

## Commentary on the paper by Marcus Evans: Assessment and treatment of a gender-dysphoric person with a traumatic history

Anastassis Spiliadis

To cite this article: Anastassis Spiliadis (2023): Commentary on the paper by Marcus Evans: Assessment and treatment of a gender-dysphoric person with a traumatic history, Journal of Child Psychotherapy, DOI: [10.1080/0075417X.2023.2182338](https://doi.org/10.1080/0075417X.2023.2182338)

To link to this article: <https://doi.org/10.1080/0075417X.2023.2182338>



Published online: 23 Feb 2023.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



## Commentary on the paper by Marcus Evans: Assessment and treatment of a gender-dysphoric person with a traumatic history

Anastassis Spiliadis 

Systemic & Family Psychotherapist, Psychologist, ICF CONSULTATIONS LTD (Individual Couple Family), Brighter Spaces Islington, London, UK

In this paper, Marcus Evans expands on the ever-evolving literature of a psychoanalytic approach in supporting young people with symptoms of gender dysphoria (GD) or gender-related distress (GRD). Evans discusses a composite case, where a female-bodied young adult presents with a history of early-life trauma and later-onset GRD. The paper starts with some important considerations and reflections; namely, that not all people experiencing gender dysphoria will benefit from the same therapeutic/exploratory approach. This can be helpful to anyone interested in developing more experience working with GRD, as there is currently a developing literature from a psychoanalytic, systemic and cognitive-behavioural approach.

Evans also acknowledges that both an extended assessment process and a focus on meaning-making are crucial when working with individuals whose distress presents as relating to their sexed corporeality. Furthermore, the multifactorial aetiology of GRD is revisited throughout both the assessment process and the psychoanalytic intervention. Those clinicians who have longstanding experience working therapeutically with GRD will surely recognise Sam's complex psychosocial presentation and connect with Evans's plea for a cautious therapeutic intervention.

There are, however, some thorny issues that relate to the 'domain of ethics and aesthetics' of the paper, and could have been expanded further. Evans refers to his decision to use female pronouns (she/her) when referring to Sam, as 'she had not embarked on any hormonal treatment and was still referred to by feminine pronouns at home'. Sam, a male identified young adult, is not presented as lacking capacity; it can therefore be inferred that the analyst's decision not to use the preferred pronouns possibly signifies an alliance with the parents' position. I wonder how decisions around preferred names and pronouns could be explored from different angles in the early stages of therapy, irrespectively of the therapeutic approach and context. A developmental lens can allow for the therapist to collaboratively negotiate the analysand's names, pronouns and other markers of difference, taking into account the individual's idiosyncrasies and wider mental health context. Of course, clinical work with minors who might lack capacity to consent to complex issues, such as name

change requests, would carry a different weight. Evans does not elaborate on how his decision to stick to female pronouns might have impacted the relationship between the analyst and the analysand, or how this might have crystallised a conscious or unconscious 'alliance' between the analyst and the parents.

Another important issue in Evans's paper relates to the scope of therapy. Whilst the paper presents a composite case example, it is nevertheless important to highlight that young people and adults presenting with symptoms of GD or GRD form a heterogeneous group; for different individuals, different factors might intersect to influence the development of GRD. Therefore, different individuals might hope for different therapeutic outcomes. I wonder whether whilst supporting Sam to explore the meaning of their gender(ed) experiences, the therapeutic space might have also allowed a focus on supporting the alleviation of GD? How does this fit with psychoanalytic practice? Does psychotherapy (of any approach) serve as a safe space where someone can explore and then make more informed decisions? Or does it also serve as a context in which symptoms of GD can be worked through and ultimately resolved without medical interventions? Whilst psychoanalysis offers a rather open-ended therapeutic context, it can be helpful to know whether the analyst observed or hypothesised any important changes in relation to the presenting symptomatology.

Reading Evans's paper can allow for important reflections to emerge in relation to psychoanalytic interventions with adults with GRD; however, it also raises important questions and dilemmas with regard to the intersection of power, voice entitlement, human rights and clinical responsibilities in the consulting room, and between the therapist and the client.


### **Disclosure statement**

No potential conflict of interest was reported by the author.

### **Notes on contributor**

*Anastassis Spiliadis* is a systemic and family psychotherapist, psychologist, and systemic supervisor and trainer working across the lifespan with individuals, couples and families. He completed his MSc in Systemic Psychotherapy at the Institute of Psychiatry, Psychology and Neuroscience, King's College London under a King's College Scholarship and his Systemic Supervision course at the Tavistock Centre. He worked for four years at the Gender Identity Development Service at the Tavistock and at different generic and specialist CAMHS, including the Maudsley Centre for Child & Adolescent Eating Disorders. In addition to his private practice he currently teaches, consults and trains different university students and NHS teams and is studying towards a doctorate focusing on gender-related distress and eating disorders.

### **ORCID**

Anastassis Spiliadis  <http://orcid.org/0000-0003-2022-7977>