



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Behavioral Health Care Outside the Binary



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An Everyday Example: Challenging Gender Norms





♥ THEO THINKS ABOUT IT



♥ THEO THINKS ABOUT IT



♥ THEO THINKS ABOUT IT



♥ THEO THINKS ABOUT IT

LOOK, PEOPLE -
THERE ARE MORE THAN TWO
GENDERS. SOME PEOPLE IDENTIFY
AS BOYS, SOME IDENTIFY AS
GIRLS AND SOME IDENTIFY AS BOTH,
NEITHER OR SOMEWHERE
IN BETWEEN.



♥ THEO THINKS ABOUT IT

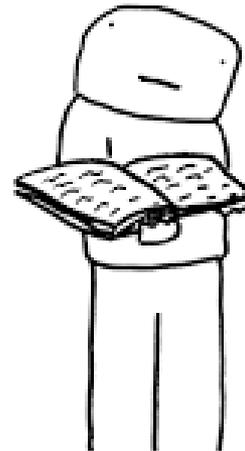


Objectives

- Increase knowledge of the lives and experiences of people whose identities do not align with binary models of gender.
- Increase awareness of the common challenges that nonbinary and people face.
- Increase clinical competency and skill in working with nonbinary people.



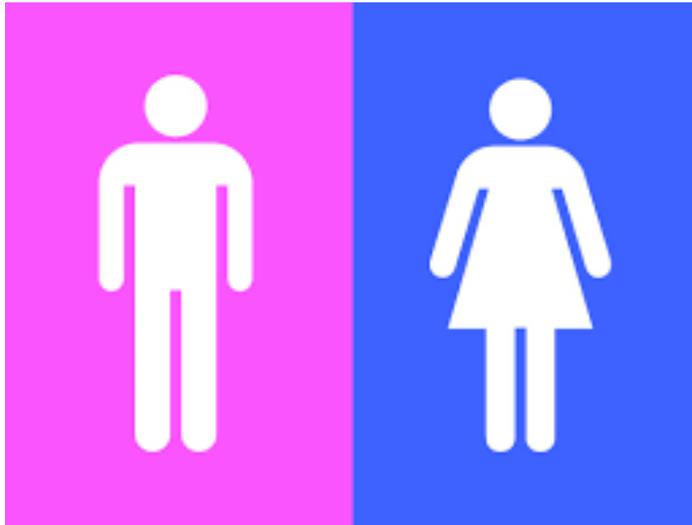
Basic Terms for here and now



dic·tio·nary·n.
1: a book everyone
should own
2: you might want
to buy two just
in case
3: maybe yours is
old and you
need a new
dictionary

THE GENDER BINARY

System of classifying gender
into two dichotomous, fixed categories



Male

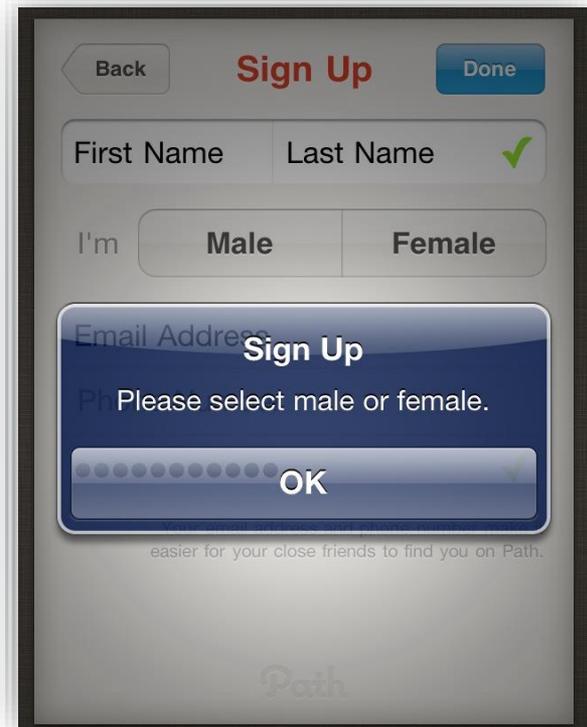
Man

Masculine

Female

Woman

Feminine



NONBINARY



- Male
- Female
- Neither

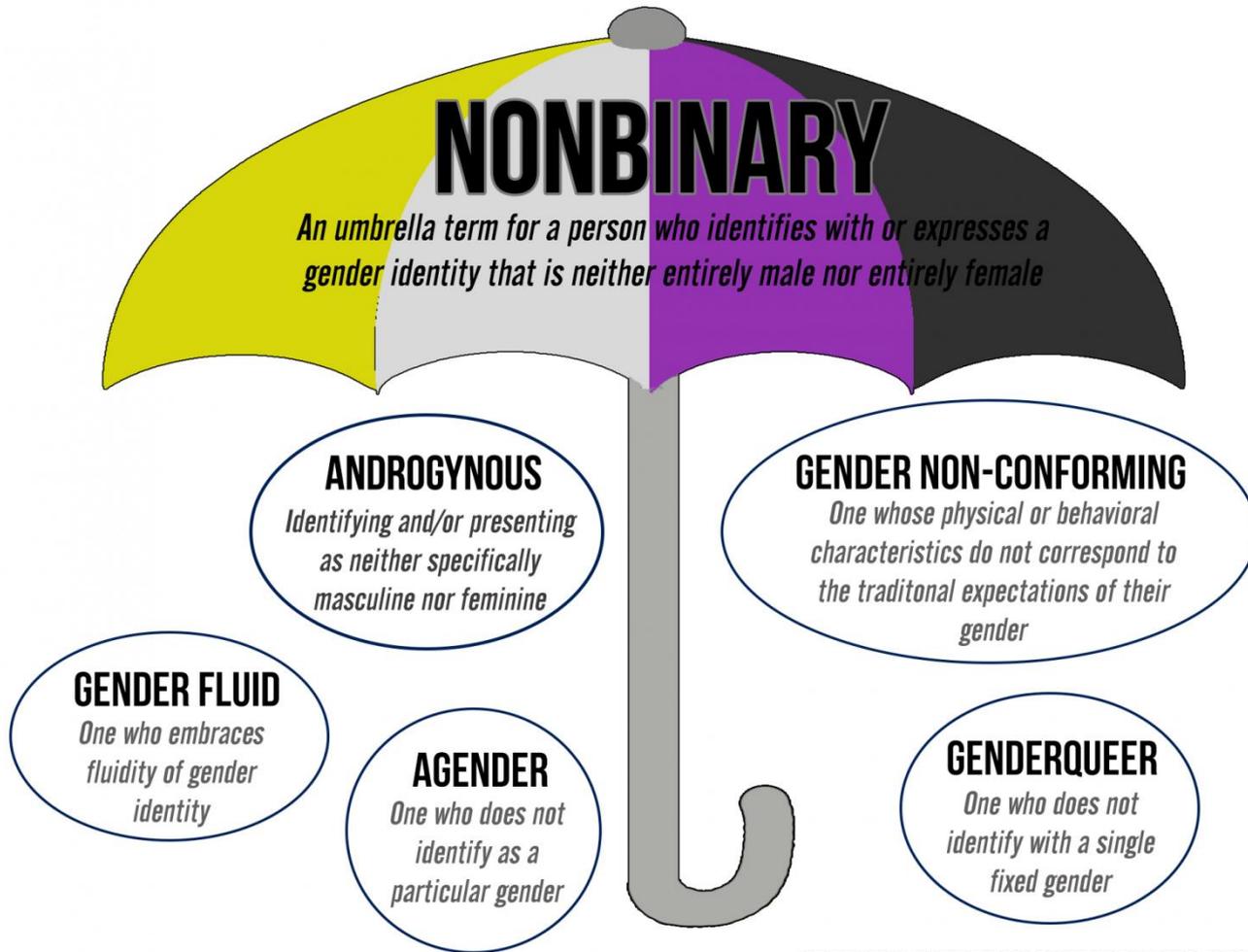
Terms that describe people who do not *fully* identify with binary categories of male/man/masculine or female/woman/feminine



A Few Related Terms

- Genderqueer
- Gender non-conforming (GNC)
- Gender expansive
- Enby (instead of NB, as NB is sometimes used to refer to non-Black, as in NBPOC)

One perspective



GRAPHIC ILLUSTRATION BY SRINIDHI SESHADRI

Nonbinary: The Basics



- Some nonbinary people define themselves in relation to concepts of male/man and female/woman (e.g., fluidly moving between, neither, both, in the middle), while others do not (alternate gender).
- Medicalized narratives deny the existence of people who do not fit neatly into the gender binary system.
- Nonbinary people may or may not identify as transgender.

Nonbinary Identities: Historical and Global Context

- Nonbinary people and expressions of gender have existed for centuries
- Not a Western phenomenon
- Evidence of nonbinary people within North America, Asia, and Europe
- Erasure of nonbinary expressions of gender due to colonialism



Just A Few Nonbinary Identities

- Genderqueer
- Nonbinary
- Gender neutral
- Neutrois
- Agender
- Genderless
- Neutrois
- Null-gender
- Nongendered
- Gender nonconforming
- Third gender
- Androgyne
- Multigender
- Polygender
- Bigender
- Gender fluid
- Demi gender
- Pangender
- Two-spirit
- Hijra
- Ladyboi
- Kathoey
- Eunuch
- Demiboy
- Demigirl
- Intergender
- Gender variant
- Masculine of center
- Epicene
- Genderfuck



Tip: It's not necessary to know the definitions of every identity.

It's more important to LISTEN to what these terms mean for your clients/patients.



Nonbinary Identities: Prevalence

- “Genderqueer” used more often in earlier research
- Over 50% of TG people identified as genderqueer (N=292; Kuper, Nussbaum, and Mustanski, 2012)
- 1/3 respondents in the U.S. Trans Survey endorsed having a nonbinary identity (James et al., 2016)
- Tate et al. (2013) used a referral method and found the same proportions of genderqueer/nonbinary individuals to binary trans folks (i.e., trans women and trans men combined)



Nonbinary People and Health

- Nonbinary people face **greater levels of minority stress** in comparison to binary trans peers, which has been associated with higher levels of suicidality (Tebbe & Moradi, 2016). **This increased risk for negative mental health issues may be due to the increased misgendering and other discrimination that non-binary people experience.**
- 43% nonbinary people access gender affirming medical care
- 86% do not disclose nonbinary status because people do not understand
- Most providers are only exposed to binary models of gender, which can create bias toward people who do not fit into these models.
- Examples: butch trans women, feminine trans men



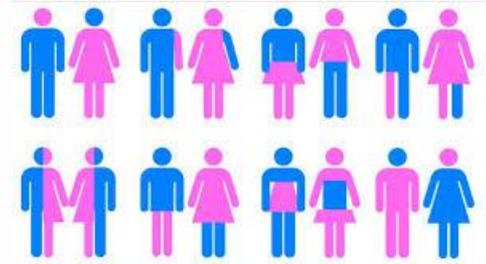
Additional Barriers to Wellness

- **Higher rates of physical/sexual assault**, including police harassment, than people with binary IDs (Harrison, Grant, & Herman, 2012; Hill & Willoughby, 2005)
- **Higher suicide rates** than already elevated rate for TG people (Budge, Katz-Wise, et al., 2013; Clements-Nolle, Marx, & Katz, 2006)
- **Lowest incomes** despite higher educational attainment; more likely to work in underground economies (Harrison, Grant, & Herman, 2012)
- Trans people of color more likely to report having genderqueer and nonbinary IDs (Harrison, Grant, & Herman, 2012)



Tip: Make sure that your research (with trans populations and otherwise) is inclusive of people who are nonbinary.

Everyday Challenges



- “Androphobia” from cisgender and transgender people
- Forced binary choice on forms and documents
- Not being referred to by correct pronoun
- Isolation, lacking community (not feeling at home in cisgender spaces, gendered spaces, transgender community spaces)
- Invisibility and exclusion (e.g., “Ladies and gentlemen...”)
- Lack of nonbinary role models, especially in vocational settings
- Restrooms, locker rooms, other sex-segregated facilities
- Lack of sexual orientation labels/descriptors that fit
- Accessing affirming health care, including gender-affirming services



Tip: Make sure your office environment (including intake forms) are welcoming of people who don't ID within the gender binary.



Example 1: Dusty

- Dusty is a 30-year-old Latinx nonbinary person
- Uses they/them pronouns
- Gets misgendered in both directions
- Seeks mental health support for work stress
- The therapist gets stuck on wanting to know whether Dusty was assigned male or female at birth
- Dusty is frustrated, as they want to get support with work

Questions:

1. What is your reaction to Dusty's therapist's response?
2. What else would you want to know about Dusty?



Transitional Directions

- Some clients will relate to the concept of transitioning from one gender to another
- Some clients will relate to the concept of transitioning, while others will not
- Some clients want a specific service to increase physical comfort or affirmation
- Refrain from making assumptions about motivation, desired outcome, or sequence of medical interventions
- Nonbinary clients who desire medical interventions may not see themselves moving toward F or M



Singular They/Them/Their Pronouns

- Used for centuries by writers (Shakespeare, Jane Austen, Chaucer)
- In some languages, no gendered pronoun
- 2015 word of the year (American Dialect Society)
- “The only sensible solution to English’s lack of a gender-neutral third-person singular personal pronoun” (Washington Post)
- "We use it everyday without thinking about it, so this is bringing it to the fore in a more conscious way" (Wall Street Journal)
- **Tip:** Do not argue with clients about grammar or tell them why their pronouns are difficult for you.



Here’s a radical idea: How about we simply **respect people** instead of prioritizing “grammar” over their emotional safety and dignity?



Misconceptions and Microaggressions

- Nonbinary people don't exist
- Nonbinary as pre-trans (just not there yet)
- Nonbinary people are infantile or childlike
- Nonbinary people are personality disordered (e.g., Borderline)
- Nonbinary as a new phenomenon or a fad
- Nonbinary people just want special treatment
- Nonbinary people are just confused
- Nonbinary people are taking the easy way out
- Nonbinary people have more privilege than other trans people
- Nonbinary people don't need any gender-specific medical care; just treat them as men or women



Strengths and Resilience

- Creativity regarding gender expression, identities, labels
- Challenging cisgenderism and dominant narratives for TG people
- Challenging how we define sexuality and sexual attraction
- Allowing more space for cultural variability or gender variance communities of color
- Resilience, flexibility, and adaptability
- Courage to defy norms and celebrate difference



Tip: Explore the strengths, coping, and resilience of genderqueer and nonbinary people.

Gender-Affirming Medical Care for Nonbinary Clients



PEOPLE OF ALL GENDERS

Medical Options for Nonbinary

- Hormone therapy but no surgery
- Surgery but no hormone therapy (*but important to consider necessity of sex hormones to protect bone health*)
- One surgery, not all possible surgeries
- Low levels of hormone therapy to achieve desired state
- Any service that helps someone to feel more affirmed in their gender



Tips: Make space for nonbinary people to access the same services as binary trans people.
Move away from idea of “full/complete” transition.
Focus on each client’s goals.



Example 2: Jax

- Jax is a 52-year-old Filipino person, assigned female, they/them
- On low dose of testosterone for 11 mos., happy with the results, wants to discontinue (satisfied with current status)
- Jax wants top surgery and metoidioplasty w/o urethral lengthening); not interested in a hysterectomy
- Jax's providers concerned about Jax having genital surgery if they do not identify as a man and are not on hormones
- Jax is well supported. Report gender dysphoria, no significant mental health history. Wants letter from you.

Questions:

1. How might Jax be treated different if they identified as a trans man? Used he/him/his pronouns? Stayed on hormones?
2. What else would factor into your assessment/letter?



Recommendations (1 of 2)

- View nonbinary clients as the experts on who they are.
- Demonstrate cultural humility *regardless of how many other trans and gender nonbinary people you have met.*
- Don't assume gender nonbinary people are just passing through on their way to a binary trans identity or expression.
- Be aware of unconscious bias toward the gender binary and how this may create pressure to transition or present or identify in a certain way.
- Actively interrogate your own relationships to gender identity, cisgender privilege, or one's own trans experience/identity.
- Expand your definition of what it means to be a man, a woman, both, or neither. This requires an ability to tolerate what appears to be ambiguous or unfamiliar.



Recommendations (2 of 2)

- Prioritize client self-determination over clinician frustration or opinion. Refrain from sharing why they/them pronouns are so difficult to use.
- Challenge one's desire to "save" the person by protecting them from the hazards of being in the middle/neither spaces.
- Don't assume that someone's gender role is the same at work, home, with family, in romantic relationships, or in their sex lives. Gender presentation or choices about disclosing gender identity are often relational, dependent on context, and sometimes safety-based.
- If writing a letter, be very intentional about language used to describe client (i.e., use what the client wants for the purposes of a letter).



Tip: If gender neutral pronouns are difficult for you, be willing to practice. Here's one way: <https://minus18.org.au/pronouns-app/>



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CARE

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- Trans clients' needs in the context of intersecting identities
- The clinician's role, implicit biases & ally development

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