PSYCHOTHERAPY FOR TRANSGENDER DECLARING ADOLESCENTS

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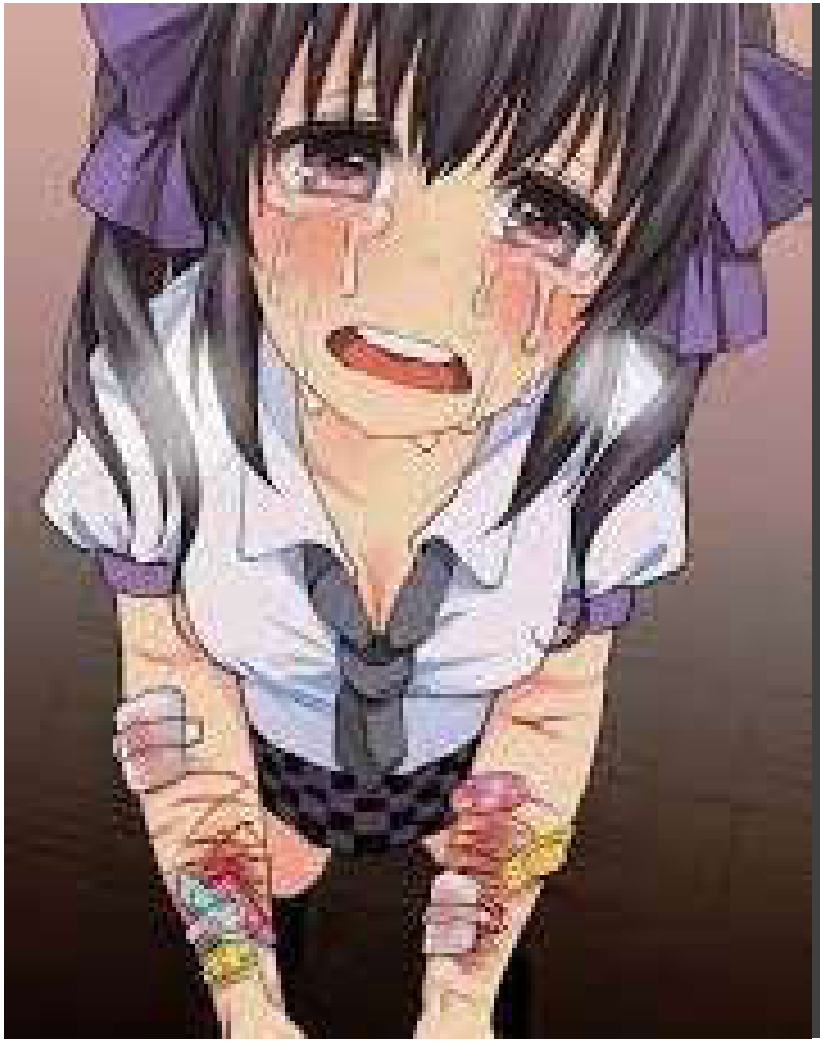
Four distinct groups

- ***Early onset during preschool.*** I have not been referred a case of early onset GD. They are very rare.
- ***Adolescent onset (ROGD).*** By far, most referrals to my practice are for young people aged 12-17, predominantly girls. This presentation will focus on this group.
- ***Over 18s and young adults*****.** Unlike the bias towards females in ROGD referrals, the over 18s referred to my practice are more equally distributed between males and females. The majority are referred by parents. Their management is complicated by the fact that they are legally adults and able to make their own decisions independently of parents.
- ***Mature aged adults.*** Many present after the breakdown of their marriages with a history of long term cross-dressing and fantasies about being the other sex. Others present as single adults who have been socially transitioned for many years, having first identified as butch lesbians, and decide to finalize their transition surgically.

Intake assessment

- **Family constellation**, family conflict /dysfunction, marital and sibling dynamics
- **Psychological evaluation** – ADHD, ASD, self-harm, suicidality, suicide attempts, anxiety, depression, incipient BPD, and psychosis
- History of **body dysmorphia**, eating disorders
- **School life experiences** e.g., attitude towards school, peer rejection, bullying, truanting, academic performance, post school aspirations
- **Cognitive immaturity, concrete thinking, cognitive rigidity, and cognitive distortions**, lack of understanding or misunderstanding of gender ideology and capacity to critically review it (given the illogical and scientifically unsound basis of the ideology)
- **Understanding of the gravity and irreversibility of medical/surgical transition**; what GA treatment entails, and the consequences of treatment (e.g., infertility, sexual dysfunction, complications of cross-sex hormones and surgery, lifelong patienthood).
- **Sexual experience** history – sexual relationships, sexual abuse experiences, sexual knowledge, sexual anxiety
- Emerging awareness of **ego dystonic sexual orientation** - > internalized homophobia
- **Social contagion** (influence of social milieu e.g., schools, gender clinics, internet, online transgender communities)
- Perceptions and misperceptions of **gender roles**
- **Systemic function of ROGD** e.g., defiance of parents, finding an “in group,” being “seen”, denying the development of their sexed bodies, fear of adulthood, fear of sexual relationships.



TRANSITION, SELF HARM AND SUICIDALITY

The vulnerable (traumatized) part of the self is hated so it is subsumed into the omnipotent self which is the part that suppresses doubts and anxiety and presses for transition.

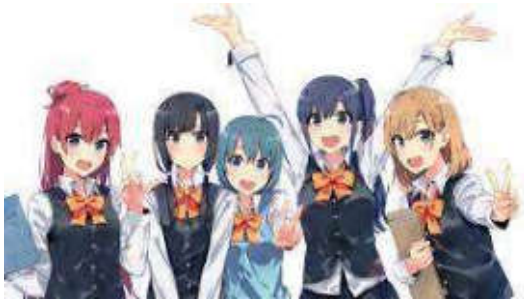
If the traumatized self pushes for recognition of psychic pain, the young person may resort to self-harm and suicidal ideation which is a form of acting out of their self-hatred against their bodies.

Affirming clinicians collude with the patient's own attacks on the traumatized self by "traumatizing" their bodies with cross-sex hormones and mutilating surgery.

Hope that transition will restore young person to an ideal state – medics become omnipotent creators of this ideal state. When this fails, the patient sinks into further self-hatred which is enacted through self-harming and suicidal states.

Mechanisms of social contagion

- Peer contagion
  - has a powerful socializing effect on children beginning in the preschool years.
  - By middle childhood, gender is the most important factor in the formation of peer associations, highlighting the significance of gender as an organizing principle of the norms and values associated with gender identity.
  - ROGD have often experienced peer rejection, bullying, hostility and/or social isolation and hence feel marginalized from peer groups. They will gravitate to the Rainbow clubs in schools where everyone is accepted without question, especially if they declare an alternative gender, whereupon they are lauded and validated, even when they had no previous intentions to do so.



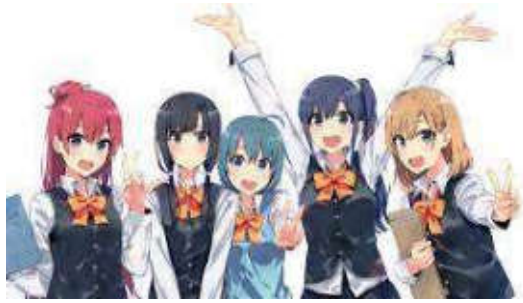
Social contagion

A very powerful phenomenon underlying the staggering increases in primarily adolescent girls declaring themselves transgender.

Social contagion identified as a mechanism in eating disorders, self harm and suicide, substance abuse, emotion, and now gender dysphoria.

Mechanisms of social contagion

- Deviancy training
  - deviant attitudes and behaviours rewarded by the peer group
- Co-rumination
  - a process of repetitive discussion, rehearsal and speculation about a problematic issue within the peer dyad.
  - Results in increases in internalizing disorders and gender confusion.
  - Girls more affected



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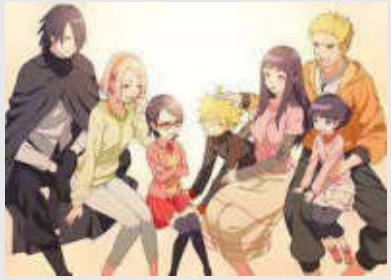
A boy has a special needs younger sister who gets all the attention. Watching his mother tend to his sister one day, he said “Mummy, you will only love me if I am a girl.”

A loved father appears to love her brother more than his daughter and spends much more time engaged in male pursuits with his son. She says, “I want to be close to Dad but he spends all his time with my brother and never with me.” She concluded it was better to be a boy and declared herself transgender. Now she is in a perpetual rage that her father does not accept her transgender identity because she feels she has nothing more to offer him.

A mother tells her pre-adolescent daughter who is described as a “tomboy” about the sexual abuse she experienced as a child by her stepfather and the sexual assaults she endured as a teenager. Her daughter formed the view that girls are unsafe in the company of men and are constantly at risk of harm particularly as they approach puberty. She decided that being a female “sucked” and that she would prefer to be a male in order to keep herself safe and strong.

A 15-y old girl has a mother who has been diagnosed with BPD. She has lived with her mother’s emotional storms and capriciousness all her life. When she has an outburst, her father says, “You have your mother’s BPD, and I don’t want to have to deal with that again.” He would then leave the house. Her father told her, “It is because you were the firstborn - the firstborn girl in Mum's family always got the worst mental illness.” This girl formed the view that men and boys are saner than women and girls and that it would be preferable to change gender rather than turn out like her mother.



Family Constellation

Identity is not hard-wired – it develops in a social world where the young person experiences attachments, trauma, abuse, or misperceives the meaning of experiences because of cognitive immaturity or concrete thinking.

Need to explore identifications (I want to be like…) and dis-identifications (I do not want to be like…)

A 14-year-old natal boy first came out to his parents as **GAY**.

He soon changed that declaration to **BISEXUAL** when he experienced a powerful crush on a female classmate. After she rejected him, he came out as **TRANS** and demanded puberty blockade and cross sex hormones.

In therapy, his demands for transition were strident and incessant. He constantly asked me when I was going to tell his parents that he could go ahead with his transition.

He shaved his legs, arms and body hair, grew his hair long, and started to wear eye makeup and nail polish. He ordered female clothing from the internet and wore it secretly in his room. When his parents confiscated these clothing items, his female friends lent him their clothes to wear until I advised his parents to put a stop to this. Teachers at his school started calling him by his preferred name and pronouns until I advised his parents not to allow this.

Several months after therapy commenced, while still vehemently protesting his trans-female identity, he wrote a letter to his parents apologising for misleading them. He said he now realised that he was not a trans-female but a **DEMIGIRL** (denoting partial non-binary, partial female gender identity).

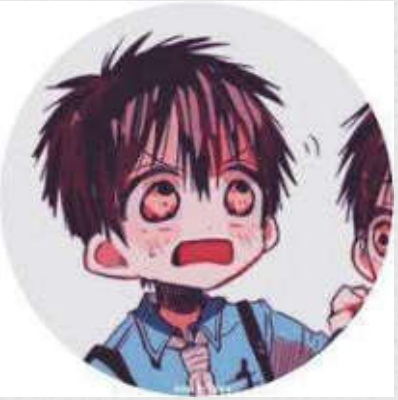
He changed this orientation shortly thereafter to **DEMIBOY**, before again writing to his parents, telling them that he was only joking about the whole thing and that they were the only people who had taken it seriously.

I advised his parents to eat humble pie to give their son the opportunity to exit the gender maze without losing face.

The next day he asked his parents to take him for a haircut. **STRAIGHT**

Sexual orientation

Many young people are confused about their sexual orientation and often conflate sexual orientation with gender identity.



ROMANTIC AND SEXUAL RELATIONSHIPS

Majority of young GD adolescents

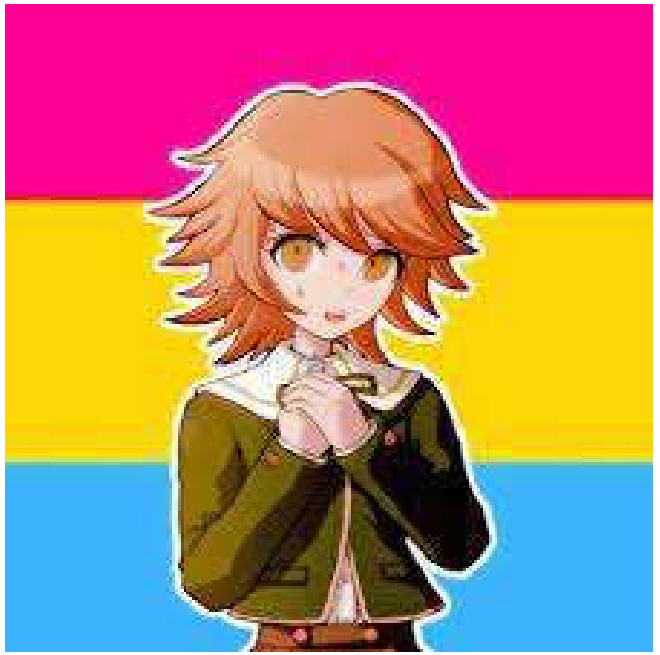
(i) have had no sexual experience (crushes from a distance, hand holding and kissing)

(ii) disdain genital sex as "gross"

(iii) are indifferent to loss of sexual function, fertility

(iv) are confused about the nature of "trans" relationships e.g.,

A self-declared non-binary male (natal sex = male) in a relationship with a transgender declaring natal female (i.e., a trans man) told their parents they were in a gay male relationship. Similarly, two natal females, both transmen, rejected the suggestion that they were a lesbian couple and stated that they were a gay male couple.



Anime character against a pansexual flag

Case example: Artem, aged 15

Artem, aged 15, from a Middle Eastern country that is homophobic, was referred by his mother for a range of issues but specifically because he had declared himself **transgender**. He was post pubertal, facially and bodily hirsute with a deep male voice. Artem was insistent that he was transgender and was impatient to commence his social transition and to obtain prescriptions for cross sex hormones.

Of himself:

I see myself as **bisexual**. I have feelings for guys and girls, more like a **pan**-thing. I have had a boyfriend who identifies as male and pan since last year. We get together just the two of us - we visit each other's houses. I guess I would be OK with being **GAY**. For me, it fluctuates.

Of his mother, Artem said:

Mum knows I have this friend. She doesn't know that he is **my boyfriend**. I don't think Mum will take it well because she asked me if I still liked girls. She wouldn't take kindly to knowing I am gay and have a boyfriend.

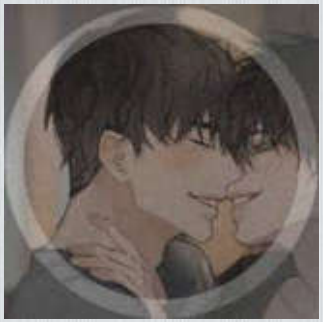
Of his father, Artem said:

Dad is trying to suppress his **queer phobia**, but he says bad things about LGBTQ. He is anti it all; he got angry with me for refuting what he was saying. Dad said **gay is about anal sex and that is gross**. Then Mum told him to shut up and I went to my room and cried. Dad is anti queer for sure, he tries to suppress it because he still loves me. I felt very disappointed in Dad when he expressed these sentiments. He will be very freaked out if he thinks I am **queer, gay, or trans**.

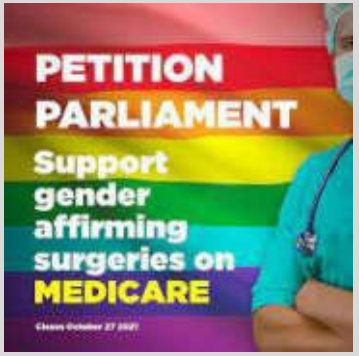
Internalized homophobia

An adolescent realises that s/he is same-sex attracted. Finding this unacceptable, due to parental and/or internalized homophobia, the adolescent reasons as follows:

Being same-sex attracted is bad and shameful. My parents will reject me if I am gay. If I am a boy attracted to other boys, I must be a girl and therefore need to transition so that my attraction to boys becomes heterosexual.



Conclusions



- Imperative to keep the **developmental path** open into adulthood (need **frontal lobe maturation** that occurs in early 20s)
- **Psychological trauma** from the past forms part of their psychic structure in the present. The expression of these **traumas are socio-culturally embedded** (i.e., social contagion permits particular forms of "acting out" these traumas).
- Envy and rivalry part of human condition -> **unconscious envy** is a factor in trans identification
- GD adolescents need assistance to explore their **defences and internal psychic conflicts and managing their psychic pain** before irreparably altering their bodies. "The body is used to act out something that cannot be accepted or processed by the mind." (Evans & Evans, 2021, Ch 2, p. 28).
- **Clinicians should not collude with the phantasy that the "embodied" self can be altered or removed.**

IIW WORKSHOP

CURRENT CONCEPTS IN GENDER AFFIRMING SURGERY FOR WOMEN IN TRANSITION

ONLINE EVENT March 11th & 12th, 2021

TRANSGENDER HEALTH

Moderated by Prof. Loren S. Schechter


Transgender rights
Dr. Jamison Green


Gender incongruence
Prof. Christina Richards


Social acceptance
Prof. Joz Motmans


Hormonal treatment
Prof. Guy T'Sjoen

GENITAL SURGERY

Moderated by Dr. Marci L. Bowers


Vaginoplasty: what is new?
Prof. Stan Monstrey


20 years of surgery
Dr. Iván Mañero


Montreal vaginoplasty
Dr. Pierre Brassard


Failed vaginoplasty
Prof. Miroslav Djordjevic

FACIAL SURGERY

Moderated by Drs. Shane Morrison & Devin Coon


FGCS – state of the art
Dr. Daniel Simon


Forehead and hairline
Dr. Luis Capitán


Upper face feminization
Dr. Christopher Inglefield

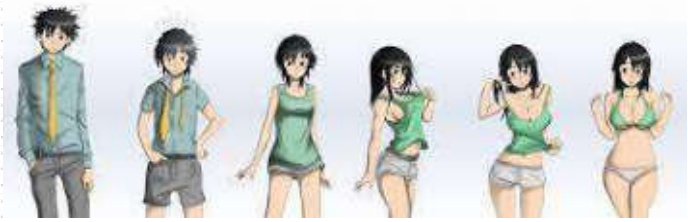

Rhinoplasty and lip lift
Dr. Raúl J. Bellinga


Lower jaw contouring
Dr. Javier G. Santamaría


Expectations in FGCS
Dr. Jens U. Berli

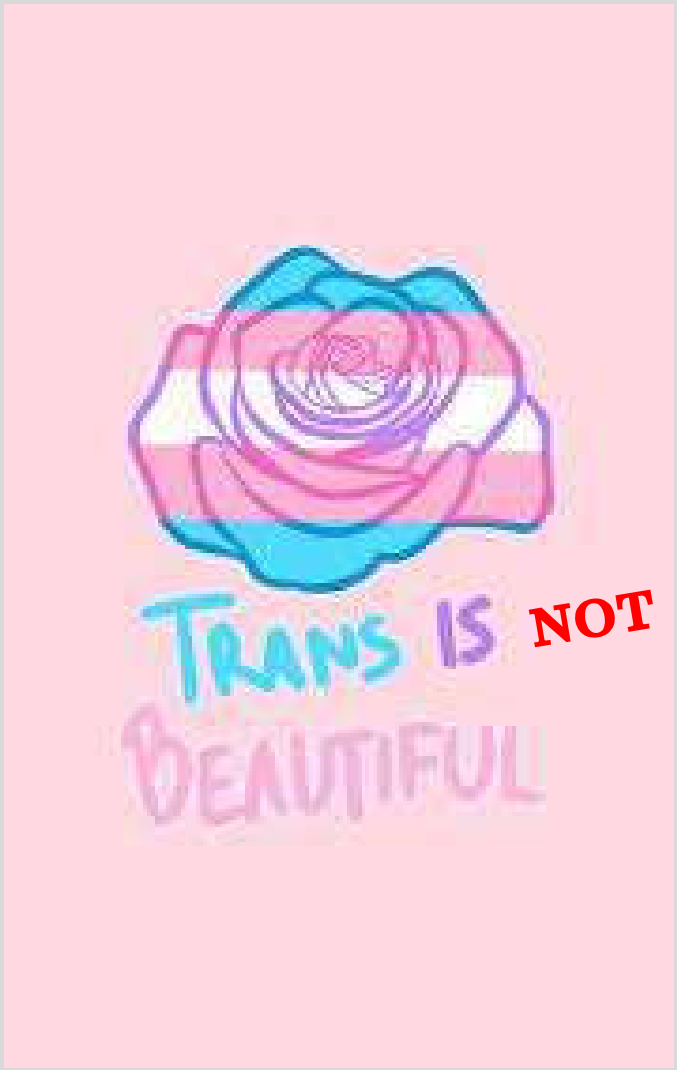
Conclusions

- **Sexual development poses a threat** to young people as it signifies approaching adulthood, the demands of which they feel ill equipped to manage.
- **ROGD** as a "trauma" or **a response to the reality of puberty** that one now has a **sexed body**.
- Rigid **adherence to peer norms** temporarily assuages vulnerabilities because the young person has found others like him/her who are acting out in the same way.



TRANSITION could be

i. related to a grievance against the parents and a struggle for autonomy/individuation
ii. related to an idea that one can create an ideal self
iii. protective against feelings of inadequacy, anxiety, jealousy, and disappointment
iv. a triumph over feelings of vulnerability
v. a repudiation of the sexed body and adulthood


TRANS IS NOT
BEAUTIFUL