

# The Heart Is Not Neutral

The highly polarized debate over health care for transgender youth demonstrates why the pursuit of so-called scientific neutrality so often fails to bring about social consensus.

In Plato's *Republic*, Socrates argues that justice is harmony and that injustice is faction—the disharmonies that tear society apart. The question, then, is how to hold a political community together. In our deeply fractured times, this perennial question has renewed urgency. Scientists and philosophers of science tend to lean on the concept of *neutrality*: We hope that some neutral position can be had, one that would settle disagreements by rising above the limited views of each faction. A similar sense of neutrality is often expressed in calls to inform public policy with scientific evidence.

Scientific neutrality is a powerful myth. Since World War II, this so-called *linear model* has held that societal debates about values occur *after* science does something non-societal to establish things called facts and evidence that are supposedly value-neutral. Today, prolonged controversies over issues that implicate questions of science and technology are often accompanied by calls for more “public understanding of science” to communicate more facts that will somehow guide the way to consensus.

Digging deeper, this myth gained strength as modern science was being forged in the seventeenth century. Early scientists pictured themselves as “modest witnesses,” to use the philosopher of science Donna Haraway's formulation; they inhabited a “culture of no culture” that fancied itself above the fray of political and religious factions. Their view was offered as a non-view—a mirror reflecting nature as it really is. Haraway describes this as the “view from above, from nowhere.”

This, in turn, is rooted in Plato's own solution to the problem of factions. In the *Republic*, Socrates argues that

“true philosophers” are capable of seeing behind the veil of appearance to reality in itself. They alone can see the truth. Those endowed with this ability to see the truth should rule, and others, who are ignorant, should obey. Thus, the true philosopher's (or scientist's) insight is attained by abstracting from particular positions to achieve disembodied universal truths.

This myth is limited, and the depth of the fissures now splitting American society testify to its inability to bring about a convergence of opinion. The erosion of trust in institutions across science, government, and mainstream media suggests a deeper epistemic crisis. Our disagreements aren't limited to debates about values that occur atop a shared set of evidence—we disagree on the underlying evidence itself. In this fraught political environment, invoking the myth of neutrality is not an effective way to develop consensus, and it can have pernicious effects that harm marginalized individuals or communities. Over the past several years, I've been considering these issues in the context of the controversies over providing health care to transgender youth.

For most of my career, I have been writing about science, philosophy, and controversial issues: climate change, fracking, biotechnology, and now transgender medicine. I have come to believe that there is a better path toward finding the common truths that can bind us together. It is a path that turns from matters of fact to what makes the facts matter; that is, to the stories and worldviews that inevitably shape how we see things. Here, we don't look for a “neutral” truth by turning away from our differences in a quest for an abstract universality. Rather, we step into our differences in an effort to find, through them, our common humanity.







The German polymath Johann Wolfgang von Goethe wrote, “Each one sees what he carries in his heart.” If we are to have serious conversations about the subjects that so deeply divide us, we must acknowledge that “evidence” doesn’t come from “nowhere.” What we see in the world and regard as evidence reflects what is in our hearts. The question becomes one of character: Do we have the courage to examine ourselves and to open up to the experiences of others?

### Standpoints and science

The idea of a view from nowhere implies that science has access to some universal standard beyond human experience. Early modern scientists tried to fashion themselves as the “true philosophers.” But the nineteenth-century philosopher Friedrich Nietzsche challenged the very concept of a non-perspectival “objectivity” that was then developing in the sciences. He wrote:

There is *only* a perspectival seeing, *only* a perspectival “knowing”; and *the more* affects we allow to speak about a matter, *the more* eyes, different eyes, we know how to bring to bear on one and the same matter, that much more complete will our “concept” of this matter, our “objectivity,” be.

For Nietzsche, knowledge comes not from disinterested contemplation, but from *wanting* to see differently. His anti-Platonic view understands humans as embodied creatures just like any other. We come to know the world around us by pitting one perspective against another, using each to overcome the limitations of the others and learning how to make different points of view useful.

Nietzsche’s argument is not just a critique of the Platonic myth; it also sets out a positive vision of how limited cognitive agents such as ourselves can pursue knowledge. At its core, this vision pictures humans as biographical beings who cannot help but make sense of reality through stories. One way to put this is that observations are *theory-laden*. People don’t ever perceive raw data, but rather a world already made meaningful by the filters of our mental categories. Supposedly neutral observations of so-called mere facts often presuppose the theories they are meant to support. The idea of neutrality becomes dangerous when a dominant story is stripped of its limited, all-too-human origins and taken as reality simpliciter.

An important development in this vision of anti-neutrality is feminist standpoint theory. A standpoint is not a mere individual perspective—it is a position earned through a collective political and epistemic struggle. Standpoint theorists argue that knowledge is socially situated, and that marginalized groups are situated in ways that give them an epistemic privilege—a “double vision” unavailable to those who rest comfortably in the dominant theory. As the Black feminist writer bell hooks put it, “Living as we did—on the edge—we developed a particular way of seeing reality. We

looked both from the outside in and from the inside out ... we understood both.” The marginalized can see how certain dominant theories (that others take as neutral or natural) are constructed and maintained. The philosopher of science Sandra Harding calls this “strong objectivity,” in contrast with the “weak” objectivity that claims to be value-neutral.

### World-traveling and trans identity

Standpoint theory has helped me understand the way that transgender identities are seen as less natural, real, or legitimate in a society where fixed gender identities (identified at birth) are seen as normal. Trans activists and scholars have labeled this viewpoint, which holds that the status quo is the natural order, *cisgenderism*. Not only does this term give trans people language to better describe their own experience, it gives everyone a tool for evaluating given norms and assumptions. The transgender philosopher Talia Mae Bettcher writes that incorporating trans perspectives enables seeing “from the *other side* of theory,” and that comes from “world-traveling” across different communities and experiences.

For the past decade—ever since I learned that someone I love is transgender—I have been engaged in this world-traveling. Confronting my own assumptions and prejudices has been a humbling experience; I discovered that views I thought were neutral were really products of my upbringing. I have traveled not only as a parent but also as a philosopher. In the course of this journey, I have re-examined how scientific “neutrality” functions in such highly politicized environments. I have come to see that, at best, it amounts to well-meaning but futile attempts at fact-checking. At worst, appeals to neutrality serve to reinforce existing biases and power structures.

My traveling has occurred in the terrifying context of widespread political attacks against transgender people. Over the past decade, hundreds of anti-trans bills have been filed in state legislatures. During the 2024 election alone, Republicans spent \$215 million on ad campaigns against trans rights.

Science, medicine, and medical institutions have been targeted in these attacks. Many social media campaigns and much of the legislative activity has concerned medical care for transgender adolescents, including the prescription of puberty blockers and hormones. This gender-affirming care is based on longstanding guidelines that are supported by every major medical organization in the United States. But such care has now been banned in more than 20 states. Subjected to similar political pressures, would other medical specialties, treatments, and decisionmaking processes come under suspicion?

After I last wrote for *Issues* on this topic, these attacks became personal for my wife, Amber, and me. In February of 2022, Texas attorney general Ken Paxton—who had once been our dinner guest—issued a legal opinion that gender-affirming care constitutes child abuse. Governor Greg Abbott

then reminded teachers, social workers, health care providers, and others that they had a duty to report suspected cases of “gender transitioning.” Child Protective Services notified several parents of trans youth that allegations of child abuse had been filed against them. Amber and I were among those parents. After many agonizing months our case was closed. A Texas appeals court blocked further investigations.

What everyone agrees on is that more youth are identifying as transgender, and social attitudes toward trans identities are shifting rapidly. Referrals for gender dysphoria in the United Kingdom, for example, went from 210 in 2012 to 5,000 in 2022; a leap, to be sure, but still only a very small number of people in that age cohort. In the United States, 0.6% of people over 13 identify as trans. However, among those aged 13–17, the rate is 1.4%. Treat that fact like the lines on the page of the duck-rabbit illusion. What do you see there? A duck looking left? Or a rabbit looking right? It depends on how you frame things; there is no view from nowhere.

One view, which I hold, is that trans people, by various names and expressions, have always been part of cultures around the globe, including in the United States. As trans

this assumption: If all young people are naturally cisgender, then any medical intervention that steers them away from a cisgender outcome must be wrong.

I call this the “no such thing” story, because it is summarized in the slogan, “There is no such thing as a trans child.” I have had these very words screamed at me. Some people feel so strongly that parents of transgender children are “groomers” (an anti-LGBTQ slur implying pedophilia and manipulation) that they have suggested we should be executed.

There is a cautionary tale here: What is being presented as a scientific controversy about evidence of risks and benefits is a stalking horse for deeper, strongly held views about the human experience. Scientific evidence, no matter how neutrally framed, is hard-pressed to dislodge the “no such thing” story, because it is the lens through which many people interpret the evidence. It is, as Goethe said, what is in the heart of many people.

Although I can’t understand the hatred, I can sympathize with those who find the “no such thing” story plausible. The culture is changing, children are impressionable, and some gender-questioning young people may not continue to identify

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visibility and acceptance have increased, we might expect an uptick in identification with a formerly stigmatized trait, reflecting a more accurate picture of what already naturally existed but had been artificially suppressed. For example, as the late Victorian stigma against left-handedness fell away, left-handers’ share of the population rose from 4% in 1900 to 12% by 1960. A more apt example is that with increasing social acceptance, more Americans have come “out” by openly identifying as gay and lesbian.

Anti-trans groups, however, have claimed that the increasing number of trans youth is something new that requires explanation. They lay blame on a wide variety of hypothetical causes, including “radical gender theory” in schools, “hypnosis pornography,” and poor parenting. An amicus brief to the US Supreme Court in a case challenging a gender-affirming care ban in Tennessee even cites strep throat, Lyme disease, and manga comics as possible underlying causes. What these theories have in common is that they’re premised on the belief that no one is *actually* transgender; rather, gender dysphoria is a delusion driven by social contagion and what one writer calls “cultural frailty.” Indeed, the prohibition of trans medical care flows from

as trans as they grow older. Not that long ago, it was all new to me, too. Despite the vitriol, I believe that most people are kind-hearted and sincerely struggling with difficult questions that are unfamiliar to them. What helped me to a stronger objective truth about trans identities was some world-traveling through history.

### Establishing reality through “trials of strength”

It’s tempting to imagine that science, or at least medicine, has established its facts by sticking to disinterested analysis and evidence gathering. But history shows us how scientists first need some conceptual frameworks—or what the philosopher of science Thomas Kuhn called *paradigms*—through which to make sense of the world. Indeed, the “facts” can’t emerge without such lenses. For example, oxygen could only be named once modern chemical theory took shape. Before that, it was simply “air.”

Similarly, historian Jules Gill-Peterson chronicles the evolution of health care for young trans people from the 1910s through the 1990s by tracing conceptual shifts in science and medicine. She documents the ways that cisgender psychiatrists and other professionals struggled to make sense of their

patients by looking at them through a variety of lenses, using terminologies such as transvestite, hermaphrodite, homosexual, androgyne, and fairy. By 1950, she writes, the study of variations in gonads, hormones, psychology, and secondary sexual traits challenged the very idea of a sex binary. The new concept of *gender* was deployed in the 1950s to justify “normalizing” medical interventions performed on the bodies of intersex children. A gender binary inscribed the “no such thing” story as the dominant theory. This was the pathologizing medical model that pictured trans identities as disorders in need of a cure.

The scientific discourses built atop this model were premised on the metaphor of plasticity. Trans youth were seen as indeterminate and moldable. Psychiatrists used many of the same etiological theories (e.g., bad parenting) that are being trotted out again today. They defined success, Gill-Peterson relates, as making “the transsexual give up his cross-gender orientation” and becoming “comfortable with his physical sex.” They tried many conversion practices to alter these young people.

Yet, as early as the 1960s, the psychiatrist Lawrence Newman lamented that “we must acknowledge nothing

In medicine, this evolution from nonexistence to norm was accomplished in large part through the inclusion of trans perspectives. Gill-Peterson tells a story of how psychiatrists took one trans girl’s gender identity to be evidence of “delusion,” “mental retardation,” and “sexual perversion.” She was institutionalized for 15 years with a diagnosis of schizophrenia. In 1978 Jeanne Hoff, a psychiatrist and trans woman, took over the case. She petitioned to have the patient released, stating, “Through all the florid language of the [psychiatric] reports there is an unmistakable moralistic disapproval of her effeminacy and homosexuality but not the slightest hint that the diagnosis of transsexualism was suspected, even though it was quite evident from the details provided.” This patient’s story brings to mind Latour’s observation that winning trials of strength—and establishing objective reality—requires intense resistance.

It is important to keep this history in mind when considering attempts to find neutral answers in the contemporary debates: The history of trans medicine has been an ongoing trial of strength, and it is influenced by travelers who learn to see from, returning to Bettcher’s phrase, “the *other side* of theory.”

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approaching this [successful conversion therapy] exists.” The young people he tried to convert resisted by insisting on the truth of who they were, sometimes tragically resorting to suicide after years of having their truth—their nature—misunderstood by scientists and doctors as something artificial and disordered.

In his book *Science in Action*, the science and technology studies scholar Bruno Latour argues that scientific fields establish reality through *trials of strength*; and these contests bring concepts like “oxygen” to the world. Echoing Nietzsche, Latour argues that science’s superficial orderliness hides a bare-knuckle brawl: a brutal and relentless contest through which “something incredible (the hero) becomes gradually more credible because it withstands more and more terrible trials.”

This provides insight into how the trans community developed a standpoint through multiple trials of strength that exacted enormous costs on their well-being and dignity. That victory, over decades, is why the gender-affirming care model now guides clinical practice, informed by standards that have been in place since 1979.

### Retrial: the Cass Review

So history tells us of a group of scientists and medical practitioners who realized that their own categories were a distorting set of lenses that prevented them from seeing the truth of their patients. A dehumanizing bias had been masquerading as the view from nowhere. This realization—the truth of the patients—has stood through several trials of strength. Indeed, the battle has had to be refought multiple times.

The latest battle over trans health care can be found in the Cass Review, which was commissioned by the United Kingdom’s National Health Service (NHS) in 2020 and published in April 2024 as a 388-page report, alongside other supporting documents. Named for Hilary Cass, a UK pediatrician appointed to chair the review, it was intended to shed light on the “exponential increase” in young people seeking help from gender clinics and to make recommendations about how best to serve those patients.

The review illustrates the pitfalls of neutrality, which it describes as “independence” and as seeking a position outside of any interested parties. In keeping with the linear model, the

review defines the problem as one of uncertainty due to a lack of evidence. It starts from this characterization of the situation:

From the start, the Review stepped into an arena where there were strong and widely divergent opinions unsupported by adequate evidence.... Whilst navigating a way through the surrounding ‘culture war’, the Review has been acutely and increasingly aware of the need for evidence to support its thinking and ultimately the final recommendations made in this report.

That phrase “from the start” indicates how every beginning is actually in the middle of something else. There are no neutral options in framing that wider context and choosing what Bettcher calls the “starting point” from which inquiry will unfold. This is why the history is so important here.

The review frames the “divergent opinions” as occurring *within* the health care profession: “Given the increasingly evident polarisation among clinical professionals, Dr Cass was asked to chair the group as a senior clinician with no prior involvement or fixed views in this area.” Like Cass, no one on the Assurance Group for advising on the review’s process lists

affirming approaches as life-changing decisions, whereas a lack of access to care is treated as the non-life-changing default. The review speculates that in the absence of experience as an adult cisgender person, young people cannot have a frame of reference for knowing whether medical intervention was needed. But one’s life cannot be run as a double-blind randomized controlled trial; the review does not consider how cisgender youth are hampered in their choices by not experiencing adult life as a transgender person. In medicine, the view is always from within someone’s body—the view from nowhere cannot be found.

Ironically, by importing the *political* “no such thing” story into what it frames as a matter of professional disagreement, the report creates a heightened appearance of polarization among clinical professionals. The review commissioned a survey of health care professionals, social workers, and others using multiple choice answers and what the survey’s authors describe as “polarizing statements intentionally worded as such in order to illicit [*sic*] a clear response from participants.” Nearly one-third of the respondents (21 of 66) expressed agreement with the statement, “There is no such thing as a trans child. Gender dysphoria is always an indicator of

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expertise in the field on publicly available biographies. And although the review did involve focus groups with patients, their views were relegated to the margins of the document, surrounded by stylized speech bubbles, with little influence in what was framed as a professional debate. Thus, the review took the Platonic approach by trying to find neutrality *outside* of the lived experiences of trans people and the experts who care for them.

The review often seems to be trying to reconcile two worldviews that cancel each other out. Cass writes in the foreword to the final report that “This Review is not about ... undermining the validity of trans identities.” Yet a section is devoted to “peer and socio-cultural influences” on transgender identities, such as online stressors and mental health. The review even speculates that pornography might be a cause of gender dysphoria, while stating that more investigation is needed. Yet it never brings such speculations to bear on cisgender identities. In this way, the “independent” viewpoint falls into the biases of cisgenderism by picturing trans, but not cis, identities as social in origin—and thus suspect.

As other critics of the review have noted, it casts gender-

another underlying problem...” This data point has gotten considerable attention; however, the survey’s next question found significant consensus (with only 6 of 66 respondents expressing disagreement) around a more holistic and individualized approach to gender distress in children that recognizes the validity of trans identities. Indeed, the authors reported that survey respondents expressed some frustration with the polarizing statements, noting that they did not allow for nuance.

As if toggling between duck and rabbit, the review waffles between models in its attempt to remain neutral. This is the source of the Cass Review’s internal contradictions: It tries to maintain two incommensurable models at the same time, hoping that more evidence will lead to consensus.

But this is putting the cart before the horse: The models are the lenses through which the evidence is seen and through which facts become intelligible. They define the parameters of consensus and what counts as relevant evidence. In other words, you can only use scientific evidence to find consensus *within* a model, which tells you what the evidence *means* and which facts *matter*.

So it's not surprising that when the review was released, some greeted it as a duck and others as a rabbit. Opponents of trans health care saw Cass's claim that "this is an area of remarkably weak evidence" as a vindication of their position. The Society for Evidence-Based Gender Medicine, a nonprofit organization known for its advocacy against gender-affirming care, wrote: "It now appears indisputable that the arc of history has bent in the direction of reversal of gender-affirming care worldwide."

And yet it is also easy to take the opposite message from the Cass Review. It does not call for prohibiting care. In fact, it recommends "expanding capacity at all levels of the system." Nor does it document a thoughtless rush to hormones and puberty blockers; in the current UK system 27% of patients at the NHS's Gender Identity Development Service clinic were referred to endocrinology—and only after an average of 6.7 appointments. And rather than a wave of regret, the review found that fewer than 1% of patients detransitioned. Overall, the review paints a picture of youth in need of greater access to care, not further restrictions.

The Cass Review has given rise to a cottage industry of essays, close readings, critical analyses, and commentaries.

power happen between people in the public *space of appearance* where we disclose our unique identities and perspectives. If we were units in a hive mind, there could be force or violence, but not politics or power. We could be reprogrammed or smashed, but not persuaded or reasoned with.

Democracy is a political system built to honor and manage plurality through deliberative reasoning, which allows us, as Arendt writes, "to find sameness in utter diversity." I think the problems around neutrality stem from a narrowing and diminishment of this reasoning capacity.

I left out a part of the story about the rise of science as a "view from nowhere" and the resulting linear model. What went hand in hand with the rise of science and technology in our culture was a decline of the humanities. Throughout the twentieth century, a divide cleaved its way through what had once been a continuum of topics that had all been seen as amenable to reasonable discourse in the pursuit of common insights and truths. Eventually, science, technology, engineering, and math stood on one side of the chasm as "objective," while morality and other topics in the humanities found themselves on the other side as "subjective" matters of taste, about which no reasoning is possible. Ironically, the things people care

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How is it that a review that was intended to clear things up did little more than reflect a fractured society's worst confusions and assumptions? I would argue that by framing itself as navigating a culture war, the Cass Review tried to reach scientific consensus on the terms set by the political debate, which just intensified the political energy around the subject. It is not possible to fact check or seek consensus when the metaphysical views driving opposing interpretations of facts are never "checked" themselves. Getting from one model or worldview to another takes world-traveling, which entails a different kind of inquiry—one that gets to the heart of things.

### **The heart of plurality**

The philosopher Hannah Arendt offers the most profound critique of the Platonic myth, which in turn undercuts the myth of neutrality. She argues that "human plurality, the basic condition of both action and speech, has the twofold character of equality and distinction." Politics would be superfluous if we were all reproduceable units, essentially the same, acting as if controlled by a hive mind. Politics and

most about belong to fields that are increasingly dismissed as intractable to reason. This leads to futile debates where deeply held ethical, metaphysical, and religious convictions are transmogrified into claims about "facts and evidence."

In the 1830s, French political thinker and historian Alexis de Tocqueville argued that the future of democracy would depend on the "habits of the heart." This is still the case: The heart is the way we frame evidence, it is where we find common values, and it is necessary for governance. This integrated understanding of knowledge is what the humanities have to offer. I think we can look candidly at what we carry in our hearts and find ways to "travel" beyond our limited perspectives to live in the creative tensions of a diverse society. Doing so would entail reasoning through our values rather than hiding them behind claims about purportedly value-neutral evidence.

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