

“Transitioning is helpful and healthy, especially for children” – “Really?” Jennie Cummings-Knight, a practising psychotherapist, responds June 2022

I am an integrative Psychotherapist, working in a private practice (www.goldenleafcounselling.com) and as an Associate Lecturer at the Existential Academy in London (www.nspc.org.uk) and I come across all kinds of sexual orientation in my counselling practice. Sometimes I receive information third hand via a supervisee, and this also gives me insight into how things are in other countries. For example, I learned of a “transwoman” in Turkey who had had surgery privately. Sadly, the underlying diabetes resulted in a gangrenous wound that would not heal.

My duty as a counsellor is to be aware of my own personal beliefs about matters of sexual orientation and practice, and to know where they come from. It is then my duty to “bracket them off”, as we say in the trade, in order to be open to the frame of reference of “the other”.

This means that I look at what the client is telling me in the context of the person’s wider life experience and within personal history, religion and culture.

However, my main task as a counsellor is to open up new perspectives for the client, and while I am doing this, to ensure as far as possible that I “do no harm”. I also have a responsibility to report situations where the client lets me know that there is an intention to harm the self or someone else.

An important part of psychotherapy is to research the facts around tricky subjects, and I find it helpful to be aware of the political implications of how people who belong to minority groups present themselves. Having said that, it is also obvious that those from minority groups often feel persecuted, and it is my job to try and understand and empathise with that.

I find that as a practising Christian I need to pick my way carefully in order to not cause further harm by introducing concepts that the client is not ready for. However, if I am asked for my views, I am always happy to share them. I often work with women who are in same sex relationships with other women – most of them have had partners of both sexes, and some flip between the two.

As a person with an excellent grasp of the English language, I find the current insistence on plural pronouns offensive, and avoid using the words “them” and “they” for individual people who would normally be called “he”, “she”, or “him” and “her”, or for a person who wishes to indicate a gender fluid identity. I am also mindful of a syndrome called “Dissociative Identity Disorder”, where an individual believes that there is a community of people living inside the mind. This would be an appropriate situation for a person to describe personal identity with the word “them”.

As far as transgender issues are concerned, I understand that those who identify with the opposite sex to the one that he or she was born with, wish to be called by their preferred pronoun. However, this is a completely separate matter to the biological science of what makes a male body male, or a female body female. I think it is important that we understand the difference. A female body contains XX chromosomes and a male body XY. The default embryo is in fact female, (XX) and becomes masculinised in the womb (XY).

My belief is that we must show loving compassion to all those in distress, and that we try to ensure that further distress is not caused by ignorance of the long term implications of any actions that clients might take. A young person's brain does not mature fully until the mid to late 20s,¹ and therefore young people are in particular need of exploratory counselling before making decisions that (if they include hormone therapy and surgery) will affect their bodies and their future fertility, for life. Social media has a disproportionate influence on how young people perceive themselves and it can emphasise gender identity as a "right", without looking at it in the context of other personal issues.

Before 2013², "gender dysphoria" was called "gender identity disorder" and was considered to be a mental health condition. Gender identity issues are also often connected with eating disorders and body dysmorphia.

In 2013, the Diagnostic and Statistical Manual of Mental Health (DSMV) changed its definition of GID to Gender Dysphoria, thus removing the references to mental health disorders. For the record, the number of people identifying as heterosexual over the age of 16 in the UK in 2019 was still 93.7%,³ showing that we are still talking about a small minority of people who consider themselves to be "trans". The 6.3% figure also includes Lesbian, Gay and Bi-sexual identity.

Keira Bell (23) sued the Tavistock and Portman NHS trust in London in 2020⁴, for giving her puberty blockers as a teenager without adequate exploratory counselling. The fact that the Trust has since successfully appealed the decision not to give puberty blockers for under 16 year olds (reported September 2021), does not take away from the distress caused to Keira Bell and others like her.

Another Guardian article (2017⁵) records the journey of a de-transitioner, where the person states: *"Reflecting on the difference in how I was treated when people saw me as a man, I realised other women were also held back by this. I had assumed the problem was in my body. Now I saw that it wasn't being female that was stopping me from being myself...Once I realised this, I gradually came to the conclusion that I had to detransition."*

A third person, Allie, (Telegraph, 04.2022) said: *"The GP didn't attempt to explore the possible causes of my gender dysphoria, such as my mental health problems or my difficulties fitting in socially."* Charlie Evans states: **"Detransitioners are the rejects that go into the seconds shop. They're not the good examples from the production line of bodies that transition. In a sense, they're the damaged goods no one wants to acknowledge."**

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3621648/#:~:text=The%20development%20and%20maturati on%20of%20the%20prefrontal%20cortex%20occurs%20primarily,helps%20accomplish%20executive%20brain %20functions.>

² <https://www.psychiatry.org/>

³ www.ons.gov.uk

⁴ theguardian.com/society/2021/sep/17/appeal-court-overturms-uk-puberty-blockers-ruling-for-under-16s-tavistock-keira-bell

<https://www.theguardian.com/lifeandstyle/2017/feb/03/experience-i-regret-transitioning> 3.02.17

<https://www.telegraph.co.uk/news/2022/04/06/allowed-transition-18-without-question-regretted/>

The latest research also indicates that young people who transition before they reach maturity may never be able to achieve sexual climax.⁶

For parents wanting support for family members struggling with gender identity, www.genspect.org can help.

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⁶ https://www.binary.org.au/trans_doctor_expresses_concern_over_medical_interventions_for_children,
<https://www.jpost.com/opinion/article-708397>