

An Overview of Current Disputes on the Natures of Transgender Conditions, and a Commentary on the Cass Review¹.

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Abstract

The nature and origins of transgender conditions are currently the subject of an intense dispute between The World Authorities and Professional Medical Institutions who now define transgender identities as “*naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life*”: against the attitudes of gender-critical feminists, religious groups, and others who define these conditions as “*paraphilias, perversions, or disruptions to the gender role*”. Traditional social learning and psychodynamic theories consider the organising powers of cognition to be the primary force that drives development forward. That is supported by cognitive neurologists, who adopt a similar approach. However, work by anthropologists such as Girard and different neurologists, including Dawkins, Gallese and others from the 1960s onwards have shown that early development is driven by strong, innate and pro-active forces involving possessive imitation, mirror neurons, empathy and the like. These dominate at birth and progressively come under control as the powers of cognition exert increasing effect. I show that the driving forces identified by Freud are a subset of these innate forces, where in place of the motives of sex, the search is for a coherence of identity and being oneself which affects the whole personality: And that this has to be established as quickly as possible, to bring order and stability to life. However, by definition, theories which rely on cognition, cannot explain for pre-cognitive development. By mapping how development takes place during the first three to four years, I show that the core elements of personality and identity coalesce from previously fragmented thought during the rapid expansion of neural interconnectivity around a median age of two years: These provide the inner senses of belonging: They also create the ability to separate the self from the other; which is needed before cognition and identification with the gender role can come into effect. That is considered to happen around a median age of three years. While the social learning processes are receptive and cognitive in nature, the psychodynamic processes, identified by Girard, Dawkins and others, are pre-cognitive and strongly pre-active. That has major effect on the rate at which the core elements of personality and identity, including the gender identities are created. For the same reasons, typical or atypical core gender and sexual identities can develop: Both of these approaches are examined in this account and a detailed neural study is undertaken.

In August 2020 the then UK Government commissioned Dr Hilary Cass to conduct an independent review into services for transgender children (The Cass Review). However her decision to adopt as her terms of reference, a definition of gender identification and identity that dates from 1966 which considers only the influence of gender role: Together with her disregard of the effects of the major changes and transformations in neural and cognitive capabilities during the first three to four years of life: even though she considers them when puberty occurs: Combined with her attacks on the validity of later research: Means that the viewpoints of the World Authorities and Professional Institutions are dismissed without consideration. This means that the whole of the Cass report is predicated on her conclusions that the traditional social learning and psychodynamic theories, together with cognitive neurologists is the only legitimate approach. And by rejecting the psychodynamic element in these approaches I conclude that Cass considers gender identities to develop through social learning alone. Cass is not alone in this. For too long: too many practitioners in the mainstream of psychiatry, sociology and psychology have ignored these innate forces: except where sex is concerned. This failure also misdiagnoses transgender conditions. The same denials have led gender-critical feminist groups, right wing political groups, conservative religious groups, some philosophers, and others, to condemn the conclusions of the World Authorities and Professional Medical Institutions, as not being based on credible science and the work of transgender activists. I do accept that Cass is sincere in her intention to act in the best interests of transgender children, but any report which considers only one side of a toxic dispute is not an independent report. The consequences of this for all transgender people are examined in these accounts.

¹ Cite: Gilchrist, S. (2024): “An Overview of Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review”: <https://www.tgdr.co.uk/documents/255P-CassFinalOverview.pdf>.

An Overview of Current Disputes on the Natures of Transgender Conditions, and a Commentary on the Cass Review².

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This is a precis of a more extended report³. References to original sources are given in the full document and elsewhere. Supplementary material is also provided^{4 5}. This overview has also been updated to reflect the change of United Kingdom Government since the 4th. July 2024.

In recent years there has been a significant increase in the number of referrals to the Gender Identity Development Service, and this has occurred at a time when the service has moved from a psychosocial and psychotherapeutic model to one that also prescribes medical interventions by way of hormone drugs. This has contributed to growing interest in how the NHS should most appropriately assess, diagnose, and care for children and young people who present with gender incongruence and gender identity issues. It is in this context that NHS England and NHS Improvement's Quality and Innovation Committee asked Dr Hilary Cass to chair an independent review, and to make recommendations on how to improve services for children and young people experiencing issues with their gender identity or gender incongruence and ensure that the best model(s) for safe and effective services are commissioned. The Independent Review of Gender Identity Services for Children and Young People (The Cass Review) was commissioned by NHS England and NHS Improvement in Autumn 2020 to make recommendations about the services provided by the NHS to children and young people who are questioning their gender identity or experiencing gender incongruence. In February 2022 Dr Hilary Cass released the interim report into its findings. In this article I examine her conclusions. During the course of the review, Dr Cass and the Cass Review team have been made aware of the arguments I present in this document. The Final Cass Report was published on the on the 10th. March 2024.

Currently the nature, intensity, and origins of transgender conditions are matters of intense dispute. On the one hand, the Professional Medical Institutions and World Authorities now define transgender identities as *"naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life"*: This identifies a basic or fundamental sense of belonging which lies at the core, or the heart of the personalities and identities which every one of us possesses. On the other hand, gender-critical feminist

² Cite: Gilchrist, S. (2024): "An Overview of Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review": <https://www.tgdr.co.uk/documents/255P-CassFinalOverview.pdf> .

³ Cite: Gilchrist, S. (2024): "On the Diagnosis of Transgender Conditions: A Study of Current Understandings and a Commentary on the Cass Review": <https://www.tgdr.co.uk/documents/255P-CassFinalCommentary.pdf>.

⁴ For supplementary documents on these disputes, see also: Gilchrist, S. (2024): "Why the Present United Kingdom Government Advice on Transgender Children Must be Challenged": <https://www.tgdr.co.uk/documents/040B-GovAdviceTransChildren.pdf>. These articles are extracted from: Gilchrist, S. (2024): "What Celtic Christianity and the Ancient Church of the East Can Tell us about Christian Attitudes to Women and LGBTI Relationships": <https://www.tgdr.co.uk/documents/040B-CelticChristianityWomenGenderSex.pdf> and Gilchrist, S. (2024): "Transgender Misdiagnoses: EHRC and Government Advice": <https://www.tgdr.co.uk/documents/040B-misdiagnosesandadvice.pdf>. For a critique of the previous Conservative Government approaches see: Gilchrist, S. (2023): "How to Trash the Economy, Transgender Identities and Human Rights" <https://www.tgdr.co.uk/articles/255P-HowToTrash.pdf>

⁵ This document also contains material extracted from the presentation series Gilchrist, S. (2022): "Christian Communities, Transgender People and Christian Traditions" (Presentation): <https://www.tgdr.co.uk/documents/037B-PresDoctrinesDisputesTransPeople.pdf>. And, Gilchrist, S. (2022): "Transgender Disputes, Conversion Therapy and Government actions" (Presentation): <https://www.tgdr.co.uk/documents/254p-PresTransDisputesAndGovActions.pdf> These are fully annotated presentations where full references and cross-references to the original sources are given. Additional resources, including a full bibliography, from which papers can be downloaded are available on my website www.tgdr.co.uk. Some of these papers are still in preparation, although draft copies may now be posted: Go to the website and click on the bibliography or download tabs. See in particular: Gilchrist, S. (****): "Jesus and Women": <https://www.tgdr.co.uk/documents/040B-JesusAndWomen.pdf> : Gilchrist, S. (****): "Power and Sex in Christian Traditions": <https://www.tgdr.co.uk/documents/040B-PowerAndSex.pdf>: Gilchrist, S. (****): "East and West: A Comparison of How the Apostles Interpreted the Gospel Message in Roman and Persian Cultures": <https://www.tgdr.co.uk/documents/035B-EastAndWest.pdf> : Gilchrist, S. (****): "The Gospel of Thomas: Its Origins and the Consequences for Understandings of Theology, Gender and Sex in the Christian Church": <https://www.tgdr.co.uk/documents/027B-ThomasAnalysis.pdf> .

groups deny the existence or relevance of this inner sense of belonging, through which this core gender identity is expressed. They instead attribute the development of gender identity wholly to traditional social learning and psychodynamic theories and define it as a “*nebulous and collectively created social construct determined entirely through association with the gender role*”. Applying the diagnosis of personality variations, or gender incongruence, now universally adopted by the World Authorities and Professional Institutions, identifies the creation of transgender identities as inwardly focussed and compulsive searches for identity: These do not threaten others. they involve the rejection of what is wrong and lie at the core of the personality which is created. That perception must be set against the views of opposing gender-critical feminists who, along with many religious groups, instead identify transgender conditions as sexually driven but sublimated personality deviations or disruptions which involve motives and feelings of behaviour, pleasure, and desire, with allegiances only the gender role. So, threats to others can be feared, through the expression of these drives and desires. The motives, timescales, and methods of management associated with these opposing diagnoses differ to the degree that the approach which one group considers to be one of compassion, acceptance and concern is almost inevitably regarded as one of grooming, recruitment, and coercion by the other. Considerable harm can be created if the wrong diagnosis is applied. With such differences as these, it is hardly surprising that strong and toxic disputes arise.

The analysis I present considers whether transgender conditions should be considered as personality variations, in line with the World Authorities and Professional Medical Institutions, or as Personality deviations, perversions, paraphilias or disruptions, in line with the gender-critical groups. There should be no magic needed for the management of transgender conditions: For the difference between these are well known, and it should be easy to tell them apart. The correct administration of any drug depends on establishing the correct balance between the benefits it brings and the harms that any side effects create. It is therefore essential that the latest advances in understanding of how gender identities develop must be considered, where the social and medical elements are properly assessed and understood. The advances in science and the availability of experiential evidence since the 1960’s has led to the transformation in attitudes to all gender and sexually variant behaviour from ones which invariably condemned these to be intrinsically disordered and sexually motivated perversions which pursue inappropriate sex, into celebrations of identity instead. Although many people in countries and cultures where access to that science and understanding has become available, have recognised, and have accepted these transformations, others do not. That disagreement is encountered in religious traditions where many conservative groups continue to try to enforce the same sexual condemnations, despite the advances in science and understanding that have since taken place.

A corresponding resistance is encountered from some practitioners in the fields of psychology, sociology, and psychiatry, where traditional social learning and psychodynamic theories are used without consideration of these advances. These rely on cognition alone to drive development forward, thus the often-sublimated motives of sex, pleasure, and desire, associated with personality disruptions are still applied. Although as Cass notes, there is now broad scientific consensus about how transgender adults should be treated, there is still a great deal of confusion about the nature, intensity, and origins of transgender conditions, and how transgender children should be treated. In this study I examine the social consequences that any incorrect diagnosis may cause, the neurological implications; including the most recent neural studies which involve how personality and identity develop, and the previous Conservative UK Government responses. Cass warns that aspects of the literature are open to interpretation in multiple ways. She further notes that there is a risk that some authors interpret their data from a particular ideological and/or theoretical standpoint. There is therefore the concern that any uncertainties that Cass identifies in her review may be used by these bodies in inappropriate ways. That is considered in this study. That demands a disciplined and objective approach.

These disputes do not just apply to transgender conditions. At the heart of these disputes is the disagreement about how gender identities for everyone come to be created: Either as core elements of the personalities and identities that all of us possess, or merely as social constructs; arising purely through our allegiances to our gender roles. Only when this issue is addressed can we legitimately examine how transgender conditions occur. By first doing that we may also break through the flak of these transgender arguments. This further means that both of these conflicting understandings must be equitably examined, and that a truly objective review is provided.

However, there is the concern that Cass herself, has not taken proper account of this need for impartiality in her review. This is illustrated in section 6 of her final report, where she states that Kohlberg in 1966 set out a theory of gender identity development (Kohlberg, 1966)⁶. Kohlberg's theory describes the typical progression of children acquiring gender identity (realising they are boys or girls) at 2-3 years old, acquiring gender stability (realising that gender does not change) at 3-4 years, and acquiring gender constancy (realising that superficial indicators such as clothes do not change gender) at 5-6 years. This refers only to the experiences of the gender role. Even though Cass describes in considerable detail the large changes and transformations in neural structures and in interests and capabilities during adolescence and puberty, including the processes of synaptic pruning, myelination and the maturation of the pre-frontal cortex: which dominate in early development: the most surprising thing to me is that no reference is made to effects of these processes during the first three to four years of life where much more massive changes and transformations occur... Even though Cass acknowledges they exist.

As well as setting terms of reference for her report which ignore any possible influence of the pre-cognitive elements in the creation of an inner sense of belonging, which is manifested by the core gender identity, Cass does not consider the other advances in neurosciences pioneered by Gallese, Dawkins, Girard and others since the 1960s. These show that early development is strongly pro-active in nature; and is powered by innate neural processes which dominate from birth: And that these only progressively come under increasing control as the powers of cognition take effect. Cass additionally ignores or dismisses the conclusions now adopted by the World Authorities and Professional Medical Institutions on how transgender conditions develop in early life: which implicitly incorporates the impact of these forces and other advances that have since come to be understood: Nevertheless, Cass is not alone in disregarding these developments: there are many in the mainstream of psychology, psychiatry and psychology who ignore the impacts of these innate forces and continue to use the accepted psychodynamic and social learning theories in the traditional ways: Which rely on the powers of cognition alone. In study I show that taking account of these forces requires the recasting of cognition from the one which considers it to be the primary force which drives development forward, into one which creates order out of disorder by keeping these innate neural forces increasingly in check. Freud also recognised that strong and deep-seated forces are needed to fast-track development forward. In order to explain their effects, he chose motives of sex. This examination treats Freud's sexual forces as subset of the innate neural forces identified by Girard, Dawkins, Gallese and others from the 1960s: Where the search is for a coherence of identity and being oneself, instead of the drives of sex.

This cannot be just a study of how learning and development proceeds: it must also be a study of how cognition develops, and about how we become able to know our own minds (*theories of mind*), during the crucial first three to four years. Cognition does not just rely on a collection of experiences, skills, aptitudes and capabilities. Although sifting through this collection may be used to define "*What makes me, me*", a sense of agency is additionally needed, so that answers to the "*Who am I?*" question can be given. Most modern understandings of gender identity divide it into two components. The core gender identity describes an inner sense of belonging without behavioural implications: and the gender role identity arises from what society expects. It is generally accepted that either or both is usually; but need not always be in accord with biological sex. In this examination I show that a role of this core element is to create a coherence of identity and being oneself which separates the self from the other: And that this has to be in place before there can be any association with the expectations of the gender role. Most studies today attribute this first awareness of gender to around a median age of two years, but the allegiances to the expectations of the gender role do not appear before a median age of around three years. These processes are discussed in much more detail in sections 7:0 to 9:0 in the commentary document. There is little dispute between transgender people and others about how gender role identities are created: These disputes are about the role or existence of the core gender identity, and how, and when it is formed: Many transgender people report an alienation to the roles expected of them going back to their earliest years. This is before the concept or permanence of gender can be understood: In this examination I show that it is driven, not by cognition, but by pre-cognitive elements of rejection instead.

⁶ Kohlberg, L. (1966). A cognitive-developmental analysis of children's sex-role concepts and attitudes. In E. E. Maccoby (Ed.), *The development of sex differences*. Stanford, Calif.: Stanford University Press, 1966.

As an eminent paediatrician I would have expected that the need to take account of the effect of these changes in early childhood would have been her first priority. Yet there is no evidence of this in her review. Nor is there any consideration of any need to recast the concept of cognition from being the primary force which drives development forward: into one which creates order out of disorder: In order to take account of the pre-cognitive forces involved. And in contrast to Cass, I use transgender conditions as case studies to examine in detail how these fundamental, or core elements of personality and identity develop in early life: This includes a study on whether transgender conditions should be managed as personality variations or personality disruptions. In contrast to Cass, my study concentrates strongly on how these core elements come into being during those crucial first three to four years. The results of this study confirm the conclusions of the World Authorities and Professional Medical Institutions who state that transgender conditions are: *“naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life”*:

Regardless of whether Cass used social learning or psychodynamic theories for her analysis, the developments in neurology, and the advances in the psychological understandings of how gender identity develops during the early years, together with the effects of the pro-active and compulsive nature of these drives, appear to have been ignored. The effect of ignoring the influence of the sexual forces identified by Freud which fast-track development forward also puts her in line with those psychiatrists and sociologists who use social learning theories alone. It additionally identifies her with the feminist pioneers and the followers of gender-critical approaches who confine the development of gender identity to that of the gender role. However, there is a fundamental contradiction in the gender-critical approaches. These on the one hand and in the same way as the feminist pioneers, define and separate men from women through the ways they interact with each other in society. This allows a multiplicity of gender identities with limited depth to be created *“through the performance of gender”*. But they then contradict this flexibility on the other, by applying arguments of biology and by enforcing a doctrine of *“gender complementarity”*, in which only two legitimate gender identities can exist, both of these must be congruent with biological sex: And the legitimacy of non-binary gender identities is denied.

In 2018 when Penny Mordaunt the Women and Equalities Minister in an earlier Conservative UK Government under Teresa May, launched the consultation on reforming the Gender Recognition Act by declaring that *“Trans Women are Women. That is the starting point of the consultation”*, she was using the definition of the feminist pioneers which specified that men and women are distinguished from each other through their performances of gender and by the ways in which they relate to each other in society. When Rishi Sunak as Prime Minister in 2024 made the statement *“I know what a woman is”* in the UK Parliament, at a time when he understood that the mother of a recently murdered transgender teenager was in the gallery, he was restating his own Conservative Government policy, which is to define men and women exclusively in terms of biology. It is also that of the gender-critical feminist approaches. This disagreement measures both the hurt that can be created, and the total change in Government attitudes to transgender conditions⁷. These contradictions have caused a great deal of confusion, particularly in regard to how transgender children should be treated: And contradiction promotes the fears that arise. These differences, strongly suggest that source of these quarrels is more about disputes within the feminist movements, rather than being directed at transgender people themselves.

A great many feminists are happy to accept male-to-female transsexuals as the women they say they are, because that is the way in which they interact with society and are seen to be true allies in the feminist cause. For others, no man or any male-to-female transsexual can ever become a true feminist, or be identified as a woman; because biology, or social conditioning means they will always seek power over women and threaten women's identities, safety, and lives. A popular approach among these latter groups is to adopt a theory of *“Autogynephilic Transsexuality”*, where transgender conditions are considered to be sexually motivated but sublimated perversions, paraphilias or disruptions of (male) homosexuality⁸. This means that the advances in experience, understanding, and the neurology of early development since the 1960s, which for most people in the UK; has transformed attitudes to all gender and sexually variant people, from ones which had previously

⁷ Gilchrist, S. (2024): *“Why the Present United Kingdom Government Advice on Transgender Children Must be Challenged”*. <https://www.tgdr.co.uk/documents/040B-GovAdviceTransChildren.pdf>

⁸ See section 15:2 *“Blanchard and Autogynephilic Theories”* in the full document

considered them to be sexually motivated perversions or disruptions that threaten others, into welcomes, celebrations, and searches for identity instead: For transgender people alone, and only for transgender people, this transformation among some groups continues to be denied. This autogynephilic theory, put forward by Blanchard in 1989 has been discredited by many sources and the one clinic that supported it was eventually shut down: It was only developed for male-to-female transsexuals. It ignores female to male transsexuals, and no equivalent autogynephilic parallels for these people have been found. It also fails to deal adequately with non-binary roles. Furthermore, it does not provide adequate explanations for the wide range of transgender conditions that exist. It furthermore relies entirely on Freudian psychodynamics, and it presumes transgender conditions are driven by sublimated motives of sex and desire, in place of the search for the coherence of identity and being oneself, which the other understandings expect. Thus, it is not surprising that a great deal of anger is created among transgender people when a theory of autogynephilic transsexuality is being imposed upon them to support a feminist ideology which bears little relationship to the reality of their lives. Perhaps the most damaging action taken by these groups is in their attempt to misrepresent transgender people by imposing a “*Gender Ideology*” on them, which claims that they proceed to surgical transformation in the mistaken belief that “*Sex-change surgery will somehow make them women*”. It does not: It is the social interactions and the performing of gender which are important, and this is the definition of men and women which the feminist pioneers used. Male-to-female transsexuals today never describe this surgical intervention as “*sex change surgery*”. The terms “*gender reassignment surgery*” or “*gender confirmation*” surgery are invariably used. Historically the distinctions between men and women have always been made in two ways: One is through the way they interact with each other, and the second is through the differences which biology provides: Either is used, depending on the context applied. When the former Conservative Prime Minister, Richi Sunak made the statement “*I know what a woman is*” in the UK House of Commons, he was stating his own Conservative Government position that the definition of a woman must always be determined by biological sex. No other definition is allowed. In the gross insensitivity of his attack, Sunak was repeating the mantras of these gender-critical groups⁹. His statement implies that gender identity should always be congruent with biological sex and the legitimacy of non-binary gender identities is also denied.

Cass takes the opposite approach. Her decisions to set the terms of reference for her report by using a definition of gender identity and gendered behaviour from the 1960s, which relates only to the creation of the gender role, aligns both with those of the feminist pioneers and with the claims of the gender-critical groups that gender is a “*nebulous and collectively created social construct determined entirely through association with the gender role*”. Associating gender identity with “*the performance of gender*” along with the feminist pioneers means that gender identities should be matters of choice for everybody. Therefore, a multiplicity of gender identities with limited depth, which includes non-binary identities, can exist. This puts back the timescales for development of personality and identity to much later in life, and the depth and integrity of transgender conditions is denied. It also means that the scientific consensus adopted by the World Authorities and Professional Medical Institutions, which today considers these conditions to be personality variations, which arise very early in life; and cannot be changed either by the individual concerned or by the predations of others in subsequent life, is also denied or ignored. However, gender-critical groups go to the opposite extreme. By refusing to separate gender from sex, and by denying the separate existence of gender identity, gender-critical argue that gender identity, and the allegiances which create it, must always be congruent with biological sex, without naming it, give it an overwhelming effect.. I argue that neither extreme is completely correct, and in this study show how strong and stable core gender identities are created, which need not always follow biological sex.

In sections 6:21 to 6:31 of her final report, Cass considers interactions between nature and nurture. She notes the effects of testosterone on behaviour and on pre-natal and post-natal brain development. She also discusses the effects of intersex conditions. When she describes brain development during adolescence, she further notes that there are two important periods: The first up to age three, and the second from adolescence into adulthood (6.32). While she describes in considerable detail the large changes and transformations in neural structures and capabilities during adolescence and puberty, including the processes of synaptic pruning, and myelination and the maturation of the pre-frontal cortex, the effects of the even more massive changes and transformations during the first three to four years of life are ignored. As noted previously, the

⁹ For further discussion on this see: Gilchrist, S. (2024): “*Why the Present United Kingdom Government Advice on Transgender Children Must be Challenged*”. <https://www.tgdr.co.uk/documents/040B-GovAdviceTransChildren.pdf>

most surprising thing to me is that no reference is made to effects of these processes during the first three to four years of life. This is at a time when even more massive neural transformations are occurring, and when the core or fundamental elements of personality and identity are being formed. There is also no reference to the neuroscientific and anthropometric work by Dawkins, Gallese, Girard and others, which has been available from the 1960's: This work shows that the development of personality and identity is driven by strong innate and pro-active forces. These dominate from birth, and only come under increasing control as cognition develops; and when the rapid increases in neural interconnectivity take effect.

Virtually all recent neural studies show that gender identities; expressed in terms of social relationships, and sexual identities; articulated in terms of sexual attractions, form together as part of a single complex very early in life. There is in addition a whole raft of sex differences that impact on behaviour, maturation and relationships which begin at the pre-natal and post-natal stages and cross into later life. See the 2020 Handbook of Clinical Neurology Volume 175: "*Sex Differences in Neurology and Psychiatry*" for descriptions of these¹⁰. Also, there is no serious consideration of the work of Stoller, Money and others, which show how the core gender identity, which represents the inner sense of belonging and marks the ability to separate the self from the other comes to be established so early in life, why it can be independent of the gender role, and why it is generally understood to be immutably established by the age of three years. When the correct administration of any drug or treatments must invariably be a balance between the benefits they bring, and the harms of any side effects, it is always essential to get the balances and diagnoses correct. Since the motives, timescales, and methods of management differ so greatly in these conflicts, these all must have major consequences as far as transgender children are concerned.

In the study described in this document, I noted earlier that I use transgender experiences and conditions as case studies to examine how the core elements of personality and identity for everyone are created. That is important, because this examination affects much more than transgender conditions. There is also the need to consider further the work of Girard, Gallese and Dawkins, which has already been referred to in this report. In the 1950s and 1960s the French anthropologist René Girard showed that early concepts of personality and identity form initially as elements of fragmented thought, where strong and innate imitative forces, which dominate from birth, cause these fragmented elements to coalesce, and to enable the core elements of personality and identity which belong to all of us to be created. Once development starts in a particular direction it also becomes difficult to stop. This needs a trigger: which may be early, internal, or minor, so that awareness of any cause may never be apparent, or its significance may be lost in the dynamics of the self-reinforcing processes involved. Sexual dimorphism appears about twelve weeks after gestation. Stoller used this to argue that gender identity is innate. Although gender identities cannot form before birth, which disagrees with Stoller, the behavioural differences which depend on sexual dimorphism can do so, and this can provide the trigger which encourages congruent and incongruent identities to develop. Cass acknowledges (34 Summary and Recommendations) the broad agreement that gender incongruence arises from a combination of biological, psychological, social and cultural factors. The knowledge that babies are already making choices on a gendered basis from the age of three months indicates early origins. The acceptance that it has now become a universal recommendation to avoid any form of gender confirmation surgery on intersex children until they are able to make their own decisions, implies that these early influences can have a significant impact. And the knowledge that this had often been conducted, with damaging results, on certain intersex children as soon as possible after birth; in many cases without the children ever knowing about it, has a further reinforcing effect.

Simultaneously but independently the neuroscientist Richard Dawkins proposed a similar pattern of development, where corresponding elements of fragmented thought, which he called memes, coalesce into larger complexes under the action of corresponding pro-active, and innate neural forces, which likewise dominate from birth and only gradually come under increasing control, as the powers of cognition and neural interconnectivity exert more effect. Girard and Dawkins may have disagreed about many things, notably over religious belief, but the close relationship between the names which each used to describe these processes, *mimetic* and *mimetic*, show that agreement in this area was reached. Gallese further developed this work, in

¹⁰ Lanzenberger, R.; Kranz, G.S.; Savic, I.: (Eds) (2020): Sex Differences in Neurology and Psychiatry" Handbook of Clinical Neurology Volume 175, 2020. These are further discussed in Section D:2 Gender Attacks in Gilchrist, S. (2020b): "*Responsibility in Transgender Disputes*": <http://www.tqdr.co.uk/documents/248P-Responsibility.pdf>

which innate elements, involving mirror neurons, possessive imitation, and empathy are shown to play key roles in early development.

There are now many neural studies conducted by Denet, Blackmore, Greenfield and others which show how the powers of cognition develop over the crucial first three to four years of life. A major advancement also takes place around a median age of two years, and this is before the powers of cognition can come into full effect. All of these studies show that these innate neural forces dominate from birth, and that they only come under control, because the increasing neural interconnectivity and transformations in cognitive capabilities, keeps them in check. By mapping how development takes place during the first three to four years of life I show elsewhere that the psychological and physiological aspects of brain development act pro-actively together in early years to form a finely tuned system in which the maximum amounts of individuality, possessiveness, intelligence, and inquisitiveness, together with the minimum degrees of energy expenditure are generated¹¹. For the same reasons, typical or atypical gender and sexual identities can develop. And even though I show that strong and stable core identities are created, these need not always follow biological sex. I conclude that the core elements of personality and identity coalesce from previously fragmented thought during the rapid expansion of neural interconnectivity around a median age of two years: And that these provide the inner senses of belonging, with the ability to separate the self from the other, which manifests itself through the core gender identity, is created before allegiances with the gender role can come into effect. That usually does not happen until around a median age of three years

We have noted that Freud likewise recognised that strong and powerful forces are needed, but he had to create constructs such as the ego and id to explain his arguments. And as a way to explain the strength of these actions, he chose the motives of sex. However, these constructs rely on cognition to explain their effects. These do not come fully into action until about the age of three years, therefore Freud was forced to conclude that these first three years were times of seething emotions, where little constructive occurs. Because of this delay, it can be presumed that cognition primarily or alone provides the major organising force which drives development forward. The traditional psychodynamic and social learning theories also rely on the increasing powers of cognition alone to explain how development proceeds. And that is in total contrast to the actions of the innate forces identified by Girard, Dawkins, Gallese and others, which as we have seen, dominate from birth and only come under control as the powers of cognition increasingly come into effect. This reliance on cognition alone means that Freudian dynamics and cognition on their own cannot explain the pre-cognitive aspects of early development: And the disregard of the many advances in the neuroscientific, social, and experiential understandings since the 1960s, which have shown that the early development of personality and identity is a strongly pro-active process, has not only set back advances in the understanding of how early development proceeds; it has had other disrupting effects. In this examination I consider that Freud's presumption of motives of sex and desire must be treated as a subset of the innate neural forces predicted by Girard, Dawkins, Gallese and others. This means that Freud's motives of sex are instead replaced by the drives of the strong pro-active and innate neural forces that involve mirror neurons, possessive imitation, and empathy, which dominate from birth. And in place of the motives of sex, these act together in a finely tuned system, to create a coherence of identity and being oneself that brings meaning, advancement, and stability to life. This also means that for any adequate explanation of how early development proceeds, we must look closely at the impacts of these pre-cognitive influences and forces, instead of the cognitive developments which occur later in life.

It should be noted that all of these processes take effect before conscious awareness is created so it is natural for most people to presume that gender identity should always be congruent with biological sex. It also follows also that both groups can produce apparently logical but opposing arguments to justify their conclusions. These differ only in the starting point that is taken: and that is determined by the diagnosis that is made. This is why a proper understanding of how early development proceeds is required. Although knowledge of these early development processes has been available since the 1960s they have largely been ignored or dismissed by many in the mainstream of sociology, psychology, and psychiatry. The prominent neurologist Gina Rippon dismisses these earlier influences as "*Whack-a-mole*" myths: She considers these to be untruths which are repeated so often, they come to be believed. This is in concert with Kathleen Stock and other philosophers, who presume that cognition alone drives development forward, and who likewise ignore

¹¹ See sections 7:0 to 9:0 in the commentary document.

these early influences. Gender-critical groups reinforce the condemnations with their allegations that the approach of the World Authorities and Professional Institutions is the work of transgender activists, arguing that it is not based on credible science, and they impute the integrity of those people and groups who support these views. In the United States, similar condemnations by McHugh and others are encountered. McHugh used Freudian psychodynamics to try to explain the origin of transgender conditions. His view that there is no other credible approach led him to the conclusion that the work of Stoller, as well as those of the Professional Associations, such as the American Psychological Association (APA), who consider transgender conditions to be personality variations which lie at the core of the personality that is created, are delusions or are merely the campaigning work of transgender activists: Where none are engaged in objective work.

In this account I have shown that these disagreements go to the heart of the present disputes between the World Authorities and Professional Medical Institutions and gender-critical, religious, and other groups. In the absence of scientific agreement, experiential evidence must be used, and when the motives behaviours and objectives differ so greatly it should be easy to tell them apart. In the United Kingdom, some sixty years of encounter has led to a transformation in attitudes to all gender and sexually variant people from ones which previously regarded them as sexually motivated personality disruptions involving dangers to others, into ones which see them as celebrations of identity instead. Where, in place of motives of sex and desire, they express the search for a coherence of identity and being oneself and a sense of belonging for everyone to enjoy: And where no threats to others are involved. That is confirmed in this study, which shows that transgender conditions are not driven by desire, they are driven by rejection instead: Some people reject the gender identity assigned to them from their earliest years. Others fight the gender identification assigned to them from the outset, until attrition and exhaustion destroys their attempts to conform before collapse or breakdown far too often occurs. Only after that is gender reassignment urgently sought. Here the desire is not to be men or women, but to live lives in ways that are true to themselves. And what rejection means, does not wait for the gender role to be understood: so, this deep-seated sense of rejection can be felt from the earliest years. But for others, this rejection may only break into conscious awareness when a major change, such as at puberty occurs. This disregard of these early influences is not an isolated experience. Almost any textbook or tome on how learning and development proceeds presumes that either social learning or psychodynamic theories of some form or other drive development forward. Where the impact of these innate forces identified by Girard, Dawkins and others is ignored. This also means that the need to recast the concept of cognition from one where it is considered to be the primary or sole driving force behind these developments, into one which creates order out of disorder is ignored or denied.

Cass may genuinely believe is acting in the best interests of transgender children. However, her use of a definition from the 1960s which relates only to the gender role, with her dismissal of the impact of massive changes and transformations in neural and cognitive capabilities during the first three to four years of life, including the dismissal of the pre-cognitive inputs identified by Girard, Dawkins, Gallese and others, is shared by many others in the mainstream of sociology, psychiatry and psychology. It leads to a fundamental misdiagnosis of transgender conditions. That dismissal is something which should urgently be addressed. The consequence of this disregard is to enforce a misdiagnosis upon transgender people, which presumes that these conditions, instead of being driven by a search for coherence of identity and being oneself and rejection of what is wrong are driven by desires or motives of sex, that contradicts their lived experiences, which transgender people these reasons cannot identify with, and which can be used to present transgender people as potential threats to women and children. The validity of any hypothesis, theory, or ideology is only as valid as the research, testing, and experiential evidence which supports it. When these do not match, then either the ideology or the validity of or the research which contradicts it must be denied. When the timescales, motives and methods of management differ so greatly between the two competing approaches, this becomes a matter of particular concern.

One dominant element in these disputes relates to the administration of puberty blockers. It has been an accepted practice to offer puberty blockers to transgender children. These have been given to alleviate distress and are understood to give more time for consideration before permanent life-changing actions are undertaken: Or to act as a check on decisions that had much earlier been made. That can be a justifiable action when transgender conditions are diagnosed as personality variations, but if these conditions are understood to be personality deviations or disruptions involving the gender role; driven by desire, a consequence of their administration would be to reinforce a runaway drive towards transition instead. Cass

notes: “There are many reports that puberty blockers are beneficial in reducing mental distress and improving the wellbeing of children and young people with gender dysphoria, but as demonstrated by the systematic review the quality of these studies is poor. (14.46). In summary, there seems to be a very narrow indication for the use of puberty blockers in birth-registered males (14.58). The very strongly held beliefs amongst some young people and parents/carers that puberty blockers are highly efficacious may be attributed to a number of factors: the support for this position in published papers and from some clinicians working in the field: signposted information and advice provided to children, young people and their families on the perceived benefits, including on social media”. I conclude that all of her arguments consider only one side of a contentious dispute. The argument that only a very narrow window exists totally ignores the viewpoint of the World Authorities and Professional Institutions that transgender conditions are: “naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life”. Aside from the observation (14.57) that for transgender females, there is benefit in stopping irreversible changes such as lower voice and facial hair, and that this has to be balanced against adequacy of penile growth for vaginoplasty, leaving a small window of time to achieve both these aims, Cass says little about the harmful medical effects of offering puberty blockers¹². Her suggestion that their success may be due to a placebo effect (14.49), together with her argument that parents and children are being deceived by clinicians and social media, must be contemptuous of the very real difficulties transgender children and their parents face: Here it is absolutely essential to get the diagnosis correct. Diagnosing these conditions as personality variations can give strong justifications for their use. Diagnosing them as personality disruptions can only predict damaging effects.

The University of York study on the epidemiology, care pathways, and outcomes, for transgender people commissioned by the Cass review states they could not identify significant evidence to justify any protocols for the use of puberty blockers. However, I do not see any evidence they that they attempted to, or were able to, separate consideration of the increase or decrease of the trauma resulting from the administration of puberty blockers from the overall levels of trauma involved¹³. The conclusion that the overall trauma does not decrease and indeed may increase immediately after transition is repeated in many studies, and not only the University of York study, which was commissioned by the Cass Review. A major meta-study covering a systematic review of all peer-reviewed articles in English between 1991 and June 2017 assessing the effect of gender transition on transgender well-being found that 97 percent of the studies showed that stresses due to gender dysphoria are relieved, although trauma from lack of social acceptance may increase; or may not be reduced. Not one of these studies concluded that gender transition causes overall harm¹⁴ That is repeated in many other studies, including an early study commissioned by Paul McHugh. However, hormones or surgery are only tools to make transition more effective: and the further one goes down that road, the vilification and rejection by others can often be expected to increase. The long-term studies that are needed must therefore relate to the quality of life after all of these traumas of transition have passed. And when these formal studies are absent, the voices and the clinical and medical evidence, from the many thousands who have gone through this process must be listened to instead. Cass commissioned the University of York to undertake a number of independent research reviews. I do not question the results of these studies, and they raise important issues. However, the interpretations of any research on these topics by the Cass review will also be flawed: if the diagnosis that Cass imposes is incorrect.

We have seen that traditional social learning and psychodynamic theories are almost invariably used in mainstream psychology, sociology and psychiatry to examine how learning and development in early years

¹² For my own comments on the use of puberty blockers and cross-sex hormones see section 15:6 of the full document.

¹³ “There were no high-quality studies identified that used an appropriate study design to assess the outcomes of puberty suppression in adolescents experiencing gender dysphoria or incongruence. There is insufficient and/or inconsistent evidence about the effects of puberty suppression on gender dysphoria, mental and psychosocial health, cognitive development, cardio-metabolic risk, and fertility. There is consistent moderate-quality evidence, albeit from mainly pre-post studies, that bone density and height may be compromised during treatment”. Appendix 2 in the Cass report.

¹⁴ See Cornell University Public Policy Research Portal: “Search Methodology for Research Analysis on the Effect of Gender Transition on Transgender Well-being”: <https://whatweknow.inequality.cornell.edu/about/selection-methodology/> and Cornell University Public Policy Research Portal “What does the scholarly research say about the effect of gender transition on transgender well-being?” <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgenderpeople/> . [all accessed June 2020] See the text and endnotes on suicides in Gilchrist, S. (2017): “Gender and Sexual Malpractice and Abuse in the Christian Church”: <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf>

takes place. However, enforcing a diagnosis which identifies transgender conditions as personality disruptions instead of personality variations has other knock-on effects Freud tried to explain how the separation of the self from the other takes place through his understanding of the Oedipal Complex. But to explain this he had to rely on the powers of cognition and motives of sex. In this examination I argue that the core elements of personality and identity coalesce from previously fragmented thought during a time of very rapid expansion in neural interconnectivity and cognitive capabilities around a median age of two years: That this happens before both conscious awareness and cognition become sufficiently developed to keep them in check: And in place of Freud, these drives involve the search for a coherence of identity and being oneself instead of the pursuance of sex. That change is in line with the views of the World Authorities and Professional Medical Institutions who consider transgender conditions to be *“naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life”*. By definition psychodynamic theories are proactive in nature; and require the action of some external force to fast track development forward, so that stable personalities and identities can be established as early as possible in life. Social learning theories, like that of Kohlberg can describe the stages, but they cannot explain these effects. Some ability to separate the self from the other must also be in place before there can be any identification with the expectations of the gender role. By relying on Kohlberg, by disregarding the pro-active natures of these psychodynamic theories to fast-track development, by ignoring the effects of the neural transformations which take place early in life, and by entirely linking the development of the core gender identity to the gender role, Cass relies on social learning theories and approaches alone to drive development forward. Not only does this allow a multiplicity of gender identities with limited depth to develop; it delays the establishment of any secure sense of gender identity to much later in life.

These considerations lead me to conclude that Cass is trying to enforce a diagnosis on transgender conditions which ignores the impact of the massive transformations and changes in neural and cognitive capabilities which take place during the first three to four years of life. This disregard of information, which has been available from the 1960s, even if it has to be sought out, does not satisfy any academic requirement. Therefore, I conclude that, from the beginning, the methodology of the Cass report is unsatisfactory, because it does not take an objective view. The argument that more research is needed also falls flat when the work of Gallese, Dawkins, Girard and others, including the more recent advances in the understanding of how the core elements of personality and identity for everyone develop, are dismissed or ignored. The report seems to concentrate on discrediting the quality and methodology of the research which has been undertaken, without properly considering the substance of the arguments they present. Her analysis also ignores the mass amount of clinical, medical, social and communal evidence now available which shows that transgender conditions must be managed as personality variations, and not as personality disruptions. I conclude therefore that the Cass report disregards the wealth of expertise at national and international levels on best practice guidelines to support young transgender people. I further consider that it does not include a proper systematic literature review on transgender matters because much of the available research evidence fails to reach the impossibly high standard of a double-blind trial. Since hormones or surgery cannot be given to one group of people, and not to another, because of the long-term consequences of the results, these are difficult to conduct. This would be unethical, and for the same reasons much medical practice is not based on this kind of approach

Cass cites the conclusions of the World Professional Association of Transgender Healthcare (WPATH) when she states *“There is strong evidence demonstrating the benefits in quality of life and well-being of gender-affirming treatments, including endocrine and surgical procedures, properly indicated and performed as outlined by the Standards of Care (Version 8), in transgender people in need of these treatments”* and *“Gender-affirming interventions are based on decades of clinical experience and research; therefore, they are not considered experimental, cosmetic, or for the mere convenience of a patient. They are safe and effective at reducing gender incongruence and gender dysphoria”* (9:31). However, she then goes on to state that: *“However, instead of stating that some of its recommendations are based on clinical consensus, WPATH 8 overstates the strength of the evidence in making these recommendations”*. She further goes on to note that that *“WPATH has been highly influential in directing international practice, although its guidelines were found by the University of York appraisal process to lack developmental rigour”*. Cass conducts a wide-ranging review of other protocols and similarly rejects these on the basis of inadequate research. However, based on the terms of reference she sets for her report, and on the decisions she has already made about the use of

puberty blockers, I conclude that Cass has already pre-determined her results. Therefore, it is not surprising that only two guidelines are recommended by Cass: These are the Swedish and Finnish guidelines and they differ from all others in recommending that puberty suppression should only be provided under a research protocol or the supervision of a research clinic: I do not criticise the University of York studies commissioned by the Cass review, but I perceive that it also questions and criticises the methodologies of virtually all of the research that has been conducted, without giving any substance to the clinical and medical validity of the work, or to the correctness of those results.

Cass argues that children have been "let down" by a failure to base gender care on evidence-based research. She states: "*The reality is we have no good evidence on the long-term outcomes of interventions to manage gender-related distress.*" That may be deficiencies in research, but no diagnosis can be assumed to be correct unless experiential evidence and testing has verified it. And there is now a great deal of experience going back sixty years. However, this is not the only evidence which must be considered: for there is no point in considering how transgender conditions can be disruptive, unless we consider how gender identity for everyone develops. And to justify her results, this means that Cass must also dismiss, discredit, or deny the advances in understanding, both in the neurology of early development and on how the core elements of personality and identity for everyone has developed in the last sixty years. Cass is clear that children and young adults who use the NHS services deserve the highest standards of care and research. But that cannot happen if the diagnosis she imposes is incorrect. For the same reasons, I fully agree that there may be many inadequacies, in the research base that is available, but it becomes difficult for anyone to commend the quality and reliability of any research or evidence base if its results contradict the diagnosis which is being enforced. Cass also complains that gender medicine is "*built on shaky foundations*", and yet by her disregard of the massive neural changes and transformations of neural and cognitive capabilities during early development, identified by Gallese, Dawkins, Girard, and others from the 1960s onwards, suggests it is the Cass review which is on shaky foundations instead.

The arguments I have presented up to now in this account may be wrong or they may be right: Nor do I claim professional accreditation to justify these arguments: It is up to others to judge them on their merits. But this is not the point. In any independent review or study, of what have become toxic disputes, all sides must be considered. Already in this analysis we have seen that at the centre of these disputes is the disagreement about whether transgender conditions should be treated and managed as personality variations or as personality disruptions. There should be no magic needed for the treatment and management of transgender conditions. And when the motives, timescales, and methods required differ so greatly it should be easy to tell them apart. There should be no place for any form of abuse, slandering, discrediting, or misrepresentation of transgender conditions by any side which prevents any proper judgement being made. Had Cass conducted an equitable comparison of both approaches, I could accept that her report constitutes an independent review, even if she disagreed with my own views. However, I believe it does not: I consider that Cass validates only one side of the argument by selecting the terms of reference for her report to endorse a definition of gender identity and gendered behaviour by Kohlberg which dates from 1966 and attributes the development of gender identity entirely to the influence of the gender role, and where she also ignores the impact of the massive neural and cognitive changes during the first three to four years of life, by dismissing the possibility that any of these transformations in capabilities could have any impact on how gender identity develops, and by only considering their effects when puberty occurs. This means that, without any further consideration, the approaches adopted today by the World Authorities and Professional Medical Institutions, are automatically denied. And that a diagnosis of transgender conditions as personality disruptions instead of personality variations is automatically applied.

Along with gender-critical groups, McHugh and others, I believe that Cass also attempts to justify her decisions by dismissing, not only the arguments of these opposing groups; but also, the results of all the neurological studies pioneered by Dawkins, Girard, Gallese and others, by claiming they as not being based on credible science: And by criticising the methodology of the research without properly considering the validity of the results. Cass rightly states that there is a great deal of confusion and disagreement over the nature and origin of transgender conditions. I have no reason to believe that Cass is not genuine or sincere in the pursuit of her arguments: She may be attempting to defend the status quo in psychology, sociology and psychiatry, where and for far too long, cognition continues to be presumed to be the primary driving force which propels learning and development forward: And where the impact of the innate neural forces, which

have been known about from the 1960s too often, and for far too long, continue to be ignored. But that denial does not dismiss the harm that is created when these misunderstandings are applied.

These are toxic disputes; so, I now want to turn away from the Cass report itself, to consider the impact it may have. In this examination I liken transgender people to immigrants or emigrants who cross a gender divide. And the abuse of any invitation on this journey is as harmful as it's denial. This demands a responsible and objective approach by all sides in the present disputes. For some, this journey may be seen to be an attack on the binary notions of gender and sex. But for transgender, lesbian, gay and bisexual people, it can be seen as one of coming home to be themselves. It took the Christian Church only some one hundred and fifty years to turn the egalitarian and inclusive teaching of Jesus, which had allowed people to make the journey, into one where no woman was permitted to *“preach, teach, baptise, or engage in any manly act”*¹⁵. Where the ability to make that journey was now denied and a doctrine of exclusion and gender complementarity was applied. It has taken a much shorter time for the egalitarian approaches of the feminist pioneers such as Butler and De Beauvoir, who allowed a multiplicity of gender identities with limited depth to be created by separating men and women *“through the performance of gender”*. And therefore, allowed this journey to be made... To be turned into the gender complementarity, used by gender-critical groups, where gender identity must conform to stereotypes of biological sex. Thus, according to this argument women and men must be defined through biology alone and no other is allowed: As a consequence, the legitimacy of the transgender journey is denied. This is not just about the use of pronouns, *“he, her or they”*. Gender-critical groups do accept and welcome transgender people, but their journey must be to a different place, where any claims to be called women causes the genuinely felt fears of male violence and perceived threats to women's identities to increasingly arise.

Nobody should attempt to diminish, reduce or deny in any way the impacts of the horrendous, discrimination, abuse, violence, and sexual attacks which women have faced by the actions of men for centuries. And it is absolutely essential that women's safety and rights must be fully protected. As these early development processes take place before conscious awareness occurs, it is also natural for most people to assume that gender identity should be congruent with biological sex. Transgender people are a small and often hidden minority in the general population and that makes it possible for misinformation to easily spread. Since any welcome requires an openness to the other, fear alone can ensure that any welcome is denied. This makes it difficult to identify any coherence in the approach of the gender-critical movements. Judith Butler touches on this in her book *“Who's Afraid of Gender”*¹⁶, and in her Guardian article of October 2023, where she states: *“It is not easy to fully reconstruct the arguments used by the anti-gender ideology movement because they do not hold themselves to standards of consistency or coherence. They assemble and launch incendiary claims to defeat what they see as “gender ideology” or “gender studies” by any rhetorical means necessary. For instance, they object to “gender” because it putatively denies biological sex or because it undermines the natural or divine character of the heteronormative family. The anti-gender movement is not a conservative position with a clear set of principles. No, as a fascist trend, it mobilizes a range of rhetorical strategies from across the political spectrum to maximize the fear of infiltration and destruction that comes from a diverse set of economic and social forces. It does not strive for consistency, for its incoherence is part of its power”*¹⁷. On its 2020 website Transgender Trend, for example, states that: *“There is no scientific basis for the idea of innate deeply held sense of gender”*¹⁸: For the advice given to schools on the *“Impact of Teaching Gender Identity to Children”* it also states: *“Transgender organisations such as Gendered Intelligence¹⁹, GIRES²⁰ and Allsorts Youth Project²¹ deliver training for teachers and PSHE classes for children in schools. Their teaching is backed by no credible science but has been adopted by government, the NHS, schools, and therapists”*.

¹⁵ See for example the references to Tertullian in Section 2:3:3 of. Gilchrist, S. (2013a): *“An Unfinished Reformation”*:

<http://www.tgdr.co.uk/documents/016B-UnfinishedReformationArticle.pdf>

¹⁶ Butler, Judith (2024): *“Who's Afraid of Gender?”*: Farrar, Straus, and Giroux, March 2024, ISBN:0374608229 ISBN15:9780374608224

¹⁷ Butler, Judith, (2021): “Why is the idea of ‘gender’ provoking backlash the world over?” *The Guardian* 23 October 2021:

<https://www.theguardian.com/us-news/commentisfree/2021/oct/23/judith-butlergender-ideology-backlash?fbclid=IwAR0rB1GFwR8N88UcPMYXrpCQ2FQLzqe5IUfNlSuckXkhNzVEarOq66uh0s>

¹⁸ Transgender Trend Website: <https://www.transgendertrend.com/>

¹⁹ Gendered Intelligence Website: <http://genderedintelligence.co.uk/>

²⁰ GIRES Website: <https://www.gires.org.uk/>

²¹ Allsorts Youth Project Website: <https://www.allsortsyouth.org.uk/>

Attempts are made to impose a fictional “*gender ideology*” on transgender people which accuses them of believing that they can “*choose, change or deny biological sex*”, when their search is for a coherence of identity and being oneself instead. The approaches of the World Authorities and Professional Medical Institutions are ignored or dismissed with the arguments that they are the work of transgender activists, that they are not based on credible science, and the motives of the professional institutions and others who support them, including Stonewall, GRES, etc are presented as delusions, and providing partisan and unprofessional advice. Similar denials of the depth and reality of transgender identities are found in religious attacks.

I do not believe that Cass subscribes to any of these attacks. There is no evidence for this in her report. However, her dismissal of these sexual impulses and the forces which drive them, with her failure to consider the effects of the massive neural and cognitive changes during the first three to four years of life, together with her use of a definition from 1966 which considers only the gender role, reduces the level of gender identification she applies to social conditioning alone. That is in line with the feminist pioneers, who used the same reasons to argue that a multiplicity of gender identities with limited depth can be created. It is important to note that the existence of any deeper elements is not automatically denied. Gender-critical groups make the same claims, but do the opposite, by claiming that no man, or male-to-female transexual, could ever be a true feminist because social conditioning has made that impossible; instead give gender identifications and gender identity an absolute importance, by declaring that it must be linked indissolubly to biological sex. In both cases, any independent consideration of how the development of gender identity proceeds during the first three years of life is either denied or ignored. Gender-critical groups deny that these pre-cognitive periods can have any effect, but others treat their influence as uncertain or unknown. Attempts to use Freudian psychodynamics to explain how transgender conditions are created also run into similar problems, since the social constructs which Freud created rely on cognition to explain their effects. That has left psychologists, sociologists, and psychiatrists arguing for many years that the first three years of life are times of seething emotions, where little constructive occurs, so that development proceeds as if from a blank canvas from around the age of three years: Therefore, they too cannot examine the impact of pre-cognitive effects. That disregard supports the ideology of gender-critical feminist groups, who instead of questioning their own ideologies, dismiss the advances in scientific and neurological understandings and condemn the views of others by claiming they are not based on credible science: And, in place of considering the substance of these arguments, seek instead to discredit the research and experiential evidence that justifies them, by attacking their methodologies; instead of recognising or using the content to test the validity of the work²².

Even though Cass adopts views akin to those of the feminist pioneers, and almost certainly does not subscribe to the views of these gender-critical groups, I believe that she leaves the door open to these groups by setting a frame of reference for her report, which acknowledges only the influence of the gender role. Together with her questioning of the methodologies of all subsequent research. These concerns reach an altogether higher level when any Government or organisation chooses to quietly withdraw information from its legislature library just five days before an important debate²³ and commissions the withdrawal and re-writing of documents in the legislature library to question the validity of research: that had supported the previous administration’s proposals to change the law to allow the principle of self-declaration of gender identity, into a policy which opposes it instead²⁴. Also, additionally disbands expert advisory groups on LGBTI issues, and fails to meet with the appropriate parliamentary Women and Equalities Committee, or to consider their views²⁵. The United Kingdom Equalities and Human Rights Commission (EHRC) is intended to act as a watchdog on Government actions, but there is a concern about its impartiality when the former Conservative government has consistently appointed known supporters of gender-critical viewpoints to its board. The current EHRC advice now states that transgender people may be excluded from all spaces and services usually reserved for women on the grounds of identity and by popular vote, regardless of their appearance,

²² Gilchrist, S. (2021a): “*Gender Identity, Feminism, and Transgender People*”: <http://www.tgdr.co.uk/documents/250P-GenderIdentityAndTrans.pdf>

²³ Gilchrist, S. (2020): “*A Comparison Of Changes To The House Of Commons Briefing Paper On “Gender Recognition And The Rights Of Transgender People” Made On The 16th July 2020*”: <http://www.tgdr.co.uk/documents/SuM0720a-BriefingComparisonDocument.pdf>

²⁴ Gilchrist, S. (2022): “*No Blacks, No Irish, No Homosexuals, No Transgender People*”: <http://www.tgdr.co.uk/documents/252P-NoBlacks.pdf>

²⁵ Gilchrist, S. (2023): “*How to Trash the Economy, Transgender Identities and Human Rights*” <https://www.tgdr.co.uk/articles/255P-HowToTrash.pdf>

possession of a gender recognition certificate, the length of time since they transitioned, or the innocence or appropriateness of their behaviour²⁶. On the question of banning conversion therapy, the EHRC now states it cannot define what the word “transgender” means. It makes it clear in its advice that only binary gender identities are protected by the 2010 Equality Act: The only exception is that intersex people are protected: and this is not on the grounds of gender: but on biological sex. The former Conservative government proposals to remove the word “gender” from the NHS constitution and replace it with the word “sex” represents a further step in denying the legitimacy of transgender identities. The recently issued advice by the former Conservative Government on the treatment of transgender children in schools, which advocates their exclusions from spaces and sports activities on the grounds that they are potential threats to others, and disadvantage women: denies children and parents access to the appropriate help and support at the time they most need it, and provides inappropriate treatment and management regimes by misdiagnosing transgender conditions as personality disruptions; driven by sublimated motives of sex and desire instead of personality variations; where belonging and the search for a coherence of identity and being oneself is the goal that is sought²⁷. The even more recent action from the former Conservative Government, which would ban schools in England from teaching children about gender identity at any time: even though gender reassignment can still be taught: Taken together with the banning of teaching on sex education to children under nine; and even then only in terms of biology, can only further increase stress on transgender children²⁸. It enforces a concept that there can only be two legitimate gender identities: where each of these must conform to the expectations of biological sex, and it denies any recognition of a non-binary route. It furthermore provides inappropriate guidance for all gender and sexually variant people; and it casts the train of thought back to a previous Conservative government, who introduced the “Clause 28” to restrict teaching on homosexuality in schools, and who condemned homosexual love and relationships as sham. Those earlier arguments compare with the present-day disputes: where the legitimacy of transgender identities is now being denied.

At present these requirements are mainly advisory. However, the former Government’s plan to change the 2010 Equality Act to permit universal exclusion on the grounds of biological sex, could give them legal effect. Many of the reasons for these disputes arise because of the confusion about the nature of gender identities and how they are formed. The definitions of the feminist pioneers, who separated men from women through the performance of gender allows a multiplicity of gender identities, including non-binary identities with limited depth to be created, while gender-critical groups and religious traditions enforce a gender complementarity which demands that only binary identities should be allowed. Even more confusion arises because both definitions are claimed at the same time. When many people implicitly recognise the impacts of the pre-cognitive forces which drive early development forward, without needing or seeking an explanation, yet gender-critical groups must deny them: that must add to the confusion which exists. However, gender and other identities arise because of the behaviours, capabilities and allegiances that have already been created: They are therefore consequential effects. None of us are clones of each other, we rely on our senses of individuality to express the fullness of life, and our everyday experiences show that a great range of gender identifications occur. The current understandings confirm that although on average there are significant differences in male and female behavioural patterns; with men more prone to engage in physical violence, considerable overlap occurs. I have shown that a child’s initial associations, if unconscious, with personality and identity coalesce from previously fragmented thoughts during the peak period of neural development, around this median age of two years. And that separation of the self from the other is needed before the expectations of the gender role can come into effect. This does not become apparent around a median age of three years. The fragmentation means that a different endpoint for every individual exists. Identifying transgender conditions as personality variations means that gender identities form in the same way for everyone: And this means that the core gender identities for everybody, including heterosexual, transgender, lesbian, gay and non-binary people are equally strongly held. The idea that there should be stereotypical gender and sexual identities, including core gender identities which are determined by biological sex is also denied. This allegiance allows all women, including male-to-female transsexuals: acting as women with

²⁶ Gilchrist, S. (2022): “No Blacks, No Irish, No Homosexuals, No Transgender People”: <http://www.tgdr.co.uk/documents/252P-NoBlacks.pdf> Gilchrist, S. (2024): “Transgender Misdiagnoses: EHRC and Government Advice”: <https://www.tgdr.co.uk/documents/040B-MisdiagnosesAndAdvice.pdf>

²⁷ Gilchrist, S. (2024): “Why the Present United Kingdom Government Advice on Transgender Children Must be Challenged”. <https://www.tgdr.co.uk/documents/040B-GovAdviceTransChildren.pdf>

²⁸ Gov UK (2024): “New RSHE guidance: What it means for sex education lessons in schools” 16 May 2024 <https://educationhub.blog.gov.uk/2024/05/16/new-rshe-guidance-what-it-means-for-sex-education-lessons-in-schools/>

women, to pursue the same feminist arguments with the same vigour, from a stronger base. Equally for any female-to-male transsexuals: acting as men with men, to pursue any equivalent male arguments from a similarly stronger base. Because the core gender identity can be described as an inner sense of belonging without behavioural implications, it further means that gender-critical ideology, whichever way it is interpreted, must be the less effective approach. And this relationship with behaviour means that that gender identity instead of biology should be used as the marker to guide the legislation and allow those behaviours which are based on how people socially interact.

In this study I have examined the impact of the innate and pro-active neural forces identified by Girard, Dawkins, Gallese and others, which dominate development from birth, and progressively come under increasing control as neural interconnectivity and the organising powers of memory and cognition exert greater effect. Few textbooks directly refer to these, and among many in the mainstream of sociology, psychology and psychiatry these are denied or ignored. The feminist pioneers ignore the impact of these pre-cognitive forces when they pursue their arguments, but they do not deny that deeper elements can be involved. Although Freud recognised the power of these innate neural forces, he could not account for their influence in early development; because the constructs he used rely on cognition, and he had to use sexual motives to explain their effects. However, instead of treating their effects as unexplained or uncertain, gender-critical groups specifically deny they exist: Many justify this by describing transgender conditions as sublimated, but sexually motivated perversions, paraphilias, or disruptions of (male) homosexuality. Rippon, as a cognitive neuroscientist denies they have any impact, by describing them as “*whack-a-mole myths*”, or myths which are repeated so often, they come to be believed. Cass equally denies their influence in the frame of reference she sets for her report by using a definition of gender identity and gendered behaviour which attributes the development of gender identity, including the core gender identity, entirely through allegiances to the gender role. She further reinforces this denial in her frame of reference by dismissing the effects of the massive changes and transformations in neural capabilities during the first three to four years of life: Even though she recognises and takes account of the neural transformations and changes when puberty occurs. Although Cass, the former Conservative Government and gender-critical groups all claim to advocate the full inclusion of transgender children and adults: this former Government and gender-critical groups instead deny this inclusion. by putting forward advice that maximises the fear of threats to women and children which transgender people are alleged to create; and seeks policies which maximise their exclusion from everyday life. That raises further concerns about the former Government’s seeming interference in the independence of the United Kingdom Equality and Human Rights Commission, potential interference in the courts, and what it might have done if the United Kingdom had withdrawn from the European Convention on Human Rights. This is why absolutely independent reviews are needed. Cass as a. Individual should of course be able to express her own views. However, she was commissioned to write an independent report. When the source of these conflicts is the disagreement about whether transgender conditions should be treated as personality variations or personality disruptions: and when the motives, timescales and methods of management differ to the extent where; what one side is considers these to be of compassion and concern, is almost inevitably considered to be predation, grooming, capture, and recruitment by the other: it is essential to get the diagnosis correct.

However, this should not be a conflict where such a detailed analysis as this is needed: And there is no magic required in providing the correct care and management of transgender conditions. For the differences in behaviour between personality variations and personality disruptions are well known; they are encountered in many other situations, and it should be easy to tell them apart. However transgender people are a small and often hidden minority of the general population, so they are vulnerable to the propagation of misinformation, conspiracies, fears, and lies. From time immemorial, all women have been or are potential victims of horrendous male abuse, violence, and discrimination, so it is both natural and intensely regrettable that all women have to be concerned about their safety, entitlements, and wellbeing, every day of their lives. This is also the focus of a dispute in the feminist movement between the many who are happy to accept male-to-female transsexuals as the women they say they are, because that is the way in which they interact with society and are seen to be true allies in the feminist cause. For others, no man or any male-to-female transsexual can ever become a true feminist, or be identified as a woman; because biology, or social conditioning means they will always seek power over women and threaten women’s identities, safety, and lives.

This must lead us to consider the independence of the Cass report. In this case the focus of this dispute is the disagreement between the World Authorities and Professional Medical Institutions about whether the core gender identity, which describes the inner sense of being that belongs to all of us: is a foundational element of the sense of selfhood, personality, and identity that we all possess. Or whether it is merely a social construct which; in line with gender-critical groups and others, arises entirely because of our relationships with the gender role. By using terms of reference which attribute the development of gender directly to associations with the gender role; by ignoring or denying the pre-cognitive aspects of early development: And by disregarding the key role that the core gender and other identities play in the development of personality and identity for all of us, Cass, from the outset, dismisses the viewpoint of these professional organisations, and enforces a diagnosis on transgender people which presumes that these conditions are driven by feelings, desires and behaviours which may or may not be driven by motives of sex. That enforces a diagnosis which is totally opposite to the reality of transgender people's lives: where the truths of their experience show that these are driven instead by rejection and by the search for a coherence of identity and being oneself; when many have fought the compulsions that have been created, before the need to transition becomes an overwhelming drive.

The correct administration of any drug depends on establishing the correct balance between the benefits it brings and the harms that any side effects create, and the decision about administering puberty blockers is crucially dependent on the diagnosis that is made. That can be a justifiable action when in line with the World Authorities and Professional Institutions transgender conditions are diagnosed as personality variations, which are formed very early in life, and become impossible to change at a later date: Cass says little about the negative pharmacological effects of administering puberty blockers, except to say they are unknown. There are significant issues over their use, but the consensus opinion shows that the benefits of their administration outweigh any of these uncertainties and that their administration should not be unnecessarily delayed²⁹. If administered correctly, a high onward progression rate should not be unexpected. But if these conditions are understood to be personality deviations or disruptions driven by desire, in the way that Cass describes, a consequence of their administration would be to reinforce a runaway drive towards transition under any circumstances at any time. That emphasises the importance of using a correct diagnosis. And no advice can be valid if the diagnosis of transgender conditions is itself incorrect.

In section 6.19 of her report Cass notes that In1966, Kohlberg set out a theory of gender identity development. She states that Kohlberg's theory describes the typical progression of children acquiring gender identity (realising they are boys or girls) at 2-3 years old, acquiring gender stability (realising that gender does not change) at 3-4 years and acquiring gender constancy (realising that superficial indicators such as clothes do not change gender) at 5-6 years. In section 6.20 she also states that modern childhood experiences are different from when Kohlberg was writing, and contemporary research is needed to better understand and examine these fundamental principles, as well as the influence of early childhood experiences on gender identity development. However, there is no evidence in her report that Cass has attempted to consider any of the advances and changes since Kohlberg in 1966, who attributed the development of gender identity to social learning experiences alone. However, Freud had recognised that strong deep-seated forces are needed to fast-track development forward: And he used the Oedipal Complex to explain how the concept of self, became separated from that of the other between the ages of three to five years. In this analysis I argue that Freud's forces are subsets of the innate neural forces identified by Gallese, Dawkins, Girard, and others, knowledge of which has been available from the1960s: Where the core concepts of personality and identity are considered to coalesce from fragmented thought around a median age of two years: and that this

²⁹ See for example: O'Connell MA, Nguyen TP, Ahler A, Skinner SR, Pang KC. Approach to the Patient: Pharmacological Management of Trans and Gender-Diverse Adolescents. *J Clin Endocrinol Metab.* 2022 Jan 1;107(1):241-257. doi: 10.1210/clinem/dgab634. PMID: 34476487; PMCID: PMC8684462: *The increasing use of hormone therapies for TGD adolescents reflects a significant increase in demand for services from TGD youth that has occurred in the broader context of improved understanding and community support for gender diversity. Endocrine practice in this area remains relatively new with sparse medium- and long-term outcome data. Clinicians can therefore face many moral and ethical challenges when providing such care 109, 110). For example, choosing not to provide hormonal interventions to a young person with GD may itself cause harm, especially given previous observations that lack of access to hormonal therapies is a known predictor of adverse mental health among TGD adults (18). Clinicians must act in the best interests of the young person, while armed with the best available evidence. That the evidence base is still emerging and not yet robust is not an adequate rationale to withhold treatment from TGD adolescents. Instead, in direct consultation with community stakeholders, evaluation of the effectiveness and safety of current treatment approaches should be considered an essential part of clinical service provision moving forwards. TGD adolescents are marginalized and vulnerable in many ways and ongoing efforts to optimize their wellbeing and physical and mental health outcomes must continue to be a priority.*

must be in place before children reach a median age of around three years; when they can begin to interpret their effects. And where these drives involve the search for a coherence of identity and being oneself, instead of the motives of sex. Cass rejects these sexual motives in her analysis. But she also rejects the arguments that any pre-cognitive influences exist or that they can have any effect on the creation of gender identity. And she returns to the understanding in that Kohlberg presented in 1966, where gender identity develops through social learning experiences alone. Not only does that diminish the legitimacy of transgender identities. It decrees that these conditions must be managed as personality disruptions, not as personality variations, and it imposes timescales for development are far longer than those known to exist from the massive amounts of clinical, medical, and experiential evidence which is now available, and the reality of transgender people's lives.

Cognitive neuroscientists are bound by the same constraints, since neurodiversity is considered to develop because of the interactions with the gender role. Rippon, along with other cognitive neuroscientist recognise that sexual differentiations in the brain do exist, that these grow stronger as time progresses, and that they may then lock the core elements of gender identity in place, most notably when puberty occurs. But that does not explain why the neural transformations in earlier years should be ignored, or the length of the timescales involved³⁰. Rippon dismisses the effects of the earlier influences as myths which are repeated so often, they come to be believed. That is also in line with the gender-critical groups, McHugh and others who also argue that research which shows the effects of these pre-cognitive influences are not based on credible science, the work of transgender activists, and attack the integrity of those who oppose these views. In this analysis I argue that it is not sufficient to rely on cognition alone to consider how gender and other identities evolve: This cannot account for the major transformations in neural and cognitive capabilities during the first three years. Cognition may create the understanding of "*What makes me, me*", but a sense of agency must also to be created before the question of "*Who am I*", can be answered; and this is where I argue that the pre-cognitive influences play a crucial role. Along with Rippon and others Cass, rejects the idea that these early neural transformations have any impact on identity development, even though she recognises their effects when puberty occurs, including the pre-cognitive elements. I conclude that the Cass does not provide an impartial analysis. I do not find that Cass gives any credence to the views of the Word Authorities and Professional Institutions. And, instead of accepting their diagnosis of these as personality variations, she tries to impose a diagnosis of personality disruptions instead. This includes allegations of clinicians deceiving patients in pursuit of their own ideologies and attacking much of the research which supports the view that these conditions should be treated as personality variations by criticising their methodologies; instead of properly considering the substance of their results.

That is not just a matter of how transgender identities develop, it is a matter of how gender identities, personalities and identities for everyone are created. The neuroscientific work pioneered by Girard, Gallese, Dawkins and others has been available from the 1960s. These show that early development is a strongly proactive process, driven by innate forces involving possessive imitation, mirror neurons and the like, which dominate from birth and only progressively come under control as the organising powers of cognition increasingly take effect. Still, today many sociologists, psychiatrists and physiologists presume that cognition alone is the organising power which drives development forward. The fundamental difference between the two sides in these toxic arguments is whether: along with Stoller, the Word Authorities and the Professional Institutions, the impact of these innate forces is recognised, or along with Cass, gender-critical groups, McHugh, Money, religious groups and others, it is denied. Cass may genuinely believe that she is acting in the best interest of transgender children by preserving the status quo in these matters. But until it is recognised that the concept of cognition as the primary organising force which drives development forward, must be recast into one which creates order out of disorder by increasingly keeping these innate neural forces in check, harm will continue to be created. And I argue that how personalities and identities develop for all of us will not be properly understood.

These are strongly felt arguments. I do not claim any professional accreditation to justify my work, so it is up to others to judge if they are correct. However, that is not the point. In any independent review all sides of a dispute must be equitably considered. When the focus of this dispute is the disagreement between the Professional Medical Institutions and World Authorities who now define transgender identities as "*naturally*

³⁰ For more information see the full document

expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life": Against the views of gender-critical feminist groups and others, who define it as a "*nebulous and collectively created social construct determined entirely through association with the gender role*". When the motives, timescales, and methods of management differ to the extent that what one side considers to be those involving compulsion, compassion and concern are regarded as perversion, desire, capture, pleasure, and disruption by the other. And when one side regards the creation of transgender identities as inwardly focussed search for identity which does not threaten others. that involves the rejection of what is wrong and lies at the core of the personality which is created: While the other considers transgender conditions to be sexually driven but sublimated personality deviations or disruptions which involve motives and feelings of behaviour, pleasure, and desire, with allegiances only the gender role, so that threats to others can be feared through the expression of these drives and desires: It is essential to impartially examine all approaches. Cass does nor do this. By adopting as the frame of reference for her report, a definition of gender identity from 1966 which relates only to the gender role, and by refusing to recognise the massive effects of the neural transformations and changes during early life, which have been known about since the 1960s, can have any effect of early development, while at the same time recognising their effects during puberty: Cass admits only one possibility, which parallels that of the gender-critical groups, and relies only on the gender role. This means that she must criticise the views of today's World Authorities and Professional Medical Institutions, on the premise that they are incorrect.

This is not an independent review, and with differences as great as these, experiential evidence must stand in their place. That only became available from the 1960s when the legalisation of same-sex intercourse between two consenting adult males in the United Kingdom was introduced. For most people, this has led to a transformation in attitudes to all gender and sexually variant (LGBTI+) people from one which had previously considered their behaviour to be sexually motivated perversions to one which now celebrates these relationships in same sex marriages and accepts them as true expressions of love and identity instead. To require two lesbian or gay people to undergo a medical examination by an anonymous medical panel, and to produce all the confirming documentation and certification before they could enter a legally recognised same-sex marriage would cause an outrage in today's society. Allowing transgender people to self-identify their gender is part of that same rationale. Other aspects of the Cass Report are less controversial and more welcome. The Tavistock and Portman Clinic, which was the only specialist clinic providing gender identity services for young people in the United Kingdom, was overwhelmed by the demand. Therefore, the recommendations in the Cass report to accelerate new research programmes, to spread resources more widely, and to integrate them more closely with other NHS resources, are in principle welcome steps. There are major failures, and it may come as a surprise that I too advocate the importance of first using psychology: And that caution is needed before engaging in irreversible steps. However, I also argue that the failure to recognise the bipolar nature of these conflicts, and the failure to provide adequate counselling on that basis may be a cause of these difficulties; particularly given the enormous increase in demand, combined with the actions of people, religious traditions, and groups pursuing their own agendas in the way that Cass describes³¹. However, the distribution of resources which Cass advocates in her report is only viable if the correct treatment and management procedures are followed: And that is my major concern.

By adopting terms of reference which date from 1966, and consider only the gender role, Cass sets the understanding of these conditions back to a time when all gender and sexually variant people could be, and by many were, condemned for engaging in intrinsically disordered behaviour in pursuit of inappropriate sex. The advances in experiential, clinical, medical and research evidence has transformed the situation in countries, groups, and religious traditions, where that has been recognised and become available. In other countries, religion and cultures, where it has not all gender and sexually variant people can come under extreme attack. In this analysis I have shown that transgender conditions must be managed as personality variations, in line with the World Authorities and Professional Institutions. The different techniques required for managing personality variations and personality disruptions are well known. Methods of managing personality variations do not seek to remove the variation, instead they aim to alleviate the distress by first of all obtaining the self-esteem that arises from accepting the reality of the variation: And then using this to find the best ways

³¹ Gilchrist, S. (2020f): "*Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case*": <http://www.tgdr.co.uk/documents/249P-JudgmentResponse.pdf>

to manage its demands. That is in total contrast to methods of managing perversions or disruptions, where the aim is to remove or divert the disruption, and to use approaches which seek to suppress or nullify its demands. As with attitudes to puberty blockers, it is essential that a welcome can be given, and the correct diagnosis and methods of management are applied.

I have likened transgender people, and all gender and sexually variant people to immigrants or emigrants who cross a gender divide. The abuse of any invitation on this journey is as harmful as it's denial, and this demands a responsible and objective approach by all sides. It also requires a willingness to welcome the stranger and adopt an inclusive and egalitarian approach. That is seen in the welcome that a great many feminist and others give to male-to-female transsexuals who are happy to accept these people as the women they say they are, because that is the way in which they are seen to integrate into society, and as true allies in the feminist cause. The opposite approach of exclusion is seen among those feminists who do not accept that no man or male-to-female transsexual can ever be a true ally, because biology and social conditioning means that they will always seek power over women and attack women's identity and lives. Fear does not require any rationale for its justification: indeed, it thrives on its absence. Transgender people represent a small and often hidden minority, and that makes them vulnerable to misrepresentations and all sorts of spurious abuses, conspiracy theories and misrepresentations in the way the Butler describes. It becomes more serious when any Government or organisation seeks to emphasise this exclusion by quietly withdrawing information from its legislature library just five days before an important debate and commissions the withdrawal and re-writing of documents in the legislature library to question the validity of research that had supported the previous administration's proposals to change the law to allow the principle of self-declaration of gender identity, into a policy which opposes it instead. Additionally disbands expert advisory groups on LGBTI issues and fails to meet with the appropriate parliamentary Women and Equalities Committee, or to consider their views. The United Kingdom Equalities and Human Rights Commission (EHRC) is intended to act as a watchdog on Government actions, but there is a concern about its impartiality when the former Conservative government has consistently appointed known supporters of gender-critical viewpoints to its board³². The Cass Report supports these same ideologies. The incoming Government as promised to adopt an approach which seeks to maximise the inclusion of transgender people in everyday life. But it also states it has accepted in full the recommendations of the Cass Report. In view of the issues and concerns I have raised in this article; I suggest that the incoming Government should review this decision and also look at the independence of the Cass report. Any report which claims to be independent. but which sets its terms of reference to consider only one side of a toxic dispute, is not an independent report.

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The results of this investigation are presented in a family of documents

This document

Gilchrist, S. (2024): "*An Overview of Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review*": <https://www.tgdr.co.uk/documents/255P-CassFinalOverview.pdf> (20 pages)

All Documents

Gilchrist, S. (2024): "*Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review: Preface to the Series*": <https://www.tgdr.co.uk/documents/255P-CassFinalPreface.pdf>. (1 page)

³² Gilchrist, S. (2022): "*No Blacks, No Irish, No Homosexuals, No Transgender People*": <http://www.tgdr.co.uk/documents/252P-NoBlacks.pdf>

Gilchrist, S. (2024): "*An Overview of Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review*". 255P

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Gilchrist, S. (2024): *"An Examination of Current Disputes on the Natures of Transgender Conditions, and a Commentary on the Cass Review: Abstract"*:
<https://www.tgdr.co.uk/documents/255P-CassFinalAbsract.pdf>.
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Gilchrist, S. (2024): *"The Cass Review and the Treatment of Transgender Conditions: An Introduction"*:
<https://www.tgdr.co.uk/documents/255P-CassTreatmentIntroduction.pdf>.
(11 pages)

The companion presentation is available on

Gilchrist, S. (2024): *"The Cass Review and the Treatment of Transgender Conditions: Presentation"*:
<https://www.tgdr.co.uk/documents/255P-CassTreatmentSlides.pdf>.
(59 slides)

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Gilchrist, S. (2024): *"Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review: Part 1, Diagnosis"*: <https://www.tgdr.co.uk/documents/255P-CassTransDiagnosis.pdf>.
(16 pages)

Gilchrist, S. (2024): *"Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review: Part 2, Implementation"*: <https://www.tgdr.co.uk/documents/255P-CassTransImplementation.pdf>.
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Gilchrist, S. (2024): *"An Overview of Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review"*: <https://www.tgdr.co.uk/documents/255P-CassFinalOverview.pdf>
(20 pages)

Gilchrist, S. (2024): *"On the Diagnosis of Transgender Conditions: A Study of Current Understandings and a Commentary on the Cass Review"*: <https://www.tgdr.co.uk/documents/255P-CassFinalCommentary.pdf>
(63 pages)

The following documents may also be of interest:

Gilchrist, S. (2024): *"Why the Present United Kingdom Government Advice on Transgender Children Must be Challenged"*: <https://www.tgdr.co.uk/documents/040B-GovAdviceTransChildren.pdf>

Gilchrist, S. (2024): *"Transgender Misdiagnoses: EHRC and Government Advice"*: <https://www.tgdr.co.uk/documents/040B-MisdiagnosesAndAdvice.pdf>

Gilchrist, S. (2022): *"Transgender Disputes, Conversion Therapy and Government actions" (Presentation)*: <http://www.tgdr.co.uk/documents/254p-PresTransDisputesAndGovActions.pdf>

Gilchrist, S. (2024): *"An Overview of Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review"*. 255P

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