Through the Looking Glass:

Making sense of the MOU

Part 1:

"Oh, Kitty, how nice it would be if we could only get through into Looking-glass House! I'm sure it's got, oh, such beautiful things in it! Let's pretend there's a way of getting through into it, somehow, Kitty."
Lewis Carroll, Through the Looking Glass, Ward Lock, n.d., 16-17.

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Introduction:

This is a two-part article exploring the impact of trans activism channelled via the Memorandum of Understanding on Conversion Therapy (MOU) on the practice of counselling and psychological therapy within the context of the United Kingdom. While the development of this particular organisation and its associated policy relating to conversion therapy is specific to the UK, the wider ramifications of this process are likely to be felt across the anglophone world, as legal bans on conversion therapy in Australia are quoted as precedent back in the UK and vice versa. The article develops a template for analysing trans political activism in terms of its divergence from the established norms of professional practice, as a means of better understanding this process and beginning to hold it to account.

Background on the Memorandum of Understanding on Conversion Therapy:

The Memorandum of Understanding on Conversion Therapy (MOU) is emerging as a key player in relation to government plans to implement a criminal ban on conversion therapy. This intended ban will shape the subsequent landscape of gender therapy, and probably of therapy as a whole, for the foreseeable future. The MOU has two distinct aspects: the first is the actual Memorandum of Understanding. This is a document of inter-professional agreement regarding a definition of conversion therapy, its harmful effects and an agreed undertaking to eliminate it. The second, more problematic, is the role of the MOU as a *trans activist political coalition*, geared to advancing trans causes linked in various ways to banning conversion therapy. In this looking glass world of inverted reality, it is very difficult to pin down the MOU, as it constantly shifts between these two aspects, adopting a professional façade when required, but then reverting back to a more transparently political agenda in order to achieve its wider goals. To be clear, this critique of the MOU as a trans activist political coalition is intended to apply to its *activism* only, and not to any *individuals* who may identify as trans.

The first aspect of the MOU is reasonably accessible and well-known. The first Memorandum of Understanding on Conversion Therapy (NHS et al, 2015) sealed agreement between major therapist professional associations on the harms associated with classic conversion therapy, which was aimed at changing the sexual orientation of people who were gay, lesbian or bisexual. This was based on relatively limited research (Bartlett et al, 2009). More significantly, the original MOU reflected much wider shifts in public and professional opinion, namely that homosexuality was an ordinary human attribute and not a problem to be cured via medical or psychological means. In 2017, the Memorandum was extended to include opposition to conversion therapy for *trans gender identity*, about which there was much less empirical evidence. In 2019, the Memorandum was extended to open the possibility of therapists to prescribe medication. This unusual provision appears to apply specifically to members of the British Psychological Society, a driving force behind the re-orientation of the coalition towards support for trans issues. This provision would permit the

prescribing of controversial medication, such as puberty blockers and cross-sex hormones. (For more detailed discussion and background, see Charlesworth, 2021; Thoughtful Therapists, 2021).

Summary of the Memorandum:

The memorandum itself needs to be read carefully – it is a short document, available for download, although the earlier versions are now surprisingly hard to find (BPS et al, 2021).

"Briefly summarised, the Memorandum requires members of signatory organisations to commit to awareness of ethical issues, appropriate training, informed and ethical practice, plus adequate knowledge and understanding of gender and sexual diversity. Therapists are required to be free from any agenda that favours one gender identity, or sexual orientation, as preferable to other gender and sexual diversities. They may perform a clinical assessment of suitability prior to medical intervention; and explore therapeutic options to help people who are unhappy about their sexual orientation, or their gender identity, live more comfortably with it, reduce their distress and reach a greater degree of self-acceptance. An essential requirement is for therapists to acknowledge the broad spectrum of sexual orientations and gender identities and gender expressions" (Jenkins, 2022).

The MOU as a document is widely represented as constituting a non-contentious, straightforward statement of recognised best practice within the professions whose members practise psychological therapies. Opposition to, or criticism of, the MOU is represented by the Coalition and its supporters as being based (at best) on simple misunderstanding, or (at worst) deliberate misrepresentation, borne of transphobic bigotry. The truth is much more complex than this. Critics are concerned that the concept of gender identity is simply a matter of subjective *belief*, with no objective confirmatory empirical evidence. The MOU from 2017 onwards therefore conflates two quite separate issues, namely opposition to conversion therapy in terms of *sexual orientation* (i.e. *behaviour*) for gay, lesbian and bisexual people, and opposition to conversion therapy in relation to the strongly contested issue of self-declared *gender identity* (i.e. *belief*), where individuals experience an incongruence in relation to their birth sex (Jenkins and Esses, 2021). This latter point has been argued by the recent Equality and Human Rights Commission (EHRC) response to the UK government consultation on conversion therapy. The EHRC response has suggested that separate legislation may be required for these two distinct issues, i.e. conversion therapy for sexual orientation and for gender identity respectively (EHRC, 2022).

Problematic aspects of the MOU as a document:

There are further major problems with the MOU document as it stands. The MOU signally fails to acknowledge the usual age restrictions placed upon therapeutic practice with children and young people, as distinct from work with adults. This raises immediate concerns about safeguarding young people under 18. This attempt to erase the widely accepted boundary between therapy with adults and therapy with young people under the age of 18 conflicts with the Ethical Framework of the British Association for Counselling and Psychotherapy (BACP, 2018). This requires BACP members to give careful consideration to the capacity of children and young people to give informed consent, to show appropriate knowledge and skills in building relationships with them, to demonstrate a sound knowledge of the relevant law and to be informed about current parenting and relationship issues (BACP, 2018, para 27). Furthermore, there is specific reference to safeguarding requirements, which would apply to therapy with young people, as well as with adults:

"We will give careful consideration to how we manage situations when protecting clients or others from serious harm or when compliance with the law may require overriding a client's explicit wishes or breaching their confidentiality" (BACP, 2018, para 9).

> "The horror of that moment," the King went on. "I shall never, *never* forget it!"
> "You will, though," the Queen said, if you don't make a memorandum of it." (Carroll: 22).

The MOU also hedges around the issue of 'uncertainty' and 'questioning' by clients. It refers variously to "those with *uncertain* feelings around sexuality or gender identity", "a client who wishes to explore, experiences *conflict with or is in distress*", or "who are *unhappy* about their sexual orientation or their gender identity" (PJ: emphasis added: BPS, 2021: 2). This is the main fallback position of the MOU, in that it claims <u>not</u> to preclude exploratory therapy with *uncertain* clients. However, client *certainty* may well co-exist with severe emotional distress, or other co-morbidity, and is clearly no predictor on its own of positive therapeutic outcome. The MOU makes no allowance for these factors, seriously limiting its value as a document of inter-professional agreement as a result.

Coalition Against Conversion Therapy:

In contrast with the superficial clarity of the MOU as a document, the actual workings of the MOU *as an organisation* are much less clear, and very little understood. By this is meant the *infrastructure* underpinning the Coalition Against Conversion Therapy, i.e. its financing, decision-making, means of internal review, and its accountability towards its constituent member organisations. That it has a strong, campaigning element is clearly signalled by the endorsement of its formal document by organisations such as Stonewall and Gendered Intelligence. These are neither professional therapists' associations, such as BACP and UKCP, nor major employers of therapists, such as NHS England, but are trans activist and trans lobbying organisations.

The actual internal workings of the MOU as a political coalition are opaque and not open to direct public scrutiny. Its developing politics are a matter of concern to those therapists focused on the MOU's overall direction of travel, and the powerful mantle of authority it now appears to wield on complex gender identity issues. For some, at least, there is a worry that the MOU tail is now decidedly wagging the NHS therapy dog, but how this machinery of influence works is still extremely unclear. Part of the process of unpacking the import of a legal ban on conversion therapy will necessarily involve bringing a degree of scrutiny to bear on the workings of the MOU as a coalition of trans activists, as well as understanding the more public side of the MOU, in terms of its role in developing position statements on conversion therapy.

Given the undoubted extent of the MOU's influence on policy formation regarding opposition to conversion therapy, it is striking how little is known about its actual working as an organisation. According to Transgender Trend, "It is not clear whether the effects of the MoU2 have been monitored; there has not yet been a full review" (Transgender Trend, 2022). The MOU has been in existence since 2015, representing most major therapy employers or professional associations (see **Timeline** below). Yet there seems to have been no attempt by the MOU to evaluate its own impact in enforcing a *non-legal* ban on conversion therapy during its existence. The relevant data is not hard to find, as it is already in the public domain.

Lack of evidence for conversion therapy in BACP complaints data:

One source of data on conversion therapy prevalence is provided by professional therapy complaints systems. The BACP, as the largest professional association for therapists in the UK, routinely provides its own data on the outcomes of its Professional Conduct Committee, both in relation to Professional Conduct Notices, and to a separate provision for Withdrawal of Membership as a sanction for misconduct. During the period when the MOU has been in existence, BACP has

reported on 19 cases of Professional Conduct Notices for 2016-22, and 39 for Withdrawal of Membership for the period 2015-22 (see **Table 1: Outcomes of BACP Complaints Procedures 2015-22 (BACP, 2022).**

Period	Professional complaint category	No info provided	Sexual contact *	Conversion Therapy	Other	Total
2016-22	Professional Conduct Notices	1	2	0	16	19
2015-22	Withdrawal of Membership	12	15	0	12	39
Total		**13**	**17**	**0**	**28**	**58**

Table 1: Outcomes of BACP Complaints Procedures 2015-22 (BACP, 2022).

*Sexual contact, includes: sexual offences, or dual/sexual relationships with current or former clients.

Significantly, *none* of these reports refer to proven allegations of conversion therapy carried out by BACP members. This absence of proven allegations suggests either that a non-legal ban on conversion therapy is already sufficient to deter its members, or that the incidence of conversion therapy carried out by BACP therapists is not a significant concern. On the contrary – given the relative frequency (29%) of sexual contact between therapists and clients amongst these published reports, the BACP might be better advised to seek the criminalisation of therapist-client sexual contact based on its own evidence, rather than promoting a legal ban on conversion therapy for which the evidence is still somewhat lacking. This striking absence of evidence for the prevalence of conversion therapy according to the complaints procedures of a key professional organisation such as BACP (and itself a loyal signatory to the MOU) might perhaps raise some concerns in a more evidence-oriented universe. There is no sign that the MOU has considered this potential source of evidence, nor carried out a public review of its own performance during this period.

Problems for therapists posed by the MOU as a document:

The MOU has an impact on therapeutic practice in a number of ways, depending in part on whether the therapist is a specialist in gender identity issues, or, as is more likely, a therapist with other specialisms, who may occasionally encounter clients identifying as trans in the course of their work. In the first case, gender identity issues within psychological therapy are now highly politicised and conflicted. Many specialist gender identity therapists will already have decided their own stance on these issues, whether as pro-MOU, or as expressing concerns about MOU policies. However, the vast majority of therapists are more likely to have had limited contact with gender identity issues to date and may feel somewhat de-skilled and under-prepared for this area of practice. This wider group of therapists is probably more likely to automatically endorse the need to support and affirm clients identifying as trans, as being consistent with the core ethos of therapeutic practice, rather than to question it.

Yet, while the MOU appears to speak with delegated authority for the vast majority of therapists and professionals on the topic of banning conversion therapy, the reality may well be quite different. Most therapists will probably not have read the Memorandum in detail, or followed the complex debates on gender identity with any great concern. For their part, it is likely that the many signatory organisations to the MOU have done comparatively little to educate or actively involve their members in debates on the key issues involved. The assumed authority of the MOU to speak on behalf of the therapeutic professions on this issue is therefore, in many ways, paper-thin. It rests, in all likelihood, on agreements and converging policy decisions between the MOU and senior

managers of professional bodies, rather like something played out in the stratosphere, high over the heads of the vast majority of ordinary members.

Given this highly conflicted terrain, some of the concerns expressed by therapists about the MOU as a document include the following:

- The inconsistent definitions of affirmative and exploratory therapy provided by the MOU;
- The apparent opposition of the MOU to carrying out research into the prevalence of conversion therapy;
- An apparent attempt to restrict therapists with gender-critical beliefs or values from practice with clients identifying as trans;
- The emergence of a longer-term MOU strategy to regulate practice, training and accreditation of therapists working with clients identifying as trans.

These issues are identified, documented and explored further in Part 2 of this article. These problems in making sense of the MOU's contradictory and adversarial stance, its aversion to evidence-based practice and its hostility to those querying its activities, requires a radical shift in perspective, namely towards exploring the MOU as *a political movement*, rather than simply as a *professional body,* as understood in the traditional sense.

Comparison of professional and political orientations:

A great deal has been written about the growth of the classic, liberal professions within industrial society, such as law, medicine, and about other aspiring occupational groups, such as social work, teaching, nursing and therapy (Jenkins, 2017). Professional groups apply strict membership criteria, tend to support empirical research where possible, and aim to be self-regulating via open debate between opposing views. They will normally promote evidence-based practice to legitimate their practice and contribution to the wider society. In contrast, political movements tend to be *belief-based* (e.g. 'global warming is a myth', 'vaccines are bad for you') as a requirement for membership, however informal this membership may prove to be in practice.

The classic professions are an integral aspect of a liberal society, with their strong commitment to a *modernist* worldview. The latter essentially maintains that scientific research is a core part of any profession's ethos and practice (see modern medicine as a partial exemplar of this stance). In contrast, there has been a recent growth of political movements which are not simply post-modernist, but are *anti-modernist* in a very fundamental sense. Vaccine refusal as a political movement would be one such example here. Anti-liberal political movements are essentially *belief-based* (e.g. "I believe in individual bodily autonomy" (Dawson, 2022)) and will strongly challenge the primacy of *any* scientific research which does not confirm such beliefs. Beliefs are strongly held convictions, highly resistant to evidential challenge and therefore potentially unfalsifiable. Hence research tends to be evaluated largely in terms of whether or not it confirms the validity of core beliefs, rather than as a more neutral means of extending knowledge of the physical and social worlds.

> "I ca'n't believe *that*!" said Alice.
> "Ca'n't you?" the Queen said in a pitying tone. "Try again: draw a long breath and shut your eyes."
> Alice laughed. "There's no use trying, she said: "one *ca'n't* believe impossible things." (Carroll: 86).

Trans political activism:

Within belief-based movements such as trans political activism, peer and social confirmation of core beliefs is considered to be essential, hence the need for correct pronouns and constant

reaffirmation of trans status. There is limited or zero tolerance of dissent or external criticism. There can be no debate with those wishing to question or modify core beliefs, just simple ejection for being transphobic. This process was exemplified by the use of the slogan 'Stock out!' against the gender-critical philosopher, Kathleen Stock, at Sussex University (Weale, 2021). Boundaries are policed in a vigilant manner, given the degree of existential threat posed by disbelief or non-acceptance, in what is perceived to be a fundamentally hostile environment.

This is set against a backdrop of a dominant, emotionally arousing, meta-narrative which claims that trans people constitute a victimised minority. This stance in turn drives claims for the advancement of trans rights, which are represented as being absolute and *non-negotiable* in character (Brooks, 2022). Critically, claims to trans rights are also *non-reciprocal*, in that they do not admit to any responsibility for the adverse consequences imposed on other competing rights or social groups, for example in accessing single-sex spaces. Perhaps as a consequence of this, there is an apparent lack of interest in those groups directly impacted by the demands of the political movement, such as women defending sex-based rights, detransitioners, and trans widows, wherever such claims are seen to be in conflict with advancing towards greater rights for people identifying as trans. (See **Figure 1: Comparison of attributes of Liberal/Professional Orientation and Anti-Liberal Political Orientation:).**

	Liberal / Professional orientation	**Anti - Liberal Political orientation**
Membership criteria	***Value*-**based, i.e. professional norms, code of ethics, complaints system	***Belief*-**based, i.e. individual declaration plus acceptance into community
Philosophical orientation	***Modernism***, i.e. scientific method crucial to achieving human progress	***Anti-modernism***, i.e. physical and social worlds determined primarily by *belief*
Attitude towards research	Physical and social worlds knowable primarily via scientific research	Value of research determined primarily by relevance to achieving *political* goals
Community culture and practice	Rationalism, plurality, open debate, degree of tolerance for minority views	Limited or zero tolerance of dissent, or external criticism of core beliefs
Orientation towards conflict	Incremental progression by means of resolution of key differences	Vigilant policing of existential threats to boundaries, e.g. language, legal changes
Goals and objectives	Promoting evidence-based practice to advance profession's interests	Advancement of own perceived sectional interests, expressed as absolute, non-reciprocal rights

Figure 1: Comparison of attributes of Liberal/Professional Orientation and Anti-Liberal Political Orientation:

Understanding the MOU as a trans political activist coalition:

Any attempt to condense complex issues into binary categories of this kind can no doubt be criticised as being too schematic. This is therefore an attempt to present key distinctions as ideal types, rather than as an accurate depiction of every aspect of either liberal professions, or of anti-modernist political movements. The key elements can then be used to explore those aspects of the

MOU's practice which may conflict with its assumed role as a professional body, or at least, a body representing professional interests (see **Figure 2: The MOU as a trans activist political coalition:).**

	Anti-Liberal Political orientation	**MOU Statements ***
Membership criteria	***Belief*-**based, i.e. individual declaration plus acceptance into community	"The idea of a two-sex model may be great for some people if that's what you want to *believe* then fine you *believe* it but you can't *believe* that alone if you want to work with clients" (MOU, 2021a; emphasis added: PJ).
Philosophical orientation	***Anti-modernism***, i.e. physical and social worlds determined primarily by *belief*	
Attitude towards research	Value of research determined primarily by relevance to achieving *political* goals	"We were told very clearly by two people at the meeting that we needed more research to show that transgender people were being persuaded into conversion therapy in some way, shape or form. My argument was that, while we did the research, *people would be dying*, and I would not be culpable for that" (SP, 2021: Col 28; emphasis added: PJ).
Community culture and practice	Limited or zero tolerance of dissent, or external criticism of core beliefs	"...most of those organisations do not want to be on the MOU, that they do not agree with it and that the *extended exploration of someone's traumatised history* is really a way of preventing them from being able to live their life and have the gender or sexual orientation that they wish to have" (SP, 2021: Col 30; emphasis added: PJ).
Orientation towards conflict	Vigilant policing of existential threats to boundaries, e.g. language, legal changes	"There are two takes on affirmative therapy at the moment. One is that what is happening is that you are affirming somebody who is going from male to female or female to male, which is a very crude and, I think, objectionable way of thinking about affirmative therapy. ..." "We need to grab hold of this moment to stop the rather horrible language about affirmative therapy..." (SP, 2021: Col 26).
Goals and objectives	Advancement of own perceived sectional interests	"... there is a limit to how much research and how many consultations and meetings we can have. It is an abhorrent practice and it needs to stop. We have

		the opportunity to stop it, so let us do it." (SP, 2021: Col 27) "In relation to affirmative therapy, we probably need to upgrade our thinking, actually. In the training of therapists, psychologists, psychiatrists and doctors, effort needs to be made to ensure that there is intersectional thinking." (SP, 2021: Col 26)

Figure 2: The MOU as a trans activist political coalition:

*Evidence to Scottish Parliament (2021) and MOU Webinar (2021a).

The above **Figure 2: The MOU as a trans activist political coalition** provides some evidence that MOU statements are more consistent with a political movement than with those to be expected of a classic liberal professional body. Therapists who do not accept core beliefs regarding gender identity will, apparently, not be permitted to work with gender-questioning clients, if this conclusion is correct. Further empirical research into the prevalence of conversion therapy is considered unnecessary, despite the recent EHRC view that the available research is unrepresentative and lacks depth (EHRC, 2022). Affirmative therapy is in the process of being redefined by the MOU, while exploratory therapy, presumably by gender-critical therapists, is in danger of being termed re-traumatising if 'overly extended'. Finally, the wider agenda of the MOU is unveiled, as extending its future remit to the accreditation and regulation of gender therapy across an ever-widening spectrum of professional groups. The sharp contrast of MOU statements with the classic liberal professional model of rationalism, open debate and tolerance of minority views could not be more evident.

MOU Timeline:

2012: BACP member sanctioned for professional malpractice for using techniques of conversion therapy on gay client.
2012: Pan-American Health Organisation (Regional Office of World Health Organisation) issues statement opposing conversion or reparative therapies (PAHO, 2012).
2015: (First) Memorandum of Understanding on Conversion Therapy relating solely to sexual orientation, signed by 16 organisations, either major employers of therapists or professional therapy associations.
2017: Memorandum of Understanding on Conversion Therapy (Version 2) launched at House of Commons by the Coalition Against Conversion Therapy. This extended the Memorandum to include reference to gender identity for the first time and was signed by 21 employers or therapy organisations, plus Stonewall, a major trans activist lobby.
2019: Memorandum of Understanding on Conversion Therapy (Version 2/Revised) signed by 20 employers or therapy organisations, plus Stonewall, and Gendered Intelligence as trans activist lobby groups.
2021: September: Memorandum of Understanding on Conversion Therapy (Version 2/Revised) signed by 20 employers or therapy organisations, plus Stonewall, and Gendered Intelligence as trans activist lobby groups; MOU gives evidence to Scottish Parliament.

October – February 2022: UK Government consultation on proposals for criminal law ban on conversion therapy in England and Wales.
2022: January: Scottish Parliament issues proposals for criminal law ban on conversion therapy in Scotland.

Note: This article is published jointly by Transgender Trend (https://www.transgendertrend.com/) and Critical Therapy Antidote (https://criticaltherapyantidote.org/).

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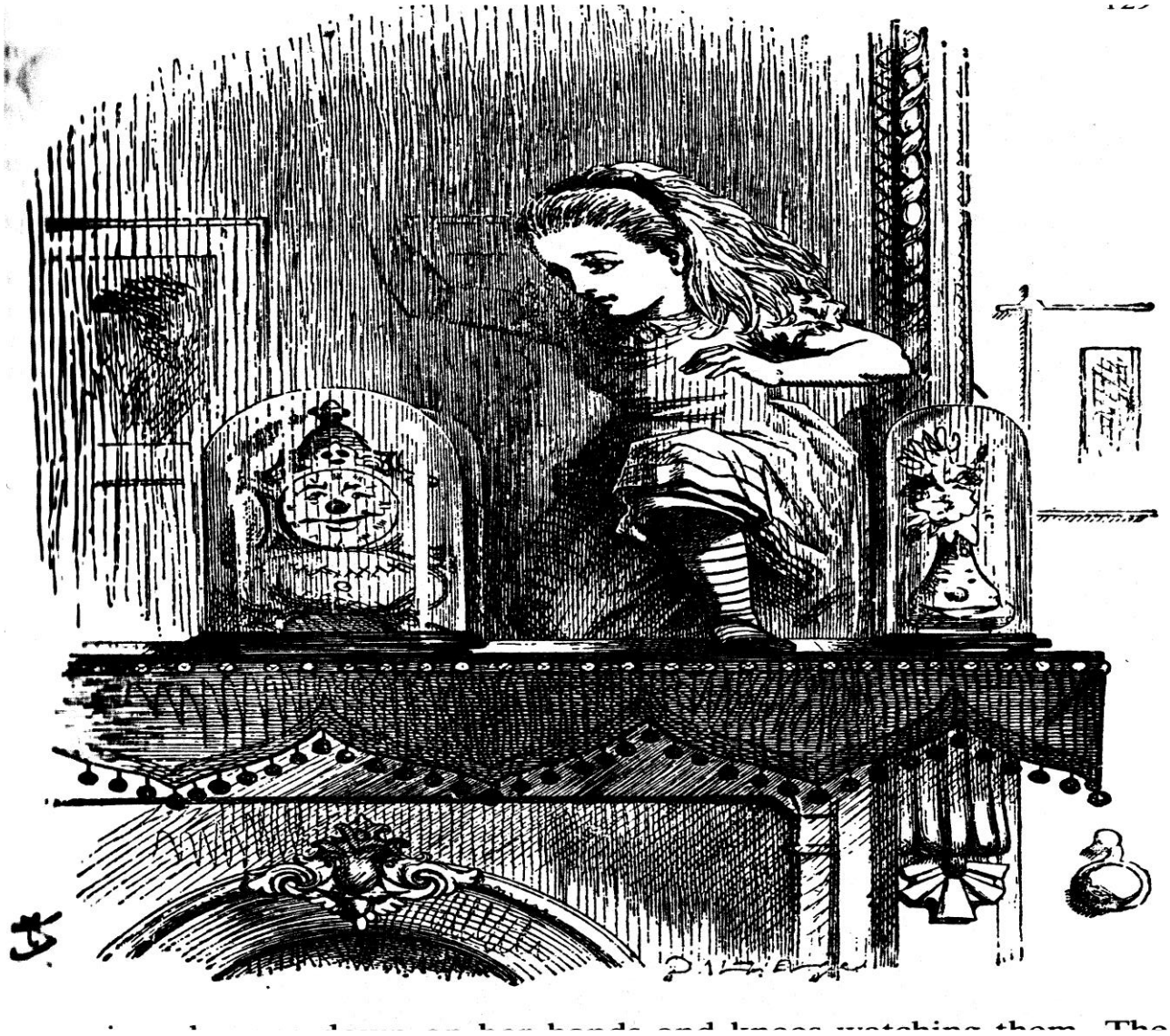
Through the Looking Glass:

Making sense of the MOU

Part 2:



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(The first part of this article looks at the background and history of the Memorandum of Understanding on Conversion Therapy in the UK (MOU). The Memorandum sets out a policy on opposing conversion therapy on the grounds of sexual orientation and of gender identity. The Memorandum has been signed by the majority of professional therapist associations and by major employers of therapists in the UK. However, some of the MOU's statements seem more consistent with the ethos of a *trans activist political lobby*, rather than demonstrating the values of a professional body which is committed to science-based research, open debate and tolerance of minority views.)

Critique of the MOU: Research, therapy and strategic goals:

The MOU as a trans political activist body, rather than as a professional grouping, can be critiqued in three main areas, i.e. in relation to research, therapeutic practice and its strategic goals.

MOU attitude towards research:

The MOU's attitude to research sharply illustrates its anti-scientific and anti-modernist character. Its definition of conversion therapy is "an umbrella term for a therapeutic approach, or any model or individual *viewpoint* that demonstrates an *assumption* that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to *bring about a change* of sexual orientation or gender identity, or seeks to *suppress* an individual's expression of sexual orientation or gender identity on that basis" (BPS, 2021: 2). The terms 'viewpoint' and assumption' indicate that this is a *belief*-based definition, unsuitable for research purposes. The term 'bring about a change' and 'suppress' are *behavioural* terms, but depend crucially on the client's *subjective perception and experience* of this occurring within therapy, and therefore requires no objective evidence, other than a sense or feeling that this has, or may have, occurred. Research based on subjective perception and attribution may not prove accurate in measuring the actual prevalence of alleged conversion therapy, just as "…individuals perceptions of crime on a national level do not typically match well to reality" (ONS, 2017).

> "Do you know, I always thought Unicorns were fabulous monsters, too? I never saw one alive before!"
> "Well, now that we *have* seen each other," said the Unicorn, "if you'll believe in me, I'll believe in you. Is that a bargain?"
> "Yes, if you like," said Alice. (Carroll: 129).

The MOU has opposed the need for further research to identify the prevalence of conversion therapy for gender identity. The original MOU of 2015 at least referenced earlier and somewhat out-dated research into conversion therapy regarding sexual orientation (Bartlett et al, 2009). However, the MOU has since argued against further research into conversion therapy for gender identity on the spurious grounds that "people are dying" (SP, 2021). Arguably, if people are dying, then this would surely make the need for accurate research even more pressing? There are serious flaws in existing research into the prevalence of conversion therapy in the UK, i.e. in relation to concept

definition, sampling strategy and self-report methodology. A detailed discussion of the weaknesses of this research can be found elsewhere (Jenkins and Esses, 2021; Sex Matters, 2021).

MOU attitudes towards therapy:

The MOU offers a complex and contradictory set of positions on therapy. On the one hand, the MOU does not specifically refer to affirmative therapy for gender-questioning clients. Affirmative therapy should be more accurately defined here as *gender identity affirmative therapy*, as *all* therapy arguably involves a degree of affirmation, or unconditional positive regard, towards clients.

> "When I make a word do a lot of work like that", said Humpty Dumpty, "I always pay it extra." (Carroll: 108).

One interview goes so far as to state that "The MOU does not require anyone to affirm anything" (Jackson, 2021: 25). However, this stance is contradicted by the experience of the Tavistock Gender Identity Development Service (GIDS) for young people, where senior figures have confirmed that affirmative therapy, based on the MOU, was the model of therapy used in practice (Evans, 2020; Wren, 2019). In addition, the Cass Interim Review on the GIDS has confirmed unequivocally that: "Primary and secondary care staff have told us that they feel under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other clinical encounters" (Cass, 2022: 17). The MOU does not appear to have publicly refuted these significant claims regarding the GIDS' reliance on affirmative therapy, if indeed they have been made in error. Concerns about the uncritical adoption of gender identity affirmative therapy for young people have included: the risk of overlooking key safeguarding issues, and holding an exclusive focus on the primacy of gender identity, to the exclusion of co-morbid features, such as trauma, abuse, anxiety and depression, resulting in inadequate clinical risk assessment and poor standards of therapeutic recording (Jenkins, 2022).

The MOU repeatedly make the point that its document protects the space for therapists to undertake *exploratory* therapy. However, it has already been noted that this exploratory therapy (and what therapy is *not* exploratory in some way?) is restricted to include *only* clients who are explicitly *questioning, in distress, or unhappy* about their sexual orientation or gender identity. Fixity of belief is no guarantee of successful therapeutic outcome, here or elsewhere. This point has been made previously:

"Therapists would normally seek to respectfully challenge clients over their depressive cognition, rationale for self-harm or suicide, obsessional beliefs and rituals, excessive drug or alcohol use, or negative body image influenced by an eating disorder. To impose a requirement for gender identity affirmative therapy as the default therapeutic response is to negate the value of prior therapist training and expertise, to jeopardise effective risk management, and to promote a trans political ideology over and above known evidence based practice" (Jenkins and Esses, 2021: 31).

Trans fragility and trans exceptionalism within therapy:

The unstated premise underpinning this assumed need for gender identity affirmative therapy is that of trans *psychological and emotional fragility*, buttressed by reference to apparently high rates of suicide amongst clients identifying as trans. However, actual reported suicide rates for individuals identifying as trans are difficult to identify with any degree of accuracy. For example, the Office for National Statistics records male or female biological sex for all deaths by suicide (ONS, 2018a). The concept of *trans fragility* then leads on all too imperceptibly to the key concept of *trans exceptionalism* within therapy, namely that clients identifying as trans are special and therefore deserve special consideration within therapy. Adopting the stance of trans exceptionalism, for

example, by affirming client gender identity beliefs, risks jeopardising therapeutic neutrality and crucial boundaries, in exchange for an ill-defined social advocacy role. The risk here is that, in this unknown, quasi-therapeutic territory, the MOU will be the one to supply the new rules that will be needed for therapists.

The pressure to affirm the exceptional needs of clients identifying as trans further brings with it new and unresolved problems. The MOU may accept the need for *some* exploratory therapy, but has condemned what it describes as "the extended exploration of someone's traumatised history", as potentially representing a covert way of denying required therapeutic or medical services (SP, 2021, Col 30). Here, the MOU is directly in conflict with what is agreed to be best evidence-based therapeutic practice. For example, the Scottish Government Suicide Prevention Action Plan (2018) recommends careful exploration of a client's past trauma, or what are termed Adverse Childhood Experiences, in order to make an accurate assessment of suicide risk and to then make a careful plan with the client to mitigate this risk. This apparent contradiction with evidence-based practice also does not appear to be acknowledged by the MOU.

MOU's strategic goals:

The MOU's stated goal is to achieve legislation on a criminal legal ban on conversion therapy in relation to both sexual orientation and gender identity. Some progress towards influencing legislation along these lines has already been achieved by the MOU in Scotland. In addition to this, and less clearly stated, the MOU plans to regulate the training, accreditation and regulation of gender identity therapy along its own preferred lines. As part of this process, the MOU plans to insert the problematic concept of *intersectionality* into current therapy practice, training and continuous professional development: "In the training of therapists, psychologists, psychiatrists and doctors, effort needs to be made to ensure that there is intersectional thinking" (SP, 2021: Col 26).

The shift towards intersectional theory, practice and training:

So what is intersectionality and why does the MOU now embrace it, even at the apparent expense of affirmative therapy? Intersectionality is emerging as a key theoretical *concept* for deconstructing oppressive forms of interpersonal power and authority, and as a form of *political practice* for addressing and potentially reversing these effects, via painstaking analysis and challenge. It emerged in the 1970's as a key means of understanding the multi-dimensional crossover points of oppression: "…many women of colour had been struggling with the ways they were discriminated against because of both their sex and their race, and how they impacted on each other" (Hattenstone, 2022). Now, according to Pluckrose and Lindsay, trenchant critics of post-modernism and the turn towards intersectionality:

"…the categories in which intersectionality is interested are numerous. In addition to those of race, sex, class, sexuality, gender identity, religion, immigration status, physical ability, mental health, and body size, there are subcategories, such as exact skin tone, body shape, and abstruse gender identities and sexualities, which number in the hundreds. These all have to be understood in relation to one another so that the positionality each intersection of them confers can be identified and engaged" (Pluckrose and Lindsay, 2020: 128).

Using the concept of intersectionality is crucial within the professional training to be provided by the trans activist lobby, in that it acts as a convenient portal for recruiting participants to an anti-modernist, belief-based ideological worldview. Applying the concept of intersectionality necessarily confers enormous power and advantage to those carrying out the training, or assessment of therapeutic practice. This positional power would be almost impossible to challenge effectively by any participants with apparent claims to some form of privilege, or with allegedly unexamined personal histories. It is an avowedly ideological and political concept and practice, closely linked in turn to Critical Social Justice Theory. If the evidence base for affirmative therapy is vanishingly small (perhaps with the exception of the Tavistock GIDS as a *negative* case study), then the evidence base for applying intersectionality to professional practice, other than to augment the growing power of the MOU, is even more absent.

> "The question is," said Alice, "whether you can make words mean so many different things."
> "The question is, "said Humpty Dumpty, "which is to be master – that's all." (Carroll: 107).

Banning conversion therapy: MOU evidence to the Scottish Parliament:

The MOU broadly supports current government proposals for a criminal legal ban on conversion therapy in England and Wales, with the proviso that "the ban must include attempts to *suppress* as well as change a person's sexual orientation or gender identity" (MOU, 2021b; emphasis added: PJ). The MOU has also been actively involved in lobbying the Scottish Parliament in order to promote legislation on conversion therapy, with some success. Its provision of evidence to support a legal ban on conversion therapy to the Scottish Parliament is remarkable in a number of ways. There was a general air of positive affirmation about the MOU's statements, with an almost total absence of challenge to its claims. In this respect, the hearings resembled something an evidential free-fire zone, where broad claims could be made, without any apparent need for empirical evidence. The legislation on conversion therapy introduced in Victoria, Australia, was held out as the 'gold standard' by one speaker on this topic, with no acknowledgement that its research justification rests on somewhat slender interview sample of just 15 persons, all drawn from faith-based and non-professional practice settings (Jenkins, 2021).

As illustration, the evidence base for conversion therapy carried out by professionals in Scotland is also highly questionable. The usual reference point is taken to be the Government and Equalities Office (GEO) LGBT Survey Report, supplemented by a 2020 survey specifically into conversion therapy for gender identity (GEO, 2018; Matousek, 2020). The GEO Survey produced a figure of 2% of 108,100 participants reporting having experienced conversion therapy. However, when the data is looked at more closely, the figures begin to look far less imposing (see **Table 2: Summary of survey data on Conversion Therapy reportedly carried out by professionals in Scotland).**

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> "Can *you* do sums?" Alice said, turning suddenly on the White Queen, for she didn't like being found fault with so much.
> The Queen gasped and shut her eyes. "I can do Addition," she said, if you give me time – but I ca'n't do Subtraction under *any* circumstances!" (Carroll: 163).

Source	Survey type	Focus	Sample size (n)	Conversion Therapy Questionnaire Definition	Respondents having had ConversionTherapy					
					Cis	Gender Diverse	Not specified	Total: UK n	Total: UK n (*by profnls only)*	Total: Scotland n (*by profnls:* estimated)
GEO (2018)	non-random	LGBT	108,100	'cure'	1758 (1.6%)	613 (0.6%)	-	2371 (2.2%)	450 (0.42%)	**36** (0.03%)
Matousek (2020)	non-random	GICT only	450	'change'	7 (1.5%)	39 (8.6%)	5 (1.1%)	51 (11.3%)	22 (4.8%)	**2** (0.4%)

Table 2: Summary of survey data on Conversion Therapy reportedly carried out by professionals in Scotland.

(Adapted from Jenkins and Esses, 2021: 21).

If adjusted for conversion therapy reportedly carried out by *professionals*, rather than in faith settings, and for the relative proportion of Scottish to UK population size (ONS, 2018b), then the resultant figures from the GEO (2018) and Matousek (2020) surveys appear to be much less substantial.

Within the Scottish Parliament, oral evidence was taken from 18 speakers representing a range of organisations, including faith-based ones, and academic experts in support of a legal ban, and from just two speakers opposing a criminal ban (Scottish Parliament, 2022). It was left to the Family Education Trust and the Christian Medical Fellowship to raise concerns about the definition of conversion therapy to be applied, the lack of distinction between adults and children, the role of affirmative therapies, the adverse experience of the Tavistock GIDS in this respect and the neglected position of detransitioners. The MOU's evidence to the Equalities, Human Rights and Civil Justice Committee rather resembled pushing on an already open door in this respect, briefed in this challenging process by BACP. The other major therapist professional association, the Counselling and Psychotherapy In Scotland, is not a signatory to the MOU, and has not been directly involved in the legislative process. It has instead produced its own statement opposing conversion therapy, which is a model of brevity and clarity (COSCA, 2018). The latter organisation appears, however, to be keeping its powder dry regarding the outcome of the Scottish Parliament's declared intention to bring in a legal ban by 2023. The Equalities, Human Rights and Civil Justice Committee of the Scottish Parliament has stated that "sufficient research and evidence is already available to conclude that the introduction of legislation is necessary" (SP: EHRCJC 2022:2). Significantly, the Committee has shifted in terms of its language, from use of the term 'conversion therapy' to 'conversion practices'. This is perhaps an implicit acknowledgement that the term conversion therapy is itself inaccurate and not fit for legislative purpose.

Summary:

The MOU is emerging as a key player within the current move to impose a criminal law ban on conversion therapy relating to sexual orientation and gender identity. However, the MOU has two distinct aspects, as a document briefly stating the case for such a ban, and as a coalition of organisations representing professional associations and the main employers of therapists. The MOU as a document has major flaws, relating to the lack of safeguards for under 18's and its limited protection for exploratory forms of therapy. The MOU as an organisation is not easily open

to public scrutiny or accountability and does not appear to monitor its own effectiveness, e.g. by reviewing the data from professional complaints systems for evidence of conversion therapy. When compared to standard criteria for professional organisations, the MOU exhibits behaviour more consistent with that of a belief-based political movement, in this case of trans political activism. The MOU provides shifting definitions of affirmative and exploratory therapy and appears to favour restricting some gender therapists from practice in the future. The MOU seems to be resistant to empirical research into the extent of conversion therapy, and now favours the widening of its remit to policing training and accreditation of future gender therapists via the introduction of an unproven model based on intersectionality. While it has had some success in lobbying for political change in Scotland, the future looks bleak for therapists unwilling to suspend belief and enter into this evidence-free looking glass universe.

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