

**Submission
No 67**

**INQUIRY INTO EDUCATION LEGISLATION
AMENDMENT (PARENTAL RIGHTS) BILL 2020**

Name: Associate Professor Margaret Harper McCarthy

Date Received: 7 March 2021

Submission for the Parliamentary Inquiry into the Education Legislation Amendment (Parental Rights) Bill 2020

By: Margaret Harper McCarthy - Associate Professor of Theological Anthropology at The John Paul II Institute for Studies on Marriage and the Family at *The Catholic University of America*.

Editor, *Humanum Review*

Dear Sirs/Mesdames,

I am addressing you in advance of your discussion of the Education Legislation Amendment Bill 2020 banning the teaching of “gender fluidity” in schools. I am a theologian and a philosopher. My scholarly focus is on the family, feminism, and gender theory. Most recently, I have contributed to the discussion on gender and law in the United States, especially leading up to the Supreme Court case *Bostock vs. Clayton County*. I was one of the principle authors of an *amicus brief* for that case.¹

The concept of gender is a construct that exists to hide the naked evidence of the concrete reality staring us in the face so as to replace it with an abstract “identity” based on feelings, imaginations, or arbitrary choices. It serves nothing less than the “the knowledgeable dismissal of [the visible]” to use the words of Hannah Arendt, describing what she took to be an essential feature of modern ideology in all its forms.² In this case, it would dismiss the most evident fact about us, that fact upon which the human species depends for its very existence: the fact of being generated and being capable of generating others of our kind. Introducing gender ideology to children and adolescents therefore would amount to the worst form of educational malpractice by those whose very task is the introduction of children to reality.

The term “gender,” in its current use, dates back to the 1950s and 1960s when it was coined to name something *other* than “sex,” “gender” being an “identity” and “sex” being a mere

¹ Cf. “Brief of Scholars of Philosophy, Theology, Law, Politics, History, literature, and the Sciences as *Amici Curiae* in Support of Petitioner,” August 22, 2-19. https://www.supremecourt.gov/DocketPDF/18/18-107/113249/20190822143850673_18-107%20Amici%20BOM%20Scholars%20et%20al--PDFa.pdf

²Alain Finkelkraut, *In the Name of Humanity: Reflections on the Twentieth Century*, trans. J. Friedlander (New York: Columbia University Press, 2000), 60.

biological substrate.³ Until then, the two terms were used synonymously to refer to the bodily distinction by which individuals of a species generate.⁴ Both terms, therefore intended the *whole concrete individual*, who was male or female. The more recent coinage began to be used by psychologists and psychiatrists working with people with rare disorders of sexual development at the physiological level, where the symptoms were chiefly ambiguous appearing genitalia.⁵ It was thought that a “gender role”—now called “gender identity”—could be inculcated in a child through upbringing, following a surgical “sex re-assignment.”⁶ The psychologist John Money, the first and most famous of these practitioners was essentially putting into practice, in the arena of sexual difference, the dualism famously derided by British philosopher Gilbert Ryle as “the dogma of the Ghost in the Machine.”⁷ On the assumption that a male or female “gender role” (or “identity”) was arbitrarily related to the actual sex of a child, it could thus “inhabit” a body (the “machine”) of either sex, equally. A male child whose genital organs were surgically removed, then raised as a girl, could indeed “be a girl.” In fact, Money extended this theory about “gender” to all children, hypothesizing that every child was, psychosexually speaking, neutral at birth, a *tabula rasa* on which a “gender role” could be impressed with the right environmental influences.⁸ Thus, the “gender role” would be either “aligned” with a given body or not as the current fashionable pre-fix “cis” now means to suggest. As it happens, Money’s interests far exceeded the treatment of rare anomalies in sexual development. He also sought to

³ On the recent bifurcation of the two terms *as distinct*, see D. Haig, “The Inexorable Rise of Gender and the Decline of Sex: Social Change in Academic Titles, 1945-2001,” *Archives of Sexual Behavior*, Vo. 22, No. 2 (April 2004) 87-96.

⁴ This was the case whether in reference to individuals, as is the case with both terms, or, grammatically, in the case of “gendered” nouns. Cf. *The Oxford Dictionary of English Etymology* ed. Charles Talbut Onions (Oxford: Clarendon Press, 1966).

⁵ One of the first known uses of “gender” is found in the article by John Money, “Hermaphroditism, gender and precocity in hyperadrenocorticism: psychologic findings,” *The Bulletin of the Johns Hopkins Hospital*, 96 (1955): 253-264. Haig writes “The beginnings of this change in usage can be traced to Money’s introduction of the concept of ‘gender role’ in 1955” (“The Inexorable Rise of Gender and the Decline of Sex,” 87).

⁶ Cf. John Money, J.G. Hampson, and J. L. Hampson, “An Examination of Some Basic Sexual Concepts: The Evidence of Human Hermaphroditism,” *The Bulletin of the Johns Hopkins Hospital*, 97 (1955): 301-319. Cf. Robert Stoller, *Sex and Gender* (New York, Science Houses, 1968).

⁷ Gilbert Ryle, *The Concept of Mind* (University of Chicago Press, 2000): 15-16.

⁸ Money, “An Examination of Some Basic Sexual Concepts,” 309.

overcome taboos against incest and pedophilia,⁹ promoting the use of pornography in education,¹⁰ and sex play for children, the latter of which he enjoined on his own young patients as “treatment.”¹¹

Money’s experiments with patients only showed how little his theory about gender corresponded to reality. This was especially evident in the outcome of his famous test case, the Reimer infant, whose (male) sex was certain, but who, on account of a botched circumcision, was castrated then raised as a girl, following Money’s advice, and under his supervision.¹² Indeed, the prestigious Johns Hopkins Medical Center, where Money pioneered the “sex-change” operation, finally put a halt to the operation in 2004 when it found that no amount of medical re-engineering of (mostly) boys – through castration of testes and vestigial male genital structures and the introduction of exogenous cross-sex hormones – could make them girls.¹³ Still

⁹ Money reports an encounter with Margaret Mead who encouraged him to break taboos related to incest and adult-child activities” (*Love and Love Sickness: The Science of Sex, Gender Difference and Pair-bonding* (Baltimore and London: The Johns Hopkins University Press, 1980), Introduction. See also his “Interview” in *Paidika: The Journal of Paedophilia*, vol 2, n. 3 (Spring, 1991), 2-13.

¹⁰ Money, “Pornography in the Home,” in Zubin and Money, *Contemporary Sexual Behavior*, (Baltimore: Johns Hopkins University Press, 1973), 409-440.

¹¹ John Colapinto recounts the case of the male twins brought to Money, because one of them had been maimed during his circumcision. After the advised “sex-change” of the one boy, Dr. Money would encourage sexual play between the two, one playing the girl and the other boy. See *As Nature Made Him-the Boy who was Raised as a Girl* (New York, NY: Harper Collins Publisher, 2000), 86.

¹² In *As Nature Made Him – the Boy who was Raised as a Girl*, John Colapinto recounts the story of a Canadian couple who brought to Money one of their newborn twins who had been maimed in a botched circumcision. Money advised the parents to have their son castrated and raise him as a girl, naming him “Brenda.” What came to light when “Brenda” became suicidal at age 11, however, was that “she” had fought “her” sex assignment from the beginning, tearing off dresses, urinating standing up, etc., notwithstanding the hormonal displacement and constant reminders about what girls do. When the family psychologist finally urged the parents to tell the boy about the “assignment,” he described the overwhelming relief of knowing that he was not crazy after all. “Brenda” re-named himself “David” (because of the “Goliath” he had fought all those years as a “girl”). What is scandalous is that none of these facts changed the “success” about which Money boasted in his book *Man & Woman Boy & Girl: The Differentiation and Dimorphism of Gender Identity from Conception to Maturity* (New York: New American Library Mentor Book, 1972), 19. It is even more a scandal in light of the fact that both David and his brother committed suicide in their thirties.

¹³ This was the conclusion of the 2004 study: William G. Reiner and John P. Gearhart, “Discordant Sexual Identity in Some Genetic Males with Cloacal Exstrophy Assigned to Female Sex at Birth,” *New England Journal of Medicine*, 350 (January 2004): 333-341, <http://dx.doi.org/10.1056/NEJMoa022236>. Prior to that, a 1979 study comparing the overall well-being of adults who underwent sex-reassignment surgery to those who requested it but did not undergo it concluded that “sex reassignment surgery confers no objective advantage in terms of social rehabilitation” (Jon K. Meyer and Donna J. Reter, “Sex Reassignment: Follow-up,” *Archive of General Psychiatry* 36, no. 9 (1979): 1015, <http://dx.doi.org/10.1001/archpsyc.1979.01780090096010>). These studies prompted Johns Hopkins Medical Center to discontinue “sex-change” operations. Paul R. McHugh, former director of the

worse, given the suicide of his test patient, and of many others who underwent “sex re-assignment” surgery, the experiments on children, pioneered by Money should be listed among some of history’s worst medical atrocities. What should be clear is that such experiments do not only not “work.” The health and happiness of the *whole human being is at stake*. A human being’s body cannot be mutilated in an effort to change his or her sex without damage to the whole human being, any more than a human body can be shoved off a high cliff without the whole human being suffering grave harm.

Once “gender” and “sex” are thought to be arbitrarily related, the source of a “gender” at odds with one’s actual sex can also be thought to arise from *within* (as distinguished from upbringing). This is the case of the so-called “core gender identity,”¹⁴ understood as that deep-seated inner feeling, assumed to be what members of the opposite sex feel. (One might think here of the deep-seated feeling the anorexic girl has of “being fat,” or of “recovered memories.”) “Gender identity disorder” was the name given to non-“alignment” of a “gender identity” with one’s actual sex, where there is no apparent disorder in sexual development at the physiological level. But given the dualistic premises of the “gender-sex” dichotomy, the label would be quickly renamed “gender-dysphoria” to get the rid of any notion of *disorder*.¹⁵

Currently the argument for a “gender” at odds with one’s actual sex oscillates as needed in rhetorical and legal contexts between “naturalistic” ones about “the way one is born” (the “deep-seated feeling”) and a radically libertarian, voluntarist one about the fundamental “right”

Department of Psychiatry and Behavioral Science discusses this in: “Surgical Sex – Why We Stopped Doing Sex Change Operations,” *First Things*, (November 2004). [http:// www.firstthings.com/article/2004/11/surgical-sex](http://www.firstthings.com/article/2004/11/surgical-sex). It should be noted that the practice was reinstated in 2016 with the opening of its *Center for Transgender Health*. We note the considerable pressure that *The Campaign for Human Rights* has exerted on Johns Hopkins in this regard, even threatening to deduct points from its institutional score under the “responsible citizen,” and remove its name from an elite classification in its [Healthcare Equality Index](#) (HEI), when it would not renounce the work of Paul McHugh and Lawrence Mayer (also at Johns Hopkins, as a scholar in residence) for their outspoken criticism of the category of “gender identity” and the medical practices associated with it. It is reported here: <https://www.baltimoresun.com/health/bs-hs-human-rights-hopkins-transgender-20170329-story.html>

¹⁴ The psychoanalyst Robert Stoller employed the term “gender identity” in “A contribution to the study of gender identity,” *International Journal of Psychoanalysis*, 45 (1964): 220–226. Cf. also his *Sex and Gender* (New York, Science Houses, 1968).

¹⁵ The concept of “gender identity disorder” is attributed to the endocrinologist Harry Benjamin, who popularized it in his 1966 book called the *Transsexual Phenomenon*. In 1979 Benjamin founded the “Harry Benjamin International Gender Dysphoria Association.” That organization was later renamed The World Health Professional Association for Transgender Health or WPATH.

of self-definition.¹⁶ The former has been used with much success for purposes of persuasion among the general population; but now it is quickly becoming eclipsed by the latter. What, in the end does it matter if one has a “deep-seated” feeling? Why not call one’s “gender” just a choice? Indeed, according to its deepest logic, “gender” means precisely to release us from the way we were born, by eliminating the *sex distinction itself*, thus bringing to fulfillment the most radical dream of “emancipation” from reality.¹⁷ This is clear in the thought of one of the most prominent representatives of “gender theory,” Judith Butler, who adamantly rejects the need for any justification for being at variance with one’s actual sex.¹⁸ “Gender” for Butler is not something we observe in ourselves, be it in our bodies, be it in our “deep seated feelings.” It is something we *do* to ourselves. It is a choice. As she says, channeling Friedrich Nietzsche, “gender” is a groundless *deed* we “perform” on ourselves, a sort of self-creation *from nothing*.¹⁹

One should be alarmed at how quickly such a recondite philosophy has made its way into the fields of psychology and medicine such that “gender dysphoria” has all but disappeared from the ever-changing and contrived lexicon. “Dysphoria” became “incongruence” and has most

¹⁶ An example of this is the The *American Psychological Association*’s own oscillation between “a deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender,” and “one’s self-identification as male or female.” In the middle is just a “sense of oneself as male, female, or transgender” (or “sense of oneself as male, female or something else”). The APA’s definitions can be found at: <https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>.

¹⁷ The Marxist feminist Shulamith Firestone thought that the liberationist project had to aim at the elimination of the sex distinction itself. “[J]ust as the end goal of socialist revolution was not only the elimination of the economic class privilege but of the economic class distinction itself, so the end goal of feminist revolution must be, unlike that of the first feminist movement, not just the elimination of male privilege but of the sex distinction itself: genital differences between human beings would no longer matter culturally. (A reversion to an unobstructed pansexuality—Freud’s ‘polymorphous perversity’—would probably supersede hetero/homo/bi-sexuality). The reproduction of the species by one sex for the benefit of both would be replaced by (at least the option of) artificial reproduction: children would be born to both sexes equally, or independently of either, however one chooses to look at it; the dependence of the child on the mother (and vice versa) would give way to a greatly shortened dependence on a small group of others in general and any remaining inferiority to adults in physical strength would be compensated for culturally....The tyranny of the biological family would be broken. Shulamith Firestone, *The Dialectic of Sex* (New York: Farrar, Straus, and Giroux, 2003), 11.

¹⁸ Reflecting upon her work as a whole, Butler writes, “My effort was to combat forms of essentialism which claimed that gender is a truth that is somehow there, interior to the body, as a core or as an internal essence, something that we cannot deny, something which, natural or not, is treated as given” (*Undoing Gender*, [New York: Routledge, 2004]. 212).

¹⁹ J. Butler, *Gender Trouble* (New York: Routledge, 1990), 95

recently given way to “non-conformity.”²⁰ Recourse to medicine for “gender non-conforming persons” would now fall under “gender health” (not mental health) and bodily modifications would be demanded on the basis of the “right” of self-definition (not on the basis of psychological suffering rooted in one’s alienation from his or her body and the need for relief from distress).²¹ The one demanding such modifications would need supply nothing more than “informed consent” which would consist in nothing more than the trans-identified person’s declaration that “I want these interventions and I know the risks and accept them.”²² (Compare this, again, with an anorexic girl who “is fat” and demands liposuction!)

There is no question about the nihilistic objectives of the new philosophy of sex. It means to call into question the visible universe right before our eyes so that we can emancipate ourselves from it and start over. But, of course, it would not be possible to imagine that a boy might “really” be a girl (or vice versa) were it not for the technological manipulation of human biology, which the likes of John Money pioneered. To pursue this course, then, we must commit

²⁰ The vicissitudes of the terminology for the concept of “gender identity disorder” can be documented in the many changes to the American Psychological Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as well as in the World Health Organization’s *International Classification of Diseases* (ICD). Cf. Singh, D. and Zucker, K. (2017). “Gender dysphoria.” T. K. Shackelford, V.A. Weekes-Shackelford (eds.), *Encyclopedia of Evolutionary Psychological Science*, 1-5, Switzerland, Springer International Publishing AG, https://doi.org/10.1007/978-3-319-16999-6_3398-1.

²¹ The trend is clear when for example the *World Health Organization*, in 2018 updated its *International Classification of Diseases* (ICD-11), reclassifying “gender dysphoria” as “gender incongruence,” under “sexual health” (as opposed to mental health as in the ICD-10) thereby extricating it altogether from rubric of mental health disorders. Cf. <https://www.who.int/standards/classifications/classification-of-diseases>. The rubric “sexual health,” also called “gender health,” under which “gender incongruence” (or “non-conformity”) is now classified, is defined as “a youth’s opportunity to live in the gender that feels most real and/or comfortable, or, alternatively, a youth’s ability to express gender with freedom from restriction, aspersion, or rejection.” Cf. Ehrensaft D. (2017). “Gender nonconforming youth: current perspectives.” *Adolescent health, medicine and therapeutics*, 8, 57–67. <https://doi.org/10.2147/AHMT.S110859>. “Gender health” would consecrate the idea that all variations of “gender identity” are healthy and that medical interventions constitute health care, along with advice about proper diet and good exercise. It would follow that insurance companies would have to offer coverage for “gender health” without requiring a diagnosis of gender dysphoria (and “distress”).

²² The World Professional Association for Transgender Health (WPATH), the transgender lobby and pseudo “medical association,” created “standards of care” that suggest prior psychological counseling and a mental health professional’s letter of support before medical or surgical interventions begin. WPATH is in the process of revising those “standards of care” towards the “informed consent” model. Cf. The WPATH’s *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. <https://wpath.org/publications/soc>. See also Cavanaugh and Lambert, “Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients,” *AMA Journal of Ethics*, November 2016. <https://journalofethics.ama-assn.org/article/informed-consent-medical-care-transgender-and-gender-nonconforming-patients/2016-11>

ourselves to the very things we have rightly come to abhor when it comes to the natural environment, viz., the manipulation of and violence against *our very selves* and *against those in our care*—our children, our patients, and our students! Many harbingers of the “brave new world” in the last century have warned us that the tyrannical attitude we take with respect to the natural order as “masters” of it, would finally turn against us.²³ There is no greater instance of this than with “gender” which would quite literally (attempt to) undo the very ingredient in the word it takes for itself, our *generation*, our very *coming to be*.²⁴ The tragic irony of all this should be evident. In order to be “free” to “self-identity” we have to abolish our very selves and strive to become something *else*. But the “irony” is even more tragic when talking about vulnerable children and adolescents, who are being *handed over* by their own educators to their own self-subversion, and the bodily mutilations that go with it.²⁵

The physical and psychological harm that is being encouraged in and done to the young, at the most delicate point of their development and in the name of the “right of self-definition,” is

²³ C.S. Lewis, *The Abolition of Man* (New York, New York: Harper Collins, 1944).

²⁴ The English term “gender” derives from the Latin *gener-*, *genus* meaning “kind” “sort,” “class” “race,” or “breed,” as suggested in related terms such as “genus.” These nouns are tied to the verbs “to engender,” “to beget,” “to produce” (offspring). The terms “genealogy,” and “generation” are related. Cf. “Gender,” in *The Oxford English Dictionary* (Oxford: Oxford University Press, 1971).

²⁵ The complicity of society in *producing* (and maintaining) “gender dysphoria” in children and teenagers is significant. This can be seen in the effects of the preferred “therapy” for young people with “gender dysphoria” - puberty blockers then cross-sex hormones – which brings about an almost 100 % “success” rate, as compared with the 85-90% rate of *desistence* when children are given time to sort things out, without the hormonal interventions. Cf. Singh, D. and Zucker, K. (2017), “Gender dysphoria.” It can also be seen in the phenomenon of “rapid onset gender dysphoria” which appears to be largely induced by the influence of social media. The term is from a study by Lisa Littman, conducted in response to the phenomenon, reported by parents in online forums, whose “children seemed to experience a sudden or rapid onset of gender dysphoria, appearing for the first time, during puberty or even after its completion. Parents describe that the onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric and transgender-identified during the same timeframe. Parents also report that their children exhibited an increase in social media/internet use prior to disclosure of a transgender identity. Recently, clinicians have reported that post-puberty presentations of gender dysphoria in natal females that appear to be rapid in onset is a phenomenon that they are seeing more and more in their clinic. Academics have raised questions about the role of social media in the development of gender dysphoria.” While the survey of 256 parents of ROGD adolescents cannot be considered definitive, “Emerging hypotheses include the possibility of a potential new subcategory of gender dysphoria (referred to as rapid-onset gender dysphoria) that has not yet been clinically validated and the possibility of social influences and maladaptive coping mechanisms.” “Most (86.7%) of the parents reported that, along with the sudden or rapid onset of gender dysphoria, their child either had an increase in their social media/internet use, belonged to a friend group in which one or multiple friends became transgender-identified during a similar timeframe, or both.” Littman L (2019) Correction: Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. PLOS ONE 14(3): e0214157. <https://doi.org/10.1371/journal.pone.0214157>.

unfathomable.²⁶ But if that were not enough, the tragedy for children of being subjected to the ideology of the new “gender” in schools is that it utterly undermines their *introduction to reality*, which is the chief enterprise of education. A child is introduced to reality at birth, at which point his or her being a boy or girl, son or daughter, of a mother and father is one of the first thing he or she discovers and the foundation of everything else he or she will know. So evident are such truths, they do not have to be repeated constantly. There is no need for a curriculum to learn them as there is, for example, to learn the often-perplexing rules governing the grammar of ones’ own language. When therefore, a child is asked to call the classmate she has always knows to be a girl as a “boy,” it is not just a matter of respecting the “rights” of the second girl. She (and everyone else) is being asked to put into question her pre-ideological knowledge of everything, beginning with her knowledge of herself and of her mother and her father. She is being asked to take what is patently true as publicly “false,” and conversely what is patently false, as publicly “true,” in this case, that everyone’s “identity” is now arbitrarily related to his or her body, however much the two are “aligned” in the majority of cases. That is, of course, the point with the forced and ever-changing Newspeak. It means to *reeducate*. Its list of banned “ungood” words and newly acceptable “good words” mean to undermine our immediate and common grasp on the world and the ability to communicate with others what we see.²⁷ A “curriculum” based on such a program to un-see what is real, then reinvent it and rename it according to feelings and preferences, would isolate each child in a world of his or her own making, and undermine the ability of each one to speak to everyone else. It would profoundly *mis-educate* them, and in the name of and under the authority of the very ones entrusted with leading young people toward a fuller knowledge of their common world.

²⁶ A 2011 study found that post-operative transsexual individuals had approximately three times higher risk for psychiatric hospitalization, three times higher risk of all-cause mortality, and were 19.1 times more likely to die by suicide compared to controls. Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Långström, and Mikael Landén, "Long-Term Follow-up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLOS ONE* 6, no. 2 (2011): e16885, <http://dx.doi.org/10.1371/journal.pone.0016885>.

²⁷ See Anthony Esolen, “Pronouns, Ordinary People, and the War over Reality,” *Public Discourse*, (October 13, 2016). <https://www.thepublicdiscourse.com/2016/10/17811/>

Finally, and to repeat, such a curriculum, would place children and adolescents in great danger of harm to themselves; for a world of one's own making is a world subject to raw power. And as Lewis observed, that power is likely to be the power of some over others.

“It is the magician’s bargain: give up our soul, get power in return. But once our souls, that is, ourselves, have been given up, the power thus conferred will not belong to us. We shall in fact be the slaves and puppets of that to which we have given our souls.... The real objection is that if man chooses to treat himself as raw material, raw material he will be: not raw material to be manipulated, as he fondly imagined by himself, but by mere appetite, that is, mere Nature, in the person of his dehumanized Conditioners.”²⁸

How much more this will be the case for the young and vulnerable!

Margaret Harper McCarthy

Associate Professor of Theological Anthropology at The John Paul II Institute for Studies on Marriage and the Family at The Catholic University of America.

Editor, *Humanum Review*.

²⁸ C.S. Lewis, *The Abolition of Man* (New York: New York: HarperCollins, 1944), 72-73,