What we Need to Know about the Cass Report[1]

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The nature and origins of transgender are subjects of intense disputes, mainly between the World Authorities and Professional Medical Institutions who consider transgender conditions to be incongruences; and as personality variations: which are compulsions in search for a coherence of identity, against the traditionally held views of religious groups, gender-critical feminist groups and others who consider them disturbance or personality disruptions driven by feelings and desires. And when the timescales, motives and methods of management differ so greatly, it is essential to get the diagnosis correct. These documents report on an earlier study which compares these two contrasting diagnoses, from the scientific, legal, historical, and religious points of view. They also review the Cass Report, which in 2020 was commissioned via the then United Kingdom Conservative Government, to conduct an independent review into these issues.

Even the whisper of religion in any scientific paper is likely to stop people from giving it any serious consideration. And even the whisper that science might challenge the traditional theologies of religious belief; can create a correspondingly dismissive approach. Legal issues are also involved. However, the three interact with each other and they cannot be considered completely apart. That is why I have considered these issues in three separate papers. This first paper: *"What we Need to Know about the Cass Report"*, deals strictly with the scientific analysis. The second paper: *"Religion and Psychology in Transgender Disputes",* deals strictly with religious beliefs. And the third paper *"What is a Woman"* considers matters of legal dispute. None of these papers demands, assumes, or expects anyone to have a religious belief. This document is also one of a larger series which discuss the nature of transgender conditions. As an academic I am fully aware of the importance of peer review processes and the need to cite original sources. The full list of these documents is given at the end of the text, and complete references and cross-references to original sources are given in the more detailed of these. The Cass Review: (The Independent Review of Gender Identity Services for Children and Young People), 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. Cass claims that her report does not attempt to consider the causes of transgender conditions. But when nature of the cause determines the treatments that are needed, that is not a valid solution or escape.

A statement of interest is clearly required. And a full account is given elsewhere[2] I consider myself to be a transgender woman; or (in the language of these documents only), a male-to-female transsexual. I am also one who has not fully transitioned, since I seek truces between the love, relationships and commitments in the life I have built, against some very strong compulsive feelings that erupt from deep inside. For these reasons I have refused the offers of hormones of any kind, and I have not engaged in any physical changes that would aid the effectiveness of transition. Although I have from time-to-time consulted specialist clinicians; I have not been involved with the gender identity clinics in any way: either as a patient or otherwise… Except to inform

[1] Cite and access this document via: Gilchrist, S. (2024): *"What We Need to Know About the Cass Report"* https://www.tgdr.co.uk/documents/255P-CassKnowledge.pdf. Cite and access the companion documents via: Gilchrist, S. (2024): *"Religion and Psychology in Transgender Disputes":* https://www.tgdr.co.uk/documents/255P-ReligionPsychology.pdf. and Gilchrist, S. (2024): *"Want is a Woman?":* https://www.tgdr.co.uk/documents/255P-WhatIsAWoman.pdf. Other links are given at the end of the text.

[2] Gilchrist, S. (2025): **"***The Cass Report: A personal perspective":* http://www.tgdr.co.uk/documents/255P-PersonalInterest.pdf

them; by circulation[3] and by presentation[4], of my work. I am also aware of the present disputes between certain clinicians who diagnose transgender conditions as personality variations and as searches for coherence of identity: where methods of management akin to compulsions may be needed: while other clinicians use traditional psychodynamic or social learning theories to diagnose transgender conditions as perversions, paraphilias or personality disruptions, where Freudian hysterias, or feelings involving motives of behaviour and desire are instead considered to be the driving forces behind them. There should be no magic needed to correctly diagnose transgender conditions since the differences in the management techniques required for personality variations and personality disruptions are significant and are well known: They are encountered in many other conditions. And the failures to agree on how these conditions should be managed has led to a toxic dispute. In my attempt to resolve these disputes and my own conflicts. I engaged in a research programme which: instead of focussing only on how transgender conditions differ, uses transgender conditions as case studies to examine how personalities and identities for everyone are created. This study is reported in papers dating from 2011, all of which can be assessed and downloaded via the bibliography tab on my website www.tgdr.co.uk.[5]

A further aim of my study is to use my experience to help others, to promote a better understanding of transgender conditions wherever I can: And to find ways of maximising the freedom of choice, instead of encountering outcomes of failure; guilt; and catastrophic collapse, which too often occurs when the diagnosis is incorrect. Therefore, my approach has the aim of enabling surgical and social transition to take place in an orderly way when it is right to do so. And equally as important: to find ways of avoiding transition and managing the demands; when for other reasons, it is not. That is in line with my own approach, and this to a degree is also in line with the Cass approach. There also are the strong interactions between the religious and scientific understandings. I do consider both, but I am very careful to keep the two elements apart. Although the core framework of this study was in place by 2017, as reported in the papers on my website: and was before the major onslaught of these toxic conflicts occurred, I have continued to keep this work up to date, and I use it in my reviews of the Cass report and of current work.

I use the word *"Transgender"* to describe the full range of transgender conditions. People often use the word *"Trans"* or *"Trans*"* to avoid making any distinction. I also use the words *"Gender Identity"* to describe the sense of identity, which arises through the separation of the self from the other and social relationships in society. And I use the word*s "Sexual Identity"* to describe the sense of identity, that arises through sexual orientation and love, in relationships that are made. Although it is a preferred identification, I avoid using the description *"Transgender woman"* in these accounts: because the definition of the word *"Woman"* is a contested term. The use of an earlier word "*Transexual"* does not imply in any way that transgender people support or believe in a *"Gender ideology*", which alleges they believe they *"can change, choose, or deny biological sex":* The confusion that this can create is well illustrated within these documents when people conflate gender with sex. Today: because of these misconceptions, the word *"Transsexual"* discouraged for more general use. In these accounts, and only in these accounts, for want if a better description I use the word *"Transsexual"* to describe those people who as immigrants or emigrants seek to totally cross a notional and binary gender divide.

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[3] See for example: Gilchrist, S. (2020f): *"Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case"*: http://www.tgdr.co.uk/documents/249P-JudgmentResponse.pdf

[4] See for example: Gilchrist, Susan. (2015): *"A Path of My Own":* Person Centred Care and Support: NHS Transgender and Non-binary Symposium 30 June 2015 http://www.tgdr.co.uk/documents/SuF0630q-TransgenderNBSymposiumSlidesSil-30jun15.pdf . For the Symposium Report see: http://www.tgdr.co.uk/documents/SuF0630s-FINALSymposiumReport.pdf

[5] For foundational documents see: Gilchrist, S. (2011a): "*LGB and T People: Labels and Faith":* http://www.tgdr.co.uk/documents/002B-LabelsFaithText.pdf: Gilchrist, S. (2013d): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf: Gilchrist, S. (2013e): "*Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality":* http://www.tgdr.co.uk/documents/205P-ManagementTechniquesInGenderDysphoria.pdf: Gilchrist, S. (2013c): "*A Reassessment of the Traditional Christian Teaching on Homosexuality, Transsexuality and on Gender and Sexual Variation Using a New Neurophysiological and Psychological Approach"*: http://www.tgdr.co.uk/documents/207P-ReassessmentPsychologyExtended.pdf : Gilchrist, S. (2016d*): "A New Approach to Identity and Personality Formation in Early Life"*: http://www.tgdr.co.uk/documents/218P-InfluencesPersonality.pdf: Gilchrist, S. (2016h): "*Science and Belief. A New Approach to Identity and Personality Formation in Early Life"*: http://www.tgdr.co.uk/documents/218P-PaperPersonality.pdf: Gilchrist, S. (2020b): *"Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf

Current tensions arise in part because of the nature of the dispute about the nature of transgender conditions. One group, mainly the World Authorities Professional Medical Institutions consider transgender identities to be natural personality variations, within the normal range of development, and as internally focussed compulsions in search for a coherence of identity, which arise very early in life, where no threats to others are involved: And which cannot be changed; or become very difficult to change, either by the predations of others, or by the persons concerned later in life. However, opposing groups consider them to be personality disruptions, and as hysterias which are sexually motivated perversions, paraphilias[6] or disturbances; driven by desires for a role or the attractions of sex: Where instead, scares over recruitment, capture, threats to women and children's safety and identity, and fears of predation can arise: Furthermore: when the motives, timescales and methods of management also 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.

Many opposing groups rely on the traditional social learning theories or Freudian psychodynamics to justify their arguments: But that leads to the diagnosis of transgender conditions as hysterias, driven by motives of behaviour and desire, which would place transgender people alongside sexual abusers, with threats to women's safety, identities and lives. That conclusion arises because sexual desires, whether as inversions or perversions are considered to be the driving forces behind these conditions. But for transgender people the drive is instead an internally focussed and compulsive search for a coherence of identity; with the rejection of what is wrong. Where the search is for the ability to live in ways that are true to their own identities, where no threats to others are encountered: And that reversal in understanding instead places male-to-female transsexuals alongside natal women; where the same strong condemnations of sexual abusers are encountered, with the same commitments to the protection of women's safety, identity and lives.

Gender identities cannot form before birth, because they depend on interaction with others. And the ability to mentally separate the self from the other is needed before we can develop an innate sense of belonging that gives us a base. However Freudian approaches fail, because Freud relies on cognition to provide an explanation of how early development takes place. And social learning theories also fail because, they too rely on cognition to give us a base. This has led Freud and many others to presume that the first three years contribute little of consequence to the development of personality and identity. And that these are times of seething emotions where little constructive occurs. However, developments in neuroscience and anthropology, pioneered by Girard, Dawkins, Gallese and others from the 1960s onwards, have shown that: far from relying on the powers of cognition to be the primary organising force which drives early development forward, it is instead propelled by innate, intense, and pro-active forces which dominate from birth; and only gradually come under control as the organising powers of cognition come into increasing effect. From extended studies, Gallese showed the physiological bases for empathy, imitation, and inhibition depend on the action of these fundamental powerful and innate neural forces, involving mirror neurons, possessive imitation, empathy, and the like: Where the foremost challenge to be explained is not *"about how learning develops but about but how well these processes can be held in check"*[7].

Most modern definitions of gender identity divide it into two components. The first is the core gender identity, which separates the self from the other: and represents an innate sense of identity where no behavioural expectations are involved. The second is the gender role identity which develops through social associations and the expectations of the gender role. It is generally accepted the either or both of these are usually but need not always be congruent with biological sex. There is little disagreement over how disturbances of the gender role should be treated; and there is also concurrence that these should be managed as perversions, paraphilias or disruptions as required. Whereas it is argued that incongruences of the core gender identity should be managed as personality variations instead. For these reasons the analysis I present in these accounts is akin to a Freudian analysis; where Freud's presumption of sexual motives, which rely on cognition

[6] A paraphilia is a recurring or intense sexual interest in atypical objects, places, situations, fantasies, behaviours, or individuals. It can also be defined as a sexual interest in anything other than a legally consenting human partner. It is often used to avoid the negative consequences the word *"perversion"* has acquired.

[7] For more information, see Gilchrist, S. (2013d): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf

for their explanations, is superseded; and may be considered as subsets of these innate forces: Where the driving force behind them is the search for a coherence of identity, and not the drives of sex.

This means that transgender conditions are not driven by behaviour or sexual desire. Being transgender is not an indication of sexual orientation. As wide a range of sexual orientations are found amongst transgender people as those which occur in society at large. However, we can only be aware of the impacts and consequences of this, since all these developments take place before conscious awareness occurs: This makes it possible for each side in these disputes to produce seemingly coherent but opposing arguments to justify their positions, which depend on the starting points they have taken: The lived experiences and management methods for each of these diagnoses are almost opposite to each other. And when it is natural for most people to assume that; unless some disruption to a biological or divinely ordained path of development takes place, gender identity should always be congruent with biological sex: Great harm can occur when the diagnosis is incorrect.

In this study, I have likened transgender people to immigrants or emigrants who seek to cross a notional binary gender divide. The abuse of any invitation on this journey is as harmful as its denial: Where one approach may seek ways to welcome the stranger: while the other seeks to deny it instead. Most people today in the United Kingdom consider transgender women to be women because of our behaviours, the ways we interact with society, our advocacy of feminist matters: And our expressions of common interests and concerns, which includes similar concerns about our own safety, and that of all women and children's identities and lives. Some opposing groups instead try to impose a totally fictional *"gender ideology"* on transgender people, which alleges that we believe we can *"choose, change, or deny biological sex":* And by arguing that those who claim to identify as women, are seeking power over women and challenging women's identity, safety and lives, Transgender people sometimes describe themselves as being *"born into the wrong body",* but this is a truth of early formation, endocrinal influences, and earliest experience. And few, if any transgender people, believe that we literally change biological sex.

Among transgender people who surgically transition, the terms *"Gender Reassignment Surgery"* or *"Gender Affirmation Surgery"* are most commonly used: Gender reassignment is also often urgently sought. However, for many, this is because they have fought the compulsions which have been created; often for many years, before attrition, exhaustion, and the need to transition becomes an overwhelming drive: Which also means that attempts to apply *"Conversion Therapy*" are also known to 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 creates, reinforced with the rejection which social and religious ideologies provide.

These are also conflicts in which the definition of the word *"Woman"* is a contested term[8]. The feminist pioneers used the term entirely to describe gender identities entirely through the performance of gender, and the ways in which men and women interact to each other in society. Today other groups exclusively use the term to describe sex and biology: so that this early feminist definition is denied. In practice both definitions are correct: And the one which is used depends on the context in which it is applied. There is a further contradiction in the approach of gender-critical groups who: on the one hand adopt the feminist viewpoint which argues that gender identity; and the definitions of *"man"* or *"woman",* develop through the "*performance of gender*"… which includes transgender people who perform in the same way: While at the same time; they exclude transgender people by arguing that for everybody gender identity, and the definitions of *"men"* and *"women"*, must always be congruent with biological sex. The latter comes close to the *"gender complementarity*" traditionally adopted by the Christian Churches.

Some gender-critical groups justify their acceptance of transgender people on the grounds the transgender journey takes them to a different place: where threats to women and children's identities; and fears of predation can arise. A great deal of effort has gone in to trying to prove that male-to-female transsexuals pose as great a risk, if not a greater risk, to women's safety, identity as all males. And those who claim to identify as women are considered to be greater threats to women's identities, safety and lives. This exclusion also

[8] This is considered in more detail in the companion document: Gilchrist, S. (2024): *"Want is a Woman?":* https://www.tgdr.co.uk/documents/255P-WhatIsAWoman.pdf

identifies gender exclusively in binary terms, which means that the legitimacies of non-binary, gender identities (measured in terms of social interactions) and sexual identities (measured in terms of sexual attractions) are additionally denied. The legislation which is enacted in the United Kingdom 2004 Gender Recognition Act and endorsed the 2010 Equality Act, recognises this interchangeability of use, and ensures that the term *"men"* and *"women"* and *"male"* and *"female"* are always used and interpreted in the context which is correct: It is equally as valid for interpreting legislation for same-sex marriages, and it can include exclusions based on biological sex[9].

This is as much a dispute about social acceptance as it is about how gender identities for everyone are created: Yet the nature and origin of gender identity for everyone remains a hotly disputed topic. In my own research I show how these core elements of personality and identity coalesce from previously fragmented thought around a median age of two years. However, children do not develop a clear identification with the gender role before a median age of three years. Which means that the gender role identity acts as an overlay on a core gender identity, the foundations of which are already in place. For the World Authorities, and Professional Medical Institutions, gender identities are considered to be a foundational element of the personality and identity that everyone develops: Where the core element of identity, which involves the separation of the self from the other; and is expressed as an inner sense of being without behavioural implications, forms very early in life. Thus, it becomes a foundation stone for the sense of identity that is created. Because of this, attacks on the legitimacy of these identities, become attacks on the whole sense of selfhood that is created.

Freud also recognised the early need to separate the self from the other. However, he needed to rely on cognition to explain it, and Freud; through his description of the Oedipal complex, places the period of separation of the self from the other; and the formation of the core gender identity, to between three and five years: And that denies any independent role for the core gender identity, since it and the gender role identity are now presumed to develop alongside each other, under the same influences, at the same time. Therefore, opposing groups who rely on Freud, dismiss the influence of the core element of identity; together with the innate neural forces identified by Gallese, Dawkins, Girard and others, along with the neurological and transformations which take place during these first to three to four years: This does not deny the use of Freudian approaches for any purposes, for it still encourages us to explore how the inner senses of identity are created. However, that can only reach as far back as cognition can take us: So, the understanding of pre-cognitive development and the existence of these key elements is denied. This led Freud to presume that little of permanence in the development of personality and identity takes place during the first three to four years. But instead of treating this period as unknown, gender-critical groups, along with Cass, define gender identity solely as a *"collectively created concept determined entirely through interactions with the gender role",* by specifically denying that anything of consequence occurs. That is contrary to the definitions of 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":*, Many groups continue to use social learning and Freud's psychodynamic theories for their arguments, but these rely on cognition for their explanations, and, they cannot adequately explain how the core elements of personality and identity are created: And neither can they explain how this pre-cognitive development occurs.

This disagreement has also led to conflicts in neuroscience: Cognitive neuroscientists, such as Rippon[10] use MRI studies to argue that nothing constructive takes place during this early period: While behaviourist neuroscientists, such as Fordor, Goldman, and others, use MRI studies to explain it instead[11]. These arguments are fully explored in my other work. These disagreements have major implications, for

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[9] See: Gilchrist, S. (2024): *"What is a Woman?":* https://www.tgdr.co.uk/documents/255P-WhatIsAWoman.pdf.

[10] For more detailed studies of Rippon's work, see sections B:5, C:2, C:4, etc in Gilchrist, S. (2020b): *"Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf (full references and cross-references to original sources are given in this document)

[11] For more detailed studies of this work, see: 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 (full references and cross-references to original sources are given in this document)

incongruences of the core gender identity must be treated as personality variations, while disturbances to the gender role must be treated as personality disruptions instead.

Added to this are the disputes within the feminist communities between those who accept male-to-female transsexuals as the women they say they are: because that is the way they interact with society and see them are true allies in the feminist cause. While other feminist groups understand that no man, or male-to-female transsexual, can ever become a true feminist and no male-to-female transsexual can ever be identified as a woman, because biology or social conditioning means they will always be seen to seek power over women and threaten women's identities, safety, and lives. Other advances in neuroscience and anthropology pioneered by Girard, Dawkins, Gallese, and others from the 1960s onwards have shown that: Far from the development of gender and other elements of personality and identity simply being receptive or reactive processes, which is in line with the traditional social learning and psychodynamic theories: They are instead driven by strong innate forces involving possessive imitation, mirror neurons, empathy, and the like: These dominate from birth, and they only progressively come under control over a period of at least three years: as the organising powers of cognition take greater effect. Therefore, in place of dismissing what happens during these first three years of life as being of little significance, it becomes a time of great importance instead.

Although it is only necessary to use the pioneering work of Girard, Dawkins and others to justify these arguments, my examination has been extended to consider more recent work. This confirms that there is no justification in the gender-critical analysis, or in other analyses for attempting to identify male-to-female transsexuality as sublimated sexually motivated perversions, paraphilias of (male) homosexuality: Which means that transgender conditions must be diagnosed as sexually motivated perversions of (male) homosexuality, while still demanding that homosexuality itself must be considered to be a personality variation, and a core element of the personality that is created. That is also the approach of autogynephilic transsexuality which one clinic adopted in the 1980s[12]. It was considered outmoded and out of date by other clinicians at the time; and this one clinic which adopted 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. Finally, It relies entirely on the presumption of Freudian hysterias, paraphilias or perversions, which have been shown in this examination, and in many others to be inappropriate and incorrect[13].

It is also inconsistent because, even though its followers do recognise the advances in science, experiential evidence since the1960s, and the revolution in the understanding of sexually variant conditions, they deny the same transformation to transgender people: And it denies the legitimacy their identities, by defining these conditions as sexually motivated perversions or disruptions of (male) homosexuality. This approach has been adopted by various lesbian and gay groups. However, current neuroscience almost universally shows that both gender and sexual identities form together as a single complex very early in life: Which means that both

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[12] Autogynephilia was defined by an American psychologist, Dr Ray Blanchard, as *"a male's propensity to be sexually aroused by the thought of himself as a female"*. (Auto = self, gyne = woman, philia = love.) According to Blanchard and Lawrence *"The increasing prevalence of Male-to-Female transsexualism in Western countries is largely due to the growing number of Male-to-female transsexuals who have a history of sexual arousal with cross-dressing or cross-gender fantasy. Blanchard proposed that these transsexuals have a paraphilia he called autogynephilia, which is the propensity to be sexually aroused by the thought or image of oneself as female. Autogynephilia defines a transsexual typology and provides a theory of transsexual motivation, in that Blanchard proposed that male-to-female transsexuals are either sexually attracted exclusively to men (homosexual) or are sexually attracted primarily to the thought or image of themselves as female (autogynephilic), and that autogynephilic transsexuals seek sex reassignment to actualize their autogynephilic desires. Despite "growing professional acceptance", Blanchard's formulation is rejected by some male-to-female transsexuals as inconsistent with their experience. This rejection, I (Lawrence) argue, results largely from the misconception that autogynephilia is a purely erotic phenomenon. Autogynephilia can more accurately be conceptualized as a type of sexual orientation and as a variety of romantic love, involving both erotic and affectional or attachment-based elements"*. According to Lawrence*: "This broader conception of autogynephilia addresses many of the objections to Blanchard's theory and is consistent with a variety of clinical observations concerning autogynephilic Male-to-female transsexualism"*. Becoming what we love: Lawrence, A. A. (2007): *"Autogynephilic transsexualism conceptualized as an expression of romantic love*"; *Perspect Biol Med*. Autumn 2007;50(4):506-20. doi: 10.1353/pbm.2007.0050.

[13] See section B:7:1: *"Autogynephilia"* in Gilchrist, S. (2020b): *"Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf (full references and cross-references to original sources are given in this document) Also section 15:2 *"Blanchard and Autogynephilic Theories*" in 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 (full references and cross-references to original sources are given in this document).

must be regarded as personality variations: or both must be regarded as personality disruptions. Thus, there is no justification anywhere in current neuroscience for the way in which these elements are separated in this approach. Nevertheless gender-critical groups continue to promote this diagnosis, which relies on Freudian psychodynamics: despite the advance in neuroscience, the increasing experiential evidence, the views of opposing clinicians, and those who consider transgender conditions to be a search for a coherence of identity: And despite the results of the analysis which I present in these documents.

The approach in my study has been to use transgender conditions as case studies to examine how personalities and identities for all of us are created. Although it is only necessary to use the pioneering work of Dawkins, Girard, Gallese and others to justify the conclusions of this analysis, I have extended it to consider the impacts of more recent studies, including that of Joel, Swabb, Dhejne and others, who have specifically rejected the interpretations which gender-critical groups attempt to place on their work[14]. I also include the work of Fordor and the recent work of Goldman and colleagues who have demonstrated the existence of a primitive *"who am I?"* network in the brain. This is in addition to the well-studied *"what makes me, me?"* default neural network: which behaviourist neurologists have previously used to justify their arguments. Stimulating one of these networks does not directly affect the other: And that may provide the neural base for the separation of; and the independent nature, of the core gender identity, and the way in which it acts separately from that of the gender role. Also, why the core gender identity involves the internally focussed separation of the self from the other, while the gender role identity develops in response to the expectation of others later in life. The results of this investigation do not just confirm the viewpoints of the World Authorities and Professional Institutions. They show that strong and stable core elements of personality and identity are the products for a search for a coherence of identity and being oneself, which is drawn from fragmented sources: and becomes securely established very early in life. This need not be confined to transgender conditions. The stability of these core elements of personality and identity may play an important part in understanding how consciousness for all of us develops, and how we organise our lives,

This is not a new dispute. It has its origins in the 1960s when Money, McHugh and others tried to use Freudian psychodynamics to explain how all gender and sexually variant identities are created, against the views of Stoller and others, who argued that gender identities, like sexual identities, are core elements of the personalities that are created, Freud recognised that very strong forces drive development forward, but the only mechanism he had to explain them were the motives of sex. Which then led him to conclude that little of substance could take place in the development of personality and identity before the powers of cognition could sufficiently come into effect. However, by its nature, a feature of pre-cognitive development, is that we can never be aware of the processes which are involved in the creation of these core elements of personality and identity: And we can only be aware of their effects.

Although both gender and sexual identities cannot form before birth: biological differences in sexual development and in maturation rates do become evident about 12 to 13 weeks after gestation. This early divergence led Stoller and others to conclude that both gender and sexual identities have the same biological base; and that both are created during this same period. That presumption has led many transgender people to believe they are *"born into the wrong body",* and that the gender incongruence they experience has been present from before birth. Although Stoller and others could not correctly explain how gender and sexual identities are created, they nevertheless recognised that the processes, are pre-cognitive in nature, that they involve the searches for a coherence of identity: And that they form the core senses of personality and identity, which belong to all of us: Stoller's attempts to associate them with sexual disruptions only come into action as cognition develops; later in life: And he concludes that transgender conditions are driven by this search for a coherence of identity: Instead of the drives of sex[15].

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[14] For more detailed studies of this work, see: Gilchrist, S. (2020b): *"Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf (full references and cross-references to original sources are given in this document)

[15] For a more detailed examination of Stoller's work, see sections 6:1, 12:2, 13:1,13:3 of 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

That contrasts with the arguments of McHugh, Money, Blanchard and others who rely on Freud, and on social learning theories; that rely on the powers of recognition for their explanations: Which reverses the approach: So that, instead of the neural and cognitive transformations during the first three to four years of life being times of crucial importance for the creation of personalities and identities, the contributions they make to the development of personality and identity during this early period are largely ignored. And for as long as all gender and sexually variant behaviour was criminalised and condemned on the presumption that all such activities were invariably intrinsically disordered, and in pursuit of sexual depravity: access to the experiential evidence which could challenge this could never be available. However, the importance of this early period has since been confirmed in experiential evidence that has become available inside those countries, religious and social cultures who do now have access to it: And among those who are prepared to listen to it: And who are prepared to take heed of the work of anthropologists and neuroscientists such as Girard, Dawkins, Gallese and others from the 1960s onwards, which show that these early processes are driven by searches for coherence of identity, instead of drives of sex. In the analysis I present in these documents I additionally show why Freud's presumptions are incorrect.

Instead of treating what happens during this early period as being unknown, which would be in line with Freud's analysis: And in place of questioning the accuracy of their own conclusions, gender-critical groups and others, turn Freud's presumptions into absolute doctrines, which declare that nothing of substance could happen during these early years. So that; without further consideration, the conclusions of the World Authorities, the Professional Medical Institutions, and all those support groups, individuals and organisations who support the diagnoses that transgender conditions are incongruences which search for a coherence of identity, are condemned as; *"not being based on credible science"; "merely the work of transgender activists"*, and where the beliefs and motives of those people who pursue these arguments are considered to be delusions, are imputed, ignored, or are otherwise attacked[16]. All gender and sexually variant people are vulnerable to these misrepresentations, because all of these developments take place before conscious awareness develops, and for most people it is natural to believe that unless some sexually motivated disruption occurs, gender identity should always be congruent with biological sex.

For centuries these misunderstandings and misrepresentations have led to the persecution and the religious and secular scapegoating of all gender and sexually variant people: which still continues in many countries and cultures today. Some gender-critical groups justify their acceptance of transgender people by arguing that these sexual motives are turned inwards towards themselves, therefore there is no harm to others. But many do not, and this is resulting in a world-wide backlash against transgender people; and the corresponding denials of the legitimacy of transgender identities, which is happening at the present time.

With disagreements as great as these, experiential evidence must take the dominant place. The current understandings show 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. And since gender identities are derived from interactions and behaviours: And because thy develop through the capabilities and allegiances which have previously been created, this means they are consequent effects. That allows all women, including male-to-female transsexuals: acting as women with women, to pursue the same feminist arguments with the same vigour, from a stronger base. Equally for any female-to-male transsexual: 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. These same processes of gender identification apply to everyone. They are also the result of a fragmented processes. Thus, the same deep intensities and profundities of allegiance to a gender identification occurs in the many lesbian; gay; bisexual; transgender; transexual; and non-binary gender and sexually variant people, as well as those whose gender identities are in harmony with their biological sex. It also follows from this that gender identity instead of biology should be used as the primary marker to guide any legislation that is enacted to allow or to restrict all behaviours that are based on how people socially interact.

[16] For more information on this see: 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.

However, the centuries of criminalisation and condemnation on social and religious grounds of all gender and sexually variant behaviour has meant that the diagnosis of transgender conditions as sexually motivated perversions, paraphilias, or disruptions could never be challenged: And it means from the outset that the only definition of gender identity that can be considered to be correct is the one which defines *it purely as a collectively created social concept, determined entirely through the interactions of the gender role*. And no report or review; scientific or otherwise, which today relies on definitions of gender identity and the stages of gender identification which date from the 1960s: Which also sets its own terms of reference to dismiss the subsequent advances in neuroscience in the understanding of how personalities and identity develop during the first three to four years of life, it takes the understanding of how gender identities develop back to a time when they were considered to be Freudian hysterias, instead of compulsions in search for a coherence of identity. And it continues their identification as perversions, paraphilias or disruptions, driven by desires for a role or for the attractions of sex.

Denial of access to this information has led to the centuries of criminalisation, scapegoating and condemnation of all gender and sexually variant people by the Christian Church, and by other religions and groups. However, there should be no magic needed in determining the correct methods for managing transgender conditions; Since the different techniques required for managing personality variations and personality disruptions are well known, they are encountered in many other situations, and it should be easy to tell them apart. The access to that evidence without needing an explanation, has resulted in a complete transformation in the attitudes of many in society, not just in relation to transgender conditions, but to all gender and sexually variant people. This is from ones which had previously considered their behaviours to be sexually motivated perversions or disruptions; into to ones that now celebrate these relationships in same sex marriages and accepts them as true expressions of love and identity instead. But for others, who deny or dismiss this evidence, and instead rely on traditional doctrines, understandings and theologies, it also means that these advances are still profoundly denied. A significant failure arises among many psychiatrists, psychologists and sociologists, who dismiss the work of Girard, Dawkins, Gallese, Stoller and others: And who continue, alongside McHugh; Blanchard; and others, to rely on Freudian psychodynamics or social learning theories to diagnose transgender conditions as hysterias and personality disruptions, instead of coherence of identity and fulfilment in life. So, with this failure, the advances in science and understanding since the 1960s is denied. This failure is also encountered in many Conservative Christian traditions, right-wing Governments and countries where this information is ridiculed or discredited: or where access to this evidence is prevented. There are many instances where the ability to consider even the possibility that there may be errors in today's Church teaching is prohibited. despite the advances that have since taken place.

I have likened transgender people who; as immigrants or emigrants, seek to cross a notional and binary gender divide. The abuse of any invitation on this journey is as harmful as its denial: Where one approach may seek ways to welcome the stranger: while the other seeks to deny it instead. The horrendous history of violence, abuse, rape and discrimination against women means that there are many arguments for rejecting the activities of male-to-female transsexuals ever making this journey. The early Christian church had to find ways in a despotic male dominated society. It took only some 160 years for the egalitarian teaching of Jesus, who welcomed the outcast, the stranger, the deprived, and who treated women as equals of men in every way, to be turned into a teaching of the early Western Church, which deprived women from teaching, preaching, speaking, or engaging in any *"manly"* act. These religious issues are discussed in a separate paper. Transgender people form a small minority in the general population. Therefore, many have to rely on what others say about us, and fears can be created through the use of misinformation, misplaced allegations, conspiracy theories, with the misappropriation of evidence that can arise. In additional papers I consider these issues of implementation, including the actions which Government, religious and other bodies have taken to pursue their own ideologies, in relation to these disputes[17]. And in a world which today is increasingly being

[17] See for example: Gilchrist, S. (2022): *"Transgender Disputes, Conversion Therapy and Government Actions"* (Presentations): https://www.tgdr.co.uk/documents/254p-PresTransDisputesAndGovActions.pdf (This is a fully annotated series of presentations in which full references and cross-references to original sources are given): Gilchrist, S. (2022): *"No Blacks, No Irish, No Homosexuals, No Transgender People*": https://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: Gilchrist, S. (2017k): *"What Science and History Says about the Traditional Teaching on Gender and Sexual Variation in the Christian Church"*: https://www.tgdr.co.uk/documents/239P-WhatScienceAndHistorySays.pdf: Gilchrist, S. (2013c): "*A Reassessment of the*

dominated by right-wing governments and others who are using these techniques to promote their own agendas through the creation of fear and anger among the general population, transgender people are becoming increasingly under attack. Where in many of these campaigns, religious reasons are given as justification for these attacks.

These disagreements, and the consequences incorrect diagnoses also means that it is absolutely essential for Cass to have equitably considered both sets of arguments in these toxic disputes. However, I conclude that she does not do this. Instead, she adopts 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 also disregards the effects of the massive neural and cognitive changes and transformations, with the innate forces that drive early development during the first three to four years of life, which were identified by Gallese, Dawkins, Girard and others from the 1960s onwards: Even though she acknowledges their effects during puberty. Her rejection of sexual impulses together with the drives of psychodynamic theories, also places Cass 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[18]. So that the impact of the innate neural forces which fast track development forward, is ignored .Cass claims that her report does not attempt to consider the causes of transgender conditions. But by setting the terms of reference for her report to dismiss the effects of the massive neural and cognitive changes during early life, and yet by considering them during puberty, she has already decided that only one can be correct. And when nature of the cause determines the treatments that are needed, that is not a valid solution or escape Thus, by her own terms of reference, I conclude that Cass considers only one approach to be legitimate in her analysis: And that corresponds to the views of the gender-critical groups, religious groups, and others who confine the understanding of transgender conditions to "*paraphilias, perversions, or disruptions of the gender role".* I do accept the statements by Cass that she 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. Nor do I consider it to be a neutral report, since I conclude that Cass continues to try to enforce a diagnosis of transgender conditions as personality disruptions when a diagnosis of personality variations should instead be made. The consequences of this are discussed in the following sections of this document.

One issue that has dominated recent responses concerns the use of puberty blockers to delay pubertal development. The argument most often given for using puberty blockers is to give time for consideration before any irreversible changes are made. This can be a justifiable action when transgender conditions are diagnosed as personality variations and searches for coherence of identity: Where the aim is to reduce the trauma coming up to puberty, and to ensure that more effective transitions: but only as needed, can be made. However, if these conditions are understood to be personality disruptions, driven by suppressed sexual emotions and desires, the consequence of their administration would be to immediately reinforce a runaway drive towards transition instead. The administration of puberty blockers, cross-sex hormones, and surgery are only tools to ensure a more effective transition: It is the social transition that is important, and the more these battles are denied or suppressed the greater is the danger of mental breakdown or catastrophic collapse. The argument by Cass that there is only a very narrow window where this may be effective; totally ignores the differences in timescales that are encountered. 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. My own studies confirm the views of the Professional Institutions. Cass notes that there is strong support for the use of puberty blockers among those she interviewed for her report[19]. And the suggestion by Cass that parents and children are being deceived by the actions of clinicians and others who support their use[20] must; I feel, be disdainful of the children and parents

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Traditional Christian Teaching on Homosexuality, Transsexuality and on Gender and Sexual Variation Using a New Neurophysiological and Psychological Approach": https://www.tgdr.co.uk/documents/207P-ReassessmentPsychologyExtended.pdf

[18] For more information see: Section 7:0 Social Construction of Gender in Gilchrist, S. (2013d): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf

[19] My personal perspectives on the use of puberty blockers is described in section 15:5 and 15:6

[20] Section15:53 of the Cass Report.

involved. As well as the restrictions on the research protocols on puberty blockers that her recommendations require[21].

In her report Cass cites the conclusions of an interim review of the use of puberty blockers based on the Cass Review and an earlier NICE (National Institute for Health and Care Excellence) report. Since then, the present United Kingdom Government has introduced an indefinite ban on their use[22]. However, 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. It is also why the attempt by Cass to diagnose and treat transgender conditions as personality deviations or disruptions when the diagnosis should be that of personality variations is potentially disastrous, because the time when transgender children and their parents most need help to manage these conditions occurs from early childhood, not later in life. Therefore: no study of the use of puberty blockers which relies on this diagnosis is likely to produce either a conclusive or a valid result: And that seems evident from the results of previous NICE review, and the conclusions Cass reaches in her report. Given my previous experience of counselling and the ready offers of use of drugs, it should not be surprising that I too, like Cass, prioritise a psychological approach. Also, from my own experience, that I too would advise caution, particularly when children only become aware of later onsets of gender incongruence or discomfort from the time when puberty occurs. However, many children do report experiences of the early onset of gender incongruence from their first memories: For many this may eventually disappear, but for others it increases; and these are all experiences from early in life. That is why no study on puberty blockers can be valid if it does not correctly diagnose transgender conditions: And even a study which gives the correct result on an incorrect diagnosis is equally incorrect. These are matters of immediate concern, for a great deal of distress is now being created. And it is why I believe that the decision of the present United Government to extend the temporary ban on the use of puberty blockers; to an indefinite one, will have potentially harmful results.

A further issue concerns regret rates over transition: particularly after surgical reassignment has taken place. Cass notes that trauma is not always reduced when this occurs. Other studies assessing the effect of gender transition on transgender well-being found that; although trauma from lack of social acceptance may increase; or it may not be reduced on transition. That is supported in a survey conducted by Meyer on the Johns Hopkins patients for McHugh before he stopped the practice. Nevertheless, this survey concluded that while there was *"no objective advantage in terms of social rehabilitation*" it also showed that the *"sex-change"* surgery was *"subjectively satisfying"* for all of the small sample surveyed. 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 the trauma from lack of social acceptance may increase, or may not be reduced: And not one of these studies concluded that gender transition causes overall harm[23]. In the many other studies conducted since then, the same or similar results have been reported every time.

Therefore, the real causes of the subsequent trauma must be established before any judgement is reached. Even though the trauma specifically caused by gender incongruence may be reduced or eliminated by transition, the overall trauma can be further increased by the attempts by various groups to impose a diagnosis on transgender people which they cannot identify with, which misinterprets their motives, and which, at the deepest level, these people know is incorrect. Actions by others to diminish or discredit the legitimacy of

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[21] CDADI (2024): *"Right to the highest attainable standard of health and access to healthcare for LGBTI people in Europe"* Steering Committee On Anti-Discrimination, Diversity And Inclusion (CDADI) Committee of Experts on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (ADI-SOGIESC) p40-41 https://rm.coe.int/prems-124824-gbr-2575-right-to-the-highest-attainable-standard-of-heal/1680b1ba4d

[22] Gov UK (2024) "Proposed changes to the availability of puberty blockers: Consultation Outcome" Published 11 December 2024 https://www.gov.uk/government/consultations/proposed-changes-to-the-availability-of-puberty-blockers-for-under-18s/proposed-changes-to-the-availability-of-puberty-blockers#:~:text=NHS%20England%20therefore%20took%20the,make%20the%20treatment%20routinely%20available

[23] 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

transgender identities transfers guilt from the accuser to the victim, and this can cause a great deal of rejection and hurt. The University of York study on the epidemiology, care pathways, and outcomes, for transgender people commissioned by the Cass review could not identify significant evidence to justify any protocols for the use of puberty blockers, but there is no evidence they that they attempted or were able to separate consideration of the increase or decrease of the trauma resulting from the administration of puberty blockers or from the result of transition from the overall levels of trauma involved: And their studies concentrated on examining the deficiencies of methodology instead of examining the overall effects[24].

Cass also quotes low regret rates in the Tavistock statistics. Maximum rates of between one and four percent are reported in many similar studies. I consider these issues in more detail elsewhere[25]. These figures are significantly lower than is typically the case for other surgery. And very much lower than the allegations made by gender-critical groups[26]. The most prevalent reason given for regret in these studies was the difficulty, dissatisfaction, or lack of acceptance by others of their lives in the new gender role. Other less prevalent reasons are the failure of surgery to achieve their surgical goals at aesthetic and psychological levels. And in many patients there continues to be large oscillations in their acceptance or rejection of transition. In this study I conclude that this may be because of the high degree of bipolarity involved, instead of an incorrect diagnosis being made[27]. I further argue that the failures to recognise this bipolarity during counselling: rather than any misdiagnosis, may be a reason for the difficulties more recently encountered. My own experience of receiving counselling has led me to recognise that correct counselling, with the creation of self-acceptance, self-worth, and self-esteem is needed: While every approach which leads to an unintended path must be avoided. And failures to provide careful and appropriate counselling which recognises this on both sides, has been my major concern. For these reasons, like Cass I give primacy to a psychological approach: Cass also identifies the need to correct many deficiencies in current practice, with the need to provide more clinics. I fully agree with those conclusions: And with many of the criticisms which Cass makes: But Cass was asked to write an independent report in a toxic dispute. But by seeking instead to enforce a diagnosis which determines that transgender conditions are perversions, paraphilias, or disruptions to a biologically or divinely ordained gender role; Cass is required to censure transgender people for the disruption that occurs. The high rates of onward progression from the administration of puberty blockers to subsequent surgical or pharmacological reassignment is also cited as a failure: But it should be noted that this would not be an unexpected result when puberty blockers are diagnosed correctly, and when it is understood that transgender conditions are driven by a search for coherence of identity, which is present from early in life.

There should be no magic or special techniques required for managing transgender conditions when the correct diagnosis is adopted: But considerable harm can be created when it is not. As with any compulsive behaviour it is essential to gain self-knowledge, self-acceptance, and self-respect, to find ways to escape from the prisons of guilt and the condemnations of others, if these strategies are to succeed. And that is the basis for the *"affirmative approaches"* now universally adopted by the World Authorities and Professional Medical Institutions. It is also why attempting to treat transgender conditions as personality deviations or disruptions when the diagnosis should be that of personality variations is potentially disastrous, because the time when transgender children and their parents most need help to manage these conditions occurs from early childhood, not later in life. Managing all personality variations as perversions deviations or disruptions does not succeed: It never did succeed, even when the earlier extreme techniques such as electro-convulsion therapies, chemical and other aversion treatments, which were even more strongly intended to create revulsion or rejection were used. Not only do these approaches misdiagnose the conditions as expressions of

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[24] *"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.

[25] See Section D:7*: Transition Regret* in Gilchrist, S. (2020b): *"Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf

[26] See section D:7 et seq in Gilchrist, S. (2020b): *"Responsibility in Transgender Disputes"*: http://www.tgdr.co.uk/documents/248P-Responsibiity.pdf

[27] See section 8:0 of 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

sexual pleasure and desire, instead of searches for coherent self-identities; they destroy the self-acceptance and self-esteem that is needed to manage their demands[28]

It is essential that any analysis makes use of the most recent research. However Cass uses, 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: Her rejection of sexual impulses, together with the drives of psychodynamic theories, whether by Freud, or by Girard, Dawkins, Gallese and others, which fast-track development forward, with her disregard of the effects of the massive neural changes that take place during the first three to four years of life, and when she additionally confirms these dismissals with the throwaway remark that the analysis presented by Kohlberg and others *"still resonates today",* places Cass alongside Kohlberg, Maccoby; Berger; Bannerjee; Slaby, Frey; Martin, Ruble; and others who, using Piaget and similar theories: all of whom sought to attribute the development of gender identity entirely to social learning processes, and to its associations with the gender role[29]. Not only do these refusals dismiss the strength and integrity of transgender conditions: they impose timescales for development, which are far longer than the experiential evidence available has now demonstrated, which the fast-tracking of progression that the psychodynamic theories, whether by Freud, Girard, Gallese, Dawkins and others predict. And which the diagnosis of all transgender conditions as personality variations: not as personality disruptions, would expect.

The allegations by Cass that the research to support the diagnoses of transgender conditions as personality variations by the World Authorities and Professional Medical Institutions is *"incredibly weak":* is comparable to the same allegations which are made by gender-critical groups. Although Cass may identify have identified major failures in protocol, I conclude that there is no justification for this dismissal by Cass of the advances in research, knowledge and experiential evidence since the 1960s on the nature of transgender conditions to be very weak: When she uses the terms of reference for her report to impose only one unchangeable diagnosis, from the 1960s on how gender identities for all of us develop: When she only considers how transgender conditions differ. When she ignores the consequences of the neural transformations during the first three to four years, which Girard, Dawkins, and others identified from the 1960s onwards: When she treats these conditions as personality disruptions, instead of personality variations: And, when I argue she attacks the methodologies of transgender research without properly considering the substance of the results[30]. Attempts to find reasons by diagnosing transgender conditions as personality disruptions instead of personality variations cannot succeed: for no disruptions can be identified, because development proceeds in undisrupted actions from birth. Instead of the research and experiential evidence being *"incredibly weak",* I believe that Cass is looking in the wrong place for the evidence she seeks.

It would have been a different matter if Cass had carried out a truly independent review which equitably compared the opposing approaches; but I conclude that she does not. And the terms of reference she adopts, presumes that only a diagnosis of personality disruptions, (even though she uses the word *"incongruence"* for these in her report), can be correct. Applying any incorrect diagnosis never proves anything: instead, it attacks and discredits the findings of another. Evidence of that is seen in the attempts to discredit the views of the World Authorities and Professional Medical Institutions by gender-critical and other groups[31]. Clearly and objective an impartial study in needed. Yet there is evidence from independent assessments that Cass demands impossibly high standards of proof for evidence which supports the viewpoints of these bodies: While accepting much lesser degrees of reliability and verification of the evidence which supports the

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[28] Ass also sections 6:0 and 13:1 of 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 Also Gilchrist, S. (2013e): "*Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality":* http://www.tgdr.co.uk/documents/205P-ManagementTechniquesInGenderDysphoria.pdf

[29] For more information see: Section 7:0 Social Construction of Gender in Gilchrist, S. (2013d): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf

[30] : Cass herself argues that: *"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"*.

[31] See: 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.

conclusions she reaches in her review[32]. And from the outset; I show she dismisses the validity of the same evidence through the terms of reference which she sets for her report. In addition, there are concerning indications that the former United Kingdom Conservative Government and the United Kingdom Equality and Human Rights Commission (EHRC)[33] may in synchronicity have been re-writing, re-issuing or re-editing documents which previously supported the viewpoints of the World Authorities and Professional Institutions, to promote a gender-critical approach[34]. I do not find any evidence that Cass supports these actions: However, by ignoring the effects of the innate neural forces identified by Gallese, Girard, Dawkins and others, Cass diminishes the strength of transgender conditions: And by disregarding the effect of the sexual impulses alleged by gender-critical groups, Cass turns her understanding of how gender identities develop. back to that of Kohlberg, Maccoby; Berger; Bannerjee; Slaby, Frey; Martin, Ruble; and others from the 1960s; who attributed the development of gender identity entirely to social learning processes, and to its associations with the gender role. So that all subsequent advances which shows that these conditions should be treated as personality variations, are dismissed or denied.

I consider that Cass is also inconsistent in her approach: Her recognition of the effects of the neural transformations during puberty allows her to support the approaches of the adult gender identity clinics who treat these as incongruences and personality variations: but her denial of the effects of these transformations during the earlier years, requires her to treat them as disturbances or disruptions instead. Neither is consistent with the other, so only one can be correct. Also, unlike gender-critical groups: I conclude that Cass identifies transgender conditions as Freudian inversions and not perversions. This puts her in line with the feminist pioneers who distinguished men from women through the performance of gender: where the influence of biology is denied. That contradicts the views of those gender-critical groups who try to enforce a gender complementarity, which seeks to distinguish men from women through biology alone. And it gives no support for any Government or other body who seek to enforce such a gender complementarian approach[35]. However, Freudian inversions still rely on cognition for their explanations: so, the pre-cognitive impact of the innate neural forces established by Girard, Dawkins, Gallese and others, continues to be ignored. For these reasons I conclude that transgender conditions are still considered by Cass to be Freudian hysterias involving disruptions to the gender role: Where, instead of compulsions in search for coherence of identity; these conditions are understood to be driven by motives of behaviour and desire; where incorrect timescales and methods of management are demanded, and where the depth and intensity of transgender conditions is denied.

So instead of this sectional view: which ignores the effects of the core gender identity and treats transgender conditions as disruptions of the gender role, it is necessary to consider how personalities and identities for all of us develop. Freud presumed that no developments of substance take place during the first three years of life: even though he considered this period to be a time of seething emotions, because his psychodynamic theories could not explain them. Gender-critical groups have turned this instead into an absolute restriction; by declaring that nothing of consequence occurs. This is why my own study concentrates on how development takes place during these early years, and why I use transgender conditions as case studies to examine how the development of personality and identity for all of us occurs[36]. 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, together with the minimum degrees of energy expenditure are generated. The effects of the pro-active nature of the forces

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[32] Pearce, Ruth: (2024): "What's wrong with the Cass Review? A round-up of commentary and evidence": https://ruthpearce.net/2024/04/16/whats-wrong-with-the-cass-review-a-round-up-of-commentary-and-evidence/

[33] The domestic United Kingdom Equality and Human Rights Commission (EHRC) should be clearly distinguished from the European Convention on Human Rights (ECHR). The proposals by the former Conservative Government to withdraw from the EHCR would leave the EHRC as the sole arbiter in these disputes.

[34] See: Gilchrist, S. (2022): *"Transgender Disputes, Conversion Therapy and Government actions"* (Presentations): http://www.tgdr.co.uk/documents/254p-PresTransDisputesAndGovActions.pdf (these are fully annotated presentations, with references and cross-references to original sources)

[35] 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.

[36] See: Gilchrist, S. (2013d): "*Personality Development and LGB&T People: A New Approach"*: http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf et seq. for descriptions.

which drive early development, when combined with the wide range of human physiology, may lead us to expect that stable core gender and sexual identities, which are usually but not always are congruent with biological sex, can be created very early in life without any obvious cause. And that we can identify "*What makes me, me"* through the influences of the default mode or neural network: elements of which become active from very early in life. Which, together with the recently discovered, and independently functioning *"Who am I Network*", provides a framework for consciousness to develop, and give us frameworks to determine how each of us can manage our lives[37].

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[38]. My own examination is given elsewhere[39]. I do not dispute the claim by Cass that she believes she is acting in the best interests of transgender children. Cass also claims that her report does not attempt to consider the causes of transgender conditions. But when nature of the cause determines the treatments that are needed, that is not a valid solution or escape. I agree that more research is needed. 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, is contrary to experiential evidence, 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; plus attractions of sex.

Cass is not alone in this: There are many practitioners in psychology, psychiatry and psychology who continue to take the same approach: Where, and despite the advances in experiential evidence and science, the influence of the innate neural forces identified by Girard, Dawkins, Gallese and by many others from the 1960s: since then, continue to be denied. The analysis I present differs from all others only in one major respect: And this is that it supplants Freud's presumption that sexual motives and cognition are the primary forces which drive development forward, with those first identified by Girard, Dawkins, Gallese and others, where the primary driving forces are the search for coherence of identity, instead of cognition and drives of sex. Until it is recognised that transgender conditions must be treated as compulsions in search for a coherence of identity: Instead of the expression of desires or behaviours of sex: And until the concept of cognition is recast from one which considers it to be the primary organising force which drives development forward: into one which creates order out of disorder: these advances in science and understanding, as well as the legitimacy of transgender conditions; will continue to be denied, and incorrect methods of management will continue be applied.

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[37] See sections 7:0 to 9:0 in 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
(full references and cross-references to original sources are given in this document)

[38] Since its release last spring, the Cass Report has been a subject of great controversy. Originally commissioned by the UK's National Health Service to evaluate the scientific evidence for medical gender transitions of those under 18, it reached a series of recommendations that essentially indicated that medical transition for transgender youth should be all but eliminated. The findings of Cass have been embraced by the English government and used to justify the elimination of transition services for minors, while elsewhere it has been very heavily critiqued: a Yale Law School "evidence-based critique" of the Cass Review rebutted nearly every major conclusion of Cass, The Royal Australian and New Zealand College of Psychiatrists rejected implementation of Cass in Australia, and many other research teams have offered in-depth debunking and rebuttals. The French Society of Paediatric Endocrinology and Diabetology (SFEDP) recently commissioned its own version of the Cass Review, and this study reached almost the exact opposite conclusions of Cass: In the United Kingdom, the BMA have announced that they will be undertaking an evaluation of the Cass Report and have called for a pause on the implementation of the Cass Report's recommendations until the BMA working group publish their findings. More than 200 Educational Psychologists signed an open letter to expressing concerns about the Cass Review. See also: McNamara et al (2024). An Evidence-Based Critique of "The Cass Review" on Gender-affirming Care for Adolescent Gender Dysphoria : Noone et al (2024). Critically appraising the Cass Report: Methodological flaws and unsupported claims. : Horton, C. (2024). The Cass Review: Cis-supremacy in the UK's approach to healthcare for trans children. *International Journal of Transgender Health* , 1-25. Horton, C. and Pearce, R. (2024) The U.K.'s Cass Review Badly Fails Trans Children. *Scientific American:* Grijseels, D. M. (2024). Biological and psychosocial evidence in the Cass Review: a critical commentary. *International Journal of Transgender Health*, 1–11.FGEN (2024). Letter from academics concerned about The Cass Review. See also: https://www.consortium.lgbt/trans-healthcare-coalition/ https://ruthpearce.net/2024/04/16/whats-wrong-with-the-cass-review-a-round-up-of-commentary-and-evidence/ https://transactual.org.uk/wp-content/uploads/TransActual-Briefing-on-Cass-Review.pdf

[39] See: Gilchrist, S. (2021a): *"Gender Identity, Feminism, and Transgender People"*: http://www.tgdr.co.uk/documents/250P-GenderIdentityAndTrans.pdf

At the heart of these conflicts is the dispute between the scientific consensus adopted by the World Authorities and Professional Medical Institutions who, one on the one hand consider transgender conditions to be personality variations involving searches for a coherence of identity and as inwardly focussed compulsions where no harm to others is created, against the views of religious groups, gender-critical groups, traditionalist groups and others who consider them to be personality disruptions; created entirely by feelings and desires: through which fears of grooming and predation can be created, with threats to women's identities, safety, and lives. And when the timescales, motives and methods of management differ so greatly, it should be easy to tell them apart. However, these are often hidden conflicts, not just because we ourselves seek to hide or deny them, but because all of these developments take place before we can consciously be aware of what has happened: So, we cannot have an understanding how and why they are formed, despite Freud's attempts to discover these thoughts: And when on incongruence is present, no awareness can exist. Therefore, it is not surprising that issues are often ignored. Nowhere in much of the present literature on sociology, education and psychology, is there any consideration of the independent existence of the core gender identity, or how it interacts. Yet even though we may never be able to explain to ourselves how gender and sexually identities develop, they are still measured by their effects. This may also be present in other ways. Most of us are aware that *"what we do"* should have sense of *"being"* that underpins it; if it is to bring order to our lives. And when *"doing"* instead attempts to create *"being",* disorder occurs. When transgender people are asked what they consider to be the primary force which drives them, the *"need to be me"* is generally the primary response. In this context it is important to note that my first involvement with these ideas was in working for reconciliation in societies divided by tribal violence, which included that of establishing an understanding of how tribal identities are created, and the correct procedures needed for their management in later years. In these situations, both tribal and transgender identities develop through everyday interactions with society. And in both cases, the timescales of development; and the natures of the conflicts and compulsions encountered are comparable: They also match those which Stoller; what the Professional Medical Organisations predict, and what modern understanding of childhood development would expect.

No theory can ever be considered correct unless testing or experiential evidence can prove it. Access to this experiential evidence and the research which has become available from the 1960s has transformed the understanding without needing an explanation, from one where all gender and sexually variant behaviour was considered to be intrinsically disordered perversions, which involve desires for a role or the attractions of sex, into one where people now recognise that these activities are instead about searches for a coherence of identity and being oneself; and can celebrate them in same-sex marriages and other acts. Recasting the understanding of how early development takes place from one which had considered sexual motives and cognition to be the driving force behind them, into one which considers the driving force to be the search for a coherence of identity, identified by Girard, Dawkins, Gallese and others, not only supports, but is also supported by the experiential evidence. It confirms that both gender identity and sexual identity must treated equally as core elements of the personality and identity which is created in early life: It asserts that they are not merely manifestations of the gender role: And that the approaches adopted, by the World Authorities and Professional Medical Institutions which consider not just transgender conditions, but all gender and sexually variant 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"* is also correct.

These are not conflicts where the primary concern is the welfare of transgender people: There are instead conflicts between those who see male-to-female transsexuals as true allies in the feminist cause, and those who do not: where the protection and safety of all women and children dominate the arguments that are involved. In my study I liken transgender people to immigrants or emigrants who cross or transgress a notional and binary gender divide. The abuse of any invitation on this journey is as harmful as it's denial: Where one approach may seek ways to welcome the stranger: while the other seeks to deny it instead. Transgender people and supporters who place rights before responsibilities do themselves no service: for that alone can generate the fears that arise. And it is easy for misinformation to be spread; and for fears to be created, when the horrendous history of male abuse, domination and persecution of women over centuries; generates well-justified suspicion; when transgender people are a minority of the general population; when methods appropriate to personality variations are needed to manage the demands and when it is natural for most people to presume that gender identity should always be congruent with biological sex. Even though Cass may repudiate the views of gender-critical groups and others, and advocate for the full inclusion of

transgender adults and children in everyday life: Her enforcement of a diagnosis which disregards the impacts of the massive neural changes and transformations which take place during the first three to four years of life, together with her use of a definition of gender identity and gender identification which date from the 1960s: in which only the creation of the gender role is considered: Means that she confines her understanding of how gender identities develop to that of the gender role: It also means that the impacts of the major advances in neurology and experiential evidence since the 1960s continue to be denied. Cass may be defending a status quo which I believe, has lasted for far too long in psychology and psychiatry. However, I question the relevance of any report which relies on understandings from the 1960s and ignores the advances in the understanding since then of how gender identities; not just transgender people, but for everyone are expressed and develop: And no report can have authority if it does not adequately consider all of the issues involved.

A major concern is the uncertainty that this creates, for few clinicians will risk their reputations by doing something they fear is incorrect, and with instances of institutions now retreating from the models of care now collectively advocated by the World Authorities and Professional Medical Institutions. There is already significant evidence of this happening. It is also not surprising that many institutions have questioned the conclusions of the Cass Report. The British Medical Association has called for a pause in its implementation, with treatments at present proceeding under the previous guidance[40]. And similar concerns have been expressed by many other organisations, professional bodies, and groups.

Other organisations, such as the Royal College of Psychiatrists have welcomed the report. However, the College also states that *"It is also important to recognise that trans members of the College and the wider trans community have raised concerns about the negative impact of the report. This includes how the review's conclusions on the evidence base of different interventions and the need to wait for further research, in combination with the knowledge that existing services are unable to meet demand, will leave gender questioning children and young people feeling unsupported and unseen": "There is a strong view that the report makes assumptions in areas such as social transition and possible explanations for the increase in the numbers of people who have a trans or gender diverse identity, which contrasts with the more decisive statements about treatment approaches. During implementation, these views should be taken into account to ensure every child, young person and their families feel supported by all. This will require individuals with lived experience being directly and comprehensively involved in the ongoing process*"[41]. However: by setting 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: Which also disregards the effects of the massive neural and cognitive changes and transformations, along with the disregard of the innate forces that drive early development during the first three to four years of life, Cass from the outset dismisses the viewpoints of the World Authorities and Professional Medical Institutions, which identify these as compulsions in search of a coherence of identity. I conclude therefore that the whole of the Cass report is predicated on the presumption that transgender conditions must be treated as hysterias or compulsions, where: in place of the search for a coherence of identity, the primary driving forces behind these conditions are considered to be either the attractions of sex, or the desires for a role. And since many of the conclusions that Cass reaches within the report are already based on that presumption, I question whether the Cass report is a suitable base upon which to build future treatments. This is why I call for the withdrawal of the Cass Report.

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 simply ask questions. However, this is not the point: In any independent review all sides in any argument must be fully considered. 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

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[40] British Medical Association (2024): *"BMA confirms support for undertaking its evaluation of the Cass Review from a position of neutrality"* https://www.bma.org.uk/bma-media-centre/bma-confirms-support-to-undertake-its-evaluation-of-the-cass-review-from-a-position-of-neutrality

[41] Royal College of Psychiatrists (2024) *"Detailed response to The Cass Review's Final Report."* 22 April 2024 https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2024/04/22/detailed-response-to-the-cass-review's-final-report

of the personalities that are created. In my view, 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.

The United Kingdom National Health Service has commissioned a review of Adult Gender Identity Services in the light of the Cass Repot. It is a matter of urgent concern that this review should take an objective and impartial approach. Consultations are currently taking place, and you are strongly encouraged to contribute via the website, details of which are referenced below[42]

In place of the approaches of the previous United Kingdom Conservative Government which has pursued policies that 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. 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.

Companion Articles:

To access these documents, type tgdr.co.uk into your internet browser, then click on the bibliography tab, or access via the links given below: Full references and cross references to original sources are given in the more detailed of these documents.

This paper is part of a series of three documents: The three documents are.

Gilchrist, S. (2024): *"What We Need to Know About the Cass Report":*
https://www.tgdr.co.uk/documents/255P-CassKnowledge.pdf
(Text: 18 pages)

Gilchrist, S. (2024): *"Religion and Psychology in Transgender Disputes":*
https://www.tgdr.co.uk/documents/255P-ReligionPsychology.pdf.
(Text: 6 pages)

Gilchrist, S. (2024): *"What is a Woman?":* https://www.tgdr.co.uk/documents/255P-WhatIsAWoman.pdf.
(Text: 13 pages)

All Documents

Gilchrist, S. (2025): "*The Cass Report: A personal perspective":* http://www.tgdr.co.uk/documents/255P-PersonalInterest.pdf
(Text: 3 pages)

[42] NHS England (2024): "Review of adult gender dysphoria services"
https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/review-of-adult-gender-dysphoria-services/

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.
(Text: 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-CassFinalAbsract.pdf.
(Text: 1 page)

Gilchrist, S. (2024): *"What We Need to Know About the Cass Report":*
https://www.tgdr.co.uk/documents/255P-CassKnowledge.pdf
(Text: 18 pages)

Gilchrist, S. (2024): *"Religion and Psychology in Transgender Disputes":*
https://www.tgdr.co.uk/documents/255P-ReligionPsychology.pdf.
(Text: 7 pages)

Gilchrist, S. (2024): *"Want is a Woman?":* https://www.tgdr.co.uk/documents/255P-WhatIsAWoman.pdf.
(Text: 13 pages)

Gilchrist, S. (2024): *"The Cass Review and the Treatment of Transgender Conditions: An Introduction"*:
https://www.tgdr.co.uk/documents/255P-CassTreatmentIntroduction.pdf.
(Text: 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)

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. .
(Text: 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
(Text: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.
(Text: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.
(Text: 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
(Text: 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
(Text: 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

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