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ON TRYING TO PASS OFF TRANSPHOBIA AS PSYCHOANALYSIS AND CRUELTY AS "CLINICAL LOGIC"

BY AVGI SAKETOPOULOU

GENDER DYSPHORIA: A THERAPEUTIC MODEL FOR WORKING WITH CHILDREN, ADOLESCENTS AND YOUNG ADULTS. By Susan Evans and Marcus Evans. London: Phoenix Publishing House, 2021. 272 pp.

Keywords: Gender, trans children, trans childhood, children and adolescents, transness, gender dysphoria, transphobia, transition, deadnaming, gender nonconformity.

> A libel placed on the very existence of trans children … is what passes for a rational object of "debate" among adults every day in the media, online, in schools and clinics, and in the social milieu in which trans children must find a way, despite all the odds [against them], to survive, to grow, and to endure …. [Trans children are] subject … to being dismissed as unreal or brainwashed … as if such determinations are not procedurally genocidal in their holding open the world where trans life would be violently extinguished in the first place.
>
> —Gill-Peterson (2018), p. vii

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IDEOLOGICAL ENTANGLEMENTS

Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults presents itself as a primer for clinicians and a guidebook for parents of atypically gendered youth. The book's attitude, David Bell writes in the preface, is "neither affirmation nor opposition but a kind of deeply engaged neutrality" (p. xv). But "deeply engaged neutrality" is not what one encounters in its pages. Despite touting an "objective scientific appraisal" (p. xix), and stating that the authors are "neither 'pro' nor 'anti' transition" (p. 7) and will "keep an open mind" (p. 8), this highly political volume gives us, instead, a remarkably stale and dangerous recycling of anti-trans rhetoric.

I am not using the word *dangerous* lightly: its cloak of scientific neutrality aside, this book's ideological positioning and language motor weighty clinical recommendations for treating the "problem" of children who only mistakenly think they are trans, and whose "fixed belief system" (p. 207) may well trick the adults surrounding them. In this book, therapy is not an open-ended exploration, but a targeted course correction toward the predetermined end that its authors, Susan Evans and Marcus Evans, know to be true, no matter the specific child's dynamics: namely, that "gender dysphoria is a psychic retreat" that interferes with "reality testing" (p. 203).

For these authors, the child's or adolescent's wish to transition is uniformly about managing fears, anxieties, and vulnerabilities "by projecting unwanted aspects of the self into their natal body which is then regarded [by the patient] as the problem that needs to be changed or eradicated" (p. 57). The Evanses thus insistently caution the clinical reader to "not fall in with the view that gender identity is something unconnected to the person's mental health" (p. 28), sounding an alarm about "the *ideological* drive to separate all gender incongruence from mental illness" (p. 133, emphasis added). Gender dysphoria, we are repeatedly told, is frequent in "patients with a history of serious and enduring mental illness or personality disorder" (p. 31).

"There is a risk," write the authors, "that by writing this book we open ourselves to accusations of 'transphobia'" (p. 8). But how else can one read statements such as this one regarding a transfemale child:

"Paul, by requesting castration, will do permanent damage to his capacity to have children, while also assaulting the sexuality his parents bestowed upon him in conception" (p. 183). Referring to trans patients by their pretransition name—often called *deadnaming*—disrespecting their preferred pronouns, and describing surgical interventions needed by some trans individuals as "castration" are contemptuous, countertherapeutic, and reveal how uninformed the authors are about the lived realities of some trans subjects. Furthermore, the notion that fertility needs to be preserved at all costs, independently of the particular patient's needs, suggests that, for the Evanses, reproductive potential is an expectation if not a duty to be fulfilled.

Still, what is even more problematic is not just this book's transphobia—a bar this volume easily clears—but that, as I will discuss, it is glaringly uninformed about the lived possibilities and potential pleasures of trans life; it is poorly researched; it is strikingly solipsistic, engaging none of the many existing discourses on trans; and it is clinically dogmatic. More specifically, while the authors worry that it is the volume's psychoanalytic inflection per se that will invite criticism, the problem is not the psychoanalytic angle they take (good psychoanalytic thinking, as we'll see, would be a relief in this volume), but rather it is their use of psychoanalysis to launder anti-transness. Instead of insights gleaned from long-term psychoanalyses of trans individuals, its data set comes from high-traffic gender clinics where patients have to guard themselves against therapists who have a say over whether they receive medical care or not.

The authors thus don't seem to be aware that trans individuals often have to do considerable psychic work to articulate *even to themselves*, let alone to their therapists, their transness; that the fiction of transition as having a final destination recedes with analytic time; that when not forced to defend their gender experience, trans patients oftentimes welcome thinking about gender as a continuously evolving process; that the ostensible unidirectionality of transitioning is but a normative fantasy, often the therapist's; that suicidality is not wielded to control parents, nor is it a political maneuver, as the authors intimate, but for some trans people it is an unbearable truth. Last and most important, there is no evidence that the authors have experienced the wonderment that can accompany watching a patient awake into a body

that can newly look *and feel* like it's theirs, or that transitioning can be one of the most meaningful and joyous things some patients will do in their lives.

In contrast, *Gender Dysphoria* recounts the work of therapists who enter the clinical setting armed with indisputable confidence about how gender works and with a certitude as to where the diagnostic probe should intervene. While some of the therapists supervised by the authors entertain more complex ideas about a patient's gender, the Evanses' supervisory input is to correct them, interpreting them (the therapists) as supporting "the patient's concrete thinking" or as colluding in the patient's pursuit of "magical solutions" (p. 181). This stance creates a closed-feedback loop where no new ideas about gender and its embodied possibilities can be explored, and where the authors' clinical stance is claustrophobically reinforced. By describing trans childhood as unquestioningly pathological and by insisting on clinical approaches that seek to "treat" it out of existence, the book thus advocates a clinical praxis that offers no viable path to trans adulthood. Such a framework constitutes an elimination not only of trans children themselves, but also of the possibility of future trans adults overall. This, in short, is what *Gender Dysphoria* tries to pass off as *clinical logic,* and it is also the sort of process that historian Gill-Peterson has named *genocidal* in her archivally rich book, *Histories of the Transgender Child* (2018).

Part of the difficulty of reviewing *Gender Dysphoria* is that it is, at times, so extreme in its positions and so excessive in its claims that even to point this out and document it risks this essay itself being read as partisan and extremist. But these two positions (the book's and this essay's) are not symmetrical. The differences between them, that is, do not simply require some neutral judge who will decide what's right and fair, as if between the book's extremism and my strong criticism of it, an objective third party could settle the matter. Such an attitude would miss how out of step—and how harmful—a democratic approach to opinion making can be (Jakobsen and Pellegrini 2003). The counter, of course, is not an anti-democratic stance where people can't freely express their opinions; what we need instead is a more careful appraisal of what these opinions are and are not based on.

CLINICAL QUESTIONS

As a psychoanalyst with extensive experience working with trans and gender nonconforming children and adolescents in long-term treatments, I am often asked if specialized training or a distinctive set of skills is necessary for this work. I think that any psychoanalyst who is also solidly trained in child/adolescent work could *potentially* work with trans children/teens. But two qualifications are in order.

First, countertransference: even well-trained and well-intentioned clinicians can lose their capacity to think or work well when confronted with a trans patient. Hansbury (2017a, 2017b) and Pula (2015) have documented and theorized how and why contact with trans subjects can arouse the analyst's fragility around her own body and gender. This can have a range of problematic effects: the analyst's thinking can become overly concrete, strangely sadistic, or fearfully controlling, thus forfeiting the attitude of open inquiry and receptive curiosity so crucial to good therapeutic work. Moreover, trans patients can be especially vulnerable *to the analyst,* which means that work with trans patients (as with other non-normative or minoritized subjects) makes issues of psychoanalytic ethics critical. The Hippocratic "do no harm" has to include stipulations about not forcing patients into normative psychic paths that can be soul killing for them (e.g., the therapist's or parent's insistence on retaining fertility whatever the cost, which may or may not be in the child's best interest). If a special toolkit is thus needed to treat trans patients, it is not filled with new techniques, but with an attentiveness to the many levels of distortion, scotomization, and confusion that analysts, many of whom have not encountered trans individuals in their social or personal lives, inadvertently introduce to the work.

Where can such analysts get these skills? One way is by turning to and learning from other discourses—and here queer theory, trans studies, and trans of color critique can help analysts discern how trans subjects may be unfairly pathologized in ways the analyst was not aware of and had not intended. Also critical is an active engagement with the psychoanalytic literature on trans patients, which now spans more than two full decades, and consultation with other colleagues working analytically with this population.

Second, an up-to-date, general sense of the medical literature around transitioning can help orient analysts who are unfamiliar with—and would be surprised by—what is and is not realistically achievable. For example, many clinicians don't know that a transfemale parent can breastfeed (Reisman and Goldstein 2018; Yeginsu 2018), or what the fertility ramifications actually are for young people who take puberty blockers versus cross-sex hormones (e.g., Neely et al. 2010). Such knowledge does not answer analytic questions per se and can exert its own normative tug. But having a sense of what is and is not realistically achievable can help put patients' wishes and fantasies in some perspective, freeing the analyst to focus on the psychic meanings of medical interventions, rather than becoming inordinately alarmed about the ostensibly catastrophic consequences awaiting children who receive trans-related medical care.

This is not to say that there aren't ramifications for every choice made (whether it is a *doing* or a *not doing*); it is only to underscore that a basic familiarity with medical facts can help disentangle the analyst's realistic concerns from her countertransference-based fantasies, her own gender fears, and her own embodied anxieties. In short, we don't need special training to work with trans patients; rather, we need tools to manage the reign of normative beliefs in *ourselves*.

Offered as a manual to help clinicians work more substantively with trans youth drawing on an analytic perspective, *Gender Dysphoria* fails in both these respects. To provide some necessary context, let me note that the volume's stated goals are to "to deepen empathy" (p. 6) for trans patients and to offer a much-needed clinical framework that does not traffic in platitudes or oversimplifications. There is indeed a pressing need for a psychoanalytically informed volume that explores soberly and with therapeutic steadiness the layered issues involved in treating trans children and working with their families. Such a book would need to sidestep shallow and unhelpful formulations (such as "trans people are born in the wrong body"), and also to avoid overdramatizing the conversation by imprecisely inflating the "dangers" of transitioning or unnecessarily inflaming parental fears. The authors of this volume are aware of these problems, and it is in that spirit, they argue, that they offer their clinical perspective.

But the book they have given us is not the book they promise. What we get instead is exaggerated panic and dangerously careless metaphors. Consider, for example, the Evanses' likening of the increasing numbers of youth coming out as trans to the opioid crisis, as though transness were an epidemic (which has been contested in the literature [Ashley 2020]) and a deadly one at that! Predicting that "the medical treatment of young people with gender dysphoria may follow a similar path" (p. 39) betrays a gross misunderstanding of how that crisis unfolded: it was not, as the authors write, by "overprescription" (p. 217), but by purposeful misrepresentation of medical data and strategic manipulation by prescribing doctors to drive up profits. The Evanses' insinuation that the rubric of addiction applies to trans children—whom they describe as "addicted to 'dressing up'" (p. 129)—may not be evidence based, but it is attention grabbing. And it can panic and mislead parents who struggle vis-à-vis their child's transness as well as therapists who are trying to learn how to work with trans children.

Moreover, the authors present a vision of gender dysphoria in which nothing is uncertain or as-yet unknown, organizing all clinical cases around the so-called pathological gender of the child discussed. Therapists are directed toward resolution-oriented goals to remove gender dysphoria in order to "return" the child to a normative life, whether that be hetero- or homonormative. Nowhere do we encounter the humility of uncertainty or of *learning from* our trans-identified patients.

Throughout this book, the Evanses don't "see" transness, but instead a defense against homosexuality. Transition, they argue, is a warped solution to homophobia: by switching gender, the patient becomes "straight." But—and here is another place where the authors' inexperience comes through—not all, or even most, trans people identify as "straight." Not only are many trans people homoerotically attracted, but gendered attractions keep shifting. Nor should psychoanalysis settle for the pyrrhic victory that homosexuality is the preferred resolution of "gender dysphoria." Is an anti-homophobic psychoanalysis to be purchased at the price of pathologizing gender nonconforming children?

In this context, it may not surprise the reader to learn that the authors never tackle the problem of countertransference. Not once in the book's 240 pages is there any serious inquiry into whether, for example, describing trans experience as "a fixed belief system" (p. 28)

with a "delusional intensity" dominated by "the psychotic part of the personality" (p. 207) might belie the therapist's (or the authors') conscious prejudices or unconscious beliefs about what gender is and what it isn't. For example, the Evanses note that misgendering and deadnaming can be intentionally hurtful or, at times, a genuine slip. Their focus, however, is on the patient's "extreme responses" that "vilify" the offender (p. 218), as if the therapist's parapraxis doesn't warrant psychoanalytic investigation. As we already saw in their description of "Paul," who is deadnamed and misgendered, they are not in the least thoughtful about the meanings of their own enactments or slips. The authors thus miss the opportunity to examine which anxieties and gender panics may inform the therapist's error—and what kind of psychoanalytic stance is that?

Throughout the volume, the authors speak with a self-confidence that is at odds with clinical humility and ethical curiosity. What's worse, this self-confidence is only possible because they admit into their argument nothing that would challenge their own position. They don't engage, let alone cite, any of the bodies of scholarship that labor to understand trans children, including *any* of the rich psychoanalytic literature in this area. Whether they are aware of this literature or not is hard to know, but what this absence does is make the volume read like a period piece. Like all period pieces, it is strangely nostalgic for a long-gone era, here a psychoanalytic one in which the analyst was seen as knowing with certainty the precise cause of the patient's ailment, reliably diagnosing the problem to prescribe the correct course of treatment and doing so with disinterested objectivity. At a time, however, when gender possibilities are proliferating with astonishing velocity (forget about the trans tipping point; new gender permutations enter our lexicons every week), the promise of a therapist who can identify with certitude what is going on with the patient's gender and has a solid theory as to why *by only the second session*—as is consistently the case in this volume's clinical accounts—should give us pause. Omnipotence, here, is not the patients' but the authors.' Of course, it is precisely this kind of all-knowing therapist who may be deeply appealing both to anxious parents and to struggling clinicians.

Nevertheless, however pressed we may be as a field to better organize our thinking and guide clinical praxis around trans children, we

need to resist the urge to cling to such imperial models. Consider, for instance, one of this book's most idiosyncratic propositions, namely, that "the family's wish to support transition" may be a case of "Munchausen by proxy" (p. 74). *Munchausen by proxy,* the authors explain, involves "the parents pushing fears of their own illness into the child, then presenting them to medical services for treatment" (p. 93). This shift of focus from the child's transness to diagnosing *the family's* supportive attitude as medical maltreatment is astounding. And while, I suppose, anything is possible in cases of severe parental mental illness, nowhere in the professional literature—be it research-based, clinical, quantitative, or anecdotal—have I ever encountered an association between Munchausen and trans childhood.

Nor do the authors offer any clinical or other data to support their rather bizarre association of transness with Munchausen's. Where that claim does appear, however, is in Texas Attorney General Ken Paxton's (2022) legal opinion, which argued that "gender-based procedures" are "non-medically necessary" and thus "comparable to Munchausen syndrome by proxy or criminal injury to a child" (p. 8). (See also American Psychoanalytic Association [2022].) Is this the kind of politically motivated claim that we as psychoanalysts want to abide by or contribute to? In a volume addressed to both therapists and parents, such propositions linking transness and Munchausen are not only of uncertain value; they are frankly irresponsible.

COUNTERING BLIND SPOTS: HOW TO DO BETTER

The book's problematic formulations could have been helped if the Evanses had engaged existing knowledge from long-term treatments of trans children; if they had looked more closely into the existing literature on trans parenting (e.g., Meadow 2018); and if they had turned to knowledge from other disciplines regarding the imbrication of the psychic and the social. For example, the idea that a wish to transition is spurred by unconscious envy of the other sex, and the proposition that trans may be a way of "unconsciously withdraw[ing] from the competition" of performing normative gender successfully (p. 25), would be contested by much feminist theorizing. Trans studies would also

importantly unpack and challenge the Evanses' too-simple notion that an AMAB[1] child dressing up in the mother's clothing is a "manic solution" (p. 130) and an "erotized defense," a proposition that has already been put forward and heavily criticized (Serano 2020). Trans of color critique would also help this volume in which, startlingly, race is not mentioned *even once*, as if social location is unimportant; as if all trans children worthy of our consideration are to be imagined as White; and as if gender can be thought of outside of race (Snorton 2017). In work with gender-variant kids, cross-disciplinary engagement is not a luxury but a necessity to help alert us to our field's normative assumptions and to put them under scrutiny.

Also problematic is the fact that, while the volume is populated with unqualified statements about the grave dangers posed to trans children by hormonal treatments, there is no reliable indication that the authors are familiar with the medical literature on this topic. While a survey of the medical literature would obviously be beyond the scope of a psychotherapeutic volume, the continuous ringing of alarms over hormone therapy requires some substantiation. For example, the claim that "evidence [shows] that 61% to 98% plus of children resolve their gender dysphoria if provided with essential psychological support and care" (p. 203) has been heavily contested in the trans research literature on methodological grounds, and is generally considered overinflated (Temple-Newhook et al. 2018). More significantly, the claim that gender variance resolves if ignored implies problematically that if only adults were able to contain their anxieties, and if therapists didn't support patients "in pursuing magical solutions" (p. 181), gender-variant children would mostly outgrow their atypicality, developing into normatively gendered adults. Such claims not only overlook studies indicating that access to medical care improves trans children's mental health outcomes (e.g., Green et al. 2021; Turban et al. 2022); they also contribute to the continued dismissal of trans kids' experience and to discouraging clinicians from listening attentively to the gender complexities that trans youth bring to our consulting rooms.

Strikingly, the authors seem to understand themselves as whistleblowers who are "uncovering" what they see as a uniform, mindless, and

[1] AMAB stands for *assigned-male-at birth*.

uncritical clinical stance that carelessly facilitates transitioning for young people who only and always mistakenly think they are trans. The term *whistleblower* marks the Evanses as rebels when in fact what this book offers is not a radical psychoanalysis, but a very conservative one. A whistleblower is one who takes the risk of defying the status quo to say something unpalatable and to reveal the workings of systems that operate without our knowing. But gender clinics, the sites where this book unfolds, are not CIA black sites of sinister gender transformations; their operating principles are explicit, documented, and fleshed out in their published materials. What exactly is the concealed goal here that the Evanses are so bravely revealing?

Casting themselves as whistleblowers would make any criticism of the authors appear to be further evidence of their speaking truth to power. But what exactly is that power? In fact, this book emerges out of ongoing debates in the United Kingdom over puberty blockers, leading off with a discussion of a legal action that restricted trans kids' access to puberty blockers, an action that has since been reversed. So much for the book's promise of "deeply engaged neutrality" (p. xv).

IMAGINING OTHERWISE

Gender is a more serpentine matter (Stockton 2021) than this volume admits or seems to know. What its authors most critically miss is that trans lives are not meant to be lived according to the syntax of adaptation to the existing world order. Trans seeks to *dis-order* the world, to bring new possibilities into being, to unseat the very principles by which the body, gender, and pleasure are lived. The notion that hormones are magical solutions, for example, fails to discern that something far more complex and nuanced is at work. Hormone therapy, writes Preciado, "is not an end in itself: it is an ally in the task of inventing an elsewhere" (2019, p. 29).

Ultimately, one of this volume's most decisive failures is a failure of imagination. What the authors do not see, but which we should not forget, is that we are living in thrilling times. Things are happening around us that we as psychoanalysts do not fully understand and for which our theories offer inadequate guide maps. This is challenging but not catastrophic—except for those who see only danger in the unexpected. The

quick, ongoing transformations of the very category of trans; the questions raised by hormone treatments; the fact that a growing number of people are asking for surgeries whose precise psychic effects they cannot anticipate but that they nevertheless sense they need—all these open up vistas that can generate new analytic thinking, and not only because they require us to revisit our epistemologies of gender and sex. "Genders are changing day by day," writes Stockton, and "we are riding the wave coming at us, which can be gleeful and cruel by turns. We can innovate and fantasize .... We can, minute by minute, *fail* norms" (2021, p. 170, emphasis added).

It is this failing of norms viewed not as pathology but as an emerging vista that this volume is unable to dream. That, I would say, is why it fails trans children, their parents, and the clinicians who treat them—and it is also why it fails psychoanalytic thinking. Yes, novelty can feel scary. "You are free to decide," writes Preciado (2019), whether you believe that the psychoanalytic epistemology of gender is mutating, "but believe this at least: life is mutation and multiplicity. You need to understand that the future monsters are also your children and your grandchildren" (p. 89).

CODA

Gender Dysphoria does not cite the scholarship of any trans-identified clinician, and the voices of trans patients are heard only in response to those of their therapists. In this essay, as a corrective, I have primarily drawn on the scholarship of trans-identified or otherwise gender nonconforming clinicians and academics. All quantitative research cited is from peer-reviewed journals.

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