

The Trans Person's Guide to **SELF REGULATION**

featuring contributions from nine trans
and non-binary healthcare practitioners



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Welcome!

The first thing you should know about this e-book is that it was created by trans people, for trans people. We don't know everything that's going on for you, but we all have the lived experience of a particular trans life in the United States right now. No cis people were harmed in the making of this e-book...but no cis people were invited, either!

The next thing you should know is that these essays were written by mental health services providers. This may be a mixed bag for you—it's possible that you have had terrible experiences with mental health services, or that you would like to be in therapy right now but are unable to access it, or both. It's fine if you have a push-pull relationship with psychology... many of us do, too.

That said, along the way we have picked up a lot of ideas about things that could potentially be helpful to you. Not everything in here will be helpful to everyone, but if even one thing in here is helpful to YOU then we'll consider the project a huge success.

As trans people writing for and about trans people, we wanted this project to be readable, useable, and transparent. Most of us talk explicitly in this e-book about our own identity factors. Many of us also talk about how we tested strategies for feeling better in our own lives before recommending them to other people. So this project is less formal than other books related to trauma and stress you might see around. We think this is one of its strengths.

Last thing you should know is that we care about you. We think trans people are awesome, and we hope you think so, too. We wrote this book so that you would have some resources available to build on your pre-existing awesomeness while dealing with a society that can be pretty terrible to trans people.

Let's get into it!

CHAPTER ONE

Body Observation for Coping with Stress and Trauma by Reese Minshew

Hello!

I want to start by saying a little bit about who I am, and how I came to write this part of the e-book you are reading. Professionally, I'm a clinical psychologist who focuses on working with transgender and gender diverse people who have had traumatic and stressful experiences (which is most of us). In terms of social location, I am Gen X and started coming out as a teenager in the 1990s. I'm white and masc of center, so my access to opportunity has been facilitated by white supremacy and patriarchy. I have some cis passing privilege, in that people generally think I'm a cis man until I say anything in my high-pitched voice, and then they usually get confused about my gender. Also, I have an invisible disability, which has shaped and reshaped my life in many ways. My ideals are built around disability justice, fat liberation, and antiracism, as well as trans liberation. All of this informs the way in which I think about bodies, and especially the range of reactions human bodies experience when we are exposed to trauma and stress.

When I was in graduate school, I worked in a lab where we focused on trauma and biology. Mostly, we would hook people up to equipment that would monitor and record their heart rates and some

other measures of physical responding, and then ask them to do tasks on a computer while we monitored their bodies. Some of the tasks were related to trauma and some weren't, and our work was to try to understand how people's bodies responded to the traumatic tasks versus the nontraumatic tasks. Participants (mostly cis and straight people) would also answer a bunch of questions about their trauma histories, so we could look at group differences in physical responses between people with a lot of trauma and people without much trauma.

Even though a lot of the people who worked in the lab had themselves experienced a fair amount of trauma, one thing we usually didn't do was use the equipment on ourselves. At least, I never saw anyone else try it, and I think I understand why. For one thing, it was inconvenient. The room that had the monitoring and recording equipment was separate from the room with the equipment that connected to the person. So, you'd have to have a friend help you out, or do a lot of going back and forth between rooms. But also, it was kind of scary. It felt like you might find out things about yourself maybe you weren't quite ready to know.

One day I happened to find myself alone in the lab, and there was a different piece of equipment available. This equipment didn't take a buddy to use—I'd be able to monitor my heart rate and its changes on my own. Like a lot of trans people, I'm pretty guarded and private, so I checked all around to make sure there wasn't anyone else there. But it was quite early in the morning, and I didn't think I'd be interrupted, so I went ahead and hooked myself up to the device.

Turns out, my body was doing some deeply weird things. So weird that I thought maybe I had put the electrodes on myself incorrectly. I was still pretty early in my training, and didn't know exactly how everything was "supposed" to look, but I knew it wasn't supposed to look like that. And, yes, it kind of freaked me out, but it was also really interesting. So, I started examining the ways in which my heart rate pattern looked different than what I was expecting to see, and as I did that another strange thing happened: my heart rate started to level out. As it did, my heart rate and breathing patterns synched up in a more typical way. I had found something that helped my body regulate—getting really interested in something going on around me.

I also noticed that my body would easily return to that other, less regulated, way of being—all I had to do was focus on a sense of anxious dread (you probably know the kind of anxious dread I’m talking about) and almost immediately my breathing and heart rate would decouple in weird ways. I tried this a couple of times, making some adjustments to the equipment and also to my feeling states. Each time, focusing on something I found interesting led to a more typical pattern of heart rate and breathing. Allowing a wave of anxiety to rise led to dysregulation in my system.

You may be thinking, “Well, of course. Isn’t that what your lab was studying? The relationship between emotions and bodily states?” And you’d be absolutely right. But one thing I hadn’t realized—or maybe hadn’t quite believed—was how much impact relatively small, internal emotional changes could have on my biological state. After all, this whole time I was just sitting alone in a room. I wasn’t doing tasks on a computer, or talking with a friend, or going into a gender-segregated bathroom. Someone in the room with me wouldn’t have known that my feelings and heart rate were changing.

I did a few more experiments along the way, and here are some things I learned. First, it was a lot easier to be in the dysregulated state than the regulated state. I slipped into the dysregulation accidentally—it was my baseline. Second (and this took a long time to identify), the dysregulated baseline actually felt TERRIBLE. I was wandering around feeling terrible a lot of the time. Maybe this is pretty normal for a grad student, and I think it’s definitely normal for a lot of trans people, and it takes a big toll on us.

In another chapter of this book, Kathryn Sedgwick writes about different types of Grounding and how to use Grounding techniques to feel less terrible. I know that Grounding techniques work for me, and that there are some specific techniques that work especially well for me, because I had the opportunity to try them out while monitoring my heart rate and breathing. Although you may not be able to access equipment that tells you your heart rate and breathing (although some of you may have watches or other wearable technology that does this), you can monitor your heart rate and breathing yourself, and use the information you gather to find the Grounding techniques or other

physical regulation strategies that are most helpful for you.

One way you can understand the patterns of your body is through what's called your respiratory sinus arrhythmia. If you find your pulse, and take a couple of deep breaths, one thing that you might notice is that your pulse gets faster when you breathe in, and slows down when you breathe out. The difference between your pulse rate when you're breathing in and your pulse rate when you're breathing out is your respiratory sinus arrhythmia. I'm not sure exactly why it exists, but some people have guessed that it might be that when you breathe in your heart is making a small preparation for action, and when you breathe out there's a small physical relaxation.

This is all helpful information, because the difference between your pulse when you're breathing in and your pulse when you're breathing out is an indicator of your overall health including your mental health. It's also something over which you have some control. You can make this difference, this respiratory sinus arrhythmia, bigger. One of the ways to experiment with this is to find your pulse, and see if there's a breathing pattern that really increases your heart rate when you breathe in and really decreases it when you breathe out. For a lot of people, the breathing that has the most impact on their RSA is a shorter inhale for about a count of four, and a longer exhale for about a count of eight. Try it for three breaths, and see if you notice a difference in your RSA.

If you do give this a try, you might also just do a quick check-in with yourself before and after to see how your mood is. After you've changed your breathing, do you feel better, worse, or about the same? I wish that I could say that you would always feel better afterward, but there will be times when you feel no different, or maybe even feel worse. For me, I found that focusing on my RSA made my cardiac activity look better in the moment when I was monitoring it, and, over time, it helped me feel better, too. It still does, in fact, and I'll spend time focusing on my RSA before I go into a stressful situation. If you find that you are walking around feeling terrible most of the time, one thing to try would be to set some timers so you remember to focus on your RSA several times a day for a week or two, and just see if you start to feel a bit better. Even if you do this five times a day for a min-

ute at a time, it's only five minutes out of your day and doesn't cost anything, so if it's not that helpful it's also not a big loss.

If what you're feeling is acutely terrible, and not simmering low-grade existential dread, you might try stimulating your dive reflex. This is a more direct intervention for those times when you are feeling like you might have a panic attack or a flashback. It is sometimes used in emergency medicine to control tachycardia (tachycardia is a heart rate over 100 beats per minute). The reasoning behind using the dive reflex for panic and/or fast heart rate is that it mimics the physical experience that seals have when they are doing a deep dive. Preparing for a deep dive requires a different balance between two parts of the nervous system (the sympathetic and parasympathetic branches of the peripheral nervous system). The goal, then, is to make our bodies feel that we're about to do a deep dive, so we do the things that mimic diving in icy water.

The steps are:

- 1.) get an ice cube or something cold
- 2.) sit down
- 3.) take a deep breath and hold it
- 4.) while holding your breath, lean forward, pressing the ice cube into the center of your forehead
- 5.) when you can't hold your breath anymore, start your regular breathing again while sitting up slowly
- 6.) evaluate how you're feeling.

If this intervention was helpful for you, you may notice that you feel less panicky and more centered after following those steps. You might also notice that your heart rate has decreased.

Like bringing you attention to your RSA, stimulating your dive reflex is fast and (almost entirely) free. You can try these things out, even try them every day or a few times a day for a week or a couple of weeks. If they don't help you will at least have more information than you did before. (Again, I wish I could say that they would absolutely help every single person every single time, and if I ever find something

that does work that way, I will absolutely share it.)

There's one more thing I'll mention that is specifically focused on heart rate, and it is something that clinicians will recommend for people who have a lot of panic attacks. A panic attack is the experience of a rapidly accelerating heart rate, and usually other signs of very high physical anxiety, including sweating and stomach cramps. This usually comes with anxious thoughts—a lot of times people will be sure that they are dying when they have a panic attack, or sometimes they'll have overwhelming thoughts or memories of bad things that have happened to them (although in this case it might be more of a flashback than a panic attack, but those two things are a lot alike).

One way to cope with rising panic is to increase your heart rate on purpose. This does a couple of different things. First of all, it sends the signal to your body that you are exercising, not preparing to fight or flee. This means that, instead of trying to drive your heart rate higher and higher so you're more and more prepared, your body will actually start the process of bringing your heart rate down. Your body has a lot of different ways of regulating heart rate, but your body doesn't always know what you want from it. So, if you're starting to get panicky, your body gets the message that there is something terrible coming and it should prepare you for fight or flight, and it keeps ramping up and ramping up your preparedness. If you start feeling panicky but can send your body the signal "we're working hard but not in danger," your body will allow your heart rate to increase for the hard work, and then it will bring your heart rate back down when you're done working.

Sending this signal can look like any form of physical activity that is accessible to you, and challenging to you. If you are physically abled and in fairly good condition, this might look like a round of jumping jacks or burpees. If you are disabled or those movements are not accessible to you, this might look like kicking your legs or waving your arms—anything to let go of some of the excess energy your body is storing up.

When I was learning about these interventions, I had the chance to try them out on myself while I was hooked up to the heart

rate monitor, and I found them helpful. And while I think they can be helpful for a lot of different kinds of people, I think they might be especially helpful for trans people, for a few different reasons. First of all, while they are focused on our bodies, they are focused on internal experiences of parts of our bodies that don't signify gender. Bringing attention to your heart rate is different than bringing your attention to, say, the tension in your shoulders, which might elicit the feeling that your shoulders are too broad or too narrow, thereby increasing the tension in your shoulders.

I think it's pretty important for trans people to have the chance to bring our awareness to our bodies in ways that are separate from gendered experiences and also separate from sexual experiences. A lot of us learn early on to disconnect from our physical sensations. This is very helpful when we are experiencing dysphoria or inescapable violence, but can make the other parts of life a lot harder. When we are disconnected from our physical sensations it is really easy to get very upset in a way that feels surprising and sudden. Maybe you find yourself crushingly sad, seemingly out of nowhere. Maybe you feel furious when a partner forgets to get something at the grocery store. These are indicators that you are walking around in a lot of distress most of the time, and so even very small things can lead that distress to boil over.

I also think sometimes we feel like it might be really dangerous to not feel terrible. This country is pretty much trash for trans people right now, and especially for trans people with multiple minoritized identities. It can feel as if we have to keep our bodies prepared for the terribleness we might encounter at any moment, and that feeling terrible all of the time will help us cope more effectively during those times when things really go sideways. This is how our brains are designed, in fact—our brains want to keep our bodies alive, but they don't really care if our bodies are comfortable or if we are happy. Because of this, when we have had terrible experiences, our brains are constantly reminding us “something terrible might happen” and keeping our bodies in a state of readiness for the terrible thing. This constantly being on red alert makes it really hard to have non-terrible experiences, because we're always waiting for the next blow.

Sadly, always preparing for the next blow also backfires. Being constantly in a state of preparation for terrible things makes us less able to cope with terrible things when they do happen. When we're on red alert, it's very hard to sleep restfully, eat and digest, or relax with our friends and partners. Then, when crisis does come, we are physically dragged out and exhausted, and disconnected from the communities that could support us through the hard times. Working on not feeling terrible all of the time can be really scary, because it can feel like letting go of something we need to survive. But taking the risk is, in my experience, worth it—it not only increases our chances of survival, but gives us the opportunity to experience thriving, joy, and a sense of liberation.

I'll talk about one other thing that could potentially be helpful for managing feelings of terribleness, just to draw attention to it. As you'll remember, the first time that I noticed my body reregulating was when I got really interested in something and wanted to figure out why it was happening. Now, I do realize that understanding heart rate variability might not be your jam, but there may be something in your life that you find really absorbing and fun, and also maybe something that you feel pretty good at. I hope that, if it's available to you, you set aside some time to do that thing most days, even if it's just a little bit of time. A lot of people, maybe including you, can pay less attention to the things that feel good and choose to focus on getting work done, taking care of all of the less absorbing things that come up in day-to-day life.

And, as we struggle to get by in this capitalist hellscape, work will indeed take up every moment we give it. In addition to that, I think sometimes that we deprioritize things that feel good because we are scared of feeling good. As I talked about earlier, the feeling of terribleness can be something we hold onto, with the belief that it will increase our chances of survival. Feeling GOOD can be just as scary, and sometimes even more confusing, than feeling unterrible. But it can be really helpful to practice small ways of feeling good. This helps us stay resilient in the day-to-day, and also to be able to fully experience those astonishing moments of euphoria when they do arrive.

Wishing you many moments of euphoria
and unterrible bodily sensation!

CHAPTER TWO

On Grounding
by Kathryn Sedgwick, LCSW

We are living in traumatic times. The bad news keeps on a-comin': war, plagues, the end of democracy, the end of the world. As this was being written, the Supreme Court of the United States saw fit, in its infinite wisdom, to end a child-bearer's right to terminate pregnancy – further evidence that the Radical Right wishes to turn back the clock and send us all to 1950 (or maybe to pre-Emancipation 1850 – difficult to say).

Hard as it can often be to raise a smile – or simply feel regulated – in the face of this relentless onslaught, there are things we can do to feel more centered. Grounding, usefully defined by the University of New Hampshire as –

a self-soothing skill to use when you are having a bad day or dealing with a lot of stress, overwhelming feelings, and/or intense anxiety [...] a technique that helps keep you in the present and helps reorient you to the here-and-now and to reality. It can also serve as a distraction from the difficulties you are dealing with.

– is an incredible tool anyone can access for the purpose of mood regulation. In this chapter, we will examine different ways in which we trans people can ground ourselves in the present moment, instead of being swamped by past misery or anxiety about the future, even in the face of continual adversity amid a rapidly shifting society and world.

It's pretty easy to make the case that trans folk, independent of whatever is going on around them, are traumatized a priori – that is, we are traumatized simply by being trans people in a relentlessly hostile, cis normative culture. Grounding is an especially helpful tool for managing trauma-related responses, although it can be used for other things as well. So just what is trauma anyway, Kathryn? I hear you ask. If you're going to help me with it, I should probably at least know what the word means. That's an excellent point, so let's back up a step and define trauma, shall we?

Here is a useful quote from Bessel van der Kolk, author of the best-seller *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (published by Penguin Books; highly recommended). Now regarded as a virtual “Mr. Trauma” in the same way M. Scott Peck became “Mr. Self-Help” in the ‘70s and ‘80s with his enormously influential bestseller, *The Road Less Traveled* (Touchstone; also worth a look), van der Kolk defines trauma this way –

[T]rauma is specifically an event that overwhelms the central nervous system, altering the way we process and recall memories. “Trauma is not the story of something that happened back then,” he adds. “It’s the current imprint of that pain, horror, and fear living inside people.”

That last sentence is key: It's the current imprint, an alteration to part of our brain, which makes us keep responding – physically, emotionally, and psychologically, over and over again – to triggers. That is, we experience something happening now, in the present, that evokes these past horrors in a way that feels real, even though the traumatic events are no longer literally taking place and, in fact, may actually have occurred many years ago. If something terrible happened when we were seven, a trigger from that experience can take

us right back to that time, whether we're seventeen or seventy-seven. And while trans people frequently have the traumatic and stressful experiences that cis people have, we also have traumatic and stressful experiences related to our gender identity and expression, and triggers related to gendered experiences are everywhere.

As tough as it is to experience and re-experience trauma, and as hard as it is to work through triggers, I know you can do this! For one thing, you've managed to navigate a trans identity in a hostile world. (As one woman told me, "If I can survive hundreds of hours of electrolysis, I can survive anything.") You've got this.

So, let's get down to cases and see how grounding works when we are upset, and, especially, when we are upset as a result of being retraumatized.

We're going to talk about three kinds of grounding: Mental Grounding, Physical Grounding, and then Soothing Grounding, all of which will help you by interrupting the Fight, Flight, or Freeze (hereafter FFF) response. Both the mind and the body are involved when we are dysregulated, of course. The classic FFF response occurs when our brain (specifically the so-called "reptile brain," or amygdala, the part closest to the stem) tells us that we are threatened or are in danger. The brain alerts the body, which produces extra adrenaline and cortisol for us to use when we have the FFF response. Adrenaline, produced, as you might expect, by our adrenal glands, increases the rate of blood circulation, breathing, and carbohydrate metabolism; it prepares your muscles for exertion (the "fight or flight"). The primary stress hormone, cortisol, which is also a product of the adrenal glands, on the other hand, increases the level of glucose (sugar) in the bloodstream, in order to provide additional energy. This enhances your brain's use of the glucose and increases the availability of tissue-repairing substances. Importantly, cortisol also restricts certain functions that are non-essential in the FFF situation.

All of these responses are extremely helpful when we are faced directly with a terrifying experience. The problem that arises – and one of the main reasons to master self-regulation skills – is the long-term effect on the body when these hormones are triggered again and

again. These hormones can be triggered again and again simply by living as a trans person in Cis World, but of course this isn't the only stressor, and our trans identities aren't the only marginalized identities we carry. Trans folx of color, disabled trans folx, and poor trans folx (and people who are all of these) might have these dysregulating hormone changes many times a day, every day. According to the Mayo Clinic:

The long-term activation of the stress response system and the overexposure to cortisol and other stress hormones that follow can disrupt almost all your body's processes. This puts you at increased risk of many health problems, including:

- Anxiety
- Depression
- Digestive problems
- Headaches
- Muscle tension and pain
- Heart disease, heart attack, high blood pressure, and stroke
- Sleep problems
- Weight gain
- Memory and concentration impairment

So, there are a lot of good reasons to work on Grounding for self-regulation. Here are some ways to do it:

Mental Grounding

- Describe your environment in detail, using all your means: For example, "The walls are white; there are five chairs at the table; there is a wooden bookshelf on the wall. . ."
- Play a categories game with yourself. Try to think of types of dogs, jazz musicians, states that begin with A, types of cars, TV shows, sports, songs, cities.
- Do an age progression. If you have regressed to a younger age (e.g., eight years old – it happens), you can slowly work your way back up (e.g., I'm nine, now I'm ten) until you are back to your current age.

- Describe an everyday activity in great detail. For example, describe an activity such as how you make a favorite snack or engage in a hobby (e.g, First I mix the paint with water. . .)
- Imagine. Use an image: You are jogging away from your painful emotions; changing the television channel to find a program that is visually charming; listening to calming music and imagining yourself playing one of the instruments; imagine a wall being erected that protects you from the intense emotions.
- Say a safety statement. "My name is ____; I am safe right now. I am in the present, not the past. I am located in ____; the date is ____."
- Read something, saying each word to yourself. Or, read letters backward so that you can focus on the letters and not on the meaning of the words.
- Use humor. Think of something funny, or keep something funny on hand, to jolt you out of your mood.
- Count to 10 or say the alphabet. Very s...l...o...w...l...y.

Physical Grounding

- Run cool or warm water over your hands.
- Grab tightly onto your chair as hard as you can.
- Touch various objects around you. A pen, your key, clothing, the desk, the walls, your bunk. Notice the texture, colors, materials, weight, temperature. Compare the objects you touch: Is one cooler? Lighter?
- Dig your heels into the floor. Literally ground them! Notice the tension centered in your heels as you do this. Remind yourself you are connected to the ground.
- Jump Up and Down.
- Notice your body. The weight of your body in the chair, wiggling your toes in your sock, the feel of your back against the chair, bunk, or wall. You are connected to the world.
- Stretch. Extend your fingers, arms, or legs as far as you can. Gently roll your head around.
- Clench and release your fists. Focus on the physical sensations.
- Walk slowly, noticing each footstep. Say left or right with each

footstep.

- Eat something. Describe the flavor or sensation in your mouth to yourself. (Refrain from this activity if you use food as comfort in a way that has been unhealthy for you.)
- Focus on your breathing. Notice each inhale and exhale. Repeat a pleasant word to yourself on each inhale (e.g., your favorite color, a soothing word such as safe or easy.)

Soothing Grounding

- Say kind statements. Speak to yourself as you would someone you care about, such as “You are a good person going through a hard time right now. You’ll get through this.”
- Think of people that you care about, that care about you, and want you to be alright. Maybe it is your children, close friends, or family members. Look at a picture if you have one (but only if it makes you feel better).
- Remember the words to an inspiring quote, song, or poem. Identify written or spoken works that leave you feeling better so that you can access those words when you need them (e.g., the serenity prayer).
- Remember a safe place. Call to mind a place (e.g., beach or mountain) that you find very soothing and describe it.. Focus on the details – the sounds, colors, temperature, shapes, and texture of the place.
- Say a coping statement. “I can handle this.” “This feeling will pass.”
- Plan a safe treat for yourself.
- Think of things you are looking forward to next week. Perhaps it is outside rec, going to the library, or a particular movie.

(I am indebted to my colleague at the Ali Forney Center, Beth Wolff, for these grounding exercises, which are taken from their excellent series of Conflict Stress Management lessons and adapted from the work of Marsha Linehan.)

Apart from mastering soothing skills, a good long-term strategy for dealing with dysregulation is the cultivation of wise mind, the Buddhist concept of simultaneously considering both your emotional mind and your reasonable mind when responding to situations or making decisions. This is not as easy as it sounds. In fact, it takes a lot of practice, but the end result is that, once we master the concept and begin habitually employing our wise mind, we are far more likely to bypass our old reptile brain and its FFF response, with the associated overproduction of hormones (the bad ones) and their negative long-term side effects.

But Kathryn, I hear you fairly shriek, I'm having trouble enough dealing with my one mind. How the h-e-double-hockey-sticks am I supposed to cultivate two of them at the same time? Why are you like this? Allow me to explain.

First, you've always possessed both a reasonable mind and an emotional mind. As infants we do respond to felt needs on a purely emotional basis, but as we age we develop the ability (at least marginally) to restrain ourselves (at least marginally) by imagining the negative consequences that will follow if, let's say, we throw dinner to the floor, or slap teacher upside the head. (Note: All bets are off during adolescence, of course.)

How we approach working life serves as a useful illustration of this. A few lucky people get to do exactly what they want to do in order to support themselves. The majority of us, however, go to our jobs each day feeling some combination of anticipation and dread, knowing the long slog ahead will, by day's end, leave us physically exhausted and emotionally depleted, with little left over for our own projects or enjoyment.

If we focus solely on the negative aspects of working, though, we're liable to feel anger, resentment, even despair – none of which help us get through a workday. In fact, these negative emotions make things even harder to bear than they already are. Because being in a bad mood for most of the day, most days, is very unpleasant, you start to judge your mood. For example, you may start thinking, I can't stand this anymore, and, What is wrong with me? I must be a bad person to feel this way every day. So now, what started out as a necessity of our

economic survival – going to work – has caused us to judge ourselves harshly while negatively affecting our self-concept.

Mindfully approaching work, or any activity, involves a certain amount of detachment from these strong negative emotions. You can shift the focus. You may have pleasant colleagues, for example, whom you enjoy seeing each day. You may run across the street at lunchtime to ogle that pretty new dress you've had your eye on. Or you may think about the upcoming vacation the job enables you to take. The mindful approach, in other words, compels you to work at returning your attention to the present so that you don't get caught in the habitual traps your mind has conditioned you to return to again and again. For many, if not most of us, the problem is compounded by our early experience of our parents. As Mindfulness From A DBT Perspective, a blog post from Cognitive Behavioral Therapy Los Angeles, helpfully points out –

People with pervasive emotion dysregulation often have histories full of others invalidating their wants, needs, thoughts, and feelings. Over time, persistent invalidation from the outside nourishes invalidation on the inside. After a while, people with emotion dysregulation learn to invalidate their own experience, having learned it was wrong, bad, or dangerous for some reason. People who get good at invalidating themselves tend to lose touch with their own experience. They no longer consider their own opinions. They no longer know where to find their own intuition.

This is particularly relevant for trans folx. Let's face it, people: because we started dealing with the harsh judgments of parents and others virtually from the time we first left the cradle and decided we wanted to play with dolls and wear makeup (or cut our hair, play with boys, not wear dresses, etc.), many of us are now, years later, walking around with enough internalized guilt and shame to power a nuclear reactor. Since these feelings tend to be overwhelming, many of us begin, also at an early age, to dissociate from these painful feelings by detaching from our bodily sensations, often with profound consequences. But while dissociation enables us to protect ourselves emotionally

from the abuse of our parents and others (to a point), in the process we lose much of our vitality, our ability to enjoy life, to love ourselves and others, because we are so disconnected from our own experience. No one should have to go through life this way. No one. And Grounding can help us come back to ourselves, even after a lifetime of disconnection.

Kathryn Sedgwick, LCSW is a psychotherapist in private practice in Riverdale, the Bronx. From 2015-2023, she worked as a therapist at the Ali Forney Center in Harlem, a multi-service agency for homeless LGBTQ+ youth ages 16-24. Kathryn is a former editor at Moseley Road Books and served as executive vice president at Vantage Press in Manhattan from 1989 to 2011. She is a 2015 graduate of NYU's Silver School of Social Work as well as Fordham University, where she earned her BA in Communications in 1976. After many years of struggle Kathryn finally completed her gender transition in 2020. She has four adult children, of whom she is immensely proud.

CHAPTER THREE

On Relationships between Food & the Body by Jessica A. Joseph, Ph.D.

This is a chapter on food and eating and body and how these painful, distressing, and sometimes joyful experiences might show up for trans and nonbinary folks. At certain points, I'll be talking about eating disorders, dieting, and eating distress, and it is okay to skip this chapter if that's too much. It is also okay to take breaks or recognize that you might need to support yourself as we go along.

I am a clinical psychologist, and I'm a mixed not-masculine genderqueer in my mid/late 30s. I'm Brown, fairly hairy, round, short, and mostly able-bodied. I read as a cis queer femme; I'm fairly wealthy and have a lot of education. I used to be fat as a kid and adolescent. I started the Slimfast diet at approximately age 12 and graduated to the likes of the cabbage soup diet, among other diets and fasts/cleanses. My mom and pediatrician were fine with this; my dad was not, but he didn't do anything. Eventually, I began restricting my food, monitoring all the calories that I ate, and compensated for very regular binges with occasional purging and excessive exercise. By the time I was in high school, I was thin with the "right" curves, exotified, and applauded for my disciplined body. I started healing from my eating distress around age 24, and I gained weight. I was also figuring out my sexuality (and trying to understand my racialized body in these

ever-so-white LGB/T/QIA+ spaces). I felt uncomfortable with fat on my body but navigated my dissatisfaction through my politics and my community support. By my early 30s, my gender was fluxing, and I began to deal with significant dysphoria with my big chest. I started occasionally binding, and I used tattoos to camouflage the visual presence of cleavage. I have a lot of visible cleavage - because I never have been/still am not too fond of more traditionally masculine clothes like button-ups.

When I'd get depressed, my weight would dip, and parts of me would be relieved when this would happen, because it meant that very gendered fat on my body would flatten out. But, through a whole lot of therapy, developing nourishing relationships, and finishing up with the toxic environment of graduate school, my depression reduced (while my chest plumped up). As I age, my boobs are changing (hanging differently, with a little more droop), and I find myself differently dysphoric as my body reads more "motherly." Binding is increasingly difficult, since I can stay more present in my body (and am more aware of how binders press uncomfortably into my rounder tummy). As a result, I think I'll someday get a chest reduction.

I don't want my chest masculinized. In my private practice, I write letters for folks seeking gender affirming surgeries and procedures. Because of this experience, I know that I will likely need to pay out of pocket (which I can financially swing) or do some major searching for a surgeon who is chill about considering a chest reduction a gender affirming surgery. I also want a surgeon that has experience working with my skin tone and the ways my nipples are shaped. As a therapist, I see mostly queer and/or trans and nonbinary folks who are racially marginalized. From time to time, I teach and write about topics of psychology of gender and sexuality at the margins as well as how intersectional feminist, disability, critical race, and queer theories can inform psychology as a field. I say all of this, to situate myself within our conversation about food and our trans/nonbinary bodies.

I'm going to start off with a few direct quotes from a comic, entitled "TransFat," from Sam Orchard in the 2021 Routledge *Handbook of Fat Studies*. This isn't meant to laugh off or minimize how painful living in and feeding these bodies can be. But, I think Sam's commen-

tary can help us recognize and disrupt the absurd requirements and restrictions on our bodies. If visual art is accessible to you—Sam has a lot more to say, and the comic is truly excellent.

The comic begins with these words:

*We're told trans people are supposed to hate their bodies.
We're told fat people are supposed to hate their bodies.
But I don't. I love my fat trans body.*

After identifying some of the struggles Sam experiences as a fat trans person, the comic ends with this sentiment:

*It's inappropriate and dangerous to hold trans people ransom because of their weight.
Or force them into more debt or poverty in order to access life affirming care
It needs to stop.*

Sam's comic, for me, brings up so so so much. This comic instantly captures class, fat discrimination/violence, medically encouraged (and medically denied) changes to our bodies, as well as the impact of stress and discrimination on our health and wellbeing. Sam can't access hormones, unless they're the "right" weight. Sam can get those hormones, without changing their body, if they can pay out of pocket. Gender affirming surgery also was gatekept based on the "right" weight. So, Sam, who loved their fatness, lost weight in order to access top surgery. Sam also talks about how high blood pressure, which was automatically assumed to be about their weight, wasn't really related to weight at all. Instead, it seems like the high blood pressure was more related to stress (which is strongly linked to discrimination).

Cornell University's What We Know Project has some great and free/accessible research projects out there, highlighting the relationship of discrimination and health for those with marginalized sexualities and genders. The same Project also demonstrates the positive effect of medical transition for trans communities' (that want/need medical transition) wellbeing.

As a psychologist, I know that, most often, providers as well as

larger public opinion assume eating distress (and to some extent body dissatisfaction) to be an experience that impacts cis feminine folks. And, that is certainly true! However, eating distress and body dissatisfaction impacts people of all genders, and some research suggests that trans folks are eight times more likely to report disordered eating than cis women (Trans Bodies Trans Selves, 2022). I do not think there's much utility in arguing over who "has it worse" or engaging in a mental health pissing contest. However, what is important to point out is that most literature/research surrounding eating distress and body dissatisfaction focuses on cis subjectivities.

Further, providers trained to support people with eating distress and body dissatisfaction typically understand these experiences within (white) cis feminine experiences. There are certainly exceptions, things are changing (e.g., Heidi Dalzell and Kayti Protos' 2020 book entitled *A Clinician's Guide to Gender Identity and Body Image*), and providers are beginning to realize that we're doing a disservice to all our clients when we narrow the focus of eating distress and body dissatisfaction to cis femininity.

In my experience of supporting myself and witnessing my trans and nonbinary clients, eating and body distress can take lots of forms. I have listed some here - but this is by no means an exhaustive list. You'll note that many of these examples don't inherently have much to do with displeasure or dissatisfaction with fat or weight on the body or with experiences of controlling the body through food and weight. Sometimes the goal of food restriction (and weight loss) can be to access vital services like top surgery or bottom surgery. Food restriction (and weight loss) can also be a way to create certain body shapes and silhouettes that feel less dysphoric or reduce being misgendered or clocked.

Sometimes additional fat or bulking in size (so intentionally trying to gain weight, and sometimes through ways that can harm the body) can support being gendered appropriately or help folks be read a certain way - remember fat distribution on the body is gendered!

Controlling the body through food intake (or through controlling the fat and shape of the body) can be a way to access clothing options that are not otherwise accessible. Here are some examples:

Binders are easier to use when your chest is smaller.

Finding gender affirming clothes is often difficult. Garments made for trans and nonbinary folks often cater to smaller bodies, and almost all clothes typically cater to thinner bodies.

Accessing affirming clothes that fit can also get expensive (e.g., buying new clothes for changing bodies; tailoring clothes). So, it is important to understand how class and access to wealth is related to how we dress/style our bodies.

Sometimes folks are navigating more “traditional” experiences of eating distress. Meaning that relating to food and the body in distressing ways (e.g., restricting, purging, punishing the body if it is not a certain size or weight) can be motivated by expectations - both internally and externally - to have the body weigh and look or be shaped a certain way.

At times, controlling eating, food, and the shape/weight of our bodies can also serve as a grounding or relieving experience of control. Achieving control for some individuals can be soothing or a response to feeling unsafe or out of control in other areas of their life. Such experiences are certainly felt by cis and trans folks alike; however, it is important to recognize the unique ways in which trans and nonbinary folks might lack control or agency.

I want to shift attention to helping folks find ways to support themselves into less harmful relationships with food and their bodies. I also want to honor those who are not distressed by their relationships with food and their bodies - even if others are concerned - as well as those who are not interested in changing their relationships with food and their bodies. That is your choice, and this is your body. Sometimes folks that I work with want to reduce some of harm that their relationship with food and their bodies are causing, and exploring concepts like harm reduction for eating distress (e.g., Nalgona Positivity Pride) and grief work (e.g., Tovar and Alberto) can be meaningful. These resources are not free and are not necessarily by/for trans and nonbinary folks; however, I find them supportive.*

Both perspectives (harm reduction and grief work) honor the idea that re-relating to our bodies and food is an iterative process that doesn't necessarily result in a positivity or feel “great” about our bod-

ies (or the food that we put in them).

This definitely brings up the question of whether you have to love (or like) your body to heal or engage in less harmful eating behaviors. And before we dive into that more, I want to have you reflect on your reactions to a set of statements. As you read the next set of statements, try to pay attention to what reactions you have to each. Just note the immediate thoughts or reactions you have to each:

- I think it is okay to love or like your body.
- I think it is okay to be indifferent or ambivalent about your body.
- I think it is okay to hate your body.

What was that like? Do some of the statements make you feel seen? Did you feel confused? Perhaps some statements went against what you believe or against specific morals or values that you grew up with, or that you currently hold. I hope that this thought experiment highlights how many values, expectations, and automatic assumptions that we have about how we're supposed to relate to our bodies. Indeed, our relationships with our bodies are deeply moralized, and we receive messages about how bodies get to be deemed good (and bad) all the time and from a very early age. So, back to that question: Do you have to love (or like) your body to heal or engage in less harmful eating behaviors? I say, no, you do not have to strive for loving or liking your body.

In fact, it can be downright impossible to love or like parts of your body that lend to so much gender dysphoria or make you feel unsafe/get clocked in public spaces. Instead, it might mean finding ways to feed ourselves, despite not liking our bodies, or reckoning with the ways that dieting, restricting, binging, and purging has sustained us/ helped us survive, even though we're making conscious decisions to replace those survival techniques with something more sustainable. Indeed, feeding ourselves, even if we hate or dislike our bodies, or healing beyond past survival techniques is a form of radical self love that Sonya Renee Taylor speaks to.

Radical self love doesn't mean that you have to celebrate or

be excited about your body or the ways that it betrays your gendered experience. Radically loving the body doesn't have to be about body positivity. It might mean incorporating neutral ways of relating to the body (e.g., body neutrality) into your experiences. I think body neutrality has the potential to fall into the same trap as body positivity: where it becomes a "bad" thing to have strong positive or strong negative feelings about the body, and I say this to help you honor and validate both feelings of love/like and feelings of disdain that can still bubble up for all of us.

Pragmatically, if you're striving to re-relate to your body (and food), I encourage folks to notice what they're visually consuming and what they're surrounding themselves with. For instance, do you see diverse bodies (diverse shapes, sizes, genders, abilities, ages, skin tones, etc.) that look similar to your body, regularly? It is hard to re-imagine relating to your body, even the parts that you hate, if you don't see bodies reimagined beyond narrow representations. When I am working with trans and nonbinary clients who feel "gross" or "unappealing" or feel "unworthy" of food or nourishment, I ask them if they see themselves in the world.

The answer is almost always a loud, "no!" And that is what a (white) cis/het world is designed to do, to exclude and erase us! However, we can immerse ourselves in images of us, in communities of us. And we can make sure that those images and communities are not exclusively made up of dominant queer/trans representations. This can be as simple as reconfiguring your social media feeds.

Beyond the couple resources and strategies I suggested, some individuals like to try out psychotherapy. Finding a therapist is a daunting endeavor, and psychotherapy is not for everyone. If you are interested in therapy, I encourage you to think about what qualities are important for your therapist to have. Does your therapist need to match you in terms of gender and race? How do you feel about seeing a therapist much younger or much older than you? Are you comfortable with in-person or virtual psychotherapy?

Sometimes, personal identities of a therapist are really important to folks, and sometimes it is more important to them to work with someone who can have open and authentic conversations about their

differences (compared to their clients). I do think that regardless of the therapist's identities, it is essential to make sure they have the chops to support you both in your relationship with your trans/nonbinary gender/body as well as your relationship to food. This is particularly the case, if your relationship with food is considered "unsafe" by others and/or dominant medical/mental health establishments or if your relationship with food might contribute to you being "medically unstable." Therefore, I encourage, in initial meetings with a potential provider, to ask the following questions:

- What is your experience working with gender diverse, trans-gender, and nonbinary folks?
- What does gender affirming care mean to you? And, do you practice from a gender affirming perspective?
- What is your experience working with people who struggle with eating, have eating disorders, and/or have painful relationships with food and their bodies? Have you worked with trans and nonbinary people with these experiences?
- Will you require me to receive medical treatment for my eating behaviors? If so, please explain your boundaries on this?
- Do you think bodies need to be certain weight or look a certain way to be considered "healthy"? Do you think that bodies can be "too fat"? Do you pathologize big or fat bodies?

Beyond finding the right fit, therapy is not cheap, and often our healthcare systems do not value mental health, lending to poor insurance coverage. And, not everyone has health insurance. So, figuring out the cost and how to sustain therapy financially is a critical part in finding a therapist. If you need more support learning about mental health benefits, you are welcomed to review the questions that I have outlined on my website at jessicajosephphd.net - these questions are a great starting point for learning more about your mental health benefits.

I certainly encourage you to check out and/or join a community support space (online or in person in your local community). A great first-place to start is to reach out to your local LGBTQ+ Center

and see if they have any community spaces available or peers that might want to chat about their relationships to their bodies and food. Online chat forums are another option. However, with both of these kinds of spaces, I always encourage folks to readily ask themselves if the space feels safe enough, and to check in regularly with yourself on how you're feeling.

Sometimes group spaces can espouse values or directives that don't feel healing, and you want to confirm that your values (that you currently have or want to adopt) are being uplifted.

If such spaces are not available to you, you can always create a space for yourself and/or for you and other community members. This can be as simple as holding meetings to talk about what it is like to be in your trans and nonbinary body, what it is like to feed these bodies.

Many folks I work with find Sonya Renee Taylor's workbook adaption of *The Body Is Not An Apology* to be super useful. This workbook guides folks through journal prompts and writing exercises that support engaging with their relationships between food and their bodies. Unfortunately, this workbook is not free, so consider sharing it with a friend, or looking into a used copy. I have also listed some helpful reflection/journal prompts here. These might help you begin to get curious about your relationship with food and your body. You can explore these by yourself or with community members!

- Where and who did I learn about food?
- What does food mean to you?
- What was it like to eat food as a kid? As a teenager? As a young adult?
- What was it like when my body changed?
- How do I feel about fat collected on different parts of my body?
- What does my relationship to my gender have to do with how my body is shaped?
- What are the assumptions I hold about fatness?
- What is food that feels good in my body?
- What is it like to talk to healthcare practitioners about my body? About my weight?
- What do you like about your body? (It is okay to not like any-

thing!)

- What do you hate about your body? (It is okay to not hate anything!)
- What parts of your body are you ambivalent towards?
- What movements feel good (and bad) in your body?
- What are ways that I relate to my gendered body that don't have to do with shape or weight?
- Are there ways that I change my body that are concerning me?
- Are there ways that I change my body that feeling exciting and loving?

I hope this brief chapter offered some insights on the unique experience of eating in our trans and nonbinary bodies. Throughout our lives, the relationship between food and our bodies is one of the most complicated relationships we will ever navigate. Reimagining our relationships with our bodies and how we feed our bodies is a process, and it takes a lot of trial/error, compassion, and time.

** In my experience, even when folks want to access resources to re-relate to eating distress, they often don't have the financial means or institutional knowledge/privilege to access care. Project HEAL is a great resource to support folks in navigating common barriers to treatment and care*

CHAPTER FOUR

Climbing to Heal: Cultivating trust, safety, belonging,
and community through climbing
by Jay Louie

[ONE] TRUST & SAFETY

One of the hallmarks of trauma is losing trust and a sense of safety in the world. In developmental trauma, we lose trust in people because they showed us how dangerous they can be — physically and emotionally.

Climbing can be a key to building trust again, because climbing is built on a foundation of safety. The activity is inherently dangerous, but the danger is similar to everyday activities that we do anyway, like walking across a busy street and driving a car. There are numerous safety checks one does in order to prepare for whatever route they embark. Even before getting on the wall, there's a ritual; a step-by-step process of checking your own gear and your partner's gear as well — both of you are responsible for each other's well-being. Before hopping on the wall, there is a moment of sacred exchange of promise that you've both done your due diligence. After discussing the route, accessing any risks, you try trusting and go.

In life, sometimes we don't grow up with the knowledge on how to 'cross-check gear' with other people. We might not have been



taught how to cultivate safety and assess risk before we emotionally intertwine with others. What if your primary caregivers were not safe enough? What if they were the ones to do harm and induce illness? As babies and children we don't grow up choosing our caregivers. Sometimes they're doing their best, but their best might not be safe or good enough for us to function healthily.

[TWO] BELAYTIONSHPIS

As adults there's more autonomy and independence to choose who gets to be around us; your partners — romantic, platonic, activity partners... In roped climbing, there's a symbiotic relationship between the belayer and climber. Partners are encouraged to attune to each other. They are literally attached with a rope like a long umbilical cord that voluntarily and involuntarily sends mutual feedback. The rope communicates without words — the degree of tension gives the belayer a sense of what the climber needs, which depends on which part of the route they're on, the next action they'll take, and obviously the climber's state. In difficult moments, the climber can call for more direct support so the belayer can take or give slack to provide dynamic catches to falls.

Why is this process of mutual attunement healing? Well, if you suffered from abuse or neglect, the experience of being belayed by an attentive belayer can be a corrective emotional experience. It is like the opposite of abuse and neglect. A safe and good enough belayer supports and advocates for the climber's goal. When the belayer is meticulously making micro adjustments to the belay stance and the amount of rope being fed, it's not just skill. They have to genuinely care and invest in the climber's well-being. Knowing and relying on this care, the climber can receive a stream of feel-good neuro-chemicals. The climber can feel them a couple hundred feet apart.

Eventually there's a fall. There's always falling in climbing. I've been told the best three techniques to fall are first to look down and witness what's around you; be able to focus enough to name colors, shapes, things. The second is to exhale long and loud to relax the nervous system. The third is to allow the body to be loose.

Trauma taught me to dissociate, numb, hide and disappear, which cut me off from myself, others, and the world. In the past, I fell like a dense rock with shut eyes and a tense body. I struggled with falling. Later when I started practicing those falling techniques, I realized what a loving feat it is to look down directly into my belayer's eyes before falling. The sweet safety-seeking gaze between parent and child? That gaze is an emotional safety-check that gives more trust and confidence to let go. Whether the belayer is smiling or looking serious, it doesn't matter, because they are attending to me and looking back. Overtime, falling is becoming more like a vulnerable act of being embraced by the belayer and the world.

The climbing rope is also trust giving. It is braided with many, many, many strands of fiber, so every fall is held by numerous points of connection. Each time the rope is used, it represents the weaving of new positive memories with friends. It is like the reconstruction of neural networks, away from flashbacks and towards living in the present moment.

[THREE] BELONGING IN A BODY

Being trans can be a weird experience. I definitely recommend any trans person to give climbing a try, especially if you're impacted by trauma.

Trauma fractures the personal body and separates us from the rest of the world (collective body). The psyche breaks up memories, feelings, sensations, parts, and locks them elsewhere so we don't have to face or be so close to them on a daily, monthly, or yearly basis. Climbing invites vitality back into the personal and collective body to reclaim them again through a variety of ways.

Mindfulness.



Climbing requires extreme focus and attention. The more difficult the movement, the more attunement and body awareness it requires. Many climbers with anxiety report that they get relief from their anxious thoughts while climbing because they need to focus so much. In some cases, not paying attention to a particular safety check can lead to serious injury or death. With practice and intention, climbers become familiar with diverting attention away from unwanted thought patterns and towards internal body signals. Consistently listening to the body allows us to build a closer relationship to it without being as frightened or numb to its signals.

Self-Efficacy

Climbing is a progressive sport. There is always room to grow. It is open to all levels, and as climbers improve, it offers visible and physical proof that with practice and intention, one can get better with anything. Unlike some sports where competition is the emphasis, the only contender here is yourself. Climbing cultivates patience and you can take your time on a climb. The rock is always there and there's no shortage of it! The entire earth is made of rock and water!

Gender and Body Affirmation

Everyone's gender journey is different. Climbing can address feelings of gender dysphoria. Building mind-body strength and confidence translates into having more positive attitudes towards the body and more feelings of aliveness within it. Climbing can be a partner to support the body's many evolutions and transitions through gender presentations.

Climbing can give trans people more power to access the outdoors. Nature accepts trans and trans is natural. It doesn't judge or discriminate against gender identity or presentation. Deep interactions with nature can inspire gender and body euphoria. Nature is inherently healing and when a trans person can adventure into novel and diverse terrain, it is easy to feel awe and beauty. There is a sense of belonging and timeless connection to the earth. Nature can be a safe space to absorb painful emotions and be free, far away from the confines of the urban mind, transphobia, and the invention of the gen-

der-binary.

[FOUR] QUEER AFFINITY

Climbing is all about community. Although you can climb on your own and grow from there, if you really want to progress, especially into more advanced climbing styles like trad, big wall, and alpine, you can't learn it alone. Even though famous films show free soloists moving on their own, they have a full team preparing and cheering them on behind the scenes. Caught up in the drama of the actual climbs, the films neglect to reveal the climbers' long histories of being intimately mentored by others. As it stands, most famous climbers come from privileged identities and backgrounds that grant them access and resources to support their climbing careers.

In the US climbing community, there has been a recent boom in recognizing the importance of gender diversity. In response, there's been a dramatic increase of offerings to support underrepresented and underserved queer and trans climbers in the form of scholarships, mentorships, and special spaces.

One of these special spaces are affinity groups. When I moved from Hong Kong to California to study holistic counseling at graduate school, I experimented with many different communities in art, movement, music, dance, meditation, kink, and poly. Despite trying to belong to a particular group for years, I never settled with one until I discovered Queer Crush. Queer Crush as an informal meetup group in Southern California where queers would get together once a month to climb at a gym and sometimes get food.

The aspect of community is important in accessing and sustaining our interests and lifestyles. It is important to be supported by others who accept us for who we are, inclusive of transness and all its expressions. What I admired about Queer Crush was its culture of non-competitiveness, and it provided a sense of safety at the gym away from the male gaze. Unlike queer spaces that emphasize meeting for dating often with the use of substances, it was health-oriented and based on platonic friendships.

In the following years, I transitioned from being a participant of

Queer Crush to helping form it into a non-profit with two co-founders. Currently, it provides 18 meetups per month that serve hundreds of queer climbers across California. As a trans person who has received so much support from this community, I wanted to give back.

Healing from trauma requires having some belief that it can be done, even if we might not know how. The affinity group provided a safe space for me to explore my body and humanity. Later it became more intertwined with my identity. No matter what interest you have that you want to pursue, I suggest finding an affinity group to support your growth in that interest! It might even transform the idea of who you are and who you can be.



CHAPTER FIVE

Psychedelic Therapies for Treating Trauma Experiences: How I Started Interacting with Psychedelic Integration

by ayom ament

The first time I worked with a client who told me they were prepared to use psilocybin (the psychedelic compound in “magic mushrooms”), my medically-trained mind went to the biology, and not to a place of curiosity. I now wonder if I made a clinical error in not addressing the curiosity and excitement first, and that I didn’t celebrate that my client showed great trust in me by sharing this information. I was distracted by my knowledge of a scary, yet rare, condition that most psychonauts are aware of: Serotonin Syndrome (more on this later). Not because I wanted to focus on worst case scenarios, but because I care about my clients’ psychedelic experiences. I also care for their overall safety of psyche, mind, and body. In addition, I worried about their LEGAL safety. I’m the kind of therapist who will ask permission to consult with your primary care provider or attorney so I can advocate for you if your providers or legal counsel are not able to fully see you or provide you with affirming counsel or treatment.

As trans/gender-non-conforming people, we are deserving of accessible information. So it’s important to me to advocate for folx in ableist system, including medical and legal systems, that may not allow people to fully care for themselves (or are just confusing as fuck). When clients want to explore healing practices the mainstream may

not be ready for, and are in legal and social gray areas (or are just illegal as laws vary from state-to-state), it places therapists in situations we may not have been trained in. While psychotherapists and other providers cannot advocate the use of currently controlled substances, we also cannot tell you what you can and can't do with your body. Some of us will use life experiences and/or clinical judgment in discussing experiences such as harm reduction for people in substance use recovery, and/or the use of psychedelic substances for reducing distressing symptoms. In my work and worlds these communities intersect with a variety of marginalized identities, including kink and D/s identities, sex work, etc.

For some cis therapists, seeing trans and gender non-conforming clients was/still is something seen as “risky.” There may be fear of doing harm/not knowing how to hold spaces for experiences the clinicians are unfamiliar with. This may also hold true for psychedelic therapies. Like me, less informed providers may initially jump to a place of discomfort or fear. We are finding ourselves in a new world of fast-moving information on psychedelic therapies for trauma, PTSD (C-PTSD) and related experiences. In short, many therapists are asking themselves “what should I tell my clients when there is so much to know and so many new things to learn?”

Here is some of the information I have learned over the last 4 years as a clinician, and a bit about how I approach the subject of the world of psychedelia for healing practices. I welcome questions and discussions about how psychedelics can hold potential for healing from traumas and as tools for exploring who we are outside of our traumas. Let this not be a guide to “how” to heal from trauma as I believe only the person healing can know what they need—leaving the “how to” in a state of ambiguity. We don't exist in a monolith and neither do traumatic experiences. I advocate exploring the question “what is healing for me?” This may not be something one can know right away, and what we need to heal will most likely change as we change.

It is unethical for me to tell any human (especially clients) what healing is and is not. Instead, my hope is that this piece serves as information on many aspects of psychedelic substances based on

personal experiences, clinical trainings, models of harm reduction and knowledge of trans and gender nonconforming healing spaces.

Psychedelic Treatments for Us: Claiming Our Own Healing Spaces

As trans and gender non-conforming folx, we have historically needed to create our own spaces for healing. In understanding what we need, this means that some of us may not see therapy as healing. Traditional talk therapy has the potential to be just as traumatizing as the experiences that brought us to therapy. Especially if our therapists are not aligned with our lives. For many of us, life can be filled with tremendous trans joy, as well as the traumas that come with being trans and gender non-conforming. So, it makes sense that not everyone wants to be in therapy. Some of us have also had such traumatic experiences in therapy and treatments posed as “therapeutic” that going back is not emotionally accessible.

A lot of us may have been told that we have a resilience that is unparalleled to cis people, but does extra resiliency mean that we don't need healing spaces for us? A lot of folx I work with are relieved to work with me, a trans, white and mixed race, former sex worker, nerd/geek, neurodivergent therapist, because it saves time and money on emotional labour and generally my clients don't need to educate me on their experiences. So how do we, if we choose to, interact with finding spaces for the psychedelic modalities designed for healing that are accessible to us financially and emotionally? Let's explore!

So, Where Are Our Spaces and Boundaries when Exploring in Psychedelia?

There is a sort of story or joke in trans and gender-non conforming communities that a date consists of two trans/GNC people trauma bonding. It is one of those experiences that may be “funny ‘cause it's true” in that we have both lived through our traumas as marginalized and multi-marginalized people. We may have also needed spaces for us to process it with folx who get it. I feel there may be a similar reason why we see “T4T” in the app/hookup/community worlds. Our time is valuable and we may want to spend it with folx we can feel connected to without giving a TED Talk about our life experi-

ences. Social media and meme theory has popularized and attempted to destigmatize going to therapy to talk about our traumas. Even with the rise of more folx seeking psychotherapy, we are failed if we need to educate our therapists, providers, and others with whom we seek trusting relationships, on our experiences. No-one should spend their time in therapy doing emotional labour. So, many folx choose to make their healing spaces with chosen family, partners, etc.

With the recent influx of psychedelic healing treatment centres, there are a LOT of options for psychedelic treatment...if you have money. Many spaces offer ketamine infusions or oral tablets that are designed to be used alongside a ketamine-assisted-therapy-trained therapist or coach. Sometimes folx get their medicine and then process the feels later in therapy or with others. Some treatment centres offer programs that are 6-8 weeks of treatment. This can range in hundreds, if not thousands of dollars in the U.S.

There are some options online where you are evaluated via telehealth and the medicine is delivered via mail. I attempted this treatment method, but found a few safety obstacles that made it inaccessible. For one thing, I did not feel safe being out as intersex and trans. For another, I also needed to have another person available to me in person in order to have access to the treatment. Having *just* moved from Seattle to NYC, I didn't know anyone I could casually ask to hold my psyche while I processed my feelings under the influence of the medication. I personally hold mixed feelings about this rule, as I personally would not advocate using substances alone. However, it felt like a strange and uncomfortable position to ask for a caretaker on apps like Lex or Grindr. These may not be the most emotionally safe way to meet someone when using any substances.

It makes sense that many folx I know in community, choose to access psychedelic substances in non-clinical spaces and utilize psychedelic medicines with people they know and trust. These can be our spaces where many of us can access healing on our own terms. However, these can hold risks in terms of what the experience may be like for the explorer as well as the person in community sitting with us. When we create our own spaces, discussing boundaries and what will be comfortable or inaccessible for the person sitting with us is highly

advantageous to having a therapeutic experience outside a clinical setting. If the person sitting with us does not know how to hold space or feels overwhelmed with what is coming up for us, it may lead to conflict of access needs and/or our needs not being met. These are very real issues to bring up and prepare for. Some ways of navigating these issues are by being upfront and honest as we can about what you hope to get out of your experience. Getting to know what your needs are when feelings come up is also a practice that be helpful when using psychedelic substances for the purpose of healing and exploring work.

I would advocate for sticking with the folx who can give you what you need emotionally in other areas of your life, as well as folx who can tell you when they feel uncomfortable. Setting boundaries is, I believe, a love language. Some of the most intimate experiences I have had with folx is when they have set strong boundaries with what they can and can not give me. I have told people in my personal life that saying no to me when they can not meet a need I have is a loving experience. I do the same in my practice when I know I can not give a client something they need. My hope is that you find folx in many aspects of your life that you can develop healthy and loving relationships with. Not just in psychedelic exploring and healing, but within communities and interpersonal relationships. As humans we deserve love, respect and boundaries in all areas of our lives. And some of our relationships are better equipped to handle intense experiences, such as psychedelic exploration, than others.

Psychedelic Treatments; Or So Are Shrooms Legal Now or What?

There is almost always news on psychedelic treatments as more studies are being done within mainstream research spaces. As a nerd therapist and person, one of my favourite things is to find representations in the media of therapies and treatments and see how they match up to what may happen IRL. From the Broad City gals getting their “Molly” from Craigslist (SPOILER: Bad idea) to the medical drama New Amsterdam showing some possibilities of MDMA assisted therapy for PTSD (Another SPOILER; not quite accurate, but ok) it is safer to say that psychedelia is becoming integrated into mainstream. The psychedelic treatment that is the most accessible in treatment

programs is ketamine treatment. However, folks have been experimenting with LSD, psilocybin, DMT, mescaline, ayahuasca, MDMA and related substances for ages. As a therapist rooted in harm reduction, my goal is not to sway folks from having the experiences they wish to have, but to provide as much information as possible from a holistic perspective. This means talking about legal risks for Black and POC folks, medical risks for folks taking SSRIs and/or mood stabilizers, cultural appropriation and class privileges for folks who can access the substances, or all of the above.

I feel it is wise to express that affording both the substances and the treatments are very different experiences and that money has a lot to do with what kind of experiences we might have. Knowing the laws are also helpful if you are in a higher social risk category or have had legal issues. I don't like discussing law without mentioning the social construction of law and that different people will have different experiences in how the legal systems work for or against them. Knowing the laws in your state based on which type of exploring you wish to do can be helpful because when we know our rights, we may have less anxiety about how we wish to interact with the substances we are seeking for healing practices.

Do I Need a Psychedelic Trained Therapist to Have a Psychedelic Therapeutic Experience?

To obtain these substances legally for use while the substances are psychoactive (working in your brain to alter perceptions) WITH a trained psychotherapist...YES. However, several states such as Oregon, Colorado and Washington are looking to decriminalize these substances. If you are planning to use a psychedelic substance and process it with a therapist, you may experience that your therapist reacts as if in a legally grey area. We, of course, can not tell you what to do with your body (I don't anyways).

Many therapists, coaches and other providers will use the term "psychedelic integration" to avoid liability of risks and/or do so because ethically we can not see clients while under the influence of a psychoactive substance if we do not have the training. Psychedelic integration, however, is when you use a psychedelic substance outside

of therapy space, and then later use the therapy space to process what came up for you. Many folx outside the therapeutic industrial complex use this term, and one could advocate that anyone who wishes to engage in consensual emotional labour with someone on a psychedelic substance is doing this work.

What Are The Risks? Staying Safe and Harm Reduction

Staying safe and keeping each other safe has been a long part of our history as trans people. This guide serves as one way we show up to take care of each other. That being said, there are some risks, both to body and psyche, when we ingest psychoactive substances. Anytime we use a substance we get on the street we run the risk of not knowing what is in it. Getting testing strips and kits for ALL street drugs is VITAL and can be lifesaving. Street MDMA “Molly, et al” has been known to be mixed with methamphetamine and other substances.

We never know when we use substances without testing them. If you are seeking a healing experience with these substances or not, TEST YOUR SHIT. The world is a complex and scary place and we don’t need to lose anymore of us to unintentional poisoning. As a substance use and mental health therapist, I don’t worry about people dying from psychedelic substances, rather I worry about when people get substances from unknown origins and get sick because the substance was cut or mixed with something that our bodies didn’t vibe with.

Another measure in staying safe physically and emotionally is going “low and slow”. This is something I feel that can be used in both clinical and non-clinical settings. Advocating in a clinical setting for lower doses is something I have done for myself as I know my brain reacts strongly to all substances. Knowing your brain and body (also our brains are in our bodies is something I say a LOT) and how you react to substances can be helpful in feeling like you are staying safe. Using the lowest amount possible and seeing how you react is a great way to avoid taking too much in uncontrolled settings and possible having a psychedelic crisis.

Holy Shit, What is a Psychedelic Crisis???

This is when someone feels unsafe in a psychedelic experience. This is one of many reasons us harm reduction advocates tend to

advise avoiding using substances when you are alone. A psychedelic crisis can occur when we feel overwhelmed by the feelings brought on by psychedelic substances, unsafe in our minds and bodies, have intrusive thoughts or just feel that the world is unsafely distorted. Folks who have experienced self-harming urges, don't feel safe in their minds or bodies, are still processing traumas (aren't we all?) and are not willing or able to engage with how trauma is impacting them may be at greater risk for psychedelic crisis.

This may be because psychedelic substances ask a lot from us. I feel as useful as psychedelics are for knowing the self, we also may have to do the work alongside the psychedelics. These substances are not panaceas or "cures" for emotional pain, depressions, PTSD or any other type of suffering. And just like anything that can be good for us, psychedelics can also harm us. Ask any burner (Burning Man Enthusiasts) or anyone involved in music communities where psychedelics are commonly used. I venture folks in these communities have witnessed or even had a psychedelic crisis. The colloquial term for this is having a "bad trip" and they can be terrifying. By knowing all the risks, we can hope that folks are able to make informed decisions about what substances they use and can avoid psychedelic and emotional crisis when interacting with both feelings and substances.

Serotonin Syndrome: When Neurotransmitters Are "Too Much." Some Neuroscience of Drugs and How to Stay Out of the ER

When we ingest more than one substance that is serotonergic (something that affects serotonin in the brain) we run the risk of serotonin syndrome. This is when there is too much serotonin in the brain, and it can make us feel very sick. Medical treatment is required for this condition. Substances such as pure MDMA, "Molly", psilocin mushrooms, and some classes of antidepressants (SSRI and SSNI) are all serotogenic, so any of them, or any combination of them, can cause serotonin syndrome. Symptoms include high fever, confusion, muscle spasms, sweating, dilated pupils and a sense of just not feeling well.

If you have access to a psychiatric provider, discussing your intentions with psychedelic substances to see if you are at greater risk is a possible way to stay safer. However, if you do not wish to engage

with a psych provider, knowing as much as possible about this risk can be helpful to avoid any adverse effects and help you have as peaceful of an experience. We all deserve to have healing and relief from pain, so make sure you take the time to understand what medications you are taking and how they may interact with the psychedelics you are interested in. This may save you a trip to the ER, blood tests, and uncomfortable conversations about substances at the ER. Additionally, ERs are just not the safest places for Trans/Gender Non-conforming folx.

We run the risk of having our dead names seen, being misgendered, having our bodies touched nonconsensually, and other violating and violent experiences. They are also not emotionally safe spaces for drug users of any kind, as the stigmas are real and alive. As psychedelics are becoming more popular, many primary care and psychiatric providers may find these conversations more accessible.

I feel it is better to know as much as possible to see if these are safe options for you if you are taking psychiatric meds and to create a safety plan with your meds, provider, friends and chosen family to prepare for your experiences. This might include a plan for recognizing and treating serotonin syndrome away from the ER.

What Can I Expect?: Also Personal Experiences From a Brain NERD

To say to expect the unexpected is cliché, but when we are dealing with the inner depths of the psyche there is much unknown (to sound even more cliché) If you are preparing for your first psychedelic experience or if you are a seasoned psychonaut, we find that there may be unexpected feelings that come up. One of my favourite quotes about substance use experience comes from the Netflix Series about substances and consciousness “Midnight Gospel”. Clancy says to the libertarian-coded President of the U.S. while they battle zombies and discuss overdose data from prescribed medications vs. cannabis experiences (it is a weird show):

People say, “I feel paranoid,” and usually what they mean is, “The marijuana is showing all these parts of myself that I don’t necessarily want to deal with right now.”

What I took from that was it may not be the substances that “made” us feel this way, it may have been we were not ready for what the substance was able to do.

My own personal experiences with psychedelics started later in my life. (I’m currently at the time of writing this *Hitchhiker’s Guide to the Galaxy* age; 42) I am someone with receptors that have a high affinity for all substances. That means, my brain LOVES substances and uses them well and a little bit goes a long way. I have been called everything from the problematic “lightweight” to the (problematic in a very different way) “cheap date”. When I had one of my surgeries, I told this to my anesthesiologist because TBH drugs scare me and I wanted to go “low and slow”.

The first time I used my first psychedelic substance it was a half of a mushroom chocolate and I was 36. I was going through a breakup and wanted a chance to get to know myself better and what I was going through. I told a friend that lived in my building my plans for the night and they were available to me in case of an adverse reaction. I dimmed my lights, put on Yo La Tengo’s 2000 album “And Then Nothing Turned Itself Inside-Out”. My recollection of that experience was that for 4 hours, I felt carried by the music and allowed myself to feel the loss of my relationship, the reasons I felt ready to let go, the happy times, but mostly, I felt connected to myself and knew what my needs were. As the experience ended, I felt like I had cared for my needs and wants.

In short, I felt better about where I was in the letting go process. In my first grad programme, I experienced MDMA with a fellow person in my cohort who wanted to be a psychedelic assisted therapist. After I took the tested medication, I had a small panic attack because I felt a bit emotionally unsafe with exploring my own issues and being under the influence of a substance. My friend reminded me she was there with me and I had to do some accepting work that I was now in this experience. I wanted to hold her hand and asked for permission as the substance allowed for my ego to take a step back and gave me some connection to vulnerability.

As a formerly homeless street punk rejected from my family, showing up for my own vulnerability is a big part of my own heal-

ing process. When I held my friend's hand, I had a realization and said, "You care about me". My friend confirmed that she did hold care and compassion for me. This was the first time I was able to identify feeling love without my trauma baggage. I then cried for almost two hours realizing how much of myself I did not allow myself to feel. How much harm had been done to me and how much love there was for me to give to myself. I was very fortunate to have these interactions with both the people and the substances.

This is why I am hopeful that they can provide healing, because I have felt its potential. I still tear up thinking about this experience. I still find it to be a pivotal point in my understanding of what healing means for me. However, if these are not your experiences with these substances, that is ok. It may mean so many things and there are infinite possibilities about how these substances interact with your brain, meds, if you are ready to let go of some things you have been carrying within you, if you are ready to connect to the scary vulnerable parts of you.

All change to become closer to ourselves is work. Psychedelic treatments, wherever they occur, are no exception.

What if I am Sober/In Recovery?

For those of us that are sober, in recovery from substance use experiences, using harm reduction, "California sober", how you identify in the recovery spectrum...this can be a confusing or conflicting issue. For a lot of folks in recovery, substances were a way of taking care of ourselves to get relief from distressing symptoms. You may have used psychedelic substances in the past to reduce painful feelings. Using a substance to relieve symptoms and psychedelic assisted therapy can have overlapping benefits.

However, in psychedelic assisted therapies, you are given your dose based on provider recommendations. It may be a good idea to discuss psychedelic therapies while in substance use recovery with a psychedelic provider who can bring in harm reduction conversations. Being in recovery may not exclude you from obtaining care. In harm reduction practices we are looking for what is going to be the MOST helpful alongside doing the least amount of harm. You may experi-

ence triggers and cravings and this can be a scary intersection to be in when in substance use recovery. Some schools of thought believe all substance use is medicinal if we look at it from a reducing bad feelings point of view. Your agency in recovery is important and if you are engaging in a healthy relationship with a therapist, this is something that most likely will come up if you decide psychedelic treatments are right for you.

The most important thing I tell folx who are accessing substance use therapy with me is that we get to decide what we want our recovery to look like. We can decide if we want to be in 12 step programme, SMART Recovery, inpatient treatment, or just not using substances that we have unhealthy relationships with. Some folx in substance use recovery like the clinical approaches with ketamine, because it is professionally dosed and we only can obtain access when in treatment.

One of the best sayings in 12 step culture is “take what works and leave the rest”. Talking with as many trusted folx, sponsors, friends, trusted medical, psychiatric and clinical folx as well as accessing what you need for healing and community is one way to move through the confusing worlds of “am I allowed to use substances in recovery”. The world is nuanced and so are you.

I hope that folx looking for all types of healing can learn to self-advocate, trust themselves and be with yourself in knowing that you are important, your healing is important and you deserve to start and continue on your path and live your life in a way that honors who you are and where you want to go. I trust that you have the skills to heal. It will not be easy, but by virtue of developing trust in the world, we can develop hope and care for ourselves as well as our communities and find more peace in places left emotionally untended when we were trying to survive.

For those of you that have found healing in these practices, I welcome you back and am marveled by the work that has been done as you are becoming you. Now, let's live our lives that at times can be hard, but knowing we have the self to come back to is one of the most healing experiences I have witnessed and experienced. I am glad you are here and exist. I wish you/y'all the best in where you end up in life

and for you to continue to exist in the healthiest ways possible.

ayom ament, MA, LMHCA, SUDPT is a queer, intersex, mixed race, femme who grew up in Chicago. They are a currently practicing associate level mental health and SUD therapist who is trained and receives ongoing education in harm reduction, substance use, psychedelic therapies existential therapy and medical and psychiatric and biopsychological psychoeducation. They work with folks experiencing gender traumas, substance use issues, serophobia, neurodiverse/autistic/DID/systems/plurals/multiplies and many other stigmatized communities such as folks working in Sex work, sex industries, drug users and many others who feel marginalized in marginalized communities. They will advocate for all people the world creates harmful narratives of and can be a bit of a troublemaker to the status quo. They are based in Washington State and live in New York. Their favourite band is Slowdive.

CHAPTER 6

Identity Development for Transgender and Gender Diverse People: Common Milestones, Timing, and Reflections

by Jae Puckett, Ph.D.

Introduction

As trans and nonbinary people, we get exposed to a lot of harmful stereotypes about what it means to be trans and often have the validity of our gender experiences questioned or scrutinized. This is obviously very harmful and can result in things like depression, anxiety, stress, and internalized stigma even. This chapter is focused on thinking about your own identity development and trying to unpack how stereotypes may influence your own self-perception or acceptance. We know that there is a lot of diversity in the way gender is experienced but trans and nonbinary people often get the message that there is a singular narrative that they must fit. My hope for you is that this chapter provides some space to reflect on those socially imposed expectations and the implications for your own story of identity development. You'll also see that this chapter is a little different than the others. Rather than reading about this topic, I've provided questions and ways for you to directly engage and reflect on this area to give space for self-exploration. You'll have the chance to write about your experiences throughout!

As a clinical psychologist, I spend a lot of my time doing both research and working directly with trans and nonbinary people in clinical practice or therapy. I have found that my work in each area is strengthened by being involved in the other and have a passion for making research accessible and informative for community members. This chapter draws on research findings from our research team, Trans-illience (www.trans-illience.com). These findings are of course from a single study and may not represent everyone's experiences ultimately. Regardless, getting a chance to learn about what other trans and nonbinary people have shared in research can be a helpful way of expanding our own expectations for ourselves.

A quick note as you get started with this chapter. We know that there isn't one term that works for all of us in the community when it comes to labels for gender minority identities. Throughout this chapter, I've used the term trans as an umbrella term meant to be inclusive of everyone whose gender differs from their sex assigned at birth, including trans men, trans women, genderqueer and nonbinary people, and many other subgroups. In addition, this material is provided as a tool for self-exploration but is not provided as a professional therapeutic or psychological service. If you find that therapy might be beneficial, you should seek out a therapist who can help you process some of the topics discussed in this chapter or others. At the end of this chapter, I've also provided some resources to help you find a provider if that would be useful.

Images in this chapter were obtained from The Gender Spectrum Collection or were purchased from Canva.com.

STEREOTYPES

WHAT MESSAGES HAVE WE BEEN TOLD?

There are many stereotypes that exist about when people "should" learn things about their gender or start to identify as trans or other related identities. These messages are deeply ingrained in our society - we hear them from the media, from our friends and family, from the medical profession, from therapists, and many other outlets. Sometimes this even happens within the community as well, with judgments about who is "trans enough."

Although there can be some variation on what this stereotypical narrative entails, the usual message is that trans people must have "always known" since a very young age that their gender was different than expectations for their sex assigned at birth and that they must want medical care, like hormone therapy or surgeries, to be trans. This expectation is restrictive and people who don't fit this narrative of knowing since a young age often have the legitimacy of their identity questioned by others and may even internalize some of these messages. For some people, this does fit their experiences. There is nothing wrong with this fitting some people's experiences of their gender! The problem is when this is used against trans people who don't share this experience. This can lead to really negative consequences, like being denied medical care or having their gender experience invalidated by others.

Let's start by identifying some of the messages you've been told.

I have been told that trans people must...

01 _____

02 _____

03 _____

04 _____



Where have these messages come from?

WHAT IS YOUR OWN STORY?

The reality is that transgender and gender diverse people can have a range of experiences! Some of your experiences might fit with the messages you've received and other parts might not, or your experiences might be entirely different. Fitting this narrative has no influence on how "real" or legitimate your experience is - even if some people may try to say it does. You are the only one that ultimately knows your gender experience and no one else can tell you how valid that experience is. Take some time to write out your own story of when you started to recognize your gender experience and what played a role in this for you.

[illegible][illegible]

WHAT DID YOU NOTICE ABOUT YOUR EXPERIENCES IN YOUR STORY?

Sometimes we may have experiences that really stand out as different from other people's or that we might wonder if other trans people can relate to. Did you notice anything about your own story that stood out to you? Was there anything about your story that related to self-doubt or questioning yourself that might have come from how other people treated you or information you learned from those around you/society? Jot down a few notes about this.



How we view others...

If we might be struggling with our own self-acceptance or questioning our experiences, it can help to think through how we view other people. Think of someone you know who is trans or gender diverse. What do you know about their experiences and how it lines up with the stories you've been told about how trans people "should" experience and express their gender? What would you tell them if they had a hard time believing in themselves and their gender experience? Jot down some notes about what you might say to them if they shared with you some of these challenges related to their own self-acceptance.

IDENTITY MILESTONES

WHAT ARE SOME OF THE COMMON EXPERIENCES THAT TRANS PEOPLE GO THROUGH?

The reality is that identity development is specific to each person. For one person, they may be able to recognize their gender experience at a young age, be supported by their family to go on puberty blockers, and affirm their gender early on. For another person, they might not come out as trans until an older age as a product of fear and concern about retaliation from their family. For someone else, they might not recognize they are trans until middle age. We all have a unique story and timeline. That said, it can be helpful to learn about some of the common milestones that research has shown to be important to many other trans folks.



Common Milestones for Trans People:

1

Feeling that something is different about your gender than what other people expect based on your sex assigned at birth

2

Starting to identify specifically with a trans identity

3

Living in your affirmed gender in some spaces in your life

4

Living in your affirmed gender in most spaces in your life

5

First gender affirming medical care

These are just a few milestones that are possible though. Are there others that stand out about your own story or experience? For instance, someone might see the start of wearing a binder as a significant milestone if that applies to them. For someone else, it might be telling the first person in their life that they were trans or when they legally changed their name.

WRITE DOWN THE MILESTONES THAT ARE RELEVANT FOR YOUR OWN IDENTITY AND EXPERIENCES. THIS MIGHT INCLUDE THOSE ON THE PRIOR PAGE OR OTHER ONES NOT MENTIONED.

YOUR MILESTONES:

1

2

3

4

5

6

7



Another important thing to note is that identity development and milestones are not a linear process for many people! Although this numbered list may make it seem like it is, the reality is that some people may go back and forth across these milestones and these milestones don't necessary come one after the other or happen in a stepwise fashion.

HOW DO YOUR EXPERIENCES COMPARE TO OTHER PEOPLE'S?

For some people, it's helpful to see how their experiences of these milestones compare to other trans and gender diverse people's experiences rather than relying on the stereotypes they've heard from others. Let's take a look at how your experiences compare to research in this area.

We know that your story might be different than others, but given the limited research about trans people's lives, we only know more in-depth information about a handful of these milestones - the common ones noted a couple of pages back. Let's revisit those here!



Common Milestones for Trans People:

At what age did these happen for you?

1 Feeling that something is different about your gender than what other people expect based on your sex assigned at birth

2 Starting to identify specifically with a trans identity

3 Living in your affirmed gender in some spaces in your life

4 Living in your affirmed gender in most spaces in your life

5 First gender affirming medical care

1 _____

2 _____

3 _____

4 _____

5 _____

IF A MILESTONE DOESN'T APPLY TO YOU OR HASN'T HAPPENED YET, FEEL FREE TO SKIP OVER IT - LIKE WE SAID, NOT EVERYTHING WILL APPLY TO EVERY TRANS PERSON.

RESEARCH FINDINGS

The graphs we're about to go over come from a research study of nearly 700 transgender and gender diverse people's experiences! The participants in the study were ages 16 and over and had a variety of gender identities, including trans men, trans women, genderqueer and nonbinary people, and many others. If you want to read the full study, you can also find it here:

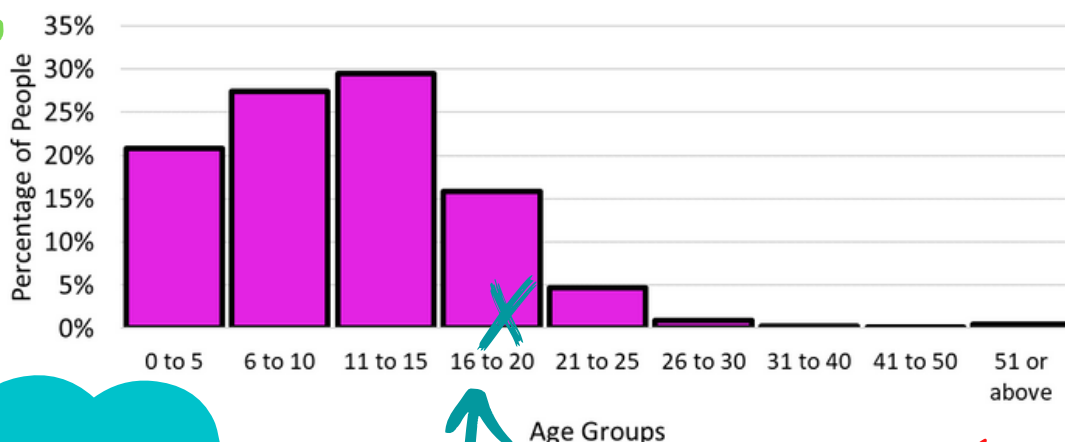
<https://bit.ly/milestonesppr>



On the next page, you'll see how participants responded to questions about their identity milestones.

For each of these graphs, put an X on the timeline to show where your age was compared to the participants. Here is an example that shows what we mean:

What age did you start to feel "different" about your gender?



This axis shows the percentage of people reported a specific age

This axis shows the ages groups that participants reached this milestone

This means that around 16% of people in the study had an experience that was similar to mine!

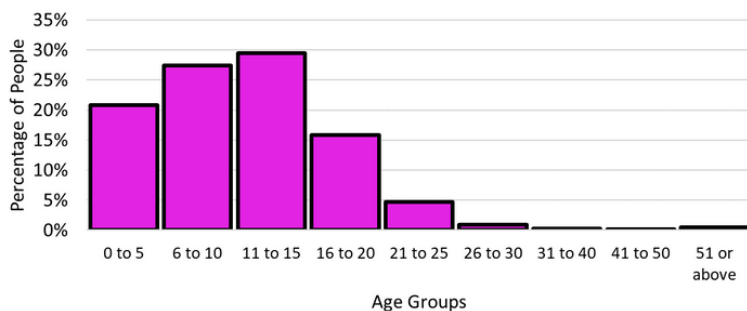
If I was around 19 when I started to feel different about my gender, I'd mark the timeline somewhere around here

Citation for research study:

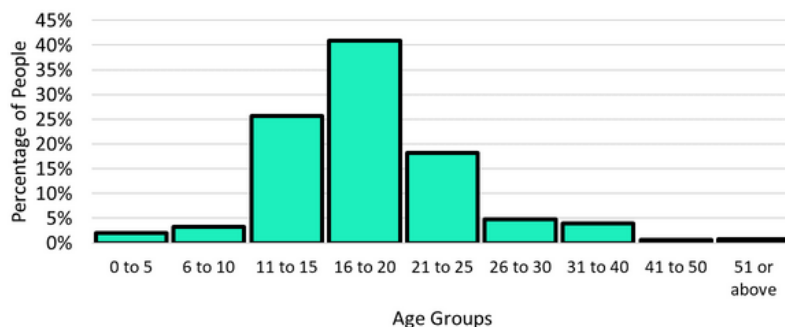
Puckett, J. A., Tornello, S., Mustanski, B., & Newcomb, M. E. (2022). Gender variations, generational effects, and mental health of transgender people in relation to timing and status of gender identity milestones. *Psychology of Sexual Orientation and Gender Diversity*, 9, 165-178.
<https://dx.doi.org/10.1037/sgd0000391>

For each of these graphs, put an X on the age group to mark the age that milestone happened for you and see how it compares to the participants in the study mentioned.

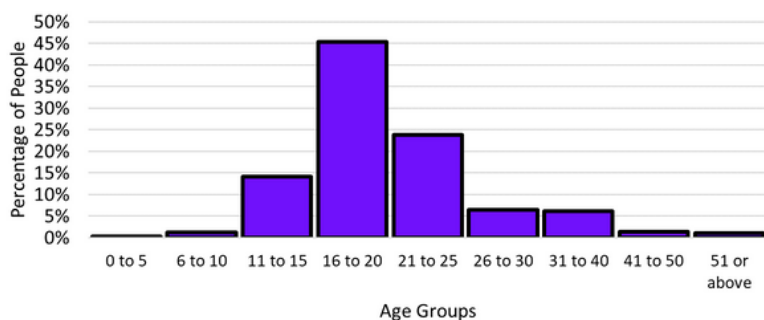
What age did you start to feel "different" about your gender?



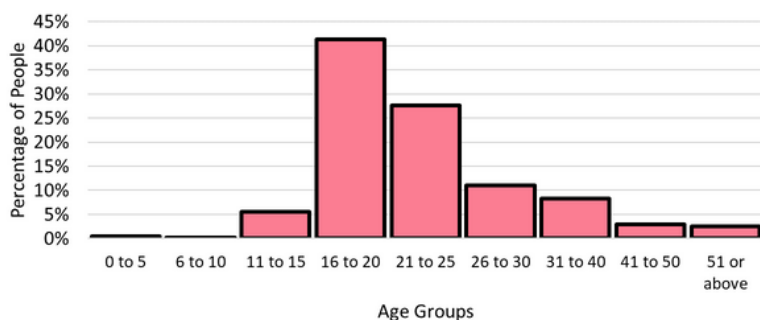
What age did you first recognize your transgender or gender nonconforming identity?



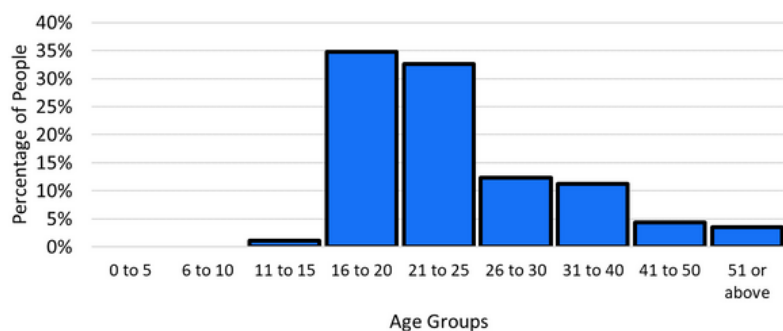
What age did you begin to live in your affirmed gender some of the time?



What age did you begin to live in your affirmed gender all of the time?



What age did you first have any kind of transgender-related medical care?



Take a minute to consider the following: How were your experiences similar to others' experiences? How were they different? What parts of your experience aren't captured here?

[illegible]

WHAT ARE YOUR TAKEAWAYS FROM THIS EXERCISE?

People can have many different reactions to seeing how their own development compares to other trans people's. What did you make of how your experiences compared to other people's? What do you think influenced the timing of your own milestones? Any other conclusions you're walking away with from this exercise?

There are lots of things that can impact our identity development and when we go through these milestones. This research also shows that this has changed across generations! If you want to see more details about differences in these milestones across generations, check out this article: <https://bit.ly/milestonesppr2>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

How we view others...

What do you think about the other people you just learned about and the ages that they went through these milestones? What stands out to you about learning about other people's experiences of their gender?

[illegible]

Your identity and experience of these milestones related to your gender can be.....

unique!

similar or
different from
others'
experiences!

complicated!

expected or not!

different than
the norm!

But ultimately, your truth about who you are and your gender experience does not have to fit any stereotype to be legitimate and valid.

We hope that this gave you a chance to reflect about your own experiences. If you notice helpful ways you can use this when you encounter stereotypes or negative messages related to trans people's experiences, try to circle back to those takeaways. If you notice that this brought up more questions for you, we suggest talking with someone you're close to or a therapist to process through those more.



If you think it might be helpful to talk with a professional, here are a few resources for locating a mental health provider:

National Queer and Trans Therapists of Color Network: <https://nqttcn.com/>

Find a provider in the GLMA directory: www.glma.org

You can also search for therapists who might be a good fit on Psychology Today:
www.psychologytoday.com

In addition, if you find yourself in an emergency, it is helpful to have some numbers handy. Here are a few hotlines that might be useful:

The Trevor Project is available 24/7: Call them at 1-866-488-7386; Text "Start" to 678-678; Or, chat with someone online at <https://www.thetrevorproject.org/get-help/>

You also might try the Trans Lifeline, by calling 1-877-565-8860. Their hours may vary.



CHAPTER SEVEN

Radical Self-Love

Living Authentically, Aligned, and From Your Heart

by Moe Ari Brown

Every human, regardless of identity, wants these three things: belonging; authenticity; and Love. We are taught very early to look for these three outside of ourselves and to value the opinions of others over our own intuition and knowing. A limited number of people can say they know how to utilize the world around them to create these three things in their own lives. Because few people know how to do this, it may seem that authenticity, alignment, and euphoria are hard to achieve, especially as a gender-expansive person. However, this is not the case. These three, remain the most simple and inexpensive concepts to master in this life. And the rewards for your mastery will create the kind of abundance in your life that multiplies your daily Euphoria. If you're reading this, it's because you're ready to learn how to cultivate these three for yourself and rely on your own inner strength to create the life you most desire to live.

This guide is a tool for your ongoing practice of radical self-love, radical authenticity, and alignment. One year from now, you will not be who you were

when you started this journey. You will be even more than you could have ever imagined. Let's begin our journey.

Using This Guide.

In order to get the most out of this guide, you will need the following resources:

- o A journal that we will nickname your “Authenticity, Belonging, & Love Manifestation Journal”
 - Inside the front cover of the journal, please write the following phrase: “I embody and express all the qualities of my authentic self. Every thought, word, action, and deed from this moment forward will be in alignment with my highest truth. I decide who I am!”
 - At the top of the page: write down the date, the time, and a feeling or word that expresses your overall sentiment for the moment. Even the weather may be a context for reflection later on.
- o A writing utensil that feels good in your hand and allows you to freely write.
- o A space for reflection that is free from distractions

Awareness.

Self-awareness is a valuable tool for cultivating self-love while growing self-confidence and self-esteem. Self-awareness is the ability to determine if your actions, thoughts, and emotions align with who you are. More simply, self-awareness is the way we check if we are living our truths. In order to become aware of any misalignment that may exist in our lives, we must first understand who we are. When we understand who we are, we can better assess for authenticity and alignment in our lives.

“Who Am I? Self-Reflection”

Awareness about who you are is the foundational step toward living from a place of authenticity. Please take out your journal and write down your responses to these questions:

1. “Who am I?”

- ▶ **Notice if the first things that come to mind** are race, gender, sexual orientation, social class, profession, where you are from, etc.
2. Ask yourself “who am I?” again and this time I want you to try to answer this question without using any aspect of your social location or identity.
- ▶ Who are you beyond the external?
 - ▶ Who are you when you’re alone?
 - ▶ Who are you in your dreams?
 - ▶ Who are you inside?
- ▶ **Notice if you’re responding to the questions** “whom should I be?”, “who do they want me to be?”, or “who am I not?”. If you find yourself answering either of these questions, I encourage you to spend more time reflecting. If you must take a break from the material and come back, I encourage you to do so. Ultimately, it’s important that you answer, “who am I?”, from your own voice and explore your own relationship with yourself. Whom you wish to become, begins with your relationship to the present moment, who you believe that you are, in the present moment, directly impacts what you believe you can accomplish and whom you believe you deserve to be in the future.

These questions, about who you are, are **designed to activate** the part of you that may not get to take up as much space in your narrative about yourself as these external social identities. **You are more than your gender, sexual orientation, social class, etc.** Your gender identity is one part of your experience and one identity you carry out of a myriad of experiences and identities. Who you are as a person is much bigger than the identities you carry, your lived experiences, and your beliefs about yourself. You are a blending of things that can not be given by anyone else and therefore can not be taken away by anyone’s perception of you.

These questions were designed to awaken the part of you that wants to choose who you are, define your life for yourself, and live from that self-determined place.

As you continue in self-reflection and begin describing who you are, you will notice the way you describe yourself **shift from a focus on the external to a focus on the internal** ways of defining oneself. For instance, you may have described your gender or race when you first responded to the question and now, you are likely writing words like “confident, helpful, considerate, powerful”, etc.

This shift from external to internal is necessary for authenticity and radical self-love to grow in your life. The internal gaze is what allows us to define ourselves for ourselves, to remain grounded in who we are in the face of opposition, and provides us the opportunity to truly identify what brings us fulfillment and joy. We can not achieve this fulfillment without internal understanding and internal acceptance of all that we are.

Acceptance.

Self-acceptance follows the process of self-awareness. In order to radically celebrate our unique identities, we must accept ourselves. This is also an **internal to an external process**.—meaning that acceptance begins within yourself and once you have acceptance of yourself, you will not require it from others in order to feel aligned and whole. Self-acceptance is a direct pathway to living authentically and really embodying self-love.

What does it mean to accept myself?

Self-acceptance is the process of honoring all parts of self, even the parts that are more challenging to acknowledge and honor.

Why is it important to accept, even the parts that I find challenging to acknowledge?

First, I want to offer empathy for how challenging it can be to honor any part of us that we experience as painful to remain in awareness of. As a gender-expansive person in our society today, you may have experienced threat, injury, isolation, judgment, or grief as a result of living openly in your gender identity. You may have also experienced some form of suppression or messaging from society, your family of origin, a religion, or other external sources that dishonor your experience as a transgender person.

If you've experienced any one of these things at least once, you may still hold some part of that messaging and carry it with you. It is very common that people, after experiencing their identity be suppressed in some way, internalize something about themselves that may not be in alignment with their authenticity. For instance, if a person grew up in a very binary gender culture with specific ideas about what women can do and what men can do, they may hold narratives about gender that prevent them from feeling complete in their identity as a transgender person. Moreover, they could struggle with feeling comfortable in apparel that aligns with their authenticity as they work through all of the messages they receive about who they should be and how they should dress.

This is where self-awareness and self-acceptance really can be powerful. If someone is able to become aware of those messages, examine what is true for them beyond the external programming, and accept that they feel euphoria when dressing authentically, they are well on their way to experiencing euphoria. First, they'd have to become aware and accept that these societal expectations do not have to have any power or control over how they live their life.

How can I practice self-acceptance daily?

As humans, we often think about things in the same way repeatedly over a course of time. This repetition creates patterns or habits around the way that we think. Repetitive thoughts can form from our own experiences, the things we were told by others, or the meanings we make about our lives. This is why it is important to be conscious of how think about ourselves. If we repeat a negative thought pattern about ourselves enough, it becomes a belief about ourselves and before we know it we could be inhibiting our self-acceptance and lowering our self-worth in the process.

Daily Affirmation Practice

Cultivating a daily affirmation practice can help transform thought patterns and habits so that they honor and support our continued practice of self-love. Here is a list of affirmations you can repeat to yourself daily. Explore these affirmations and find the ones that feel most aligned with what you need for your journey right now. Feel free to write down your own affirmations in your journal.

- o I am powerful and creative energy
- o I am more than my identity and experiences
- o I fully embody my authenticity
- o I am safe to inhabit my body and move freely
- o I am capable of achieving my goals
- o I love myself
- o I celebrate my unique gifts and I share them with the world freely
- o I am curious and open
- o I accept myself as I am, as I was, and as I will be
- o I see myself fully

- o I am whole
- o I am Love
- o I am full of infinite potential
- o I am aligned
- o I am worthy
- o I create belonging wherever I go

Authenticity & Self-Love

A uthenticity is a radical act of unconditional self-love. Radical Self-Love is living from Authenticity and alignment, in appreciation for yourself, and all of your attributes, spiritual, physical, mental, and emotional. When we are living authentically, everything we do, speak, think, and feel is in flow with our highest consciousness. Our authenticity is like a sacred guide that shines the way toward the things that we most desire. We must learn to trust and rely on our authenticity at all times in order to ensure that the people, places, and things in our lives are always in alignment with our highest good.

With every other aspect of this internal to external process, I've invited you to explore thoughts and how they support your process of increasing self-love. I invite you again to contemplate these tools for forming new thought patterns around self-love.

- o Honor your strengths
- o Celebrate growth, no matter how small
- o Create routines around self-care
- o Don't compare yourself to others
- o Pay attention to how much self-care you make time for weekly
- o See mistakes or failures as opportunities to grow
- o Be compassionate with yourself
- o Release perfectionism

- o Be patient with yourself
- o Be fully present to experiences of joy

Summary.

Radical self-love begins with the awareness of who we are and whom we wish to be in the world. This awareness allows us to accept and acknowledge where we may have been dimming our light in order to keep others comfortable. Authenticity helps us to ensure that we are offering ourselves the love and care we deeply desire from others.

Although you may have completed this learning, I invite you to continue using your journal daily as a place for reflection, awareness, acceptance, and healing. May you always remember that you decide who you are! You are more than the sum of your identities. You decide who you are! And so it is. - Moe Ari

CHAPTER EIGHT

Navigating Coming Out to Family by Kinton Rossman

Introduction

As a clinician who works with young transgender and nonbinary (TNB) people and their families—and as a transgender member of a family—I can safely say that family tends to be an incredibly complicated topic for TNB people. While there are no specific approaches that work for all people or families, there are a range of different factors to consider when TNB people are thinking about coming out to their given family system, and a few considerations that might help in the process. The goal of this chapter is to help people think about coming out, highlight some of these challenges that occur, and offer some possible avenues for action.

Coming out to family

Coming out to family is a frequent source of stress and anxiety. While you may be able to estimate what your family's reaction will be to the disclosure of your identity/identities, it is impossible to fully know until beginning the conversation. With that said, some people have a good sense that their families will be rejecting and/or abusive when they disclose their identity. It is essential that you prioritize your own physical and emotional safety when deciding if and how to

talk to your family.

Taking Care of Yourself in This Process

Coming out to people is an invitation for them to be a part of your life. You are being vulnerable by opening up in this way, and it is important that you are careful and kind to yourself in this process. It is hard to take this risk, and frankly it might not always be worth it. While you cannot control the reactions of others, it can be helpful to be clear with yourself about what you want and need. Below are some questions to consider as you are thinking about your relationship with your family.

What kind of relationship do you want with your family?

In some ways, this is the most important question to consider, and the answer to this question can vary widely depending on the situation. People who live with family might answer this very differently than people who only visit a few times a year. For some, it may be hard to even conceptualize that you have choices about your relationship with your family. As you consider coming out, it may be helpful to step back and think about your family more holistically. These questions may help you reflect on what is important to you about family and give you insights that can help.

- What is the best thing about your family?
- What is the hardest thing about your family for you?
- What values around family are important to you?
- What important cultural, religious, or other factors connect you to your family?
- If you were less connected to your family, what would you miss (if anything)?
- If you were more connected with your family, what would be hard (if anything)?
- Do you want your family present at your big life events? If so, which ones?

Often people are trying to find the right balance between their

own needs and the needs and wants of others. It is vital to know that there is incredible variability in how people decide to interact, or not, with their families. Try and give yourself the mental and emotional space to examine these ideas and find the right balance for you. Also know that what you want or need may change over time.

Are there certain relationships within your family that are essential to you? This chapter has, so far, discussed family in a pretty monolithic way. A family is a unit, but of course it is also a range of different, interconnected relationships. If thinking about talking to your family feels overwhelming, it can be helpful to think about the individual relationships. The following questions might be helpful in exploring individual relationships within your family.

- Which family members do you feel like are supportive?
- Which family relationships are the most important to you?
- Are there people that you think will be most supportive?
- Are there family members that you think will be unsupportive or rejecting?

Are there past events that influence your current relationship? Are there issues from the past that you think will come up if you disclose your identity? Are there other factors at play that influence the dynamics of your family? It can be helpful to think through what issues may come up.

- Are there issues from the past that make it hard for you to feel open to talking to your family?
- Have you tried to come out in the past unsuccessfully?
- Are there examples of other friends or family coming out that have impacted your feelings about coming out to your family?
- Do you have experiences coming out about other identities? Have those experiences shaped how you are thinking about coming out now?
- Has there been abuse or neglect in the relationship in the past? Is that currently happening?

- Have members of your family experienced trauma and, if so, does that impact your current relationship?

What questions about yourself and your identity process are you open to discussing? What topics are off limits for you? Many times, when coming out, family members have lots of questions. Sometimes these questions lead to better understanding and connection between family members and sometimes they create conflict and disconnection. Knowing what you are and are not open to talking about can help build more productive conversations. Here are some questions to consider when deciding if there are boundaries and limits to what you are willing to talk about with your family.

- Are you open to talking about your decision-making around coming out?
- Are you open to talking about your childhood experiences around gender and how they inform your current understanding of your gender?
- If considering medical transition, are you open to talking about the changes that occur?
- Are there aspects of medical transition that definitely you don't want to share? Such as changes around sex and sexuality?
- Are you open to talking about dating and relationships with your family?
- If you are considering changing your name, is that something that you want to discuss with your family? Do you want their input or collaboration in that process? Are there ways that you are trying to honor or respect your family with your name choice?

What parts of transition are most stressful to you? It may be important to identify the aspects of your transition process that are the most stressful or anxiety producing for you. If your family is supportive, those might be areas that you want to share and get support around. If you don't feel comfortable with your family, the areas of stress/anxiety might be things that you don't discuss until you feel

more confident.

What kinds of support do you want from your family, if any? What are you hoping that your family does in reaction to this news? Following coming out, many families have to make a range of changes. Do you know which are most important to you?

One exercise that can be helpful in this process is writing down all of the things that you would like to be different after coming out. Common examples include using my correct pronouns, using my new name, learning more about TNB identity, supporting my medical transition, etc. Once you have a list of what you are hoping will be different, rate each of the items on the list from 1-10 based on what is most important to you and/or what would feel most affirming. This might help you gain perspective on what you want from your family and also help you know what needs you want to communicate. To expand this activity, add time as an additional factor for consideration.

Support from family	Now	3 months	6 months
Using my correct pronouns	8	9	9
Understanding medical transition	3	5	8

In this example above, right now the most important thing for this person is that their family works on using their pronouns correctly. Learning about medical transition is much lower on the list for right now. When time periods are added, it becomes clear that while pronouns will remain important to this person, it will also be increasingly important for them that their family understands more about medical transition.

Given this information, this person could communicate to their family after coming out, “It is most important that you work on my pronouns for right now. But in a few months, I do want to start talking about medical transition with you.”

How to come out to them? There are several different ways to approach disclosing identity. Some common ones are described below.

In-person/real time conversation

Sitting down with your family and having a conversation is a common strategy. This allows for personal connection and for you to be direct about your experience. Some people use notes to ensure that they are saying what they feel like is important. If you are concerned about a negative reaction, this approach can be challenging because you are subject to your family's initial reactions and feelings.

Disclosure in writing

If you are concerned about what your family's initial reaction will be, consider approaches that slow down the process. Some people find writing a letter, email, or a text message to be helpful. Not only does this provide you with an opportunity to organize your thoughts, it also provides a buffer between the first disclosure and the immediate reactions of family members. If you are going to disclose in writing, it may be helpful to suggest a time for an in-person or real-time conversation to follow shortly after.

Be aware that some family members may feel frustrated by this approach and feel like something important has been dropped on them with little warning. They are certainly allowed to feel that way, and you are allowed to be clear about whether or not you're available to process those feelings with them.

Having someone else tell

If you don't think that you are able to talk with a family member directly, sometimes another person can help you disclose that information. Some people use family friends, more supportive family members, or therapist to help with this process. Within some family structures, it might be a good idea to have one family member communicate with others about your identity. This often happens with a family member communicating to extended family. Once you talk

to some members of your family about your identity, it is important to have a sense of what to communicate with others in the family. While you can't completely control what people do with the information, you can be clear about your desires for what happens.

What will my family say?

The range of different responses to identity disclosure can be as varied as families. Common reactions are often shock, support, disbelief, tolerance, invalidation, openness, rejection, confusion, seeking more information, denial, and acceptance.

Even if family members have a strong or negative initial response, many will be able to be more supportive with time. Prior to coming out, many of us have been thinking about our identities for months or even years. Deciding to come out can indicate resolution about identity (i.e., I have thought about this for a long time and now I am ready to tell them). But family members are often thinking about this for the first time, and as such the initial reaction can be ill-considered, reactionary, and hurtful. Cisnormativity is very strong and many of the issues faced by TNB people are invisible to cisgender family members until it impacts them personally. Gaining that perspective can help family members develop more empathy and understanding of you and your lived experience. With all of this said, some family members may never move from their initial negative positions or be supportive.

Documenting for yourself your family's reactions can be a helpful tool. Is your family reacting differently to you after a month, 3 months, 6 months, or a year? Are you able to see progress being made? Have they made some gains but plateaued after a few months? Are they in the same place since you came out a year ago? This can be valuable information for yourself and others who care for you as you navigate being out with your family in the future.

CHAPTER NINE

Resistance as Resilience Kris Gebhard

I'm Kris Gebhard, a genderqueer/transmasculine able-bodied and white clinical psychologist, poet, and gardener. Before starting graduate school in psychology, I was engaged in prison abolitionist organizing to support trans survivors of hate and state violence. As I share in a recently published article:

In June 2011, my neighbor CeCe McDonald, an African American transgender woman and community leader, survived a racist and transmisogynist violent hate attack in our neighborhood while walking to the grocery store. After surviving the attack and flagging down police to ask for help to get to the hospital, she was arrested and charged with second degree murder. She was denied proper medical care and held in the male jail in solitary confinement.

McDonald reached out to local community leaders, with whom I collaborated to organize the "CeCe Support Committee," in which I was active in the media subcommittee (Fischer, 2016). I also provided peer mental health support to members of McDonald's queer family and other committee members. Although we accomplished incredible work and engaged in innovative community building, I felt persistently haunted by the belief that we could be more effectively building and maintaining resilience. I often came home after committee meetings

feeling drained rather than rejuvenated. Retrospectively, I believe this was due to our focus on the work and negligence of attending more fully to our community health and strength.

Once in graduate school, I connected with trans and queer communities in Washington, DC, and joined with efforts to support GiGi Thomas, an African American trans woman and social worker who faced criminal charges. Believing I now had greater access to resources, in preparation for attending her trial I turned to psychology literature to seek guidance for how to support the resilience of other trans community members attending the court hearing. I was frustrated in that search and felt that existing scholarship could not offer me what I needed to perform the most important component of my community engagement at that moment—supporting the wellbeing and motivation of my community (Gebhard, Hargrove, Chaudhry, Buchwach, Cattaneo, 2022).

So, I talked to my research team in grad school and we got to work to create a resource on building and maintaining resilience for other organizers, psychologists, and community members. We recently published a lit review of resilience literature where we identified psychological resources and practices that help build and maintain resilience among communities targeted by state-sanctioned violence. We made a toolkit of ideas of strategies for building these resources, informed by research and our own organizing experiences. We were thinking especially of groups of people coming together to organize in resistance, but many strategies apply for individuals too. It's online on my website – www.krisgebhard.com/resiliencetoolkit.

Even for those of us trans folks who live in states where we're not dealing with the anti-trans legislation, we're still experiencing the cultural trauma of witnessing the attacks happening in other states. We're still reminded what it was like as kids learning to silence ourselves, and of the limits to our safety today. So the resilience resources that we identified in the toolkit can be helpful for all of us to stay healthy. I'll highlight a few resilience resources that are especially helpful in the context of dealing with the impact of anti-trans legislation.

Connectedness. When we are together with fellow trans and nonbinary community members, when we read, listen to, watch, admire each other's stories and fierce fashion of fabulousing our way forward, we remember that our existence is resistance and trans love is liberation. Finding other trans people to connect with in person is a great way to feel connected. Connecting with trans people online or through books, podcasts, or music can be another way to feel connected. There are many more places to find trans joy than I can possibly list here, and some quick online searching will help you find many more. This is just a start of a few recommendations:

TV shows – Here are a few of my feel-good favorites:

- **Legendary** on HBOMax – this is a reality competition show about the current ballroom scene, featuring several trans women and numerous genderqueer and queer performers. Beautiful artistry and stories.
- **Sense8** on Netflix – a complex delightfully queer sci-fi show written by the Wachowski sisters (who also wrote *The Matrix*) that features a trans feminine character Nomi, played by trans actress Jamie Clayton.
- **She-Ra and the Princess of Power** on Netflix – a rebooted animated show from 1985 featuring gender fluidity across the board. Won the 2021 GLAAD award for outstanding kids programming.

Podcasts –

- **The Laverne Cox** podcast
- **Marsha's Plate** – A thoughtful podcast featuring three Black trans friends discussing gender, current events, politics, and organizing centering Black trans feminist perspectives. <https://open.spotify.com/show/4lv5ymzrlouiCGHsOBNB47?si=a3e6a22fce7b4925>
- **TransLash Podcast** with Imara Jones – Award-winning journalist Imara Jones talks with trans people and allies about innovating and creating new futures in resistance to the anti-trans backlash happening today.

Websites – There are so many community spaces highlighting trans beauty, brilliance, and thriving. One of my favorites is qwearfashion.com, which highlights everyday trans and queer fashion.

Books – there are obviously a plethora of non-fiction and fiction books that are fantastic resources for trans people and our loved ones. Here is an excellent list of books for adults: <https://pflag.org/resource/transgender-reading-list-adults>

Nonfiction

- **Transgender Warriors: Making History from Joan of Arc to Dennis Rodman** by Leslie Feinberg. As googlebooks says, “In this fascinating, personal journey through history, Leslie Feinberg uncovers persuasive evidence that there have always been people who crossed the cultural boundaries of gender.”
- **BGD Press** -- <http://www.bgddb.org/> -- BGD Press seeks to “amplify the voices of queer and trans people of color!” Their website has lots of links to excellent writing, and of course books (non-fiction and fiction). They have a free summer camp for youth of color in Oakland, CA.
- **Transgressive: A Trans Woman on Gender, Feminism, and Politics** by Rachel Anne Williams (2019). “How do I know I am trans? Is trans feminism real feminism? What is there to say about trans women’s male privilege?” This collection of insightful, pithy and passionately argued think pieces from a trans-feminist perspective explores issues surrounding gender, feminism and philosophy and challenges misconceptions about trans identities.
- **Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity** is a 2007 book by gender theorist, biologist, and writer Julia Serano. The book is a transfeminist manifesto which makes the case that transphobia is rooted in sexism and that transgender activism is a feminist movement.

Memoirs

- **Gender Outlaw: On Men, Women, and The Rest of Us** by Kate Bornstein. Part coming-of-age story, part mind-altering manifesto on gender and sexuality, drawn directly from the life experiences of a transsexual woman.
- **Gender Outlaws: The Next Generation** edited by Kate Bornstein is a

vibrant anthology of transgender and nonbinary-identified people.

- **Redefining Realness: My Path to Womanhood, Identity, Love & So Much More** by Janet Mock. In 2011, Marie Claire magazine published a profile of Janet Mock in which she stepped forward for the first time as a trans woman. Those twenty-three hundred words were life-altering for the People.com editor, turning her into an influential and outspoken public figure and a desperately needed voice for an often voiceless community.
- **Nonbinary: Memoirs of Gender and Identity**. Edited by M. Rajunov and A. S. Duane, 2019. An engaging anthology of memoirs by non-binary-identified individuals.

Poetry

- **Never Coming Home** by Tyler Vile
- Tyler Vile is a queer Jewish trans woman from Baltimore, MD who is physically disabled (she has cerebral palsy) and writes and performs eloquent and profound poetry about her experiences. <https://tylervile.wordpress.com/>
- Trans poets of color:
- Dane Figueroa Edidi (*For Black Trans Girls*, and many other excellent books). Dane is an incredibly fierce and prophetic artist whose provocative work centers the voices of Black trans ancestors and contemporary resistance.
- J Mase III (*And Then I Got Fired*)
- Venus Selenite (She has three works published)
- Kay Ulanday Barrett (*More Than Organs*)
- Xemiylulu Manibusan (Has 3 books published)
- Kokumo (*Reacquainted With Life*)
- Cyree Jarelle Johnson (*Sling shot*)
- The spiritual writings of 21 writers in *The Black Trans Prayer Book*
- **Fairy Feather Files** by Kris Gebhard
- Kris Gebhard, PhD is a genderqueer transmasculine poet, percussionist and psychologist. Kris produced an album of poetry and original marimba compositions hoping it to be a testament to trans liberation as well as an educational resource for mental health providers. <https://krisgebhard.com/art/>

- Andrea Gibson is a genderqueer non-binary poet whose work interrogates gender norms and celebrates the resilience of LGBTQ people <https://andreagibson.org/>

Fiction

- Janelle Monae's recently published *The Memory Librarian*
- 7 Books by Queer Black Writers to Read in Honor of James Baldwin's Birthday: <https://www.bitchmedia.org/article/books-by-queer-black-authors>
- *Take me there: Trans and genderqueer erotica (2011)*, edited by Tristan Taormino. This is an anthology of erotic stories written trans and genderqueer people, an excellent way for trans and cis individuals alike to explore creative consensual sexual interactions.

These are just a few ideas, ask around and google away and you'll find good stuff!

Another way of cultivating connectedness is engaging in gender-affirming activities all by yourself.

- Get dressed in an outfit you love and take selfies in the mirror
- Do an activity that helps you feel really present in your body, an activity that helps you feel proud of what your body can do for you. This could be climbing or dancing, laying down in the hot sun, painting, singing, or making a meal you love and being present with your enjoyment of the flavors – the possibilities are endless.

Creating intentional time and space for the full range of emotions. We are all feeling angry, scared, and saddened about the onslaught of anti-trans legislation happening around the country. AND, I borrow a favorite saying from Laverne Cox's therapist, Jennifer Burton Flier: "what else is true?" It is important to let ourselves be angry, scared, sad, and, to let ourselves be present with the things that bring us pleasure and joy. Being present with the full range of emotions is especially crucial when it can be tempting to only be swallowed up by anger, or to run away to short-term happiness in avoidance. We need to feel it all.

Critical consciousness. It's important to contextualize this moment in the larger political climate, as well as in history.

The anti-trans legislation doesn't reflect the attitudes of most Americans. It is being used by conservatives to try to motivate voters in the religious right. Using social issues to motivate the religious right to vote has been an ongoing strategy for the Republican party since the 1980s, as Kate Sosin describes in a PBS article (<https://www.pbs.org/newshour/politics/why-is-the-gop-escalating-attacks-on-trans-rights-experts-say-the-goal-is-to-make-sure-evangelicals-vote>). However, laws only work when people follow them, and there are a lot of professionals who are refusing to comply with blatantly unethical laws.

I highly recommend following Alok V Menon on Instagram – they're a trans community scholar and poet who publishes phenomenal book summaries on Instagram on the history of gender and race. For example, their report on the book *Sexual Science* by Cynthia Russett, documents the reality that "biological sex" and the sex binary are social constructs created by Europeans in the 19th century to justify colonialism through arguing that white Europeans were clearly the most civilized species. They asserted that because the evolution of white women lagged behind that of white men, women's sole purpose was to be reproductive "racial conduits," propagating the white species. If they refused to play this role, women were pathologized as criminal, ugly, and abnormal. (Ringing familiar huh?).

Alok publishes many stories of our trans ancestors, and I encourage everyone to dig into learning trans history. We're not new, trans people have been around since the dawn of humanity, it's just that in most societies there were more than two genders so we weren't called 'trans.'

And it's important to contextualize today in recent history – when I figured out that I'm trans 15 years ago, I had to define "transgender" for almost every single person I came out to because they'd never heard of us. I dreamed that maybe someday before I died, I would get to be a part of a community of people who identified as genderqueer. That day is already here! And yeah, we're being targeted; throughout history in this country we've often been targeted in some way, and we've always resisted.

Knowledge of psychoeducation of cultural trauma and traumatic stress responses. It's normal to be impacted by laws that target those with a shared identity, even if you live in a state like IL where we have lots of legal protections. Experiences that might be labeled "traumatic stress symptoms" are common when cultural trauma is happening even if we're only reading it on the news because it highlights for us our own vulnerabilities. We may experience increased vigilance, anxiety about one's identity, detachment, hopelessness, avoidance, avoidant coping, etc. It's important to be patient and not push ourselves to be capable of doing more than our bodies feel ready to do. And, grounding practices, mindfulness, self-compassion, connecting and making sense of it all with others who share our identity can be really helpful daily practices.

There are of course many more resilience resources highlighted in the toolkit, and described in our article – feel free to check it out, reflect on the resources that you're already practicing and see if there are one or two more resources that you could more intentionally integrate into your daily life. I've experienced personally how helpful it is to regularly gather with other trans and queer community members, celebrate our unique flair, fashion, and joy, make space to grieve, be angry, and support each other in processing our emotions, read queer ancestors to keep our thinking sharp and our dreaming vibrant, and be patient and compassionate with ourselves as we learn of anti-trans violence happening around the country.

All of us have each other, whether we know each other yet or not. In every state where there's one or five laws that say we're not human, there are thousands more cis and trans people who are grateful for every moment we trust ourselves. So we can trust ourselves! We've been helping humanity learn how to love since long before humans had a word for belonging. Trans bodies and trans people are uncategorizable, divine mystery. We invite anyone and everyone to join us in claiming the chaos of dropping the gendered script and connecting in human holiness.

