various workers have since identified divergent male, transgender, and female phenotypes. In a 2020 paper Joel et al summarised the present situation by saying: “*It is impossible to determine whether the differences between the groups reflect the different life experiences of individuals with different identities or preceded these experiences. It is also impossible to determine whether differences in specific brain structures are responsible for the different identities. These questions of cause and effect are further complicated by the observation that brain functions are generally not localized in one particular brain structure but distributed over circuits of large numbers of interacting brain areas*”⁹⁶. There is also supporting evidence from other neurological studies to show that, while male and female neural differentiations on average fall into these two categories, there is such a large spread in the distribution of these identifications that large overlaps occur. Mitchell⁹⁷ for example gives a comprehensive account of this in his book⁹⁸.

This means that it is Joel et al themselves, who discredit the interpretation which these gender critical feminist groups place on their work. Also: rather than looking at neural activity, examining neural interconnectivity may be a more appropriate approach⁹⁹. Standard handbooks such as that

⁹³ Joel, Daphna; Berman, Zohar; Tavor, Ido; Nadav, Wexler; Gaber, Olga; Stein, Yaniv; Shefi, Nisan; Pool, Jared; Urchs, Sebastian; Margulies, Daniel S.; Liem, Franziskus; Hänggi, Jürgen; Jäncke, Lutz; Assaf, Yaniv: (2015): “*Sex beyond the genitalia: The human brain mosaic*” CrossMark: Elsevier PNAS Vol 112 No 50 Published 15 Dec 2015 DOI: <https://doi.org/10.1073/PNAS.1509654112> : Conclusions: “*The lack of internal consistency in human brain and gender characteristics undermines the dimorphic view of human brain and behaviour and calls for a shift in our conceptualization of the relations between sex and the brain. Specifically, we should shift from thinking of brains as falling into two classes, one typical of males and the other typical of females, to appreciating the variability of the human brain mosaic. Scientifically, this paradigm shift entails replacing the currently dominant practice of looking for and listing sex/gender differences with analysis methods that take into account the huge variability in the human brain (rather than treat it as noise), as well as individual differences in the specific composition of the brain mosaic. At the social level, adopting a view that acknowledges human variability and diversity has important implications for social debates on longstanding issues such as the desirability of single-sex education and the meaning of sex/gender as a social category*”.

⁹⁴ Stock, K., (2018): “Why self-identification should not legally make you a woman” “The Conversation” October 1, 2018 <https://theconversation.com/why-self-identification-should-not-legally-make-you-a-woman-103372>

⁹⁵ Hayton, Debbie (2020): “Gender identity is bollocks” *Spectator, Australia*: 4 April 2020: <https://www.spectator.com.au/2020/04/gender-identity-is-bollocks/>. [accessed June 2020]

⁹⁶ Joel, D., Garcia-Falgueras, A., Swaab, D.; (2020) “The Complex Relationships between Sex and the Brain” *The Neuroscientist* 2020, Vol. 26(2) 156–169 DOI: 10.1177/1073858419867298

⁹⁷ Mitchell, Kevin J. (2018): “*Innate: How the Wiring of our Brain Shapes Who We Are*”: Princeton University Press; ISBN 978-0-691-17388-7.

⁹⁸ I also discuss this extensively in Responsibility in Transgender Disputes::Gilchrist, S. (2021): “*Responsibility in Transgender Disputes*”: <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

⁹⁹Uribe, C., Junque, C., Gómez-Gil, E., Abos, A., Mueller, S.C., Guillamon, A. (2020): “Brain network interactions in transgender individuals with gender incongruence”: *NeuroImage*, Volume 211, February 2020, Article Number 116613

on: “*Sex Differences in Neurology and Psychiatry*”¹⁰⁰ show the complex interactions that exist between sex and gender, even before and soon after birth. This contradicts the arguments presented by those groups who claim the gender identity is determined by social conditioning alone. It also has major consequences for those feminist movements whose gender politics are based entirely on the premise that gender is wholly socially constructed. As the feminist accounts of gender identities and transgender people show, this presumption is unquestioned in their histories, cultures, and research¹⁰¹.

A further area of concern is the reliance of feminist groups on theories put forward by Blanchard, Zucker and others to explain the origins of transgender conditions. Contrary to the approaches of the professional medical institutions, those groups which are mainly from the feminist movements argue that male-to-female transsexuality is a paraphilia. This diagnosis presumes a disruption to the normal path of development, which is driven by sublimated sexual motivations, and for which the term autogynephilic transsexuality is used. As has been noted, it is perhaps best seen as a distortion of male homosexuality rather than sex. Autogynephilia was defined by an American psychologist, Dr Ray Blanchard, as “*a male’s propensity to be sexually aroused by the thought of himself as a female*”. (Auto = self, gyne = woman, philia = love.) Blanchard only considered male-to-female transsexuals. No equivalent paraphilia for female-to-male transsexuals has been identified. The theory fails to deal effectively with non-binary roles, and it does not provide adequate explanations for the wide range of transgender conditions that exist. Perhaps more importantly, it does not match the lived experiences of transgender people. Not only do I show in this analysis that this misdiagnoses transsexual conditions, its reliance on sexual dynamics also means that the neurologically and identity driven aspects of development which take place during the first three years are ignored.

This theory has been criticised in many quarters, and in 2015, Zucker’s Toronto clinic was closed. Zucker was also dismissed on the grounds that its practices were no longer up to date. Although Zucker won a court case against unfair dismissal, this was made against specific actions and claims, so the substance of the decision to close it still stood¹⁰². Nevertheless, groups like *Transgender Trend*, *Fair Play of Women*, *A Woman’s Place* and the *LGB Alliance*, still pursue Zucker’s approach. We have seen that accepting the concept that gender identity is more than a socially learned construct and that it is at least in some sense innate, invalidates the gender-critical feminist approaches. Choosing this theory, instead of others, means that the mantra which is adopted by gender-critical feminist movements, that gender identity is a purely socially learned construct, can continue to be applied.

These viewpoints are challenged in this account. The challenge is most obviously seen in the consensus adopted by the professional institutions which describe it 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*”, the “*Memorandum of Understanding*” produced by the professional medical institutions which condemn “*The practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful*”, also the results of my own research and the current research work on sex and gender which is cited above. Yet in the arguments presented by

¹⁰⁰ Lanzenberger, R.; Kranz, G.S.; Savic, I.: (Eds) (2020): *Sex Differences in Neurology and Psychiatry*” Handbook of Clinical Neurology Volume 175, 2020

¹⁰¹ See section 2:0 and Bettcher, Talia, (2014): “*Feminist Perspectives on Trans Issues*”, The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2020/entries/feminism-trans/> . Mikkola, Mari, (2019) “*Feminist Perspectives on Sex and Gender*”, The Stanford Encyclopedia of Philosophy (Fall 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2019/entries/feminism-gender/> .

¹⁰² Section C:11: Conflicts, in :Gilchrist, S. (2021): “*Responsibility in Transgender Disputes*”: <http://www.tqdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

these feminist groups, all these viewpoints are dismissed or ignored. As great or a greater problem arises from the misdiagnoses that are made. The management methods which are appropriate for personality variations, such as those identified by the professional institutions and those for diversions or disruptions, such as those of gender-critical feminist groups and the ones identified by Blanchard, Zucker and others are almost opposite to each other. I conclude that great harm is being done because the wrong diagnoses are being applied.

These differences and distinctions should be something for objective study. However, when groups like Transgender Trend summarily dismiss the approach taken by the professional institutions by stating that *“There is no scientific basis for the idea of innate deeply-held sense of gender”*, and who also dismiss the conclusions endorsed by the professional institutions together with other groups who disagree with them as the actions of activists and mobs, all such possibilities are lost. Transgender people can be presented as agents of their own discomforts, as a threat to women’s identities, and the depth and integrity of transgender experiences and identities is denied.

8:2: Experience and Campaigns.

As further issue arises from the use of information that is available. The statement on the Transgender Trend website that *“there is no evidence that transition is a ‘cure’* is based on a Swedish study,¹⁰³ which is taken to mean that transgender conditions arise because of the internal traumas that people must deal with¹⁰⁴. That is not replicated in other literature, where the high rates of morbidity are instead considered due to the external attacks and discrimination that transgender people face¹⁰⁵. Transition does not remove this external discrimination in any way and the misrepresentation this outlook presents increases the strength of such attacks. It is of note that the lead author of the Swedish paper referred to above (Dhejne), specifically and strongly rejects the interpretations which have been attributed to this paper by various gender-critical feminist groups¹⁰⁶.

Other documents under the same form of attack include *“Stonewall School Report 2017”* and the Stonewall *“LGBT in Britain - Trans Report”* of 2018. These were commissioned from Cambridge University and You Gov respectively¹⁰⁷. On their website the LGB Alliance state that all opposing groups are: *“Mainly peopled by activists linked to a plethora of LGBTQ+ lobby groups such as Stonewall that have grown bloated on huge funding, much of it from the taxpayer, and who use their undue influence to misinterpret both the spirit and the letter of the existing law”*. The analyses presented in these reports are interpreted in ways which tend to make transgender people appear as agents of their own misfortunes rather than victims of the external discrimination and abuse described in these reports. However, these Stonewall documents are just two of many on a worldwide

¹⁰³ 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.”*

¹⁰⁴ Section D:5: Sources of Trauma, in :Gilchrist, S. (2021): *“Responsibility in Transgender Disputes”*:

<http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

¹⁰⁵ Section D:4: Suicides and Attempted Suicides, in :Gilchrist, S. (2021): *“Responsibility in Transgender Disputes”*:

<http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

¹⁰⁶ Williams, Cristan (2015): *“A 2011 Swedish study proves that trans people are more suicidal due to transition, are likely rapists and that trans women exhibit male socialization. Or does it?”* *Trans Advocate* 2 November 2015: https://www.transadvocate.com/fact-check-study-shows-transition-makes-trans-people-suicidal_n_15483.htm

¹⁰⁷ 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>

basis which contradict that approach. For example, the results of one meta-study carried out by Cornell University up to June 2017 states: “We 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. We found no studies concluding that gender transition causes overall harm”¹⁰⁸ and 97 percent of these studies showed that stresses due to gender dysphoria are relieved. These conclusions are corroborated in a mass of other studies for which information is available elsewhere¹⁰⁹.

The claim is also made that the current proposals of the United Kingdom Government to reform, the 2004 Gender Recognition act by changing the gender marker on their birth certificate without requiring a medical certificate, but still meeting other protecting criteria, will result in a plethora of men claiming to be women invading women’s private spaces. I discuss the reform of the Gender Recognition Act in two separate papers¹¹⁰. Much of the dispute focusses on access to women’s toilets. This claim must be negated because the ability to do this under law has been available since the UK Equality Act of 2010. Experiences since then have shown that this is a very rare occurrence and the gross invasions predicted by these groups have not occurred. Despite Government assurances to the contrary, self-declaration is presented by these campaigning groups as a “cafeteria like” process without any checks. However, the UK government insists that the current protections will not be changed or diminished in any way. In this respect, nothing meaningful in law would change because of the reform of the Gender Recognition Act¹¹¹. In other countries, where self-identification has already been implemented, similar results are found. Instead of the disproven publicly presented argument, in which reform of the act must be opposed because of the claim that it would allow heterosexual men to present themselves as women and enter women’s spaces for the purpose of sexual abuse, the continued opposition to the reform of the gender recognition act may be in support of the allegations of the transgender misdemeanours described elsewhere in this account, and the perception of transgender attacks.

The claim is made that, even after transition, male-to-female transsexuals continue to commit acts of sexual abuse against women at the same rate as men who identify with the male role¹¹². That claim is supported by taking the proportion of prisoners who self-identify as transgender¹¹³ and applying it to the total transgender population¹¹⁴. On the 31 March 2018 in Great Britain there were 13,562 prisoners out of a total of 83,263 serving sentences for sexual offences, which represented

¹⁰⁸ Cornell University Public Policy Research Portal: “Search Methodology for Research Analysis on the Effect of Gender Transition on Transgender Well-being”: <https://whatweknow.inequality.cornell.edu/about/selection-methodology/> and Cornell University Public Policy Research Portal “What does the scholarly research say about the effect of gender transition on transgender well-being?” <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>. [all accessed June 2020]

¹⁰⁹ See the text and endnotes on suicides in Gilchrist, S. (2017): “Gender and Sexual Malpractice and Abuse in the Christian Church”: <http://www.tqdr.co.uk/documents/236P-Malpractice.pdf>

¹¹⁰ Gilchrist, S. (2019): “Divisions: Self-Declaration and Gender Variant People”: <http://www.tqdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

Gilchrist, S. (2018): “Self-Declaration and Gender Diverse People”: <http://www.tqdr.co.uk/documents/243P-SelfDeclarationSubmission.pdf> (Submission for the consultation on the reform of the 2004 Gender Recognition Act)

¹¹¹ Sharpe, A. (2018). What would changes to the Gender Recognition Act mean? Two legal views. *The Conversation*. <https://theconversation.com/what-would-changes-to-the-gender-recognition-act-mean-two-legal-views-103204>

¹¹² Zanghellini, Aleardo. (2020) “Philosophical Problems with the Gender-Critical Feminist Argument Against Trans Inclusion” *SAGE Open* April-June 2020: 1–14 2020 DOI: 10.1177/2158244020927029 <https://journals.sagepub.com/doi/full/10.1177/2158244020927029>

¹¹³ Under the 2010 Equality Act those who self-identify as transgender must be treated as that. However, this does not give them access without stringent legal review processes, to prisons or spaces where women could be attacked. In one notorious case which is often cited, that of Karen White, the system broke down and the review was not carried out.

¹¹⁴ Section D:10: Crime, in : Gilchrist, S. (2021): “Responsibility in Transgender Disputes”: <http://www.tqdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

19% of the sentenced prison population and 0.0411% of the general male population¹¹⁵. In the same year there were a total of 133 self-identifying transgender prisoners. This is 0.026% to 0.066% of the total estimated general transgender population. If these transgender prisoners also committed sexual offences, as alleged, at the same rate as self-identified men, these figures would drop to 0.014% and 0.013% of the general transgender population. Regardless of what the actual proportion of transgender prisoners who committed sexual offences is, when compared to the respective general populations, these figures are lower than those for self-identified male prisoners, and there is no justification for this claim, as recent evidence also indicates^{116 117}. A key paper which is frequently used in attempts to justify this allegation of high criminality rates against transgender people is the Swedish study by Dhejne et al, which is cited above. As far as the lead author of this paper, Dhejne, is concerned, that is a fundamental misinterpretation of their results and she denies this allegation in a robust and vociferous way.¹¹⁸

8:3: De-Transitioning

There is another caveat to consider which arises from the rapid rise in teenage girls seeking to undergo transition and the well-publicised stories by Transgender Trend and other groups of the experiences of later regret. We have already seen in section 5:0 and elsewhere that the professional medical institutions regard the development of gender and sexual identities as personality variations where the core elements become fixed very early in life. For those who assert that gender identity is only socially constructed, gender identity develops much more slowly, and it is only fully confirmed when puberty takes place. This is an area where disagreement occurs about the diagnoses and the timescales involved. One side in the present disputes alleges that it is a personality disruption, where predation by other trans people is the cause of this rise. The other side considers it to be a personality variation where the gender role identity adhered to is built on top of a hidden contrary core gender identity: This is established very early in life: but it can explode into conscious awareness at any time. That explosion is often when puberty occurs, and it is reflected in the rejection of the gender role. We have further noted that the management methods required are almost opposite to each other, and it is not hard to imagine the intense disputes that arise over the management of transgender children when these conflicts in timescales are involved.

There are many reasons why children should question their gender identities. Discovering what one's gender identity is and what it means is and should be an essential part of childhood development. This questioning can create intense trauma when puberty occurs. The characteristics of the trauma encountered will depend on the nature of the driving forces behind them. One source of

¹¹⁵ Ministry of Justice (2018): Offender Management Statistics Bulletin, England and Wales Quarterly October to December 2017 Annual 2017 Prison population: 31 March 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/702297/omsq-q4-2017.pdf

¹¹⁶ "While it suggests nearly half of all trans prisoners are sex offenders, it is actually very misleading. This is because the statistic: (i) only counts trans prisoners who have informed prison officers of their trans status, (ii) does not count trans prisoners with a GRC, and (iii) does not take account of trans prisoners on shorter sentences, because they were not included in the survey. Accordingly, the actual percentage of trans prisoners who are sex offenders is likely to be considerably lower than 48%. This is perhaps especially so given exclusion of prisoners on shorter sentences, as they are, by definition, less likely to be sex offenders". Sharpe, A. (2018a). Foxes in the henhouse: Putting the trans women prison debate in perspective. *Inherently Human*. September 11

<https://inherentlyhuman.wordpress.com/2018/09/11/foxes-in-the-henhouse-putting-the-trans-women-prison-debate-in-perspective/>

¹¹⁷ Hasenbush, A., Flores, A. R., & Herman, J. L. (2019). Gender identity nondiscrimination laws in public accommodations: A review of evidence regarding safety and privacy in public restrooms, locker rooms, and changing rooms. *Sexuality Research and Social Policy*, 16, 70–83.

¹¹⁸ Willans, C. (2015) "A 2011 Swedish study proves that trans people are more suicidal due to transition, are likely rapists and that trans women exhibit male socialization. Or does it?" The Transadvocate November 2015 https://www.transadvocate.com/fact-check-study-shows-transition-makes-trans-people-suicidal_n_15483.htm Science AMA Series: I'm Cecilia Dhejne a fellow of the European Committee of Sexual Medicine, from the Karolinska University Hospital in Sweden. I'm here to talk about transgender health, suicide rates, and my often-misinterpreted study. Ask me anything!

https://www.reddit.com/r/science/comments/6q3e8v/science_ama_series_im_cecilia_dhejne_a_fellow_of/ House of Commons (2020): Women and Equalities Committee, Transgender Inquiry Oral Hearings 9/12/20 Written evidence submitted by Professor Alex Sharpe [GRA2022] <https://committees.parliament.uk/writtenevidence/19156/html/>

trauma is discomfort with the core gender identity, and the second is discomfort with the gender role. Many children who report maybe severe crises over gender identities eventually grow out of them, since discomfort with the gender role usually resolves itself over time. However, the adoption of any dogma, doctrine, or analysis which denies the existence of the core gender identity or dismisses the early formation processes when no resolution is found, immediately misdiagnoses transgender conditions and the methods of management that are required. Many transgender children go through identical questioning processes, and desperately seek to conform to the gender roles expected from them. But, instead of finding identification with the gender role, they encounter alienation instead.

How these conditions are managed is the subject of intense dispute, which arises from the different diagnoses that are being made. As the methods of management are almost opposite, what is identified as compassion by one side is almost invariably seen as coercion by the other. Nevertheless, no solution will become accessible until children become free to explore the conflicts they face. In section 4:10, I describe the approach of “*Watchful waiting*” endorsed by the professional medical institutions. The American Psychiatric Association confirm that this type of affirmative approach is the only one now recommended. In section 6:0, I explain why it gives the maximum freedom of choice for managing what is effectively a compulsive demand. In section, 3:1, I show that rejection turns into desire when the demands of rejection are thwarted. This means that the real goal may only become apparent after the perceived goal is achieved. Typically, before transition gender identity is an obsession. However, after transition, gender often ceases even to be thought of as an issue, or even something that comes to mind, and the bipolar nature of the conflicts may cause large swings of intensity to occur¹¹⁹. That appears to fit the experiences of Kiera Bell in the *Bell v Tavistock* court case which I consider in Gilchrist, S. (2020f): “*Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case*”¹²⁰ better than arguments based on predation and desire advocated by gender-critical groups, where the core gender identity is ignored¹²¹. Lisa Marchiano¹²² notes the same common themes emerging during her treatment of those who have de-transitioned, and notes that she believes the figures for those de-transitioning are much higher than any of the quantitative surveys predict¹²³.

The quoted rates of de-transitioning vary widely. Many gender identity clinics and other bodies quote a transition regret figure of less than one percent¹²⁴. The 2015 United States Transgender Survey¹²⁵ collected responses from individuals who identified as transgender at the time of the survey. Eight percent of the 2800 surveyed had de-transitioned temporarily or permanently at some

¹¹⁹ This reflects my own experience. By taking an inclusive approach, a threshold was crossed, when the impact of the gender conflict seemed to vanish, and I was able to sustain this approach for fourteen years. See: Gilchrist, S. (2015d): “*Living with Difference*”: <http://www.tgdr.co.uk/documents/208P-LivingWithDifferenceFinal.pdf>

¹²⁰ Gilchrist, S. (2020f): “*Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case*”: <http://www.tgdr.co.uk/documents/249P-JudgmentResponse.pdf> Some of the discussion in that commentary is used again in this article,

¹²¹ WPATH (2018): “*WPATH POSITION ON “Rapid-Onset Gender Dysphoria (ROGD)”*”: Rapid Onset Gender Dysphoria is not recognized by any major professional association, nor is it listed as a subtype or classification in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD). https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf

¹²² Marciano, I. (2020): The Ranks of Gender De-transitioners Are Growing. We Need to Understand Why; *Quillette*: 2 January 2020: <https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/>

¹²³ D:8: Transition Counselling and Advice, in :Gilchrist, S. (2021): “*Responsibility in Transgender Disputes*”: <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

¹²⁴ D:7: Transition Regret, in :Gilchrist, S. (2021): “*Responsibility in Transgender Disputes*”: <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

¹²⁵ James, Sandy E.; Herman, Jody L.; Rankin, Susan; Keisling, Mara; Mottet, Lisa; Anafi, Ma'ayan (2016). “De-Transitioning” (PDF). The Report of the 2015 U.S. Transgender Survey (Report). Washington, DC: National Center for Transgender Equality. <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF> . [accessed June 2020]

point. Most of these respondents who de-transitioned did so only temporarily. The inclusion of these temporary data may account for the relatively high figure of 8 percent. Groups like Transgender Trend argue that the de-transition rate is much higher than this, without giving figures. However, a recent analysis of this survey questioned the way that some of these data were collected. That removes some of the temporary elements and may reduce this figure to around 3.2%. The results of a much earlier study showed that 3.8% of the patients who were gender reassigned during 1972-1992 regretted the measures taken¹²⁶ and figures consistently remain around this level. Clark-Flory¹²⁷ reports that “De-transitioning after surgical interventions ... is exceedingly rare. Research has often put the percentage of regret between 1 and 2% ... De-transitioning is actually far more common in the stages before surgery, when people are still exploring their options”. Dhejne et al, in “An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets” reports a 2.2 percent regret rate over this extended period for both sexes¹²⁸.

Despite allegations by gender-critical groups about the high proportion of people who regret transitioning, the quantitative evidence suggests that this is low. Another series of questions to ask is: “why do people de-transition? what do they de-transition to? and how successful that is?” Serano gives an account of these¹²⁹. De-transitioners have commonly cited trauma, isolation, dissociation, inadequate mental healthcare, and social pressure as motivations for pursuing transition. The reasons given for de-transitioning in the US survey and other surveys were much more to do with external problems and harassment by society rather than transitioning itself. Treatment and management methods involving informed consent and affirmation of self-diagnosis have been criticized for failing to meet the needs of those who eventually de-transition¹³⁰. Butler and Hutchinson make a clear call for more empirical research¹³¹. Entwistle describes some of the current concerns: which include the use and misuse of social media and the reliability of information¹³². D’Angelo et al describe some of the issues encountered: particularly before surgical or medical intervention takes place¹³³.

A major issue relates to the diagnosis that is presumed for transgender conditions. Earlier we have noted that, depending on which diagnosis is adopted, the methods of management are almost opposite to one another. It is well known that a large proportion of those who initially present (60% to 80%) with gender dysphoria do not proceed to transition. Also, according to the figures cited above, only a small proportion (around 2%) of those who have undergone irreversible medical intervention, regret the process. A significant number of those who de-transition, re-transition. Every

¹²⁶ Landén, M., Wålinder, J., Hambert, G. Lundström, B. (2007) “Factors predictive of regret in sex reassignment” *Acta Psychiatrica Scandinavica* Volume 97, Issue 4 April 1998 Pages 284-289. First published: 13 November 2007 <https://doi.org/10.1111/j.1600-0447.1998.tb10001.x>

¹²⁷ Clark-Flory, Tracy (15 June 2015). "Detransitioning: Going From Male-to-female To Male Again". *Vocativ*. Retrieved 1 September 2017 <https://www.vocativ.com/culture/lgbt/detransitioning-male-female-male-again/>

¹²⁸ Dhejne, Cecilia; Öberg, Katarina; Arver, Stefan; Landén, Mikael (November 2014). "An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960–2010: Prevalence, Incidence, and Regrets". *Archives of Sexual Behavior*. 43 (8): 1535–45. doi:10.1007/s10508-014-0300-8. PMID 24872188. S2CID 24755434.

¹²⁹ Serano, Julia (2016) “Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children Debates”: *Medium Com* August 2016 <https://medium.com/@juliaserano/detransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e#.19kyu76cx>. [accessed June 2020]

¹³⁰ Graham, Julie (14 October 2017). *Detransition, Retransition: What Providers Need to Know* (PDF) (Presentation slides). Fenway Health. Retrieved 29 January 2019 Marchiano, Lisa (6 Oct 2017). "Outbreak: On Transgender Teens and Psychic Epidemics". *Psychological Perspectives*. 60 (3): 345–366. doi:10.1080/00332925.2017.1350804. Yoo, Alexander (16 February 2018). "Transition Regret and Detransition". In Stewart, Chuck (ed.). *Lesbian, Gay, Bisexual, and Transgender Americans at Risk: Problems and Solutions*. 2. ABC-CLIO. pp. 181–191. ISBN 978-1-4408-3236-9. OCLC 1002302935.

¹³¹ Butler, Catherine & Hutchinson, Anna. (2020). Debate: The pressing need for research and services for gender desisters/detransitioners. *Child and Adolescent Mental Health*. 25. 45-47. 10.1111/camh.12361.

¹³² Entwistle, K. (2021), Debate: Reality check – Detransitioner's testimonies require us to rethink gender dysphoria. *Child Adolesc Ment Health*, 26: 15-16. <https://doi.org/10.1111/camh.12380>

¹³³ D’Angelo, R., Syrulnik, E., Ayad, S. et al. One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria. *Arch Sex Behav* 50, 7–16 (2021). <https://doi.org/10.1007/s10508-020-01844-2>

instance of failure is potentially a tragedy but overall, this small number suggests that the clinics have got the balance correct. Despite this, the publication of individual high-profile cases on social media, together with the assertion by certain groups that the reason for de-transitioning is always because of transition itself, I believe leads to incorrect claims being made and a major overstatement of the problems to be faced. However, based on this analysis, the bipolar nature of the conflicts must be allowed for before irreversible changes are made. That is something which may require further consideration by the various groups.

8:4 Puberty Blockers

The decision to prescribe any drug is always one of balancing the possibility of harmful side effects against the benefits it brings. The use of puberty blockers is discussed in section 8:4 of Gilchrist, S. (2020): *“Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case”*. In this work I have shown that transgender conditions should be managed in the same way as personality variations put forward by the Professional Institutions, where the core gender identity has become established very early in life. However, by siding with the arguments presented by Transgender Trend, the Court has in practice enforced the diagnosis typical of autogynephilic transsexuality promoted by groups who argue that gender identity is a socially learned experience which develops only gradually: and it is not fully confirmed until puberty occurs. These differences in timescales and development trajectories have major implications for how these are administered. We have already noted that the management methods for personality variation and personality disruptions are almost opposite to one another. Although the Court claims to be considering only the safety of puberty blockers it has in effect made a diagnosis by its approach. Currently the case is under appeal and my paper on: *“Managing Transgender Conditions Correctly”* is intended to provide resource material for the appellants when the case is heard.

9:0: Inclusion

In this analysis we have seen that there is a great deal riding on these disputes. If it is accepted that the core gender identity arises very early in life and is effectively fixed by the age of three years, then the gender-critical feminist approach is invalidated, not just for transgender people, but wherever and to whoever it is applied. If the legitimacy of the gender-critical approach is adopted, then the depth of transgender identities is denied.

The one word that seems to be totally absent in all these disputes is that of *“Love”*. Clearly biology plays a supremely important role in how men and women are treated in society. However, in section 7:2 we have seen that there is another viewpoint which allows a gender complementarity in which men and women find delight and love in each other (or in same-sex partnerships) while at the same time attacking with the same degree of vigour the enforcements of the stereotypes and the gross discrimination that all women face. In the following sections I want to address more of the concerns that are raised by these matters.

To do so I first want to recap on some of the issues that have previously been discussed. Perhaps the most obvious question (and challenging?) question that was asked is *“What is a Woman?”* The gender-critical feminist movements define a woman as an *“Adult biological female”* and allow no other. Transgender people identify women as occupying a social space in society. Therefore, the two are complementary to each other, but there is a critical mismatch in the diagnoses that are applied. In section 2:0: on feminism and transgender issues, I distinguished men from women in three ways: One is the sense of belonging that gender identity creates, the second comes from the variations which enable men and women to delight and to find love with each other, and the third comes from the differences that biology creates. I have noted that Mitchell touches on these positive

aspects in his book¹³⁴. Mitchell is also confirming other research which shows that here is such a large spread in the natures of male and female identifications that major overlaps occur and, as we have noted, it is possible for someone who is male to identify with women from the moment of birth, and to have an outlook, behaviour and lifestyle which is in harmony with women throughout life. It is extremely important to note that finding a place in society has nothing to do with gender stereotyping or masculinity or femininity, since this place is created before these social aspects form. We also use three different ways of describing these attributes: male and female; men and women; masculine and feminine. The first can refer to biology, the second to the places occupied in society and the third to behaviour. Again, the gender-critical groups confine the definition of women to biological sex, therefore the ability to name the places that transgender people seek to occupy in society is denied.

I would argue that the way in which people distinguish men from women in society is how they interact with it, and that this harmony of behaviour is why so many people in society are happy to accept the accuracy of the statement that “*Trans Women are Women*”, despite the opposition of certain feminist groups. Acknowledging these differences should help defuse some of the battles that are being fought.

The second area of profound disagreement is over the nature of transgender conditions. Are they personality variations which become established very early after birth before any other sense of identity forms because of neurological and maturational differentiation ... for which management methods akin to compulsion must be used? Or are they expressions of sexual motives and self-love, for which the name autogynephilic transsexuality is used¹³⁵, as described by Blanchard Lawrence and others ... which instead demand management methods appropriate to perversion or disruption in their place? In the previous sections we have seen that the major disagreement in these disputes is over the core gender identity: does it exist? and how it is formed? However, there is little disagreement about how the gender role identity is created, that arises through social interactions with society, and I show that it acts as an overlay on what has already been created. Neither of these features is complete without the other. Both are involved in the processes of gender identification, and they are complementary in their effects. In recent neurophysiological studies the existence of equivalent complementary neurophysiological processes has now been identified.¹³⁶ Thus, instead of regarding the approaches adopted by the professional institutions and those put forward by the feminist groups as contradictory it may be better to regard them as complementary. Major stumbling stones however are over timings and the denial by the gender-critical feminist groups that a meaningful sense of gender identity even exists. Perhaps the best way to escape from the present disputes is not to continue to fight each other, but to build an inclusive approach. That requires recognition of how development occurs during the first three years of life.

The social and legal need for inclusion has also been studied, not least in terms of the right of access to spaces normally reserved for women, but also in respect of the alleged erasure of women’s identities, which are caused by the misdiagnoses that occur. Zanghellini¹³⁷ notes that: “Cooper (2019)¹³⁸ has invoked a legal pluralist perspective to argue that it is possible, and may be desirable, for gender as conceived by gender-critical feminists (as “sex-based domination”) and

¹³⁴ Mitchell, Kevin J. (2018): “*Innate: How the Wiring of our Brain Shapes Who We Are*”: Princeton University Press; ISBN 978-0-691-17388-7.

¹³⁵ Autogynephilia was defined by an American psychologist, Dr Ray Blanchard, as “a male’s propensity to be sexually aroused by the thought of himself as a female”. (Auto = self, gyne = woman, philia = love.)

¹³⁶ Uribe, C., Junque, C., Gómez-Gil, E., Abos, A., Mueller, S.C., Guillamon, A. (2020): “Brain network interactions in transgender individuals with gender incongruence”: *NeuroImage*, Volume 211, February 2020, Article Number 116613

¹³⁷ Zanghellini, Aleardo. (2020) “Philosophical Problems with the Gender-Critical Feminist Argument Against Trans Inclusion” *SAGE Open* April-June 2020: 1–14 2020 DOI: 10.1177/2158244020927029 <https://journals.sagepub.com/doi/full/10.1177/2158244020927029>

¹³⁸ Cooper, D. (2019). A very binary drama: The conceptual struggle for gender’s future. *Feminists@law*, 9. <https://journals.kent.ac.uk/index.php/feministsatlaw/article/view/655>

gender as conceived in trans-affirming terms (as “identity diversity”) to coexist side-by-side in the law. Access to women’s spaces is just the kind of policy matter that need not choose between one conception of gender and the other: it can and should be granted based on both. While a compelling feminist case has been made for inclusion (Finlayson et al., 2018)¹³⁹, the best feminist case against inclusion suffers from several argumentative fallacies (Aristotle, n.d.), and is at odds with well-established and sound uses of practical reason. Many problems in gender-critical thought are consistent with the explanation that paranoid structuralism is too often presupposed in gender-critical work, rather than being treated, productively, as a hypothesis. The nature of the publication outlets favoured by gender-critical feminists (social media, blogs, etc.) is also likely to be implicated in generating some of these problems”. In practice many of these arguments have taken place on social media where peer review processes are not involved.

10:0: Validation and Peer Review

With such extreme consequences involved it is crucial that an impartial and objective study is made of the social, experiential, and scientific analysis of the evidence available. It is difficult to know how the views of the Professional Institutions, and in particular the existence of the Memorandum of Understanding could be ignored in any academic peer reviewed publications. To the best of my knowledge, all the peer reviewed papers which do identify gender identity as a purely socially learned construct derived from “sex-based domination” take autogynephilic or equivalent explanations for transsexuality as given processes and then argue onwards from that point. There is a gap because each group is pursuing their own agendas with little interaction between them. In such instances, and where different viewpoints of extreme polarities are presented, Zanghellini, Cooper, Kirkup¹⁴⁰ and others, emphasise that these must be areas for responsible argument and objective approach.

When so many transgender women who have long been considered by many as allies in feminist causes, the question is why they now come under such sustained attack. Some of the answers may be found in section 2:0 where I discuss feminism and transgender issues. Although some groups are hostile, or regard trans people being deluded, there is, even among those who willingly accept trans people, still no place for any innate or fixed sense of gender identity to exist in feminist histories or in any of the theories and accounts. That is hardly surprising, since the act of acknowledging that there any innate or fixed gender differences between men and women is something which would be used as a weapon to increase the gross discrimination that all women already face.

The true causes of any conflict must be established if any resolution is to be obtained. When all other arguments in this dispute are stripped away, two key issues remain. The first is the nature of gender identity. Is its existence real? And does it lie at the heart of the personality that is created? as the professional institutions assert. or is it purely a socially learned construct? as the gender-critical feminist groups allege. The second issue concerns the diagnosis that is made. The gender-critical groups strongly assert that they support and welcome transgender people. In the Tavistock v Bell case for example, they used Butler to pursue their arguments. Butler strongly argues for civil rights for transgender people, saying: “Nothing is more important for transgender people than to have access to excellent health care in trans-affirmative environments, to have the legal and institutional freedom to pursue their own lives as they wish, and to have their freedom and desire affirmed by the rest of the world”. (In section 2:0: I report on how Butler’s approach has been misused). However, there is another problem which is faced by the gender-critical feminist groups

¹³⁹ Finlayson, L., Jenkins, K., & Worsdale, R. (2018). “I’m not transphobic, but . . .”: A feminist case against the feminist case against trans inclusivity. Verso Books. <https://www.versobooks.com/blogs/4090-i-m-not-transphobic-but-a-feministcase-against-the-feminist-case-against-trans-inclusivity>

¹⁴⁰ Kirkup, J. (2021). “Why I joined the trans debate”: *The Spectator*.26 February 2021. <https://www.spectator.co.uk/writer/james-kirkup>

which I have alluded to earlier in section 9:0: It is this: If it is accepted that the core gender identity arises very early in life and is effectively fixed by the age of three years, then the gender-critical feminist approach is invalidated, not just for transgender people, but wherever and to whoever it is applied. If the legitimacy of the gender-critical approach is adopted, then the depth of transgender identities is denied.

This is a matter of major importance and as the methods of management are almost opposite to each other and the misdiagnosis I have described may be enforced. For any proper validation, these concerns must be fully addressed. That has not happened, I have shown in section 8:0: that in place of objective criticism, the views of the professional organisations are attacked indirectly by deriding the integrity of those support groups, including Gendered Intelligence¹⁴¹, GIRES¹⁴², Allsorts Youth Project¹⁴³ and Mermaids¹⁴⁴, who support them. The intensity of the statements and the personal attacks which are posted on the Transgender Trend website and in other companion groups, which I also quote in section 8:0: deny any consideration of alternative explanations. I believe that these failures express the presupposition of paranoid structuralism identified by Cooper and Zanghellini. And by disparagement and dismissing, they attempt to shut down any objective debate.

11:0: Evidence Base

The same denial takes us back to the contrast between the two approaches, which I have described in the introduction to this article. Here we note that, according to the professional institutions and world authorities, gender and sexual identities are personality variations within the normal range of development which are encountered very early in life. Using this gender entitlement, it is possible for someone who is male to identify with women from the moment of birth, have a sense of identity and an outlook, behaviour and lifestyle which is in harmony with women, who respects women, and who fights as assiduously and strongly as any woman for the protection and security of her safety and gender-based rights, throughout life. Applying the same gender entitlement to the second explanation of autogynephilic transsexuality, where sexuality and sexual orientation is still treated as a personality variation but transsexuality which is treated either as a paraphilia, perversion, disruption, or sublimation, turns the same transsexual with precisely the same outlook, from an ally into an opponent, who is then perceived to be erasing women's identities and attacking their hard-won sex-based rights.

According to Jeffreys,¹⁴⁵ this sees transgender activities as expressions of sexual motivation where access to all spaces, (including public toilets) which are normally the province of women must be denied to *“enable women and girls to enter public space safely in systems of male domination, in which the female sex caste is subjugated and made vulnerable to sexual assault and harassment on the grounds of sex. Also, according to Jeffreys “even individual toilets would not offer the form of satisfaction that, according to sexological research, some male-bodied transgenders seek confirmation of their gender performance from the reactions of women”.* She is basing her arguments on autogynephilic transsexuality and is using Blanchard's approach.

In Section 8:2, I discussed the reasons given by various groups for opposing the reform of the 2004 Gender Recognition Act. The groups such as *“Fair Play for Women”*, *“Woman's Place”* were set to

¹⁴¹ Gendered Intelligence: <http://genderedintelligence.co.uk/>

¹⁴² GIRES: <https://www.gires.org.uk/>

¹⁴³ Allsorts Youth Project: <https://www.allsortsyouth.org.uk/>

¹⁴⁴ Mermaids <https://mermaidsuk.org.uk/>

¹⁴⁵ Jeffreys, S. (2014): “The politics of the toilet: A feminist response to the campaign to ‘degender’ a women's space” *Women's Studies International Forum* 45 (2014) 42–51

oppose the reform of the Gender Recognition Act on the grounds that it would encourage invasions of women's spaces by men to happen, but in section 8:2 we saw that no new invasion was likely to occur. This is because the law had already been changed under the 2010 Equality Act. However, the arguments still presented to the public are those of the threat of an invasion by heterosexual men. What should now be noted is the change in reference that has occurred. Instead of hordes of heterosexual males dressing up as women so that they could enter spaces normally reserved for women for sexual abuse, it is now male-to-female transsexuals who come under attack.

I also describe similar problems with other evidence in section 8:0, where I show that the massive changes in neurological processing and learning capabilities during the first three to four years of life are either dismissed or ignored. Autogynephilic transsexuality also fails to take account of these early changes. Nor does it offer any direct explanations for other gender variant conditions. Instead, it claims to identify sexual identity and male homosexuality as personality variations, and male-to-female transsexuality as a paraphilia or disruption. By ignoring these early changes and by identifying transsexuality with sexual motives it provides a direct fit with various feminist-based theories, including their interpretation of Butler and others, which do not take account of how these developments in early infancy proceed. All these considerations demonstrate the need for an objective and impartial approach.

12:0: The United Kingdom Equality Act

The 2010 United Kingdom Equality Act says that people must not be discriminated against because: you are (or are not) a particular sex, someone thinks you are the opposite sex (this is known as discrimination by perception), you are connected to someone of a particular sex (this is known as discrimination by association). Protected characteristics under the act are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity¹⁴⁶. The Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts, or has completed a process to change his or her gender. The Act no longer requires a person to be under medical supervision to be protected, so a woman who decides to live as a man but does not undergo any medical procedures would be covered¹⁴⁷. The act also provides exceptions, where treating transgender people differently are lawful acts. However, it is also made clear that no exceptions can be justified unless they are a *"proportionate means of achieving a legitimate aim"*¹⁴⁸.

Under the previous UK government proposals to reform the 2004 Gender Recognition Act to allow self-identification of gender, it was made clear that there would be no change to these provisions. In section 8:2: I noted that, despite Government assurances to the contrary, self-identification is presented by certain of these campaigning groups as a *"cafeteria like"* process without acknowledging or informing the public about any of these checks. It is true that there are some transgender campaigning groups who are pressing for the removal of these exemptions. However, I do not take that approach. On the grounds not least of maintaining trust, confidence, and privacy I believe that the appropriate social exemptions should be retained. Because of my analysis, I strongly maintain that self-declaration should be implemented, and that the medical examination be

¹⁴⁶ <https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>

¹⁴⁷ University of Sheffield; (n.d.) The Equality Act 2010: key issues Equality Act Protected Characteristics: <https://www.sheffield.ac.uk/hr/equality/focus/2.5491/protected#:~:text=The%20Equality%20Act%20covers%20the,partnership%20and%20pregnancy%20and%20maternity>.

¹⁴⁸ House of Commons: (2020): "Gender recognition and the rights of transgender people" House of Commons Research Briefing Paper Section 4:2 (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>
The following two papers are listed as superseding the previous paper.
House of Commons: (2020): "Gender recognition reform: consultation and outcome" House of Commons Research Briefing Paper (Number 09079, 10 December 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-9079/>
House of Commons: (2020): "Provisions to support transgender children in schools" House of Commons Research Briefing Paper (Number 9078 10 December 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-9078/>

removed. I should also point out that I am on record for supporting Debbie Hayton's in her concerns about access to women's spaces¹⁴⁹. I also present an extended commentary on the reform of the Gender Recognition Act in the form of a conversation between Debbie, me, and another friend¹⁵⁰. Despite these profound differences we are, and I hope remain friends who work together to support transgender people in those areas we can agree on... and who also agree to disagree. As Debbie publishes her own thoughts, so I publish mine. I totally respect Debbie's sincerity and passion, although it must be clear in this article that I utterly disagree with some of her views. I must also state very clearly that I very strongly depreciate assaults on the views of others, which I perceive she makes. As with the 2014 Equality Act, no exceptions, or arguments in any of these disputes can be justified or lawful unless they are "*proportionate means of achieving legitimate aims.*" For all of us, that requires objective and impartial discussions, not vilification of other arguments, insults, and personal attacks.

12:0: Transgender Attacks

For prominent feminists, such as Kathleen Stock, gender identity arises from sex-based domination. She argues that males and females are so conditioned to the roles of men and women in society that this creates boundaries which cannot be crossed¹⁵¹. Stock also argues that trans women are biologically male. That is not challenged in this account, but what Stock argues instead is that, in terms of their relationships with society, trans women continue to exhibit typically male patterns of aggression and violence¹⁵². I noted in section 3:0: that transgender people who obtain a *Gender Recognition Certificate* are not considered to modify biological sex, they only change "*legal sex*". Those who transition but do not obtain a GRC might be considered to have changed "*social sex*". Both descriptions mean that male to female transsexuals integrate completely into society as women, without denying the physical differences that biology creates. However, that is not enough for certain radical feminists, including Stock and the key distinction between men and women must be based on biological sex. There is a parallel argument from religious groups which states that because gender and sex are God-given attributes, these must also follow biological sex. According to these arguments, anyone who advocates the claim that "*Trans women are women*" is destroying the distinction between men and women. By doing so transgender people are claimed to be mounting a direct attack on the integrity of women's identities and their sex-based rights.

There is a fundamental difference in the arguments that are presented, and equivocation and confusion do arise because of the different ways in which "*Women*" are defined. For the gender-critical feminist groups "*Women*" are adult biological females, and no other definition is allowed. For transgender people and their supporters, "*Women*" are those who find their places in society as women and to have an outlook, behaviour and lifestyle which is in harmony with women throughout life. Making the definition of women apply only to biological females, and confining it solely to biological females, makes the exclusion complete. The refusal of gender-critical groups to consider that gender identity is anything other than a socially learned construct means that arguments which they present can only be based on sex. Many of the arguments that Stock makes to support her position have already been challenged in section 8:0: of this document. Zanghellini also gives a

¹⁴⁹ Gilchrist, S. (2018b): "*Transgender People and Women's Concerns*". <http://www.tqdr.co.uk/documents/243P-TransgenderSocialIssues.pdf>

¹⁵⁰ Gilchrist, S. (2019a): "*Divisions: Self-Declaration and Gender Variant People*". <http://www.tqdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

¹⁵¹ Stock, K., (2018g). Why self-identification should not legally make you a woman. *The Conversation*. <https://theconversation.com/why-self-identification-should-not-legally-make-you-a-woman-103372>

¹⁵² Stock, K. (2018c). My response to Dr Asia Ferrin. *Medium.com* September 15th. <https://medium.com/@kathleenstock/my-response-to-dr-asia-ferrin-188ad6243219>

critical account of her approach¹⁵³. Stock's approach covers three main themes. The first is her case against including trans women and trans men within the meaning of "female" or "male", including her demand that they are treated as a separate category¹⁵⁴. The second is her argument for adopting... instead of banning gender identity conversion therapy. Thirdly, are her arguments for the absolute exclusion of trans women from all women's spaces, on the grounds of the potential dangers which their inclusion presents.

Stock's case for excluding trans people from gender specified spaces, being described as women and the dangers they are said to create rely on identifying gender identity as being derived from socially learned constructs based on sex-based oppression. That is contradicted in this analysis where we have seen that core elements of gender identity lie at the heart of the personality that is created. Far from being purely a binary concept this understanding of gender covers a large range of identities and expressions, and there are many transgender people who refuse to associate in any way with a binary gender identification or role. Although I show that gender identity cannot form before birth, the underlying and often unconscious core gender identity is effectively innate, because it becomes fixed by the age of three years¹⁵⁵. This is before socialisation occurs, and stereotypes begin to form.

Recognising any innateness may be considered anathema to gender-critical feminists because it is often misused to give justification for the gross discrimination that later takes place. It also leads to the adoption by Stock and other feminist groups of explanations in which this innateness is denied. Therefore, Stock's analysis begins from a viewpoint which dismisses the consensus of the medical institutions, and denies its conclusion, which states that transgender conditions are personality variations within the normally expected range of development. Stock treats them as disruptions of personality instead.

12:1: Conversion Therapy

The argument which Stock makes against the condemnation of conversion therapy expressed in the memorandum of understanding issued by the professional medical institutions and endorsed by Stonewall is also based on this premise. Stock argues that applying the prohibition of conversion therapy to transgender people as well as lesbian and gay people is internally incoherent. This is because it imposes on doctors a twofold requirement to avoid both sexual orientation conversion therapy and gender identity conversion therapy. She argues that it is impossible for them to comply with one without violating the other¹⁵⁶. For example, accepting the need for someone to transition from male-to-female also implies a transition from heterosexual to lesbian, and vice versa. The only instance where this would not apply is when a diagnosis typical of autogynephilic transsexuality is made, where homosexuality is regarded as a personality variation and a fundamental and clearly defined element of identity, while male-to-female transsexuality is regarded as a sexually motivated perversion. In this case sexual orientation conversion therapy would be banned but gender identity conversion therapy allowed. That is the position taken by Transgender Trend and other groups. This is a philosophical argument which totally ignores the emotional impact of these decisions. It also disregards the fact that the conversion therapies which are being banned are those that are based on false promise or where deception or enforcement is involved. That gives rise to one of the major

¹⁵³ Zanghellini, Aleardo. (2020) Page 7: "Philosophical Problems with the Gender-Critical Feminist Argument Against Trans Inclusion" *SAGE Open* April-June 2020: 1–14 2020 DOI: 10.1177/2158244020927029 <https://journals.sagepub.com/doi/full/10.1177/2158244020927029>

¹⁵⁴ The 2010 Equality act specifically permits the terms trans male and trans female.

¹⁵⁵ Gilchrist, S. (2019): "The Development of Transgender Behaviour and Identities in Early Life": <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

¹⁵⁶ Stock, K. (2018). "Stonewall's new definition of "conversion therapy" raises a few questions". *The Article*. <https://www.thearticle.com/stonewalls-new-definition-of-conversion-therapy-raises-a-few-questions/>

conflicts that transgender people face. I deal with these issues in Gilchrist, S. (2011): “LGB and T People: Labels and Faith”¹⁵⁷.

In that paper, I note that: “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. This must calm the dynamics and provide a firm base”.

These experiences are entirely in line with what would be expected from a diagnosis in line with the professional institutions, which regards transgender conditions as personality variations that are driven by identity, and the compulsive rejection of an imposed gender role. They are also in accord with the development of concepts of self and the processes of consolidation I describe in sections 4:6 and 4:9. The results of my own research and the professional institutions as described in the Memorandum of Understanding make it very clear that “*The practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful*”. That does not just apply to lesbian and gay people, it applies to transgender people as well. This is not only my own opinion or that of the Professional Institutions as the “2020 “Conversion Therapy” and Gender Identity Survey” which reports on over 1000 personal submissions, indicates”¹⁵⁸.

We have seen that the methods of managing personality variations and disruptions are almost opposite to each other. In section 6:0 we also saw that the techniques in managing distress caused by a personality variation parallel those of managing a compulsion. Attempts to fight such compulsions fail, and an approach of acceptance and inclusion is required. The adoption and promotion of conversion theory has now been made illegal in many countries and the United Kingdom Government has stated that it intends to prohibit it too. Therefore, any attempt to exclude transgender people from the same protections against conversion therapy are also unjust and unethical. They additionally misdiagnose of the condition. Major trauma will occur if the approach that Stock and others put forward were to be pursued.

When Stock’s approach to access to women’s spaces is examined, there are two issues to consider, and in two ways. The first concerns the reform of the 2004 Gender Recognition Act. I have already covered this in section 7:0, 8:2: 12:0: and elsewhere. Let us look again at what it says: “*The claim is also made that the current proposals of the United Kingdom Government to reform the 2004 Gender Recognition act by changing the gender marker on their birth certificate without requiring a*

¹⁵⁷ Gilchrist, S. (2011a): “LGB and T People: Labels and Faith”: <http://www.tgdr.co.uk/documents/002B-LabelsFaithText.pdf>

¹⁵⁸ LGBT Charities Coalition (2020): “2020 “Conversion Therapy” and Gender Identity Survey” : *The survey was open to all individuals currently living in the UK who were over 16. There were 1504 responses to the survey, of which 1086 were analysed in depth and 418 were excluded through a process of quality control. This study shows that GICT is more widespread and often more violent than was previously understood. Many respondents reported going through conversion practices as children, in some cases when respondents were younger than 12. Whilst many of the respondents who went through GICT did so in a religious context, there were also historical reports of some NHS providers recommending certain conversion practices. Immediate and robust actions are needed so as to provide the protection and support to which gender diverse people are entitled.* https://www.gires.org.uk/wp-content/uploads/2021/03/2020_conversion_therapy_and_gender_identity_survey.pdf

medical certificate, but still meeting other protecting criteria, will result in a plethora of men claiming to be women invading women's private spaces. This claim must be negated because the ability to do this under law has been available since the UK Equality Act of 2010¹⁵⁹. Experience since 2010 has shown that this is a very rare occurrence and those gross invasions predicted by these groups have not occurred. In other countries, where self-identification has already been implemented, similar results are found. In this respect, nothing meaningful in law would change because of the reform of the Gender Recognition Act". Despite Government assurances to the contrary, self-declaration is presented by these campaigning groups as a "cafeteria like" process without any checks.

However, that is not the only argument that Stock presents. She states: *if "we think there are good reasons to retain same-sex spaces generally, in terms of protecting females from a small number of malevolent males, these reasons don't cease to operate when males self-identify as women"*¹⁶⁰. Elsewhere, Stock's rationale for keeping trans women out of women-only spaces is different: she states, *"If the evidence shows (as, in fact, it is already showing) that some males - whether genuinely "truly" trans or just pretending - turn out to pose a threat to females, and it is really hard to tell in advance which ones will, can't we then make a social norm and/or law to exclude all [natal] males from female only spaces?"*¹⁶¹. She also argues, *"The problem here is male violence. . . [We] have no evidence that self-declared trans women deviate from male statistical norms in relevant ways."*¹⁶². She also states: *"Admitting trans women "poses unacceptable harm to the original occupants of the category 'woman'"*¹⁶³. In section 8:0 of this document, I already challenge Stock's claim that *"[We] have no evidence that self-declared trans women deviate from male statistical norms in relevant ways"*. I show that, regardless of what the actual proportion of transgender prisoners who committed sexual offences is, when compared to the respective general populations, these figures are lower than those for self-identified male prisoners. Sharpe and¹⁶⁴ Hasenbush et al¹⁶⁵ come to similar conclusions. However, Stock appears to use newspaper reports of high-profile individual cases to allege that unquantified, but much higher levels of sexual violence created by male-to-female transsexuals is encountered and the same allegations are made by other groups¹⁶⁶. Stock has, more recently, dismissed the findings which show reduced incidences of violence on the grounds that *"plenty of time is needed to see the real impact"*¹⁶⁷... which strongly suggests that she recognises that she is making an unsubstantiated claim.

¹⁵⁹ Sharpe, A. (2018). What would changes to the Gender Recognition Act mean? Two legal views. *The Conversation*. <https://theconversation.com/what-would-changes-to-the-gender-recognition-act-mean-two-legal-views-103204>

¹⁶⁰ Stock, K. (2018g). Why self-identification should not legally make you a woman. *The Conversation*. October 1st <https://theconversation.com/why-self-identification-should-not-legally-make-you-a-woman-103372>

¹⁶¹ Stock, K. (2018c). My response to Dr Asia Ferrin. *Medium.com*. September 15th <https://medium.com/@kathleenstock/my-response-to-dr-asia-ferrin-188ad6243219>

¹⁶² Stock, K. (2018b). Changing the concept of "woman" will cause unintended harms. *The Economist*. July 6th

¹⁶³ Stock, K. (2018g). Why self-identification should not legally make you a woman. *The Conversation*. October 1st <https://theconversation.com/why-self-identification-should-not-legally-make-you-a-woman-103372>

¹⁶⁴ *"While it suggests nearly half of all trans prisoners are sex offenders, it is actually very misleading. This is because the statistic: (i) only counts trans prisoners who have informed prison officers of their trans status, (ii) does not count trans prisoners with a GRC, and (iii) does not take account of trans prisoners on shorter sentences, because they were not included in the survey. Accordingly, the actual percentage of trans prisoners who are sex offenders is likely to be considerably lower than 48%. This is perhaps especially so given exclusion of prisoners on shorter sentences, as they are, by definition, less likely to be sex offenders"*. Sharpe, A. (2018a): Foxes in the henhouse: Putting the trans women prison debate in perspective. *Inherently Human*, September 11. <https://inherentlyhuman.wordpress.com/2018/09/11/foxes-in-the-henhouse-putting-the-trans-women-prison-debate-in-perspective/>

¹⁶⁵ Hasenbush, A., Flores, A. R., & Herman, J. L. (2019). Gender identity non-discrimination laws in public accommodations: A review of evidence regarding safety and privacy in public restrooms, locker rooms, and changing rooms. *Sexuality Research and Social Policy*, 16, 70–83.

¹⁶⁶ Stock, K. (2018a). Academic philosophy and the UK Gender Recognition Act. *Medium.com*. May 7th <https://medium.com/@kathleenstock/academic-philosophy-and-the-uk-gender-recognition-act-6179b315b9dd> See also section 8:3 in this document and Gilchrist, S. (2021): *"Responsibility in Transgender Disputes"*: <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

¹⁶⁷ Stock, K. (2019d). Ignoring differences between men and women is the wrong way to address gender dysphoria. *Quillette*. April 11th. <https://quillette.com/2019/04/11/ignoring-differences-betweenmen-and-women-is-the-wrong-way-to-address-gender-dysphoria/>

That might be a reasonable prediction if Stock's understanding of the nature of transgender conditions were to be correct. Misdiagnosing them as perversions, paraphilias or disruptions means that behaviour and desire are the driving forces behind them. However, diagnosing these as personality variations means that rejection and identification are the motives that are found. The latter fights conflicts which few would wish on others, while the former may promote predation and choice. The professional medical institutions consider these 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. Male-to-female transsexuals identify themselves with women, not against women. The history of male-to-female transsexuals is one of fighting for women's rights, not denying them. When these are accepted, there should be seen to be a reduction instead of increased threats to women's safety from transgender people. Also, in place of attacks on transgender identities, trans women and natal women should once again be able to work together in harmony and as allies in a common cause to improve the welfare, status, and protection of every woman... but, instead of this hoped for harmony both sides have become involved in a toxic dispute.

12:3 Allegations

When any misdiagnosis is made, those features which are offered for harmony can be used for attack. That is evident when the term "*Gender Ideology*" is considered". In Section 7 of this document, I refer to the statement on the Transgender Trend website which states that transgender people believe that "*Changing gender is presented as synonymous with changing sex*". Again, in the same section I quote Debbie Hayton, who writes: "*By denying the central catechism of gender identity ideology that we (trans people) can choose our sex, (natal) women have been denounced as bigots, transphobes and TERFs (Trans Exclusive Radical Feminists)*"¹⁶⁸. It is true that some transgender people describe themselves as "*being born in the wrong body*", but this arises because the core gender identity has been formed before any conscious awareness of it appears. Even the most avid supporter of pre-natal gender identification associates this with endocrinal differences and not a change in biological sex¹⁶⁹.

Transgender people have rejected the use of the term sex reassignment surgery for many years and terms such as gender confirmation surgery are universally used. Few are naïve enough to believe this corresponds to a change of biological sex. The core gender identity remains constant and at most it can be argued that male-to-female transsexuals change social or legal sex to match the gender identity possessed. Nor is it a matter of choice: We have previously seen how transgender conditions must be managed as compulsions rather than perversions and how many people fight against this underlying core sense of gender identity until attrition and exhaustion leads to collapse. The writer of this article, Debbie Hayton freely admits that this is what happened to her. Despite her statement to the contrary, Debbie Hayton in her own account felt she had no choice¹⁷⁰. Yet when gender-critical feminist groups try to force the description of "*Gender Ideology*" onto transgender people they are trying to convey the impression to the general public that "*Transgender people really do believe that they are choosing to change biological sex*". It is just one of the many current instances where allegations are being made because of the perception by gender-critical feminists that erasure and the identities of women are under attack.

¹⁶⁸ Hayton, Debbie (2020) Facebook Post about RT article "Mob Justice: How one feminist's simple Tweet enraged transgender activists and saw her sacked from her dream job" 31 August 2020 <https://www.rt.com/news/499510-mob-justice-feminists-transgender/>

¹⁶⁹ For my own consideration of endocrinal effects, see: Gilchrist, S. (2019b): "*The Development of Transgender Behaviour and Identities in Early Life*": <http://www.tqdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

¹⁷⁰ Hayton, D. (2020): "Trans parent: Debbie Hayton shares her journey exclusively with Hood": *Hood Magazine* 17 August 2020: <https://www.hoodmagazine.co.uk/blog/debbie-hayton-journey>

If trans women are to be accepted as women, that is for all women to give: it is not for trans women to decide. The prison populations, the violent attacks, the chaperoning, the social and career restrictions, the legal constraints, the attitude that women exist as helpmates for men, the need for safety, and the domination which being male provides have controlled women's lives for millennia. The perception of the identities of women being under attack by transgender people is further reinforced by the allegations that transgender people and their supporters are presumed to make. That was highlighted in an article by James Kirkup on a recent debate in the United Kingdom House of Lords on the Ministerial and Other Maternity Allowances Bill¹⁷¹. Kirkup noted that *"The language used set alarm bells ringing for several people familiar with the debate about sex and gender. They saw the phrasing of the Bill as the latest example of officialdom - perhaps unwittingly - erasing the category of women as biologically female... Examples of such erasure abound: womxn; pregnant people; people with a uterus; chest feeders. All these graceless neologisms and more have been used by public and private organisations in recent years, often in the benign hope of being more inclusive to transgender people who too often face discrimination and unkindness"*. In 1978, the Lesbian Organization of Toronto adopted a womyn-born womyn-only policy in response to exclude a transgender woman who identified as lesbian. These again represent the effect that the promotion of a *"Gender ideology"* by gender-critical and other anti-transgender groups which declares that *"Transgender people really do believe that they are choosing to change biological sex"* has had on society.

The question is, who is using this language and why? When male-to-female transsexuals identify with women and not against women, they are unlikely to use such terms... unless in anger or provoked. Such an approach would be counterproductive since acceptance as women by all women in society is the identification that is sought. On June 6, 2020, J.K. Rowling retweeted a piece that discussed *"people who menstruate,"* apparently taking issue with the fact that the story did not use the word *"Women"* in it: she wrote in a blog: *"'People who menstruate.' I'm sure there used to be a word for those people. Someone help me out. Wumben? Wimpund? Woomud?"*¹⁷². that statement must be set in the context of her writing which includes a heartfelt plea about accepting and valuing trans people, but which makes the mistake of misdiagnosing the conditions. She cites Lisa Littman as having dared challenge one of the central tenets of trans activism, which is that a person's gender identity is innate, *like sexual orientation*¹⁷³. She dismisses the claim by *"Trans activists"* that nobody could ever be persuaded into being trans. According to Rowling it is not enough for women to be trans allies. She believes that women must accept and admit that there is no material difference between trans women and themselves. She regards sexual orientation as being identified with biological sex and gender identity is socially created. Her analysis follows that of autogynephilic transsexuality where sexual orientation is regarded as innate, but gender identity is not. Unlike the understanding of the professional institutions, which treats both conditions as personality variations, this means that sexual orientation must be managed as a personality variation within the normal range of development, while gender identity is a personality disruption which must be managed using methods associated with paraphilias or deviations instead. Rowling may indeed accept that it is possible for someone who is male to identify with women from the moment of birth, have a sense of identity and an outlook, behaviour and lifestyle which is in harmony with women, who respects women, and who fights as assiduously and strongly as any woman for the protection and security of her safety and gender-based rights. However, treating transsexuality either as a paraphilia, perversion, disruption, or sublimation, turns the same transsexual with precisely the same outlook, from an ally into an opponent, who is then perceived to be erasing women's identities and attacking their hard-won sex-based rights. That may be an abridgement that Rowling has reached, but it

¹⁷¹ Kirkup, J. (2021): "Why I joined the trans debate": *The Spectator*:26 February 2021. <https://www.spectator.co.uk/writer/james-kirkup>

¹⁷² Rowling, J.K. (2020): *J.K. Rowling Writes about Her Reasons for Speaking out on Sex and Gender Issues* 10 June 2020 <https://www.jkrowling.com/opinions/j-k-rowling-writes-about-her-reasons-for-speaking-out-on-sex-and-gender-issues/>

¹⁷³ See section D:6: Rapid Onset Gender Dysphoria in Gilchrist, S. (2021): "Responsibility in Transgender Disputes": <http://www.tqdr.co.uk/documents/248P-Responsibility.pdf> : (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

comes at the cost of denying the integrities of transgender identities, she denies the claim that “*Transgender women are women*” and it illustrates the harm that may be done when misdiagnoses are made.

This may represent the position taken by many gender-critical feminists who claim they are not transphobic, who do genuinely welcome transgender people, but who deny them the depth and integrity of their transgender identities, because these conflict with the gender-critical approach they seek to apply. That may seem a minor point to argue about, but it hides the misdiagnoses that are made and major outcomes of the motives that are taken to apply. The consequences of this misdiagnosis are most recently in a letter to the Times signed by groups like the LGB Alliance, Fair Play for Women, Transgender Trend, including Debbie Hayton and Dr David Bell. The letter is about conversion therapy. It suggests that *the “most glaring example” of conversion therapy involves young people being converted from lesbian, gay or bisexual orientation to being transgender.*” There are major concerns to be addressed when the affirmative approach which is taken to managing transgender conditions, which is adopted by virtually all the professional medical institutions and worldwide authorities, is condemned as the *“most glaring example of conversion therapy”*. I deal with these issues in section 8:3 in this document and in sections D:6 to D:8 in Gilchrist, S. (2021): *“Responsibility in Transgender Disputes”*. Not only does this misdiagnosis misrepresent the condition; it also means that gender variant behaviour is considered a matter of lifestyle choice in pursuit of sexual motives, which in turn disrupt the good order of any sexually divided society. As we have seen in section 4:9, this can also be diverted or disrupted by the predations of others and by the inculcation by other people of desires to follow a different path. These are almost identical to the condemnations used by religious groups to condemn all forms of gender and sexually variant material. Since the 1970’s social attitudes to homosexuality and lesbian and gay relations have been transformed. Prior to that period the same exact forms of condemnation to sexually variant behaviour and identities were also applied.

12:4: Homosexuality and Transsexuality

Stock’s characterisation of transgender men attracted to men as “*gay*”, and transgender women attracted to women as “*lesbian*”, also makes it clear that she believes that the causes of transsexuality derive from the presumed sexual motivations that are driven by behaviour and desire, and that transsexuality derives from disruptions of homosexuality rather than sex¹⁷⁴. Those who adopt autogynephilic approaches argue that because according to that theory, transsexuality is a sexually driven perversion of homosexuality, it is better and kinder to deal with the perversion and provide methods of treatment which aim to turn them into homosexuals instead. That would only work if the argument that transsexuality was a sexually motivated condition was correct.

In section 4:8 we saw that the development of self-identity is a fragmented process. This includes the independence of gender and sexual identities. Some transsexuals at first try to explain away their discomfort by assuming they are lesbian or gay, but then move on to accept a transgender identity when that does not work. Although development follows similar paths, as wide a variation of sexual orientations is found in the transgender communities as in the population at large. I deal with these relationships in Gilchrist, S. (2017): *“Marriage, Sex and Gender”*¹⁷⁵. The allegation that spouses are entering a lesbian (or gay) relationship when a partner transitions is vociferously denounced by spouses themselves, since the marriage is seen as marriage to a person and personality, not to the sex¹⁷⁶. There is no transgender attack or erasure of lesbian identities since the drive is for identity and not for sex. Statements on the “*Fair Play for Women*” website which

¹⁷⁴ Stock, K. (2019d). Ignoring differences between men and women is the wrong way to address gender dysphoria. *Quillette*. April 11th. <https://quillette.com/2019/04/11/ignoring-differences-betweenmen-and-women-is-the-wrong-way-to-address-gender-dysphoria/>

¹⁷⁵ Gilchrist, S. (2017h): “*Marriage, Sex and Gender*”: Article: <http://www.tqdr.co.uk/documents/030B-MarriageAndGenderArticle.pdf>

¹⁷⁶ Green, Jo (2017): “*The trans Partner Handbook: A Guide for When Your Partner Transitions*” Jessica Kingsley Publishers: 978 1 78592 227 5

declare that “*Most male-to-female transsexuals are lesbian*”, or allegations made according to autogynephilic theories that male-to-female transsexuality is a disruption of homosexuality are again misdiagnoses of the situation. They are also misleading and incorrect.

One of the appeals of the gender-critical arguments is that they seem so simple and obvious and are in line with the experiences of everyday life. This is not least because the key development processes which have taken place during the first three years do not spring into conscious awareness or they are denied. By assuming that social learning process, drive development at all times, either through reactions to experiences that have happened, or pro-actively in pursuit of objectives or desires, and by presuming that there are no major neurological changes which alter how development takes place during these three years, the distinction between personality variations and disruptions, including the criteria as to whether trauma should be managed in the same way as compulsions and depressions or instead as paraphilia and perversions, also disappears. The effect of disregarding these developments is to put the clock back to the nineteen sixties and seventies where all gender and sexually variant conditions including homosexuality and transsexuality were presumed to be lifestyle choices.

All gender and sexually variant behaviour regardless of motive disrupts the good order of any gender separated society. Stock strongly claims that she is not transphobic, but her actions to condemn or exclude all transgender people for the alleged sexual misbehaviour of some, even if it is a small minority, leads to the scapegoating of all transgender people. The conflation of gender with biological sex and the determination that men and women must always be separated by biology only needs a religion to say that these characteristics are divinely ordained, to create the same pattern of scapegoating, discrimination, and persecution against transgender people, as that which has been practiced for many centuries against lesbian, gay, and transgender people by sections of the Christian Church, by national governments, and other religious and secular groups. In many countries the legal penalties are very severe: in some, death is prescribed. For the impact of this, see Gilchrist, S. (2017j): “*Religious and Secular Scapegoating of Transgender People: and its impact on the Christian Church*”.¹⁷⁷

12:5 Scapegoating

Sexual acts between two consenting adults of the same sex were made legal in the United Kingdom in 1967, but before that time it criminalised and strongly suppressed. Today, in many countries, homosexuality is recognised as a personality variation within the normal range of development and the current legislation including the legalisation of same-sex marriage, ensures that full equality and integration is maintained. This present acceptance and welcome have come about through experiential evidence following the decriminalisation of homosexuality, and because of the advances in the understanding of how personality and identity develop in early life. In the United Kingdom, that is reflected in the attitude now taken to transgender people by a high percentage of men and women, and by the professional institutions on a worldwide basis. Although gender identity and sexual orientation develop independently of each other, the trajectories they follow are the same.

In these feminist approaches, because of their continued reliance on sexual motivations and historical psychodynamics, together with their disregard for what happens during the first three years of life, those advances in understanding and research are ignored. The official doctrine of the Catholic Church still presents homosexual behaviour as intrinsically disordered acts of grave depravity, which choose the sexual motive to the gift of life. By ignoring these developments, by ascribing a sexual motivation to the origins of transgender conditions, by rejecting it as a search for

¹⁷⁷ Gilchrist, S. (2017j): “*Religious and Secular Scapegoating of Transgender People: and its impact on the Christian Church*”: <http://www.tqdr.co.uk/documents/238P-SecularScapegoating.pdf>

identity and by associating it with desire rather than rejection, transsexuality can be considered to belong to the same category. This also means that gender and sexually variant behaviour is considered a matter of lifestyle choice in pursuit of sexual desire which also disrupts the good order of any sexually divided society. Which: as we have seen in section 4:9, can be diverted or disrupted by the predations of others and by the inculcation by other people of desires to follow a different path.

This leads to certain groups, including religious organisations condemning all behaviour which gives expression to gender and sexual variant identities as lifestyle choices which are always presumed to be associated with inappropriate sexual motivations, where depravities such as paedophilia and attacks on gender identities are alleged. As of August 2020, 69 countries criminalize consensual sexual acts between adults of the same sex. They are punishable by death in nine countries. Although hate crime against gender and sexually variant people has shown a general rise, that against transgender people has greatly increased. The attacks on transgender people by the religious right under the administration of President Trump in the United States of America follows this same pattern, where the legitimacy of the gender identity of transgender people is denied, largely through using the argument that gender identity must always be identified with biological sex¹⁷⁸, A major focus of my own research is on tackling this discrimination within the Christian Church¹⁷⁹. On the same basis, major attacks are now being made on transgender people in several central European states. This increase is not least because of the commonalities of outlook between the religious and the gender-critical feminist misdiagnoses that are being enforced. These attacks on the integrity of transgender identities, populist governments, and the actions of Christian fundamentalist groups are currently creating a less tolerant environment for transgender people in the United Kingdom.

12:6 Legislation

When there are arguments over the origin of transgender conditions it is perfectly legitimate to seek explanations such as that offered by Blanchard and others which provide a sexual motive for male-to-female transsexuality by relating it to male homosexuality, together with other approaches based on Freudian psychodynamics, which do not take account of how development takes place during the first three years. The legitimacy of any such analysis must be tested using the full range of experiences that are available but... as I show in this study, the viewpoints of the professional institutions together with the experiential evidence which supports it, are dismissed, or ignored. Instead of finding strongly made arguments, I see attacks on the accuracy and reliability of the evidence that is presented, what I consider to be incorrect use of information, and what I perceive as personal attacks on principles and motives of those who present that work. This does not just apply to one side. I believe that objectivity has been lost by both sides in what has become a toxic dispute.

12:6:1: Diagnoses

Since the 1960's and 1970's social attitudes to homosexuality and lesbian and gay relations have been transformed. Before that time both gender and sexually variant behaviour were considered disorderly lifestyle choices where fears of predation and paedophilia were expressed. At that time criminalisation and severe penalties were imposed in attempts to suppress both. Sometimes extreme attempts to "cure" these conditions: frequently electro-convulsive procedures were applied.

¹⁷⁸ Janssen, A, Voss, R. (2020): Policies Sanctioning Discrimination Against Transgender Patients Flout Scientific Evidence and Threaten Health and Safety; Written on behalf of the Gender Development Program at the Ann and Robert H. Lurie Children's Hospital of Chicago *Transgender Health*: Published Online ahead of print :9 Jul 2020 <https://doi.org/10.1089/trgh.2020.0078>

¹⁷⁹ For the various papers on this go to my bibliography <http://www.tqdr.co.uk/articles/bibliography.htm> Also Gilchrist, S. (2017e): "Gender and Sexual Malpractice and Abuse in the Christian Church": <http://www.tqdr.co.uk/documents/236P-Malpractice.pdf>

Psychiatric approaches then put both conditions in the same category, as perversions or as disruptions to the normally expected paths of development. That is almost identical to the condemnations then used by religious groups to condemn all forms of gender and sexually variant material: which some still try to enforce, on the same religious grounds at the present time.

Today, the opposite applies. Acting on a worldwide basis, the scientific and medical consensus, the Professional Institutions, and international authorities make it clear that there is no place for transgender and gender diversity to be classed as any form of mental health disorder. All references to both gender and sexually variant conditions, including transsexuality and homosexuality which use terms like deviations, disorders, or dysphoria to describe them, have been removed from the international medical standards. In the case of transsexuality, it is recommended that the term “*Gender Incongruence*” should be used to describe this condition instead. Both gender and sexually variant identities and behaviour are recognised as being 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. The only circumstances where treatment should be engaged in is where distress arises from the individual’s lack of self-acceptance or the actions of others, not the condition itself.

That transformation in medical outlook, which has largely been based on experiential evidence, has been matched by experiences in everyday life. The widespread day to day encounters in the United Kingdom, with gender and sexually variant people, including transgender people, has ensured that the same transformations in outlook have taken place. These have driven legislation forward so that the full equality of gender and sexually variant people is legally ensured. Key markers in gender equality and diversity legislation, include the Gender Recognition Act of 2004, the Civil Partnership Act of 2004, the Equality Act of 2010, the Marriage (Same Sex Couples) Act of 2013¹⁸⁰ and the 2019 amendment to the civil Partnerships Act.

12:6:2: Public Surveys

The recent survey of the general population on “*Attitudes to Transgender People*” carried out by the Equalities and Human Rights commission showed that 82% of people said they were not prejudiced towards transgender people at all¹⁸¹. About one in seven (14%) reported that they were a little prejudiced, 2% said they were very prejudiced and a further 2% did not know. However wide variations were encountered between those of different demographic groups, age, social status, and

¹⁸⁰ House of Commons (2014) “*Marriage (Same Sex Couples) Act: A factsheet*”

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306000/140423_M_SSC_Act_factsheet_web_version.pdf

¹⁸¹ *The BSA data suggests that although attitudes vary across groups in society, public attitudes to transgender people are broadly positive. The public sees transphobia as wrong and is more likely to have positive rather than negative feelings about transgender people. However, attitudes are more nuanced in specific situations. There were high levels of approval towards the employment of transgender people as police officers and primary school teachers. Approval levels were lower in relation to transgender people using public toilets corresponding to their gender identity, although the majority were still comfortable with this. Just half of respondents were comfortable with a transgender woman using a refuge for women who were victims of domestic violence. Little more than half thought that transgender people should be able to change the sex on their birth certificate. Although a majority disagreed that transgender people went through the process of transition because of a ‘very superficial and temporary need’, this was lower than the proportion who thought that prejudice against transgender people was wrong. When asked to choose words to describe how they felt about transgender people, respondents were most likely to select ‘respect’. This was still the choice of fewer than half. Where data from previous years is available, it suggests that positive attitudes to transgender people remained at similar levels. However, views about access to refuges for women who have experienced domestic violence and use of public toilets were more negative than they were in 2016. Attitudes towards transgender people varied across different groups within the population, with women, younger people and those with higher educational qualifications most likely to positive in their views. There were also regional differences, although these may be influenced by population characteristics. In general, people in Wales and the northern and southern regions of England were most likely to be positive about transgender people. Those in the English Midlands and Scotland, less so. Finally, one in six of the public identify as prejudiced towards transgender people and hold distinctive views about the nature of transition and the place of transgender people in the wider community”.* Morgan, H., Lamprinakou, C., Fuller, E., Albakri, M.: (2020) “Attitudes to transgender people”. *Equalities and Human Rights Commission: August 2020* https://www.equalityhumanrights.com/sites/default/files/attitudes_to_transgender_people.pdf

educational profiles. More than half of respondents (53%) said that they agreed or strongly agreed that transgender people should be able to have the sex on their birth certificate changed if they wanted to, compared with 24% who either disagreed or strongly disagreed with this, and 21% who neither agreed nor disagreed. A recent YouGov poll also showed that by 50% to 27% Britons believe that people should be allowed to self-identify as a gender different to the one they were assigned at birth¹⁸². These majorities are in accordance with the figures quoted in the recent government sponsored briefing paper, which recommended that no changes should be made to the 2004 Gender Recognition Act, despite the public consultation associated with this paper showing wide support for all aspects of reform, including 64% who were in favour of removing the requirement for a diagnosis of gender dysphoria from the Act and 80% in favour of removing the requirement for a medical report¹⁸³. Men and women were asked separately about how comfortable or uncomfortable they would be with a transgender person using the same public toilets as them. Most women (66% rising to 77%) said they would be very or quite comfortable with this while 17% said they would be very or quite uncomfortable. This figure dropped to 13% of those who said they were not prejudiced towards transgender people at all. However, the figures vary widely, and the authors warn that attitudes are more nuanced in specific situations.

12:6:3: Surveys of Transgender People

Although public surveys show an overall acceptance of transgender people, independent surveys of transgender people themselves together with other evidence, including the large and currently rising hate crime statistics reported to the police, demonstrate that a great deal of discrimination exists. Therefore, this Equalities and Human Rights commission report, and the YouGov report which describe the attitudes of the general population should be compared with the other reports which instead describe transgender people's own experiences. I refer to these reports and their statistics in section 8.2¹⁸⁴. Very high levels of distress and discrimination are reported across many reports. In them, the allegation that transgender people are agents of their own misfortunes is also denied. It should be noted that these results are not based on a single report or a single organisation, they include the conclusions of a wide range of studies, including meta-studies where large numbers of reports are surveyed. For example, the results of one meta-study which I cited earlier states: "We 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. We found no studies concluding that gender transition causes overall harm"¹⁸⁵ and 97 percent of these

¹⁸² YouGov (2020): Where does the British public stand on transgender rights? <https://yougov.co.uk/topics/politics/articles-reports/2020/07/16/where-does-british-public-stand-transgender-rights>

¹⁸³ House of Commons: (2020): "Gender recognition and the rights of transgender people" *House of Commons Research Briefing Paper* (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>

¹⁸⁴ More than four in five (83 per cent) trans young people have experienced name-calling or verbal abuse; three in five (60 per cent) have experienced threats and intimidation; and more than a third (35 per cent) of trans young people have experienced physical assault. (Youth Chances 2014, sample size = 956) More than one in four (27 per cent) trans young people have attempted to commit suicide and nine in ten (89 per cent) have thought about it. 72 per cent have self-harmed at least once. (Youth Chances 2014, sample size = 956) Two in five (41 per cent) trans people have been attacked or threatened with violence in the last 5 years. (FRA LGBT Survey 2012, sample size = 813) In the last year alone, two thirds (65 per cent) of trans people have been discriminated against or harassed because of being perceived as trans. Over a third (35 per cent) avoid expressing their gender through physical appearance for fear of being assaulted, threatened or harassed. (FRA LGBT Survey 2012, sample size = 813) Almost three in four (70 per cent) trans people avoid certain places and situations for fear of being assaulted, threatened or harassed. (Trans Mental Health Survey 2012, sample size = 889). More than half (55 per cent) of trans people have experienced negative comments or behaviour at work because of being trans. (FRA LGBT Survey 2012, sample size = 813) One in four trans people report having been discriminated against at work. (FRA LGBT Survey 2012, sample size = 813) More than two in five (44 per cent) trans people have never disclosed to anyone at work that they are trans. (FRA LGBT Survey 2012, sample size = 813) Almost half (48 per cent) of trans people in Britain have attempted suicide at least once; 84 per cent have thought about it. More than half (55 per cent) have been diagnosed with depression at some point. (Trans Mental Health Survey 2012, sample size = 889) More than half (54 per cent) of trans people reported that they have been told by their GP that they don't know enough about trans-related care to provide it. (Trans Mental Health Survey 2012, sample size = 889)

¹⁸⁵ Cornell University Public Policy Research Portal: "Search Methodology for Research Analysis on the Effect of Gender Transition on Transgender Well-being": <https://whatwewknow.inequality.cornell.edu/about/selection-methodology/> and Cornell University Public Policy Research Portal "What does the scholarly research say about the effect of gender transition on transgender well-being?"

studies showed that stresses due to gender dysphoria are relieved. The same conclusions are corroborated by Stonewall, and in a mass of other studies for which information is available elsewhere¹⁸⁶. These numbers are very concerning. While transgender people are generally well respected in society, it is evident that a lot of hidden or unhidden discrimination occurs.

12:6:4 Parliamentary Activities

Current legislative processes are also a matter of concern. The United Kingdom House of Commons briefing paper on transgender issues was quietly changed five days before the UK Minister for equalities was due to give a briefing to a Select Committee¹⁸⁷. The Court in the *Tavistock v Bell* case rightly noted that one of the changes in this paper concerned the provision of puberty blockers, but many of the provisions for the protection of children were removed from this report at the same time. A new briefing paper was also commissioned, which differed from the previous one by recommending that no changes should be made to the 2004 Gender Recognition Act, even though the public consultation associated with this paper showed wide support for all aspects of reform, including 64% in favour of removing the requirement for a diagnosis of gender dysphoria and 80% in favour of removing the requirement for a medical report. This paper was issued on the 22 July 2020. Subsequently, on the 10 December two further government documents were published, one is on the provisions for supporting children in schools. It was also made clear that that these documents superseded the previous papers¹⁸⁸. In the meantime, a public consultation on the reform of the 2004 Gender Recognition act, called by the House of Commons Women and Equalities Committee, had closed on Friday 27 November 2020, and it seems that the consultation conducted by this parliamentary committee has been bypassed in the publication of these reports. The net result is something which is less favourable to transgender people. No reference to the *“Memorandum of Understanding”* produced by the Professional Institutions is given in these briefing papers and all reference to the work of those counselling, educational, and research groups which support the approach taken by the professional and research institutions has disappeared. A more gender-critical approach has appeared in its place. I discuss the campaigns against the reform of the Gender Recognition Act in section 7:2, 10:0 and 14:0 of this document. More complete discussions are given elsewhere¹⁸⁹. These changes cast doubt on all the approaches offered by the professional institutions and supporting bodies which are involved in the management, care, and welfare of transgender children. This is something which I believe any court should be cognisant of in any decisions that are made.

<https://whatwewknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/> . [all accessed June 2020]

¹⁸⁶ 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>

¹⁸⁷ Gilchrist, S. (2020): *“A Comparison of Changes To The House Of Commons Briefing Paper On “Gender Recognition And The Rights Of Transgender People” Made On The 16th July 2020”*: <http://www.tgdr.co.uk/documents/SuM0720a-BriefingComparisonDocument.pdf>

¹⁸⁸ House of Commons: (2020): *“Gender recognition and the rights of transgender people”* House of Commons Research Briefing Paper (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>
The following two papers are listed as superseding the previous paper.

House of Commons: (2020): *“Gender recognition reform: consultation and outcome”* House of Commons Research Briefing Paper (Number 09079, 10 December 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-9079/>

House of Commons: (2020): *“Provisions to support transgender children in schools”* House of Commons Research Briefing Paper (Number 9078 10 December 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-9078/>

¹⁸⁹ Gilchrist, S. (2020c): *“Response to 2020 Consultation on the Reform of the Gender Recognition Act”*:

<http://www.tgdr.co.uk/documents/249P-ConsultationResponse2020.pdf> Gilchrist, S. (2019): *“Divisions: Self-Declaration and Gender Variant People”*: <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf> and Gilchrist, S. (2018): *“Self-Declaration and Gender Diverse People”*: <http://www.tgdr.co.uk/documents/243P-SelfDeclarationSubmission.pdf> (Submission for the consultation on the reform of the 2004 Gender Recognition Act), Gilchrist, S. (2015): *“Written evidence submitted by Susan Gilchrist to the U.K Parliament Women and Equalities Select Committee’s Inquiry into Transgender Equality”*: Details of the Committee’s Enquiry can be found here: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/inquiries/parliament-2015/transgender-equality/> The personal submission by Susan Gilchrist can be found here: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/transgender-equality/written/19610.html> also at: <http://www.tgdr.co.uk/documents/222P-TransgenderEqualityCtteeWrittenEvidence.pdf>

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spap4144@gmail.com

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12:6:5 Reform

In this section we have seen the great advances that have taken place in the achievement of gender equality, this includes same sex marriage. These demonstrate that the stability which is encountered depends on the love and the relationships that are made. With transgender people in the United Kingdom, a similar liberation has taken place. All the major surveys of the general population show that transgender people are generally respected, with large majorities in favour of allowing transgender people to self-identify their gender. Even greater majorities are in favour of removing the need for any medical report. While most gender-critical groups show a similar welcome to transgender people, their adoption of theories and dogmas which use the claims of earlier scientific approaches that do not account for the advances in knowledge and experiential evidence that has now become available and do not recognise or hide the effects of the massive changes in neurological processing that takes place during the first three years of life.

This has created a time-warp where changes relating to sexual identities are fully accepted while for gender-critical groups, the equivalent advances in the understanding of gender identities are denied. The contrast is best seen by comparing attitudes to same sex marriage, where no one questions the realities of gender and the depths of gender expression without any formal test, against the procedures where many tests are required for the legal recognition of gender under the Gender Recognition Act. With the current legislation a person who succeeds in obtaining a gender reassignment certificate must satisfy the following requirements: (a) has or has had gender dysphoria. (b) has lived in the acquired gender throughout the period of two years (c) intends to continue to live in the acquired gender until death. (d) Must provide evidence by a report made by a registered medical practitioner or registered psychologist practising in the field of gender dysphoria and a report made by another registered medical practitioner, who may, but need not, practice in that field. The main concerns with the act are the bureaucracy of the process, the expense, that it makes no allowance for non-binary people: but the major concern is about the over-medicalisation of the process¹⁹⁰. This is not just about the need to produce the two reports, but also how the medical information is processed, and how the process is felt to be judgmental and demeaning because of the ways in which transgender people's own perception of their gender identities are remotely and anonymously assessed.

Today, it is no co-incidence that the great majority of professional institutions now support an affirmative approach which enables children and others to explore their senses of gender without fear of discrimination, oppression, and guilt. The America Psychiatric Association now considers this type of affirmation to be the only legitimate approach. I also show in sections 5:0 and 6:0 why the creation of self-acceptance and self-identification is essential to successfully manage what is a compulsive demand, Therefore, reform of the Gender Recognition Act is urgently needed to allow this self-identification: with appropriate safeguards maintained to prevent any forms of misuse. Currently the act only allows the designated sex on the birth certificate to be changed. It provides the confidentiality needed to enable people to live peaceably in society in their acquired gender, and to protect against discriminatory attacks. There have been no government plans or proposals to change the exemptions to protect privacy, criminality, and misuse that are currently applied in the

¹⁹⁰ "This position is supported by the World Professional Association for Transgender Health (WPATH), an international organisation made up of medical experts, which set the International Standards of Care for transition-related healthcare. WPATH have stated in their Identity Recognition Statement that "medical and other barriers to gender recognition for transgender individuals may harm physical and mental health". They define these barriers as including "requirements for diagnosis". Based on their experience of the harm that can be done to trans people when their access to gender recognition is obstructed, WPATH "urges governments to eliminate barriers to gender recognition, and to institute transparent, affordable and otherwise accessible administrative procedures affirming self-determination, when gender markers on identity documents are considered necessary". Page 40 House of Commons: (2020): "Gender recognition and the rights of transgender people" House of Commons Research Briefing Paper (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>

bill, and in the 2010 Equality Act¹⁹¹. In government documentation the suggestion that there would be, is not supported¹⁹². On the grounds of privacy, guarding against criminality and misuse, and not least because of maintaining trust, I also argue that the appropriate level of exemptions continues to be maintained. It should be made clear that I believe that significant protections will continue to be needed under this Act and the 2010 Equality Act.

The criteria of determining gender dysphoria were very different when the act was drafted, at that time gender dysphoria was considered a disorder that had to be addressed. The recognised methods of management were also very different. It is not just most of the public which are in favour of allowing reform in favour of self-declaration and removing the requirement for the medical report¹⁹³. The British Medical Association supports self-declaration¹⁹⁴. The statements by the professional institutions which declare it to be a personality variation within the normal range of development, for which no treatment is needed unless stress is created through lack of self-acceptance or attacks by others is needed make it clear that no medical intervention should be required. In many other countries where self-identification has been implemented few if any problems have been encountered¹⁹⁵. However, this approach is vehemently attacked by members of the gender-critical feminist groups¹⁹⁶. Despite the lack of evidence that exists, opposition to the reform to the Gender Recognition Act of 2004 is still publicly presented as the threat of women's private spaces being invaded by heterosexual men intent on abuse. However, I believe that the actual reason for opposing its reform is the misdiagnosis of transsexuality as a perversion, paraphilia, or disruption. To do otherwise challenges the gender-critical approach. The consequent campaigning then acts to increase women's very real fears by creating the perceptions that many, if not all, transgender people are intent on erasing women's identities, express male propensities towards violence, and are attacking their hard-won sex-based rights. Many of the original reasons for introducing the 2004 Gender Recognition Act disappeared with the passing of the 2010 Equality Act and the Marriage (Same Sex Couples) Act of 2013. The Equality and Human Rights Commission have criticised the failure to reform the Gender Recognition Act as a lost opportunity. Although the most recent government documents have offered improvements that make the process easier, they have refused to contemplate any changes to the Gender Recognition Act. In my view, this failure of the present United Kingdom government to pursue reform of the Gender Recognition Act, suggests that it favours the gender-critical approach. This is despite the arguments presented here, the continued intention of the Scottish Government to pursue reformation, and the attitudes elsewhere in the world. I believe that it is the arguments being fought, both for and against

¹⁹¹ Women and Equalities Committee (2015): Gender Recognition Act 2004

<https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/39006.htm>

¹⁹² *Main exclusions from the protection of the act are a right of conscience for Church of England clergy (who are normally obliged to marry any two eligible people by law). Additionally, sports organisations can exclude transsexual people if it is necessary for 'fair competition or the safety of the competitors'; courts are permitted to disclose and take account of an individual's trans status; employers can exclude trans people as a 'genuine occupational requirement'; and organisations may exclude trans people from single sex or separate sex services as 'a proportionate means of achieving a legitimate aim'.* See also Gov UK: The General Guide for all Users, Gender Recognition Act 2004

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786910/t455-eng.pdf

¹⁹³ Stonewall believes that any reformed Gender Recognition Act (GRA) must support trans people's right to individual autonomy and self-determination. Such principles are not supported by medicalisation and the need for clinical assessments as trans people's identities are subject to interrogation. That is why this requirement must be removed. Page 40 House of Commons: (2020): "Gender recognition and the rights of transgender people" House of Commons Research Briefing Paper (Number 08969, 22 July 2020)

<https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>

¹⁹⁴ BMA (2020): BMA submission: Women and Equalities Committee inquiry on Reform of the Gender Recognition Act

<https://www.bma.org.uk/media/3584/bma-submission-reform-of-the-gender-recognition-act.pdf>

¹⁹⁵ GIRES (2019): The Gender Recognition Act Discussion (July 2019) <https://www.gires.org.uk/the-gender-recognition-act-discussion-july-2019/>

¹⁹⁶ Asteriti, Alessandra, Bull, Rebecca: (2020) "Gender Self-Declaration and Women's Rights: How Self Identification Undermines Women's Rights and Will Lead to an Increase in Harms: A Reply to Alex Sharpe, 'Will Gender Self-Declaration Undermine Women's Rights and Lead to an Increase in Harms?' *Modern Law Review*: (2020) 83(3) MLR 539 <https://www.modernlawreview.co.uk/asteriti-bull-sharpe/>

the reform of the Act, that have become the sources of division and the rallying cries for the contesting groups: in battles where objectivity and impartiality have been lost.

13:00 Conflict

There are two explanations for transsexuality that are offered. One is via the professional institutions, in which the early years are accounted for, and the other is presented mainly by the feminist groups where the effects of the massive changes and advances in neural processing during the early years are ignored. Transgender people may sometimes describe themselves as being “*born into the wrong body*”, but that only arises because it is not possible to sufficiently mentally process what has happened during the earlier years. Regardless of gender identity the same limitations apply to everybody, and unless some conflict with the core gender identity occurs, the only conscious understanding that any of us possess about how our gender identity develops is that of the gender role. When everyone can ignore what has happened during the first three to four years, it becomes easy for gender-critical groups to convince others about the rightness of their approach. That has historically led to the situations where behaviour arising from both gender and sexually variant conditions have been regarded as disruptive lifestyle choices which attacks the good order of any gender divided society. It is the sort of “*obvious*” approach which has governed public attitude to people who profess gender and sexually variant identities for centuries. The harms, persecutions, and deaths that has been created by this, and continue today in many parts of the world, is described in sections 12:4 and 12:5 and in the evidence of other reports and individual attacks.

There is a fundamental issue with the gender-critical approach, and that lies in the disregard for how the core elements of personality and identity are formed very early in life. In section 4 of this article, I show how understandings of the core gender and sexual identities are created because of the neurological processes involved in early development. These can be regarded as innate since the senses of belonging they produce become essentially unchangeable from early in life. Whatever develops afterwards is an overlay on what has already been formed. That as we have seen creates contradictions. If it is argued that an elementary core gender identity arises very early in life and is effectively fixed by the age of three years, then the gender-critical feminist approach which regards gender identity, as a purely socially learned construct is invalidated, not just for transgender people, but wherever and to whoever it is applied. If the legitimacy of the gender-critical approach is adopted, then the depth and integrity of transgender identities is denied.

With this understanding, the only way that that gender-critical approach can be retrieved is by enforcing a diagnosis on transgender people which denies the legitimacy and the fundamental nature of gender identity. A hypothesis such as autogynephilic transsexuality seems attractive since it defines variant sexual identities and sexual orientations as personality variations, and variant gender identities as perversions or disruptions instead. It also avoids arguments over the present day understanding of homosexuality since it regards sexual identities as innate. The only transgender people who are not attacked, are those who accept the diagnoses which the gender-critical groups provide. These people may be welcomed instead. However, accepting that approach enforces presumptions and diagnoses on transgender people which are associated with perversions, paraphilias or disruptions instead of personality variations, and the types of motives they create. In this study I conclude that these gender-critical arguments, which claim to have the authority of science behind them, are implemented and are being presented in ways which seek to ensure that the gender-critical approach survives.

With so much at stake it is essential that all possible explanations are impartially considered. We have seen that the methods of management are almost opposite to each other, and considerable harm can be done when the wrong one is used. In this account I have presented the approaches advocated by the professional institutions and world authorities, which is backed up by my own research. In section 8:0, and elsewhere I have sought to compare these with those presented by

gender-critical groups. When I do so, I find deficiencies in their analyses, as well as attacks on the motives of people involved, together with disregard and attempts to discredit any other approach.

A further issue arises because many of these allegations are made on social media or blog posts, which are not subject to peer review status. In this area, Stock for example does not consider herself to be doing substantive academic philosophy¹⁹⁷. The great majority of her articles on this subject are posted on conversation platforms such as “*quillette*”, the “*medium*” and the “*article*”, where her comments may go relatively unchallenged but, as she identifies herself as a Professor of Philosophy at the University of Sussex in them, the same standards as for any academic publication should also be required.

In the United Kingdom 2021 New Year Honours list, ostensibly for services to higher education. Kathleen Stock was made an Officer of the Order of the British Empire. Pink News reported that on Twitter on Thursday (31 December), Stock said she was “*honoured*” to have received the OBE¹⁹⁸. She added that Stonewall, the largest LGBT+ rights charity in Europe, is “*a threat to freedom of speech*”. She said: “*I want to use this opportunity to draw further attention to suppression of critical thought about gender identity ideology and trans activism in UK universities*”. She continued: “*Most UK universities are Stonewall Diversity Champions. Translation... effectively they are now trans activist institutions. This significantly limits free thought and free speech of gender-critical academics.*” The Stonewall Diversity Champions programme mission is criticised for “*ensuring all LGBT staff are accepted without exception in the workplace. Going on to say that academics and students “urgently” need to be able to “criticise gender identity ideology and trans activism”, Stock argued that Stonewall “doesn’t belong in UK universities (or schools, or gov departments, or local authorities, or judiciary, or police forces): Once a great organisation, they’re now a threat to freedom of speech/ public understanding... Get them out.*”

In an open letter, over 600 academic philosophers have condemned Stock’s statements saying: “*We are professional academic philosophers committed to the inclusion and acceptance of trans and gender non-conforming people, both in the public at large, and within philosophy in particular. We write to affirm our commitment to developing a more inclusive environment, disavowing the use of professional and cultural authority to further gendered oppression*”... “*We do not say Stock should not be permitted to say the things she does. We believe in the principles of academic freedom, and note that objecting to someone being lauded or honoured for their speech simply does not conflict with those principles. Academic freedom comes with responsibility; we should not use that freedom to harm people, particularly the more vulnerable members of our community. Conflating concern about the harms of Stock’s work with threats to academic freedom obfuscates important issues*”... “*We stand against prominent members of our profession using their academic status to further gender oppression. We denounce transphobia in all its forms, and hereby publicly commit to working to create a more inclusive culture, in which people of all gender presentations and identities are able to thrive and be respected for who they are.*”¹⁹⁹

Debbie Hayton is a prolific writer on transgender issues in the Spectator²⁰⁰ and other journals, herself a transgender person, she too takes a gender-critical approach. While she has every right to argue her position, there should never be any justification for mounting personal attacks. By describing those who take the same viewpoint as the professional institutions as engaging in mob

¹⁹⁷ Stock, K. (2018d, May 31). Response to Professor Talia Mae Bettcher. Medium.com.

<https://medium.com/@kathleenstock/response-to-professor-talia-mae-bettcher-21263ffd87c8>

¹⁹⁸ Parsons, Vic (2020): *Gender-critical’ academic accepts OBE with lengthy diatribe branding Stonewall a ‘threat to free speech’* Pink News 31 December 2020 <https://www.pinknews.co.uk/2020/12/31/kathleen-stock-obe-stonewall-twitter-trans-gender-critical-new-year-honours/>

¹⁹⁹ n.d. (2021) Open Letter Concerning Transphobia in Philosophy January 2021 <https://sites.google.com/view/trans-phil-letter/>

²⁰⁰ <https://www.spectator.co.uk/writer/debbie-hayton>

justice (Spectator, 21 August 2020) transgender thought police (Spectator, 27 October 2020, 12 August 2020), deranged (30 December 2020) she creates enmity rather than conciliation. By pursuing a “*Gender Ideology*” which alleges that “*Transgender people believe that they are changing biological sex*”. (Spectator 20 December, 8 December, 16 September, 20 March also in sections 2 and 10 of this article) she misrepresents the views of the great majority of transgender people. She further misrepresents those in the medical professions who regard all forms of reassignment surgery or treatment as a means of making the body physically conform to the gender identity that is possessed: it has nothing directly to do with biological sex. The denial of gender identity other than, *at most*, a socially learned construction turns gender-based support for natal women into attacks on women’s “*sex-based rights*”. Like Kathleen Stock, Debbie Hayton also attacks Stonewall (7 Feb 2021, 20 November, 3 November). However, the approach Stonewall and other organisations like GIRES adopt, are in harmony with those of the professional institutions. Therefore, an attack on Stonewall is an attack on them all, and the many organisations, including the professional institutions, who take the same approach.

The justification for any theory must depend on the experiential evidence. That is available through the many clinical assessments that have been made. However, motives and agendas can intrude on what is perceived. In one instance, the classic case is that of religious beliefs where the lack of experiential evidence due to persecution and criminalisation together with the historic limitations of scientific knowledge and the pursuit of power in society, have led and still lead to extreme penalties being enforced on gender and sexually variant people. In this case I believe that the dogma that is being used belongs to those gender-critical feminist groups, expressed through their determination to identify gender identity purely as socially learned construct and transgender conditions as a product of autogynephilic transsexuality, dismisses the research and experiential evidence that is already available, and to the exclusion of anything else.

To try to force a diagnosis of autogynephilic transsexuality onto transgender people which fails to adequately explain the full range of transgender conditions... one in which only male-to-female transsexuals are fully considered, a diagnosis which determines that the driving forces behind the condition arise from underlying sexual motives, instead of the opposite causes of rejection and identification. A diagnosis in which the potentials for predation and abuse are magnified and one which shows they are reduced. A diagnosis which presumes that gender identity is purely a socially learned construct, against one where it lies at the heart of the personality that is created. A diagnosis where the freedom to explore one’s self-identity, without censure or the imposition of guilt is needed to manage what are compulsive demands. Thus, in the face of these representations, it is not surprising that transgender people create an environment where the counter-allegations and condemnations are equally strongly expressed. David Davis in a House of Commons debate on the reform of the Gender Recognition Act described some of the responses²⁰¹. He said: “*Women’s rights activists who have met to discuss the impact of the changes have faced verbal and physical harassment. Those who have resisted... have been subject to ludicrous, vexatious legal action and*

²⁰¹ “*Women’s rights activists who have met to discuss the impact of the changes have faced verbal and physical harassment. Those who have resisted... have been subject to ludicrous, vexatious legal action and dragged into court to defend themselves for speaking freely about their concerns. I arranged a meeting in Parliament for a women’s group after a venue in London ... had been cancelled. Numerous complaints were made to the House of Commons authorities before the meeting, and I was called into a meeting with the Serjeant at Arms. As the Minister knows, I have been an MP for 13 years and, like most MPs, I have organised numerous meetings for numerous groups. I have never before had to go and spend an hour with the Serjeant at Arms explaining myself. I have no problem with the conversation that we had, but it is very unusual for that to happen. I tried to organise another meeting afterwards. Again, I was contacted by the Serjeant at Arms’ office. After the meeting took place, numerous complaints were made, mostly vexatious, but they resulted in a three-month investigation by the Parliamentary Commissioner for Standards. Again, I have no problem with that and with the conclusion that she reached, but such investigations are very unusual. I was even told by another Member of Parliament that I could face police action because of what had taken place, because of the potential that a public order offence had been committed. This matter is one for debate, such as the one we are having now. We have a right to discuss these issues. If people know that meetings will result in investigations and legal action against them, even if it amounts to nothing, they will obviously be far less inclined to hold them.*” Page 42 House of Commons: (2020): “Gender recognition and the rights of transgender people” House of Commons Research Briefing Paper (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>

dragged into court to defend themselves for speaking freely about their concerns". The campaigning Group "Fair Play for Women" described their viewpoint as²⁰²: *"There is clear evidence that women who ask questions or voice their concerns are being specifically targeted to silence them. Their motives and views are unfairly denounced as transphobic and inspired by hate"*.

Let me say that I accept that Debbie Hayton, Kathleen Stock, and others have every right to air their views. What also matters is how they are said, the rationality of the approach, the consideration of others, and the attacks that are made. In two separate papers I have argued strongly against extreme actions by transgender people, and I have shown how counter-productive this can be²⁰³. Universities are guardians of free speech, but they are also bastions of learning, objectivity, and scholarship, so it is reasonable to expect everyone to abide by the principles that these provide. The 2010 Equality act protects transgender people from unequal treatment. However, it is also made clear that no exceptions can be justified unless they are a *"proportionate means of achieving a legitimate aim"*. This means that it is not just responsibilities of scholarship: it is a legal requirement which is enforced through the Equality Act, to approach these issues in a clear, equitable and objective way.

14:00 Getting Back.

In seeking to reach a conclusion, let us return to the statement I made in the introduction. *"Depending on which identification is adopted, the methods of management for transgender people are almost opposite to one another. Thus, what is seen as compassion by one side is automatically condemned as coercion by the other. One side argues that it is sublimated sexual behaviour and desire which drives the conditions, but for the other, it is identification and rejection instead. On one side the transgender person is presented as the perpetrator or generator of their own misfortune, on the other that person becomes the sufferer instead. One of these sides dismisses gender identity as a purely social construct or denies its existence, the other places it at the heart of the personality that is created. It is these disagreements which provide the background for what has become a toxic dispute"*. With these divisions, it is far better to begin by assuming that both sides in the dispute are equally concerned for the welfare of transgender people, and that the source of the dispute lies in the different diagnoses that each provides. Much of the intensity of these conflicts arises because people on both sides of the arguments earnestly believe that what they are doing is in the best interests of transgender people. Therefore, we must assume they are each totally convinced that the approach they adopt is correct.

In this investigation I identify two elements in the development of the overall concept of gender identity. The first is the core gender identity: this element provides the stability of personality and identity, and it develops before socialisation occurs. The second element, which is the gender role identity, fights the battles of power and sex. I examine both approaches in this account. I show that the first of these takes account of neurological developments and what happens in early life, while, in the second, the developments which take place during this early time are effectively ignored.

²⁰² *"There is clear evidence that women who ask questions or voice their concerns are being specifically targeted to silence them. Their motives and views are unfairly denounced as transphobic and inspired by hate. This impacts these women directly but also induces a climate of fear and shame to prevent other women speaking or learning more about the issues that impact them also. It also means the few women's voices that do get heard are dismissed or mistrusted. (...) The term TERF is now commonly used as a sexist slur to label women who speak out on these issues as transphobic and hateful bigots who must be shunned and ignored. Although originally devised by opponents as a pejorative acronym standing for Trans Exclusionary Radical Feminists is it now used as a word to describe literally any woman who asks questions or raises concerns in the transgender debate. This word is not reserved for only the most provocative or outspoken women, but ordinary everyday women"*. Page 41 House of Commons: (2020): "Gender recognition and the rights of transgender people" House of Commons Research Briefing Paper (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>

²⁰³ Gilchrist, S. (2019a): "Divisions: Self-Declaration and Gender Variant People": <http://www.tqdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>. See also: Gilchrist, S. (2019b): "The Development of Transgender Behaviour and Identities in Early Life": <http://www.tqdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf> and Gilchrist, S. (2018b): "Transgender People and Women's Concerns": <http://www.tqdr.co.uk/documents/243P-TransgenderSocialIssues.pdf>

The core gender identity defines the sense of belonging to a particular gender. It provides the gender complementarity where men and women can find delight and love in each other (or in same sex partnerships). It also provides the stability and the constancies of personality and identity which provide the rocks upon which future battles may be fought. It is formed before the social and behavioural consequences can be understood, but it is also from where onward developments can take place. No battles for women's rights, or for any other goal, can be effectively fought unless that stability is created, and this is essentially hidden but unchangeable by the age of three years. It is driven by searches for identity and the rejection of what is wrong: thus, it finds the place one occupies in society, and it can be regarded as innate.

The second is the gender role identity and it is here where the battles of power and sex are fought. The differences in the prison populations, the violent attacks, the chaperoning, the social and career restrictions, the legal constraints, the attitude that women exist as helpmates for men, the need for safety, and the domination which being male provides have controlled women's lives for millennia. All of these demonstrate why the need to fight these feminist battles to secure women's rights are so important, but fighting them also means that their foundations, or supply lines, must be correct.

It is common knowledge that a major neural transformation takes place between the ages of two and three years. Identification precedes socialisation up to this time, and this is when the core gender identity is formed. Internally generated neurological forces drive the search for identity through imitation and the rejection of what is wrong. Massive advances in cognitive abilities take place during this transformation period. Reasoning skills rapidly develop and the experiences of socialisation drive identification from that time onwards. Development processes then become driven by behaviour and desire, and these act on overlays on what has already been formed. Nobody need take heed of the core gender identity unless some conflict occurs, since no memory of its formation exists, and the traditional explanations of how gender identity develops are confined to descriptions of the gender role identity alone. The apparent disappearance of this supply line allows feminist groups and others to develop identifications for gender as social constructs that are communally created.

In this analysis it is argued that neither gender nor sexual identities can form before birth since these require interaction with others. However, there is such a large variation in neural maturation rates and aggression patterns in human development that large overlaps occur. It is the differences in these behavioural and maturation patterns in infancy which drive the creation of gender and sexual identities. Therefore, sexual identification and gender identification, including sexual orientation and transsexuality are both decoupled from biology. Gender incongruence occurs when the core gender identity conflicts with what biology expects. Thus, any dogma which defines gender identity as a socially learned construct misdiagnoses transsexuality, not just in terms of gender identification, but in behaviours to expect.

These differences have important consequences for how gender and sexual variations are understood. Using the gender entitlement associated with the explanation put forward by the professional institutions, it is possible for someone who is male to be seen to identify with women from the moment of birth, have a sense of identity and an outlook, behaviour and lifestyle which is in harmony with women, who respects women, and who fights throughout life as assiduously and strongly as any woman for the protection and security of her safety and gender-based rights. Applying the same gender entitlement to the second explanation of autogynephilic transsexuality, which ignores these early developments, but where sexuality and sexual orientation is still treated as a personality variation, and transsexuality is treated either as a paraphilia, perversion, sublimation, which are disruptions of an original course, turns the same transsexual with precisely the same outlook, from an ally into an opponent, who is then perceived to be erasing women's identities and attacking their hard-won sex-based rights.

Attempting to fully identify what all the differences are between men and women is an almost impossible and probably inappropriate task. For the purposes of this article, I have considered that every person identifies themselves in three ways, the first is by biology, the second is the sense of belonging which defines each person's place in society and the third is in behaviours we adopt. When the term "*transgender women are women*" is used, it is usually taken to mean the place such people occupy in society, however gender-critical groups confine the definition of "*woman*" to biological sex, therefore that appellation is denied. All the main gender-critical groups involved in these arguments claim that they are not transphobic and that they welcome male-to-female transsexuals into their ranks.

Feminists and feminist movements cover a very wide spectrum. Encyclopaedia Britannica describes feminism as the "*The advocacy of women's rights on the basis of the equality of the sexes*". The narrative that "*transgender women are women*" is a title for all women to give, it is not one for any transgender person to impose... no matter how strongly that title is believed. However, it is a title which, according to recent consultations, the great majority of natal women are happy to give. For the great majority of men and women who accept this inclusive threefold identification of biology, behaviour, and identity, there is no fundamental difficulty in accepting the depth and integrity of transgender identities. However, for gender-critical groups we have seen that a contradiction occurs: If it is accepted that an elementary core gender identity arises very early in life and is effectively fixed by the age of three years, then the gender-critical feminist approach is invalidated, not just for transgender people, but wherever and to whoever it is applied. If the legitimacy of the gender-critical approach is adopted, then the depth of transgender identities is denied. If this gender critical approach is to be preserved, these dogmas which define gender identity exclusively as a socially learned construct cannot just ignore the existence of the core gender identity: they must also deny it. They must further identify transsexuality as a disruption to the normally expected pattern of development. There is a discrepancy where the welcome, the acceptance of the lifestyle, and the recognition of their sincerity given to transgender people, contrasts with the attacks on women's identities they are said to create. Male-to-female transsexuals are indeed welcomed into these groups, but at the expense of accepting the dogmas and diagnoses that the groups provide.

There are two very contrasting pathways to be considered and any objective analysis and the evidence presented must encompass both. These are all arguments and differences which cry out for responsible, objective, and impartial study. However, I find that the methods adopted by groups such as Transgender Trend and other gender-critical feminist groups do not do this. Instead of such studies, the approaches adopted by the professional institutions along with all others who disagree these viewpoints are dismissed with statements on various websites, such as those which I have quoted in section 8:0: "*There is no scientific basis for the idea of innate deeply held sense of gender... 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*". I cannot find any evidence in their literature to suggest that the "*Memorandum of Understanding*" produced by the professional institutions has ever been considered. In this investigation I conclude that evidence which is produced by the gender-critical groups to support their case, either dismisses or ignores the idea that there are changes of any significance which contribute to the development of gender identity during the first three years. Adopting the approach typical of autogynephilic transsexuality, which had already been challenged by mainstream clinicians, does not address the full range of gender variant conditions. It also avoids the need to consider the same early developments, and it diagnoses male-to-female transsexuality as a disruption to the normal path of development which is driven by sublimated motives of sex. It also adds a sense of biological determinism to lesbian and gay relationships, which present approaches suggest is not correct. Where attacks do occur, objectivity is one of the first things to be lost. That may extend to opponents using sectional

interpretations of science, religion, and reason to confirm to themselves the rightness of their approach, to persuade others who are uninvolved to follow their leads, and to tell those who are opposed to them that they are not who they say they are.

The depth of disagreement is evident in the statement, cited above, which David Davis made in a House of Commons debate on the reform of the Gender Recognition Act... where he said: *“Women’s rights activists who have met to discuss the impact of the changes have faced verbal and physical harassment. Those who have resisted... have been subject to ludicrous, vexatious legal action and dragged into court to defend themselves for speaking freely about their concerns”*²⁰⁴. This claimed *“reasonable approach”* does not correspond to the methods of the gender-critical groups, which I have just described.

If there is to be any resolution, there must be the ability to listen to, and be able to reason with all sides. I believe Zanghellini got it right in his paper on Stock’s work with his statement that: *“Many problems in gender-critical thought are consistent with the explanation that paranoid structuralism is too often presupposed in gender-critical work, rather than being treated, productively, as a hypothesis”*. Instead of treating autogynephilic transsexuality as a hypothesis to be checked and tested, individual workers, such as Stock, Jeffreys, Hayton, and others: together with campaigning groups like Transgender Trend, Woman’s Place, LGB Alliance, and Fair Play for Women, treat it as already proven, and present their arguments on that basis. If it were really to be true that there are no changes of any significance which contribute to the development of gender identity during the first three years, then these arguments would be of limited consequence. However, there is a fundamental change, during which the reversal of capabilities which drive learning and development forward is almost complete. The consequences of that reversal and the harms that are created by it are described in this article. Historically the inability to acknowledge this reversal and the continued failure to account for it in certain religious dogmas, together with the same types of denial within this gender-critical approach to transsexuality, causes a great deal of what may sometimes be unintended harm, to transgender people’s lives.

15:0: Feminist Viewpoints

What is notable in these disputes is the ferocity, relentless and the disparagements with which those transgender people who do not subscribe to the dogmas that are put forward by the gender-critical groups are attacked. Uniquely to gender-critical groups we have seen that the contradiction exists where, if the gender-critical dogma is to be preserved, it is necessary to prove that transsexuality is a disruption to the normally expected course of development.

Contrary to the arguments of the professional institutions, that contradiction gives reason for choosing explanations for transsexuality that preserve its identification as a perversion, paraphilia,

²⁰⁴ *“Women’s rights activists who have met to discuss the impact of the changes have faced verbal and physical harassment. Those who have resisted... have been subject to ludicrous, vexatious legal action and dragged into court to defend themselves for speaking freely about their concerns. I arranged a meeting in Parliament for a women’s group after a venue in London ... had been cancelled. Numerous complaints were made to the House of Commons authorities before the meeting, and I was called into a meeting with the Serjeant at Arms. As the Minister knows, I have been an MP for 13 years and, like most MPs, I have organised numerous meetings for numerous groups. I have never before had to go and spend an hour with the Serjeant at Arms explaining myself. I have no problem with the conversation that we had, but it is very unusual for that to happen. I tried to organise another meeting afterwards. Again, I was contacted by the Serjeant at Arms’ office. After the meeting took place, numerous complaints were made, mostly vexatious, but they resulted in a three-month investigation by the Parliamentary Commissioner for Standards. Again, I have no problem with that and with the conclusion that she reached, but such investigations are very unusual. I was even told by another Member of Parliament that I could face police action because of what had taken place, because of the potential that a public order offence had been committed. This matter is one for debate, such as the one we are having now. We have a right to discuss these issues. If people know that meetings will result in investigations and legal action against them, even if it amounts to nothing, they will obviously be far less inclined to hold them.”* Page 42 House of Commons: (2020): “Gender recognition and the rights of transgender people” House of Commons Research Briefing Paper (Number 08969, 22 July 2020) <https://commonslibrary.parliament.uk/research-briefings/cbp-8969/>

or disruption which is driven by sublimated motives of sex. It disregards the approaches of the world authorities, the professional institutions, and their memorandum of understanding. It attempts to prove that transgender people are victims of their own misfortunes, and it seeks to show that male-to-female transsexuals offer the same threats of violence and sexual abuse to women as all men do. I have shown why these approaches fail in section 8:0: and that the similar rejections by the broader scientific communities, expressed in the scientific consensus, have led to the replacement of objective analysis through using invectives, discrediting, assaults on the integrity of people and the allegations which are made by gender-critical groups, that no other credible explanations exist.

In place of questioning transgender identities, these failures lead us to challenge the feminist approaches, which are many and varied²⁰⁵. According to Butler in 1999: *“Feminists are said to think that genders are socially constructed in that they have the following essential attributes: women are females with feminine behavioural traits, being heterosexuals, whose desire is directed at men; men are males with masculine behavioural traits, being heterosexuals”*. Although there is very wide variation, all the approaches perceive that the foundations of gender are socially learned. None of them take account of the effects of the neural changes and transformations in early life. Butler for example argues that a male-to-female transsexual can possess a female gender identity which is just as secure and real as that of any natal woman. However, in this work she considered her concept of the *“Core Gender Identity”* to be totally illusional because... from her understanding, it arises as an outcome of socialisation and not before it. This means that it simply merges and disappears into the gender role. Unlike Butler I argue that the Core Gender identity is created before socialisation occurs.

In this analysis I look at the early patterns of neural development. Using the experience of the professional institutions and my own research, described in this account, I show (in section 4:0) how the core gender Identity is formed, and why it becomes fixed at the latest by the age of three years. In contrast to Butler’s definition, this is created very early in life through the actions of contagious internally driven neurological forces which use the actions of mirror neurons, empathy, and possessive imitation. In section 2:0 and 4:0 of this account I have noted that neither gender nor sexual identities can start to form before birth because they both depend on interaction with others. Thus, gender and sexual identities first appear because of these interactions. This is in preference to biology. It is a pro-active process driven by the innate neurological forces rather than performative acts. These forces provide the kick-start that triggers it. It is essential to have an initial development process in which the drive for identification precedes socialisation, otherwise it would never begin to form. Externally focussed processes of socialisation involving performances and interactions with society at large do not become meaningfully involved during this early period. This is because the neural capabilities needed to manage them do not become available until a later time. That transformation take place around a median age of two years. Before this time identification drives socialisation, after it, socialisation drives identification instead²⁰⁶. This reversal in trajectory also demands a reversal in the development pattern and in the management processes required. I believe that the failure to take account of these neurological developments and this transformation in any of the feminist analyses that have so far been presented, is a major omission which must be addressed.

There are many different feminist viewpoints: and the way this omission is dealt with depends greatly on how these are expressed. The Cambridge dictionary defines a feminist as: *“a person who believes in feminism, and tries to achieve change that helps women to get equal opportunities and treatment”* and feminism as: *“the belief that women should be allowed the same rights, power, and opportunities as men and be treated in the same way, or the set of activities intended to achieve this*

²⁰⁵ See section 2:0 of this document, also Mikkola, Mari, "Feminist Perspectives on Sex and Gender", *The Stanford Encyclopedia of Philosophy* (Fall 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2019/entries/feminism-gender/> .

²⁰⁶ There is a transfer of power. Identification dominates before this period, after it, socialisation dominates. The early neurological forces do not disappear, but the developing cognitive abilities increasingly (hopefully) keep them in check.

state”; Therefore, any man or woman can be regarded as a feminist if they fight ardently for the same cause²⁰⁷. However, there are those who argue that only women can be feminists, because only women have experienced the discrimination and the abuses that all women face, and only men have had the upbringings of power and domination to enforce it. It is argued that male-to-female transsexuals have had the same experiences of domination over women they cannot become members of this group. By claiming to be women they are asserting domination over women, erasing women’s identities, and attacking their sex-based rights.

Butler’s approach contradicts autogynephilic transsexuality: in which sexual identity is a product of biological determinism and transgender identities are disruptions to a normally expected path of development. Sex is considered real and variant sexual identities are innate. In this theory the biological components of sex are translated into the social components of sex without explanation. In contrast to this, all concepts of gender are treated as being something nebulous and unreal. For gender-critical groups, gender identity is not considered to be an independent entity, it is entirely socially constructed, and it is exclusively restricted to the creation of the gender role. The definition of “*woman*” is confined entirely to biological sex.

These differences give cogent and crucial reasons for ensuring that the correct diagnoses are made. That crucially depends on the role the core gender identity is assumed to play. If its existence is recognised, then gender formation for everybody lies at the heart of the personality that is created. If this is denied, gender formation is considered as a socially learned construct, and the perceptions of how gender is formed are confined to those of the gender role. People only become aware of the impact of the core gender identity when a trauma exposes it, and for most people its existence is hidden from the conscious mind. For many people, the statement that “*Trans women are women*” causes little contention, because it accepts people as being who they say they are, and people can confirm that for themselves through the observations they make. Although gender-critical feminists only represent a small minority of the feminist movements, their arguments can have a much broader effect. Even if you do not believe in any gender-critical agenda, you only need to be convinced that the core gender identity does not exist, and that the formation processes remain broadly the same throughout life to be persuaded that by expressing their identities male-to-female transsexuals erase women’s identities and attack their hard-won sex-based rights.

In contrast to these gender-critical approaches which deny the reality of gender identity, or treats it exclusively as a socially learned construct, the results of this investigation place it at the heart of the personality that is created. For the great majority of men and women that causes little contention, because it simply reflects the experiences of everyday life. However, it means that the radical approaches adopted by certain gender-critical groups are invalidated because gender identity is in some sense innate. Nevertheless, that only affects the core sense of gender identity not the gender role. Recognising the existence of the core gender identity exposes the reasons why men and women can find delight and love in each other: with stability and joy in the relationships that are made. It provides a stable base upon which the battles for women’s rights can be more strongly and effectively fought. It does not impede the battles of power and sex. Instead of creating enemies it enables transgender people to be seen as allies in the same common cause: Thus, in place of these battles being perceived as direct attacks on transgender people, or by transgender people who are attacking women’s rights, it is transgender people who are suffering the co-lateral damage in these gender wars.

16:0: Legal Issues

16:1: Children and Youths

²⁰⁷ <https://dictionary.cambridge.org/dictionary/english/feminist>

At present there is little sign of these battles diminishing. Recent developments have led to the courts of law becoming involved in making medically and socially related decisions. This paper is an expansion of an earlier paper: Gilchrist, S. (2020): *“Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case”*²⁰⁸. I discuss the use of puberty blockers in that paper and in section 8:4 of this document. The decision to prescribe any drug is always one of balancing the possibility of harmful side effects against the benefits it brings. The differences in timescales and development trajectories have major implications for how these drugs are administered. By siding with the arguments presented by Transgender Trend, the Court has in practice enforced the diagnosis typical of autogynephilic transsexuality which is promoted by groups who argue that gender identity is a socially learned experience.

This is also a sad time for transgender people in Arkansas and beyond. Although President Biden has reversed many of President Trump’s policies which have harassed transgender people, in many of the states that liberalisation is still not taking place. More than 30 bills in 19 states across the United States have been introduced prohibiting medical providers from delivering gender-affirming care to individuals under the age of 18. Arkansas enacted such a law in April 2021²⁰⁹. These measures again presume that transgender conditions are the results of socially learned experiences where some form of disruption occurs.

The arguments presented in this analysis demonstrate that access to gender-affirming care saves lives. This denial by court actions of the care which is deemed best practice by every mainstream and reputable professional organization cannot be right. The laws now being introduced in the United States perpetuate the stigma and discrimination that scientific evidence tells us harms transgender children and their families. It is essential that courts in the United States, the United Kingdom, and everywhere in the world are provided with the best possible evidence to ensure that the correct diagnoses of transgender conditions are made, and that their judgements are right.

16:2: Conversion Therapy

The practice of *“Conversion Therapy”* is a further issue where legal implications are involved. The *“Memorandum of Understanding”* produced or supported by all of the major medical institutions in the United Kingdom makes it very clear that *“The practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful”*. The Memorandum also makes it totally clear that the ban must equally apply to transgender people since this too is also a personality variation, and the present UK government has committed itself to introduce a legal ban on its practice. However, the Government appears to be reluctant to take such action. I show in section 12:1: that Kathleen Stock does not agree with the ban for transgender people. By denying it is a personality variation, as defined by the professional institutions, and by treating it as a personality disruption, in accordance with the tenets of autogynephilic transsexuality, she argues that a ban should not be applied. The attitude of the present United Kingdom Government, in terms of its approach to the Gender Recognition Act and from other sources, suggest that they might side with Stock by refusing to apply the ban to transgender people. However, even if it were to be legally enforced the same groups might alternatively use it to try to prohibit the affirmative approaches for managing transgender conditions, which are endorsed by the world authorities and the professional institutions. That attitude is expressed in the letter to the Times newspaper about conversion

²⁰⁸ Gilchrist, S. (2020f): *“Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case”*: <http://www.tqdr.co.uk/documents/249P-JudgmentResponse.pdf> Some of the discussion in that commentary is used again in this article,

²⁰⁹ DW News (2021): Arkansas bans transgender treatment for youth despite veto DW News 5 April 2021 <https://www.dw.com/en/arkansas-bans-transgender-treatment-for-youth-despite-veto/a-57114607> Pengelly, M (2021): Arkansas governor who vetoed anti-trans law defends other anti-trans bills.... State legislature overturned Asa Hutchinson’s block on law banning gender-confirming treatment for young people. The Guardian Sun 11 Apr 2021 <https://www.theguardian.com/us-news/2021/apr/11/arkansas-governor-asa-hutchinson-anti-trans-bills>

therapy, which I discuss in section 12:3. It suggests that *the “most glaring example” of conversion therapy involves young people being converted from lesbian, gay or bisexual orientation to being transgender.*” This letter provides just one more example of the importance of correctly diagnosing transgender conditions, as the methods of management are almost opposite to each other, and what one side perceives as a compassionate approach, is almost inevitably condemned as coercion by the other.

16:3: Motives and Sex

Many religious groups also condemn all gender and sexually variant behaviour since it is claimed to breach divine ordinances, pursue intrinsically disordered acts of grave depravity, to choose the sexual motive to the gift of life, and because it disrupts the expected order in any gender unequal society. In January 2021 in a separate court action the advocate who was acting for an organisation called *“For Women Scotland”*, argued the Scotland’s Court of Session that the proposed change to identify transgender women alongside women in Scotland’s Gender Representation on Public Boards (Scotland) Act 2018 was unlawful. He said it breached women’s rights not to be discriminated against because of their sex²¹⁰. Again, it is essential that the correct diagnosis is made. In section 15:0: we have seen that the primary marker for social and legal interaction should be gender identity and not biological sex. That definition is also legally enforced by the 2004 Gender Recognition Act. In this account I have shown that transgender conditions are characterised by a search for identity and the rejection of what is wrong. They are not driven by behaviour and desires which are linked to motives of sex. I have also shown that the development of a particular gender identity is a consequence of these behavioural interactions and tribal identifications... instead than their cause²¹¹. At a deeper level, the goal for transgender people is to find ways of living lives that are true to themselves.

A misdiagnosis is therefore created by ascribing sexual motivations to the origins of transgender conditions. Instead of allegations which suggest that transgender people are erasing women’s identities and attacking their hard-won sex-based rights, the same gender entitlements are providing a sense of identity and an outlook, behaviour and lifestyle that is in harmony with women, which respects women, and which fights as assiduously and strongly as any woman for the protection and security of her safety and her gender-based rights. These are some of the reasons why many trans people merge invisibly into society, living normal lives in ways that are true to their identities. Male-to-female transsexuals seek to identify with women and not against women. Because of these relationships, for the reasons given in the previous section and in section 12:3, I argue that the alleged attacks by transgender people on women’s identities are not perpetrated by transgender people, it would not be in their interests to do so. These harmonies and behaviours are also why so many people in society are happy to accept the accuracy of the statement that *“Trans Women are Women”*, despite the opposition of certain feminist groups.

That does not mean that there are no attacks by transgender people on gender-critical feminist groups. The statement which David Davis made in a House of Commons debate on the reform of the Gender Recognition Act is clear evidence of that. However, when transgender people do attack women, they attack the outlooks of those women who are perceived to deny them their identities

²¹⁰ BBC (2021): *“Judge retires to ‘find answers’ in trans law case”* BBC News.

<https://www.bbc.co.uk/news/uk-scotland-55582302> Murray, K., Mackenzie, L. and Blackburn L.H. (2)20): Scottish Legal News Blog: *“Shifting sands on the definition of ‘woman’ in Scots law”*
Published 21 April 2020 <https://www.scottishlegal.com/article/blog-shifting-sands-on-the-definition-of-woman-in-scots-law>

²¹¹ *“Although both sexes respond in the same way to reactive aggression, in proactive aggression different schema exists for men and women. Proactive aggression among men tends towards the direct actions of violence while female aggression tends towards disparagement instead. A wide variation is encountered, and overlap may occur. Therefore, the development of a particular gender identity is a consequence of these behavioural interactions rather than the cause”*: See section 11:0: *“Aggression and Identification”* in Gilchrist, S. (2019b): *“The Development of Transgender Behaviour and Identities in Early Life”*: <http://www.tqdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf>

and rights. Let me make it clear that I accept the right to protest. I also feel the intense anger that is felt by transgender people... which should be obvious from this account. However, I totally condemn all offensive or unjustified attacks that some transgender people make. I further condemn in equal measure the invectives, discrediting, and the assaults on the integrity of people which some transgender people throw back.

Neither does that mean that disagreements and anger should be suppressed, or that the strength of any protest should be diminished, or that we should disregard the intensities or hurts that are being caused. Misuses must be unequivocally called out when we use partisan approaches to science to assert our claims, when incorrect motives or misinterpretations are being used to gain advantage by one side over the other, and where relevant evidence is being denied. This demands that we all face up to our disagreements by moving away from abusing each other, by accepting the inequities and harms we all may have caused, and by seeking an objective and honest approach. The Equality Act of 2010 imposes a legal requirement to protect all people against discrimination. However, it is also made clear in the Act that no exceptions can be justified unless they are a *"proportionate means of achieving a legitimate aim"*. That is the goal we must seek.

17:0: Broader Issues

This account concentrates entirely on male-to-female transsexuals, feminism, and gender identity because these are the battle lines through which the present conflicts on how gender identity develops are being fought. However, it is part of a much broader study which examines how gender identities for everyone are created within the context of the development of personality and identity in early life. This includes gender and sexually variant identities. These involve transsexuality and homosexuality. There are two conflicting explanations under consideration. Attempting to bring resolution to these conflicts means dealing with two incompatible explanations which are diametrically opposed to each other. The first places gender identity at the heart of the personality that is created, the second defines it as a social construct instead. The intensity of the conflicts arises because the first regards gender variant identities as personality variations, the second considers it to be a personality disruption and great harm and trauma is created when the wrong diagnosis is applied. However, this is not just a matter of trauma caused by a wrong diagnosis. It has major consequences for relationships in society and the history of persecution that for millennia, gender and sexually variant people still face and have faced.

17:1: Review

In this account I have shown that the development of gender and sexual identities follow parallel, but independent paths. Both originate through the same internally driven proactive and innate neurological forces. For both, the move from the dominance of these proactive and internally focussed forces to the control and management by reactive, outward looking, and externally focussed and socially learned forces takes place from around a median age of two years. There is a massive increase in cognitive capabilities around this time. This means that there are two elements involved in the creation of identity. The first is the *"Core"* element which is created through a coalescence of these internal forces: it provides the first sense of belonging and is in place before neurological advances enable the social elements to be considered. This *"Core"* element creates the base upon which the second and later *"Social"*²¹² element, can begin to come into effect. It provides an element of stability which remains in place throughout life. The methods of managing the *"Core"* and *"Social"* elements are almost opposite to each other. In section 6:0 in this document, and elsewhere I show that great harm can be done when the wrong ones are applied.

²¹² I use the term "Social" here to keep the description general. In the case of gender identity, the term "Gender role identity" can be used.

That, however, reflects a modern understanding. Until the 1960s, along with sexual identities there was no recognition of the existence of the core gender identity since none of these arguments for separating the core and social identities were then understood. In this current analysis I have mapped 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 competencies 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 fail because the presumptions underlying them is that cognitive and social learning processes guide development at all times of life. Therefore, in the studies which rely on these traditional theories the impact of the early and innate neurophysiological driving forces is ignored. The understanding of how gender identity develops is confined to that of the “*Social*” elements, which make up the gender role. Also, the existence or impact of the “*Core*” gender identity was not recognised since it could not be identified. For Freud, Piaget, and others the development of gender identity was presumed to begin from around the age of three years, primarily as a reactive process on a blank canvas. In the gender-critical approaches and in any approach which defines gender exclusively as a social construct the existence of the “*Core*” identity must also be denied. Consequently, radical gender-critical feminist movements and conservative evangelical Christian groups share a common approach. This means that many of the advances which have since taken place from the time when people could openly encounter same-sex relationships, have been denied or ignored.

17:2 Changing Perspectives

That is best exemplified in the traditional teaching of the Catholic Church on homosexual acts. This still, today condemns: “*Homosexual acts as acts of grave depravity... intrinsically disordered... contrary to the natural law. They choose the sexual act to the gift of life*”²¹³ Therefore, according to this creed, all forms of gender and sexually variant behaviour which depart from the roles that biology expects, including transsexuality, were and still are condemned in many parts of the world, as immoral or disruptive activities. All such activities, regardless of the sincerity or their intentions were considered as “*lifestyle choices in pursuit of immoral or inappropriate behaviour*”. For at least the last millennium this condemnation has led to criminalisation and extreme penalties... which includes death, being enacted against any people who are found to engage in them²¹⁴. That is a total reversal from the present-day situation in other parts of the world where both conditions are now treated as *naturally expected variations of the human condition that arise very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life*”. Two things have brought about this total reversal, the first is the advances in scientific and medical understanding and the second is the de-criminalisation of such acts. This has enabled vast amounts of experiential evidence to be gained about the integrity and lifestyles of gender and sexually variant people, and about how they live their lives. For lesbian and gay people, the transformation has been remarkable, with same sex relationships and gender equality, including marriage, socially accepted, and enshrined in many legislative acts. This present acceptance and welcome have come about through experiential evidence following the decriminalisation of homosexuality, and because of the advances in the understanding of how personality and identity develop in early life. In the United Kingdom, that same acceptance is

²¹³ Catechism of the Catholic Church: Paragraph 2357. The Second Edition English Translation of the Catechism of the Catholic Church with corrections promulgated by Pope John Paul II on 8 September 1997. “*Homosexuality refers to the relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex. It has taken a great variety of forms through the centuries and in different cultures. Its psychological genesis remains largely unexplained. Basing itself on Sacred Scripture, which presents homosexual acts as acts of grave depravity, Tradition has always declared that "Homosexual acts are intrinsically disordered." They are contrary to the natural law. They choose the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved*”

²¹⁴ See sections 12:4 and 12:5 for more details.

reflected in the attitude now taken to transgender people by a high percentage of men and women, also by the professional institutions on a worldwide basis. Evidence for this acceptance appears in recent surveys described in section 12:6. However not all take that approach. Although gender-critical feminist groups claim to welcome transgender people the diagnoses they make are the same as those of conservative Christian groups, with the same effect.

17:3: Religious Challenges

We have seen that the same processes apply to everybody in the creation of personality and identity. Unless some conflict with the core gender identity occurs, the only conscious understanding that any of us may possess about how our gender identity develops, is that of the gender role. When everyone can be unaware of what has happened during the first three to four years, it then becomes easy for gender-critical groups to convince others about the rightness of their approach. Even though these gender-critical feminist groups represent a small minority, for many people these seem sensible conclusions to reach, and for centuries all forms of gender and sexually variant behaviour has been condemned as disruptions to the good order of society, which are in pursuit of improper or immoral acts. That viewpoint has been incorporated into the dogmas and doctrines of many religious beliefs. Therefore, it is not surprising that conservative Christian groups and others misdiagnose transsexual and homosexual behaviour as perversions or disruptions which must be condemned as desecrations of God's will. When the existence of the Core gender identity is unacknowledged or denied, then gender identity must be presumed to arise through socialisation alone. This also enforces a diagnosis which is typical of autogynephilic transsexuality; and is promoted by groups who argue that gender identity is a socially learned experience, which develops only gradually: and is not fully confirmed until puberty occurs. That is likely to be one of the reasons behind the plethora of bills in front of many state legislatures in the United States which aim to deny medical care to transgender children and youths.

This contradicts the practices and recommendations of the professional institutions and the world authorities, who recognise transsexuality as a personality variation, where the Core gender identity is embedded very early in life. Therefore, according to these precepts, there are two routes which diagnose gender and sexually variant conditions That of Christian tradition which cites "*natural law*"²¹⁵ as its justification; and relies on divine authority to confirm what it states. Before the present day understanding the reasons for this can be understood. For today's conservative Christian and gender-critical feminist groups current knowledge and expertise must be actively denied. These differences in timescales and development trajectories have major implications for how these are managed. What is of present concern is the pursuit of the traditional doctrines in defiance of the expertise that now exists. The harm that can be created by pursuing these doctrines is described in sections 12:4 and 12:5 and my work on challenging churches and religion continues to be a major focus of my own research²¹⁶.

18:0 Social Impacts

It is of course totally correct that women's rights and identities should be protected against sex-based attacks. That is an absolute priority which I and many transgender people totally support. This is totally accepted, and it is not the issue. It is the diagnoses that are made. Attention must now turn to the disagreement between the two approaches. The approach offered by the professional institutions, places gender identity at the heart of the personality that is created. The gender-critical movements identify gender identity as a purely social construct, but the approach they adopt means that key features in the development of personality and identity which take place during the first

²¹⁵ Notably by the Roman Catholic Church

²¹⁶ Personal research.

three years are denied or ignored. Both approaches agree that gender and sexual identities cannot begin to form before birth since interactions with others are needed, but behavioural characteristics, including attitudes to aggression and the neural and physical maturation rates transmit across this boundary and on average differ according to biological sex. However considerable overlaps are found. In this analysis I show that the formation of gender and sexual identities for everyone is a contagious and self-reinforcing process, so that most but not all, will develop gender and sexual identities in accordance with their biological sex. Thus, the core gender identity is formed through the behaviour which is encountered before socialisation occurs. Therefore, the behaviour of male-to-female transsexuals will be expected to be in harmony with women, and the gender identity possessed. This means that the primary marker for social identification in society must be gender identity and not biological sex.

According to the professional institutions and world authorities, gender and sexual identities are personality variations within the normal range of development which are embedded very early in life. Using this gender entitlement, it is therefore possible for someone who is male to identify with women from the moment of birth, have a sense of identity and an outlook, behaviour and lifestyle which is in harmony with women, who respects women, and who fights as assiduously and strongly as any woman throughout life for the protection and security of her safety and her gender-based rights. This invalidates the gender-critical approach. However, recognising the existence of the core gender identity, and the role it plays does not only provide the gender complementarity which enables men and women to find love and delight in each other. It is created before socialisation occurs, before masculine and feminine stereotypes are formed, before the battles of power and sex are encountered, and it provides a stable base upon which future development can take place.

In section 4:0, I describe the results of a new neurologically focussed analysis to show how personality and identity first develops for everyone, and in section 4:6 show how neurological changes tune the brain to the environment so that constancies of personality are created. As part of this, the core elements of identity become embedded, and effectively become fixed during the first three years of life. These processes apply to everyone, so transgender conditions, and gender and sexual identities, arise as variations of the same process, and many other elementary aspects of personality and identity may be expected to form in the same way. Instead of impeding these battles for equality and women's rights I argue that the existence of the core gender identity provides a base of security and authority of identity which enables these battles to be more effectively fought. Far from attacking women's rights and erasing their identities... it supports them. The prominent roles that transgender women play and have played in the feminist movements recognises male-to-female transsexuals not as enemies, but as allies. That is affirmed in their history of fighting for women's rights and identities, in the strength of their campaigning for the feminist movements, and in their commitments to the feminist cause.

19:0: Outcomes

Clearly such differences must be examined using responsible argument and debate, but that has not happened. The situation becomes more critical when any group seeks to use science and courts of law to justify their positions. In this extended account I attempt to examine what has become a toxic conflict by giving equal respect and consideration to the interpretations of science which are presented by all sides. In place of this, I find that the arguments which support the professional institutions, world authorities, and those who support them are belittled on social media and by gender-critical academics, with statements such as “*There is no scientific basis for the idea of innate deeply-held sense of gender*” “*Their teaching is backed by no credible science but has been adopted by government, the NHS, schools, and therapists*”. People supporting them face personal and academic attacks. The *Memorandum of Understanding* produced by all the major United Kingdom Professional Institutions, and other reports are ignored. In this analysis I argue that

flawed science is employed, and objectivity is lost. The disparagement of the approaches offered by the professional institutions means that many may be deceived into adopting the gender-critical approach.

Although the attacks and contradictions described in this account only apply to the arguments presented by gender-critical feminists who are a small minority of all feminists, they have a much broader impact because they give the message the world that all transgender people by their actions are erasing women's identities and attacking their hard-won sex-based rights. That is deeply concerning, since many people are not aware, nor should one expect them to be aware, of how development proceeds in early life. It is also natural to assume that the driving forces creating personality and identity follow the same patterns throughout life. Therefore, for many people, countries, organisations, and religious bodies all sexually and gender variant behaviour is regarded as perversions and lifestyle choices, which is embodied in the dogmas of certain religious groups.

Gender-critical and other radical feminist groups strongly assert that they welcome transgender people but that is on their own terms. While many may genuinely seek to offer a full welcome, care for their wellbeing, and are fully committed to the arguments they present, that welcome rings hollow. By ignoring these developments, by ascribing a sexual motivation to the origins of transgender conditions, by rejecting it as a search for identity and by associating it with desire means that transsexuality and gender and sexually variant people can be considered to adopt a lifestyle choice in pursuit of sexual desire which also disrupts the good order of any sexually divided society. This heightens perceived threats of predation by transgender people on others; whose wellbeing can then be assumed to be diverted or disrupted by these actions, and through the inculcation of desires to follow a different path.

All these arguments present transgender people, and gender and sexually variant people more generally, as potential threats to the good order of any gender divided or unequal society. There are only two ways to cancel these perceived threats. The first is by making use of the scientific research and knowledge that has now become available, and by ensuring that the correct diagnoses are made. The second is from the experiential evidence that arises because of the interactions of transgender people, and gender and sexually variant people, with others in everyday life. However, no experiential evidence has previously been evident because of the centuries of criminalisation and condemnation of all forms of gender and sexually variant behaviour. The access to knowledge has likewise been denied. In those parts of the world, in religions and groups where these data and understandings have been made available and acted on, a transformation has occurred. Where they have not, extreme condemnations, persecutions, scapegoating, discriminations, and legal and social penalties continue to be applied.

Because of these arguments and threats, transgender people are coming under severe and increasing attack. At one level, promoted by gender-critical movements and attitudes, there is a return to biological determinism where the existence or relevance of gender identity is denied and the primary marker for social identification in society must be biological sex. At another level is the inappropriate and harmful methods of treatment which are imposed because of the misdiagnoses that are made and the problems that are then encountered, notably when courts of law are involved. In section 8:4, we have seen how that can occur in situations where the administration of puberty blockers is being decided, in sections 12:1 and 16:3 regarding conversion therapy and in the legislation being pushed through state administrations in the United States. Those governments who respond to public perceptions rather than expert advice are vulnerable to these pressures. The refusal of the present United Kingdom government to go ahead with the reformation of the Gender Recognition Act, the possible bypassing of parliamentary scrutiny by the Women and Equalities Committee, and the way the government appears to be treating Conversion Therapy in proposed legislation suggests that it falls into this category, so that much needed remedies and actions may be abandoned or deferred. These are issues where a great deal of responsibility is required.

Given the serious natures of these matters it is not surprising that transgender people make a robust response. People's lives are literally at stake, and there is absolutely no justification for personal attacks. In separate papers I argue against extreme actions by transgender people, and I show how counterproductive this can be²¹⁷. However, that does not imply a diminution of response. Major problems do arise when social media is relied on. Instead of the outputs of professional institutions, most of the arguments in the present disputes, including by academics, have taken place on social media, where effective monitoring and peer-reviewed assessment of the material presented is not involved. Universities are guardians of free speech, but they are also bastions of learning, objectivity, and scholarship, so it is reasonable to expect everyone to abide by the principles that these provide.

Making personal allegations and attacks which dispute the integrity of any person or groups of people because they make certain arguments, no matter how correct or incorrect the arguments may be; crosses for me, into the boundaries of hate, where allegations and insinuations abound. That is one reason why these disagreements have turned into toxic disputes. Another reason is the manipulation of science to prove partisan points. It is now time to step back and take an objective approach. The 2010 Equality Act no less demands that of us when it makes clear that no exceptions can be justified unless they are a "*proportionate means of achieving a legitimate aim*". These arguments over transgender people and their identities focus round one key issue and the contradictions and opposing diagnoses that this creates. It is: "*Does gender identity lie at the heart of the personality that is created or is it a social construct instead?*". I conclude that transgender identities are being sacrificed to preserve a gender-critical approach and that transgender people are suffering co-lateral damage in these gender wars.

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²¹⁷ Gilchrist, S. (2019a): "*Divisions: Self-Declaration and Gender Variant People*": <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>. See also: Gilchrist, S. (2019b): "*The Development of Transgender Behaviour and Identities in Early Life*": <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf> and Gilchrist, S. (2018b): "*Transgender People and Women's Concerns*": <http://www.tgdr.co.uk/documents/243P-TransgenderSocialIssues.pdf>