Trans clients' advice to counsellors

I asked a forum of trans people what were the mistakes therapists made when working with them – they didn't hold back! This is a summary of the points made

Poor theorising

- Using outdated theories/theorists that are popular at the wrong end of the internet
  - e.g. Autogynophilia, Ray Blanchard, Ken Zucker, Anne Lawrence, Desistence, Harry Benjamin Syndrome, Sheila Jeffreys, Janice Raymond
- Mistaking gender dysphoria and body dysmorphia
- Assuming all trans people "hate their body" or experience dysphoria, or don't associate with anything to do with their biological sex attributes
- Assuming being trans is a political or theoretical interest rather than a lived experience
- Framing transition via the old-fashioned medical model of "changing sex" and disregarding client's gender prior to it being medically affirmed
- Believing the idea that gender is socially constructed means trans people cannot exist
- Assuming transness is 'a homogenous experience with all trans people ticking the same boxes

Solutions: broaden reading, update research evidence. Problematic theories can sound very plausible to the unconsciously biased/uninformed.

Gatekeeping and infantilising

- Therapist knows better/trans people are "somewhat deluded"
- Applying different identity/labels than client applies themself
- Dismissing self-experience or self-ID
- Seeing anger as inappropriate/expecting a kind of submissive gratitude
- "It's up to me to figure out if they are trans/should transition"
- Seeing mental health issues as a barrier to transition
- Expecting other issues to be resolved before transition can proceed
- Persuading a client to wait to make a clinic referral
- "What if they're confused because of trauma?"
- "Do you realise how hard transition is going to be?" (on self/others)
- Enforcing stereotypes/ "you're doing it wrong"
- Delegitimising or discouraging trans people who do not blend in with cis people/ will always "look trans"
- Expecting people to socially transition before accessing healthcare

Solutions: Respect client autonomy, affirm and validate their experience, self-description, identity, experience and feelings

Making unwanted connections

- Assuming all issues stem from being trans
- Linking unconnected issues raised in the session back to being trans
- Assuming past, e.g. trauma history made someone trans
- Seeing transness as a symptom of something else e.g. autism, mental health, abuse
- Assuming physical health problems are psychological and trans related

- Assuming how being trans will or won't impact on a person
- Categorising the person rather than accepting their self-ID

Solutions: Accept people are complex, their experience is multi-determined, trying to cram all that a person is into one box will never work.

Lack of competence/awareness

- Asking inappropriate questions about transness
- Making very basic language errors/ resisting learning terms
- Inappropriately using client to further their understanding of trans people
- Not educating self/doing appropriate research/learning
- Allowing personal prejudices to direct the research rather than following evidence base and reliable sources
- Applying research/learning rigidly – not asking appropriate client-centred questions
- Being afraid to ask sensible questions
- Asking inappropriate questions – yep, you need to know enough to know what not to ask!
- Assuring client of their understanding/competence/acceptance rather than demonstrating this
- Using the one other trans person they knew as their knowledge base
- Having an outdated or overly theoretical knowledge base
- "We're not there to be studied, we're there to access a service"

Solutions: Broaden knowledge by reading/following diverse trans voices and *reflecting* on their words

Being unaware of the traumatising nature of transphobia

- Not seeing that mental health symptoms are connected to societal treatment rather than transness itself
- Claiming things are not as bad as client's fears
- Telling client they will be safe/accepted when this might not be the case
- Not understanding the danger some trans people can be in if outed/clocked
- Associating the clients' fears with mental illness – paranoia, anxiety disorder, errors in thinking
- Seeing misgendering as something minor/ not understanding impact of misgendering
- Seeing the trans person as responsible for the way they are treated based on their identity/presentation/activism
- Saying "imagine how difficult this must be for . . ." as if them being trans is terrible for other people
- Being unaware of the extent and seriousness of anti-trans campaigning and media attacks

Solutions: Get involved in supporting trans civil rights and develop an understanding of minority stress and what that entails, bear witness to trans pain/anger

Problematic attitudes to trans sexuality

- Not understanding the difference between gender and sexuality
- Seeing a trans persons "feeling sexy" when dressed as themselves as a fetish
- Pathologising asexuality or relating it to unresolved trans/other issues
- Expecting trans people to be straight after transition
- Believing transness is linked to unresolved sexuality issues
- Pathologising bdsm/kink, polyamory or other unconventional relationships

- Stigmatising sex work – seeing it as immoral or a sign of "damage"
- Expecting or not expecting client's sexual orientation to switch

Solutions: Questioning attitudes to sexuality and where they come from – what kinds of sex are/are not ok? Reflect on how society sexualises and objectifies trans people and overly focuses on their genitals rather than their identities

Judging whether clients are "trans enough"

- Not tolerating uncertainty/confusion, or allowing it to undermine someone's transness
- Dismissing non-binary experiences
- Assuming non-binary people will eventually become trans men/women
- Denying non-binary people a right to use services/facilities for their assigned sex where necessary
- Confusing gender expression/presentation with identity
- Judging trans men who express femininity.
- Expecting trans women to wear dresses/makeup
- Expecting clients to "perform" their gender all the time, e.g. use correct toilet, be out at work, family, etc
- Seeing a need to test or prove the client's identity
- Seeing detransition/change in trajectory as a failure or proof that they should not have explored transition

Solutions: Appreciate all trans experiences are valid. Some experiences overlap with trans experiences but may not like the word trans. Accept the words and definitions of the client.

Other issues

- Reminding the client of their assigned gender/ misgendering them
- Othering trans people/not fully seeing them as people
- Using words to describe the client's body that the client might not be comfortable with
- Talking about them in the past as if they "used to be" their assigned gender
- Assuming trans people feel connected to or supported by the LGB community
- Assuming that trans people of colour or other minorities feel supported by the wider trans community
- Assuming all trans groups embrace the full diversity of the trans community
- Assuming the legal protections trans people have in theory work in practice
- Being unaware or unwilling to face the fact that being cis is associated with a power and privilege in relation to trans people

Solutions: Develop understanding of intersectionality and how oppressive structures function in society to exclude people from spaces – including minority spaces.

ALSO REMEMBER: A *social* model situates client's distress in their social environment, rather than individualising it: It is the *structures* society created around gender that often harm trans clients. Not just individual change but *structural change* is needed to make trans people fully safe and well. These harmful structures <u>will be</u> unconsciously woven into the ideas and theories we were taught.