> … provide specialist assessment, consultation and care, including psychological support and physical treatments, to children and young people to help reduce the distressing feelings of a mismatch between their natal (assigned) sex and their gender identity (NHS England, 2015).

The GIDS is also mandated to "recognize a wide diversity in sexual and gender identities [and] … support children and young people to understand their gender identity" (NHS England, 2015).

Trans affirmative psychotherapy

Dr Bernadette Wren, Consultant Clinical Psychologist at the GIDS,[2] provides a clear rationale for the GIDS trans affirmative psychotherapeutic approach (Wren, 2014, 2020). She describes herself as a feminist "cis-gendered clinician" who has "come to value the postmodern turn in psychotherapy" (Wren, 2014, p. 272). She tells us postmodernism is a loose alliance of intellectual perspectives, but in particular she values Jacques Derrida (1967, 1973) and the queer theorist Judith Butler (1990, 2004) (see Chapter One).

The postmodern turn in psychotherapy at the GIDS specifically repudiates the psychodynamic clinical psychology or psychiatric approach for which the Tavistock is famous and is now fully committed to the trans affirmative model and its aims set out by the British Psychological Society (BPS, 2019; see also Chapter One). Postmodernism deconstructs the

2 Dr Bernadette Wren retired in 2020 as this book was being completed.

"fundamentalist modernist notions that underpin psychology," and in doing so, exposes "important social, political and ethical issues in psychotherapy" (Wren, 2014, p. 272). Firstly, the argument is that the psychodynamic approach wrongly assumes that the "self" is ultimately "knowable" and "coherent" (Wren, 2014, p. 273). Secondly, it belongs to "a scientific paradigm" for understanding human experience (Wren, 2014, p. 275). As such it is used to "… bolster the usual binaries in mental health: normal/abnormal, straight/perverse, healthy/sick" (Wren, 2014, p. 282). Thirdly, its model of childhood development "gives the power of definition and judgement too readily into the hands of the medical establishment keen to define and regulate gender" (Wren, 2014, p. 280).

The point of the affirmative therapy is not to help the 'transboy' find the causes for her masculine identity, for example, in developmental stages in 'his' life course that have gone awry. This would be to pathologise 'him' or to suggest that in some sense, in identifying as male, 'he' is misguided or delusional. The purpose of psychotherapy is to explore any experiences of conflict with, or distress regarding, gender identity, and to help the 'transboy' reach a greater degree of self-acceptance, but not to attempt to question 'his' identity in and of itself.

The World Professional Association for Transgender Health (WPATH) is the provider of guidelines (currently in their 7th revision) as well as continuing professional development courses for psychotherapists at the GIDS (and other Gender Identity Development Services in Europe, Australia and North America). Guidelines are produced by 'experts', namely the

clinicians and academics who work in gender clinics and gender studies departments in universities, many of whom identify as transgender themselves. The guidelines provide unequivocally trans affirmative standards of care for health professionals working with transgender people. The GIDS adheres with complete confidence to WPATH guidelines despite the fact that WPATH is often criticised for its poor quality evidence base and its problematic practice of using clinical leaders to develop standards of care who are personally invested in the health care field (Van Meter, 2018). WPATH is also an advocacy group for the transgendered: it stipulates that health care provision is dependent on "not only good clinical care but also social and political climates that provide and ensure social tolerance, equality … promoted through public policies and legal reforms … that eliminate prejudice, discrimination, and stigma" (WPATH, 2011, pp. 1–2). Furthermore, WPATH is sponsored by numerous organisations, including The Open Society Foundations founded by George Soros, an issue to which I will return shortly.

A girl is a boy if she says she is

Bernadette Wren tells us it is difficult to convey "the ferocity and determination of otherwise rational and reflective young people to define themselves irreversibly with the help of powerful chemicals and, ultimately, surgery" (2014, p. 272). Nevertheless, the GIDS does not ascribe a *causal* account grounded in the 'transboy's' belief of being 'born in the wrong body'. That would be impossible from a postmodern perspective because the body and our experiences of it are *always* inscribed within

language. Although the girl, for example, is fully committed to living as the 'boy' she 'knows' herself to be, Wren discounts "the seemingly direct experience of embodiment" (Wren, 2014, p. 279). However deeply held or experienced her conviction, her knowing is not "*evidential* knowing" since personal experience is "only one story amongst many with no privileged access to the Truth" (Wren, 2014, p. 279). The role of the psychotherapist is to eschew a biological explanation as a premature closure of the girl's creative possibilities for self-invention as masculine whilst also recognising "the integrity of many trans people's need for a settled sense of self with gender fixity as a pre-requisite" (Wren, 2014, p. 281).

Wren believes that all 'truths' we tell about ourselves are inevitably fictions to create cohesion within the 'self'. Thus the aim of the psychotherapist is "to enrich and develop" this gender identity narrative (Wren, 2014, p. 272). The masculine gender identity of an "assigned female" — the biological girl! — can be seen as "a creative compromise in endless negotiation with the self, others and culture" (Wren, 2014, p. 275). When a girl self-identifies as male, Wren believes this might be "a good enough compromise" of "her needs, historical conditions, and life circumstances" (Wren, 2014, p. 276). The role of the psychotherapist is not to search for a diagnosable condition, but to elaborate with the girl her *social identity* (my emphasis), namely how she is 'positioned' as a 'he' in relation to others, what that position permits her to be, and what narratives she is able to develop that are enriching and self-sustaining. Wren says that the aim of the psychotherapist is to "restore dignity

to those whose transgender identification feels to them viable, respectable, and worthy of value" (Wren, 2014, p. 282).

Wren is at pains to separate the affirmative approach to the 'transboy' from a feminist gender critical approach. She argues, rightly, that this latter sees the girl's desire to 'fix' gender (through hormonal and surgical techniques) as "a perpetuation of sexist norms" (Wren, 2014, p. 281). She says such analyses deploy "seemingly foundational meta-narratives of the male/female and hetero/homosexual binaries" and, in doing so, reproduce "regulatory power" (Wren, 2014, p. 273). She makes the same intersectional erroneous charge, namely that gender critical feminism "treats the anatomical differences between the sexes as determining psychological development … and serves to marginalise women" (Wren 2014, p. 273). She wrongly claims that gender critical feminism believes in "'inborn' masculinity or femininity" and that in contrast, her form of feminism abandons such ideas and that it alone is attentive to "the potential oppression inherent in all gender roles" (Wren, 2014, p. 275).

The 'transboy' and 'his' body: Hormone therapy

It is a matter of grave concern for the safeguarding and protection of children (girls and boys) that the GIDS refers young people for medical intervention, despite a lack of evidence to support its stance, and that much of the data that exists points to the physical harms of the treatment and fails to support claims that medical transition is psychologically beneficial (e.g. Biggs, 2019; Brunskell-Evans, 2019a; Levine, 2020; Laidlaw, 2020; SEGM, 2020).

identity here, their *identity*, and a feeling that their gender *identity* does not match that body" (Holt, 2020, my emphasis).

The 'transboy's' 'existential choice' to use hormone treatment

Dr Bernadette Wren asks: "How do we justify supporting trans youngsters to move towards treatment involving irreversible physical change when we ascribe to a highly tentative and provisional account of how we come to identify and live as gendered?" (Wren, 2014, p. 271). She enlightens us: the criteria don't arise from "narrow 'clinical' judgement" but rather from "broader social acceptance of the challenges brought by new medical technologies, new ideologies of self-determination and new models of parental responsiveness and love" (Wren, 2020, p. 40).

She elaborates: firstly, we now live in a social world where "medical intervention on and into the body becomes increasingly common-place" (Wren, 2020, p. 41). Medicine offers treatments that are conventionally accepted in many walks of life as ways of assisting our individual "identity projects." Wren suggests that the widespread use of technologies and pharmaceutical products (for example for contraception, abortion), as well as surgery, offer treatments that "can become formative of people's sense of self" (Wren, 2020, p. 41). Secondly, current childrearing practices afford children opportunities to exercise independent *existential choices*, including "considerable freedom to make their own mistakes" (Wren, 2020, p. 41).

Thirdly, many parents lovingly support their daughter in this "grave step" in order to alleviate her "pain and confusion" when her "gender feelings seem at variance with the sex assigned … at birth." These parents, according to Wren, help facilitate for their daughters "the conditions for flourishing and rewarding lives" (Wren, 2020, p. 41). Wren gives a specific example, the mother of a 16-year-old called Sam who testifies to the clear benefits of her 'son's' "hormone treatments to masculinise the body and surgical intervention (top surgery)" (Wren, 2020, p. 40). Wren tells us the mother presents Sam "as a thoughtful and self-aware agent who knows what he [*sic*] needs to live in his [*sic*] body" (Wren, 2020, p. 40).

Although there is "a relative dearth of empirical research" to positively support medical transitioning, Wren informs us that "other issues are centrally at stake … issues around power and rights, autonomy and authority, and responses to suffering — grappled with in our particular contemporary social context" (Wren, 2020, pp. 40, 42).

The predominant issue for the GIDS is "social justice" for the "gender diverse" (Wren, 2020, p. 42). Different orders of social justice are pre-figured by those who object to medical intervention, and those who support it. Objections to medical intervention *could* be seen as "socially just" — *or* they could be understood

> … as a backlash against the expansion of gender norms and possibilities and the re-pathologisation of young people's feelings and desires — a regressive step after the decades in which the rights of sex and gender minorities have been advanced through legislation and social change (Wren, 2020, p. 42).

The transgender organisation Gendered Intelligence (2020) is influential on the GIDS' thinking and practice. The co-founder and CEO of Gendered Intelligence is Jay Stewart who was "assigned female at birth" but now "lives as a man" (Stewart, 2015). "Queer theory was the roadmap to my own self-understanding," declared Stewart (2018, p. 278). Stewart's advice is solicited in order to expand the GIDS' and other organisations' "understanding of the perspectives of trans communities" about working with "children who have trans, fluid, or uncertain gender identities" (Stewart, 2018, p. 47). Psychologists should not insist on the immutability of sex, since this effectively condemns girls to accept that they have no agency over their bodies. Indeed, Stewart suggests that we should now no longer think that girls and women have to accept their "bodily reality" (Stewart, 2018, p. 52). Girls should be made aware that there is nothing unalterable about the biological division between male or female and that they can transcend their female sex through wilful acts of their own 'self-choosing', "including surgery" if so desired (Stewart, 2018, p. 52).

The alleged 'neutrality' of the GIDS and Gendered Intelligence with regard to biological sex allows it to mobilise the power relationships that pin girls to their sex. The disavowal of binary sex has done nothing to destabilise masculinity. Rather it is a reiteration of the patriarchal claim that 'maleness' (agency, existentialism) *is* the definition of humanity, and girls can only claim these attributes in so far as they carry out an existentialist escape from their female sex with help from drugs and the medical establishment.

In conclusion, the transgender human rights framework that sanctions medical intervention is based on:

1. Refusal of the binary male/female which "prejudice young people's chance of having their experience of the body taken seriously as an intelligible identity, lived with dignity and integrity" (Wren, 2014, p. 282);
2. The belief that an inner male identity at odds with 'assigned sex' is not the product of individual, psychological and sociological reasons, since "transgender identities have been documented across many different societies and historical time"; and
3. "Nowadays, more and more people are challenging the rigid articulation of sex and gender prescribed by many cultures and voicing an incongruity with their biological sex" (Butler, Wren and Carmichael, 2019, p. 509).

The Tavistock, in which the GIDS is housed, is also avowedly and irrevocably tied to a large, global transgender emancipation health project. Under the leadership of its Chief Executive, Paul Jenkins, the Tavistock has tied its ethical flag to a particular mast of 'transgender' equality, diversity and inclusion. Members of staff are currently being guided through a pledge to declare that they are allies of the LGBT community. Once signed, each health care worker is then given a badge to signify they welcome members of this marginalised group, many of whom, it is alleged, are fearful of stigma and discrimination in health care settings.