The SAGE Encyclopedia of LGBTQ Studies

Therapy With Transgender, Transsexual, and Gender-Nonconforming People

Contributors: Arlene Istar Lev
Edited by: Abbie E. Goldberg
Book Title: The SAGE Encyclopedia of LGBTQ Studies
Chapter Title: "Therapy With Transgender, Transsexual, and Gender-Nonconforming People"
Pub. Date: 2016
Access Date: June 4, 2016
Publishing Company: SAGE Publications, Inc.
City: Thousand Oaks,

Print ISBN: 9781483371306
Online ISBN: 9781483371283
DOI: http://dx.doi.org/10.4135/9781483371283.n419
Print pages: 1195-1198

This entry outlines the presenting issues that transgender, transsexual, and gender-nonconforming clients bring into therapy and the clinical theories that guide effective and supportive treatment. The history of oppressive and pathologizing treatments within transphobic social and political systems is acknowledged, and alternative treatments based on emerging trans-positive theories of human diversity that promote trans health care are discussed. The evolution of therapeutic theories about transgender people is briefly outlined, and emerging treatment strategies are highlighted. Distinctions are made between the treatment of adult clients and those of children and adolescents.

Definitions and Diagnostics

Transgender is a broad-based umbrella term that includes all people who cross over (trans) socially proscribed gender roles, including those who identify as cross-dressers, genderqueer, or trans*. Transsexual is a specific term for transgender people who seek surgical reassignment; however, there are multiple and diverse narratives within the transgender community, and language and identity remains a politically evolving process. Gender-variant or gender-nonconforming people can include lesbian, gay, or bisexual (LGB) people who transgress societal gender norms, self-identified transgender or transsexual individuals, and children and youth who may or may not grow up to identify as L, G, B, or T.

Research emerging from the social and biological sciences clearly shows that transgender experiences are present across human communities, throughout history and cross-culturally. Transgender people have historically suffered bias and prejudice from society at large as well as within the LGBT movement and have organized politically in the past two decades to demand basic civil justice and equal rights. The clinical community has often been guilty of pathologizing gender-nonconforming and transgender people and reinforcing stereotypes through a lens of mental illness. The treatment of transgender people has been fraught with theories that assume pathology and efforts to control access to medical and surgical treatments.

Although homosexuality was removed from the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) in 1973, gender identity disorder (GID) was added to the manual in 1980; in the *DSM 5* published in 2013, gender dysphoria replaced GID. This places the onus of diagnosis on the pain of dysphoria, not the identity of gender-nonconforming person, which is an improvement but still leaves clinicians contending with a diagnosis that pathologizes a minority community and potentially influences assessment, referral, and treatment decisions.

The World Professional Association for Transgender Health (WPATH)—the leading international multidisciplinary organization promoting evidence-based clinical treatment, education, research, and advocacy for transgender people—has developed the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (*SOC*) to guide policy, as well as treatment protocols, for those serving the transgender community. WPATH asserts that sex reassignment treatment is a medical necessity for treating people's gender identity issues and urges worldwide de-psychopathologization of gender variance. Most important, the *SOC* set guidelines for the best practices in clinical care based in a nondiagnostic view of gender diversity.

Reform of Treatment Guidelines

Historically, treatment guidelines were extremely narrow, forcing people struggling with gender dysphoria to prove to therapists that their petitions for medical and surgical treatments were justified. Transgender people needed psychiatric evaluations and diagnoses to receive medical treatment, and they were often refused medical treatments if they did not fit into rigid guidelines that defined the transgender experience.

These guidelines, developed by medical experts who were not transgender themselves, included identifying as heterosexual posttransition, acknowledging gender dysphoria dating back to early childhood, declaring anatomical dysmorphia and disgust for their genitalia, and being forced to divorce their spouses before receiving medical treatments. Reforming these oppressive clinical practices has been an ongoing process, reflected in the positive changes in both the *DSM* and the *SOC*, and has taken place with unremitting political pressure from transgender activists and advocates.

Currently, many professionals support actions that de-pathologize and limit stigma associated with being gender nonconforming or transgender. Psychologists, social workers, and other mental health providers generally agree that transgender people should have access to medical, surgical, and therapeutic care and publicly state that discrimination against transgender people in employment and housing should end. The field of trans health care is increasingly based on the idea that access to affirming transgender health care is a human right and is setting the stage for a newly emerging ethic of clinical care for transgender, transsexual, and gender-nonconforming adults, children, and teens.

Transgender Adults

Transgender, transsexual, and gender-nonconforming adults seek treatment for a multitude of reasons, including mental health and relational concerns that have little to do with their gender. Sometimes they are experiencing pain and confusion about their gender and want to explore options for transition, or they request assistance in understanding their gender confusion. They may have had lifelong gender dysphoria, or it may have recently surfaced or increased. They may have kept their feelings secret and are therefore experiencing isolation. Perhaps they are afraid of how a spouse will react if they reveal their feelings.

Therapy requires an affirmative approach to the client and their gender expression, normalizing their experiences though psychoeducation and emotional support. Therapists should be able to advocate for their client's unique gender expression, assist them in exploring multiple possibilities for the resolution of their dysphoria (i.e., in and outside of the gender binary), and support them in the actualization of their gender identity.

Other transgender people seeking a therapist may have a clearly defined gender identity (albeit not necessarily matching their natal sex) and are seeking referral for medical services. The *SOC7* established procedures for assessment and referral so that transgender adult clients are supported in relatively swift evaluations and access to medical and surgical care. The therapist should assess for a history of gender identity concerns and a desire for medical or surgical solutions. In addition, the client should be carefully assessed for any mental health issues that might interfere with their ability to

give informed consent (i.e., addiction, depression, or intellectual limitations), and these should be reasonably well treated before referral for hormonal therapy.

Last, some people seek out therapeutic services for assistance with partners, children, or other family members who are less than supportive. Transitioning at work or school, or managing complex social systems often requires the assistance of professionals. As part of holistic and comprehensive clinical care, clients should be understood within the systems, in which they live their lives—families and occupational environments—and professionals should advocate for their clients who are transitioning and provide education to institutions as necessary.

Referral for medical (hormonal) treatment and surgical procedures is part of quality therapeutic care, but it should take place within a large framework of understanding the client's social and psychological needs, assisting them in building support networks and understanding that transitioning can be stressful. Therapeutic support can serve as an unconditional affirmation for the transgender identity and as a counterbalance for the negative sociocultural and familial environments within which most transgender people mature and live. Therapy can ameliorate the negative impact of growing up transgender in an oppressive society and assist the client in a coming-out process that actualizes a healthy identity. Affirmative counseling can enhance the dignity and self-respect of transgender, transsexual, and gender-nonconforming clients by establishing a supportive and accepting atmosphere.

Gender-Nonconforming Children and Transgender Adolescents

All children are socialized into proscribed gender roles by the cultures in which they live. Gendered expectations remain powerful societal determinants (more for boys than girls), and when children whose behavior, mannerisms, clothing choices, or choice of pronouns conflicts with societal expectations, there is often stress and tension within families and school systems. Children who express gender nonconformity or experience gender dysphoria commonly feel societal and parental pressure to conform to "appropriate" gender roles and experience distress that their authentic gender is being invalidated. Research confirms that the more one strays from socially proscribed gender norms at school, the more likely one is to be victimized or bullied.

Potential outcomes vary for gender-nonconforming children. Gender nonconformity can shift and change, increase, or disappear with increasing age. Some gender-nonconforming children may begin to express their gender in more conventional ways as part of their natural development; others may do so in response to social pressure, and this should be carefully explored. Other children persist in gender-nonconforming behavior and desires and might experience increasing anatomical discomfort as they enter puberty. Youth naturally begin exploring their sexuality and gender during adolescence, and transgender youth may experience an increase in gender dysphoria. Some gender-nonconforming children do not experience any dysphoria, whereas some children may experience extreme dysphoria but not express gender-nonconforming behaviors.

There are currently two distinct treatment models for working with gender-nonconforming children and transgender and youth. The first is based on assisting children in accepting their natal sex as their true gender based on the supposition that gender nonconformity emerges from parental influences, especially related to difficulties with attachment and proper gender role acquisition. These treatments are all

rooted in the idea that therapeutic intervention can eliminate cross-gender behavior and that eliminating these behaviors is in the best interest of the children. Since research has shown that many of these children grow up to be gay, some clinicians believe this a more optimal outcome, which should be encouraged.

Newly emerging affirmative practices, outlined in the *SOC7*, postulate that best practices are embedded affirmative treatments for gender-nonconforming children that support the emerging gender identity as well as parents' complex reactions. The *SOC* stresses that professionals should not impose a binary view of gender and describe guidelines for both social and medical transitions. Research indicates that there are multiple resolutions for younger gender-nonconforming children, but dysphoria that emerges, or increases, in adolescents tends to represent a more stable transgender outcome.

Suggestions for affirmative treatment include (a) nurturing the emerging gender identity of children and youth regardless of whether it is typical or atypical, (b) developing protective strategies to support children and youth who are living in hostile environments, (c) supporting families and social institutions to become more gender flexible so that gender-nonconforming children are integrated within their families' communities, and (d) supporting those parents and institutions that are already advocating for their children, since they are often isolated and under public scrutiny. These emerging models contrast significantly with decades of interventions focused on eliminating cross-gender expression in young children and teens.

Regardless of the outcome for these children (an LGB sexual orientation, a normative gender expression or identity, and/or a transgender or gender queer identity), children should be encouraged to express their gender in ways that are congruent for them, and it is the responsibility of adults to make their social and educational environments safe. This is consistent with current shifts in cultural and clinical beliefs that increasingly view multiple pathways to healthy gender identity and expression.

See alsoAffirmative Therapy; Health Disparities, Transgender People; Therapists, Training of; Therapists' Biases Regarding LGBTQ People; Transgender Youth and Family Relationships; Transgender Youth and Well-Being

Arlene Istar Lev
http://dx.doi.org/10.4135/9781483371283.n419
10.4135/9781483371283.n419

Further Readings

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., … Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people (Version 7). International Journal of Transgenderism, 13(4), 165–232. Retrieved from http://www.wpath.org
Ehrensaft, D. (2011). Gender born, bender made: Raising healthy gender-nonconforming children. New York, NY: The Experiment.
Erickson-Schroth, L. (Ed.). (2014). Trans bodies, trans selves: A resource for the transgender community. New York, NY: Oxford University Press.
Lev, A. I. (2004). Transgender emergence: Counseling gender-variant people and their families. New York, NY: Taylor & Francis.
Stone Fish, L., & Harvey, R. G. (2005). Nurturing queer youth: Family therapy transformed. New York, NY: W. W. Norton.

Teich, N. M. (2012). Transgender 101: A simple guide to a complex issue. New York, NY: Columbia University Press.
Tilsen, J. (2013). Therapeutic conversations with queer youth: Transcending homonormativity and constructing preferred identities. New York, NY: Jason Aronson.