


Working with Transgender Young People and Their Families: A Critical Developmental Approach (2019) by Damien W. Riggs. London: Palgrave Macmillan. ISBN: 978-3-030-14230-8 (pbk).

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Book Review

Riggs (2019) sets the tone for this book right from the opening sentence, stating, “transgender young people exist, they know who they are, and they deserve all of the support and care we can give them” (p. vii). At first this may seem almost too obvious of a statement, particularly to any person who considers themselves progressive, well-informed, and inclusive of transgender people. But this book makes quick work of unraveling that confidence. Through a series of case studies and analysis of the dominant literature in the area, Riggs showcases some of the very real challenges facing therapists who are interested in, or already are, working with transgender young people and their families. As the book progresses, it becomes increasingly obvious why the author chose to begin the book as they did: that brief opening statement is something that even the most well-meaning transgender allies—whether they are therapists, family members, or other people who have a young trans person in their life—may negate, knowingly or otherwise.

It is precisely this focus on the therapists which sets this book apart from many of its contemporaries. While other books provide in-depth considerations of the lived experiences of young trans people and their potential psychotherapeutic and medical needs (e.g., Janssen & Leibowitz, 2018; Krieger, 2017; Nealy, 2017), the majority of

therapeutic practice guidelines remain embedded in cisgenderist language and frameworks (Ansara & Hegarty, 2012, 2014). Riggs takes things a step further and offers an expanded analysis of psychotherapy and its practitioners, in line with research by other academics and psychotherapists in the area (e.g., Ansara & Hegarty, 2014; Blumer, Ansara, & Watson, 2013; Mizock & Lundquist, 2016). Early into the introduction, Riggs challenges the scientist-practitioner paradigm upon which most therapeutic practices are founded. Specifically, Riggs suggests that by the very nature of a cisgender therapist's experience of gender, their capacity to fully *translate* their transgender clients' experiences into their own understanding is inevitably lost. This repositions the therapist from their traditional role as a qualified expert on psychological inner workings to that of someone whose understanding of gender and transitioning is just as subjective as anyone else. This latter position allows for a recognition that young trans people know who they are, often much better than their parents know them, not to mention the therapists themselves.

Riggs highlights the cisgenderist veins that run deep into current therapeutic approaches in the area, which work squarely against this notion of expertise by experience. Specifically, they discuss the *curative* and *cautious* therapeutic approaches, which continue to form part of a larger system of gatekeeping that keeps young trans people from accessing the support and care that therapists could and should be offering. These approaches maintain the therapist as the ultimate arbiter of any psychological treatment pathway, either as an attempt to uphold sex-assigned-at-birth as the only determinant of gender, or to "wait and see" (p. 8) what a young trans person may be like down the track rather than affirming their gender early. Instead, Riggs aligns themselves with the notion of affirmative care, and of therapeutic reflection which includes self-assessment regarding the potential cisgenderist biases one may have as a cisgender therapist working in this space. All in all, this book preaches the gospel of therapeutic humility, and of accepting that the true experts in this realm are the transgender clients themselves.

Each section of this book is accompanied with illustrative case studies, which do not only support the particular framework being discussed, but also reiterate the *GENDER* mnemonic, which Riggs utilises as part of their personal therapeutic practice, as well as in their training of other therapists on trans issues. This mnemonic breaks each case study down into six sections:

- **G**ender journey and understandings
- **E**xpressed concerns
- **N**ecessary action
- **D**istress management
- **E**cologies of support
- **R**einforcement and resistance

With this framework in mind, Riggs shows how different dynamics in families with a young trans person can shift from their initial reactions to their child's gender expression and towards affirmation and consolidation of the young person's medical, psychological, and social needs around their transition. It is worth noting that many of the families described

in these case studies were in fact supportive of their child's gender, but nonetheless had various intra- and inter-personal hurdles to overcome (e.g., a parent who was so supportive of her trans daughter that she enforced normative notions of girlhood on her child well beyond what her child desired or felt comfortable with). The GENDER framework is less about linear problem-solving or goal achievement, and much more a reflective framework to keep in mind whenever there is a need to evaluate a trans person's wellbeing and current state in a therapeutic setting.

Chapter 2 of the book provides a challenge to many contemporary theories of childhood development; specifically, the idea that trans children are somehow developmentally distinct from cisgender children, that their gender experience is somehow disruptive to their growth in a unique way. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV; American Psychiatric Association, 1994), and to a lesser extent the *DSM-5* (American Psychiatric Association, 2013), as well as the practitioners who abide by them, trans children "fail" to meet developmental standards to do with socialisation, in particular around making friends and adhering to binary notions of gendered childhood markers (e.g. having "age appropriate" interests). Riggs reiterates the way this perspective works to deprive younger children of their agency and capacity to self-determine, all while positioning adolescence and later adulthood as arbitrary points wherein gender supposedly becomes fixed. This does a disservice both to young transgender people (including very young children) who have a very clear idea of their gender, as well as to adults who may not transition until later in life or whose experience of gender remains fluid throughout their life.

This chapter raises some very thorny questions. If all children are incapable of understanding and self-determining their gender, then why are not medical interventions to "block" puberty until a time where the child knows better applied across the board? Why are children who conform to the "assigned sex = gender" norms of society assumed to have more of a grasp on their gender than their expressly trans counterparts? Why are maturity and self-determination reserved only for those children who successfully move through the arbitrary checkpoints of gender set by cisgenderist developmental scientists? If these questions are jarring at first but resolved by the end, then this chapter has truly achieved its goal.

Chapter 3 focuses on questioning some of the narratives around trans adolescence, namely this notion of transness as an endlessly complex and misery-inducing process which young trans people and their families must *endure*. While there are difficulties at hand, many stem from a binary, cisgenderist world, rather than a child's transness in itself. Riggs provides a solid three-part counterpoint to this narrative, positioning the time of puberty as something which produces an *intensification* of gender identification, a rise in gendered *discrimination* and inner *distress*, as well as an opportunity for *positive growth* in the life of a trans adolescent.

Intensification of gender is inevitable as a young trans person moves from childhood into adolescence; the fluidity and ambiguity of childhood begins to be replaced with that aforementioned fixity, and trans adolescents often find themselves having to contend with

increasingly gendered expectations, relationships, and spaces. This intensification also occurs as a result of inevitable physiological changes; young trans people who are at the precipice of puberty may begin to experience physical changes counter to their understanding of their embodied gender experience, and may have to contend with their transness more directly. This may produce *distress* for the trans person, as well as signal the beginning of more *discrimination* from family, peers, and the general public. “Gender ambiguous” children seem to be given more leeway than adolescents, and their transness begins to be viewed as more of a serious issue to be tackled. This is particularly true for trans children and adolescents who may want to pursue medical transition in one capacity or another.

Most importantly, however, is Riggs’ discussion of *positive growth*. Riggs’ case studies describe trans adolescents contending with disclosure and socialising, specifically with regards to discussions with cisgender peers about things such as dating and changing physiology. At the core of this chapter is the notion that transness does not have to be an issue to be contended with every day, or even addressed at all if the young trans person does not see the need. A significant aspect of this positive growth lies in the expanded freedom and mobility afforded to most people who have moved from childhood to adolescence. With more agency and capacity to make personal choices, trans adolescents are better placed to consider their future, and to choose the prominence of transness (or lack thereof) in how they navigate the world.

One case study in particular exemplifies this, with Riggs describing a discussion about the difference between secrecy and privacy with a young trans woman whose peers are beginning to experience the physiological changes of cisgender female puberty. In one excerpt, Riggs suggests to their client that it is perfectly okay to keep one’s transness as private, and highlights the fact that many cisgender girls may also do things such as change in a cubicle, stuff their bras, or avoid speaking to others about the details of their menstruation. Positioning transness as just another aspect of one’s life which may or may not be shared, much like many other life aspects, makes way for young trans people to focus on other positive aspects of puberty and adolescence.

Chapter 4 moves attention away from young trans people and towards their parents. Specifically, Riggs dissects parental approaches into three categories: parents who uphold *curative* or *cautious* mindsets about their children; *gender expansive* parents who allow their child’s transness to inform their worldview, and; *gender subversive* parents whose perspective on gender is already one which challenges binaries and gender roles. While the former category simply reflects clinical aversion and delaying described in earlier chapters, the contrast between gender expansive and gender subversive parenting is a particular shift. Riggs suggests that while curative or cautious parents are more obviously invested in modelling, shaping, and to an extent policing gendered behavior, gender expansive parents may still project their own cisgenderist worldviews on to their children, even if they are well-intentioned. This may result in the case study mentioned earlier, wherein a highly supportive mother of a transgender girl took her daughter’s transition beyond the scope of her daughter’s own transition-related desires by

treating her as a “girly girl,” rather than allowing her daughter to pick and choose the kind of girlhood and womanhood she would like to shape for herself. Gender subversive parents, on the other hand, may themselves be transgender, or may have simply taken a stance against rigid gender constructs prior to having children or as part of their child-rearing preparation. While all parents will inevitably stumble, Riggs shows the importance of parents questioning their own relationship to, and understanding of, gender in order to provide their children with adequate space for exploration and growth.

Chapter 5 considers the role that other family members may play, exploring some of the current research on grandparents, siblings, and animal companions of young transgender people. Research on these family members is sparse, but reflects many of the same divergences in worldviews described above. The section on siblings, in particular, provides an additional consideration, specifically the dichotomised potential for siblings to either be trans young people’s greatest allies and models or negative presences who reinforces cisgenderism in very intimate ways. The case studies described in this chapter expand on these experiences, detailing some of Riggs’ clients’ experiences with acceptance or rejection from grandparents, and the potential for mutual gender exploration and differentiation between cisgender and transgender siblings. The discussion on companion animals positions them as useful supports for transgender children, though some research does indicate that animal companions may also exacerbate distress and tension in some instances.

The book’s *Conclusion* touches on some of the areas which could not be explored within the limits of this book. Most notably, Riggs highlights that the book is focused on binary experiences of gender within families, which are not entirely identical to those of non-binary or agender young people. While there is some research which touches on the specific needs of non-binary young people in therapeutic settings, this subject would potentially benefit from receiving the same treatment transgender girls and boys receive in this book. Some existing research does reflect those deliberations and explorations described in this manuscript (e.g., Clark, Veale, Townsend, Frohard-Dourlent, & Saewyc, 2018; Matsuno, 2019; Rider et al., 2019), but there is a need to further expand how cisgender therapists and families contend with young non-binary people’s inner, social, and medical negotiations of transitioning. Overall, this manuscript provides a careful and in-depth consideration of how cisgender people, regardless of their connection to young trans people, can become better allies to young transgender people, in order to give them all the support and care that they deserve.

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