Gender-affirming Psychotherapy

Randi Ettner PhD
Clinical and Forensic Psychologist
Continuing Medical Education Disclosure

- **Program Faculty:** Randi Ettner, PhD
- **Current Position:** Clinical and Forensic Psychologist
- **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

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What is gender-affirmation?

- an *interpersonal* process that recognizes and supports an individual’s unique gender identity and expression
- Interpersonal - the therapist has a story and the client has a story. The relationship is the platform for healing and growth.
My Story: Killing sacred cows

- From “psychosis” to awareness - the stories of Cook County Hospital
- *Confessions of a Gender Defender* – using stories to create a climate of acceptance
- *Gender Loving Care*—gender affirming therapy is a departure from therapeutic dogma
Identity Development

- Child has experience of body as “not me”
- Parents prohibit expressions of - We teach gender roles through shame
- Child develops false self
- False self gets mirrored
- Can’t have best friend as self-disclosure is threatening
Shame

- The most toxic of emotions
- Leads to feeling the whole self is flawed
- Anticipation of being shamed leads to anxiety
- Can overwhelm [especially the child] causing sadness, depression, loneliness
- Produces a sudden loss of muscle tone in neck and upper body, increases skin temperature of face, causes brief incoordination and disorganization
What are we doing?

- *Not* doing assessment
- Co-creating an alliance
- Constructing a space that is safe and welcoming
- Re-parenting by actively listening and supporting nascent identity: providing an environment for optimal growth (Winnicott)
Witnessing and Mirroring

- The *sine-qua-non* of psychotherapy
- Trans people haven’t been mirrored
- Gender-affirming therapy is the antidote to shame
“When a person realizes he has been deeply heard, his eyes moisten...I think in some real sense he is weeping for joy. It is as though he were saying, ‘Thank God, somebody heard me. Somebody knows what it’s like to be me.’”

-Carl R. Rogers
GENDER LOVING CARE

A Guide to Counseling Gender-Variant Clients

RANDI ETTNER
SOC Versions 1-5

- Required psychotherapy
- Therapist was the gatekeeper
- Triadic sequence
- Binary hormones and real life test
- Complete transition from male-to-female or female-to-male
SOC Versions 6 and 7

- Reflect the transition of the field
- Overarching goal of treatment is lasting comfort
- Psychotherapy is not required
- 2010 WPATH issued a statement depathologizing gender conditions
Paradigm Shift

- Therapy went from gate keeper model to gender affirming model
- Condition went from a binary model to a spectrum model
- Individualized approach
- “Informed consent clinics” allow for free meds, but not always mental health care
- Psychotherapy more important than ever – as identities are unique
Mental health issues

- Minority stress
- Stigmatization
- Lack of social support
- Victimization
- Discrimination
- Health care disparities
- All of the issues have implications for mental and physical health and well-being
**Family and Relationships**

- Concern about the impact on loved ones, and the fear of losing important relationships
- Fear of rejection, or experience of rejection can be devastating
- Many transgender people are parents and their number one concern is how transition will impact the life of a child.
Disclosure

- Having to explain oneself to others and perhaps educate them about gender identity can be challenging.
- Some people dread telling a spouse, knowing it can arouse anger or worse.
- Coming out to parents, siblings, children, colleagues, and employers can wreak real or imagined havoc, both can be corrosive to health.
Self-harm

- Many high risk behaviors are destructive means of coping that threaten health or contribute to disease
- Smoking, substance abuse, high risk sexual behaviors, eating disorders
- This includes the “workaholic” who may appear very high functioning
Depression

- Some people are so accustomed to feeling sad, they aren’t aware they’re actually suffering from clinical depression
- Anxiety can be a component of depression
- Can affect many systems including sleep, digestion, and energy regulation
Suicide

- Depression and thoughts of suicide are common.
- MHP are often reluctant to ask about suicidal thoughts.
- Relief to know that someone understands the depth of pain and cares enough to be in that space with you.
Transition

- Hormones and social transition can create sweeping life changes...can destabilize even the most-well adjusted individuals.
- Can experience a shift in sexual orientation with transition
Sexuality

- Understanding one’s sexual self is important in consolidating identity
- Facilitate sexual health
- Spouse sexual concerns
Passing

- Some people very anxious about presenting an authentic appearance in the affirmed gender
- Being read is a source of distress
Spirituality

- Connection and community
- Some excluded from traditional communities of worship
- e.g. one client stated if she had to spend another Xmas alone she would kill herself
Some therapeutic challenges

- Lack of gender-affirmation leads to identity threat and high-risk behaviors
- Balancing the inner truth and the outer realities
- Understanding others are transitioning with the client “by proxy”
- Fostering resilience
Complex Psychiatric Issues

- 50% of Americans between 15-54 will present with a mental health disorder at some point.
- Occasionally, a transgender client will present with a diagnosis that requires treatment, e.g. bipolar, schizophrenia, and referral to a psychiatrist.
- Presence of a diagnosis doesn’t preclude treatment of gender dysphoria.
Aging

- In Western societies, aging transgender people present to therapists in relatively large numbers
- May present for the first time after decades of inner conflict
- May return after years of quiescence
Hormonal Changes with Aging

- Normal hormonal changes that occur with aging may destabilize
- Women—decrease estrogen/progesterone
- Men—age 30: decreased hypothalamic pituitary gonadal function
  - Age 35: free testosterone declines 1% per year= threat to cardiovascular health and depression in those who have never had estrogen
Aging kindles dysphoria

- Transwomen on long-term estrogens: decline in DHEA and precursors leads to cortisol production and changes in chemistry which may catapult to crisis
- Many on hormones mistakenly believe they can discontinue hormones completely
Transition in the Elderly

- Persons who transitioned early
  - Face the same issues as other elderly people
- Persons who transition late or haven’t:
  
  aging is vulnerable time
  isolation, shame, lack of support can create havoc, despite previous stability
Implications for therapy

- Awareness - gender dysphoria may intensify over the life span, becoming acute in the aging
- Partial surgeries can be therapeutic
- Support – crucial and may supercede other psychotherapy aims
- Delivery of care—flexible
- Manifestations of aging- more distressing in this population, represents lost opportunity
- Collaboration of care essential
Affirmed

“Our work together is nothing less than a life-saving miracle. It has allowed me to feel known, and deeply understood, regardless of what issue I am struggling with... After surviving years of shame, guilt and the decades-long progressive disintegration of any confident sense of self, I feel known, recognized and forgiven.”