

Therapeutic Issues with Transgender Elders

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KEYWORDS

• Transgender • Elders • Psychotherapy • Midlife transitioning • Elder services

KEY POINTS

- Transgender (Trans) and gender nonconforming (TGNC) elders are an underrepresented group in contemporary research.
- TGNC-specific research is needed regarding the relationship between gender transition and age-related illnesses; polypharmacy and the potential for drug interactions; and sexual behavior, human immunodeficiency virus transmission patterns, and safer-sex programs for older TGNC adults.
- For TGNC persons the decision to transition is often postponed until retirement because of apprehension about job discrimination.
- Clinicians need to take on an advocacy role and become knowledgeable about health care providers and LGBT organizations and resources that are affirmative and be willing to advocate for TGNC elders.
- The shortage of geropsychologists and other health and social services personnel who are adequately trained to provide gender affirmative services for transgender elders poses considerable challenges for the future.

Despite the increased visibility of transgender and gender nonconforming persons (TGNC) in the United States, TGNC elders remain overlooked.^{1,2} This circumstance is especially disconcerting given a significant increase both in the general elder population as well as an increase in numbers of TGNC persons who are electing to transition in their later years.³ For many gender nonconforming older adults the decision to transition in later life is driven by societal changes in attitudes, particularly among younger cisgender persons, as well as other factors, such as phase of life.^{4,5}

To a large extent the challenges and rewards associated with aging are universal regardless of gender identity and sexual orientation. Irrespective of culture, the experiences of cognitive and physical limitations, challenges of caregiving both in families of origin and of choice, loss of friends and social networks, and end-of-life issues,

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confront most adults as they age. However, as the evidence presented in this article demonstrates, the multiple effects of stigmas surrounding age, gender identity, and sexual orientation significantly impacts the aging experience, both positively and negatively.

To a large extent aging services providers, including those in long-term care facilities and in-home services, assume that elders are heterosexual and fit neatly into the gender binary. The fears that are common among lesbian, gay, and bisexual (LGB) adults about aging, such as living in isolation, being neglected or abused by health care providers, and harassed by their cisgender peers, are even more acute in TGNC elders, especially among those whose trans identities are more detectable.⁶ The purpose of this article is to provide mental health clinicians with practical input about psychotherapeutic issues for use with TGNC elders. A summary of current research findings as well as an overview of historical and contemporary trends in the clinical treatment of TGNC clients is provided. A case vignette is presented that draws on the author's clinical experience as a lesbian-identified psychologist who works with older adults and more specifically with TGNC elders. This vignette illustrates the ways in which sociocultural and historical contexts impact a trans woman's decisions about transitioning in later life. Lastly, recommendations are also provided for mental health practitioners, many of whom are likely to encounter TGNC elders.

A SNAPSHOT OF TRANSGENDER OLDER ADULTS

The challenges associated with constructing a snapshot of transgender elders in the United States are significant. Estimates of the current TGNC population aged 65 years and older range anywhere from 700,000³ to 2.8 million.⁷ It is predicted that by 2030, one in 5 Americans are projected to be aged 65 years and older and that the number of TGNC elders will steadily increase.⁸

Christine Jorgensen was one of the first trans women in the United States to undertake gender-confirming surgery (GCS) in the 1950s. Although she achieved some degree of celebrity status during her lifetime, most TGNC persons to follow were forced to hide their gender identities in order to avoid discrimination. The prevailing aim of treatment among clinicians in the 40+ years following Jorgensen's groundbreaking surgery was to help trans persons reject their pretransition identities and erase their histories.⁹ Consequently, an unknown portion of TGNC older adults blended into the mainstream society, hiding their identities to maintain jobs or families.^{3,10} Historically, this process connoted the completion of medical procedures to enable a female or male gender expression. At present, TGNC persons are beginning to expand the consciousness of the rest of the population of what it means to transition.

Gender transition or the gender-affirmation process has come to be understood more broadly as "an interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression."¹¹ GCS may or may not be part of a person's transition process, and some TGNC persons may make few if any physical changes and live outside the binary. A growing consciousness exists, especially among younger cohorts, that a range of gender identities between and outside of the categories of male and female exists. Yet, despite these shifts, it is important to note that TGNC elders belong to an aging culture that adheres to binary constructions of gender.¹²

RESEARCH CHALLENGES

Transgender elders are one of the most underrepresented groups in contemporary research.⁴ Finkenauer and colleagues¹³ conducted a comprehensive review of the

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