

ATOL: Art Therapy OnLine

Book Review by Diana Velada

Inventing Transgender Children & Young People
Edited by Michele Moore and Heather Brunskell-Evans

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'You don't fit into the expected role of womanhood. Check. You like women. Check. The conclusion is that you're actually a man. Check. This is what happened to us'

(Two de-transitioners¹, p169).

With eloquence and clarity, this book is troubling in its account and convincing in its argument. It describes and explores how the idea of the 'transgender child' has come into being, and asserts that even when there is a strong presentation of gender dysphoria, the safeguarding of children and young people from bodily intervention is paramount.

I have worked primarily with children and teenagers for eighteen years. More recently my professional contact with these age groups has been via my supervisees. Through this work and from personal relationships, increasingly, I have begun to hear about young people who are experiencing their sense of self as problematic and who identify this as a matter of gender.

For some time, it has not been unusual to find that adolescents were enacting particular 'solutions' to their confusions and distress; self harming by cutting and by starving themselves. Latterly, however, other bodily enactments pertaining to biological sex change have become pervasive; it seems important to note, that to be realised, these would usually require the sanction and participation of adults. Historically, my understanding of a desired therapeutic outcome was that young people would not need to resort to any self-harming behaviour in order to feel 'good enough'. I did not hear other practitioners, or actually anyone suggest that anorexia or cutting was a valid personal choice for teenagers but I began to appreciate that when they were associated with 'gender dysphoria', previously desired outcomes could no longer be assumed.

The contributors to this book, with their diverse experience and expertise, share my concerns, as they investigate and explore this particularly current phenomenon. 'In the

¹ De-transition is the cessation or reversal of a transgender identification or gender transition.

UK, the number of children referred to the Gender Identity Dysphoria Service each week has risen by 2500% since 2009-10' (p199).

Marchiano derives her understanding by looking back to Charcot in the 19th century and the significant increase in the numbers of women who were presenting symptoms aligned with his codified diagnosis of hysteria. She says, '...virtually all psychiatric disorders are to some extent artifacts of the time and place in which they occur' (p56). Without success, Charcot worked hard to identify, via autopsy, anatomical evidence of lesions to explain hysterical symptoms (p61). This might correlate with current ideas about sexed brains, for which there is a lack of neuro-scientific evidence (p24).

Wondering whether it matters what name we give to our suffering, Marchiano warns against the danger of contagions leading to compulsive damaging behaviours. She reminds us that anorexia, which has the highest mortality rate of any psychiatric disorder, was extremely rare in the 20th century before it was 'popularised' during the 1970's (p59). She maintains that what some recent epidemics of psychogenic disorders have in common is a disavowal of the unconscious. 'Medicalising a psychological problem necessitates a medicalised treatment pathway, closing down opportunities for multiple possible meanings.' (p58). Bell, in his forward, regrets the lack of enquiry into the broader determinants of the socio-cultural context. He says, 'Gender Dysphoria illustrates perfectly the way a kind of detonating force can erupt where certain inner preoccupations meet explosive outer determinations' (p xvii).

Homophobia as a feature of transitioning is explored. Alex is a trans boy who prior to transition was perceived as a 'butch lesbian' and this was his motivation for transitioning. Withers asks, 'I would like someone to explain to me how a therapist who simply affirms Alex's trans identification without trying to understand its origins is not practicing gay conversion therapy' (p127).

Davies-Arai and Matthews explore the messaging of LGBT+ friendly materials currently available in schools. They review the gender non-conforming child characters who within the stories are bullied, but when there is 'No alternative way to be your 'true self'...other than switching from one sex to the other', they say, transgender affirming books are reinforcing the message of the bullies (p205). The Lesbian Rights Alliance warns, 'Young

lesbians in school who do not conform to feminine stereotypes...are being bullied, stigmatised, isolated and pressurised to socially transition since being a trans boy is now regarded as a more positive and fashionable identity' (p206).

Consequences of a transition journey can be profound and enduring. Biggs considers the drugs known as a 'puberty blockers' and the claims that they offer an easy and reversible method of 'pausing' puberty. He reports that their use is experimental and they have not been licensed for treating children with gender dysphoria (p44). Among other side effects, if blockers are used for three years, bones do not strengthen as they should and, for some children, the development of their sexual functioning has been impeded (p51). He describes how in recent years, once children were prescribed 'blockers', rather than creating a pause for time to think, it was more like 'pressing fast forward into cross-sex hormones and ultimately surgery'. He notes that before the availability of the 'blockers', around four fifths of these children would live through their struggles to later become gay, lesbian or bisexual (p51). Withers says that while the medical treatment for trans-identified youth continues, sterility is the outcome for many young people. This has become '...an unintended - or perhaps unconsciously intended - consequence of trans affirmative therapy' (p128). When medical treatment may permanently alter the endocrine system, destroy fertility and remove healthy tissue, Marchiano suggests we should be circumspect before taking symptoms at face value. (p59). Rather than performing such consequential enactments on the healthy bodies of young people, is it not more urgent and advisable to address regressive social and cultural restrictions that serve to constrain human expression? D'Angelo, quotes Butler, '...by behaving as if there were male and female 'natures', we co-create the social fiction that these natures exist' (p86).

It has to be said that a context of fear permeates the discourse of this book. Moore and Brunskell Evans describe the response to their previous publication, to which this book is a sequel. While they did hear from gender clinicians who shared their concerns but had been fearful to speak out, they were troubled to receive a barrage of hostility and efforts to sabotage book sales. They wonder why '...a book advocating a gentle, non-medical approach to safeguarding the bodies and psyches of children could have provoked such an intense attempt to silence and discredit the ideas therein?' (p3).

This fear is also evident where O'Malley writes about her experience of making a film for Channel 4 called 'Trans Kids: It's time to Talk'. She describes how several advocates for trans children² were asked to contribute their ideas, but either they repeatedly evaded the invitations or openly stated that unless they could be sure that no view other than their own would be presented in the film, they were not willing to participate. She says that Olly Lambert, director of the film, 'had never encountered such a request to influence the participation of others in twenty years of film-making' (p157). And O'Malley details the caution exhibited by Channel 4 who were determined to avert complaints and, up to the date of transmission, were prepared to cancel or make more edits (p163).

While supporting the rights of trans adults, do the rights of children and young people need to be compromised? 'If human biology is denied and a model of 'innate gender' is adopted, children who identify as transgender are placed outside safeguarding in schools and outside normal duty of care in medicine' (p146).

In the context of the seemingly ever increasing number of children and young people feeling uncomfortable and distressed about their bodies and themselves, I recommend this as a vitally important book, one which affords and advocates for space to think about the many complex internal and external factors at play.

About the Author

Diana Velada is an HCPC registered art psychotherapist in private practice.

² CEO of Mermaids, advocacy organisation that supports gender variant and transgender youth. Representatives from Stonewall, Lesbian Gay Bi-sexual and Trans rights organisation. Maria Miller MP, whose portfolio included transgender issues.