What Social Workers Need to Know about Gender Identity: Transgender, Transsexual, and Gender Non-Conforming Experience

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What is Gender?

What makes a person a man or a woman?
What is Gender?

What makes a person masculine or feminine?
The Transgender Umbrella

- Transgender is an umbrella term to describe many people on the transgender spectrum.

- Transgender is a term derived from Latin; Trans means cross over.

- Mostly simply, transgender people cross over (trans) the commonly held boundaries of what Western culture deems appropriate for males and females.

- It’s a general term, including many people, some of whom might be surprised to be included, and others who would clearly prefer not to be included.
The Transgender Umbrella

The term transgender can include a broad spectrum of people who identify with many names including:

- Transsexuals
- Crossdressers
- Transmen
- Transwomen
- Bi-Gendered or Third Sex
- Gender Non-conforming
- Gender-Queer
- Masculine females (butches)

- Feminine males (“queens”)
- Entertainer
  - Female impersonator
  - Male impersonator
- Drag (King or Queen)
Acronyms

- MtF – Male to Female
- FtM – Female to Male
- SRS – Sexual Reassignment Surgery
- SCS – Sexual Corrective Surgery
- GLBTIQ– Gay, Lesbian, Bisexual, Transgender, Intersexed, Questioning
The Transgender Umbrella

- Although transgender people are commonly included in the larger LGBT community, there are many important differences. Transgender people are dealing with GENDER related issues and LGB people are addressing issues related to sexual orientation.

- Transgender and transsexual people can be heterosexual, homosexual, bisexual or non-sexual.

- Gender-variance crosses all class, race/ethnicity lines -- as young as 4, as old as 82.
Transsexuals

- A person who identifies as transsexual is concerned with conflict between their perceived self and presenting anatomy. They are concerned with their perceived maleness or femaleness.

- Transsexuals are people who believe that their physiological body does not represent their true sex.

- Most transsexual people desire gender affirmative surgeries (SRS) but transsexual people may be pre-operative, post-operative, or non-operative (i.e., choosing to not have surgical modification).

- Most transsexual people prefer to be referred to simply as men or women, according to their gender identity and gender presentation, regardless of their surgical status.
Crossdresser

- Males who have no gender identity conflict internally but needs (enjoys) the clothing of the opposite sex in order to release their feminine self.

- Often heterosexual married men, who are not interested in transitioning to living full time as women – sometimes very closeted even from their wives.

- Crossdressers used to be referred to as transvestites.

- Crossdressers who live full time as women are sometimes referred to as transgenderists.
What is Sexual Identity?

Multiple components to what makes up sexual identity:

- **Sex** – Biology; biological dimorphism and Intersex.

- **Gender identity** – sense of self as a man or a as a woman – transsexualism, formed by early adolessence.

- **Gender role** – masculine and feminine aspects of self, how we perform, dress, mannerisms – crossdressing, butch expression.

- **Sexual orientation** – the directionality of our sexual desires.

- **What people actually DO in bed!!**
Sex ≠ Gender

Sexual Orientation is completely different from Gender Identity. A person’s sexual orientation is not defined by their gender identity (actual and/or perceived gender identity).
Gender Expresssions

- Gender is enacted, performed through a series of social conventions.

- Everyone wears your gender, you put it on in the morning, you shop for it at the mall. Your haircut, your eyeglasses, your shoes, even your underwear “mark” you as a gendered being.

- Your mannerisms, from the small movement of the neck, or the wrist, to your beliefs about what work you can or cannot do, to what social privileges are available to you, are impacted by you sex, your gender, and your experience in that sex/gender configuration.
Not a Two-Sex Binary

- Understanding transgenderism shakes up fundamental assumptions about sex and gender, and shifts the paradigm from two sexes that are opposite and different from one another to a conception of sex and gender identities as potentially fluid.

- The two-sex binary (male/female) disappears people who are intersex, gender-variant, cross-gendered, androgynous, and transsexual.

- In reality, there are multiple and diverse way of experiencing and expressing gender;
Diversity within the Trans Community

- Transsexual women who want to transition and pass completely into society.
- Crossdressing heterosexual males, who are closeted.
- Transmen who are gay identified.
- Butches who pass as men.
- Androgynes who express both masculine and feminine identities.
Transgender: A New Social Issue?

- Transgenderism is not a new phenomenon; it is not a new psychological issue or medical "condition."

- Diverse sexual and gender identity and expressions have always existed.

- However, the rise of medical technology and the development of synthetic hormones and surgical procedures made “sex changes” possible in a way never before imagined.
Transgender: A New Social Work Issue

• The emergence of transgender social justice movement is a recent development within contemporary western culture.

• Like the civil rights movement, the feminist movement and the gay liberation movement, the rise of a vocal community of transgender people demanding civil rights is raising questions about the role of diagnosis in working with minority populations.
Transgender: A Mental Health Issue?

• Within the mental health community, gender-variance has historically been assumed to be a pathology, and all cross-gender expression has been labeled as mental illness.

• Because sex reassignment is complex – medically, socially, and legally – the goal has been to minimize “regrets,” therefore a clinical process has been developed to determine who can be approved for medical treatments.

• Approval rests on fitting the criteria for a mental health diagnosis.
Problems with the Medical Model

• Places psychotherapists in a “gatekeeper” position; it is the social worker or psychologist who must officially determine which client is an acceptable referral for medical treatments.

• How can a counselor create a non-judgmental therapeutic environment that will allow the client to be open, honest, and trusting if they know they are being evaluated for medical treatments they are seeking?

• What role should Social Workers play in treating transgender people?
Development of an Advocacy Model

- Many professionals are also rethinking older treatment models that were based in mental health diagnoses, looking instead at the social and political ramifications of being a member of a despised group.

- Instead of examining transgender people through a lens of disorder and dysfunction, clinicians need to ask what it means to be a healthy functioning gender-variant person in a society with strict gendered spheres, where transgression of traditional roles can have serious social consequences.
Clinical Stance

• Gender variance is a normal expression of human diversity.

• Everyone has a right to their own gender expression.

• Everyone has a right to make informed and educated decisions about their own bodies and gender expressions.

• Everyone has the right to access medical, therapeutic, and technological services to gain the information and knowledge necessary make informed and educated decisions about their own bodies and lives.
New Treatment Modalities

- Non-pathologizing.
- Respectful of a variety of gender identities and expressions.
- Respectful of numerous way to express sexual orientation.
- Respectful of various levels of transition.
- Not a “sex-change” but a gender confirmation.
- Humanistic, narrative, post-modern, and advocacy-based perspectives.
Gender Dysphoria

- Clients seek services because of confusion around identity and gender dysphoria.

- Gender dysphoria describes the psychological discomfort experienced with the physiological body and/or social gender expectations.

- Sometimes there are associated clinical symptoms, including anxiety and depression.

- There are often complex family, work, and identity issues.
Assessment for Medical Treatment

• Clients also seek services to receive letters for medical treatments (i.e., hormones and surgery).

• Guidelines for approval are outlined in the Standards of Care, which are available through the World Professional Association for Transgender Health (WPATH – http://www.wpath.org/).

• The SOC are in the process of revision and social workers should become familiar with these guidelines and able to provide assessment, treatment, and appropriate referral.
Psychotherapy

- Some gender-variant people will seek out services for in-depth psychotherapy and/or family therapy to address coming out to spouses and children.

- Clinicians working with gender-variant people need to create a safe space for clients to talk about their experiences, to tell their stories, even if they are outside of the traditional diagnostic parameters.

- This means finding ways to set aside the role of “gatekeeper,” in order to engage in an authentic dialogic relationship.
Therapeutic Dialogue

- The therapeutic encounter is an opportunity for a conversation to take place in which clients can hear themselves into existence; the therapist serves as a mirror on the client’s internal journey.

- Clients struggling with gender identity issues need to tell their own stories in their own words; it is an evocative process where the therapist is the midwife, assisting in the birthing, offering encouragement and support, but essentially witnessing the client’s own birthing process.
Treatment Processes

- Gender-variant people have often repressed their opposite sex selves. The psychotherapy process can help in the transition from living a false life to the awakening to an authentic self.

- Coming out transgender or emerging transsexual, is an inherently social process (unlike becoming gay which can remain hidden from public view).

- Therapists serve as advocates assisting clients in making social and self-help connections to others who also experience gender variance.
Treatment Processes

- Social Workers provide education about gender dysphoria and the range of options for its resolution.

- Social Workers can be helpful to alleviate feelings of shame about gender issues.

- Social workers can discuss possibilities for managing gender expression or the impact of transitioning on family and career; the treatment process emphasizes the need to set realistic life goals for work and relationships.

- Social Workers may also need to assist clients in legal name changes, transitioning on the job, or coming out to children.
Client Autonomy

- Although it is important to recognize the seriousness and irreversibility of transsexual surgeries, as well as the importance of a mental health evaluation within the dialogic clinical relationship, it is equally necessary to recognize client autonomy and the limits of clinical control.

- It is important to note that it is rare for those who have been approved for treatment to have post-surgical regrets.
Family Issues

• Addressing the needs of the families of transgender, transsexual, gender non-conforming, genderqueer and intersex people is an unrecognized area of family systems therapy, as well as an under-served population within the gender community.

• Most gender specialists do not address family issues except in very rudimentary ways; most family therapists are not fluent in the concerns of the trans community.

• Transgender people have often been alienated and ostracized from their families – a practice encouraged by many treatment philosophies.
Systemic Approach

- Family acceptance or rejection is a core issue for trans people to integrate their gender identity into their lives in productive and meaningful ways.

- Supportive systems-based therapy for gender-variant people and their families will assist in the development and maintenance of healthy stable families.

- Transgender emergence can be therapeutically viewed as a normative lifecycle event – a stressful one – but part of the developmental process that some families experience.
Children and Youth

- Emerging populations.
- Children coming-out younger and younger.
- Often parents seeking services.
- Parents have often been blamed for child’s expression, causing it or reinforcing it.
- Unexplored area – what advice to give parents?
- Research shows that youth who transition young have had excellent results – they pass with greater ease, and mature into authentic gender identities.
Coming Out Trans

- Creates numerous social dilemmas.
- How to refer to people, what pronoun to use.
- Legal quagmires, which category are people assigned (birth certificates, marriage licenses)'
- Medical dilemmas (a transman at the gynecologist).
- Social problems – which bathroom should I use? Neighbors.
- How does the gender identity of our partner shift our own sexuality, our own sense of our own gender?
Daily Reality for T people

- No civil rights in housing or employment in most localities.
- Unmet medical needs, challenges with insurance companies that don’t recognize their basic needs.
- Brutal violence on the streets.
- Ostracism from families.
- Loss of custody of children.
- Unemployment and severe underemployment.
1.05 Cultural Competence and Social Diversity
• (c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

4.02 Discrimination
• Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.
Social Work Commitment

• The need for social work education in the areas of sexual and gender diversity is paramount for our profession.

• NASW policies are supportive, but few social workers are educated.

• Social Workers must become knowledgeable about the diversity of gender expressions so that they can offer support to their clients and their families.
Resources

• Definitions
• Guidelines for Therapists
• Bibliography

These resources are available for easy download from the Choices website/professional expertise page

Professional Expertise
http:www.choicesconsulting.com/aboutchoices/expertise.htm
and scroll down to Transgender