
II. LETTER TO THE EDITORS

Transgender Ideology Literature in Elementary Schools: An Open Letter from a Professor, Researcher, and Psychologist

David L. Tomasi (Vermont Academy of Arts and Sciences)

Preface

The following article is an adaptation¹ of an open letter sent by the author to the local U.S. Elementary School Administration on October 14, 2022, in response to the introduction of Transgender Literature in grades 2 and above (starting age 7) in the local US elementary school attended by the author's children. More specifically, children have been introduced to three books: *I Am Jazz*, by Jessica Herthel and Jazz Jennings; *Jacob's New Dress*, by Ian Hoffman and Sarah Hoffman; and *Born Ready. The True Story of a Boy Named Penelope*, by Jodie Patterson. As part of this, children have been asked to join discussion in class to talk about the contents of each book and other related literature. Of note, several meetings with the administration and the school board have followed, but no changes have been made to the administration and content of the literature presented to children, with the exception of parents' voluntary exclusion, per direct request, of their children from class time in which the books above and related new literature will be discussed in the future. Furthermore, these topics have also been discussed as part of a recent Lecture the author presented at the Academy of Sciences of

¹ Required to follow editorial guidelines and in order to remove personal names or identifiers of the school, teachers, and administration, to respect privacy and to foster an open and respectful dialogue. The content of the letter has nevertheless been kept intact.

Rome with the title “Science or Ideology?” in November 2022.²

Letter

Thank you very much for your quick and detailed response to our concerns as parents. It is wonderful to hear that in class, teachers read books on a variety of very important topics such as kindness, diversity, difference, acceptance, and many other which I fully support. I have absolutely no doubt that, regarding all of the above, we agree on all the basic premises and the focus on the overall respect, love, tolerance, education, and protection for our children, and I thank you for that.

The only remaining issue, from my perspective as a parent and more importantly from the perspective of the scientific fields I am involved in, is that the books discussed, in my personal and clinical judgment do not align with the intent and the expected pedagogical, social, and psychological outcomes of the ethics we all share. It is therefore necessary to at least provide some of the reasons why I feel this way. To keep this email short and to the point, I will only make a few, very brief references on the current research studies, without the proper bibliographical notes which should otherwise be included in any scientific paper.

Let us therefore examine the content – again, not all of it, but selected sentences from each book – with my best efforts not to be biased in any way in the selective process.

Book 1. *I Am Jazz*

In my judgment, the ethical premise of the book is to narrate the story of a child, from a healthy perspective of love, self-discovery, acceptance, tolerance, and a proper fight against stereotypes which could be potentially harmful to a healthy development. Of course, I do agree with these premises. However, already in the very first page of the book the author quotes the child saying: “For as long as I can remember, my favorite color has been pink.” If the intent of the book is to question (certain?) gender

² David Tomasi, *Gender: Science or Ideology?* Rome, I: Accademia Tiberina, 2022. Available at: <https://www.youtube.com/watch?v=n0zByPUuGRs&list=PLVrDMdxssIRZFtbU8NhMh-Z4vvf1rfFq>

stereotyping attitudes, starting with what in the US³ is usually perceived as “feminine” (the *color pink*) might miss the point. Of course, a child is free to express whatever he or she feels is appropriate, and we should encourage this self-exploration. Unless, of course, our “socially constructed” assumption that “pink is for girls only” becomes an etiological factor in any clinical decision-making process to determine the sex of the child.⁴ This is possibly the central issue in all the books: Presenting a decision of accepting vs. rejecting a child’s perception, definition, and ideation / identity of self solely based on perceptual narratives from the child, without any references to the normally⁵ occurring process, itself predicated on examination of the tetrad *chromosomes, hormones, genitalia*, and especially *gonads*, to which I should add, from a neurobiological standpoint, both the examination of *neurotransmitters*⁶ and the examination of neuroanatomical and neurofunctional elements.⁷ Attacking the application of these processes as **biologistic**⁸ is both incorrect and misrepresenting the scope and underlying mechanisms contained therein. As I claim throughout this message, I would certainly not expect a children’s book to delve into the intricacies of electro-bio-chemical processes. However, to present the situation of parents deciding to accept or reject this type of claims from a child, simply based on (what the book describes as) an open, **non-judgmental**, caring attitude – as opposed to a sound clinical and scientific **judgment**, itself based on solid research and examination – is not only unhelpful to children, but can also be extremely dangerous.

³ Not necessarily in the rest of the Americas, and certainly not in the rest of the world.

⁴ Not because of an intrinsically faulty methodology, but because we would be dealing with circular, pseudo-deductive thinking.

⁵ I.e., scientifically based norms to clinically make a judgment of this nature.

⁶ Themselves linked to the previous examination of hormones, and through the mutual biochemical influence of nervous system vs. endocrine system through pituitary gland and hypothalamic processes.

⁷ Such as right vs. left hemisphere distribution, cortical vs. limbic (predominant and context-related) activation, and cognitive-emotional selective preferences on a binary distribution

⁸ As opposed to *biologist-informed* or *biology-based*.

To continue with this analysis, the sentence quoted above⁹ is just an example, of course, and despite the fact that it is already concerning that this faulty deductive process is displayed on the first page, it is further corroborated (in a negative sense) by similar statements in the following pages, like “here are some of my other favorite things: dancing, singing, back flips, drawing, soccer, swimming, makeup, and pretending I’m a pop star.” Furthermore, there is another questionable cognitive merging, i.e., the idea (ethically acceptable) of allowing a child to dream, explore, and develop in a non-judgmental way, with the *con*-fusion¹⁰ *in and of* the child. The logical sequence thus sees the subject of the experience described as both displaying behaviors that are deemed¹¹ empirically verifiable, or at least being aesthetically/perceptually visible data (for instance “dancing” and “makeup”), with the neurodevelopment, emotional, cognitive, and behavior striving towards the poetic¹² rehearsal and training toward the future (for instance, “pretending I’m a pop star”).

These aspects are in themselves very problematic, as they present a situation in which the author¹³ literally – *literally!* – confuses the logical premises and the deductive conclusion drawn therefrom. This is unfortunately a relatively common issue in the application of the scientific method: As scientists we aren’t less prone to have some confirmation bias; in fact, as the literature indicates, we might be just better at cherry-picking results which fit our worldview, but one would hope that the peer-review process,¹⁴ could help distinguish evidence-based facts from incorrect assumptions and interpretations.

Moreover, I also want to point out the intrinsically incorrect assumption that there should be a disagreement, or even an opposition, between parents and scientists or clinicians. An example of this is found a few pages later: “At first my family was confused. They’d always thought of me as a boy.” This is an extremely problematic statement. Talking about my

⁹ I.e., “for as long as...”

¹⁰ In a strictly etymological and clinical sense of “merging together” or, more specifically, “melting,” “pouring,” or “spilling” together.

¹¹ Both by the author and by the possibly inattentive reader.

¹² Again, etymologically intended, thus “creative.”

¹³ Not specifically the author of *this* book, but any author who could fall prey to these logical fallacies.

¹⁴ And evidence from meta-analysis, or at the very least solid study designs such as triple-blind randomized case-control studies.

clinical practice and teaching, specifically, when I meet with the family members of my patients, I refrain from making any – any – assumptions of incorrectness in the way the parents¹⁵ understand their children. In other words, and at the risk of sending a too simplistic, “bumper-sticker” message, “Moms know best” – moms know what’s best for their children. I am saying this because that is what **both the scientific literature and common sense** clearly say. Of course, in cases such as difficult and problematic upbringing, trauma-related and/or provoked/provoking experience, verbal, physical, psychological, emotional or sexual abuse, a clinician couldn’t/shouldn’t assume that parents are always right¹⁶ about their children, as both their perception and parenting skills might negatively affected by this, but a well-informed clinician should never assume – even in these cases – that the traumatic experiences themselves always fully delete any healthy parenting instinct. To be clear, in stating this I am simply emphasizing how, in the absence of any other parameters, when both science and parental instincts agree, there should be very little room for a level of doubt which could be extremely detrimental to the proper development of the child. But what about problematic issues raised by an extremist, intolerant, hyper-religious mentality at the basis of very poor decisions by parents, which would ultimately harm their child? Should science and medicine speak against this as well, in order to promote empathy, tolerance, inclusion? Yes, of course. The process is the same. The initial premise, clearly demonstrated by the scientific literature is that, more often than not, “healthy”¹⁷ parents know what’s best for their children, at least in such early developmental stages – given my specific background, I would strongly emphasize that this should generally speaking be the rule until the proper development of the child’s prefrontal cortex, and more generally of the child neuroanatomical structures, i.e., around the age of 19, on statistical average, given individual and sex-specific differences. So, what if the parents’ so-called intolerant perspectives are in conflict with science? I could certainly agree with what the Thomistic literature has had to say, for centuries now, about this: “If there is a clash between

¹⁵ In general, their mothers, simply due to statistically relevant facts according to which they are more often the ones discussing their children with the psychologist, physician, or other doctor.

¹⁶ As in “clinically correct.”

¹⁷ In this context, read as: “clinical issues/trauma-free.”

your religion and your science, one of two cases is under scrutiny. Either your (way of interpreting) religion is wrong, or your (way of interpreting) science is.”

To use an example regarding this issue, a few pages later in *I Am Jazz*, we find: “I hardly ever played with trucks or tools or superheroes. Only princesses and mermaid costumes. My brother told me this was girl stuff.” From a logical standpoint, this could be indicative of a variety of premises and causes. I could list at least a few:

- The child¹⁸ is indeed a girl, and further psychological, psychotherapeutic, social-cultural, clinical-pharmacological, medical-surgical help (**in this very order!**)¹⁹ might be needed. This could be extremely hard on parents, who might feel discouraged, shocked, helpless in figuring out how to best help their children, but pretending that medical conditions *beyond* body dysphoria and body dysmorphia,²⁰ are not true, is both unscientific and evil, with extremely detrimental effects for all children and adults suffering from it. This cannot and should not be ignored. Ever. Of course, this is the interpretation presented in the book. It could be true, but the cognitive/logical-deductive process, in terms of taxological, and decision-making steps and processes to reach this clinical conclusion is completely ignored in the book. Of course, this book tells a story, and it is not meant to be used and/or viewed as a diagnostic manual. Making a clinical diagnosis in areas at the intersection of the mental and the physical,²¹ is ex-

¹⁸ “Jazz,” in this case, and only from a theoretical standpoint, especially given the current development and statements by the very individual at the center of this book.

¹⁹ This also speaks to the importance of solid psychotherapeutic efforts before any pharmacological or surgical intervention is applied, contrary to the claim that psychotherapy in this area is “conversion therapy” in the negative sense of the term, which is in itself problematic, given the “metanoetic” component of such healthcare practice.

²⁰ Just to name a few. This is certainly not the place to discuss the clinical details around activation or lack thereof the SRY gene, or about DSDs such as (C)AIS, 5-ARD, OD, MRKH, Turner, Klinefelter, or to talk about karyotype analysis, etc.

²¹ Although the vast majority of clinical issues could present a psychosomatic component.

tremely difficult, and that's precisely why the manuals we use in a clinical setting are called *diagnostic* and *statistical* (thus neither *etiological*, nor *ontological*) manuals of mental disorders (DSM). However, my concern with using this book in class is predicated upon the fact that, without proper clinical and scientific training, which takes several years – not a few hours per semester, delivered to fully²² formed adults and not children – **books like this could be misinterpreted by loving, well-meaning, open-minded but medically/scientifically untrained, uninformed or misinformed parents who might cause very serious damage to their children.**

- The child likes both trucks and mermaid costumes. No further interpretation²³ needed. While this type of behavior is statistically uncommon,²⁴ even when accounting for variables on the level of upbringing, education, sociocultural and/or ethno-religious factors, **boys can play with mermaid costumes, and girls can play with trucks.** This is healthy and should be welcomed as part of an appropriate development. To claim that only boys could²⁵ play with trucks (and vice versa, in the case of girls) is an attack on the healthy development of the child. It is unscientific and dangerous. Just as antiscientific and dangerous is the claim that playing with trucks makes a girl automatically a boy.
- The child's brothers told her that this was girl stuff because that's the general assumption. An assumption, as evidenced by the considerations above, fully grounded in both science and empirical²⁶ observation and experience. Again, no further interpretation needed.
- The child's brothers told her that this was girl stuff but *did* so in order to provoke and/or offend Jazz. Certainly, a possibility. Read any scientific paper in the areas (or much better: Literally-

²² Neuro-anatomically/-functionally.

²³ Read: "pseudo-psycho-analytical" inquiry.

²⁴ I.e., boys tend to play with trucks more than girls do and, conversely, girls tend to play with mermaid costumes more than boys do.

²⁵ And, even more concerningly, *should*.

²⁶ Both subjective/personal and cultural/social.

ask-any-parent-of-siblings) and you will find out that, yes, siblings provoke and offend each other. In no way this behavior is indicative of the fact that Jazz was not a boy, and it is a girl instead.

- The child's brothers told her that this was girl stuff but *did not* do so in order to provoke and/or offend Jazz. Jazz perception of this was incorrect. This does not make the child physically or psychologically ill, it is just a question of inappropriate interpretation of behavior and emotion (both internally and externally, as multiple fMRI studies and the literature in general indicate)

Similar arguments could be made about many other sentences in this book, for instance "*whenever I Int out, I had to put on my boy clothes again, this made me mad!*" It could be what the child actually says this is. The child does not want to put on boy clothes again. Any further interpretation, besides what is commonly perceived as a very common behavior in children in general, at this developmental stage, is not well founded, at this level. The same analysis, in all these steps, can be applied to all the following books, thus I will only reference it here and I will not repeat it below.

Book 2. A boy named Penelope (*Born Ready. The True Story of a Boy Named Penelope*)

This book presents similar logical fallacies, circular thinking, and misinterpreted or misconstrued assumptions. To quote just a few, I can start with the very first sentence of the book: "I'm no ordinary kid. I'm a ninja." Again, another example of questionable cognitive merging of dreaming, exploring, and developing in a non-judgmental way, with confusing messages. As in the previous book, this logical sequence thus sees the subject of the experience described as both displaying behaviors that are deemed empirically verifiable/visible²⁷ with the rehearsal and training toward the future, i.e., "pretending" (see, a few pages later "transfer some of my ninja powers to help her understand") in the etymological sense of moving, tending, striving towards, more specifically stretching forth, and pa-

²⁷ For instance, the fact that ninjas are strong and smart **and the tautological claim that ninjas have ninjas names.**

rametrically “demanding,”²⁸ as in “demanding that other people recognize me as I want to be recognized,” regardless and/or at times in spite of external and verifiable factors. Of course, everybody has a right²⁹ to view himself/herself in the best way he or she would like to see himself/herself; however, demanding that others do so could be empirically and experientially inconsistent.³⁰ Basic examples of this would be demanding to be called a teacher without the proper training, experience, and/or expertise to do so. Of course, one might argue that the term “teacher” (similarly to the term “doctor”) could be “extended” parametrically, metaphorically, and figuratively to define admiration of one’s excellence in certain areas, regardless of the recognized/recognizable academic training and certifications/degrees demonstrating such excellence. Of course, recognizing this excellence is again predicated on the recognition *by others*, not oneself. In other words, I could claim to be the best psychologist ever, but if nobody else besides me recognizes this, it would make it a mistaken, false claim. Furthermore, even if this excellence were to be recognized by others, the selection process of this “other” group, just like design in a scientific study, should be subjected to scientific rigor, to avoid selection bias in the subject selection itself. In other words, one could not appeal to excellence for excellence itself as in the now common saying: “eminence-based science is not evidence-based science.”

Now, these issues might create further confusion in parents who are actually doing their best to find the right (group of) professionals to help their child. Are we to reject any type of excellence just because it might be predicated on false assumptions? Are we to reject all medical, clinical, scientific, pedagogical training? Of course not. There are multiple situations where an appeal to authority is indeed the best option, particularly when such authority is exercised in an area which is to a very great extent foreign to us, to our experiences, and to our training. An example of this would be trusting your surgeon to perform surgery on your knee:

a) Because you are not a surgeon yourself, and you do not possess the necessary training, clinical experience, and degree/board certification, and

b) Because the surgeon **does not have to have the same experience**

²⁸ Lat./it. *pretendere* = to demand vs. *domandare* = to ask .

²⁹ Moral/ethical, social, and legal.

³⁰ Another example: “Because everyone thinks I’m a girl.”

as yourself (i.e., he/she does not have to have experienced a similar medical issue in his/her knee or have had surgery performed on her/him for similar reasons).

To clarify the second point, a professional **does not have to be you**³¹ **to be helpful to you**. In fact, in many cases diversity/difference is power: a professional might see problems and issues³² which you might be completely unaware of. Of course, any professional could make mistakes, but one would hope that experience, training, and degrees could at least to some important extent vouch for the integrity and ability of such a professional. If this professional is then able to tell a person that what the person perceived as a problem of societal and/or familial acceptance (as is claimed throughout the book) is actually a physical or mental problem, this does not constitute an attack, or offense, or a crime. It is a tool predicated on verifiable (scientifically speaking) truths used to help the person. To be blunter, in clinical settings, calling someone *mentally ill* (or, more properly calling someone as affected by a *mental illness*) is not different³³ from calling someone *physically ill*. The fact that a person, in our case, a child, might struggle with certain (in this specific case, sex/gender) identity issues, and could be therefore labeled³⁴ with a mental health disorder, is not different than calling (as an example) a professional athlete with a knee injury, someone with a physical disorder. I do not call the first person “crazy” or “stupid” or “immoral” or “evil” (etc.) just as I do not call the second person “weak” or “faulty” or a “loser” (etc.). I should always demonstrate respect, integrity, honesty, love, and tolerance. Let’s restate this: “If a doctor is labeling something in a person’s behavior³⁵ as “mentally ill” the doctor is not saying that the person is *bad*. Even in the most objectively assumed bad behaviors³⁶ a doctor refrains from calling the person “bad,”³⁷ but will label the behavior “bad.” Of course, at times we all get so attached to a relatively small (though prone to increase in size) part of ourselves such as a certain behavior,

³¹ Read: your group, your affiliation, your self-identification, etc.

³² Medical, clinical, etc.

³³ Ethically, morally, and clinically.

³⁴ Again, clinically.

³⁵ Or emotion, cognitive process, clinical presentation, affect, etc.

³⁶ Killing someone, abusing someone, etc.

³⁷ In the etymological sense “*captivus*,” i.e., “prisoner”

emotion, thought, etc., that if someone else, even if qualified, calls that clinically “ill”³⁸ it might *feel* offensive, but it is neither an offense, nor a lie, nor an attack on our identity or self. It is simply a tool for healing. Not telling the truth might feel good in the moment,³⁹ but it will ultimately create far more damage that either the child or the parent⁴⁰ could have envisioned. Logically speaking, it would be the same as telling a person: **“If this feels good to you, it must be good for you.”** Of course, to some extent we are our best therapist, because being an expert means having (had) an experience, and we are the only ones who have lived in our bodies since birth.⁴¹ However, everything about us can get sick, including our self-perception, proprioception, minds, and bodies. This is why someone affected by diabetes mellitus might be told not to eat meat, or another piece of chocolate cake, despite the fact that “it would feel so good to have another one.” What might be partially harmful at first, could become life-threatening.

And because of that, I should also not necessarily expect, wish, or want any doctor telling us **how we should live our lives** in terms of assimilating, flattening, our true self to be just like everybody else,⁴² because we are indeed beautiful in our uniqueness. This precisely why *we should be free to be ourselves*. I should be free to be me. This means that a caring, inclusive, well-trained, helpful, open-minded, nurturing professional should help me realize the beauty that **is me**, not telling me (or agreeing with me with what I believe at that stage) that I will feel better if I will become something different than myself. This is not only not helpful; it could be extremely dangerous. One of the examples that I⁴³ sadly encounter in some very hurt, broken, suffering patients at the beginning of their therapy is their full wish to die, to disappear from this world, to fade away in nothingness. If I try⁴⁴ to convince them other-

³⁸ Ger. *Übel*

³⁹ *Ibid.*, same page: “I will make a plan to tell everyone I love what I know. What is that? You are a boy.”

⁴⁰ Or the ill-informed professional who did not address this appropriately.

⁴¹ Metaphysical assumptions aside.

⁴² As far too often “group identity” policies do with the pretense of helping people.

⁴³ This time talking about my psychological practice.

⁴⁴ And I most certainly do, as it is the right ethical, professional, and moral thing to do.

wise, they often perceive this as an attack, not dissimilarly from what one could call hate speech and infringement on personal liberty. Again “do not tell me how to live – or end – my life. My body (mind, spirit, identity, etc.), my choice.” One could argue that “Yes, it sure is,” but as with any other choice it could be misinformed, mistaken, confused, hurt, suffering. My job and my moral obligation are to go against what these patients might define as their true self at that moment, and push them (gently, openly, lovingly) beyond what they are able to see as a possibility, at that time. Their very sense of self, their whole identity is *mis-taken*. I should not simply agree with them to make them feel better in the moment, because this won’t be the truth, it won’t last, it is not what they need. And this is again a central issue: **I confuse what I want with what I need. I confuse healing with relief.** And this happens far more often and more intensely (plenty of scientific literature in this area),⁴⁵ when we are suffering, and even more so if we do not want to admit to ourselves that we are suffering, and that one of the things we think could ease our suffering actually makes the suffering worse. This is the very nature of addiction. **Confusing wants with needs has this effect:** Telling someone that they are what they feel or think or behave⁴⁶ as they are, or what they pretend⁴⁷ they are, **is not healing; it is relief.**

And that is precisely why we should honor our teachers much, much, much more than we do in our society. Schools are indeed the extension of our family (in the best possible sense of the term), and teachers should be mentors, guides, because they are wonderful in what they do. They should make our children *whole*.⁴⁸ Children should thus be accompanied,⁴⁹ stimulated, in a way to extract beauty and wisdom from them, not the other way around, which is what the books describes as optimal: “Well, Penelope. Today you’re my teacher.” This is one of the most problematic parts of the book. It is masked as a nice, tolerant, generous, and warm way to see how truly wonderful, and smart, and empowered, and sensitive, and strong our children are (which is itself a true and great

⁴⁵ See brief bibliographical suggestions provided below.

⁴⁶ The commonly referenced “emotion-cognition-behavior” triad.

⁴⁷ Again, in the strictly etymological-clinical sense.

⁴⁸ Which, etymologically speaking, is connected to *healthy*, and even *holy*.

⁴⁹ Lat. *Educare*.

thing), but it is actually putting enormous pressure⁵⁰ on those children who seek – at times without being aware of this need – education, guidance, and role models. To utilize the same medical analogy, it would be utterly disheartening to see a surgeon telling a child in the operating room, “Well, Penelope. Today you’re my surgeon.” Of course, children also learn by playing, role-playing, and make-believe,⁵¹ but there should always be a distinction between the person who does not yet have full mastery of the topic (above all if the topic is as complex as one’s identity) and the one who does. Plus, if we have such huge respect and admiration for people like doctors who only see children on a less regular basis to address clinical issues, shouldn’t we have even more respect and admiration for our teachers, who literally see our children every day, and help them grow, develop, and become who they really are?

And again, just as the scientific literature is extremely clear about the fact that there is a wonderful, incredibly complex variation between how⁵² a man can be a man and a woman can be a woman, it is also extremely clear that pretending that, simply because an individual might feel different or completely opposed to what a certain society claims is the proper behavior for their own sex, this does not warrant the person having to be another sex. This aspect is at the center of the very last two pages of the book, where, after presenting the “ninja-value” of (masculine) strength as admirable throughout the narration, and despite the fact that this type of stereotyping could be harmful, Penelope still has to bow to the fact that, in order to be recognized as who she is,⁵³ she has to act⁵⁴ as the opposite sex. Two things come to mind in this context. The first, also a well-known fact in research for at least fifty years, is the fact that if I were to divide children in three categories (1. Children who are not liked/are hated by other classmates; 2. Children who are liked/loved; 3. Children who are neither liked nor hated), Categories 1 and 2 are often

⁵⁰ We are not talking about proper alternative pedagogical modalities such as Montessori or Steiner – I used to be an elementary school teacher back in the day, and I still admire many aspects of their pedagogy.

⁵¹ And I should certainly allow them to help us in our jobs, when the situation is appropriate and safe.

⁵² Thus, not “that.”

⁵³ Not being socially transparent.

⁵⁴ Again, in the clinical sense of behavioral activation.

predictors of much better psychological outcomes than Category 3. Rather than using harsh and unscientific terms such as “this child is only looking for attention, that’s why he/she is acting differently than the norm,” we should actually truly understand what this means, i.e., **children want attention. We need to make sure that the attention they want is the one they need.**

The other issue is much more complex, although it is relatively easy to solve with a proper knowledge of neuropsychological aspects in conjunction with basic knowledge of historical, and possibly developmental, linguistics. It is the issue of **sex vs. gender**. I am more than happy to address this in a different section, although let me also point out that the artificially constructed separation between these terms, together with a wide array of neologisms and derived adjectivization, is a phenomenon which does not have solid evidence, beyond certain “post-modernist poetic” constructions. In truth, poetry –and the arts in general – can tell us much more profound things about ourselves than a laboratory exploration. However, to see the very biological origin of the term gender (rooted in purely Indo-European etymology, through **gene*, cognate of the Greek γενετικό, as in *genetics*, *genes*, *genome*, *genitalia*, but also *Genesis*, *gynecology*, and even the very word for the creative sex, i.e., *woman*: γυναίκα [Greek] женщина [Russian], žena/жена [Bosnian/Croatian/Serbian], etc.). Rather than trying to destroy the very origin and creative power of the term “gender,” we should honor the very beings who are the embodiment of creation itself: **Women**. In this sense, gender is not only extremely related to the term sex, but it is actually the very synonym in the area of mechanical/physical activation/activity. In other words,⁵⁵ if the dictionary definition of sex is “gender, or a state of being either male or female,” the root is through Lat. *sexus*, itself connected with dividing, separating, cutting.⁵⁶

⁵⁵ Pun intended.

⁵⁶ Same etymology as C-section, both in the “C” of caesarian, and in the very term “sec*t*ion,” which has nothing to do with Caesar Augustus, itself connected, according to most scholars, to either τίκτω (same meaning as above: procreation, generation), or ἕξις or condition, state, as in “*Stato di gravidanza*” (=pregnancy).

Therefore, adding any other⁵⁷ descriptor such identity, behavior, expression, etc. can help distinguish certain aspects of the way sex/gender manifests itself inwardly and outwardly, just the as the concept of being green is distinguishable from green(-ness) itself, and yet one cannot exist without (and is entirely defined by) the other. Green can be a tree, a leaf, a book, a shirt, or the ““Green Mountain State.” In any case, as evidenced above, adding more descriptors does not change the ontological or⁵⁸ biological nature of the concept and its manifestation (epiphany) in such reality.

Book 3. *Jacob's New Dress*

My analysis of this book will be the shortest, as most of the issues it presents are substantially equivalent, and in some cases fully coextensive with the ones noted in the previous two books. In fact, most of the narrative focuses on what most professionals and parents would simply define as occurring within standard / normal behavior in children. And yet again, we are faced with the false premise that there is something narrowing, controlling, choking, moralizing, dehumanizing, labeling, ostracizing, or at least not individual(istic), “special” enough about normality. The main character in the book struggles and succeeds in fighting the repressive nature of what normal society imposes on Jacob, despite the repeated attempts of “society”⁵⁹ to “imprison” Jacob in something he is not. Of course, all the *topoi* of standard literary narrative techniques are present, including the opponent, adversary, the “bad guy” Christopher, who behaves as (yet again) “normal society – the expected bad kid,”⁶⁰ making fun of the main character.

As expected, both mom and dad are surprised and puzzled by their son’s behavior,⁶¹ especially because the book clearly claims⁶² to be against

⁵⁷ Socially constructed or otherwise, although the latter begs the question: constructed by whom, other than someone in some type of society?

⁵⁸ To remain “**grounded in the ground,**” as in “material reality.”

⁵⁹ Which is quite similar, from a psychological standpoint, to certain conspiracy-prone descriptors such as “they don’t want you to know” and the like.

⁶⁰ To go further in our conspiracy theory version of the “facts,” it is quite amusing to see that the “*Christ-bearer*” (*Χριστόφορος*) is opposed, on the very next page, by the “Black Witch Dress” Jacob, as in the best Netflix narratives.

⁶¹ I would argue: to an extent that far exceeds normal parental concern regarding dress codes.

gender stereotyping, and yet fails to notice how the “bad character” relates to all the stereotypically male things (armor, dinosaurs, etc.) while the “good character” gravitates to all the stereotypically female things. This is nothing new, as it is simply a binary reversal of the story of the previous book, except that the novelty in this book is to add some pseudo-historical unscientific claims about the societal norms which were predictors of this stereotyping. Oxymorons aside,⁶³ there are sentences such as “Not very long ago little girls couldn’t wear pants” – a statement that only applies to such a minute part of history, something less than 185 years in 5000 years of Indo-European anthropological clothing and costume research.⁶⁴ This part of the book is not too different from the embarrassing moments of certain claims made in the media that neckties are a sign of British imperialism⁶⁵ or the fact that blue jeans represent US supremacy, despite that the very name of this item defines its origin,⁶⁶ and yet some people seem to ignore that this garment represents the most autochthonous folklore piece of ethnic-tribal clothing in that part of the world.⁶⁷

Again, mom and dad are not depicted as necessarily bad, just unaware, uneducated. They do their best to make sense of the situation, but again they mistake⁶⁸ a psycho-somatized confusion between trigger and trauma, between healing and relief, and they attribute the suspension of phenomenological symptomatology (i.e., Jacob has difficulties breathing) as an indication that they have to change their attitude toward things. Finally, a nice addendum to the recipe comes from the usual neolo-

⁶² As in all the other examples above.

⁶³ And there are plenty for all in this volume.

⁶⁴ Where one of the clearest examples of such fallible assumption is the differences between Graeco-Roman culture (and, to some extent, fertile crescent / Unani, Perso-Berber-Arab and, by extension, Protosemitic/Canaanite culture) and their proclivity for tunics and long dresses, in juxtaposition to what I know from research on Germano-Celtic and to some extent Slavic, Thracian, and Illyrian cultures (to name a few) and their preference for pants.

⁶⁵ Despite the fact that they originate in the Dalmatian part of Croatia, hence the name *kravata* as a basis for most European and non-European languages.

⁶⁶ Jean or Genova, in the Italian Liguria.

⁶⁷ Of course, the fact that Genova was the city of Columbus, and the fact that he might have been a *marrano* does not help the narrative.

⁶⁸ Or rather, the author is the culprit in this sense.

gisms⁶⁹ such as “dress-thing” and the grand finale with the confusion between plot and (absence of a) moral of the story, with Christopher yelling that, because Jacob wears female clothes he is now part of the girls’ team. Again, the reader is gently accompanied into believing that this is an offensive statement, a mild form of hate speech⁷⁰ but the truth is this is precisely the message of the book: The identical essence, in ontological terms, between an extracted displayed behavior and the identification of the stereotypical owner of the behavior with the new identity of the carrier. Of course, since the author -rather the authors- cannot escape their conditioned, society-induced, subconscious “self”, they still present the masculine archetype of the armor as its binary -binary- opposite, i.e., “*a soft, cottony, magic armor*” of which the main character, **is proud of**.

A perfect script. For an adult novel. For children, I would rather see more pedagogically sound literature.

To conclude, my examination is by no means an attack or an empty criticism of the parameters, ideas, and overall thought process that the school, the administration, all the teachers and all the staff put into including these books and other teaching materials in the curriculum. I share the exact same perspective, and I want to restate that **I have full trust and admiration for what you do**. I also believe that most of you might have acted and are still acting out of love, care, integrity, and honesty, and all of this is evident in the way you interact with each other and with the students.

I simply want to shed some light on some of the darkest and dangerous aspects of this type of material, which, without deep and solid scientifically informed analysis, might be considered appropriate and educational, but contain far too many issues to be considered healthy for our children.

Thank you,

David Tomasi

⁶⁹ Which we argued elsewhere (see bibliography) is an intrinsic problem in many cultures, but in this context particularly of English-speakers in the US, given the progressive distance between usage, understanding, and etymology of this simple (simplified?) Germanic language.

⁷⁰ An oxymoron in itself.

Bibliography:

Referenced Books:

Herthel, Jessica, and Jazz Jennings. *I am Jazz* (New York: Dial Books, 2014).

Hoffman, Ian, and Sarah Hoffman. *Jacob's New Dress* (Park Ridge, IL: Albert Whitman & Company, 2014).

Patterson, Jodie. *Born Ready. The True Story of a Boy Named Penelope* (New York: Random House Children's Books, 2021).

Other References:

Adam-Radmanić, Brynja, and Eckart Volland. *Debatte: Zwischen "Biologismus" und "Gender-Wahn"?* (Nürnberg: Humanistischer Salon, 2018).

Baron-Cohen, Simon. *The Essential Difference: Men, Women and the Extreme Male Brain* (New York: Penguin/Basic Books: 2003).

Becker, Jill B., et al. "Strategies and methods for research on sex differences in brain and behavior," *Endocrinology* 146 (2005):1650–73. <https://doi.org/10.1210/en.2004-1142>.

Beek, Titia F., Peggy T. Cohen-Kettenis, and Baudewijntje P. C. Kreukels. "Gender incongruence/gender dysphoria and its classification history," *International Review of Psychiatry* 28, no. 1 (2016): 5–12.

Berenbaum, Sheri A., and Adrienne M. Beltz. "Sexual differentiation of human behavior: Effects of prenatal and pubertal organizational hormones," *Frontiers in Neuroendocrinology* 32, no. 2 (2011): 183–200. <https://doi.org/10.1016/j.yfrne.2011.03.001> .

Bogardus, Tomas. "Evaluating Arguments for the Sex/Gender Distinction," *Philosophia* 48, no. 3 (January 2020):873–92.

Bogetić, Dragica, and Aleksandar Jugović. "Teorijski model socijalnog razvoja u objašnjenjunastanka seksualnog prestupništva adolescenata," *Specijalna edukacija i rehabilitacija* 18, no. 4 (2019). <https://doi.org/10.5937/specedreh18-24643>.

Bonelli, Raphael M. *Persönlichkeit - Geschlecht - Sexualität*. Demo für Alle, Stuttgart, 2016.

Chabrun, Floris, et al.. “Metabolomics reveals highly regional specificity of cerebral sexual dimorphism in mice,” *Progress in Neurobiology*, 184 (January 2020). <https://doi.org/10.1016/j.pneurobio.2019.101698>.

Collazzoni Alberto, et al. “Mating strategies and sexual functioning in personality disorders: A comprehensive review of literature. *Sexual Medicine Reviews* 5 (2017):414–28. <https://doi.org/10.1016/j.sxmr.2017.03.009> .

Deegan, Daniel F., and Nora Engel. “Sexual Dimorphism in the Age of Genomics: How, When, Where,” *Frontiers in Cell and Developmental Biology* (September 2019) <https://doi.org/10.3389/fcell.2019.00186>.

Friedl, J. C., et al. *Sexualität bei psychiatrischen Erkrankungen: Ein Vergleich zwischen Borderline Persönlichkeitsstörung, Angst-und Panikattacken und Schizophrenie*. ÖGPP 2008, Toscana Congress Gmunden, April 23–26, 2008; Gmunden. 2008.

Gal-Oz, Shani T., et al. “ImmGen report: sexual dimorphism in the immune system transcriptome,” *Nature Communications* 10 (2019).

Garcia-Falgueras, Alicia, and Dick F. Swaab. “A sex difference in the hypothalamic uncinate nucleus: Relationship to gender identity,” *Brain* 131, no. 12 (December 2008): 3132–46. <https://doi.org/10.1093/brain/awn276>.

Korte, Alexander, “Therapeutische Kontroverse,” *Trans-Identität bei Kindern und Jugendlichen. Therapeutische Kontroversen – Ethische Fragen*. Forum Bioethik, Deutscher Ethikrat, Tagungsort Berlin-Brandenburgische Akademie der Wissenschaften, Leibniz-Saal, 2020.

Kutschera, Ulrich. *Das Gender-Paradoxon. Mann und Frau als evolvierte Menschentypen* (Berlin: LIT Verlag, 2016).

Fisher Alessandra D., et al. “Cross-sex hormone treatment and psychological changes in transsexual persons: Two-year follow-up data,” *Journal of Clinical Endocrinology and Metabolism*, 101, no. 11: 4260–69. <https://doi.org/10.1210/jc.2016-1276>.

Hines Melissa. “Sex-related variation in human behavior and the brain,” *Trends in Cognitive Sciences* 14, no. 10 (October 2010): 448–56. <https://doi.org/10.1016/j.tics.2010.07.005>.

Hodgetts, S., Hausmann, M. (2022). Sex/Gender Differences in Brain Lateralisation and Connectivity. In: *Current Topics in Behavioral Neurosciences*. Springer, Berlin, Heidelberg. https://doi.org/10.1007/7854_2022_303

Hutton Leslie A., Guibao Gu, and Richard B. Simerly. “Development of a sexually dimorphic projection from the bed nucleus of the stria terminalis to the anteroventral periventricular nucleus in the rat,” *Journal of Neuroscience* 18, no. 8 (April 1998): 3003–13.

Ippolito, Joseph E., et al. “Sexual dimorphism in glioma glycolysis underlies sex differences in survival,” *JCI Insight* 2, no. 15 (2017). <https://doi.org/10.1172/jci.insight.92142>.

Jun Won Lee, et al. “Metabolic Sex Dimorphism of the Brain at the Gene, Cell, and Tissue Level,” *Journal of Immunology* (January 2022): 212–20. <https://doi.org/10.4049/jimmunol.2100853>

LeGates, Tara A., Mark D. Kvarta, and Scott M. Thompson. “Sex differences in antidepressant efficacy,” *Neuropsychopharmacology* 44 (2019): 140–54.

Littman, Lisa. “Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria,” *PLOS One* (August 2018). <https://doi.org/10.1371/journal.pone.0202330>. Erratum in *PLOS One* 14, no. 3 (March 2019). <https://doi.org/10.1371/journal.pone.0214157>.

Louis, Chantal. “Many Sexes? That’s Nonsense!” *Emma. Blein Mutig!* <https://www.emma.de/artikel/many-sexes-nonsense-339765>.

Lotze, Martin, et al. “Novel findings from 2,838 Adult Brains on Sex Differences in Gray Matter Brain Volume,” *Scientific Reports* 9 (2019). <https://doi.org/10.1038/s41598-018-38239-2>.

Luraghi, Silvia. “The origin of the feminine gender in Indo-European. An old problem in a new perspective.” In Vit Bubenik, John Hewson, and Sarah Rose, eds., *Grammatical Change in Indo-European Languages* (Amsterdam and Philadelphia: Benjamins, 2009), 3–13.

Mapplebeck Josianne C. S., Simon Beggs, Michael W. Salter, “Sex differences in pain: a tale of two immune cells,” *Pain* 157 (2016): S2–S6. <http://dx.doi.org/10.1097/j.pain.0000000000000389>.

McCarthy, Margaret M., and Gregory F. Ball. « Tempests and tales: challenges to the study of sex differences in the brain,» *Biology of Sex Differences* 2, no. 1 (April 2011):1–5. <http://dx.doi.org/10.1186/2042-6410-2-4>.

Mendrek, Adrianna, and Adham Mancini-Marie. “Sex/gender differences in the brain and cognition in schizophrenia,» *Neuroscience & Biobehavioral Reviews* 67 (August 2016): 57–78. <https://doi.org/10.1016/j.neubiorev.2015.10.013>.

Nüsslein-Volhard, Christiane. *Wann ist ein Mensch ein Mensch?* (Heidelberg: C. F. Müller, 2003).

———. *Von Genen und Embryonen* (Stuttgart: Reclam, 2004).

Olearo, Franco. “Quando il gender diventa ideologia,» *Studi Cattolici* 655 (September 2015): 632–34. http://www.agesc.it/cm-files/2017/01/04/file_1_4258.pdf.

Rafling, C., et al. “Sexuality in psychiatric inpatients: A comparison of patients with Borderline Personality Disorder, Schizophrenia and Anxiety Disorder,» 48th INPC Pula 2008, June 18–21, 2008; Pula. 2008.

Reininghaus, Eva, et al. “Sexual behavior, body image and partnership in chronic illness, a comparison of Huntington’s disease and Multiple Sclerosis,» *Journal of Nervous and Mental Disease* 200, no. 8 (August 2012): 716–20. <https://doi.org/10.1097/nmd.0b013e318261410f>.

Schulze-Eisentraut, Harald, and Alexander Ulfig, eds. *Gender Studies – Wissenschaft oder Ideologie?* (Berlin: Deutscher Wissenschaft-Verlag, 2021).

Soh, Debra. *The End of Gender: Debunking the Myths about Sex and Identity in Our Society* (New York: Threshold Editions, 2021).

Sommer, Iris E., et al. “Sex differences in handedness, asymmetry of the Planum Temporale and functional language lateralization,» *Brain Research* 1206 (April 2008): 76–88.

Springmann, Marie-Luise. “Essstörungen und Geschlecht - Geschlecht als Rahmenkonstrukt zum Verständnis psychosozialer Entwicklungsprozesse bei Anorexie und Bulimie,» PhD diss., University Medical Center, Freiburg. <http://dx.doi.org/10.13140/RG.2.2.31889.51047>.

Stevens, Jennifer S., and Stephan Hamann. “Sex differences in brain activation to emotional stimuli: a meta-analysis of neuroimaging studies,” *Neuropsychology* 50, no. 7 (June 2012): 1578–93. <https://doi.org/10.1016/j.neuropsychologia.2012.03.011>.

Taddei, Matilde, et al.. “Task-related functional neuroimaging contribution to sex/gender differences in cognition and emotion during development,” *Journal of Neuroscience Research* (November 2022). <https://doi.org/10.1002/jnr.25143>.

Tomasi, David. “Gender: Science or Ideology?” Paper presented at *Accademia Tiberina*, Rome, Italy, November 25, 2022.

———. *Critical Neuroscience and Philosophy* (London: Palgrave Macmillan, 2020).

Villapol Sonia, David J. Loane, and Mark P. Burns. “Sexual dimorphism in the inflammatory response to traumatic brain injury,” *Glia* 65, no. 9 (September 2017): 1423–38. <https://doi.org/10.1002/glia.23171>.

Vollbrecht, Marie-Luise. “Geschlecht ist nicht (Ge)schlecht – Sex, Gender und warum es in der Biologie zwei Geschlechter gibt.” Paper presented at *Open Humboldt*, Humboldt-Universität, July 14, 2022, Berlin.

Warrier, Varun, et al. “Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses and autistic traits in transgender and gender-diverse individuals,” *Nature Communications* 11 (2020). <https://doi.org/10.1038/s41467-020-17794-1>.