

Recommendations for Integrating Masculinities into the Guidelines for Psychological Practice  
with Transgender and Gender Nonconforming People

APA Division 51 Gender and Sexual Minority Special Interest Group

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In 2015, the American Psychological Association (APA) published the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (TGNC) to assist psychologists in the provision of culturally competent, developmentally appropriate psychological practice with TGNC people (APA, 2015). These *Guidelines* are an introductory resource toward providing *trans-affirmative practice*, or care that is respectful, aware, and supportive of the identities and life experiences of TGNC people (Korell & Lorah, 2007). Research has demonstrated that TGNC people constitute a population with unique needs (APA Task Force on Gender Identity and Gender Variance, 2009), meriting the creation of practice guidelines that would be a valuable resource for the field that are not addressed by other practice guidelines (APA, 2012). These *Guidelines* are written to inform the work of psychologists who provide clinical care, conduct research, or provide education or training to issues of gender identity and gender expression, even when not specifically focused on TGNC populations. The *Guidelines* are organized into five clusters: (a) foundational knowledge and awareness; (b) stigma, discrimination, and barriers to care; (c) life span development; (d) assessment, therapy, and intervention; and e) research, education, and training.

In 2016, the Sexual and Gender Minorities Special Interest Group of APA Division 51 (Society for the Psychological Study of Men and Masculinity) initiated a work group to write a brief document highlighting masculinities-related concerns pertinent to the practice of psychology with TGNC people as suggested by these *Guidelines*. This work group, composed of 11 members, conducted a review of the extant masculinities scholarship related to TGNC people

and organized the brief content according to the five-cluster organization of the *Guidelines*. Each cluster summary includes a summary of relevant research and a recommendations section, which describes how the particular guidelines may be applied in psychological practice.

### **Identity and Masculinities**

As the APA Guidelines for Psychological Practice with TGNC People (APA, 2015) highlights, gender identity is a nonbinary construct that is distinct from, although interrelated to, sexual orientation. It is important to acknowledge that masculinity expression and conceptualization by TGNC individuals may be influenced by various additional intersecting identities, such as sexual orientation and cultural identities. Similar to other multicultural considerations, practitioners' attitudes about and familiarity with the psychology of masculinities and TGNC individuals is a question of scope of competency.

Masculine gender role expression is socially constructed, assimilated through a process of socialization, and many social institutions emphasize cisgender or masculine role norm conformity as biologically determined (O'Neil, 2008; Tadmor, 2013). Heteronormative assumptions often falsely conflate sexual and gender (masculine) identity (Shields, 2008), as well as disregard sexual attraction and gender role adherence for those who identify as nonheterosexual or TGNC (Nagoshi, Brzuzy, & Terrell, 2012). Expression of romantic or sexual attraction might present transmen with gender role-related conflict that is, in part, born from violations of heteronormative gender role ideals (Schwartzberg & Rosenberg, 1998), and potentially alienate transmen from a complete male identity (Wester & Vogel, 2012). This may leave some TGNC individuals feeling ostracized from their inherent sense of male identity (APA, 2015) and pressured to adapt their behaviors to fit these dominant masculine roles to reduce feelings of minority stress (Green, 2005; Skidmore, Linsenmeier, & Bailey, 2006).

However, some male-identified TGNC individuals do not wish to label their gender identity and do not feel masculine behaviors are an essential component of male gender identity (Bockting, Benner, & Coleman, 2009). For these individuals, masculinity may be conceptualized as a set of characteristics that fall on a spectrum and are expressed differently from one individual to another, vary over the course of one's identity development, or may depend on an individual's context (Diamond & Butterworth, 2008; Nagoshi & Brzuzy, 2010; Vegter, 2013).

When trying to understand the complex role of masculinity in the lives of TGNC individuals, it is important to acknowledge how an individual's relationship with masculinity intersects with other cultural variables. Although maleness and masculinity are often privileged, this is complicated by the intersection of masculinity with marginalized identities (Coston & Kimmel, 2005). For example, dominant, or "hegemonic," masculinities are grounded in social norms for White, upper class, heterosexual, able bodied individuals (Levant & Richmond, 2016). As masculinity is socially constructed, it follows that what is seen as masculine will be negotiated within unique contexts, due to specific sub groups (e.g., Borgeson & Valeri, 2015), cultural norms (e.g., Saez, Casado, & Wade, 2009), and the realities of oppression (e.g., Rogers, Sperry, & Levant, 2015). Furthermore, evidence suggests that stress associated with living up to masculine norms might be greater for men of color, which has implications for their mental health (Wade & Rochlen, 2013; Wong, Tsai, Liu, Zhu, & Wei, 2014).

### **Recommendations**

Practitioners have an ethical obligation to recognize and confront bias that may impact their work (APA, 2010), which includes a practitioner's attitudes toward TGNC people (APA, 2015) and attitudes about masculine gender roles. Congruent with research regarding the psychology of masculinities as a multicultural competency (Liu, 2005), it is essential that

practitioners understand masculinities as nonbinary and socially constructed to best serve TGNC clients. A developmental perspective of a client's gender identity may be useful, as masculinity has more or less salience depending on one's developmental stage. Research suggests that the significance of masculine behavior may vary across stages of development for transmen, with the importance of masculinity being cultivated in early stages, peaking and strictly adhered to in middle stages, and becoming less essential in later stages of development (Hansbury, 2005; Vegter, 2013).

Although it is important to note that expression of masculine gender roles may not be seen as essential for those who hold a male gender identity, masculinity may be important for many sexual and gender minority men (Sánchez & Vilain, 2012) and may function as a means to avoid further marginalization. However, there is a lack of research supporting this claim for TGNC individuals. Furthermore, future research may explore the importance and perceptions of masculinity in TGNC populations to obtain a better understanding of gender expression among gender minorities, and how this expression may vary across various intersecting identities.

### **Masculinity-based Stigma, Prejudice, Discrimination, and Violence Against TGNC People**

Research has focused primarily on four contexts where stigma, prejudice, discrimination, and violence against TGNC individuals are likely to occur: (a) healthcare access, (b) safe and fair housing, (c) employment, and (d) the justice system. First, TGNC people typically face hardships in accessing competent care (dickey, 2017), including discomfort revealing their gender history to their medical providers, which may be critical to the care they are seeking. For instance, if a gender diverse person may need to be catheterized, it would be important to discuss one's urinary tract configuration. Second, reports demonstrate that 20% of trans people have experienced housing discrimination, while another 20% have experienced homelessness and

10% have been evicted specifically for their gender identity at some point throughout the lifespan (National Center for Transgender Equality [NCTE], 2015a). Research has demonstrated the link between housing access and better health outcomes, including less sexual risk taking (Sevelius, Reznick, Hart, & Schwartz 2009), decreased intravenous drug use (Fletcher, Kisler, & Reback, 2014), and reduced odds of suicide attempts (Marshall et al., 2016). Third, gender diverse people are three times as likely as cisgender people to be unemployed (James et al., 2016). Although 19 states and the District of Columbia have clear nondiscrimination laws that are inclusive of employment (NCTE, 2015b), at present, there is no universal protection in the United States for gender diverse people. Finally, research illustrates that gender diverse people are disproportionately targeted by the criminal justice system and incarcerated. For example, documented rates of arrest for TGNC people range from 35-72%, and 35% of trans people have been victimized while imprisoned, by inmates and guards (Beck, 2014).

An analysis of masculine norms may shed light on the context of violence against gender diverse people as spaces where this discrimination occurs are often dominated by traditional masculinity (e.g., law enforcement). An integral aspect of traditional masculinity is the social power awarded to conformity to masculine norms, while aberrant gendered behavior is punished through gender policing. TGNC people may be seen as transgressing traditional masculine roles and eschewing stereotypes of binary gender categories. For instance, trans women may be perceived as men who are “pretending” or “dressing up,” while trans men may be seen as “not real men” (Salamon, 2009). These harmful perceptions are validated through court systems that enshrine “trans panic” defenses for hate crimes against trans women (Smith & Kimmel, 2005). Research has carefully detailed the role of toxic masculinity in aggression (both verbal and

physical) against those who do not conform to strict gender narratives, leading to violent and often fatal hate crimes against TGNC people (Kelley & Gruenewald, 2014).

Additionally, some argue that perpetrating these forms of violence against gender diverse people serves to protect and enhance the perpetrator's own masculinity (Reigeluth & Addis, 2016). Research has demonstrated a clear link between adherence to traditional masculine norms and interpersonal violence against a range of groups, including women, other men, and gender diverse people (Anderson & Umberson, 2001; Berke, Sloan, Parrott, & Zeichner, 2012; Moore & Stuart, 2005; Quinn, 2002). Therefore, aggression may serve as public behavior wherein men can prove their masculinity, either against a worthy rival or against those considered unworthy of the label "man" (Franklin, 2004; Whitehead, 2005), in order to bolster confidence in their masculine identity.

### **Recommendations**

Psychologists play a critical part in addressing these forms of violence and oppression (APA, 2015). As advocates, psychologists may engage in working with the perpetrator of violence, the victim of violence, or the system that allows violence to persist (dickey & Singh, 2016). In working with the perpetrator of the violence, a psychologist may need to address rigid cognitive schemas about masculinity expression, which are likely closely tied to the perception that there are only two, immutable gender identities. Additionally, the client may privilege cisgenderism, or discriminate against those with a transgender history, and endorse laws, rules, and systems that assume cisgender masculinity expression is the expected norm.

When working with gender diverse survivors of systemic gender oppression, validation and conveying belief in their experience is a critical first step in helping the client to feel understood (dickey, Singh, & Walinsky, 2016). In preparing for treatment, it is important to

assess for experiences of trauma and how to approach symptoms of trauma (Richmond, Burnes, Singh, & Ferrara, 2017). Gender diverse people are frequently challenged even when they feel secure in their gender identity, related to the significant difficulties faced from addressing basic needs, such as the use of the restroom, to more nuanced concerns, such as addressing employment and healthcare system barriers. This includes institutional expectations in the workplace about masculinity performance, including employee uniforms, rules (both those that are explicitly stated or implicitly understood) regarding who is qualified to perform a job based on their gender, and other rules and barriers that are enforced in ways that either favor cisgender masculinity or assume a binary identity. Providers are encouraged to help clients to develop self-advocacy skills and to tap into their personal and collective resilience in addressing these difficult experiences (dickey, Singh, Chang, & Rehrig, 2017).

### **Developmental Masculinity Considerations for TGNC Youth and Elders**

In this section, we explore developmental concerns faced by TGNC people across the lifespan. As the reader will note, typical lifespan developmental theory may not apply to TGNC people. In many ways, TGNC people may face significant interruptions to what is considered to be a “normal” developmental process.

#### **Youth**

Female masculinity is a common phenomenon in female-bodied children, with approximately half of women endorsing tomboy behavior (Burn, O’Neil, & Nederend, 1996), such as playing with boys, toy preferences, participation in sports and rough play, mannerisms, dress, and appearance (Bailey, Bechtold, & Berenbaum, 2002). These expressions of masculinity are typically accepted and viewed positively (Safir, Rosenmann, & Kloner, 2003) until puberty, when this behavior diminishes as girls experience social pressure to adopt feminine behaviors

(Safir et al., 2003). Although FTM children may participate in some masculine behaviors, they may endorse a fluid range of varying degrees of femininity and masculinity (Vegter, 2013). However, feminine boys may face especially negative reactions to non-normative gender expressions, including emotional expressions such as passivity or crying (Kane, 2006), and experience strong pressure to demonstrate and conform to masculine expressions. The more boys act outside of norms of masculinity, the more verbal and physical abuse they may face (Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016; Reiger, Lisenmeier, Gygax, & Bailey, 2008). These experiences may lead to mental health problems, including depressive symptoms (Dank, Lachman, Zweig, & Yahner, 2014), self-injury (dickey, Reisner, & Juntunen, 2015; Spack, Edwards-Leeper, Feldman, Leibowitz, Mandel, Diamond, & Vance, 2012), and suicidality (Clements-Nolle, Marx, & Katz, 2006). Furthermore, policing of masculinity expression in boys by their caregivers tends to be ineffective, emotionally damaging to the child, and creates tension in the relationship (Hill & Menvielle, 2009).

**Recommendations.** Affirming masculinity expression for TGNC youth and their families may include first, adult caregivers creating opportunities for children to live in the masculinity expression that feels most real and comfortable, with freedom from restriction (Hidalgo et al., 2013). Masculine behaviors may occur gradually, such as beginning in the home setting, or partially, with the child's response to these initial steps serving as an indication of how prepared that child is to navigate the transition in other situations, such as school (Edwards-Leeper, Leibowitz, & Sangganjanavanich, 2016). As such, creating this space for identity development may involve interdisciplinary consultation with schools and medical providers to empower the child to explore masculinity expressions, including interests and behaviors, in a fluid way, since gender identity is fluid and still forming.

Second, parents and caregivers of TGNC children, particularly fathers and male caregivers, may benefit from education about the psychology of masculinities, including a range of masculine expression, intersectional identity factors, and the role of social power in maintaining traditional notions of masculinity. Additionally, understanding the likely involvement of genetic factors in the development of gender identity has been especially effective in reducing transphobia in men (Knafo, Iervolina, & Plomin, 2005). These biological factors may be especially helpful for individuals with religious affiliation and conservative social and political views, who may equate masculinity with heterosexuality (Elischberger, Glazier, Hill, & Verduzco-Baker, 2016). Sensitive work around religious and political convictions may help improve knowledge and attitudes.

### **Elders**

There is a paucity of research concerning the role of masculinity in the lives of older TGNC adults (dickey & Bower, 2017; Ettner & Wylie, 2013), leading to the potential for disparities and discriminatory practices (Ettner & Wylie, 2013; Fredriksen-Goldsen, Kim, Shiu, Golsen & Emlet, 2014). Transmen adhering to rigid masculinity ideologies may have a more difficult time transitioning into older age, since an array of factors influence socialized gender roles at this developmental stage. Three primary masculinity concerns involve retirement, help-seeking and social support, and decline in mental and physical health (Porter et al., 2016). First, as older men leave the workforce, they may perceive themselves estranged from masculine associations with power and success, which can lead to transformations in identity, sense of agency, and masculine ideals (e.g., Oliffe et al., 2013). This appears to contribute to extreme concerns about independence and financial resources for aging TGNC men (dickey & Bower, 2017; Witten & Eyler, 2015). Second, although help-seeking behaviors among older TGNC

individuals have not been explicitly examined, research has demonstrated that adherence to masculinity norms in older age may correlate with reluctance to engage in help-seeking behaviors (Weirsmas & Chessner, 2011), as well as difficulty managing daily life work and independence once a spouse passes away or becomes ill (Calassanti, 2004; Courtenay, 2000). Older, masculine-identified TGNC individuals are more likely to live alone and report lack of social support (Witten & Eyler, 2015). Finally, adherence to rigid masculinity norms for aging TGNC persons has been correlated with higher incidents of self-destructive behaviors (e.g., substance use, unprotected sex), physical and mental health problems (e.g., depression, suicide, neglecting medical needs), and fears of not being able to express their male identity due to dementia or being misgendered after death (Courtenay, 2000; Oliffe, 2007; Porter et al., 2016; Sánchez, 2016; Westwood & Price 2016).

**Recommendations.** There are several ways psychologists may support TGNC older adults to address some of the above challenges (dickey & Bower, 2017). Older TGNC adults facing retirement may benefit from outlining how one's attitudes about masculinity have evolved across their lifespan and how retirement impacts their masculinity expression. Concerns about how retirement will impact financial status or ability to remain independent can be eased through exploring resources available to offer support.

To address concerns related to help-seeking and social support, providers may identify significant relationships in the individual's life across their lifetime and how to create plans to maintain and strengthen these ties. Providers may need to initiate discussion about topics related to a patient's social and emotional support systems given that social isolation is often identified as an issue for TGNC individuals overall, and the fact that TGNC older adults may be reluctant to seek help (Porter et al., 2016). Providers may find it helpful to explore gender identity

expressions that counteract any history of negative coping patterns, emphasizing positive coping and resilience.

### **Mental Health Concerns Related to TGNC Masculinity Identity and Expression**

Adherence to traditional masculine gender roles has been associated with myriad mental health concerns, including substance use, restricted affective range and expression, anger, depression, and interpersonal relationship challenges (Iwamoto, Corbin, Lejuez, & MacPherson, 2014; Tager, Good, & Brammer, 2010), though this work has primarily been conducted among samples of college-age, cisgender men. As described in the APA guidelines, the mental health of TGNC may be related, or unrelated to, gender identity (2015). Yet, some research has begun to suggest masculine identity and expression may affect a range of mental health outcomes, in terms of both challenges and resilience. For example, one national sample found gender non-conformity associated with experiences of discrimination (Miller, & Grollman, 2015). However, this and most other large-scale studies on masculinity and femininity typically use single-item assessments of gender expression or gender conformity, leaving much unknown about how TGNC individuals construct masculinities, or how masculinity expressions change over time. Access to trans-affirmative care is critical to resolution of these problems, though adherence to traditional masculinity is associated with reluctance to seek psychological help (Yousaf, Popat, & Hunter, 2015).

It may be especially important for mental health concerns to understand how gendered values within family systems influence the lives of TGNC persons. Nascent research on this topic suggests that individuals who adhere to traditional masculine gender roles hold more negative attitudes toward TGNC persons (Tebbe, & Moradi, 2012). Little is known about the experiences of TGNC persons within family systems, outside of findings indicating that

affirming families are associated with superior mental health outcomes for TGNC persons compared to non-affirming families (Ryan, Russell, Huebner, Diaz, & Sánchez, 2010). As well, little is presently known about the experiences of TGNC persons as fathers, or TGNC persons who transition into other categories of parents (Stotzer, Herman, & Hasenbush, 2014).

### **Recommendations**

Providing an affirmative and caring environment where clients can explore the intersecting influence of masculinities and race, sexual orientation, and class on behavior is significant to resolving mental health services to TGNC individuals (Pelletier & Tschurtz, 2012). Effective clinical care may benefit from identification of assumptions about traditional, White masculinity expression, both on the part of the client and the clinician, facilitating discussion of one's unique gender identity, and empowering TGNC people to seek appropriate care (Pelletier & Tschurtz, 2012). The first step is frequently for the healthcare professional to have opportunities to examine his or her own binary notions of gender identity as tied to biology, as well as developing insight into how to avoid clinical language that is pathologizing (Carroll & Gilroy, 2002; Singh, Boyd, & Whitman, 2010).

TGNC individuals who are reluctant to seek mental health services, or who face conflict over the construct of masculinities during the transition process, might seek social support online or clinical services via telemedicine (Shapiro, 2003; Singh, 2013). TGNC persons may be able to seek out information and social networks online, which may be especially relevant for TGNC persons who are geographically isolated from larger metropolitan areas, who are newly aware of their TGNC identities, who may not be prepared to disclose their TGNC identities to others, or for whom disclosure of their TGNC identity may pose a physical risk from others around them. As masculinity can be associated with impulsive and aggressive responses to social challenges

(Bosson & Vandello, 2011; Cohn & Zeichner 2006), it may be important to further understand online interactions for the benefit of TGNC persons.

Affirmative family therapy can be utilized to assist family systems in exploring gendered values and the impact traditional masculine roles have on the TGNC individual. Clinicians can be instrumental in breaking down these traditional masculine norms to help facilitate a more positive, affirming family system which improves mental health outcomes for TGNC persons (Ryan, Russell, Huebner, Diaz, & Sánchez, 2010). Family therapy can facilitate discussions of how multiple family identities work together, why some identities are more salient than others, and how various identities are enacted in different spaces (Budge, Thai, Tebbe, & Howard, 2016).

### **Research, Education, and Training to Ensure Competence in Work with TGNC People**

A recent content analysis of TGNC literature revealed that many studies (40%) using the term LGBT do not substantively attend to TGNC issues (Moradi et al., 2016). To improve research outcomes, guidelines have been recently published regarding recruitment strategies and research methodologies useful to informing practice with TGNC populations, such as Community-Based Participatory Research (CBPR), which can offer mutually-beneficial collaboration between researchers and the communities they study (dickey, Hendricks, & Bockting, 2016; Sevelius, dickey, & Singh, 2017). Although these guidelines do not explicitly mention TGNC masculinities, authors underline that future TGNC research should include explorations of intersectional TGNC identities, including gender.

Studies regarding the experiences of TGNC people in therapy support the need for additional education and training to improve mental health competence with TGNC clients (Bess & Stabb, 2009; Hooks, 2016; Mizock & Lundquist, 2016). Although these data emphasize

increasing competence in clinical work with TGNC clients, specific attention has not been given to competence with TGNC masculinity issues (e.g., Avera, Zholu, Speedlin, Ingraham, and Prado, 2015; Nuttbrock, 2012; Heck, Croot, and Robohm, 2015). For example, a recent issue of *The Psychology of Sexual Orientation and Gender Diversity* (2016) devoted to psychological practice with TGNC persons did not include any articles that specifically related to clinician competency with TGNC masculinity issues. Additionally, research articles providing guidance for intake evaluation of TGNC clients, many of which offer case scenarios and helpful lines of questioning, fail to specifically address topics of TGNC masculinity (Budge & dickey, 2017; Donatone & Rachlin, 2013). Although studies have examined the effect of TGNC competency training on increased clinician confidence to work with these populations, including within the Veteran's Health Administration (Kauth et al., 2015), this research does not include data exploring whether training improved TGNC client treatment outcomes. Additionally, training has traditionally not given specific attention to TGNC intersectionality or TGNC masculinity issues (Budge et al., 2016).

### **Recommendations**

Considering empirical findings of TGNC treatment outcome is an under-developed domain, Division 51 Sexual and Gender Minority Masculinities Special Interest Group members have identified a few suggestions for future research. First, research is needed to evaluate the treatment outcomes of clinicians who have received TGNC-specific trainings. Psychologists may use this data to develop trainings that address the masculinities concerns of TGNC clients and correct erroneous assumptions about masculinities. Second, methods grounded in social justice and feminist psychological frameworks, including recruitment strategies that present research as a partnership between researchers and TGNC populations (e.g., Community Based Participatory

Research) (dickey et al., 2016; Tebbe & Budge, 2016), are recommended to balance power and privilege in shaping gathering and representing data (Tebbe, Moradi, & Budge, 2016; Tebbe & Budge, 2016). Third, to attend to the complexities of TGNC people's multicultural identities it is important that scholars also consider how TGNC masculinities are influenced by race, ethnicity, class, age, or stage of transition (APA, 2015; Singh, Hwang, Chang & White, 2017). Research that provides insight into the relationship between intersecting identities of TGNC populations and mental health outcomes may be especially beneficial (Budge et al., 2016). For example, recent research on TGNC identities has demonstrated that greater privilege is attributed to trans men whom others perceive as traditionally masculine (Budge et al., 2016).

Current graduate courses and multicultural lectures offered by psychology training programs are encouraged to enhance competence of TGNC masculinities as part of discussions about intersectionality (e.g., gender, race, class, age, masculinity) and psychological distress (Budge et al., 2016). In addition to trainee education, psychology faculty strive to develop competence in their clinical practice with TGNC people to increase recognition of masculinity as an intersecting identity that is an essential component of the trans experience. For instance, graduate programs may illustrate clinical approaches and interventions through sample case scenarios that highlight masculinity-related issues of TGNC people (Budge et al., 2016). Clinical process groups may be implemented for clinicians who work with TGNC people to provide them a space to reflect and build on their learning experiences. Additionally, an increase in APPIC training programs with specialized training in masculinity-related issues for TGNC people may be a focus of training program development.

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