



LET'S TALK ABOUT TRANS: 'TRANS-POSITIVE' DISCOURSE, AUSTRALIAN PSYCHOLOGY AND GENDER EUPHORIA

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Abstract

The rise of social justice discourses in 'mainstream' psychology (Sue, 2003) has led to changes in the profession relevant to Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities. While homophobia and heterosexism have been the focus regarding 'sexual minorities' (Petchesky), more recently 'trans-positive' (Raj, 2002) psychology has come onto the agenda. In place of aetiology and pathology, 'trans-positive' discourses tend to talk about the issues of trans people in terms of human rights and culture. While not replacing older medicalised discourses on trans, the influence of 'trans-positive' discourses has become present in 'mainstream' psychology, as seen in recent literature and policy of the American Psychological Association (APA). Currently there is little in the Australian psychological literature on trans issues and the Australian Psychological Society (APS) has no policy on trans. Martin (2008) is one of the few psychologists in Australia writing about current practice with trans clients. While he takes a stance that could be characterised as 'trans-positive', there are tensions in how trans people are positioned in his work. While arguing for the development of 'trans-positive' ethical guidelines by the APS, the present paper touches on issues to be worked through in doing so. The present paper speaks to psychologists in Australia, aiming to highlight that a 'trans positive' stance is not sufficient: improvements to policy and practice need to be made in the context of greater engagement with trans issues by Australian psychology.

Keywords: trans, transgender, transsexual, ethical guidelines, Australia

Introduction

Discourses are clashing as gender non-conformity is being spoken about in increasingly positive terms. Within psychology there is talk that trans¹ is part of natural human variability, and with a growing emphasis on culture and social justice, the personal stories of trans people are becoming louder. Emerging perspectives position trans within culture rather than pathology, aligning trans with the human rights movements of other minoritised² groups. Such discourses, which have been described as 'trans-positive' (Raj, 2002), are associated with efforts to reduce discrimination and improve how health care professionals are engaging with trans people. A recent report by the APA (2008a) reflects 'trans-

¹ *Trans* is often used as shorthand to refer to people who are not gender normative (e.g. Elliot, 2009; Rubin, 1998). There are many ways of identifying that are covered under the trans umbrella, such as transsexual, transgender, intersex, sister-girl, bigendered, man, woman, a person of transsexual history, two-spirit, hijra, trans-man, trans-woman, tranny, trannyboi, gender fuck and gender-queer to name a few. Other terms such as transgender (e.g. Stryker 2006), gender variant (e.g. APA, 2008a; Miller, 2006) and genderqueer (Wilchins, 2002) are used similarly as umbrella terms. There are tensions in using such terms, as not all people to which they are applied identify with or agree with their usage.

² *Minoritised* is taken from Burman and Chantler (2005) who use the term "to highlight that groups and communities do not occupy the position of minority by virtue of some inherent property (of their culture or religion, for example) but acquire this position as the outcome of a socio-historical process." (p.60).

positive' discourses and resulted in the APA adopting an explicit trans anti-discrimination policy.

'Trans-positive' perspectives are less common within psychology in Australia. Psychological literature on trans is hard to find and the APS is yet to introduce policy regarding trans clients. A paper by Martin (2008) will be addressed here as it is one of the few instances of a psychologist writing about current practice with trans clients in Australia. While Martin (2008) takes a stance that could be characterised as 'trans-positive', there are tensions in how trans people are positioned in his work. Ethical guidelines, while legitimising 'trans-positive' approaches, are unlikely to ameliorate such tensions on their own. Psychologists need to engage trans debates in the literature, and be reflexive about how they are negotiating the therapeutic alliance with trans clients.

'Trans-Positive' Gender Affirmations

There are two dominant trends in how people talk about trans. Stryker (2006) distinguishes these trends through considering their epistemic contexts: modernism and post-modernism. For Stryker (2006), while 'objective' knowledge is paramount in 'the study of transgender phenomena' (the modernist project of cultures with European origin), experiential knowledge and the speaking position of each voice are considered valued ways of knowing in 'transgender studies' (a critical post-modern project). Denny (2004) describes this in terms of two opposing models of psychological and medical communities' conceptualisation of gender variance. For Denny (2004) the 'transsexual' model views trans as a form of mental illness, and is presented as old, misguided, oppressive and biased with roots in 'objective' science. By contrast, the 'transgender model' (Denny, 2004) positions transsexualism and other types of gender variance as natural forms of human variability. It is characterised as fresh, smart, comes from the human rights struggles of trans activism, and considers the personal stories of trans people as legitimate ways of

knowing. Tension in the terms used by Denny (2004) will be addressed later in this paper. The impact of health care professionals listening to trans people and respecting gender non-conformity is to foster affirming and collaborative therapeutic spaces. Raj (2002) refers to such approaches as 'trans-positive', seeing their presence as coming from the work of trans clients, trans health care workers and trans activists. Carroll and Gilroy (2002) coined the term 'transgender cultural competence', drawing on concepts from multicultural counselling (e.g. Sue, 2003) and treating trans as a cultural category. This implies that to be considered competent psychologists must adopt an affirming stance. 'Trans-positive' is used here to refer to these new discourses growing out of trans activism and social justice movements which value experiential knowledge and the subjectivity of speakers.

Taking trans as cultural rather than pathological, 'trans-positive' discourses in psychology are able to draw on arguments from multicultural movements that are more established in 'mainstream' psychology, such as African American, People Living With Disability (PLWD), and Gay and Lesbian movements. This provides impetus for the development of policy and training materials by the profession of psychology to combat discrimination and address the ways stigma against trans people might enter the therapeutic space. A recent report commissioned by the APA in the US last year (APA, 2008a) attempts to do this, stating: "the needs of transgender people are inextricably linked to broader issues of human rights and social justice, issues with which APA is greatly concerned." (p.10).

The US, APA and 'Trans-Positive' Psychology

There are a few reasons why the United States (US) is relevant to a discussion of 'trans-positive' psychology and trans people in Australia apart from both being western nations with histories of colonisation. US psychology

has a significant influence in Australia³, and 'trans-positive' discourses are mostly being generated from within the US. There has been a proliferation of information drawing on 'trans-positive' discourse, and most of this originates from the US, such as the burst of guidebooks for health care professionals working with trans clients (e.g., Carroll, 2009; Cole, 2000; Hunter & Hickerson, 2003; Leli & Drescher, 2004; Lev, 2004; N. Miller, 1996 focuses on counselling trans and Bieschke, Perez, & DeBord, 2007; Bocking & Goldberg, 2007; Fontaine, 2002; Gainor, 2000; Israel & Tarver, 2001; O'Shaughnessy & Carroll, 2006 devote a chapter to the subject in a more general guide. Two of these texts have been reviewed in this journal by Miller, 2005; 2006). Further, Australian and US-based trans communities have strong relationships and cultural parallels.⁴

There is much cross fertilisation of US and Australian trans culture via literature and online communities. Blogging and edited collections of autobiographies are two major points of intersection (for more on trans narrative see Ekins & King, 2001) such as the work of gender theorist Kate Bornstein (often featured in trans community journals such as *Polare*) and her blog (Bornstein, n.d) which includes reference to Australian trans people. Australian trans psychologist and writer Tracie O'Keefe and her partner Katrina Fox's edited book *Trans people in love* (2008) in-

cludes a forward by Kate Bornstein and her partner Barbara Carrellas, and the love stories of trans people from Australia and the US. While the trans communities of the US are similar to trans communities in Australia, and there is a strong bond between the two, it is important not to assume that what can be said of trans cultures in the US is applicable to trans cultures in the Australian context.

'Mainstream' psychology and psychiatry of the US is now talking about trans issues. The Task Force on Gender Identity and Gender Variance (henceforth referred to as the Task Force) was commissioned by the APA in 2005, and has released a report (APA, 2008a) last year reviewing research, policy and practice relevant to trans clients, trans students and trans psychologists. The Task Force report (APA 2008a) includes 'trans-positive' discourses, as well as those that could be considered 'trans-negative' or a part of Denny's (2004) 'transsexual model' or what Stryker (2007) calls 'the study of transgender phenomena'. In consulting with trans clients, students, psychologists and organisations, encouraging "psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals" (APA, 2008b, p.3), and proposing the development of ethical guidelines, the report (2008b) and associated resolutions (APA, 2008a) take a 'trans-positive' approach. In referencing research aimed at 'treating' GID in children without explicit condemnation and including one such researcher (Kenneth Zucker⁵) as a member of the Task Force, it could be said to include the influence of 'trans-negative' discourses.

The report advocates for changes on the level of policy and training. The *Resolution on Transgender, Gender Identity, and Gen-*

³ For example, the present paper uses a referencing system of the APA, as is the convention for all Australian psychological writing. Also, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) which is produced by the American Psychiatric Association (and includes the diagnosis of Gender Identity Disorder) is taught and used in practice by psychologists in Australia.

⁴ Common to US and Australian contexts, there has been exclusion of trans from GLB and feminist spaces (for example the Michigan Womyn's Festival (Wilchins, 1997) and Confest, a Lesbian conference in Brisbane (Costigan, 1994)) and anti-trans feminist academics in Australia (e.g. Sheila Jeffreys, 2006) and the US (e.g. Janice Raymond, 1979).

⁵ Trans academics and advocates are critical of Kenneth Zucker, calling his work reparative therapy (e.g. Conway, 2007).

der Expression Non-Discrimination put forward by the report was later adopted by the APA Council of Representatives (APA, 2008b). It was resolved that psychologists are called on by the APA to provide non-discriminatory treatment to trans people and are ethically obliged to seek training to ensure competence in their services with trans clients. The report also encouraged the APA to develop practice guidelines for work with trans clients.

Ethical Guidelines in Australia

The present paper calls for the APS to develop ethical guidelines for work with trans clients. The APS's ethical guidelines serve a similar function to the APA's practice guidelines, both of which are developed for work with minoritised clients, or "populations with unique needs" (APA, 2008a, p.73), however practice guidelines relate to psychological interventions whereas ethical guidelines relate to ethical conduct. While the Task Force report (APA, 2008a) recommended the development of practice guidelines for work with trans clients, these are more in the form of ethical guidelines in a similar manner to the GLB guidelines (APA, 2000) which "are not prescriptive, but rather assist professionals in understanding the social context, the role of discrimination, and how to practice in a non-discriminatory manner" (APA, 2008a, p.74).

There are many issues around developing 'trans-positive' ethical guidelines. While being trans specific they are issues relevant to representation of any minoritised group. The present paper will touch on a few of these issues by way of stimulating discussion.

Ethical guidelines need a subject, a defined population. Petchersky (2009) says selecting a language to refer to the subjects of sexual and gender rights places us in a modernist dilemma: stuck between wanting to honour difference through naming identities, and rejecting hierarchy through reclaiming universals. So, who are we talking about?

Where should the boundary lines be drawn? Is trans best seen as: part of the big happy GLBTIQ family; an umbrella for gender warriors; or a term that obscures too much diversity and should not be used at all?

What Size Umbrella?

Amending existing APS LGB client guidelines (APS, 2000) for use with trans clients is one option. This would be an efficient use of resources and there are parallels in how these peoples have been minoritised. However, within psychology and LGBTIQ communities (and their intersections) trans is often subsumed under sexuality with the specific concerns of trans people being obscured (Fassinger & Arseneau, 2007). This was one reason cited by the Task Force (APA, 2008a) for not taking the opportunity to develop guidelines which could be integrated into existing GLB guidelines (APA, 2000), which would have been convenient as these were being revised at the time for publication in 2010. Petchesky (2009) posits that the term 'sexual minorities' and grouping into LGBTIQ "collapses both differences in condition (those of sexuality with those of gender; those of a chosen identity with those of a coerced or even mutilated one) and differences in power, assuming commonalities and coalition where these are still, at best, at an early and fragile stage of formation." (p.107).

Regarding the title of this journal: *Gay and Lesbian Issues in Psychology Review (GLIP Review)*, Riggs (2005) notes in the editorial of the first edition that "we are hesitant to claim the title 'LGBTI psychology' before we have actually witnessed successful attention being paid to the multiple communities that come under this term in Australia." This choice is refreshing as T is often lumped on the end of the rainbow alphabet soup without being addressed specifically (e.g. Michaelson, 2008).

Trans people, communities and cultures are not homogeneous (Elliot, 2009). Within

countries, cities, neighbourhoods and online communities there is diversity, and tensions, alliances and intersections. Guidelines which use the umbrella *trans* may alienate some and feel suffocating to others. Australian Indigenous people, who generally prefer the term *sistergirl* over *trans* or *transgender* (Brown, 2006), may find such guidelines do not resonate with them. The report of the First National Indigenous Sistergirl Forum (1999) uses the term *Sistergirl*, explaining that 'transgender' is only used for bureaucratic purposes as it is a western word that is not representative of Indigenous communities. A current point of tension within the *trans* umbrella is illustrated in Denny's (2004) use of terms described earlier. A hierarchy is created by the choice of words "transsexual model" and "transgender model", with *transgender* positioned as more enlightened and progressive than *transsexual*. This has negative implications for people who identify as *transsexual* and is an ongoing issue (for further discussion see Elliot, 2009).

As all terms/subjectivities/identities are aggregates, even when a person identifies with the label being applied to them, there is tension. Guidelines which outline a particular identity or cultural group through providing a list of features (content approach) may be prone to perpetuating stereotypes and obscuring the personal culture of individuals (Arthur & Achenbach, 2002). Taking a content approach to culture freezes it as a set of features, and generalises these to all members of that culture. In contrast, a process approach sees culture as a dynamic and creative process, arising in a particular social and historical context, and recognises that "people can change, add to, or reject cultural elements... and acknowledges the agency of individuals in establishing their social worlds". (Lopez et al 2002, p.63). Ethical guidelines for work with *trans* people will need to encourage psychologists to seek understanding of the personal significance that identification and use of language has for each *trans* client.

Australian Literature

There is little work in the Australian psychological literature which explicitly discusses practice with *trans* clients. A database search within Australian peer review psychology journals (*Australian Journal of Guidance & Counselling*, *Australian Journal of Psychology*, *Australian Psychologist*, *Australian Journal of Marriage & Family*, *Australian Journal of Psychotherapy*, *The Australian Community Psychologist*, *Clinical Psychologist*, *The Australian Journal of Counselling Psychology*) for "trans", "transgender" or "transsexual" returned two results: Ashman (2004) and Michaelson (2008), both of which focus on sexuality and do not address *trans* issues. The *GLIP Review* is unique in the Australian literature, including articles such as one by Martin (2008) which address *trans* issues in psychological practice.

Martin (2008) published *My experience working with transgender clients* in the *GLIP Review* last year, reflecting on counselling *trans* clients as part of his 15 years of private practice specialising in work with GLBT people. He summarises common presenting issues, and speaks respectfully of his clients. While it is a short article, Martin's (2008) paper is one of the few psychological practitioner perspectives present in the current Australian literature.

While writing from a stance that could be characterised as 'trans-positive', there are some tensions in the way *trans* issues are engaged with in Martin's (2008) article. Martin (2008) disclaims the statements he makes about his clients as referring to "some" *trans* people, and prefaces this by saying: "What follows is a personal account of some of the issues I've encountered working with this population" (p.148). Speaking from personal experience acts to discursively legitimise the selection of "some" aspects of clients and their experiences are highly negative (aggressive, socially isolated, limited to underground employment, having an underlying sadness, victims of violence) or highly positive

(pioneering, resilient, wonderful potential friends who have amazing strength, fortitude, and who overcome insurmountable challenges). A binary is constructed of the subjectivity of trans clients as superheroes/abject, similar to problematic depictions of people living with physical disabilities noted by Harnett (2000). This is not to deny that these issues are present in the lives of "some" trans people. Rather, the problem is that selection of extremes leading to a binary can act to constrain the ways people relate to one another, and to themselves. In the context of the therapeutic space this could mean a therapeutic relationship coloured with veneration or stereotypes, and limitations on the selection of material for discussion in sessions.

The presenting issues Martin (2008) mentions relate directly to gender non-conformity, which reflects a tendency in counselling literature on trans to focus only on gender related issues. In a systemic review of research on transgender clients in counselling and psychotherapy King and colleagues (2007) found that one study - conducted by Rachlin a member of the APA task force (2002) - included consideration of issues other than adjustment and eligibility for sex reassignment surgery. Such a focus may seem to make sense on first blush, however "Transgendered and transsexual persons seek therapy for any number of reasons that might also bring non-transgendered individuals to the therapist" (Denny, 2007, p. 275). There are accounts of trans clients with issues unrelated to gender seeking out counsellors who have an understanding of trans issues so as to avoid an inappropriate focus on difference: "A. sought treatment for chronic depression and chose someone with knowledge of GID because she did not want that to be the issue." (Seil, 2004, p. 102).

Martin has negotiated the therapeutic alliance with trans clients in the absence of formal training requirements or ethical guidelines. Rather than a summary of presenting issues, I would have been more interested in what Martin refers to as the "constant proc-

ess of challenging [his] emotional and underlying beliefs", and in what other counsellors could take from this.

Introducing APS guidelines for work with trans clients would present an opportunity to place 'trans positive' approaches on the agenda for psychologists in Australia. The issues relevant to trans people are complex and there is no easy way of enabling one to negotiate them through skimming a list of guidelines. As Brown (2006) says "Discussion about transgender/ sistergirl identity is ongoing, as there are no clearly defined boundaries." Psychologists will need to engage in dialogue around trans issues if guidelines are to be useful. Let's start talking.

Author Note

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