Psychotherapy with Transgender and Gender Expansive Youth

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THERAPEUTIC TASK

GETTING A YOUTH’S GENDER IN FOCUS
TEMPLATE FOR GETTING A YOUTH’S GENDER IN FOCUS:

THE GENDER WEB

THE THREADS IN THE GENDER WEB:
NATURE, NURTURE, AND CULTURE

- Chromosomes
- Hormones
- Hormone receptors
- Gonads/Primary sex characteristics
- Secondary sex characteristics
- Brain
- Mind
- Socialization: Family, School, Religious Institutions, Community
- Culture: Values, Ethics, Laws, Theories and Practices
THE FOURTH DIMENSION OF THE GENDER WEB: TIME

Each individual alters their gender web as they weave together nature, nurture, and culture OVER TIME.
Like fingerprints, no two people’s gender webs are exactly the same.

Unlike fingerprints, gender webs are not fixed at birth. They can change over the course of a person’s life.
ADULTS AND THE GENDER WEB

The gender web is each youth’s personal creation.

If adults grab the threads from the youth, they mess up the youth’s gender web and leave the child feeling all tangled up.

If adults facilitate the youth weaving their own personal gender web, the youth feels supported and expansive.
GENDER MODALITY

- A new term introduced by the transgender community.
- Substitute for differentiating cisgender and transgender people into reified binary categories.
- Instead, each youth has their own gender modality (construction of their unique gender).
- Opens the door to gender infinities and non-binary identities.
- Another way of conceptualizing the gender web.
Basic premises of the gender affirmative model (GAM)
Basic premises of GAM

1. Gender variations are not disorders
   There are infinite pathways of gender
   Cisgender is only one of many
   Each gender pathway is positive
   No one pathway is privileged over another
Basic premises of GAM

2. Gender presentations are diverse and varied across cultures, requiring cultural sensitivity
Basic premises of GAM

3. Gender involves interweaving of:
   - Biology
   - Development and socialization
   - Culture and context

(The Gender Web)
4. Gender may be fluid, and can be non-binary
Basic premises of GAM

5. Gender is not fixed at a moment in time, but is a lifelong process
Basic premises of GAM

6. Co-occurring psychological issues, if present at all, are typically related to interpersonal and cultural reactions to a child, not internal pathology
Basic premises of GAM

7. Therefore, pathology more likely lies in the culture rather than in the child.
Basic premises of GAM

8. Ergo: Gender may be the cure, rather than the disease
ALERT: NEW DIAGNOSIS: SGD
SOCIAL GENDER DYSPHORIA

PRESENT CONTROVERSY—SHOULD THERE BE A MENTAL HEALTH GENDER DIAGNOSIS IF GENDER DIVERSITY IS NOT A PATHOLOGY?

DSM V GENDER DYSPHORIA: EXPERIENCE OF STRESS OR DISTRESS IN INCONGRUENCE BETWEEN DESIGNATED SEX AT BIRTH AND EXPERIENCED GENDER IDENTITY

PERHAPS WE ARE BEING DIVERTED FROM THE REAL ISSUE, WHICH IS

DIAGNOSIS OF GENDER DYSPHORIA BELONGS TO THE CULTURE, NOT THE YOUTH

NEW DIAGNOSIS: SOCIAL GENDER DYSPHORIA (SGD)

DEFINED AS STRESS OR DISTRESS EXPERIENCED BY A CULTURE OR INDIVIDUAL WITHIN THE CULTURE WHEN EVERYTHING THEY LEARNED ABOUT GENDER IN TWO BOXES IS INCONGRUENT WITH WHAT CHILDREN (AND ADULTS) TODAY ARE DEMONSTRATING ABOUT THEIR GENDER BEING INFINITE RATHER THAN BINARY IN NATURE
IT IS THE RESPONSIBILITY OF MENTAL HEALTH PROFESSIONALS TO CURE THE DISEASE BY GETTING INVOLVED IN THE COMMUNITY TO ENSURE GENDER HEALTH FOR ALL
DEFINITION of GENDER HEALTH

A youth’s opportunity to live in the gender that feels most real and/or comfortable

A youth’s ability to express gender with freedom from restriction, aspersion or rejection
What are gender microaggressions?

Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults because of gender minority status.
MAIN BARRIER TO GENDER HEALTH = GENDER MINORITY STRESS

WHAT IS GENDER MINORITY STRESS?

Anxiety and distress caused by being part of a minority group and being confronted with:

1. gender-related discrimination
2. gender-related rejection
3. gender-related victimization
4. non-affirmation of gender identity
5. internalized transphobia
ESSENTIAL THERAPEUTIC TENET
ABOUT GENDER

It is not for us to say, but for the youth to tell.
Is it a boy or a girl?

I don't know. It can't talk yet.
THERAPEUTIC GOALS

- Facilitating authentic gender self
- Alleviating gender stress or distress
- Building Gender Resilience
- Securing Social Supports
UNDERLYING ASSUMPTION

EVERY YOUTH IS ENTITLED TO LIVE IN THE GENDER THAT IS MOST AUTHENTIC TO THEM, A GENDER THAT DOES NOT NECESSARILY MATCH THE SEX DESIGNATED AT BIRTH OR THE CULTURE’S SOCIAL DEFINITIONS OR EXPECTATIONS OF GENDER EXPRESSIONS.

i.e., “GENDER HEALTH”
The role of the mental health professional is to join with the youth, the family, and with allied professionals to:

* Learn about the youth’s gender authentic self and the impediments to that self
* Determine if a youth’s gender presentation is a symptom of something else or the youth’s gender core
* Figure out next steps and take next steps
TO BE NOTED: NEXT STEPS MAY INCLUDE MAKING RECOMMENDATIONS ABOUT GENDER AFFIRMATIVE MEDICAL INTERVENTIONS

- This could include puberty blockers, hormones, or surgeries
- Very few if any other areas where mental health professional asked to weigh in on medical procedures for a child
- This part of the work involves a significant amount of advanced training—AND MAKES PROVIDERS ANXIOUS
CHALLENGE FOR THE PROVIDER

WE’RE SUPPOSED TO LISTEN TO THE YOUTH ABOUT THEIR GENDER BUT HOW DO WE FIGURE OUT WHAT THEY ARE TRYING TO TELL US?
THAT QUESTION CAN MAKE A PROVIDER VERY NERVOUS
A HELPFUL TRANSLATION APP: The fruit orchard of gender expansive youth
Some youth will be exploring or affirming their gender identity (Apples).
Some youth will be exploring or affirming their gender expressions (Oranges).
Some youth will be exploring or affirming both (Fruit Salads).
FROM WHENCE APPLES AND ORANGES?

FROM REVIEWING THE RESEARCH ON DESISTERS AND PERSISTERS:

PERSISTERS: YOUNG CHILDREN WHO RECEIVE A GENDER DIAGNOSIS EARLY IN LIFE AND PERSIST WITH THAT DIAGNOSIS INTO ADOLESCENCE

DESISTERS: YOUNG CHILDREN WHO RECEIVE A GENDER DIAGNOSIS EARLY IN LIFE AND NO LONGER HAVE THAT DIAGNOSIS BY PUBERTY

MAJORITY OF CHILDREN IN CLINICAL STUDIES HAVE PROVEN TO BE DESISTERS (most recent finding: 63%[Steensma et al., 2013] )

CONCLUSION: WAIT UNTIL ADOLESCENCE BEFORE DOING ANYTHING DRASTIC ABOUT GENDER, i.e., SOCIAL TRANSITION BECAUSE WE CAN'T KNOW BEFORE

MY RESPONSE: THIS IS MAKING NO SENSE. THESE ARE TWO DIFFERENT GROUPS OF KIDS FROM EARLY ON. WE'RE TALKING APPLES AND ORANGES.
THEN ALONG CAME THE FRUIT SALADS

THE PUSH CAME FROM THE YOUTH THEMSELVES, ACTIVELY CHALLENGING THE BINARY NOTIONS OF GENDER IN THOUGHT, ACTION, AND DEED
Separating Apples, Oranges, & Fruit Salads Requires Separating Gender Identity from Gender Expressions

**GENDER IDENTITY:** Who I know myself to be at my core—male, female, or other

**GENDER EXPRESSION:** The toys I like to play with, the activities I like to do, the children I choose to play with, the clothes I like to wear, the way I like to move, and so forth
How to tell if a toy is for boys or girls.

Do you operate the toy with your genitalia?

Yes
- It is not for children.

No
- It is for either boys or girls.

original version via (facebook.com/dumbsainthood)
updated version (duelinganalogs.com)
How to Tell If a Toy is for Boys or Girls

- Do you operate the toy with your genitalia?
  - Yes: It is not for children
  - No: It is for a child of any gender
Youth who often show up in child gender research as the "persisters"

Cross-gender in identifications early in life; continue on the same track into and beyond puberty (Consistent, Persistent, and Insistent)

Typically say, “I am a -------” rather than “I wish I was a -------”

Many express body dysphoria

Gender explorations typically don't present as child's play but serious work

Establishing an affirmed gender identity is the main order of the day

Nature thread of their gender web often quite strong

Our youngest cohort of transgender people
In order to be an apple, you have to have been insistent, persistent, consistent in asserted gender identity since early childhood.

Otherwise, you don’t qualify. You might even just be following a new teenage fad (AKA rapid onset gender dysphoria).
Reality: Late Harvest Apples

- A person can discover they are an apple at any point in life.
- They could be two, five, fifteen, or fifty.
- This is in accordance with consolidation of our gender selves being lifelong and potentially fluid process, rather than fixed at particular point in time.
Youth who often show up in child gender research as the “desisters”
- Gender expansive but do not repudiate their designated birth sex. May say “I wish I was a …”
- Large number of these youth will become gay or queer, exploring gender on way to discovering sexual identities
- Do not tend to repudiate their bodies, but can engage in fantasy play or ruminations about life in another body
- Explorations in realm of gender expressions rather than core gender identities
- Nature, nurture, and culture all strong threads
THE GENDER CREATIVE CHILD
Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes
DIANE EHRENSAFT, PhD

FOREWORD BY NORMAN SPACK, MD, Director, Gender Management Services, Boston Children’s Hospital, and associate professor, Harvard Medical School
Tapestry of self which is neither male nor female but own creative understanding of gender, both in identities and expressions.

These youth resist gender boxes.

Often live in gender middle grounds, where no either/or but instead all and any

= our non-binary, agender, pangender, gender fluid, gender queer youth

Recently, culture thread of gender web shown to be strong: youth influenced by new notion of gender infinity.
FROM ORANGES → FRUIT SALADS → APPLES

A NEW TRAJECTORY EMERGING IN ADOLESCENT EXPLORATIONS IN PSYCHOTHERAPY
Yet another trajectory

From gay (proto-)transgender → transgender → Gender queer/non-binary
THERAPY ROAD MAP: UNCOVERING THE TRUE GENDER SELF, FALSE GENDER SELF, & GENDER CREATIVITY

- **True Gender Self**: One’s authentic internal gender identity and expressions
- **False Gender Self**: One’s gender presentation developed to protect the true gender self or to comply with the social environment’s expectations, rules or guidelines about gender
- **Gender Creativity**: The weaving together of a unique and authentic gender self based on core feelings and chosen gender expressions
BACK TO THE CHALLENGE: FINDING THE YOUTH IN TRANSLATION

If you listen, they will tell you who they are.

But how do we know what they are saying?
We pay attention not to just what youth say, but what they do—or not do.

We learn to suspend ourselves in a state of not knowing and stay there.

We are not in a hurry, yet ready to move fast if we recognize an urgency.

We clear our ears of our own gender wax so we can hear what youth are telling us rather than what we want them to say (countertransference).
TRANSLATION TOOLS (with psychoanalysis as our friend)

- Listening
- Mirroring*
- Play
- Interpretation
- Suspension in state of not knowing
- Monitoring personal experiences that may distort your gender vision (countertransference)
- Cultural sensitivity
- Collaborative work with parents, family, community
MIRRORING = THERAPEUTIC KINGPIN

- Best thing any provider can do is fashion yourself as a full-length intersubjective mirror:
  - No child wants to look in the mirror and discover they are invisible
  - No child wants to look in the mirror and discover a distorted image
  - Greatest gift you can give a transgender/gender expansive child or youth: actively reflect back to them an authentic and positive image of who they are—through words, actions, feelings, ability to translate, willingness to provide treatment
CLINICAL CHALLENGE: WHAT IF IT’S GENDER AND SOMETHING ELSE?

- Gender as a solution to another life problem
- Gender as a symptom of an underlying disorder
- Gender as a signal of disordered parenting or socialization
- Gender and a separate psychological issue
- Gender as an obsessive phase of an autism spectrum disorder
- Goal remains the same: get youth’s authentic gender in focus
Double helix rainbow kids

YOUTH WHO FALL ON BOTH SPECTRA:
GENDER
AUTISM
DATA ON DOUBLE HELIX RAINBOW KIDS

Studies are showing significant co-occurrence of autism and gender dysphoria

Findings from clinical study of children and adolescents Gender Identity Clinic of the VU University Medical Centre in Amsterdam:

1. Incidence of ASD in this sample was 7.8% (n = 16)
2. = 10x higher than prevalence of 0.6–1% of ASD in general population in Netherlands (de Vries et al., J Autism Dev Disord 40:930–936 2010)

Subsequent studies have found a clinical diagnosis of ASD occurring in 6.3%-13.3% of gender-referred youth across clinics.
NOTE TO SELF ABOUT DOUBLE HELIX RAINBOW KIDS

- Gender explorations may not show up until puberty when body changes alert youth to gender.
- Youth may experience gender and their gender selves from a neurodiverse perspective.
- It is not for us to impose our sensibilities about gender on them, if we happen to be neurotypical.
- Instead, behooves us to learn their gender language & honor their own pathways in consolidating an authentic gender self.
MYTH ABOUT GENDER SPECIALISTS

We rubber stamp whatever a youth tells us about their gender.*

*Some think it’s our political agenda to make youth transgender (fake news)
REALITY: WE ARE NEITHER RUBBER STAMPERS NOR PUSHERS
WE ARE FACILITATORS

WE LISTEN WITH AN EAR TO FINDING OUT WHAT A YOUTH’S GENDER IS AND THEN PROVIDE THEM ALL THE NUTRIENTS THEY NEED TO LIVE AUTHENTICALLY IN THAT GENDER

IT COULD TAKE A DAY; IT COULD TAKE YEARS
MONKEY WRENCH IN OPTIMAL CARE FOR TRANSGENDER AND GENDER EXPANSIVE YOUTH

MADE UP DIAGNOSIS:
RAPID ONSET GENDER DYSPHORIA
BAD SCIENCE FROM WHICH ROGD GOT MUSCLE

Littman L. Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLoS ONE.* 2018; 13(8): e0202330

1. SKewed SAMPLE
2. REPRESENTING PARENTS’ REPORTS AS CHILDREN’S REALITY
3. CREATING A PSEUDO-DIAGNOSIS OF ROGD
4. ASKING PARENTS TO RATE THEIR CHILDREN ON A MENTAL HEALTH DIAGNOSTIC SCALE
5. MISREPRESENTING THE ROLES AND FUNCTIONS OF THE GENDER AFFIRMATIVE MENTAL HEALTH SPECIALIST AS RUBBER STAMPERS
INTENDED AND UNINTENDED CONSEQUENCES OF ROGD RESEARCH

- Energized community of doubting parents and anti-gender affirmative professionals
- Threatened to rob youth of their voices and mess up their gender web
- Created a brooha in the academic community
- Brown retracting Littman’s article and printing a corrected version
HOW TO UNDERSTAND THE RESPONSES

PUBLIC: SGD -- SOCIAL GENDER DYSPHORIA

PARENTS: “ROPD” -- RAPID ONSET PARENT DISCOVERY

TRANS COMMUNITY AND GENDER AFFIRMATIVE PRACTITIONERS: “ROAD” -- RAPID ONSET ACTIVIST DEMYSTIFICATION
DISPELLING MYTHS ABOUT ADOLESCENT GENDER CARE

- Gender affirmative practitioners are NOT rubber stampers
- Gender affirmative practitioners DO NOT have a political agenda
- Gender affirmative practitioners recognize that adolescence = time of exploration and experimentation
- SOGD is NOT a diagnosis
- Gender is not static. Moving to a new gender modality or back to an old one is simply gender evolution. Not to worry
THANK YOU
REFERENCES