

transkit®

MODULE THREE | PSYCHOLOGICAL



# A PROBLEMATIC DIAGNOSIS

## THE DSM HISTORY OF GENDER EXPANSIVE CLASSIFICATION

First appearance in DSM III – 1980

Continued in DSM 4 + TR

Changed to Gender Dysphoria in DSM-5

It Needs A New Home





## DSM III, IV, IV-TR

Repeatedly stated desire to be, or insistence that he or she is, the other sex

In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing

Strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex

Intense desire to participate in the stereotypical games and pastimes of the other sex

Strong preference for playmates of the other sex

Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex



## DSM-5 | NOT MUCH BETTER

A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics.

A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender.

A strong desire for the primary and/or secondary sex characteristics of the other gender.

A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).





## THE DX IS USED AGAINST US

Most of the practicing psychologists and therapists working today learned about Gender Identity Disorder in the previous DSM manuals.

Dropping the disorder label is not enough. The presence of the diagnosis in the DSM allows the weaponization and pathologizing of gender expansive experiences.



# UNDERSTANDING GENDER DYSPHORIA

## AMERICAN PSYCHIATRIC ASSOCIATION

Gender dysphoria involves a conflict between a person's physical or assigned sex and the gender with which he/she/they identify.

People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender.



# UNDERSTANDING GENDER DYSPHORIA

## A DIAGNOSIS IS NOT REQUIRED

- The purpose of a diagnosis of gender dysphoria is to allow access to medical treatment.
- A diagnosis of gender dysphoria is not required for an individual to identify themselves as transgender, and does not invalidate the legitimacy of their identity.
- Gender Dysphoria ranges from nonexistent to debilitating based on the individual's gender identity. Just as gender is expansive, one's experience with their body as it relates to their gender cannot be explained or categorized in only one way; this is part of what makes gender dysphoria in the DSM problematic.
- For some, particularly those who identify as nonbinary, alleviating the incongruence between their assigned sex and identified gender can occur within gender expression and not medical treatment.



# PRACTICAL INSIGHTS

## A METHOD OF UNDERSTANDING

Asking a cisgender therapist to understand the incongruence of gender identity and biological sex is often met with resistance and doubt.

Feeling ever-present dissonance becomes the norm for gender expansive individual.

As difficult as it is for a cisgender individual to comprehend the challenges, it is equally difficult for us to imagine and congruent experience of identity and body.

Practical applications and examples have the greatest chance of helping cisgender providers understand the needs of the transgender, non-binary and gender expansive population.





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# PRACTICAL INSIGHTS

## AVOID PATHOLOGIZING PATIENTS

Attempts to link psychological theories such as attachment or identity development quickly become pathologized and weaponized by those who seek to invalidate the existence of gender expansive people.

Whether such attempts are for developing your professional skills, used with patients/clients, or used in general conversation... The effect is the same – it's suggesting a type of flaw or disorder in gender expansive individuals.

We will instead focus on specific behaviors and things to watch out for in psychological development.



# CHILDHOOD DEVELOPMENT

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COMMONLY SEEN EXPERIENCES



# MILESTONE CONSIDERATIONS

## **Age Two**

Children begin to recognize the difference between boys and girls.

## **Age Three**

Children begin to identify themselves as a boy or girl.

## **Age Four**

Most children stabilize in their gender identity

*Gendered Expectations Begin Before Birth*



## MILESTONE CONSIDERATIONS

Consider how a gender expansive child might operate in a home. Every interaction, especially those with primary caregivers now become complicated by a gender identity different from expectations.

Consider how play is affected, with a gender non-conforming child being placed in groups and settings with people who do not share their gender identity.

Consider the complications of developing friends; where expectations determine who are friends should be, and deviation from those norms often results in punishment.





## MILESTONE CONSIDERATIONS

Gender expansive children often have a life-long issue making friends, as practice and experience with typical gendered social roles was never experienced. Modeling behavior may result in concerns of physical safety.

The development of a mask, façade, or similar term will commonly be heard in treatment. For many transgender individuals, this mask becomes the method of all interaction, stunting development.

Isolation and loneliness as a child matures becomes increasingly common.





## MILESTONE CONSIDERATIONS

Asking a transgender child, or more specifically the part of their identity they express externally, to participate, compete or interact with those who were assigned the same sex can often result in feelings of not-belonging, not being able to compete or relate, and can generally lead to feelings of not belonging.



# CARETAKERS & SYSTEMS

## MANIFESTATION OF NATURE

The understanding of biological factors such as genetics and gene expression, hormone effects in gestation, neurological differences in grey/white matter composition including the imprinting process and how each of these affect gender differentiation is becoming more commonplace in the medical and mental health communities.

However...

Parents and/or caretakers are very good at providing clothing, toys, experiences, and at modeling behaviors based on the sex assigned at birth. Think gender reveal parties...





# CARETAKERS & SYSTEMS

## MANIFESTATION OF NATURE

Schools, churches, sports, clubs are excellent at providing gendered experiences based on a child assigned sex.

Each one of these reinforcements, while shown to be beneficial for the cisgender child, adds additional complications (trauma) to self-understanding, self-confidence, and typical identity development for gender expansive kids.

The number of social supports a transgender child has access to quickly become limited.





# ADOLESCENT + ADULT EXPERIENCE

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MENTAL HEALTH CONSIDERATIONS

# CARE CONSIDERATIONS

## AFFIRMING CARE IS CRUCIAL FOR POSITIVE OUTCOMES

We have seen therapies designed to bring a gender identity inline with the assigned sex fail and be legally classified as an abusive practice. They Don't Work.

The necessity for development, exploration and acceptance are just as critical in later stages of life as they are to childhood development.

Especially for adults, exploration will typically result in anxiety and depression symptoms. Typical exploration of trying on different names, pronouns, hair styles, clothing options, and beginning to explore gendered spaces that match their gender identity can be harrowing and potentially dangerous.



# CARE CONSIDERATIONS

## THE SECOND PUBERTY

For both trans-masculine and trans-femme patients, the administration of hormones bring on the effects experienced during a typical adolescent puberty.

This second puberty does not come with the benefit of being surrounded by peers who are undergoing similar experiences. This can lead to greater anxiety, isolation, and mood swings.

Integration into groups or communities where gender expansive individuals can develop friendships is critical.

For many gender expansive people – this will be the first time they interact (knowingly) with others like them.





# CARE CONSIDERATIONS

## TRANSPHOBIA

Despite still being commonly used amongst therapists, the concept of internal homophobia and internal transphobia should be avoided at all costs. Gender expansive individuals report that such connotations fuel a sense of self-loathing, doubt, and increase suicidality.

With that being said, a gender expansive individuals initial interactions with those in similar states of transition or general care can be precarious, and anxiety inducing. As with any treatment, the more exposure a client can undergo, the faster they overcome these stigmas.



# THE DEATH OF IDENTITY

## THE DEATH OF IDENTITY

While transition can bring a great sense of relief and balance into a persons life, and in addition to losses outlined so far, a sense of personal loss will typically be experienced.

For trans-femme clients, one of the most common periods of transition is near retirement. Transitioning often means recognizing the death of the former identity. Though typically this means the façade, it was still an integral component to how the world was viewed and interacted with.



# APA TREATMENT GUIDELINES

## ESTABLISHED GUIDELINES FOR TREATMENT

- Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth.
- Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.
- Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.
- Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.



# APA TREATMENT GUIDELINES

## ESTABLISHED GUIDELINES FOR TREATMENT

- Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people.
- Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.
- Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.
- Psychologists working with gender-questioning 4 and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in a TGNC identity into adulthood.

# APA TREATMENT GUIDELINES

## ESTABLISHED GUIDELINES FOR TREATMENT

- Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.
- Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.
- Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.
- Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.

# APA TREATMENT GUIDELINES

## ESTABLISHED GUIDELINES FOR TREATMENT

- Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.
- Psychologists Seek to Prepare Trainees in Psychology to Work Competently With TGNC People.