2006

Transsexual individualsâ€™ experiences in psychotherapy : a partial replication

Elizabeth Ehrmann
California State University, Monterey Bay

Running Head: TRANSEXUAL EXPERIENCES IN PSYCHOTHERAPY

Transsexual Individuals' Experiences in Psychotherapy: A Partial Replication

Elizabeth Ehrmann

California State University Monterey Bay

Fall, 2006

Advisor: Dr. Jennifer Dyer-Seymour

ABSTRACT

For many individuals, the topic of transsexualism is a very taboo and stigmatized subject; that is why many transsexual individuals seek psychotherapy. The goal of this study is to discover what transsexual individuals' experiences in psychotherapy are like. The sample consisted of 19 transsexual participants (13 Male-to-Female, 6 Female-to-Male) and each completed a 41-item survey that focused on demographics, transitioning, reasons for seeking therapy, what changed in their lives as a result of therapy, and feelings about the participants' professional caregiver. Although not statistically significant, there was a pattern that correlated level of education achieved with where the individual is in the transitioning process. If an individual has achieved a high level of education, it is hypothesized that their financial and emotional situations will be higher and more constant.

Transsexual Individuals' Experiences in Psychotherapy: A Partial Revision

All her life, Alicia knew she was different from other kids. When she was growing up, she refused to identify with anything feminine and loved to play sports with the boys. Every night before bed she would pray that she would wake up and have grown a penis in her sleep. She had no female friends because she was too masculine, and boys rejected her because she was a girl. When she got into high school, she was not attracted to boys like the other girls were; she was attracted to girls, so she figured that she must be a lesbian. As a lesbian, she had no problem getting dates, but found she could not keep a partner because the women she dated found her to be too masculine. By the time she was 23, Alicia was deeply depressed, regularly abusing drugs, and was suicidal. At 25, her family had an intervention and got her into counseling. By 26, she had begun the transitioning process by taking hormone therapy, dressing in men's clothes, and passing as her true self, Alex.

Alex, like others who share his story, is a transsexual, more specifically, a female-to-male (MTF) transsexual. Individuals who are male and have a desire to be female are called male-to-female (MTF) transsexuals. According to the American Psychiatric Association, transsexualism is defined as "the persistent sense of discomfort and inappropriateness about one's anatomic sex and the persistent wish to be rid of one's genitals and live as a member of the opposite sex." Transsexuality is a category that falls under the topic "transgender". Transgender is an umbrella term that includes a wide variety of gender presentations. Bigenderists, transgenderists, andrygynes, gender benders, masculine and femme impressionists, cross-dressers, transvestites, drag kings and queens, intersexuals and transsexuals all fall under the label, "transgender".

According to the Diagnostic Statistical Manual - Fourth Edition (DSM-IV), there must be "evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is of the other sex. This cross-gender identification must not merely be a desire for any perceived cultural advantages of being the other sex. There must also be evidence of persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex." (p. 326)

The transitioning process is for people who experience persistent discomfort about their assigned sex. Transitioning is the process of ceasing to live in one gender role and starting to live in another. The process of transitioning is different for every individual. It is a physical, emotional, social, chemical, and sometimes spiritual experience that many transsexuals choose to go through. For many, the first step in transitioning is beginning hormone therapy. "As a part of their sex reassignment, anti-androgens in combination with estrogens are administered to MTFs, while FTMs receive androgen therapy. Earlier studies established that untreated MTFs do not differ in sex hormone levels from other biological men, and that FTMs do not differ in this respect from other biological women. After three months of hormone treatment, sex hormone levels of transsexuals are in the range of those of the opposite sex" (Slabbekoorn, Van Goozen, Gooren, & Cohen-Kettenis, 2001, p. 3).

The methodology of Rachlin (2002) was used as a guide to examine the transitioning process. In her study, "Transgender Individuals' Experiences in Psychotherapy", Rachlin surveyed 93 (70 FTM and 23 MTF) subjects in Baltimore, Maryland in February, 1999. There has been very little research examining the transitioning process. Rachlin's results revealed "More than 87% of respondents reported that positive change occurred in their lives as the result of psychotherapy. This was often true even when they felt that the therapist did not have

adequate experience in gender issues and when they would not recommend the therapist to a peer….In summary, results demonstrate that Transgender individuals go to therapy for many reasons, some of which have nothing to do with gender. When they do seek help for gender-related concerns, the expertise of a gender specialist is appreciated and beneficial." (Rachlin, 2002, p. 352)

There are many arguments about why or how an individual is a transsexual. First, in examining biological components, scientists examined the hypothalamus, or the endocrine control which is the "gender identity control center" of the brain. "They propose, 'a disturbed interaction between the developing brain and sex hormones.'" (Brown & Rounsley, 1996, p. 22) This disturbance occurs in the twelfth week of the prenatal cycle when the embryo differentiates male or female. During the sixteenth week, the gender identity portion of the brain differentiates. Scientists hypothesize that if a hormonal imbalance occurs during that time, the baby may be born gender dysphoric. Gender dysphoria, or gender identity disorder, as identified by professionals, is a condition in which a person has been assigned one gender, but identifies as belonging to another gender. Another hypothesis explaining why and how an individual is transsexual is, "Atypical prenatal hormone exposure could be a factor in the development of Transsexualism was examined by establishing whether an atypical pattern of cognitive functioning was present in homosexual transsexuals" (Van Goozen, et al, 2002, p. 986). A study done by Krujiver, Zhou, Pool, Hofman, Gooren, & Swaab, (2000) examined neuron numbers in the limbic nucleus. Regardless of sexual orientation, men had almost twice as many somatostatin neurons as women. The number of neurons in the bed nucleus of the stria terminalis (BSTc) interacts with sex hormones during brain development and determines sexual behavior. The results of the study showed that the BSTc of male-to-female transsexuals was similar to that of

the females. In contrast, the neuron number of a female-to-male transsexual was found to be in the male range.

Social learning theorists suggest that transsexualism is either taught or is the product of early social learning. Some people believe that a child will become a transsexual if they live in a home where one or both parents are physically and emotionally absent during the formative years. “They cite cases where one parent had been abandoned, abused, or physically ill and called on the child to act as a substitute ‘wife’ or ‘husband.’ Long-term depression and mental or emotional illness on the part of the parent may also have an effect on a child’s development in a variety of areas, including gender identity” (Brown & Rounsley, 1996, p.24). Another argument is that the mothers of transsexuals were smothering and overbearing and the fathers were weak, distant or absent. It is suggested that when a mother is overprotective or touches her son too often, and there is an absent father, the son may begin to physically identify with the mom. A female child with an absent father will take on the role of caretaker, and therefore may begin to physically identify herself as a male.

Social cognitive theorists suggest that gender is a major component around how children organize information. This theory, by Martin and Halverson (1981) is called the Gender Scheming Theory. “These theories assert that gender-related information is organized in the form of a schema, an abstract knowledge structure that serves as implicit theory, and expectations that guide attention, retrieval, behavior, and social judgment…Gender schema theories maintain that individual differences in gender schematicity should be considered in order fully to understand children's gender-related behavior and judgments” (Martin & Halverson, 1981, p. 1121).

There are a multitude of reasons why transsexual individuals seek psychotherapy. By the time they are adults, many transsexuals who have not yet transitioned find functioning difficult,

if not impossible. “Some individuals who have shown a pattern of extreme cross-sex identification from toddlerhood onwards may develop psychiatric disorders, e.g., depression, anorexia, or social phobias, as a consequence of their hopelessness” (Cohen-Kettenis & Van Goozen, 1998, p. 246). Another reason why many transsexuals seek psychotherapy is because without a letter from a qualified psychotherapist, transsexual individuals cannot have any form of sexual reassignment surgery. If and when the individual finally does find a professional helper, the counselors, therapists, social workers and doctors all follow specific standards of care (SOC) created by the Harry Benjamin International Gender Dysphoria Association (HBIGDA). The SOC call for a minimum three-month period between the time the client sees the professional helper and begins hormone therapy. The discussed topics a transsexual individual discusses with their professional helper are unlimited, and “Treatment issues are no longer exclusively centered on aiding gender dysphoric individuals to assume either a male or female gender, but rather on exploring alternative gender identifications and options” (Carroll & Gilroy, 2002, p. 230). Because of the SOC, transgender clients can now receive the same outstanding standards that transsexual clients obtain.

When a transsexual client seeks psychiatric assistance from a professional caregiver, it can be for a multitude of reasons, not just gender confusion. “Psychotherapy can provide support for coping with external stressors, treat comorbid conditions, provide increased insight into personal history and motivations, facilitate exploration of the options for living with one's gender identity and enhance decision-making regarding gender transition options.” (Rachlin, 2002, p. 8) Most importantly for many transsexuals, psychotherapy allows clients to cope with a gain and loss of relationships with family members, friends, co-workers, and romantic partners through the transitioning process.

Physically, the steps to transition for both MTF and FTM are costly. Legal name change is one of the easiest and least expensive transitioning steps. For many MTF, another reasonably inexpensive procedure is electrolysis. Some transsexuals choose to have cosmetic surgery on their face to appear more feminine or masculine. “Over the years different techniques were developed for feminizing a male face. Mandibular angle reduction is carried out to reduce the lower facial width. Chin reduction procedures are performed to 3 dimensionally reduce the masculine, prominent bony chin… The latter technique can easily be combined with a browlift procedure and thus feminize the curvature and position of the eyebrows” (Tuinzing, et al., 1996, p. 386).

“Top Surgery” is another step that many transsexuals take. Both MTF and FTM have chest reconstruction surgery. MTF have augmentations mammaplasty, or breast enlargement, and FTM have mastectomy. FTM have two options for a mastectomy: subcutaneous mastectomy “keyhole” or bilateral mastectomy “double incision”. Keyhole mastectomy is ideal for FTM with a small cup size (A or B) and with very little ptosis (sagging). A double incision mastectomy is for individuals with a larger cup size (C cup and above).

For those fortunate enough to afford it, sexual reassignment surgery or “bottom surgery” is probably the biggest and most expensive step in transitioning. It is also urged by therapists to be considered as a last resort rather than a first option because of the extremely high cost. The first step of surgery for MTF is vaginoplasty, and simultaneously the patient has the option to have their testes removed. Approximately three months later, the patient can come back and have a labiaplasty; this step makes the vagina more aesthetic. (Frcs, 2006)

FTM transsexuals have several options for sexual reassignment surgery. The first and least expensive option is the clitoral release. The second option is penile implantation. The last

option for sexual reassignment surgery is metoidioplasty. During this stage, the patient has the option of extending the urethra into the neo-penis so the FTM can urinate while standing. For a full aesthetic look, testicular implants can be inserted into the labia to create a scrotum, completing the appearance of full male genitalia. (Reed, 2006)

Some MTF choose to have a surgery if they were born with naturally deep voices in order to make their voices higher. The alternative, less expensive technique to raise the pitch in the voice is voice lessons, but sometimes that is not as effective as the MTF desires. During voice surgery, hard sections of cartilage are pulled together with stitches. This pulling puts extra tension on the vocal chords and produces a higher pitch than before. During voice surgery, a common addition that MTF choose to simultaneously have is a tracheal shave (Adam's apple surgery) for a more feminine appearance. (Brownstein, 2006)

Overall, the transitioning process is expensive, and time-consuming. In order to afford therapy sessions, hormones, and surgeries, many individuals find that they need to have achieved higher levels of education and be employed in a well paying job. It also seems likely that individuals with more education would be more mature cognitively because of experience in the classroom, interactions with peers and mentors, etc. "Higher levels of formal qualification are assumed to have a close relationship with employee productivity, through an effect on employee competence." (Rose, 2005, p. 132) Because there is such a direct correlation, it is hypothesized that transsexual individuals who undergo the transitioning process have achieved a higher level of education.

METHOD

Participants

Participants were 19 (13 Male-to-Female, 6 Female-to-Male) living in the Western United States. Three participants were dropped because their surveys were incomplete. Participants were Caucasian and Hispanic, and ranged in age from 26 to 62 years (M=X, SD=X). The participants were recruited from Stephen L. Braveman, LMFT, DST, from LuLu Ford Manus, and online at surveymonkey.com

Materials

A 41-item multiple-choice, fill in the blank and short answer survey based on a previous survey done by Katherine Rachlin was used. The survey included questions about the participants demographic, gender identity, sexual orientation, transition goals, and experiences with their current professional caregiver and the credentials of that individual. Some questions included, “What changed in your life as a result of therapy?”, “What was most and least helpful about the therapy experience?”, “What are your transition goals?” etc. (See Appendix A for a sample of the survey that was administered to all the participants).

Procedure

The survey and consent narrative were anonymously distributed by Stephen L. Braveman, LMFT, DST. When the surveys were collected, each participant received a $10 gift certificate to Starbucks. After the surveys were completed, they were returned by Stephen L. Braveman, LMFT, DST.

The survey and consent narrative were anonymously administered by LuLu Ford Manus. When the surveys were collected, each participant received a $10 gift certificate to Starbucks. After the surveys were completed, they were mailed to the researcher by LuLu Ford Manus.

The survey and consent narrative were anonymously distributed on surveymonkey.com. When the survey was completed, each participant e-mailed the researcher their address, and the researcher mailed them their $10 Starbucks gift certificate.

RESULTS

The data collected were coded quantitatively in order to analyze it on SPSS data analysis computer program. The advantage in using a survey as a data collection technique is that the answers will be completely confidential and there are both fill in the blank and short answer sections, which allow for elaboration. The results will be shared with Stephen L. Braveman, LMFT, DST and LuLu Ford Manus. By viewing the results, both trans coordinators have the opportunity to find ways to improve as a professional caregiver dealing with gender issues.

The sample consisted of 19 participants (13 biologically born male and 6 biologically born female) ranging in age from 26-62. Among the group born biologically male, the majority (12/13, 92%) identified themselves as female, almost half identified as transgender (6/13, 46%), the other half identified as transsexual (6/13, 46%), and one identified as both transgender and transsexual (8%). Among the group born biologically female (32%), the majority (5/6, 83%) identified themselves as male and over half identified as transsexual (4/6, 67%). The other two participants identify themselves as transgender (33%).

The majority (58%) lived in a Suburban area, 26% lived in a Rural area, and 16% lived in an Urban area. The sample was relatively homogeneous ethnically, with 79% of the participants reported being of Caucasian descent, 5% were Hispanic, and 16% identified as other.

Every participant was asked their identified sexuality, whether it be heterosexual, homosexual, bisexual, asexual, and other. The results showed 37% heterosexual, 11% homosexual, 32%

bisexual, 5% asexual, or 11% other. Lastly, the majority (79%) of the individuals had health insurance, but 21% did not.

The individuals surveyed were asked their highest level of education achieved. Among the Male-to-Female population, the majority (54%) had attended some college, 23% had a Graduate Degree, 15% graduated from High School, and 8% had their Bachelors Degree. Among the Female-to-Male population, the results were as follows, (33% Some College, 34% Bachelors Degree, 17% Graduate Degree). Please see Appendix A.

One of the foci of this study was to examine the participants' transition goals. The most common transitions that both MTF and FTM had already undergone were hormone therapy (86% FTM, 83% MTF) and legal name change (86% FTM, 58% MTF), less common transitions were top surgery (29% FTM, 8% MTF), bottom surgery (29% FTM, 8% MTF), and for the FTM population, facial surgery (16% MTF), Adam's apple shaving (8% MTF), and electrolysis (67% MTF). Please see Appendix B.

Although the results were not statistically significant, there was a pattern among the level of education achieved and where the participant was in the transitioning process. It was observed that the higher the level of education achieved, the more likely the individual was to have undergone multiple transitioning steps. The lower the level of education achieved, the less likely the individual was to have undergone multiple transitioning steps.

Reasons for seeking therapy were examined. This is a one of two part series of questions. These questions were asked to find out why the surveyed individuals sought therapy. The second set of questions were asked to discover if the individuals got out of therapy what they went in for. The two most popular reasons that FTM and MTF participants sought therapy services were to

increase self-understanding and personal growth, and to obtain a letter for hormones or surgery. To view results of why the surveyed individuals sought therapy services, see Appendix C.

Whether participants reported changes in their life as a result of the therapy was examined. The first set of questions asked were to discover why the individual sought therapy, these second set of questions were asked to find out if the therapy services were effective. The two most common life changes as a result of therapy for both MTF and FTM clients were had help clarifying gender issues, and felt more comfortable with themselves. To review results of what changed in the participants' lives as a result of the therapy received, see Appendix D.

Although the results were not statistically significant, there was a pattern observed in regards to the FTM population feeling supported. Where 100% of the FTM population went to therapy for support during transitioning, 100% of the FTM population felt supported during transitioning. Also, while 67% of the FTM population went to therapy for support after transitioning, 67% of the FTM population felt supported after transitioning.

DISCUSSION

The results of this study revealed a pattern that suggests that the higher level of education achieved, the more likely the individual is to transition. If an individual has achieved a high level of education, it is hypothesized that their financial and emotional situations will be higher and more constant.

The results supporting the hypothesis do not seem to require complex levels of analysis. It seems only natural that an individual with a good job and a good head on their shoulders knows themselves well and knows what they need to be happy. If being happy means they need to transition, they will do what they can to make that happen. An emotionally immature person

who does not have the education to get a good job might not be able to even pay for therapy, nonetheless pay for numerous expensive surgery procedures.

The other pattern observed in this study was the importance of support for the FTM population. According to the results, 100% of FTM who went to therapy for support during and after transition. It is suggested that this is the case because it is more socially acceptable for women to seek counseling services, and the FTM population were raised as women.

This study was limited because in the area surveyed there are a relatively low number of transsexual individuals, so the sample size was small, and most of the surveyed individuals were Caucasian. By having a sample with a variety of ethnicities, the results might provide a variety of experience educationally, transitionally, and in therapy. With a larger sample size, there are more likely to be statistically significant factors associated with this study, instead of just patterns. Another problem with not varying the location geographically is that many of the individuals who took the survey all saw the same professional caregiver. This caregiver is one of the most sought out gender specialists in the United States, and part of his job is to teach other therapists how to help transsexual individuals. Because he is so effective in assisting the transsexual population, many of his clients had nothing but positive things to say about their therapy experiences.

If future studies could be performed to compensate for the flaws in the present study, a few changes would be made. Future studies could survey a more diverse sample population. To expand this study to different geographic locations across North America could ensure a higher number of participants, greater ethnic diversity, greater age range, and a variety of experiences with a wide range of professional caregivers, and different expectations and results from their therapy experiences. If this study were to be done again, a more valid instrument would be used

that asked more relevant questions pertaining to the transitioning process and education achieved. Also, because the survey was administered to transsexual clients by the caregiver, many individuals did not answer any of the qualitative questions about their therapy experience. There is a chance that the participants did not answer the qualitative questions honestly or at all because they had negative things to say about their caregiver, and they did not want that individual to find out.

This original study showed that therapy is beneficial for transsexual individuals, whether they are transitioning or not. My study shows similar results, however there are other important questions that should be examined in future studies: What is your yearly annual income? How much did each of your surgical procedures cost? What is your current profession? What is the overall relationship with your co-workers? These questions provide more information in order to understand where the individual is in the transitioning process. Furthermore, using a longitudinal design would allow one to follow the individuals through the transitioning process and thereby understand how each step affects the individual emotionally, psychologically, and physically.

BIBLIOGRAPHY

American Psychiatric Association (2000). (DSM-IV-TR) Diagnostic and statistical manual of mental disorders, 4th edition, text revision. *American Psychiatric Press, Inc.* Washington, DC. 943

Brown, M. & Rounsley, C. (1996). True Selves: Understanding Transsexualism for Families, Friends, Co-Workers and Helping Professionals. *Jossey Bass*. San Francisco, CA. 264

Brownstein, M. (2006). Plastic, Reconstructive and Gender Related Surgery. Retrieved May 17, 2006 from http://www.brownsteinmd.com/trachshave.html

Carroll, L. & Gilroy, P. (2002). Transgender Issues in Counselor Preparation. *American Counseling Association*. 41 (3) 233-242

Cohen-Kettenis, P. & Van Goozen, S. (1998). Pubertal Delay as an Aid in Diagnosis and Treatment of a Transsexual Adolescent. *European Child & Adolescent Psychology*, 7, 246-248

Frcs, P. (2006). Gender Reassignment Surgery in Montreal. Retrieved May 17, 2006 from http://www.grsmontreal.com/

Krujiver, F., Zhou, J., Pool, C., Hofman, M., Gooren, L. & Swaab, D. (2000). Male-To-Female Transsexuals Have Female Neuron Numbers in a Limbic Nucleus. *Journal of Clinical Endocrinology & Metabolism*. 85 (5), 34-51

Martin, C. & Halverson, C. (1981). A Schematic Processing Model of Sex Typing and Stereotype in Children. *Child Development*. 52 (4) 1119-1134

Rachlin, K. (2002). Transgender Individuals Experiences of Psychotherapy. *The International Journal of Transgenderism*. 6, 1

Reed, H. (2006). Sex Change Operation. Retrieved May 17, 2006 from http://www.srsmiami.com/

Rose, M. (2005). Do rising levels of qualification alter work ethic, work orientation, and organizational commitment for the worse? Evidence from the UK, 1985-2001. *Journal of Education at Work*, 18(2), 131-164

Slabbekoorn, D., Van Goozen, S., Gooren, L. & Cohen-Kettenis, P. (2001). Effects of Cross-Sex Hormone Treatment on Emotionality in Transsexuals. *The International Journal of Transgenderism*. 5, 3

Van Goozen, S., Slabbekoorn, D., Gooren, L., Sanders, G. & Cohen-Kettenis, P. (2002). Organizing and Activating Effects of Sex Hormones in Homosexual Transsexuals. *American Psychological Association*. Behavioral Neuroscience. 116(6) 982-988