Review of Evans and Evans' *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*

Reviewed by
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Susan and Marcus Evans are psychoanalytic psychotherapists who worked for the UK's National Health Service for forty years. For several years, Marcus Evans was clinical lead of the Adult and Adolescent Departments at the Tavistock and Portman NHS Foundation Trust. Both Susan and Marcus for years raised serious concerns about the treatment being conducted by the Tavistock's Gender Identity Development Services.

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This book is worth the read for clinicians currently providing, or seeking information regarding, clinical therapy with children, adolescents, or young adults, and their families. However, for the experienced therapist (and perhaps instructor at the graduate training level), this positive recommendation is due, in large part, to the excellent introductory Preface and Foreword, both of which I found to be timely, informed, deeply reflective of the reality of clinical practice today, and concisely summarized. For example, Dr. Bell states on the first page of the Preface,

> I am writing this preface just a few weeks after the result of a judicial review which addressed the legality of the prescribing of so-called "puberty blocking" drugs for children and adolescents. . . . Reading the judgement, even as someone who has been deeply involved in this issue for some years, still has the effects of leaving me shocked as to how a "treatment" that has no evidence, for which no reasonable consent can be given by children (because of their age and because of the lack of any evidence on which such consent might reasonably be given), and which has such damaging consequences, could possibly have been continued for so long and could have had such success in terms of professional and institutional capture. (Bell, 2021, p. xiii)

Dr. Bell then continues to elaborate on his thinking regarding this matter and (in the process) quotes from a news article by James Kirkup titled "Is Britain FINALLY coming to its senses over transgender madness," (published in the *Mail on Sunday*, March 3, 2019):

> During a Westminster career which began as a junior Commons researcher 25 years ago, I have never encountered a movement that has spread so swiftly and successfully, and has so fiercely rejected any challenge to its orthodoxy. . . . The transgender movement has advanced through Britain's institutions with extraordinary speed. The only thing more extraordinary than the spread of this new orthodoxy is how little scrutiny it has faced and the aggressive intolerance directed towards those who question it." (Bell, 2021, p. xiv)

In conclusion, Dr. Bell reports,

> This book makes a very substantial contribution to our understanding of gender dysphoria. Although over the last few years there have been a number of excellent academic papers, articles, and some books on this subject, this book is unique in bringing a wide and deep understanding to the phenomenon of gender dysphoria, married to a Psychoanalytic clinical model of work. As well as providing a general account of the phenomenon of gender dysphoria, the authors take us right into the intimacy of the clinical situation. (p. xv)

It is in this area that the book goes off track for me because of a very narrow application and focus on the application of

only the psychoanalytic clinical model. Such statements as, "Here they (the authors) show how an appropriate clinical attitude (informed by psychoanalytic understanding . . . and deeply engaged neutrality. . ." and so forth sets the stage for my exit stage-left following the third chapter of this twelve chapter book (though I do confess, I read over all of the final chapters and the lengthy case study client and clinician dialogues and drawn-out (often repetitious) explanations by various psychoanalytic experts). (There were 7 one-interview case studies, 2 two-session case reports, and 2 three-session reports that the authors included, along with additional case studies of a 45-year-old trans woman, two cases of family and then ongoing child studies, one extremely narrow approach brief case study, and two de-transition case studies.)

In the Foreword, Dr. Stephen B. Levine, MD, clinical professor of psychiatry at Case Western Reserve University School of Medicine, begins with,

> A new socio-psychological category of gender identity has been firmly established over the last forty years in most cultures. Trans identity, previously an entirely hidden phenomenon, began to evolve in 1948 when Harry Benjamin published a book about his hormonal feminization of male adults. Five years later, Christine Jorgensen made headlines all over the world when it became known that this American soldier had his genitals removed in Denmark and returned to the United States as a woman. (Levine, 2021, p. xvii)

He later wonders why, after more than a half century of the internationalization of the vast medical and psychological clinical practitioners, we are not able to agree upon how to comprehensively assess medical, psychological, and social aspects of the trans phenomena. And he asserts that "three specific questions have remained unanswered:"

> 1. How long after an intervention should such an assessment be done?
> 2. What outcome measures should be used?
> 3. What constitutes an appropriate control group?
>
> The lack of scientific certainty has enabled other factors to shape the direction of trans care and the cultural responses to it. (p. xix)

He addresses, "(Media) Positions in the culture war," "Scientific foundation of medical interventions for transgendered individuals," "Science versus advocacy," "Evidence of continuing maladjustment despite the mode of treatment," and "Gender dysphoria: a therapeutic model for working with children and young people," which is when he launches into an explanation of why it is important to read this book.

He requests that the reader keep in mind ten questions when reading about this therapeutic approach to clinical therapy with children, adolescents, and young adults, struggling with gender dysphoria (pp. xxiv–xxvii):

> 1. Can one be born into the wrong sex?
> 2. Is gender identity immutable?
> 3. Are gender identity and orientation separate phenomena that do not influence one another?
> 4. Where does paraphilia come into the trans clinical picture?
> 5. Is every gender identity a normal variation of gender identity, as trans ideology asserts?

6. Does affirmation prevent suicide?
7. What have randomized, prospective, controlled studies shown about the efficacy?
8. What is known about the outcome of psychotherapies for trans-identified young people and adolescents?
9. Does the psychiatric ideology of the therapist matter in terms of short-term outcomes?
10. Is there a defined standard that must be met before transition, hormones, or surgery is recommended?

The introduction to Part I of the book states, "In the first two chapters of this book, we outline our rationale for writing the book before going on to describe the social and political environment surrounding the treatment of gender dysphoria" (Evans & Evans, 2021, p. 1). Then they proceed with chapter one, "Why have we written this book?" The authors proceed to delineate reasons, which I found interesting, the primary reason being that they were concerned about some of the children, who were referred to the Gender Identity Development Service (GIDS) unit of the clinic in which they worked, who "were being referred too quickly for hormone treatments" (p. 3), but when they attempted to discuss this with their team they "found a reluctance to fully examine" (p. 3) the presenting cases. Then after their ethical and legal battles and seeing the tremendous support for more and quicker Affirmation Models have emerged, they developed their own more conservative model of treatment that "concentrates on the individual concerned, to explore and understand what drives and motivates them" (p. 7).

They assert the book is written (as an introductory text) "for professionals working with gender-questioning children and young people." And they state their "aim is to encourage a more in-depth empathetic, and supportive approach to work in this area." And they "encourage adults, who encounter any young person with thoughts or feelings of gender confusion to understand this is a symptom to be explored along with other aspects of their life" (pp. 9–10).

The authors, continue explaining that this book "is not a comprehensive academic review of all of the clinical research done over many years in this area." They believe, "to date, there is much useful information gathered on the *clinical presentation* of gender dysphoria, but there is no gold standard, randomized, control trial to provide an evidence base for best *treatment* models. . . . This book is our attempt to utilize our clinical wisdom to present an informed approach to treatment" (p. 10, authors' emphases).

In the final "conclusion" of the book, after all the case studies (as listed earlier in this review), the authors offer their summary: "A thorough general assessment should aim to establish a picture of the young person's personality, family dynamics, cognitive deficits, and possible psychiatric disorders. Then an extended psychotherapeutic approach should assess and attempt to understand the meaning of the patient's presentation. Importantly, this includes an understanding of the family and social context in which the gender incongruence has emerged" (p. 231). Then after, another two pages of findings such as, "The fantasy that the body can be changed and sculpted as a way of being rid of profound psychological problems needs to come under much closer scrutiny" (p. 232), or "Young people need help and support in coming to terms with who they are as part of the maturational process" (p. 232). Hardly new information for those of us in the business of clinical therapy!

The major problem of this book is that the authors' own psychoanalytic model of

therapy (illustrated in case studies, with a wide variety of interesting treatment issues and vague or non-responsive responses from the therapists) after months and years of therapy sessions, still does not, as a whole, answer any of the questions as posed in Dr. Levine's Forward to this (their own) book. However, the authors' last statement is one with which I can wholeheartedly agree: "We are not saying our model is the only one to consider and we are sure we have not covered everything" but, "what we reiterate is that treatments (for people experiencing gender dysphoria) need to be evidence-based on long-term, high-standard research studies, and provide an independent and thorough examination of all treatment outcomes. The ethical standards of good practice need to be restored to this clinical area, because our duty is first and foremost to "do no harm" (p. 234).

References

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