ATOL: Art Therapy OnLine

A Response from **Ange Morgan**

To

The book review published in ATOL 12(1) in 2021 of the publication Moore, M. and Brunskell, E. (Eds.) (2019), *Inventing Transgender Children and Young People*.

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A response to the book review published in ATOL 12(1) in 2021 of the publication Moore, M. and Brunskell, E. (Eds.) (2019), *Inventing Transgender Children and Young People*. Cambridge Scholars Publishing.

Ange Morgan

This piece responds to the review of the book titled *Inventing Transgender Children & Young People* in the last published edition 12(1) of ATOL: Art Therapy Online. Throughout, I will refer primarily to the book review and at times to the book which is its focus, as I suggest the two do not differ in their representation of the argument. I will use the terms Trans and Gender Diverse (TGD) throughout this piece to refer to the many identities within the gender spectrum, acknowledging that I am not naming each one in doing so.

As a member of the TGD community and an Art Therapist, I was deeply troubled to read a review, published in a journal such as ATOL, that had not critiqued a book which I suggest is misleading and harmful to the TGD community. Having joined the ATOL Editorial board after the publication of the review, I was made aware of the editorial board's efforts to grapple with questions of censorship and freedom in the decision to publish. However, when perspectives are not based in sound evidence, and create misinformation, this becomes problematic, in this case to the identities of a community and their access to equal social inclusion and to the safe access to best practice care within health systems.

My own journey to access affirmative care was long, costly and hard won. The support I received from clinicians whose area of expertise is in the field of gender services and gender affirmation was lengthy and thorough (Morgan, 2018). Wait lists are long for affirmative care in Australia, as they are in the UK and many other parts of the world and the barriers are significant and prohibitive for too many.

In offering this response, I aim to raise the need for accurate, objective and informed voices, including in the choice and review of books, which draws on evidence-based research when engaging with matters of TGD affirmative care. Further, it is

suggested that appropriately accredited and contemporary sources be referenced in discussion around medical, surgical and psychological interventions that form part but not all of affirmative care for TGD people. This means, sources that specialise in affirmative care, based on expertise, research and experience. These are usually not art therapists, and usually not other mental health professionals working outside a specialist gender service, unless they are accredited to provide gender affirming care specifically. A non-exhaustive sample of appropriately accredited institutions, associations and journals include: The Johns Hopkins Centre for Transgender Health in the USA; The Gender Identity Development Service in the UK; The Royal Children's Hospital (RCH) Gender Service in Australia; The World Professional Association for Transgender Health (WPATH) and its associated journal, The International *Journal of Transgender Health* (IJTH); Australian Professional Association for Trans Health (AusPATH); The European Professional Association for Transgender Health (EPATH) to name a few.

The book review presents some highlighted themes from the book chosen to illustrate what the reviewer suggests are issues of concern. Examples of these include: the suggestion that affirmative medical care for TGD children and young people is akin to “bodily enactments” (Velada, 2021, p.2) such as self-harm; that the person receiving the affirmative care seeks access to this to fulfil a need to feel “good enough”, (Velada, 2021, p.2); and the linking of TGD identities to psychotic and other mental health disorders, (Velada, 2021, p.3), thus suggesting that these identities are problematic, trending products of their time, rather than important and legitimate identities within the gender spectrum.

The book includes chapters such as ‘Britain’s experiment with puberty blockers’ (Ch.2) and ‘Transgender children: The making of a modern hysteria’ (Ch.3); Chapter one, ‘The Tavistock: Inventing the Trangender Child’ refutes the historically longstanding and worldwide existence of TGD people, and claims significant harm is caused by medical interventions afforded to young people presenting at a gender service in the UK (Brunskell-Evans, 2019). The book uses pejorative terms such as ‘transgenderism’ which are now understood in many countries, including the UK to be outdated in terms of respectful contemporary practice and clinical accuracy, given this term has a significantly pathologizing history and is often used by anti-

transgender activists to dehumanize and reduce trans people's identities to a condition (Alberta Health Services, 2019; Vincent, 2018).

Neither the review nor the book present research from or the voices of professionals and community members that might offer both balance and an evidence-based stance in contrast to the negative bias of this book, and its non-critical review.
I suggest that neither the review nor the book draw on contemporary sources, and therefore both do a disservice to the dedicated and rigorous research, practices and guidelines established by specialist gender services around the world, in consultation with those at the heart of this focus, the trans and gender diverse community; rather, both publications take a focus on gender diversity and transition as a pathology, problem, trend and trap, and that those in support of such services and the services themselves cause harm. By offering several chapters focused on 'detransition' (Ch. 10 and 11), the book implies the percentage, problem and risk of "detransition" is high for people accessing affirmative care services, when in fact, multiple studies show that it is not, as will be referenced below. The preface alone offers the voice of a "gender critical dad" (this term has often been assumed by people who do not recognise gender diversity or gender affirming care as real, positive or strengths based but rather, as a threat) and sets the tone for the following chapters.
The book is an English publication, but the central bias and situation of focus of the review and book are not unique to the United Kingdom. Specifically, this author suggests, this is a bias that proclaims incorrectly via misinformation that affirmative care is dangerous and harmful, and that those providing or supporting it seek to lure or manipulate people into a TGD identity. Further, that there is an 'explosion' of TGD people due to these manipulations. These harmful and incorrect messages are equally alive and in force around the world. We are now in the time of the internet and social media and thus, trends, misinformation, and conversely visibility and opportunity can all be accessed globally. Examples include but are not limited to: the push back to the Safe Schools Project in Australia, (Victorian State Government, 2019) and similar resistance in Canada to a proposed policy supporting school students to be affirmed in their genders in all areas of school life and to be protected from being outed by their teachers to their parents and guardians without the student's permission, (Herriot et al., 2017).

Jurisdictions worldwide have worked to form models of best care and clinical guidelines for TGD service provision, see for example Telfer et al., (2020), struggled variously within a range of legal parameters around service provision, and variously responded socially and culturally to the presence and re-emerging visibility of gender diversity. Essentially, around the world the possibility and challenge of gender diversity and affirmative care has entered our awareness. The development and provision of gender affirming care from specialist services has had a flow on to people seeking this care. With access and visibility comes possibility – the possibility of existing as one's true self, the possibility that there is a way forward and a place to belong. But worldwide, the pathway to affirmation, be it social, medical or surgical is, (in contrast to alarmist assertions exampled by this book and its review), mostly not easy and often prohibitively inaccessible. Some of the many challenges and barriers include social exclusion, violence, systemic erasure and oppression, legal and financial obstacles, long wait lists to access services, and extensive assessment processes once a service is finally accessible before any psychological, medical or surgical interventions occur.

The review begins with a quote from the book, borrowing from the voice of "two de-transitioners" (Velada, 2021, p.2). This foregrounding of the voice of people who have found that affirmative care became something they needed to reverse and, with this, the problematizing of a situation in which their gender identity was fluid for a period of time, is harmful and inaccurate on several counts. These include but are not limited to: the use of the voice of people who detransition as a justification for the argument that affirmative care is harmful – in most cases it is the opposite (AusPATH, 2021); secondly, the portrayal of people who seek to reverse their affirmative care and transition pathways (often referred to as detransition) as a centrally representative voice of the trans, gender diverse and non-binary communities – this too is both harmful and inaccurate and should be avoided as part of best practice (AusPATH, 2021). For the vast majority of children, young people, and adults who affirm their gender in a wide variety of ways, support from qualified services, families and social networks is both lifesaving and something that positively impacts quality of life (AusPATH, 2021; Hill et al, 2020; Simons et al, 2013; Travers et al, 2012; Ullman, 2021). Different to the claims by this book and its review, rates of detransition in young people are, in reality, low, due to adherence by

specialist practitioners to well-established clinical guidelines informing best practice in trans affirmative care (AusPATH, 2021; Brik et al, 2020; de Vries et al, 2014; Telfer et al., 2020; Wiepjes et al, 2018). Multiple sources found that when detransition did occur this was mostly due to societal pressures, (AusPATH, 2021 and multiple sources within). It is incredibly important that information on these subjects is sourced from those with specialist expertise in affirmative care.

We may in recent times have become increasingly visible, but we have always existed, indeed held celebrated, revered and important roles within communities around the world throughout millennia (APA, 2015; Coleman, Colgan, & Gooren, 1992; Feinberg, 1996; Miller & Nichols, 2012; Picq & Tikuna, 2019; Schmidt, 2003); but we have for a long time, due to colonisation, been erased, our existences questioned, challenged, pathologized, made unsafe, even illegal and, resultantly, our visibility and freedom has been severely impacted, (Feinberg, 1996; Picq & Tikuna, 2019). And it is important to understand how we all arrived together in this place of emerging possibility, courage, pride, euphoria, fear, ignorance and hostile attack. The violence, oppression and erasure inflicted on cultures through colonisation has significantly impacted gender diverse identities, expressions, experiences and related societal attitudes (APA, 2015; Feinberg, 1996; Nanda, 1999; Picq & Tikuna, 2019), reinforcing a binary mindset that continues to perpetrate oppressive and erasing attitudes that position diversity, TGD identities and gender transition as a pathology and problem (APA, 2015; Picq & Tikuna, 2019). The higher rates of poor mental health and minority stress (Meyer, 2020) experienced by TGD people are due to the daily encounters with systemic oppression, rather than to our diversity per se (AusPATH, 2021; Davies, McIntyre & Rypma, 2019; Turban et al, 2020).

The book review demonstrates its bias in the first paragraph, in declaring that the “safeguarding of children and young people from bodily intervention is paramount” (Velada, 2021, p.2). This statement sits in contrast to the evidence based findings and practices of multiple specialist gender services. Overwhelmingly, children and young people do not have access to surgery and their individual care is informed by rigorous best practice guidelines (Telfer et al., 2020). To pathologize trans identities and identify medical affirmation as a problem, likening it to the enacting of distress

by adolescents through self-harm and anorexia (Velada, 2021, P.2.) is to omit reference to the hard work done over many years by gender affirming specialists and to make the TGD identity a mental health problem rather than a valid identity subjected to systemic oppression and transphobia. Further, such an approach can take us into the dangerous territory of suggesting there is a need to 'fix' such identities and 'behaviours' and deny affirmative care, rather than looking to the problematic environment children and young people are living in. These practices, named variously conversion therapy or *reparative therapy,* are not only unsuccessful but harmful (Bradfield, 2021; Turban et al., 2020), unethical (APA, 2021; AusPATH, 2021 B; Council on Minority Mental Health and Health Disparities, 2018) and now illegal in some but not enough regions in the world (Bradfield, 2021). So, when we start to position TGD identities as problems to be resolved or cured, we run this risk. (It is not suggested that the reviewer is calling for conversion practices to avoid affirmative care, but rather that such rhetoric can imply this, unintentionally or otherwise.) Many of us encounter the adult caregivers in a young person's life seeking therapy for their child, with desires, anxieties and therapy outcome goals that are brought on by exactly the rhetoric produced by this book and its related review. Here, we have a duty of care to employ a person centred and informed consent model in our practice, avoiding the risk of engaging in harmful and unlawful conversion practices and in so doing, causing harm to those we serve. These requests or directions may be naive or innocent, based in ignorance, fear or well meaning concern for children and young people, but are nevertheless too often informed by inaccurate messages rather than peer reviewed, evidence based practices informed by standards of best care and well researched clinical guidelines. Our work needs to sit alongside and in support of specialist care centres, to support our clients, their families and communities in their own unique journeys of affirming themselves and working positively with these changes. Some examples of best care standards include: *Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents version 1.3* (Telfer et al., 2020); WPATH *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7,* (Coleman et al., 2012) soon to be updated to version 8; *Neurodiversity and gender diverse youth: An affirming approach to care,* (National LGBT Health Education Centre, 2020).

I hope that the professional arts therapy community can continue to strive to apply an intersectional and social justice lens to our work: to critique and change our teaching, research, publishing and clinical practices, just as many have already called for in relation to identities and communities who are impacted by marginalisation, oppression and erasure by systems and individuals, (Kapitan, 2015; Karcher, 2017; Kuri, 2017; Talwar, 2018; Talwar, 2010; Zappa, 2017; among others); to listen, learn and find the ally within.

In concluding, I wish to acknowledge the many human rights warriors from communities around the world, including First Nations Elders and People, people of colour and LGBTI elders, who have paved the way for the opportunities we have today to see ourselves increasingly represented and visible. Through your work, we are increasingly able to exist, thrive, contribute, access affirmative care and continue to work towards greater inclusivity. And there is so far to go still, as the legitimacy and legality of TGD people continues to be oppressed and attacked in many parts of the world. Far from a trend, or "modern hysteria" (Marchiano, 2019 in Moore and Brunskell, Eds., 2019), trans and gender diverse people have always existed. We can listen to Ho'onani and teacher Kumu Hina for one story about existence and survival pre colonisation and beyond (Hamer & Wilson, 2014); and to another young person, Georgie Stone (Newell, 2022) as she shares her story of always knowing who she was; and there are many more stories to discover and listen to after these.

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About the author

Ange Morgan is a registered art therapist, living and working on the lands of the Wurundjeri people of the Kulin Nation within the continent now known as Australia. Ange works with adult and child populations in mental health, homelessness and family violence, within public, private and community settings. Additionally, they provide supervision and training and have lectured and developed art therapy course work within higher education. Ange holds a special interest in art therapy in the service of people experiencing homelessness. They continue to work to improve LGBTIQ+ inclusive practices within organisations, including health and education settings. In seeking to contribute to the body of research pertaining to trans experiences in health care and affirmative services in past and ongoing research, Ange has drawn on their background in art making and art therapy practice and research, alongside their own lived experience as a trans and non-binary person.