

## **The GENDER Mnemonic**

- Gender journey and understanding
- Expressed concerns
- Necessary actions
- Distress management
- Ecologies of support
- Reinforcement and resistance

### ***Gender Journey and Understanding***

It is important to reiterate from the onset with regard to this first part of the mnemonic, that our goal as clinicians is never to ask young people how they know that they are transgender, or why they are transgender. Parents will often offer anecdotes that function to answer these types of questions, but it is important to always emphasise that children's accounts of their gender are our starting and ending place, even if at times it will be useful to locate their gender within a critical developmental framework *that is inclusive of transgender young people*. As such, speaking with a young person about their gender journey is about learning what their gender *means* to them. Certainly, some of the information provided will usefully inform a psychosocial history, but more broadly it is an opportunity for young people to speak about what gender means to them as a category, how they live their gender, what they see for themselves from the future in terms of their gender, and how they situate themselves in terms of the category 'transgender'.

For (primarily cisgender) parents, focusing on their own gender journeys and understandings can be a useful way of identifying barriers to parents affirming their children, including their own biases, fears, and worries about impression management when it comes to other people. Asking parents to reflect on how they understand their own gender, as well as gender as a category (i.e., do they see it as an immutable part of nature or as a cultural construct), can often help parents to understand that their child's gender is 'real': that it reflects their own lived truth. Reflecting on their own childhood can help parents to identify the impact of gender norms, and to have understanding for their child's experiences. As parents share their own views, this also offers opportunities to challenge gender stereotypes, and to reflect back to both parents and young people other ways of understanding gender. Framing their own accounts of their gender through a developmental lens also helps to draw out similarities between their own gender development and that of their children.

### ***Expressed Concerns***

As we know from the literature, many young transgender people come to see clinicians with concerns, particularly about the future. These may involve fears about bullying or discrimination, worries about puberty, a strong desire to commence hormone therapy, generalised anxiety that is often a product of broader cisgenderist social contexts, and worries about fitting in and acceptance at school. Many young people also speak about experiences of dysphoria, and

some also speak about the feeling that their parents don't truly accept their gender. Certainly it is the case that not all young people have these (or other) concerns, and certainly as I noted above, therapy is not mandatory. But for many young people, identifying key 'sticking points' can help lead to strategies for responding to or managing concerns or distress. Importantly, expressed concerns may be unique to being transgender, or they may be part of a broader narrative of gender development experienced by most children. Sometimes the role of the clinician is to unpack the concerns to see what might be specific to being transgender, and what might be more broadly about their gender (and thus similar to other children of the same gender, even with unique inflections arising from how transgender people are viewed and treated). A critical developmental approach, as I outline in more detail in chapter two, can thus be important for helping to unpack expressed concerns.

For parents, expressed concerns can overlap with those of young people, but they can also be markedly different. Parents may worry about whether they can 'truly know' what their child's gender is, and may seek a diagnosis as a means to reassurance. Parents may worry about what kind of life their child will have, a life that may differ from their own dreams for their child. Parents may speak about 'loss' with regard to their child's gender, or fears about how other people will view them (i.e., as being too liberal as parents if they affirm their child). Fathers may often struggle the most with affirming their child, instead holding onto normative understandings of sex and gender, though certainly mothers often struggle too. Identifying the concerns that parents have offers the opportunity for psychoeducation with regard to gender, including offering a critical account of gender development. Such a critical account of development, as I noted above, can help parents to understand how each of us comes to understand ourselves as gendered beings, without resorting to a simplistic account of gender as a truth that exists prior to birth.

### ***Necessary Actions***

For some young people, the necessary actions are few. Their parents are supportive, the journey ahead is clear, and they are content to enjoy their lives, with very minimal interaction with a clinician. For other young people, however, and particularly for those whose parents may be struggling, a raft of actions may be necessary. This can include support in changing their name and gender legally, support in social transition, support in accessing other services (such as for fertility preservation and puberty blockers), and advocacy to schools and other institutions. Certainly, even for children of supportive parents, some of this advocacy work in terms of necessary actions may still be necessary. I often say to parents 'we don't know what we don't know': many parents may not have thought about, for example, fertility preservation, or may have limited understanding of pathways to care. This may have nothing to do with not being supportive, and everything to do with not knowing where to turn, or what information to trust.

Stemming from these necessary actions, it is important for parents to understand the difference between a need and a want. Parenting involves

knowing when it is okay to say no to a 'want', but that a need is a different category entirely. Similar to Tandos' (2016) differentiation between a behaviour and being, a need for transgender young people, if fulfilled, can be the difference between happiness and depression. Working with parents, as I will explore in detail in chapter 4, in order to move ahead to address necessary actions, is often a core component of clinical work with transgender young people and their families.

### ***Distress Management***

For many transgender young people, expressed concerns can be accompanied by a significant degree of distress. Dysphoria is often a key form of distress, but it is certainly not the only form that distress can take. Distress can be influenced by a future-orientation, in which young people are focused on their hoped for future (often including puberty blockers and then hormone therapy), at the expense of focusing on the now. As such, distress management focused on the now can involve attention to strategies that help ameliorate or reduce dysphoria, as we will explore in chapter 3. In short, whilst it is rarely clinically useful to try and minimise how significant distress can be, and especially dysphoria, there is also a key role for clinicians to creatively negotiate ways to ensure that distress is not the only narrative available.

For parents, witnessing their child's distress can be very challenging. Working in collaboration with parents can often be vital to ensuring that any strategies aimed at addressing a young person's distress are put into action. As I will explore in detail in chapter 4, parents can also experience distress of their own. This is often attached, as I suggested above, to their own dreams or hopes for their child, dreams or hopes that they may often feel disappear if their child is transgender. Working with parents to situate their dreams and hopes in a broader context of cisgenderism can be an important strategy to support them to re-narrate their expectations. If not, ongoing parental distress can be a barrier to their child being affirmed.

### ***Ecologies of Support***

I use the term 'ecologies of support' to recognise that support for transgender young people and their families can come from a diverse range of sources. Sometimes the most obvious forms of support are not available, or don't work for the young person. If this is the case, creative thinking is required to identify supports beyond those that may seem obvious. An ecological approach to support, then, means working with young people and their families, having identified expressed concerns and necessary actions, to recognise that many differing forms of support may be required, dependent on the need or distress. A peer support group, for example, may be beneficial for some young people. Yet if such a group is solely comprised of young people with a binary gender, will it be useful for a young person whose gender is non-binary? Again, focusing on ecologies of support means broadening our net so as to encompass the most diverse range of supports possible.

For parents, focusing on ecologies of support can include exploring sources that may at first appear supportive and affirming, but as time progresses may be less so. For example, extended family members who may initially appear supportive, but who over time continually misgender the young person. Parents too, then, need a diverse range of supports so that they are not overly reliant on one particular person or group or people who may be likely to bring with them their own biases.

### ***Reinforcement and Resistance***

Finally, as clinicians we have a clear role to play in using our epistemic authority to advocate for young people. This, at first glance, may seem to buy into the logic that adults know best, or that professionals know best. This is far from the case. Rather, the point about clinician reinforcement is that we can use received understandings of science to positive ends. We can make recourse to our clinical or academic knowledge to reinforce young people's views to their families. Whilst we will often do this alongside having a critical stance on science, this is not contradictory. Rather, it is about being accountable for the epistemic status we are accorded, which can comfortably sit alongside being critical of received knowledge that is not affirming. Modelling critical thinking to parents, for example, can encourage parents to be both affirming of their child, and critical of their own biases and those of others. In terms of resistance, this can involve acknowledging young people's agency, and the ways in which they resist normative framings of their lives. Acknowledging this and taking a lead from young people can constitute an important form of advocacy.

Reinforcement by the clinician also involves us taking a broader worldview on the lives of the young people we work with. Importantly, this is not a developmentalist claim. It is not to suggest that children cannot see their own lives in a holistic sense. Rather, it is to have the privilege of being able to take an outsider's vantage point, regardless of our own gender journeys. And it is this privileged perspective that can allow us to help young people and their families to situate their own journeys in a broader context. This can involve situating the challenges they face in a context of cisgenderism and to identify ways to challenge this. It can involve raising topics that the family may not have thought about (such as fertility preservation). In other words, in the rush to view children as experts on their gender and to listen carefully to their experiences, we should not eschew our own knowledges, and how they may be helpful. At the same time, and as I noted before, and as Ehrensaft (2011b) suggests, it is important that as clinicians we don't claim to know everything about gender. We must remain open to young people's agency, and to learn from the resistances that they raise to cisgenderism.