Bending the Binary: Contemporary Concepts for Gender & Mental Health Services

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Dr. Razzano is author/co-author of over 100 published studies regarding physical and mental health co-morbidities, medication adherence, workforce development, curriculum design and integration, sexual and gender minorities, and services research strategies.

Her past research funding includes serving as PI or co-PI for 6 previous RRTCs (1990-2020) as well as multiple other federally-funded programs, and she has been recognized with awards for research, teaching, and mentoring nationally and the University of Illinois.

Currently, Dr. Razzano is PI for a disability rehabilitation research program (DRRP) in health and function examining health literacy among people with serious mental illness (SMI), as well as co-PI for the RRTC on health and function for people with SMI and a research DRRP evaluating a peer health navigator model.

In addition to her academic appointment, Dr. Razzano chairs the American Psychological Association’s Task Force on Serious Mental Illness/Serious Emotional Disturbance.

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• The presenter has no financial relationships with commercial interests or conflicts of interest to report.

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• The views and ideas expressed herein do not reflect the policy or position of any Federal Agency or private corporation.
Over the past 50 years, concepts regarding gender and sexuality have changed within the mental health community. Both transgender and nonbinary identities are increasingly recognized, yet not always well understood within community mental health settings. This program focuses on gender identity and expression as social determinants of health and mental health, as well as explores concepts essential to understanding gender diversity in mental health practices. Participants also are encouraged to reflect on their personal trajectories of understanding and expressing gender to enhance supports for diverse types of clients and other individuals in their own journeys.
Upon completion of this activity, participants will be able to:

1. Define contemporary terms and concepts associated with gender non-binary individuals and communities;
2. Describe key areas of impact for mental health and well-being related to gender identity and other social determinants of health across the lifespan; &
3. Identify gender-affirming services and systems approaches for working with individuals who identify as non-binary and their support systems.
Sex: typically assigned at birth (or during ultrasound) based on the appearance of external genitalia.

- When the external genitalia are ambiguous, other indicators (e.g., internal genitalia, chromosomal, hormonal sex) are considered to assign a sex
- Aim of assigning a sex that is most likely to be congruent with the child’s gender identity

Gender: constructs for appearance, personality, and behavior that, in a given culture, associate with boy/man/male (of the masculine) or being a girl/woman/female (of the feminine).

- For many people, gender identity – a more cognitive manifestation - is congruent with sex assigned at birth (cisgender); for trans- and gender non-binary (GNB) individuals, gender identity differs in varying degrees from sex assigned at birth.
- Gender role – associate behaviors - with some role characteristics conforming and others not conforming to what is associated with girls/women/feminine or boys/men in a given culture and time.

Principally dimorphic constructs.
Sexual orientation: a component of identity that includes a person’s sexual and emotional attraction to other people, behaviors and/or social affiliation that may result from this attraction.

- Individuals may identify with diverse kinds of sexual orientation lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual, among others – with attractions to men, women, both, neither, or to people who are cisgender, transgender, gender non-binary, gender-queer, or have other gender identities.
What’s does gender reveal?

Sex creates a foundation for gender, providing cognitive and behavioral frameworks, viewed with attributions and expectations.

Gender roles are constructs for social roles – scripts.

Very complex developmental process set in motion before birth.

Appearance, personality, and behavioral characteristics may or may not conform to that script = that expectation based on sex assigned at birth, & according to cultural and environmental standards.

WHO ARE YOU?

What expectations do (or did) we/people have about us based on the sex assigned at birth?

How has this shaped our personal development?

Our professional development?

How do these assumptions & expectations affect us today?

from How to Understand Your Gender (Iantaffi & Barker, 2017)
Cognitive-Behavioral Constructs (Bem, 1972)

Masculinity & Femininity as orthogonal constructs with cluster behaviors
• Endorsing behaviors, attributions based on sex at birth

<table>
<thead>
<tr>
<th>Masculinity Items</th>
<th>Femininity Items</th>
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</thead>
<tbody>
<tr>
<td>self reliant</td>
<td>yielding</td>
</tr>
<tr>
<td>defends own beliefs</td>
<td>cheerful</td>
</tr>
<tr>
<td>independent</td>
<td>shy</td>
</tr>
<tr>
<td>athletic</td>
<td>affectionate</td>
</tr>
<tr>
<td>assertive</td>
<td>flatterable</td>
</tr>
<tr>
<td>strong personality</td>
<td>loyal</td>
</tr>
<tr>
<td>forceful</td>
<td>feminine</td>
</tr>
<tr>
<td>analytical</td>
<td>sympathetic</td>
</tr>
<tr>
<td>leadership ability</td>
<td>sensitive to other’s needs</td>
</tr>
<tr>
<td>willing to take risks</td>
<td>understanding</td>
</tr>
<tr>
<td>makes decisions easily</td>
<td>compassionate</td>
</tr>
<tr>
<td>self-sufficient</td>
<td>eager to soothe hurt feelings</td>
</tr>
<tr>
<td>dominant</td>
<td>soft spoken</td>
</tr>
<tr>
<td>masculine</td>
<td>warm</td>
</tr>
<tr>
<td>willing to take a stand</td>
<td>tender</td>
</tr>
<tr>
<td>aggressive</td>
<td>gullible</td>
</tr>
<tr>
<td>acts as a leader</td>
<td>childlike</td>
</tr>
<tr>
<td>individualistic</td>
<td>does not use harsh language</td>
</tr>
<tr>
<td>competitive</td>
<td>loves children</td>
</tr>
<tr>
<td>ambitious</td>
<td>gentle</td>
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Some negative social attributions for cross-sex behaviors.

Lack of internal consistency in brain & gender characteristics.

- Genetic, Hormonal, Neuroanatomical Studies
  - shift from purely dimorphic view of human brain & behavior
  - conceptualization changes from two classes, one typical of males, another typical of females
to understanding variability of gender within the human brain mosaic.

Structural & functional brain characteristics are more similar between transgender people and control subjects with the same gender identity than between individuals sharing biological sex.

Local differences in:
- Number of neurons, volume of subcortical nuclei
- Structural differences of gray, white matter microstructure
  - Neural responses to sexually-relevant odors
  - Visuospatial functioning

Possibility that gender identity is related to cerebral networks involved in self-perception.

At the social level, shifting to a view that examines human variability and diversity has important implications for social debates on long-standing issues: meaning of sex & gender as social categories.

**Cisgender:** adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth;

**Transgender:** an adjective that is an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth.

Although the term “transgender” is commonly accepted, not all TGNC people self-identify as transgender – usually individuals are transitioning to life as the other gender;

**Non-binary or Non-conforming:** an adjective used generally to describe people whose gender identify or expression differs from gender norms associated with their assigned birth sex; **Enby**
Gender Fluidity

As an identity, gender fluidity is often used among or to describe individuals whose gender identity may not match the sex assigned to them at birth.

- Many individuals describe feeling like they move between genders.
- Not everyone who experiences changes in their gender expression or identity identifies as gender-fluid.
- Some conceptual grounding in sex/gender dimorphism, moving between two poles.
Gender & the DSM

The first 2 editions of *DSM* contained no mention of gender identity.

In 1972, a disguised psychiatrist speaks before the APA as a gay man
In 1973, reclassification of homosexuality as NOT a mental disorder

*DSM–III* first published with the diagnosis “transsexualism” (1980)
   - In 1990, the World Health Organization added it to ICD-10.

With the release of *DSM–4* (1994), “transsexualism” was replaced with “gender identity disorder (GID) in adults and adolescence”

With the publication of *DSM–5* (2013,) GID was eliminated and replaced with “gender dysphoria.”
   - Focused the diagnosis on the gender identity-related distress that some transgender people experience, and for which they may seek psychiatric, medical, and surgical treatment, rather than on transgender individuals or identities themselves.
The DSM–5 articulates explicitly that:
“gender non-conformity is not in itself a mental disorder.”

Gender variance itself is not a form of psychopathology.

*Dysphoria* related to the distress caused by the body and mind not aligning & societal marginalization of gender-variant people.

Presence of ego-dystonia required to qualify as formal diagnosis
Recommended to discuss with individuals about the diagnosis, prior to charting.

DSM-5 is the first edition recognizing individuals may identify as the other gender, or alternative genders different from one’s assigned sex or social constructs of gender identity

DSM-5 also includes a separate classification of “gender dysphoria in children.”
Overall, hospital- and community-based, nationally representative studies demonstrate higher rates of mental health issues in comparison to cisgender respondents.

**Anxiety**
- 40% transwomen, 48% transmen

**Depression**
- 51% transwomen, 48% transmen

- 41% attempting suicide
- 18% used drugs, alcohol

8% responded that they used drugs/alcohol to cope with mistreatment or harassment specifically related to gender identity

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Early Adverse Childhood Experiences (ACES)

Among non-binary & transgender individuals 5-18 years old in school surveys:

- 40% were excluded by their peers (frequently or often)
- 78% were harassed, bullied

15% of these kids left school

Reported harassment occurred by peers & by teachers

- 35% experienced physical assault
- 12% experienced sexual assault

- 43% reported having support from a family member

Transgender Adults’ Experience of Social Determinants of Health

- 54% Intimate Partner Violence (Lifetime)
- 47% Sexual Assault (Lifetime)
- 46% Verbal Harassment (past year)
- 9% Physical violence (past year)
- 59% avoided using a public restroom due to fear of confrontations
- 39% Other Disabilities
- 57% Family Rejection or Estrangement
- 29% Live in Poverty (14% US pop)
- 15% Unemployed (5% US pop)
- 30% Experience Homelessness (Lifetime)
- 20% participated in underground economies
Trevor Project 2021 National Survey on LGBTQ Youth Mental Health
Approximately 35,000 LGBTQ youth, Ages 13-24 across the U.S.

26% of LGBTQ+ youth identified as nonbinary

- 50% of nonbinary youth also identified as transgender
- 17% of AMAB respondents identified as nonbinary
- 28% of AFAB respondents identified as nonbinary

www.thetrevorproject.org
Proportion LGBTQ Youth Experiencing Anxiety Disorder & Depressive Disorder by Gender Identity

- Transgender & Nonbinary
- Cisgender

Depression
Anxiety

0 20 40 60 80 100

Cisgender
Transgender & Nonbinary
Gender Identity & Mental Health Disparities: Suicide

Proportion LGBTQ Youth Who Considered vs. Attempted Suicide by Gender Identity

- Transgender & Nonbinary
- Cisgender

- Attempted
- Considered
Impact of Gender-Affirming Pronouns

Proportion of Nonbinary Youth Who Attempted Suicide by Experience of Respect for Gender-Affirming Pronouns

Nonbinary youth reporting “no one” respecting pronoun use were >2.5x as likely to attempt suicide than to those reporting that “most or all of the people” they know respected their pronouns.
Suicide & LGBTQ Communities

According to the CDC, many risk factors are linked to being GBLTQ in hostile environments and the effects that exposure has on mental health.

- 40-50% of LGBTQ people in the US say they have seriously considered suicide over the past 12 months;
  - 50% for transgender and non-binary youth surveyed.
- Gay, bisexual, and other men who have sex with men at greater risk for suicide attempts, especially before the age of 25, than men in the GP
  - Men in GP = 79% suicides, 4x rate of women; Women try more often, men are more successful
  - A study of youth (grades 7-12) found that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers.

https://www.thetrevorproject.org/


28% reported harassment in medical settings
24% reported denial of equal treatment by doctors’ offices & hospitals
  2% reported experience of violence in doctors’ offices
13% report being denied treatment at mental health clinics

Medical professionals’ awareness of people’s transgender status increased likelihood of discrimination:

  19% report being refused care specifically due to gender identity
50% report having to teach their medical provider about gender-affirming care.

The majority of non-binary people show improvements in these experiences within supportive gender-affirming environments.
The Gender Affirmative Lifespan Approach is a psychotherapeutic framework meant to be individualized to clients’ unique needs and gender-related goals.

- Based in health disparities theory and research, GALA asserts that therapeutic interventions combating internalized oppression and transnegativity = improve mental health & overall well-being for gender diverse clients. 

- GALA promotes teaching a gender spectrum as a natural expression of the diversity of gender to allow all clients the freedom to find themselves in all of the gender possibilities, rather than choosing from a narrow two option category.

- GALA represents an inclusive, transaffirmative approach to competent clinical care with non-binary individuals.

Foundational Tenets of GALA-Centered Models & Services

- Trans-affirmative care;
- Intersectionality;
- Transparency;
- Developmental differences in care across the lifespan; &
- Interdisciplinary approaches

Therapeutic interventions are designed to promote positive gender identity development through 5 core components:

1. Building resiliency;
2. Developing gender literacy;
3. Moving beyond the binary;
4. Promoting positive sexuality; &
5. Facilitating empowering connections to medical interventions (if desired).
Training Across Organizations

- All staff should be trained to use appropriate/inclusive language when addressing or referring to clients and/or their significant others.

- Training should include learning how to identify & challenge any internalized discriminatory beliefs about LGBT/N people.

- Basic familiarity with important LGBT/N health issues.

- Clear processes for reporting any observed harassment or discrimination.

www.lgbtqiahealtheducation.org/resources/type/learning-module/
Update Language in Materials & Practice

**simplify.**

Old language → recommended update
- Mother/father → parent(s)/guardian(s)
- Husband/wife → spouse/partner(s)
- Family history → use “blood relative” in questions
- Nursing mother → currently nursing
- Female only/male only → remove sex-specific language and include “not applicable” as a response question
Where does your organization stand?

How would you rate gender literacy?

What does your organization/clinic/health department do to augment culturally mindful systems focused on the needs and experiences of TGNC individuals?

How can your organization/clinic/health department do to increase access to culturally mindful systems focused on the needs of TGNC individuals?
A Time for Advocacy
So gender identity doesn’t really matter anymore, right?
Not so much.

“Oklahoma governor signs ban on non-binary birth certificates” (4-2022)

“Alabama governor signs two anti-transgender bills into law: One criminalizes medical care for trans youth; another requires students use bathrooms matching birth certificates” (4-2022)

“Transgender Texas kids are terrified after governor orders that parents be investigated for child abuse” (2-2022; currently blocked)

“Idaho House Passes Discriminatory Bill to Criminalize Gender Affirming Care for Transgender Youth” (3-2022)

“Florida Senate Passes ‘Don’t Say Gay or Trans’ Bill” (3-2022)

“Arizona governor signs bill outlawing gender-affirming care for transgender youth” (3-2022)
Be an advocate, reduce micro-aggression, promote inclusion.

“South Carolina” Passes Ban On Transgender Athletes Playing Women's Sports in Public Schools (4-2022)

“Missouri” House, Senate GOP push to ban transgender athletes” (3-2022)

“Wyoming” senate passes anti-transgender sports bill” (3-2022)

“Georgia” Senate lawmakers pass bill that bans transgender athletes from school sports (2-2022)

“Montana” governor signs bill banning transgender students from sports teams” (5-2021)

“Louisiana” Senate Passes Discriminatory Anti-Transgender Sports Ban” (4-2022)
Discussion
Thank you!
Model Programs, Providers & Resources

https://www.thetrevorproject.org/
https://transequality.org/know-your-rights/schools

www.ohsu.edu/transgender-health/
https://transcare.ucsf.edu/
https://fenwayhealth.org/care/medical/transgender-health/
https://www.chicagohouse.org/translife-care


