Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case

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Summary

On the 1st. December 2020 the High Court of Justice in England ruled on the prescription of puberty blockers to children who believe they are transgender. In doing so it intervened in an intense and toxic dispute between transgender people, professional medical institutions who are concerned with transgender issues and gender-critical feminist groups. There are the two contrasting explanations which give rise to this dispute.

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 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.

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, and. approaches akin to managing compulsions are required. The techniques required for paraphilias and their equivalents involve techniques which seek to resolve the distortion or 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.

Using a new neurological analysis, I compare both approaches and I give a detailed analysis in this account of how gender identity and personality form early in life. From this I conclude that the approach put forward by the professional institutions is correct, and that the autogynephilic approach fails because it does adequately consider how development proceeds very early in life.

I submit that the judgement of the Court in the Tavistock and Bell case should be set aside because only one of these approaches was properly considered. Although the Court declared that it was concerned only with the appropriateness and safety of using puberty blockers, it has in fact made a diagnosis, because its judgement has prescribed the context and the ways in which puberty blockers should be applied.

Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case[1]

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12 March 2021. **revised 12 March 2021** [3].

1:0: Introduction

On the 1st. December 2020, the High Court of Justice in England, in the case of Bell v Tavistock, concerned with the prescription of puberty blockers to children who believe they are transgender passed the judgement that: "*A child under 16 may only consent to the use of medication intended to suppress puberty where he or she is competent to understand the nature of the treatment. That includes an understanding of the immediate and long-term consequences of the treatment, the limited evidence available as to its efficacy or purpose, the fact that the vast majority of patients proceed to the use of cross-sex hormones, and its potential life changing consequences for a child. There will be enormous difficulties in a child under 16 understanding and weighing up this information and deciding whether to consent to the use of puberty blocking medication. It is highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers. It is doubtful that a child aged 14 or 15 could understand and weigh the long-term risks and consequences of the administration of puberty blockers.*

In respect of young persons aged 16 and over, the legal position is that there is a presumption that they have the ability to consent to medical treatment. Given the long term consequences of the clinical interventions at issue in this case, and given that the treatment is as yet innovative and experimental, we recognise that clinicians may well regard these as cases where the authorisation of the court should be sought prior to commencing the clinical treatment".

In passing this judgement the Court has intervened in a furious argument between different groups about the nature and origin of transgender conditions. One group, mainly from the feminist movements argue that it is a paraphilia[4]: 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. This group argues that gender identity is a socially learned experience which develops only gradually. The other group, which represents a consensus view of the professional medical institutions, argue that it is a personality variation which is within the normal range of human development. It is driven by a search for identity, not sex, and an unchangeable core sense of identity is created very early in life.

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[1] This document is available at: Gilchrist, S. (2021): *"Understanding and Managing Transgender Conditions:: A Commentary on the Bell v Tavistock Case":* http://www.tgdr.co.uk/documents/249P-UnderstandingAndManagingTransConditions.pdf

[2] A personal biography is available at: http://www.tgdr.co.uk/documents/SusanBiographyPicture.pdf

[3] Comments please to spap4144@gmail.com

[4] The word "paraphilia" is often used since it avoids the negative interpretations that the use of the word perversion in a non-clinical context creates. Both mean the *"distortion or disruption of an original course".*

Depending on which identification is adopted, the methods of management are almost opposite to one another[5]. 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.

This has profound implications for the understanding and management of transgender conditions. In this analysis two different approaches are considered. The first is that of the professional medical institutions and world authorities which consider both gender and sexual identities, including sexual orientation and gender identification to be *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 second is autogynephilic transsexuality which regards sexual identity, including sexual orientation to be natural variations of the human condition, which are comparable to those prescribed by the professional institutions, but considers transsexuality to be a paraphilia or redirection of male homosexuality instead[6].

That creates severe consequences, first because the presumed motives are different, but secondly because the autogynephilic approach diagnoses male-to-female transsexuality as a paraphilia instead. In addition, the management methods are almost opposite to each other. The approach of the professional institutions and international authorities consider that these conditions are driven by identification and rejection of what is wrong, while the approach adopted by advocates of autogynephilic transsexuality assume that sublimated sexual motives, which involve behaviour and desire, provide the driving forces instead. How conflicts arising from these affect other people is also different. Those which arise from personality variations are concerned with the creation of self-identity. These are internally focussed and, because of the trauma that is created, they are unlikely to encourage others to follow the same path. However, conflicts arising from paraphilias involve socialisation and interactions with lifestyle and society. These are externally focussed, and that is more likely to lead to predation and recruitment by encouraging others to follow a similar path.

This commentary has two elements. One of these is a reflection on the court action. The second element is a description of my own research. I include this research-based analysis because it confirms and supports the experiential evidence, which is used by the professional medical institutions. My assessment of the court action still stands without the inclusion of this work. Nevertheless, it serves as further confirmation of their approach.

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[5] The full explanation is given later in this account. Between the ages of two and three years, major advances in cognitive abilities are encountered. I show that there is a transition from the dominance of contagious neurological forces present from birth to those of control by cognition. Before that period identification precedes socialisation, after it the reverse occurs. Processes of identification which begin before the transition period are present from the outset. These require management methods which involve *inclusion and acceptance.* They are akin to those required for compulsions since there is nothing to replace them if they are fought or denied. However, conditions arising after the transition period can be described as paraphilias or perversions which require managing the *"distortion or disruption of an original course".* Freud made the distinctions between *inversions and perversions,* where *inversions* are present from the outset while *perversions* are the departures from an original course. Today the professional institutions classify *transsexuality* and *homosexuality* as personality variations within the normal range of development. The term *"gender dysphoria"* has been and still is used to describe transgender conditions. However, today the term *"gender incongruence"* is preferred.

[6] The word "paraphilia" is often used since it avoids the negative interpretations that the use of the word perversion in a non-clinical context creates. Both mean the *"distortion or disruption of an original course".*

Crucially it examines in how personality and identity develop during the first three years of life, and the consequences of that in later life.

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 trans 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 sex[7]. I examine these issues in this document where I show there are no such transgender attacks.

In my own 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. 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 in this response, which includes an analysis of the different developmental stages that are involved.

Although the Court judgement in the Tavistock v Bell case made it clear it was considering only the appropriateness of the use of puberty blockers and not the efficacy of any treatment, that cannot be completely true, since the appropriateness of using any drug is decided though obtaining a correct balance between the potentially harmful side effects and the natures of the condition and the treatment, or the process for which it is being administered or prescribed. Furthermore, since the case is brought in the form of a class action, no such judgement should be decided on the adequacies or inadequacies of any individual party involved in the case. I argue that in any class dispute involving the origins and natures of transgender conditions, it is surely necessary that all viewpoints must be equitably considered. In my commentary on this court action, I submit that this has not occurred.

A more extended article is available at: Gilchrist, S. (2021): *"Responsibility in Transgender Disputes"*[8].

1:1: Timescales

A second issue to be addressed concerns the timescales upon which development takes place and the stages that are involved. There have been, to say the least, multitudinous studies on how gender identity develops in children. 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 a social construct, gender identity develops much more slowly: it can appear to change, and it is only fully confirmed when puberty occurs. That has a major impact on how transgender conditions are managed. These differences have generated major disputes.

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[7] 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

[8] Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

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 the early influences are denied.

The two groups define what they mean by women in different ways. Transgender people identify women as occupying a social space in society: gender-critical groups confine the definition to adult biological sex.

1:2: Social Learning Approaches

Although these early 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 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[9]. Current radical feminist accounts of gender identity and transsexuality continue the arguments that gender identity 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 sex[10]. That is an approach taken by gender critical feminists. Thus, while one of these sides dismisses gender identity as a purely social 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 role of the gender identity as a separate entity, as we have seen, certain feminist groups deny it. There are therefore important differences in understanding that must be addressed.

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[9] Oxford English Dictionary (2d ed. (online) 1989), as accessed Aug. 22, 2010.

[10] 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/ .

1:3: Research Background and Statement of Interest

Before I continue, there are important statements I should also make. I have carried out extensive work on this topic using my experience of examining how personality and identity develop in early life, notably in circumstances where violent tribal conflict takes place. As an academic and with academic support. I have written and presented extensively to scholarly groups and others, on this gender topic. Full details and the papers I have written on my work can be found at http://www.tgdr.co.uk/articles/bibliography.htm, Although all this work is written directly for publication in peer reviewed academic journals, I am only now preparing parts of it for publication in these sources.

As this response is written as a commentary on a court case rather than a general article, I believe that the following *"statement of interest"* should also be made. I confirm that I have no connection with either party involved in this court action either before, or since the court sitting. My sole communication with the Tavistock Clinic has been before the court action, it was to ensure that they were aware of my work and to give them my permission to use it in court: I did this in an email for which I received no reply. For these reasons I do not expect any part of my work to have been included as evidence in this court action. My criticisms of what I understand to be the deficiencies of the judgement are mine alone. I also include descriptions of my work in this response because I believe that it is likely to have significant impact on the future implications of this judgement… if this judgement in its present form is permitted to stand.

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"*[11] where the view that male-to-female transsexuals metaphorically rape women's bodies is expressed. Butler[12] argues that behavioural manifestations are present prior to the existence of gender identity and a sexed body (rather than the other way around). However, she calls into question the pre-existence of any group of gender-based characteristics prior to the enforcement of a gender role. She follows 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 act[13] and all understandings of the driving forces in gender identity in these feminist narratives become associated with power and sex, masculinity and femininity, social learning and the gender role[14] [15]. Freudian psychodynamics, and by implication Butler also, consider that before the age of three little in the way of structure is understood to be created, so that development

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[11] 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)*

[12] 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

[13] 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.

[14] 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/ .

[15] 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/ .

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 formed[16].

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 are[17]. 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 concept 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-identification[18]. 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 feminism[19]. At the core of this dispute is the disagreement as to whether gender identity is a purely social construct, or if it lies at the heart of the personality that is created: All of these feminist approaches treat it as being socially constructed. Two recent articles illustrate the dilemmas that are created: Jacques, Juliet: (2020): *"Liberals need to stand up for trans rights, before it's too late*"[20], Rustin, Suzanna: (2020): *"Feminists like me aren't anti-trans – we just can't discard the idea of 'sex'* [21]

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 Koyama[22] 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 stand up for trans-women in*

[16] See section 4:2 and 4:6 in this document.

[17] 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.

[18] Hayton, D: (2020): *"Transwomen Are Men*" YouTube 20 Feb 2020 https://www.youtube.com/watch?v=PO4pFnRdC1o

[19] Jefferys, S. (2014): *"Gender hurts: A feminist analysis of the politics of transgenderism*": Routlege

[20] 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

[21] 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

[22] 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

return". Bettcher[23] and Jenkins[24] 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 addition, 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)[25]. We have seen that the two groups define what they mean by women in different ways. Transgender people identify women as occupying a social space in society: gender-critical groups confine the definition to adult biological sex.

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 women[26]. 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 our 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 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 create[27]. But 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 of the gender identities which transgender people possess.

3:0: Gender Identity

In contrast to identifying gender in line with these feminist approaches, which view it as a purely social 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

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[23] 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, ML: Rowman and Littlefield Publishers, Inc

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

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

[26] 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

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

and sexual identity 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 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"*[28], 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 is a combination of these two, elements and that also changes with time[29]. 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 correct it describes a common feeling, because all previous stages are concealed. It should also be noted that many core elements of

[28] In some work I use the term *"Gender Allegiance"* instead.

[29] Many traditional theories only recognise the existence of the gender role.

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 about 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 roles, 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

It is an almost universal belief 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 can lead to overcompensation in conforming 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 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 seeking masculine or feminine stereotypes it is about finding places where people can be themselves. Many people who do try to fight or supress 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. That these conclusions have not been followed through is a matter of regret[30]. I believe it to be a consequence of misdiagnosing and fears of transgender attacks. I comment on these later in this response.

4:0: Personal Research

4:1: Context

Many neuro-imaging research studies have attempted to find differences 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. 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 this investigation I show 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 lines[31]. 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 show 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

[30] 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/

[31] 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

cognitive abilities to be present before identities develop, but the co-ordination that is needed to be effective only becomes available between the ages of two to three years and this 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 elsewhere[32].

Position statements by the Royal College of Psychiatrists[33], the World Professional Association for Transgender Health (WPATH)[34], and others make it clear that there is no place for transgender and 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. 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. It should be noted that the approach I adopt is to use the research knowledge and experience no transgender conditions to assess the validity of the theories that are presented, rather than trying to shoehorn them not the predictions of the theories themselves.

Traditional Freudian and sexually-based approaches presume that the period of up to three years is a time of seething and largely unstructured emotions. According to this viewpoint, development from that time onwards begins as if on a blank canvas. 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

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[32] 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.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf , Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People*": http://www.tgdr.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.tgdr.co.uk/documents/218P-InfluencesPersonality.pdf and Gilchrist, S. (2013): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf.

[33] 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

[34] 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

development through the early years and are active from birth. In this approach I examine how development begins from that moment. 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 Rippon 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 formed.

4:3: Adaptation

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 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.

Through 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 formed.

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 brain[35] 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 awareness, first appears. *"Quorum Sensing"*[36] 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 imitation[37], 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

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[35]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 as 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. https://www.thescienceofpsychotherapy.com/prefrontal-cortex/#:~:text=The%20prefrontal%20cortex%20(PFC)%20is,making%2C%20and%20moderating%20social%20behaviour.

[36] 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.

[37] Wanting to possess or imitate something for its own sake without regard to reason or cause.

by the age of three. Subsequently Stoller felt forced to reduce this to below two years[38]. 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 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 others[39]. As Rippon also notes, babies are already creating in-groups and out-groups by the age of three months[40]. 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 aggression profiles and differing maturation rates[41]. 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

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[38] 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

[39] 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.

[40] 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.

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

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 classed as personality variations or disorders which have a fixed or unchangeable sense of identity that is either being accepted, suppressed, or fought[42]. 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.

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 that may be applied 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 denied. 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

[42] This is where my work on tribal identities in situations of violence has some relevance.

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 disruption is severe, but when the scope is defined, 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 wrong[43]. 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 of 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 able[44]. 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

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

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

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 two poetry anthologies[45]. 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 suppressed[46]. 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*"[47] 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.

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[45] 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

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

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

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 UK[48], 4,559 people were referred to UK Gender Identity Clinics in 2016[49], there are about 1.4 million transgender people in the United States[50], 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, where depravities such as paedophilia and attacks on gender identities are alleged[51].

In this account are considering two different approaches: that of personality variation where rejection and identification are the driving forces, or that of disruption where behaviour and desire (even if sublimated) enforce them. 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 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

[48] 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

[49] 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

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

[51] 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

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)[52]. 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 involved[53]

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 and sexually variant people[54]. 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 organisations[55]. The Royal College of Psychiatrists has issued its own statement which fully supports this view[56]. Equivalent positions are taken by the American Psychiatric Association[57] and the American Psychological Association[58]. Other international mental health organizations, including the World Health Organization have followed[59]. All these organisations are signatories to the

[52] World Professional Association for Transgender Health (WPATH) https://www.wpath.org/

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

[54] 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.

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

[56] 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

[57] APA Sexual Orientation and Gender Identity Statement: http://www.apa.org/helpcenter/sexual-orientation.aspx

[58] APA Policy Statements on LGBT Concerns http://www.apa.org/pi/lgbt/resources/policy/ http://www.apa.org/about/policy/sexual-orientation.pdf

[59] 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.

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 bodies[60]. 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.

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 demand[61].

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."*[62] That leaves

[60] The guidelines can be downloaded from this website: https://www.wpath.org/publications/soc

[61] For personal reasons I have not availed myself of these or other medications

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

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 proves the theories and determines 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 used[63].

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 Rippon[64] in her neurological studies. Others, including Butler[65], associate 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 the development of gender and sexual identities, notably during the first three to four years of life. 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. 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. This 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

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[63] Langer, S.J. (2019): *"Theorising Transgender Identity for Clinical Practice*" Jessica Kingsley Publishers ISBN-10: 1785927655 ISBN-13: 978-1785927652

[64] See section 4:2 and 4:6; onwards. Also, section B:5 "Feminism and Male to Female Transsexuals" in Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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)

[65] See section 2:0 onwards.

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 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 transexuals 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 social construct, or does it lie at the heart of the personality that is created? For those who argue that gender identity is purely a social construct, the issue is one of male domination and power over women. From this perspective, those male-to-female transexuals who identify as women are understood to erase women's identities and attack women's sex-based rights. This does not mean that they are necessarily antagonistic to transgender people. The argument is that social conditioning creates boundaries that cannot be crossed. The definition that a woman is *"An adult biological female"* is the only one permitted. No other definition is allowed.

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 this account I also distinguish 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 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, disruptions or sublimations 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.

8:0: Opposing Arguments.

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"*[66]. 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""*[67]. On the advice given to schools on the *"Impact of Teaching Gender Identity to Children"* Transgender Trend states *"Transgender organisations such as Gendered Intelligence*[68]*, GIRES*[69] *and Allsorts Youth Project*[70] *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*[71]*".* 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 previously described. My paper on *"The Safeguarding of Transgender Children*", referred to earlier, also challenges this approach[72].

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

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[66] "*While sex (male/ female) is an immutable biological reality, gender (masculinity/ femininity) is understood as a social construct which changes through history and according to societal norms. Conversely, the American Psychiatric Association (APA) who produce the guidance upon which NHS practice is based, describes gender identity as: 'a category of social identity (that) refers to an individuals' classification as male, female or occasionally some category other than male or female. It's one's deeply held sense of being male or female, some of both or neither, and does not always correspond to biological sex' As such according the APA & NHS gender identity is unverifiable and yet considered to exist independent of both gendered socialisation and biological sex. There is no scientific basis for the idea of innate deeply-held sense of gender".* https://www.transgendertrend.com/current-evidence/ See also *"The Pink and Blue Brain Myth":* https://www.transgendertrend.com/brain-research/ [All accessed 2020]

[67] Transgender Trend: https://www.transgendertrend.com/

[68] Gendered Intelligence: http://genderedintelligence.co.uk/

[69] GIRES: https://www.gires.org.uk/

[70] Allsorts Youth Project: https://www.allsortsyouth.org.uk/

[71] GD - Gender Dysphoria

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

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)"*[73]*.* 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 elsewhere[74]. 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 desires[75]. 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".* In this ideology, sexual orientation, is classified as an intrinsic and unchangeable element of biological sex. The concept of gender identity is dismissed as being unreal or an undefinable social 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 paraphilia 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 paraphilias or disruptions instead. This has major implications for how these conditions are managed, including when approaches to *"conversion therapy"* are involved. 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 which is identified with, with the terms *"Gender*

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[73] 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/

[74] I also discuss this extensively in Responsibility in Transgender Disputes::Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

[75] *"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.

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"*[76] (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 am addressing in this response 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 the earlier transitions and processes I identify in terms of individual personality development are dismissed, disputed, or ignored[77]. While Butler accepts the need to accept transgender people, 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 which take place during the first three years are ignored. That disregard for the early development is a common theme in these feminist approaches.

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 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 ignored[78].

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[76] Gilchrist, S. (2021): *"Responsibility in Transgender Disputes*": http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf:

[77] 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.

[78] I also discuss this extensively in Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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) 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.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf

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 both[79]. 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 reinforced[80]. 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[81]"* 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"*[82]. 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. Mitchell[83] for example gives a comprehensive account of this in his book[84].

This means that it is Joel et at themselves, who discredit the interpretation which these gender critical feminist groups place on their work. Also: rather than looking at neural

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[79] 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 2015DOI: 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".*

[80] 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

[81] 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]

[82] 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

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

[84] I also discuss this extensively in Responsibility in Transgender Disputes::Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

activity, examining neural interconnectivity may be a more appropriate approach[85]. Standard handbooks such as that on: *"Sex Differences in Neurology and Psychiatry"*[86] 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 research[87].

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, 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. 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 to 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 still 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 stood[88]. Nevertheless, groups like *Transgender Trend, Fair Play of Women, A Woman's Place and* the *LGB Alliance,* still pursue Zucker's approach. Accepting the concept that gender identity is more than a social construct and that it is at least in some sense innate, invalidates the gender-critical feminist approaches. Choosing this theory means that the mantra which is adopted by gender-critical feminist movements, that gender identity is a purely social 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

[85]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

[86] Lanzenberger, R.; Kranz, G.S.; Savic, I.: (Eds) (2020): Sex Differences in Neurology and Psychiatry" Handbook of Clinical Neurology Volume 175, 2020

[87] 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/ .

[88] See section C:11: "Conflicts", in :Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

gender which is cited above. Yet in the arguments presented by 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, a threat to women's identities, and the 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,*"*[89] which is taken to mean that transgender conditions arise because of the internal traumas that people must deal with[90]. 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 face[91]. 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 groups[92].

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 respectively[93]. 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 sprit and the letter of the existing law*". The analyses presented in these reports are interpreted in ways which

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[89] 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."*

[90] Section D:5: Sources of Trauma, in :Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

[91] Section D:4: Suicides and Attempted Suicides, in :Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

[92] 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

[93] 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

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 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*"[94] 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 elsewhere[95].

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 papers[96]. 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 Act[97]. 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 because of the allegations of the transgender misdemeanours described 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 role[98]. That claim is supported by taking the proportion of prisoners who self-identify as

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[94] 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]

[95] 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

[96] Gilchrist, S. (2019): *"Divisions: Self-Declaration and Gender Variant People"*: http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf
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)

[97] 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

[98] 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

transgender[99] and applying it to the total transgender population[100]. 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 19% of the sentenced prison population and 0.0411% of the general male population[101]. 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[102] [103]. 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.[104]

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 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 social 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:

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[99] 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.

[100] Section D:10: Crime, in :Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

[101] 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

[102] *"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/

[103] 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.

[104] 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/

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.

The characteristics of the resulting trauma will depend on the nature of the driving forces behind them. 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 occur[105]. That appears to fit the experiences of Kiera Bell in the Bell v Tavistock court case better than arguments based on predation and desire advocated by gender-critical groups[106]. Lisa Marchiano[107] 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 predict[108].

The quoted rates of de-transitioning vary widely. Many gender identity clinics and other bodies quote a transition regret figure of less than one percent[109]. The 2015 United States Transgender Survey[110] 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 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 taken[111] and figures consistently remain around this level. Clark-Flory[112] 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:*

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[105] 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

[106] 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

[107] Marciano, l. (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/

[108] D:8: Transition Counselling and Advice, in :Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

[109] D:7: Transition Regret, in :Gilchrist, S. (2021*): "Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.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).

[110]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]

[111] Landén, M., Wålinder, J.,Hambert, G. Lundström. B: (2007) "Factors predictive of regret in sex reassignment" *Acta Psychiatrica Scandanavia* 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

[112] 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/

Prevalence, Incidence, and Regrets" reports a 2.2 percent regret rate over this extended period for both sexes[113].

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 these[114]. 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-transition[115]. Butler and Hutchinson make a clear call for more empirical research[116]. Entwistle describes some of the current concerns: which include the use and misuse of social media and the reliability of information[117]. D'Angelo et al describe some of the issues encountered: particularly before surgical or medical intervention takes place[118].

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. What is seen as compassion by one side is automatically condemned as coercion by the other. 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 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.

8:4 Puberty Blockers

We have already noted that the management methods for personality variation and personality disruptions are almost opposite to one another and it is essential to get the management methods correct. Puberty blockers can be tools which are used to manage transgender conditions. Giving puberty blockers in what is defined as a paraphilia or a disruption where

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[113] *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.*

[114] 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]

[115] 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.*

[116] 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.

[117] 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

[118] 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

the driving forces behind it are behaviour and desire will be expected to have an intensifying effect since it increases the disruption the alleged perversion creates. The freedom of choice is diminished. This is most likely to increase the strength of the drive to proceed to the next stage, where cross-sex hormones are offered. The presumption that transsexuality is a personality disruption is reflected in the judgement of the court in the Tavistock v Bell case, where it is noted that the progression from puberty blockers to cross-sex hormones almost invariably takes place. However, this argument is predicated on the diagnosis of disruption that is made and the assumption of the court that people do have this freedom to choose from the time when puberty occurs.

However, in line with the analysis I present and the professional institutions it is argued that they should be treated as personality variations instead. The nature and extent of the choices available differ greatly from this when transgender conditions are treated as personality variations, and where the core gender identity is established unchangeably very early in life. In this case 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 the potential catastrophes, which are created by what is a compulsive demand. In this instance, denying access to puberty blockers when they are clinically needed increases the trauma, and decreases any possibility of choice. Continued denial leads to loss of control and potentially catastrophic collapse. This has led to the adoption of the affirmative management approaches that are endorsed by the professional medical institutions and international organisation. The American Psychiatric Association which takes the worldwide lead role in these matters now confirms that it is the only method approved. I describe this type of approach in section 6:0: and in my paper on *"Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality*"[119].

For children who from very early on reject the gender identity assigned to them, offering puberty blockers is unlikely to change the direction of travel. In place of this, the aim should be to build an approach of acceptance and inclusion which calms the compulsive demand. Therefore, the aim is not to deny, encourage or prevent change. Instead, it should aim to make the opportunity of 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. I have already discussed this approach in section 4:10. It is also the approach adopted by the professional institutions. This requires self-acceptance and self-esteem to be created together with ways of calming the dynamics, while avoiding obsessions about cause. If the right senses of inclusion, acceptance and understanding is created, and if ways are found for accepting, welcoming, and living with the condition, change may be less likely to be needed, and perhaps not at all[120]. If it is clinically judged necessary to offer puberty blockers, these should be offered before the conflicts become too strong.

Although some people reject the gender identity assigned to them from earliest times, for others, this only explodes into conscious awareness in later years. This is often when puberty occurs and, as well as calming the drive for rejection, other social adjustments must be made. As I have shown in the previous sections, 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

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

[120] This reflects my own experience. See: Gilchrist, S. (2015d): "*Living with Difference":* http://www.tgdr.co.uk/documents/208P-LivingWithDifferenceFinal.pdf

large swings of intensity to occur. Offering puberty blockers at a relatively early stage may be needed to create the calmness that allows this journey of exploration to begin. However, I would argue that the progression to cross-sex hormones or irreversible procedures should not proceed until the end goals are encountered and stability is achieved.

In this court action the claimants are alleging that misleading information was given to Kiera Bell by the Tavistock Clinic. What that advice should is crucially dependent on adopting the correct understanding of transgender conditions. The decision to prescribe any drug is always one of balancing the possibility of harmful side effects against the benefits it brings. In my work I have shown that transgender conditions should be managed in the same way as compulsive demands. However, that requirement has not previously been recognised, and time has not been allowed for adjustments to be made. The most common complaint from those who have transition regret, and from those who treat them, is that they have received inadequate counselling and advice. That in most cases (but not in all) has been due to the lack of understanding about the origins of transgender conditions, the concern that clients will self-medicate if what is demanded is not offered, and the pressures placed on the clinics by those who approach them to fulfil these demands. However, some may not be willing to listen to counselling offered by the clinics and are determined to embark on transition regardless of what is offered or said. The early offer of puberty blockers may give the calmness that is needed to begin true exploration, but as I note above, no irreversible changes should take place until sufficient time has passed for that journey of exploration to be made.

At issue is the question is do puberty blockers act to deny a choice by promoting an action, or do they provide a delay, so that the freedom to choose is maximised and the most equitable decisions can be made? The court has decided in favour of the former. However, that implies an approach which I believe misdiagnoses and mismanages the condition. When transgender conditions are instead diagnosed as personality variations, the core gender identity is established very early in life. In that sense a choice has already been made. Thus, the offer of puberty blockers should be for those most likely to go on to transition, so that the maximum freedom of choice within that framework can be obtained.

It is crucial for any court who is engaged in a judicial review to be offered impartial advice. I would submit that the evidence presented by Transgender Trend does not do this. As I read the judgement, I believe that the court has only accepted the evidence produced by Transgender Trend and like organisations and has disregarded the affirmative approaches endorsed by the Professional Institutions and the international bodies. In addition, I offer my own insights and research into the origin and nature of transgender conditions which has not previously been available. For these reasons. and because I believe that the court has inadvertently taken one side in what is a toxic dispute, I argue that this judgement should be reviewed or set aside.

9:0: Impact

No discussion on this topic should take place without considering the gross discrimination and threats of abuse, domination, and violence from men that all women face. We have already seen the figures, 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, which over millennia have been present. The description that *"Transgender women are women"* is not one for male-to-female transsexuals to impose, it is for all women to give, and that demands that total respect, care, and concern. The full acceptance of where each sex is coming from must always be welcomed. It must also fully recognise all the dangers that women face. The justification for

any theory must depend on the experiential evidence. That is available through the many clinical assessments that have been made. However much of this is ignored or disregarded in what has become a toxic dispute,

There is not a level playing field. People disrupt gender for many reasons, and this is not just about the gross discrimination that all women face. It is also about the consequences of male violence, physical and psychological abuse, also the very real concerns about women's safety on the streets. To seek to diagnose transsexuality as a paraphilia, or disruption, to present transgender people as agents of their own misfortune, to have delusions about changing physical sex, to argue that male-to-female transsexuals engage in the same rates of sexual abuse as their gender conforming male counterparts, (as we have seen in section 8), does not just deny the legitimacy of transgender identities, it puts them into the same categories of gender conforming men in the pursuit of violence and sexual abuse. That contradicts the diagnoses of the professional institutions, where the search is for identity and fulfilment in role.

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. 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. Thus, any attempts to exclude transgender people from the same protections against conversion therapy are unjust and unethical. That is confirmed in the *"Memorandum of Understanding"* produced by all the medical and psychiatric institutions in the United Kingdom who are concerned with transgender issues, together with other authorities on a worldwide basis.

Clearly biology plays a supremely important role in how men and women are treated in society. However, 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. The two groups also define what they mean by women in different ways. Transgender people identify women as occupying a social space in society: gender-critical groups confine the definition to adult biological sex. However, many in the feminist movement do not take this particular gender-critical approach. Thus, recognising this transgender history should help defuse some of the battles that are being fought. I would argue that the way in which people distinguish men from women is 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.

10:0 Court Actions and Childhood Development

Regardless of the results of my analysis we have seen that there are two approaches to transsexuality that must be considered. That of the professional institutions and world authorities, and the other presented by gender-critical feminist groups. The approach of the professional institutions is encapsulated in the memorandum of understanding and equivalent statements issued jointly by all the professional medical institutions in the United

Kingdom, which regards transsexuality as a personality variation, where the underlying core elements of gender identity become unchangeable very early in life. However, the approach presented by the gender-critical feminist groups avoid any discussion or analysis of how personality and identity develop during the first three years of life. It is assumed that much more gradual patterns of development are followed, with gender identities becoming established at a much later stage. Yet that early period is crucial for the development of personality and identity, and I show that this approach is directly responsible for the misdiagnosis of transgender conditions.

Following the approach of the professional institutions, transsexuality must instead be treated as a personality variation, and methods of management which are akin to compulsions must be used. That demands acceptance and inclusion. If it is instead treated as a paraphilia or a perversion then the approach that is taken should be one of eliminating the effect of the disruption or resolving it, so that a normally expected path can be restored. These methods are almost opposite to one another, and great harm can be done if the wrong one is applied.

There are therefore two very contrasting pathways to be considered. Any objective analysis and evidence presented to the court should encompass both. However, the approach adopted by Transgender Trend and the gender-critical feminist groups do not do this. The approaches adopted by the professional institutions along with all others is condemned with statements such as those quoted in section 8: "*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".* The casting of slurs means that the opportunities for objective and impartial analyses are denied.

For the treatment and management of children it is essential that the correct diagnosis is made. That also demands a full recognition of the timescales over which the development of gender identity takes place, and the differences that are encountered. Although the Court in the Tavistock v Bell case made it clear that it was only considering the impact of puberty blockers and that it was not identifying any medical diagnosis in its judgement, its intervention in these management procedures effectively has done that by arguing that independent choices can be made up to and through puberty: thus, only one diagnosis has been applied.

By relying on the work of Butler and the nature of the evidence presented by Transgender Trend, from its evident disregarding the interpretations of world authorities, through the apparent failure to take account of the statements and the Memorandum of Understanding jointly produced by all the relevant United Kingdom professional medical institutions, I believe that the court has been misled and a misdiagnosis has been made. The situation which now exists; means that the permission of a Court must for all practical purposes be sought if Gender Identity Clinics and others seek to use puberty blockers as part of a recognised course of treatment for transgender children and youths.

If any court is to use its authority to override the medical judgement of any gender identity clinic or of any competent medical practitioner, it must have the knowledge, competence, and impartiality to do so. If any judicial review is not to be flawed, then I argue that even greater degrees of knowledge, impartiality and competence must also be applied. I believe that this knowledge, impartiality, and competence has not been applied in the Tavistock v

Bell case. Therefore, I argue that the results of this judicial review in the Tavistock v Bell case should be set aside.

 12 March 2021