

Current Disputes on the Natures of Transgender Conditions: A summary and a Commentary on the Cass Review¹

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In August 2020 the then UK Conservative Government commissioned Dr Hilary Cass to conduct an independent review into services for transgender children (The Cass Review). 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”*. The different methods required for managing personality variations and personality disruptions are well known: They are encountered in many other situations. And when the motives, timescales and methods of management differ to the extent that what one side considers to be those of compassion and concern are almost inevitably regarded as recruitment, grooming, capture, and coercion by the other, it is essential to get the diagnosis correct. This summary forms part of a series of documents; in which I review the Cass report, and I also consider the nature and origin of transgender conditions. I additionally examine the independence of the Cass Report.

These are toxic disputes where the misinformation, conspiracy theories, false claims and unfounded allegations have led to a great deal of confusion amongst many people. But stripping these misuses away reveals the underlying reasons for the disputes: And that is the disagreement, between the World Authorities and Professional Institutions which consider gender identity to be a core element of the personality that is created, which contradicts the views of gender-critical feminist groups and others, who determine that gender identity is determined entirely by interactions with the gender role. It also means that it should be crucial for Cass to equitably consider both approaches, but she does not: By ignoring the massive changes in neural and cognitive activities which take place during the first three to four years of life: even though those during puberty are considered, in the terms of reference which she sets for her report: she has already decided that only one approach is legitimate: And this is the one which presumes that gender identity is merely a collectively created concept determined by association with the gender role. In this respect, I show that gender-critical groups and others take the same approach. However instead of just ignoring the approach of the World Authorities and Professional Medical Institutions in the way that Cass does, it is condemned by many of these groups as not being based on credible science, the work of transgender activists, delusions, and where the motives of the people who support it, are ridiculed or impugned. Cass also states that: *“Polarisation and stifling of debate do nothing to help the young people caught in the middle of a stormy social discourse, and in the long run will also hamper the research that is essential to finding the best way of supporting them to thrive. This is an area of remarkably weak evidence, and yet results of studies are exaggerated or misrepresented by people on all sides of the debate to support their viewpoint. The reality is that we have no good evidence on the long-term outcomes of interventions to manage gender related distress”*. And, as we have noted: when the motives, timescales and methods of management differ to the extent that what one side considers to be those of compassion and concern are almost inevitably regarded as recruitment, grooming, capture, and coercion by the other, it is essential to get the diagnosis correct.

Both Cass and gender-critical groups, along with others who take the same approach rely either on social learning or Freudian psychodynamic theories for their explanation. However, these theories cannot explain how cognition develops, since they rely on this for the explanations they give. And the pre-cognitive period is

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usually considered to last from birth up to the age of around three years. That gap led Freud to presume that little constructive happens during this early period. Yet, far from these early years as being of little consequence, the work and research by neuroscientists and anthropologists from the 1960s onwards; pioneered by Girard, Dawkins, Gallese and others have shown that early development is instead driven by strong, innate and pro-active forces which dominate from birth, and that these only progressively come under control as the organising powers of cognition take greater effect. That consideration completely reverses the perspective: Instead of regarding these first three years as of limited consequence; in line with Freud, they become of crucial importance instead. However, in place of treating what happens during this early period as being unknown, gender-critical groups and others specifically deny that anything of substance for the development of personality and identity can occur within it. Although I have included later developments in my own study of this early period: which I also present in these accounts, the justification for these arguments lies in the pioneering work of Gallese, Dawkins, Girard and others: It does not depend on the more recent research. By considering in detail the processes of pre-cognitive development; I show how the core or foundational elements of personality and identity coalesce from previously fragmented thought around a median age of two years: And how what happens during this period forms the foundation stones upon which our whole sense of sense of identity, including “*Who am I*” and “*What makes me, me*” are built. Where the strength and intensity of exactly the same the neural processes; whose action Cass acknowledges during puberty; but ignores their far greater effect during early development, creates the constancies and stabilities of the core or foundational elements of personality and identity we all need to order our lives.

Freud similarly recognised that the need to be able to separate the self from the other must be present before the identification with gender roles can be established: And he chose the Oedipal Complex to describe it. However, he had to place its formation as lying between the ages of three to five years: since he relied on cognition to explain it, and he chose the motives of sex. In this examination I treat Freud’s presumptions as subsets of the innate neural forces identified by Girard, Dawkins, Gallese and others, where the search is instead for a coherence of identity and being oneself, in place of the drives of sex. Most modern definitions of gender identity divide it into two components. The first involves the core gender identity, which describes an inner sense of identity without behavioural expectations. It involves the ability to separate the self from the other, and this must be present before the second, which is represented by the gender role identity can come into effect. It is recognised that either or both elements usually but need not always be congruent with biological sex. 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 these early years to form a finely tuned system in which the maximum amounts of individuality, possessiveness, intelligence, and inquisitiveness are created. Were the stability of the core gender identity combined with the flexibility of the gender role identity, together with the enormous capability of the brain to adapt itself throughout life, can enable the greatest human potential and individuality to be created. These aspects are considered in much more detail in the extended accounts.

These studies confirm the early work of Stoller and others, both in terms of the timescales for neural development, also his conclusion that the core gender identity has become immutably established at the latest by the age of three years. The later work, which is reported in this analysis may also give greater insights into how compulsions develop; and how consciousness is formed. Gender-critical groups, and those who rely on Freudian approaches, along with others, who deny that anything of substance can happen before the powers of cognition can come into effect, require that the separate existence, or impact of these core elements of personality and identity must be repudiated or denied. And the time when this happens is also generally understood to be about the age of three years. Yet despite the knowledge of these innate neural forces, which were identified some sixty years ago by Gallese, Dawkins, Girard and others, their existence continues to be ignored by many in the mainstream of psychiatry, psychology and sociology; who continue to pursue traditional processes, along with gender-critical groups who ridicule the impact of these early enate processes, who deny the separate existence or impact of the core gender identity: Or who; along with Cass, consider it has no independent effect on early development: And who, instead of considering how these advances in the understanding of how gender identities for everyone develop, simply consider the core gender identity to be another expression of the gender role.

The results of the analysis I present confirm the viewpoint of the World Authorities and Professional medical Institutions, yet it should not be needed. The different methods required for managing personality variations and personality disruptions are well known. They are encountered in many other situations. And when the motives, timescales and methods of management differ to the extent that what one side considers to be those of compassion and concern are almost inevitably regarded as recruitment, grooming, capture, and coercion by the other, it is essential to get the diagnosis correct. 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 by using this to find the best ways 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.

In this account I have concluded that Cass from the outset dismisses the viewpoints of the professional organisations which treats transgender conditions as personality variations which search for coherence of identity and being oneself, and instead demands a diagnosis of these conditions as personality disruptions, which presume that they are driven by feelings, desires and behaviours which may or may not be created by motives of sex. Instead of managing transgender conditions as personality variations where methods of management akin to compulsions may be needed. Others who deny the existence or impact of these core elements of personality and identity, including transgender identities, must treat them as hysterias instead. That is a misdiagnosis which imposes a presumption that is totally opposite to the reality of transgender people's experiences. Where the truths of these encounters show that these conditions are instead driven by the rejection of what is wrong, and the search for a coherence of identity and being oneself in place of motives of desire, behaviour or sex: And where many have fought the compulsions that have been created, before the need to transition becomes an overwhelming drive. So that attempts to apply "*Conversion Therapy*" also invariably fail: Not least because many transgender people have been trying to practice this on themselves without success for many years: And they then have to deal with the dismissals of others, with the emptiness and guilt, which its attempted imposition and the enforcement which social and religious ideologies provide.

How Cass uses this material, in what is defined as an independent report, is therefore of considerable importance. That is conflict between the World Authorities and Professional Medical Institutions who regard transgender conditions as compulsions and as personality variations in search for a coherence of identity and being oneself, against gender-critical groups as personal disruptions and as feelings or hysterias driven by the desires for a role. These are the issues I have attempted to examine in these accounts. But, by disregarding the effects of the massive neural and cognitive transformations and changes during the first three to four years of life, Cass determines that only one can be correct: This is the approach of the gender-critical groups and others, who ignore the separate impact or existence of the core gender identity and considers it to be a collectively created concept determined entirely by association with the gender role. However, Cass is not alone in her disregard of these earlier elements; for many others in the mainstream of sociology, psychiatry and psychology take a similar approach. This does not just lead to the attempts to treat transgender conditions as hysterias, usually with sexual motives; instead of compulsions involving the search for a coherence of identity and being oneself: It also dismisses the work of Gallese, Girard, Dawkins and others, which show that; in place of the development of personality and identity being reactive and receptive in nature and the presumption that cognition alone is the primary organising force that drives development forward: These processes are instead driven by strong pro-active self-reinforcing and innate forces which dominate from birth: And where the pro-active nature and the self-reinforcing natures of these processes give rise to the rich variety of human experiences, in which incongruent and sexual identities may also be created.

However, Cass does more than this. By adopting as the terms of reference and evidence base for her report, a definition of gendered behaviour and gender identification by Kohlberg that dates from 1966, which considers only the impact of the gender role, she places herself alongside Kohlberg, Maccoby; Berger; Bannerjee; Slaby, Frey; Martin, Ruble; and others who, using Piaget and similar theories; sought to attribute the development of gender identity entirely to social learning processes; and to its associations with the gender role. In addition to her disregard of the effects of the massive neural and cognitive changes and transformations that take place during the first three to four years of life, her rejection of the sexual impulses together with the drives of psychodynamic theories, also leads her to identify a timescale for the development

of gender and sexual identities which are far longer than the psychodynamic theories predict. And much longer than the great amount of experiential evidence now available has been shown to exist.

It is absolutely right, and it is also essential that Cass, along with gender-critical groups and others should be free to responsibly present their own conclusions. And it is quite clear from the foregoing that Cass considers that transgender conditions should be managed as hysterias instead of compulsions, that she ignores the impact of the innate neural forces identified by Gallese, Girard, Dawkins and others, and instead of considering transgender conditions to be searches for a coherence of identity and being oneself, she identifies these as being desires for a role. In any independent report it is essential that all sides must be fully considered. And this omission has major implications for how the available data is interpreted and used. The first of these concerns the use of puberty blockers. Their administration can be a justifiable action when transgender conditions are diagnosed as personality variations, but if these conditions are understood to be personality disruptions involving the gender role, driven by suppressed sexual emotions, a consequence of any administration would be to reinforce a runaway drive towards transition instead. The correct administration of any drug or treatment must always be a balance between the benefits it brings and the harms of any side effects, so no judgment or statement can be valid if the diagnosis is incorrect. Furthermore, in her diagnosis, I do not find that Cass gives any credence to the views of the Word Authorities and Professional Institutions. In contrast, I come to the view that in place of accepting their diagnosis of these as personality variations, she tries to impose this diagnosis of personality disruptions upon them instead. This includes her allegations that clinicians are deceiving parents and patients in pursuit of their own ideologies. I further conclude that she attacks much of the research which supports the view that these conditions should be treated as personality variations by imposing a diagnosis of personality disruptions upon them, and by criticising their methodologies instead of properly considering the substance of their results. Nor do I consider that there is any justification for her dismissal of the advances in knowledge and experiential evidence since the 1960s on the nature of transgender conditions for everyone to be very weak: When I argue that she tries to enforce a diagnosis which treats these conditions as personality disruptions, instead of personality variations: Uses the terms of reference for her report to impose only one unchangeable diagnosis, also from the 1960s on how gender identities for all of us develop: Only considers how transgender conditions differ: Ignores the consequences of the neural transformations during the first three to four years and the effects of the pro-active and innate forces predicted by Girard Dawkins and others from the 1960s onwards; which dominate development from birth: And when she additionally confirms these dismissals with the throwaway remark that the analysis presented by Kohlberg and others *“still resonates today”*. My primary focus in these documents is on the correct diagnosis of transgender conditions. This questionable use of research and experiential evidence is the subject of many other reviews of the Cass report, and these should be consulted for other more detailed accounts.

There have been major difficulties over resourcing. Clinics have been overwhelmed, shortcuts have been taken and information has not been properly processed. Cass recommends that eight regional centres for children are set up, each of which adopts a more holistic methodology. The new clinics are supported. But unless these clinics have the expertise to correctly diagnose and treat transgender children; and to recognise that these conditions are personality variations in search for a coherence of identity and being oneself, then that will also be a retrograde approach. I do not dispute the claim by Cass that she believes she is acting in the best interests of transgender children. Nor do I find any evidence of malintent. But seeking to impose a diagnosis of transgender conditions as mere feelings involving desires for a role or the attractions of sex; in place of the compulsions which search for a coherence of identity and being oneself, destroys the advances of more recent years, imposes incorrect methods of management, stifles research, and takes us back to a time when it was presumed that all gender and sexually variant people were driven by motives of desires for a role and attractions of sex.

The arguments I present in this account may be wrong or they may be right. I do not claim any professional status or reputation to maintain, or any professional accreditation for these views. Nor do I attempt to prescribe. I have never been a patient or sought support from the Gender Identity Clinics. Or medical interventions of any kind. I continue to balance the life I have built, against the demands of a compulsive drive. However, it is also right to ask questions. As an academic I am well aware of the importance of the peer review process, including the use of original sources. All of my material is intended to meet these standards;

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so it is up to others to judge on their merits, the arguments I present. Full references and cross-references to original sources are given in the more detailed of these documents. However, that is not the point: In any independent review all sides in any argument must be fully considered. And in place of closing of ranks against any challenges, objective, informed and impartial decisions must be made. At the clinical level this is a dispute about whether transgender identifications should be treated merely as desire or behaviour driven disturbances involving only the gender role, or as personality variations and searches for coherence of identity and being oneself which lie at the core of the personalities that are created. No report which accepts the first and uses its terms of reference to deny the validity of the second can justify any claim to be independent. And no report which relies for its foundation on definitions of gender and gender identity which date from the 1960s, and which fails to take account of the subsequent understandings of how gender identities for all of us develop, can justify its claim to have authority. These are also matters of intense dispute and there is no evidence of that in the Cass Report. Therefore, I conclude that the Cass report is not an independent report.

In place of the approaches of the previous United Kingdom Conservative Government which have pursued policies which have maximised the exclusion of transgender people from everyday life, and who have misdiagnosed these conditions: The present Labour Government claims to seek inclusion instead. These issues are more fully addressed in the companion paper, which considers implementation. However, this Labour Government has at present accepted in full the recommendations of the Cass report. Because the Cass Report considers only one side of the arguments presented in a toxic dispute, I urge the present Labour Government to reconsider its full acceptance of the Cass report. And because it misdiagnoses transgender children and adults, I call for at least a judicial review of its conduct, content, and conclusions, while strongly advocating for the complete withdrawal of the Cass report.

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Resources

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

This Paper

Gilchrist, S. (2024): *“Current Disputes on the Natures of Transgender Conditions: A summary and a Commentary on the Cass Review.”* <https://www.tgdr.co.uk/documents/255P-CassSummary2.pdf>. . (5 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)

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-CassFinalAbstract.pdf>. (1 page)

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

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

Gilchrist, S. (2024): *"Current Disputes on the Natures of Transgender Conditions: A summary and a Commentary on the Cass Review"*: <https://www.tgdr.co.uk/documents/255P-CassSummary2.pdf>.
(5 pages)

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

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>.
(pages)

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

More documents can be accessed and downloaded via the bibliography tab on my website: www.tgdr.co.uk

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