COMMENT

Trans activism is sexist and delusional

By denying science, the medical profession is committing some of the worst moral crimes in modern times. It must end

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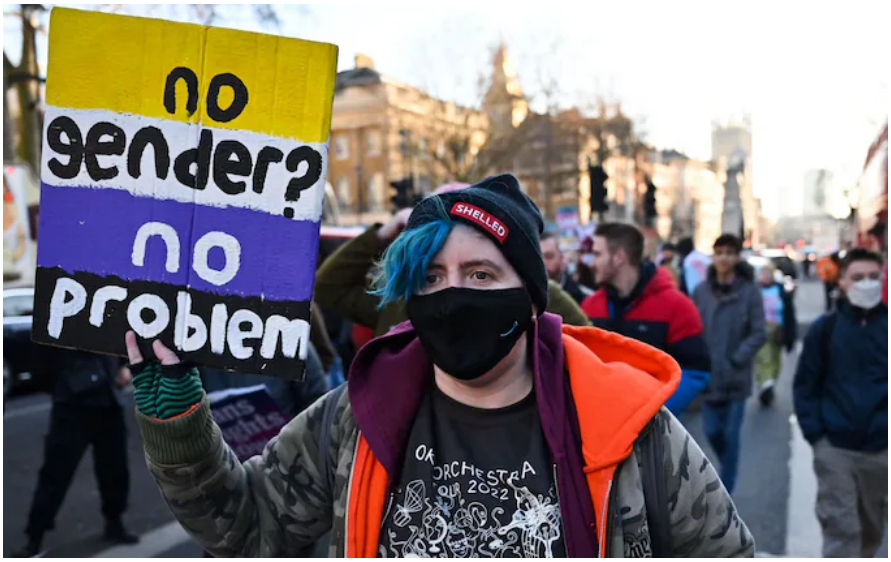

Demonstrators in London marching in support of trans rights and the Scottish gender reform bill | CREDIT: JUSTIN TALLIS/AFP

What is a woman?

A defining question of our times, and the title of a now infamous documentary indicating the breadth of the political chasm dividing us here in the West.

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Let's start with the basics. Sexual differentiation, on the biological front – where the whole woman/man dichotomy originates, after all – happened two billion years in the past, long before nervous systems developed a mere 600 million years ago. The brute fact of sexual dichotomy was already a constant before even the basics of our perceptual, motivational, emotional and cognitive systems made their appearance on the cosmic stage. Thus, it could be argued that sexual differentiation is more 'real' than even 'up' or 'down', 'forward' or 'back'– more so than pain or pleasure – and, as well, that its perception (given the necessity of that perception to successful reproduction) is key to the successful propagation of life itself.

The fact that such perception and sex-linked action was possible even before nervous systems themselves evolved should provide proof to anyone willing to think that the sexual binary is both fundamental objective fact and primary psychological axiom.

There's more: sexual differentiation is observable at every level of biological function. Sperm and egg are sexually differentiated; the 40 trillion cells that make up the human body each have a nucleus containing 23 paired chromosomes. Every single cell (with some minor exceptions) in a woman is female, and every single cell in a man male.

Physiological differences between the sexes, in addition to those that obtain at the cellular level, are manifold. Human males and females differ, on average, in hormonal function, brain organisation, height, weight, strength, endurance, facial features and patterns of bodily hair, to take some obvious examples. But the differences are not limited to the physical. Men and women differ enough in temperament so that they can be distinguished with about 75% accuracy on that basis alone. If differences in interest are taken into account, that distinction becomes even more accurate. Such temperamental and interest differences are also larger, not smaller, in more gender-neutral societies, a strong indication of their biological basis.

Identity is not subjective

The claim of the so-called "progressives", however, is that feelings alone are sufficient to define personhood. This claim is simultaneously ignorant, preposterous and malevolent. Even if biology was ignored entirely, identity is r
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means that every person must, by the very nature of being human, adopt a way of being that he or she cannot entirely choose. The blatant fact of the existence of others and the brute realities of the objective natural world require careful adaptation: the careful negotiation of identity.

To socially integrate, it is necessary for us to adopt, voluntarily, and at an early age, a plethora of shared frames of reference and patterns of action, precisely so we render ourselves acceptable and desirable to others. Children who demand that other children play only the games they insist upon are not popular children. A good game is, by definition, one that others genuinely and freely want to play. This simple fact has everything to do with the pragmatic reality of identity.

A sane person is not one who is merely well-integrated psychologically (who has their act together, who is calm, cool and collected, who is "self-actualised,") but someone who is well-situated in a subsidiary nesting of social organisation. Sanity is not something internal, but the consequence of a harmonised social integration.

Communal "rules" – really, the principles that govern the social world – have a reality that transcends the pretences and fictions of mere childhood play. It is difficult to be sane in the absence of a stable intimate relationship (even though such partnerships can also, upon occasion, produce a serious threat to sanity). It is likewise no simple matter for a given couple to remain sane without benefitting from the continual and mutually-transforming information flow that is part and parcel of immersion within a broader family. That could be children, but also the network of siblings, parents, aunts, uncles and cousins that make up an extended network. Furthermore, a couple embedded in a familial network also needs to be surrounded by friends, so that any pathologies that might be family-specific can find their corrective antithesis in the broader social network.

These networks, in turn, are only sustainable in the presence of a broader community – perhaps a neighbourhood or town or city – that is also organised on the principle of voluntary participation and mutual reciprocity. The same applies to the relationship between town or city and state, and then state and country – and, at the highest social level of abstraction, to whatever minimal international arrangements must be made to all

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that allows for the integration of individuals into a hierarchy of social being. Sanity is also not mere subjective "happiness" or even the slightly more profound "absence of suffering (fear and pain)" but the sense of harmony that prevails when individual, couple, family, friends, town and nation are all functioning together toward the same end and for the same and voluntarily-accepted reasons.

The perversion of the psychological profession

This essential truth – that subjective feeling does not and cannot define identity – is now being willfully ignored by those who have a duty to know better.

The American Psychological Association and other ideologically-captured professional bodies have recently claimed that "gender-affirming" care constitutes the proper clinical standard. Furthermore, under the deceptive guise of anti-"conversion-therapy" legislation, this so-called standard has been rendered something legally required.

This is a problem so serious that it threatens not only the utility and integrity of both the clinical and medical professions, but the stability of society itself.

Subjective feeling is not a negotiated identity of the sophisticated and socially-integrated form. It is instead, something akin to raw emotion – something shallow, impulsive, and mutable; something that does not iterate well, in its hedonic excesses, across social situations or time. Thus, those who argue that that emotion (in its most short-term manifestation) must be, ethically and by law, the determining measure of "identity," of clinical and medical practice, and of legal personhood, are insisting with force on the adoption of an idea as imprudent and immature as can possibly be conceptualised.

I mean that technically. A two-year old, as of yet incapable of mature social play, is governed by nothing but the whim of immediate emotion and motivation. Two-year olds cannot play well with others. They define their own reality. Like Moses' God, they claim, omnisciently, "I am what I am" and insist anti-socially that all others abide by their subjective fiat.

Unsophisticated, hedonistic radicals have therefore imposed a theory of identity, backed with the force of law, that makes mandatory the immature toddler's way of conceiving of and acting in the world.

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measurement than any other social science (perhaps more than any other science, full stop). Well-trained psychologists, abiding by the ethical standards of their profession, know full well that any clinical phenomenon must be measured in multiple distinct manners. This means, for example, that "subjective self-report" (the hypothetical feelings of a given client or research subject) must be considered, at best, one form of evidence – and could even be relied on in isolation if all other forms prove impossible to obtain –but should never be considered sufficient if additional information can be gathered.

When properly diagnosing anxiety or depression, for example (the core emotional manifestation of most psychological problems), a clinician or researcher might ask a client or subject about his or her "feelings," inquiring into the full range of potential emotional experience, but is required to do an even better job of that by utilising a validated and reliable measure of emotional response, so that all possible emotions are sampled and no bias is introduced into the diagnosis. That might be accompanied by experience logs: a client or subject might be asked, for example, to rate his or her mood once an hour for two or three weeks or some other time period so that the full nature of the relevant emotional experience might be assessed.

Diagnosis is only appropriate when multiple divergent measures of the phenomenon in question converge in their findings.

This is an unquestioned tenet of proper clinical practice, although the APA and the other professional organisations that hypothetically regulate such things have thrown that all out the window in their rush to validate subjective feeling. This is unethical in the extreme, by the standards of practice simultaneously insisted upon by the same organisations. It is simply not appropriate for clinicians to rely solely on the subjective reports of their clients or research subjects. It is in fact clear malpractice for them to do so – and that malpractice is heightened in its unethical pathology when it is further insisted that subjective self-report is not only sufficient but necessarily trumps all other actual and potential sources of evidence.

Anorexics and bulimics are not too fat despite their belief in their own overweight status. Those who are suicidal do not deserve or have a right to their own death merely because they are depressed and feeling useless to the po
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Paranoid people are not being persecuted by the CIA. Schizophrenics with religious delusions are not the holy figures they imagine themselves to be, and manics are not correct in their assumptions of grandiose destiny. Period. The end. And any therapists who beg to differ – or who are insisting that all that may be true but somehow does not apply in the case of "gender dysphoria" – have abdicated their professional responsibility and are violating the deepest ethics of their profession.

This is particularly true when those offering the subjective self-report are children, whose testimony in relationship to self must be considered in light of their comparative immaturity and limited knowledge of self, past, present and future.

Deluded elites

There is a condition – Munchausen syndrome – that drives those in its grip to present a variety of imaginary symptoms to a veritable array of different physicians. This syndrome culminates in its more extreme forms in subjugation on the part of its sufferers to multiple unnecessary surgical procedures. It may well be that in some cases the terribly afflicted people who manifest this disorder have something (physically) wrong with them that is driving them beyond the edge of sanity, but the condition is generally regarded as a form of narcissistic attention-seeking.

There is also a variant, known as Munchausen-by-proxy, where a parent will claim that a variety of symptoms characterises her child (the perpetrator is almost always the mother), who will then be subjected to the consequent plethora of medical interventions. The mother gains, in consequence, the time and attention of qualified, high-status medical professionals, and the pleasure of their martyrdom to their child's hypothetical illness. This is something typically desired by extreme narcissists.

The egotistical maternal claim is, essentially: "Look what a wonderful person I am – subjugating my own needs and wants to that of my child, caring so much that I put his or her health and psychological well-being first and foremost, sacrificing everything to the demands of such care."

Politicians and, more generally, trans activists and their "allies" pushing the gender-affirmation agenda are doing the political equivalent, in a non-parental and non-

insisting in the most shallow and self-aggrandising manner possible that their vaunted compassion is so comprehensive that whatever a child says goes – including the desire for extreme surgical alteration (castration, hysterectomy, phalloplasty, vaginoplasty, etc.). In the most extreme situations, that means children enticed to "socially transition" while still toddlers, and early-stage teenagers subjected to, among other surgical mutilations, double mastectomy (13 years old, in the case of Layla Jane; 15 years old, in the case of Chloe Cole, both now suing Kaiser Permanente in the US – and this follows a spate of such lawsuits in the UK, many focusing on the disgraced Tavistock clinic).

Here's a specific and telling example: a corporate president in the US claimed last year that she had a trans child and a separate "pansexual" child. She was applauded by many. But it's almost a statistical impossibility. Before the gender dysphoria psychological epidemic swept the West, the condition was very rare. Even now, its prevalence is estimated at something approximating one in a hundred, or one per cent. Historically, according to the standards of the *Diagnostic and Statistics Manual* (5th edition) it was more something approximating one in ten thousand for males and one in a hundred thousand for females.

Thus, the odds of having a "trans" child for any given mother is certainly no more than one percent, and might be as low as one-tenth or even one-hundredth that. But let's give the devil his due and assume the former. Now, whatever "pansexual" might also be, it's certainly rarer, given that the concept or category didn't even exist five years ago. But, once again, we'll assume – generously – one percent.

Collectively, that would mean that the joint probability that any given mother will have two children, one of whom is trans and the other pansexual, is one percent times one percent, or one in 10,000 (and could well be as low as one in 100,000,000, if the lower estimates of gender dysphoria prevalence are valid).

Draw your own conclusions from that analysis.

The ultimate in sexism

We now have a situation where any male (we'll concentrate on males, now, for the sake of example) who claims to be female, no matter how young, is not only en
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But it gets worse. What makes a man who says he's a woman a woman, now? Well, the demand, in the extreme, on the transition front, is so-called "bottom surgery" (a particularly reprehensible euphemistic coinage to mask the severity and irreversibility of a truly horrifying procedure). "Bottom surgery," to be clear, means in the case of males castration and the inversion of the penis to make a hole to allow or encourage a form of post-surgical pseudo-sexual intercourse.

These surgical procedures are hypothetically done in the name of liberation. However, about 80% of children suffering from gender dysphoria would grow up gay, according to the best stats generated before the gender dysphoria epidemic manifested itself. This means that 80% of boys castrated and given a false vagina are gay.

Despite all this, the President of the United States himself has said that state laws restricting pediatric sex reassignment (such as those recently introduced in Florida) are "terrible" and "close to sinful," while his Vice-President, Kamala Harris, has recently sent an official note of congratulations to one Dylan Mulvaney, who has made a career parading himself and enticing young children down the pathway to sterilisation and surgical mutilation.

Such facts should in and of themselves give pause to anyone who thinks that the LGBTETC coalition is a genuine community of shared interest. And let's not forget for a moment that the world capital for sexual conversion surgery is Tehran, as the mullahs in their wisdom have determined that "trans" is acceptable on religious grounds (so a man can be a woman) but gay is not.

This is what being a "woman" has come to. What constitutes "female" has now been reduced to "any human with a hole, however produced, that a man can use as a substitute or replacement for masturbation or dyadic intercourse." That definition is the ultimate in sexism. That is far and away a more reductionist and derogatory conceptualisation of woman than anything previously foisted on women by even the most oppressive of patriarchal and misogynistic tyrants.

Holding people accountable

The use of puberty blockers, hormone treatment, and surgical intervention on confused children is one of the worst moral crimes that clinical counselors and physicians ha
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malpractice, unconscionable and unforgivable. What happened in the UK at the Tavistock clinic was a travesty. To dub it "bad science" is to barely skim the surface. What is happening in the name of narcissistic compassion has crossed the line from self-serving ignorance to the outright felonious.

There is simply no excuse whatsoever, clinical, ethical, political or medical, for this outrage to continue. We are going to look back on this period as another epoch where a form of contagious insanity took hold in multiple forms. First, the trans epidemic itself; and second the epidemic of enabling false virtue, masquerading as compassion that impels those who should know better to insist on the surgical mutilation and sterilisation of children to further terrible claims to a non-existent moral propriety and depth of "care."

This has to stop, and the perpetrators held responsible. There is every bit of evidence available to suggest that sex is not only immutable, but fundamentally binary, and that the perception of such is as fundamental as any perception conceivable. There is simply no excuse for counsellors and physicians to validate the claims of all-knowing subjective identity put forward by the gender radicals and their "allies." There is no evidence whatsoever that minors have the wisdom to grant truly informed consent to those delusional and greedy enough to offer them an enticing physical solution to their primarily psychological problems.

There *is* sufficient evidence to assume that enabling such behavior – even promoting it – has already caused a psychological epidemic among confused young people, whose intensity is still mounting and spread still increasing. There is no data indicating that early transition is in anyone's best interest, and plenty to suggest that "first do no harm" is the proper course of action when dealing with children who are expressing bodily dysmorphia. The counsellors who refuse to grant credence to this multitude of claims are lying; the physicians and surgeons who rush forward to offer serious and irreversible intervention when mere delay resolves 90% of the cases are acting in no one's interest but their own (as was clearly the case with the Tavistock clinic).

Enough truly is enough – and there has already been plenty more than enough.

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