

The Cass Review and the Treatment of Transgender Conditions: An Introduction¹

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In August 2020 the then UK Government commissioned Dr Hilary Cass to conduct an independent review into services for transgender children (The Cass Review). However, these are matters of intense dispute. In any independent review it is essential that the arguments of all sides are equitably considered. I also examine the consequences of misdiagnosing these conditions. In this investigation I question the independence of the Cass Report.

This document and presentation serves as an introduction to a series of articles. These can be downloaded using the links given at the end of the text. I use the word “*Transgender*” in these documents to describe the full range of transgender conditions. People often use the word “*Trans*” or “*Trans**” to avoid making a distinction. I 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. I use the words “*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 “*Trans Woman*” in these accounts: because the definition of the word “*Woman*” is a contested term. The confusion that this can create is well illustrated within these documents when people conflate gender with sex. For want of a better description I use the word “*Transsexual*” to describe those who as immigrants or emigrants seek to totally cross a notional and binary gender divide.

The nature and origins of transgender conditions are currently the subject of an intense dispute. 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*”. This is against the attitudes of gender-critical feminists, religious groups, and others who define these conditions as “*paraphilias, perversions, or disruptions to the gender role*”. And when the motives, timescales and methods of management differ to the extent that what one side considers to be those of compassion and concern are almost inevitably regarded as recruitment, grooming, capture, and coercion by the other, any misdiagnosis can have a harmful effect.

Making the correct diagnosis is essential. For diagnosing transgender conditions as personality variations identify the cause as a search for a coherence of identity and being oneself. Diagnosing them as personality disruptions presumes that the cause of transgender conditions to be the desires for a role or the attractions of sex. In the end the answer comes down to the dispute about whether transgender conditions are internally focussed compulsions in search of a coherence of identity and being oneself, and the rejection of what is wrong, where no threats to others are created. Or if they are merely the expression of feelings which involve desires for a role and/or the attractions of sex, where fears for women and children’s safety and identities can arise. In this exploration I use transgender conditions as case studies to examine how personalities and identities for everyone can be created. And that may give greater insight into how personality variations are formed.

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In an independent review Cass must equitably and objectively consider both sets of arguments. However her decision to adopt as her terms of reference, a definition of gender identification and identity that dates from 1966 which considers only the influence of gender role: together with her similar disregard of the known effects of the major advances and transformations in neural and cognitive links and profiles affecting the forming of personality and self-identity, together with the forces that drive them, during the first three years of life: Even though she recognises their effects when puberty occurs: Which means that the viewpoints of the World Authorities and Professional Institutions are dismissed without further consideration. If we are to properly examine these issues, instead of just considering how transgender identities differ, we must first go back to beginnings to examine how personality and identity for everyone, including gender identity is created. And these features lead me to question the independence of the Cass Review.

My examination of the Cass Review does not begin with gender. It begins with my involvement in the work for reconciliation in societies divided by tribal violence. Here the work of the anthropologist, René Girard has proved invaluable, not just in terms of how identities develop, but also how they and tribal conflicts should later be managed. Around 1965 Girard used his observations of the behaviour of very young children to put forward a theory of infant development where the process is driven by the need to seek what another infant possesses. This is for possession in its own right. It is not possession for any other purpose. Girard defined this type of possessive imitation as mimesis. He called the behaviour mimetic desire. This is a self-reinforcing process where each feature builds on the preceding one. Girard also showed that the driving forces behind this process are so strong that any awareness of an individual incident or the thought that triggers it loses significance. The dynamics take over and any awareness of the cause often becomes lost. Therefore, the core elements of personality and identity coalesce from early fragmented thought through the action from strong, innate, self-reinforcing, and pro-active forces, which dominate from birth.

Dawkins and others identify a different form of mechanism which is innate and operates from birth. In 1976 Dawkins defined the Meme as single strand of thought which competes with others in the mind in order to achieve superiority. The process which Dawkins presents predicts a similar power and contagion to that which Girard describes. He argued that imitation and contagion in the broad sense are the ways in which such memes can replicate. Individual strands will combine together to form memplexes, which give the concepts of self and identity each person possesses. Although Dawkins defines a separate mechanism from Girard. Dawkins, like Girard, argues that core elements of personality and identity coalesce from early fragmented thought, through the action of strong, innate, and pro-active forces that dominate from birth.

Gallese in the 1990s suggested that an alternative form of we-centred mimesis takes place very early in life before any separation of the self from the other is made. Because gender and other identities depend on interaction with others, they cannot form before birth. From extended studies, Gallese showed the physiological bases for empathy, imitation and inhibition depends on the action of fundamental powerful and innate neural forces, involving mirror neurons, possessive imitation, empathy, and the like. These dominate from birth and only gradually come under control as the powers of cognition come into increasing effect. This separation of the self from the other is a crucial issue; and I argue that it develops, or is greatly accelerated, at the time when coalescence occurs. This work by Girard, Dawkins, Gallese, and others paves the way for the understanding I use in this analysis. That is supported by further developments in neuroscience in recent years.

The timescales for development on the whole are well known. Children do not exhibit an awareness of gender through peer interaction with others, without understanding what it means, much before around a median age of two years. From this time a massive explosion in cognitive and neural capabilities occurs. In this study I show how the core elements of personality and identity coalesce from previously fragmented thought during the rapid expansion of neural interconnectivity around a median age of two years. The words “*quorum sensing*” have been used to describe the process. That matches with an explosion in language capabilities, a unique peak period in early neural development, and the time when an awareness of gender difference first appears. The ability of the core gender identity to separate the self from the other is also needed. And it must be secure before cognition and the identification with the gender role can fully come into effect: That ability is considered to happen later, around a median age of three years.

Children do not develop sufficient awareness (called *Theory of Mind*), to understand what is happening, and that does not come sufficiently into being from around a median age of four years. This means that all these

processes are hidden from view. That can lead transgender people to believe that they are “born into the wrong body” and that gender incongruence has always been present. Conversely it can lead others to believe that gender identity should always be congruent with biological sex: and a major credibility gap may occur. A key feature of early development is the existence of these peak periods of rapid neural development. These extend across all brain areas. Before these periods, neural development is relatively limited, and after these periods have passed, the capabilities of those features which are most used are greatly increased, but those which are not used can become permanently lost. I conclude that the core elements of personality and identity, which form during this peak period give us the stability to bring order to life, while the freedom given to the development of the gender role allows the greatest human potentials to be reached.

The provision of a stable base provides a secure framework upon which assessments of “*What makes me, me*”, and “*Who am I*” can be made: And that may give greater insight into how consciousness is formed. Nevertheless, we are not clones of each other; and by mapping how development takes place during the first three to four years of life, I show 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 which drive early development, when combined with the wide range of human physiology, can lead us to expect that both gender and sexually variant identities would be created without any obvious cause. I also conclude that it is because of these experiences, each of us can come to recognise who we are; and can celebrate the full richness of life.

The results of this analysis confirm the understanding of the World Authorities and Professional 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*”: They do not support the views of gender-critical feminists, religious groups, and many in sociology psychiatry and psychology, who define these conditions as “*paraphilias, perversions, or disruptions to the gender role*”: Who argue that development is driven by social learning alone. Therefore, the pre-cognitive elements, and the forces which drive them, can be ignored. The recognition of the experiential evidence which today is available; and these neurological elements of early development, completely reverses the perspective: This is from one whereby these pre-cognitive elements and neurological advances during the first three years could be disregarded, into one in which; what happens during the first three years of life becomes of crucial importance instead.

None of this can be considered without regard to the horrendous histories of male abuse, violence, subjugation and discrimination which for centuries all women have had to face, and which is still rampant today. In this examination I liken transgender people to immigrants or emigrants who cross a gender divide. The abuse of any invitation on this journey is as harmful as it's denial: And one approach may seek ways to welcome the stranger: while the other seeks to deny it. In the face of uncertainty and unknowing the pressure will always be to deny it instead. This is not a new dispute. It goes back to the time when Money McHugh and others were using Freudian psychodynamics to try to explain the nature and origins of transgender conditions, against Stoller and the American Professional Medical Institutions who recognised gender identities to be core elements of the personalities that are created very early in life

However, Stoller could not adequately explain how gender identities are created. That is also the case for those groups who rely on Freud for their explanations: since both social learning theories and Freudian psychodynamics rely on the powers of cognition to give the explanations they require. It follows therefore that how personalities and identities, including gender identity develop during the first three to four years of life remain largely unknown. Therefore, the existence of these early innate processes cannot be denied, and there can be no justification which allows any group to condemn the views of the other by branding the arguments they present, as not being based on credible science, merely the work of activists who are pursuing a one-sided approach, and impugning the integrity of the people involved. And there is no justification for Cass's approach, in which the viewpoints of the World Authorities and Medical Institutions and these innate forces are simply dismissed, denied or ignored

Like Girard, Dawkins, Gallese and others, Freud recognised that powerful, compulsive, and innate forces drive development forward. However, in the absence of any alternative available to him, he chose the motives of sex. The analysis I present is essentially a Freudian analysis in which Freud's identification of sexual

motives is treated as a subset of the innate neural forces identified by Girard, Gallese, Dawkins and others, where the primary driving force is considered to be the search for a coherence of identity and being oneself, instead of the drives of sex. Freud also recognised that the need for this ability to separate the self from the other must take place at an early date, and he chose the Oedipal complex to describe it. However, he had to place its timing to between the ages of three to five years because he needed the powers of cognition to explain the constructs he used. In this investigation I argue that the same ability to separate the self from the other starts instead to rapidly coalesce from previously fragmented thoughts around a median age of two years.

Most modern understandings of gender identity divide it into two components. The core gender identity describes an inner sense of belonging without behavioural implications, and the gender role identity arises from behavioural stimuluses and what society expects. It is generally accepted that either or both are usually; but need not always be in accord with biological sex. This means that our conscious awareness of gender is a combination of these: where the gender role identity acts as an overlay on the core gender identity which precedes it. When incongruence is absent there may be limited impact. But if incongruence occurs at the time when the core elements of personality and identity are at first being created, this can have a major effect. Attacks on the legitimacy of the core gender identity ravage the foundations of self-identity that all of us possess: That is why approaches of “*conversion therapy*” have always been shown to fail: For its destruction leaves guilt and an emptiness inside. And when many have been trying to practice it on themselves for many years.

We’ve seen that the Word Authorities and Professional Medical Institutions now define transgender identities as “*naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life*”. This considers transgender conditions are internally focussed compulsions in search of a coherence of identity and being oneself, and the rejection of what is wrong, where no threats to others are created. That must be set against the attitudes of gender-critical feminists, religious groups, and others who define these conditions as “*paraphilias, perversions, or disruptions to the gender role*”, and as sexually motivated desires, where fears of recruitment, grooming, capture, coercion, and threats to women and children’s safety and identities can arise.

That experience of rejection is confirmed in this account where it is shown that transgender conditions are not driven by desire, they are driven by rejection instead. Some reject the gender identity assigned to them from their earliest years. Others fight the gender identification assigned to them from the outset, until attrition and exhaustion destroys their attempts to conform before collapse or breakdown far too often occurs. Only after that is gender reassignment urgently sought. Here the desire is not to be men or women, but to live lives in ways that are true to themselves. And what rejection means, does not wait for the gender role to be understood: So, this deep-seated sense of rejection can be felt from the earliest years. But for others, this rejection may only break into conscious awareness when a major change, such as at puberty occurs.

I conclude that for Cass, gender-critical groups and others who refuse to recognise the separate existence and independence of the core gender identity, the nature, depth, and integrity of transgender conditions is being denied. I also conclude that Cass, through the terms of reference she sets for her report, attempts to enforce a diagnosis of personality disruptions on transgender conditions, which understands them to be mere feelings caused by the desires for a role; or the attractions of sex, instead of their correct diagnosis as internally focussed compulsions in search of a coherence of identity and being oneself, which develops very early in life. And because the motives, timescales, and methods of management differ so greatly, these all must have major consequences as far as transgender children are concerned. And that must be a major consideration for everyone in any independent report.

We have seen that the focus of this dispute is the disagreement between the World Authorities and Professional Medical Institutions who now define transgender identities as “*naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life*”: This opposes gender-critical feminists, religious groups, and others who define these conditions as “*paraphilias, perversions, or disruptions to the gender role*”. In this examination I argue that attempting to treat transgender conditions as personality 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. And that considerable harm can be created by imposing a diagnosis that is incorrect

A major concern involves the use of puberty blockers to delay development. Their administration can be a justifiable action when transgender conditions are diagnosed as personality variations, but if these conditions are understood to be personality disruptions involving the gender role, driven by suppressed sexual emotions, a consequence of any administration would be to reinforce a runaway drive towards transition instead. The correct administration of any drug or treatment must always be a balance between the benefits it brings and the harms of any side effects, so no judgment or statement can be valid if the diagnosis is incorrect. And there should be no justification for any immediate ban on their use, which is based on the diagnosis presented in the Cass report.

We have noted that Cass adopts as the terms of reference and evidence base for her report a definition of gendered behaviour and gender identification by Kohlberg from 1966. which considers only the impact of the gender role. This does not just require dismissing the work of the World Authorities and Professional Institutions as delusions, conspiracies, or their views as merely the work of transgender activists. It also takes us back to the time when, along with Kohlberg, Maccoby; Berger; Bannerjee; Slaby, Frey; Martin, Ruble; and others who; using Piaget and social learning theories alone, were trying to define gender identities as social constructs involving only the gender role: with the effect of delaying the stages for the development of gender identity to ages which are even greater than those which Freud implies: and longer than the experiential evidence today now expects. It additionally demands the denial or dismissal of the work and research undertaken since Kohlberg in the 1960s, on how personalities and identities for all of us develop. And it means that Cass diminishes the depth and integrity of transgender conditions.

In any independent review all viewpoints must equitably be considered. I conclude that the decision by Cass to adopt an evidence base which dates from 1966, with her comment that this still resonates today, and through her failure to consider any other, does not meet the requirements for an independent report. This includes her suggestions that clinicians are deceiving parents and patients in pursuit of their own ideologies, or that parents themselves are trying to enforce the idea of being transgender on their own children. I further conclude that she attacks much of the research which supports the view that these conditions should be treated as personality variations by imposing a diagnosis of personality disruptions upon them, and by criticising their methodologies instead of properly considering the substance of their results. This approach to research adopted by Cass, together with her disregard of the experiential evidence is covered in many other reviews of the Cass Report: These also support my own conclusions, and they should also be consulted.

From these, I argue that Cass Review analysis gives rise to conclusions which ignore the reality of transgender people's lives. Not only does this approach diminish the legitimacy of transgender identities. It decrees that these conditions must be managed as personality disruptions, instead of personality variations, and it imposes timescales for the development of gender identity which are far longer than those known to exist from the massive amounts of clinical, medical, and experiential evidence which is now available. It is also not surprising to me that Cass considers the research, clinical, medical and experiential evidence which support these transformations in understanding to be very weak where I argue, she tries to enforce a diagnosis which treats these conditions as personality disruptions instead of personality variations: Uses the terms of reference for her report to impose only one unchangeable diagnosis on how gender identities for all of us develop: Only considers how transgender conditions differ: Dismisses experiential evidence: Ignores the work of and the innate forces predicted by Girard Dawkins and others: And attacks the methodologies of transgender research without properly considering the substance of the results.

However, Cass is not alone in this. The principal issue addressed in account is the continued and exclusive reliance by many practitioners in sociology, psychiatry, education and psychology, on the traditional social learning and psychodynamic theories, and on motives of sex and cognition as the driving forces involved. This is despite the large amounts of experiential evidence now available, along with the disregard of anthropometric and neuroscientific work pioneered by Girard, Dawkins, Gallese and others, all of which has been available for the last sixty years. Where the primary organising and driving force propelling learning and development is still presumed to be that of cognition alone: So that impact of these early and innate forces continues to be denied. It is manifested in the failure of many practitioners to recast the concept of cognition,

from one which defines it as the primary organising force that drives development forward, into one which creates order out of disorder: Until that happens, transgender conditions will continue to be misdiagnosed, with the harms that arise.

Although this work by Girard, Dawkins, Gallese and others is well known and has found many applications, little attention seems have been paid to it in the mainstream of physiology, psychology, education, and sociology. Few publications refer to it: Cass does nor even consider it. The work by Girard has found support in many quarters. This includes my own work for reconciliation in societies divided by tribal violence: However, it has generally been regarded as idiosyncratic by the mainstream in sociology, psychology and society: And it has usually been ignored, or rarely been properly applied. Even though Dawkins and Girard disagree in many areas, most notably on the foundations of religious belief. They do agree on the nature of early development and of identity formation, and of the power of religion to do the greatest harm or the greatest good. But neither they, nor their followers, seem to have cited the other in their work: And for these reasons I examine religious issues separately elsewhere.

In this examination I liken transgender people to immigrants or emigrants who cross a gender divide. The abuse of any invitation on this journey is as harmful as it's denial. It took Western Christianity only about 150 years to transform the egalitarian approaches of Jesus and Paul, combined with the paternalistic or patronising approaches of Peter, and the need for a powerless group to survive in a powerful society, to give Paul a bad press, and to enforce a gender complementarity in which these journeys are denied. Instead of the core elements of personality and identity being the consequence of a coherence of identity and being oneself, I show they are the foundations of it. They are pre-cognitive in nature and form before awareness exists. That may lead some transgender people to believe they are *"born into the wrong body"*. Conversely it means that it is natural for others to believe that gender identity should always be congruent with biological sex. Transgender people form a small and often hidden minority. Many people have to rely on what others say about them, the safety of women and children may appear to be threatened. And as a consequence, a major credibility gap can exist.

It is therefore not surprising that a great deal of confusion arises. And fear without reason is sufficient for discrimination to occur. Judith Butler, a prominent and very highly regarded feminist, touches on this in her publications, and in her book *"Who's Afraid of Gender"*. She states: *"It is not easy to fully reconstruct the arguments used by the anti-gender ideology movement because they do not hold themselves to standards of consistency or coherence. They assemble and launch incendiary claims to defeat what they see as "gender ideology" or "gender studies" by any rhetorical means necessary. For instance, they object to "gender" because it putatively denies biological sex or because it undermines the natural or divine character of the heteronormative family. The anti-gender movement is not a conservative position with a clear set of principles. No, as a fascist trend, it mobilizes a range of rhetorical strategies from across the political spectrum to maximize the fear of infiltration and destruction that comes from a diverse set of economic and social forces. It does not strive for consistency, for its incoherence is part of its power"*

Butler, in these comments I believe, is attacking the current backlash against transgender people now being imposed by conservative religion and by right-wing political and social groups. I fully accept that Cass and many in the gender-critical movements may believe they are acting in the best interests of women and children, but these experiences which Butler identifies demonstrate the harms that can be created when incorrect diagnoses: Which identify transgender conditions as behaviours and desires driven by sexual motives or desires for a role, instead of a search for a coherence of identity and being oneself, are applied. The analysis I have presented so far relies on the work of Girard, Dawkins, Gallese, Dennett, Joel, Swaab, Blackmore, Greenfield, and others, which dates from the 1960s onwards, and is well known. Therefore, the analysis which I have so far presented does not demand the use of new research. In the following sections I wish to consider how gender and other identities are created, using more recent work.

This area is also the subject of an intense dispute between cognitive neuroscientists such as Rippon who argue that the core elements of personality and identity, along with the consequent neural differentiations, first arise through the cognitive interactions alone. Against this are the behaviourist neuroscientists, including Fordor and others who consider additional pre-cognitive elements to be involved. Both use MRI studies, one group to deny earlier influences, the other to explain them. The argument by Rippon and other cognitive neurologists who argue that MRI studies fail to provide a reliable means of differentiating between men and

women, with none in children. And who also use work by Joel, Swabb and others to argue that gender identification is purely a matter of social conditioning, associated with the gender role: because no distinct gender differentiated brain areas can be found, is disavowed by Joel, Swaab, and others on the grounds that distributed concepts, such as gender identity are the result of the actions of a mosaic many brain areas, some involving more male characteristics, others more female, and no such deduction can be made.

Behaviourist neurologists instead argue for the existence of low-level modular structures which are contained within specific neural domains. These are genetically determined and are associated with distinct low level neurological structures that are themselves computationally autonomous. Since at least some of these are needed to provide the instantly available neural capabilities that are required for basic functions and survival, they have to be in action from birth. Recent work at Stanford University shows that a previously unrecognised and computationally separate “*Who am I?*” neural network in the brain also exists: What is also notable is that it is independent of the “*What makes me, me*” network. So, stimulating one area has little effect on the others. And that may impact on our earlier considerations of the independence of the relationships between the core gender identity, and that of the gender role. This offers the prospect of new insights into how consciousness, and how the stable core elements of personality and identity for all of us, come to be formed. And they disagree with the cognitive approach.

It is argued that gender identities arise through interaction with others, therefore they cannot form before birth. Cass recognises the effects of these neural transformations during puberty: In doing so she also describes in considerable detail the effects of the changes and transformations in neural structures, emotions and capabilities caused by these features during adolescence and puberty, together with the processes of synaptic pruning, myelination, input of the limbic system, and the maturation of the pre-frontal cortex. Yet exactly the same processes, together with far greater transformations, are involved in the creation of the core elements of personality and identity during the first three to four years of life. And these are totally ignored. Virtually all handbooks on sexuality and psychiatry show that gender identities; measured in terms of interactions with society, and sexual identities; measured in terms of sexual orientations, form together as part of a single complex, very early in life. And when gender and sexuality are in conflict, it is usually gender that wins out.

In addition, I show that there is a contradiction in the gender-critical approach. Those feminist groups who argue that gender identity is a “*nebulous and undefinable social construct determined only by association with the gender role*”, also means that gender identity must be a choice or be products of desire for everybody. That would place Cass alongside the feminist pioneers such as Simone De Beauvoir, Judith Butler, and others, all of whom have defined gender entirely in the context of its performance and how men and women interact with each other in society. But that contradicts the view of other feminists who argue that because of biology and or social conditioning, transgender people who claim to identify as women are always be seen to seek power over women and threaten women’s identities, safety, and lives. It further means that, in place of the egalitarianism of the feminist pioneers, these groups attempt to enforce a dogma of gender complementarity and exercise an exclusion, which places them alongside, and bears close comparison, to the traditional teaching of the Christian Church.

These perceptions allow only two definitions of gender: each of which must coincide with the expectations of biological sex: And it is the application of both definitions at the same time which exposes this fundamental contradiction in the gender-critical arguments. When this happens, confusion is bound to occur. By some of his statements and actions Pope Francis for example, appears to recognise the sincerity, and integrity of transgender identities, and quite rightly condemns an incorrect “*gender ideology*” which gender-critical groups try to enforce on transgender people, and which alleges that transgender people believe they can “*choose, change or deny biological sex*”. But he, the Catholic Church, gender-critical groups and others then go to the other extreme, by imposing a gender complementarity which presumes that gendered behaviour and the definition of men and women, should always be congruent with biological sex. This also misdiagnoses transgender conditions, where the search is for a coherence of identity and being oneself, not drives of sex.

Cass goes to the other extreme. By aligning herself with Kohlberg, Maccoby; Berger; Bannerjee; Slaby, Frey; Martin, Ruble; and others who; using Piaget and social learning theories alone, were trying to define gender identities as social constructs involving only the gender role, she also aligns herself with feminist ideologies, which both define and separate men and women from each other entirely through their performance of the gender role and the ways they relate to each other in society. This does not just diminish the legitimacy, depth,

and integrity of transgender conditions. It also leads Cass to identify a timescale for gender identity development which is far longer than that shown by the experiential evidence, and by what the fast-tracking of early development provided by the psychodynamic theories would expect. In this account I conclude that neither approach on its own can be completely correct. I show that even though strong and stable core gender identities are created, they need not always follow biological sex.

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. Since gender identities are derived from interactions and behaviours, and because they develop through the capabilities and allegiances which have previously been created, it 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 all female-to-male transsexuals: acting as men with men, to pursue any equivalent male arguments from a similarly stronger base. Because the core gender identity can be described as an inner sense of belonging without behavioural implications, it further means that gender-critical ideology, whichever way it is interpreted, must be the less effective approach. It supports the proud history male-to-female transsexuals have in the fight for women's rights. And the feminist demands for equality are not attacked.

In this account I have shown that a child's initial associations, if unconscious, with personality and identity coalesce from previously fragmented thoughts during the peak period of neural development around this median age of two years. This fragmentation means that a different endpoint for every individual exists. These same processes apply to everyone. So, the same deep intensities and profundities of their allegiance to a gender identification occur in all gender and sexually variant people, as well as those whose gender identities are in harmony with their biological sex. Experiential evidence shows that there is as wide a range of sexual orientations and identifications in the transgender communities as there are in the general population. Thus, gender identity instead of biology should be used as the marker to guide the legislation and to allow or restrict those behaviours which are based on how people socially interact: And that gender identity, along with sexual identity or orientation should equally be a protected characteristic in any legislation that is provided.

I conclude that Cass, through the terms of reference she sets for her report, attempts to enforce a diagnosis of personality disruptions on transgender conditions, which understands them to be mere feelings caused by the desires for a role; or the attractions of sex, instead of their correct diagnosis as internally focussed compulsions in search of a coherence of identity and being oneself, which develops very early in life. Because the motives, timescales, and methods of management differ so greatly, these all must have major impacts as far as transgender children are concerned. I conclude therefore that, until psychiatry, sociology, education, and psychology are prepared to recast the concept of cognition, from one which defines it as the primary organising force which drives development forward, into one which creates order out of disorder, the impact of these early and innate forces will continue to be denied. The nature, depth, and integrity of transgender conditions, and of all gender and sexually variant conditions, will be misunderstood: And incorrect methods of management for transgender children and adults will continue to be applied.

As we have seen this is a conflict between The Word Authorities and Professional Medical Institutions who now define transgender identities as "*naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life*": against the attitudes of gender-critical feminists, religious groups, and others who define these conditions as "*paraphilias, perversions, or disruptions to the gender role*". However, it is not a new conflict. It goes back to the time when Money McHugh and others were using Freudian psychodynamics to try to explain the nature and origins of transgender conditions, against Stoller and the American Professional Medical Institutions who recognised gender identities to be core elements of the personalities that are created very early in life. Nevertheless, Stoller could not adequately explain how gender identities are created. That is also the case for those groups who rely on Freud for their explanations: since both social learning theories and Freudian psychodynamics rely on the powers of cognition to give the explanations they require.

It follows therefore that how personalities and identities, including gender identity develop during the first three to four years of life remain largely unknown. And that uncertainty still exists today. Therefore, it is the gender-critical groups, who specifically argue without foundation, that the first three years make little or no

contribution to how gender identities develop. And who, by disparaging all other viewpoints, are instead the ones who are adopting ideologies, which are “*not based on credible science*”, deny any objective approach. This continued uncertainty has led me to conduct my own investigation, which is described in this introduction and in these documents: It confirms the viewpoints of Stoller and the American Professional Medical Institutions. However, Cass does not even attempt to do any such comparison.

Instead, Cass 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. By refusing to consider any change to this base, I conclude that Cass dismisses the advances in understanding that have since taken place. And uses this to dismiss the credibility of subsequent research. I fully accept that Cass may genuinely believe that she is acting in the best interests of transgender children, and that she totally rejects the accusation of the gender-critical groups, but the fact remains that, in the Cass report, the impact of these early innate forces first identified by Gallese, Girard, Dawkins and others from the 1960s onwards, continues to be ignored. Regardless of merit, I conclude therefore, that Cass attempts to enforce an incorrect diagnosis on transgender people which considers these conditions to be perversions, paraphilias or disruptions to the gender role.

I conclude that attempting to use social learning theories alone to diagnose transgender conditions does not just diminish the legitimacy, depth, and integrity of transgender conditions. It also leads Cass to identify a timescale for gender identity development which is far longer than that shown by the experiential evidence, and by what the fast-tracking of early development provided by the psychodynamic theories would expect. Identifying transgender conditions as searches for coherence of identity and being oneself suggests that closer links to autism may be encountered. I fully agree with Cass when she notes that many children do go through a period of questioning their gender before they grow out of it, and that considerable caution is needed before any irreversible action is taken. However, I also argue that there is a strong bipolar element to these conflicts. And that does not mean increasing the timescales involved; it may decrease them, and it need not take two years before making a decision. It crucially depends on getting a diagnosis that is correct. When the motives, timescales and methods of management differ to the extent that what one side considers to be those of compassion and concern are almost inevitably regarded as recruitment, grooming, capture, and coercion by the other, any misdiagnosis can have a harmful effect.

No research, theory, theology, doctrine, dogma or philosophy can have any validity unless experiential evidence, supports it. In the United Kingdom access to this for all gender and sexually variant conditions, goes back to the 1960s, and some fifty years. However, this detailed analysis should not be needed, since the contrasting methods required for managing personality variations and personality disruptions are well known: They are encountered in many other circumstances. And as they differ so greatly it should be easy to tell them apart. That has already happened in many societies, where access to experiential evidence is already available: And where, without needing further explanation, it has transformed the understanding of all gender and sexually variant behaviours and relationships, including transgender behaviours, from ones which had previously considered them to be intrinsically disordered sexually motivated perversions or disruptions, into ones which now celebrate these relationships in same-sex marriages and accepts them as true expressions of love and identity instead. To require two lesbian or gay people to undergo a medical examination by an anonymous medical panel, and to produce all the confirming documentation and certification before they could enter a legally recognised same-sex marriage would cause an outrage in today’s society. And allowing transgender people to self-identify their gender is part of that same rationale. A similar transformation in outlook to self-identification has been adopted by many people, including, in my experience, a great many feminists who are happy to accept male-to-female transsexuals as the women they say they are, because that is the way in which they interact with society and are seen to be true allies in the feminist cause.

Although Cass seems to accept this experiential evidence for transgender adults, in the case of transgender children she denies it. However, there are no grounds for defining transgender conditions for adults as personality variations, while at the same time defining them as personality disruptions when children are concerned. Relying on experiential evidence to provide a diagnosis and treatment regime is not unique. By far the greatest amount of medical research concentrates on proving the reliability of the experiential evidence rather than identifying the cause. And Cass has already defined transgender conditions for everybody as personality disruptions through the terms of reference she sets for her report. There is now a great deal of experiential evidence available which justifies the position of the World Authorities and Professional

Institutions as personality variations which are “*naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life*”. However, Cass dismisses this experiential evidence as unreliable: It does not match the diagnosis which Cass expects, and these considerations lead me to believe that concentrates her report on attacking the methodologies of research, in place of considering the experiential evidence, and the substance of the results. Cass strongly argues that more research is needed. She also asks that more gender identity clinics are needed, and that these take a “*more holistic approach*”. That call for more clinics and more research is supported. However, if this research and these clinics fail to take account of the pre-cognitive influences, and the nature of the forces which drive early development; by continuing to enforce diagnoses which treat transgender condition as desire and behaviourally driven perversions, paraphilias, disruptions in search for a role; or the attractions of sex: instead for the search for a coherence of identity and being oneself; driven by the alienation and by the rejection of what is wrong. Then that will be a retrograde approach.

The arguments I present in this account may be wrong or they may be right. I do not claim any professional status or reputation to maintain, or any professional accreditation for these views. Nor do I attempt to prescribe. I have never been a patient or sought support from the Gender Identity Clinics. Or medical interventions of any kind. I continue to balance the life I have built, against the demands of a compulsive drive. Therefore, it is for others to judge this work on its merits alone. As an academic I am aware of the importance of the peer review process. All of my documents have been written with the intent that they should pass that test.

However, just being correct 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 of the personalities that are created. A great deal of effort has gone into producing the Cass report, but no report which accepts the first of these 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 that 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. By disregarding the anthropometric and neural studies by Girard, Dawkins, Gallese and others from the 1960s onwards, Cass does not just deny the legitimacy of transgender identities: It take us back to a time when all gender and sexually variant conditions were considered to be intrinsically disordered and in pursuit of inappropriate sex. For all of these reasons, I conclude that the Cass report is not an independent report.

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

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Access

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

This introduction is available on

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

The companion presentation is available on

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

All Documents

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

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

Gilchrist, S. (2024): *“Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review: Part 1, Diagnosis”*: <https://www.tgdr.co.uk/documents/255P-CassTransDiagnosis.pdf>.
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Gilchrist, S. (2024): *“Current Disputes on the Natures of Transgender Conditions and a Commentary on the Cass Review: Part 2, Implementation”*: <https://www.tgdr.co.uk/documents/255P-CassTransImplementation.pdf>.
(pages)

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

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

The following documents may also be of interest:

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

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

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

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

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