LEADERSHIP IN MENTAL HEALTH

OCCUPATIONAL THERAPY: Creating a role for occupational therapists in gender variance

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Imprisoned in a Man’s Body

“I am an 18 year old man that is struggling to understand my place in the world. In the last few years, I’ve started to have a lot of questions about my gender and what it means to be a man. I remember being 9 years old and secretly wishing that I was a girl. I loved playing with Barbie dolls and stuffed animals, and used to pretend I was a mother feeding my children. One time, I secretly tried dressing up in my mother’s clothes – I loved the way it made me feel. In elementary school, I always wanted to play with the girls because I didn’t like the rough and tough play that most of the boys my age enjoyed; I preferred playing house, or pretending to have a tea party with the queen. I remember the other kids would ask me why I acted like a girl – I told them I felt I was a girl. When I started high school, I noticed myself becoming extremely introverted. I hated my male body – I would purposely dress in clothing that would hide my masculine build, and slump my posture to make myself look smaller, more petite. I developed this sense of feeling incomplete, as though I was just an actor in a play. The other students didn’t like me... they thought I was weird. I feel so mixed up, confused, depressed and miserable.” (Anonymous, 2010)

Perspective from Marieke Clarke, an Occupational Therapy Student

While on one of my clinical placements as an occupational therapy student, I was fortunate to work with a client that was exploring his own gender identity, and considering transitioning. This was my first personal encounter with someone that was questioning their gender role and identity. I was initially apprehensive, and had a number of questions – how would he act? What would my role be with this client? How would I be able to help? I began to reflect on the implications that transitioning could have on a person’s occupational repertoire and performance.
During one session, this client expressed his frustration with navigating the public mental health system. He described that the wait times for an appointment were lengthy, and the one experience he had at a gender identity clinic had not been a pleasant experience; he felt dismissed, like no one really understood his concerns. I did some research and discovered that there is a shortage of services and research on gender identity issues – specifically, an occupational therapy perspective seemed to be lacking.

The Profile of Occupational Therapy Practice views occupational therapists (OTs) as change agents, responsible for using their expertise to advance or improve occupational performance (Canadian Association of Occupational Therapists [CAOT], 2007). The skill set and clinical knowledge that OTs possess put them in a prime position to work with those individuals that are questioning their gender, or are in transition, to help them sustain or develop new patterns of occupational behaviour, engagement and performance that are productive and satisfying. The hope is that this resource will provide awareness on the issues facing those with gender identity issues, and highlight the valuable role that OTs can have in this area. The ultimate goal is inspire OTs to take on a leadership role in this important area of practice.

**Introduction**

**Becoming Familiar with Terms and Definitions**

- *Biological Sex*: status of a person as either male or female based on anatomical characteristics. There is a presumption that an apparently male infant will identify as a boy, and vice versa.
- *Gender Identity*: psychological sense of self as being either male or female.
- **Gender Role:** socially ascribed characteristics and expectations: attitudes, behaviours, beliefs and values associated with being male or female in a particular culture. (Green, 1974, as cited in Shively and De Cecco 1977; Sakellariou & Simó Algado, 2006; Newman, 2002; The Harry Benjamin International Gender Variance Association [HBIGVA], 2001).

**What is Gender Variance?**

Gender identity is one’s view of being psychologically male or female (Helgeson, 2009). Gender is not static; it can change throughout the lifespan and is influenced by many factors, including genetics, human interaction, culture and community (Liedberg, Bjork, & Hensing, 2010). Gender Variance (GV) is defined as a persistent confusion and discomfort between a person’s physical sex and his/her gender identity and gender role (Taylor, 2010; Lev, 2005; Di Ceglie, 2000). Stroller (1992, pg. 78) defined it as a “complex system of beliefs about oneself: a sense of one’s masculinity and femininity. It implies nothing about the origins of that sense (e.g. whether the person is male or female). It has, then, psychological connotations only: one’s subjective state.” Persons living with GV are often referred to as transgendered. Transgender is an umbrella term used to describe individuals whose gender identity differs from conventional expectations based on the physical sex they were born into (HBIGVA, 2001). Some individuals living with GV eventually decide to undergo gender re-assignment surgery; this process is most commonly referred to as transitioning, and is the process of changing one’s sex to match one’s gender identity (HBIGVA, 2001; Di Ceglie, 2000).

It should be noted that in the research literature, GV is often synonymous with Gender Identity Disorder (GID) – however GID is often used as a clinical diagnostic term. GID implies a
diagnosis of pathology and mental illness, and may reinforce stigma. GV is a more neutral term and assumes that shifts from stereotypical gender experience and expression are part of natural human development (HBIGVA, 2001; Lev, 2005).

In the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* (American Psychiatric Association, 1994), several diagnostic components of what it calls ‘gender identity disorder’ are listed:

- A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)
- Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex
- The disturbance is not concurrent with a physical intersex condition
- The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

The cause of GV is the focus of much contemporary debate, and usually revolves around the issue of nature versus nurture. In biological models, gender identity happens in prenatal brain development in response to hormonal exposure (Swaab & Fliers, 1985). In socio-cultural models, gender identity is seen as a complex internalization of cultural values and meaning, and thus is subjective across cultures and historical periods (Butler, 1990; Mead, 1949).

**Setting the Stage: What is the Fit between Gender Variance and Occupational Therapy?**

Occupational therapy is a profession concerned with promoting health and well-being through occupation. Occupation refers to everything that people do during the course of everyday life
The goal of occupational therapy is to enable people to participate in the occupations which give meaning and purpose to their lives. OTs work collaboratively with people who experience obstacles to meaningful participation in valued occupations. These obstacles may result from a change in function (thinking, doing, feeling) because of illness or disability, and/or barriers in the social, institutional or and physical environment. Occupational therapy considers the various personal, environmental and occupational factors contributing to occupational performance issues (Adapted from the World Federation of Occupational Therapists, 2004).

A person’s sense of self and his or her relationship with the world are influenced by participation in occupations during each stage of life. A person’s gender can influence participation in occupation and give meaning to it (Sakellariou & Simó Algado, 2006). As a society, we often make social judgements about how men and women should act, and what occupations they should or should not engage in. For example, where men are more likely to be perceived as aggressive and competitive, women are more likely to be viewed as passive and cooperative (Wicks & Whiteford, 2005). Traditionally, men have been viewed as financial providers, whereas women have been viewed as responsible for taking care of the house and child-rearing (Wicks & Whiteford, 2005). Men and women may be judged by how well they conform to these traditional stereotypes. For people living with GV, the external pressure they face to follow his/her gender role can ultimately affect their self-expression and mental health. Individuals may feel pressure to conform and only engage in occupations that society expects of them. Because these pre-dictated roles and occupations are incongruent with the specific individual’s interests and needs, it can result in occupational performance issues which, in severe cases, can lead to depression and suicidal ideation (Colucciello, 1996; Z. Jamal, personal communication, March 25, 2011).
GV and the process of transitioning have interesting implications for one’s occupational repertoire and performance. Some of the most common occupational performance issues for this population include:

- Vocational changes or job loss
- Marital problems
- Frustration with attempts to fit into a socially described gender role
- Confusion about their gender identity
- Social rejection and depression
- Difficulties with familial and peer relationships
- Not being able to take part in occupations due to having to bind breasts, apply makeup, try to cover hair growth, etc.
- Going to the washroom in public
- Substance abuse
- Guilty feelings about wanting to transition, and how that decision will affect their loved ones (Colucciello, 1996; Di Ceglie, 2000; J. Taylor, personal communication, March 15, 2011; Lev, 2005; Newman, 2002; Taylor, 2010)

The occupational performance issues for this population are widespread. As such, they are in need of competent mental health services to address the adjustment related issues that result from GV (Lev, 2005; Z. Jamal, personal communication, March 25, 2011). Occupational therapy is focused on a holistic approach that considers the whole person; this is quite different from other professions in the medical science field. The skills and knowledge OTs possess allow them to be flexible in their approach to assessment and intervention, working with clients’ to help them adapt and establish non-traditional gender roles (J. Taylor, personal communication, March 15, 2011; Z. Jamal, personal communication, March 25, 2011). Because of the values of the profession, we feel
there is a strong fit between occupational therapy and GV. We feel that OTs can play a significant leadership role in helping those living with GV to sustain or develop new patterns of occupational behaviour, engagement and performance that are productive and satisfying (Lev, 2005; Z. Jamal, personal communication, March 25, 2011).

Assessing and Evaluating the Current State of Gender Variance in Occupational Therapy

Because of marginalization, stigmatization and isolation, the transgender population is one of the most misunderstood subcultures in our society. GV within mental health systems is a complex concept, one in which there is a lack of education and public services to assist those wishing to explore questions about gender. Toronto, in particular, has only two publicly funded programs for individuals with gender identity issues (Centre for Addiction and Mental Health and Sherbourne Health Centre). In addition to the paucity of services in this area, OTs do not currently have a prominent role in gender identity services.

To date, there has been very limited research in the field of occupational science and occupational therapy (OS/OT) on the occupational performance issues that people with GV face. This lack of research might be due to the fact that gender identity issues are a non-traditional area of service delivery that involves thinking outside the usual realms of practice (J. Taylor, personal communication, March 15, 2011). This lack of research evidence might help to also explain why there is currently a lack of OTs working in this area of practice (J. Taylor, personal communication, March 15, 2011).

Current assessment and intervention for individuals with GV include: (a) assessing clients to ensure that their mental and physical health remains stable, (b) assessing if a client is a suitable
candidate for surgery, if the client so chooses, (c) psychotherapy, behavioural therapy, group therapy, and family therapy (d) psycho-education, and (e) gender re-assignment surgery (De Ceglie, 2000; Newman, 2002). The research suggests that the role of mental health clinicians in the assessment and treatment of GV has often been reduced to serving as evaluators for medical treatments, with few guidelines offered for the other areas of therapeutic care (such as psychotherapy) (Lev, 2005).

Although a person may have decided to move forward with gender re-assignment surgery, there are still many aspects of their occupational life that remain problematic (Taylor, 2010). Many of the above listed assessments and intervention techniques are roles that an OT could perform. In fact, an OT would bring a unique occupational perspective and function aspect to care, which is currently lacking.

Our schooling over the last two years has lead us to believe that the skills, expertise, and the knowledge that OTs possess in regards to occupation, makes OTs prime candidates to be leaders in developing services to assist those with GV to live meaningful and fulfilling lives. A leader is someone who looks at new situations and attempts to create possibilities and opportunities in them. A leader challenges, inspires, enables, models, develops, and encourages others (Kouzes & Posner, 2002); these are all very similar to the enablement skills listed in the Canadian Model of Client-Centred Enablement (Townsend, Polatajko, Craik & Davis, 2007). As such, we feel that OTs can play a significant leadership role in an important area of practice that is not getting the recognition it deserves.

**What is our Plan, and how do we Plan to Implement it?**

We would like to propose that a case management role be created for OTs as a part of the interdisciplinary team working in gender identity clinics with people living with GV. Case management has been defined as a collaborative process for assessing, planning, implementing, coordinating,
monitoring and evaluating services to meet an individual’s health needs through communication and available resources to promote quality, cost-effective outcomes (Krupa & Clark, 1995).

We believe that the skills and knowledge that OTs possess make them ideal case managers. The philosophical assumptions on which occupational therapy is based are consistent with the principles of the case management approach to service delivery (Krupa & Clark, 1995) in that they both adopt a holistic view, promote independence, and focus on functioning rather than on treating illness. In addition, they share a belief that clients are central to the process of care. The client, in collaboration with the clinician, determines the direction for service delivery (CAOT, 1991; Clark et al., 1993). Occupational therapy is a good fit with case management as OTs have the training to perform in a number of areas: functional assessments; occupational task analysis; skill development; identifying and eliminating factors which impede functioning; compensatory techniques; environmental assessments; and changing environments to enhance successful and satisfying performance – all of these areas are important considerations when working with people living with GV (Krupa & Clark, 1995). Refer to Appendix A for examples of potential responsibilities for OT in a case management role.

We have identified a three-point plan that would help OTs be leaders in advocating for the creation of case management roles. These goals emerged through: (a) interviewing two experienced occupational therapists: one in the field of mental health, the other in gender identity; (b) conducting thorough literature reviews in both OS/OT journals and, as well, those from other relevant fields (i.e. medicine); and (c) considering the self-reflection and observation of my student clinical placement experiences. The three elements of the plan are:

A. Marketing and advocating for occupational therapy services
B. Networking and liaising with relevant stakeholders
C. Creating substantial occupational evidence-based research

The Profile of Occupational Therapy Practice views OTs as change agents, responsible for using their expertise to advance or improve occupational performance (CAOT, 2007). Occupational therapists can draw on the enablement skills listed in the Canadian Model of Client-Centred Enablement (Townsend et al., 2007), in order to successfully implement this plan and ultimately become leaders in the area of GV.

A. Marketing and advocating for occupational therapy services

With the changes taking place in today’s health care system, now more than ever, it is important for OTs to embrace marketing the benefits of our profession to the greater public (Voyer, 1999); OTs cannot be afraid of marketing themselves and the valuable skills, knowledge and expertise they possess. Without the proper awareness of the profession, businesses, stakeholders, managers, and even the public, will turn to other disciplines to meet their needs. Unfortunately, this lack of awareness of the profession has in some cases led to occupational therapy being forgotten, even when the needs of the individual may have been best served by what OTs have to offer (Voyer, 1999).

We suggest that OTs take on a leadership role in developing an occupational therapy marketing toolkit with a specific focus on GV. This project could be undertaken by OTs currently working in mental health, or part of a graduate student research project. This toolkit would help OTs “believe in, understand, and be able to clearly describe the product” they are marketing (Gilkeson, 1985, p. 92). This tool kit would contain GV specific marketing materials that would highlight the valuable contribution OTs could make to this area of practice. Some of the materials we suggest including are:
Creating a pamphlet on the role of OTs and how our skills and knowledge make us perfect candidates to work with this population (Appendix B)

Creating a slogan – for example: Occupational Therapists: Leaders in promoting health and well-being through occupation for those living with gender variance OR Occupational Therapists: Helping those living with gender variance to sustain or develop new patterns of occupational behaviour, engagement and performance that support well-being and mental health (Appendix C).

Resources on how to form partnerships in the community

Strategies on how to communicate with relevant stakeholders

Evidence-based research on the positive effects OTs have had in more traditional case management roles

Fact sheet on GV: would include statistics and information about GV, dispelling stereotypes and myths, etc.

Inherent in the marketing initiative is the idea of advocacy, an essential component of being a change agent (Townsend et al., 2007). By marketing themselves, OTs are increasing awareness about the issues that face those living with GV, and thus taking steps to ensure that they receive the best quality care and service provision. In order to advocate and accurately represent the needs of this group, we suggest involving those with lived experience in the marketing initiative. Getting feedback and interacting with client(s) who have lived experience can be a powerful medium for change.

B. Networking and liaising with relevant stakeholders

An essential component of marketing is networking and liaising with relevant stakeholders. To do this effectively, OTs must learn and hone the necessary skills to become apt at matching the information they provide to interests and needs of a particular stakeholder/group (Gilkeson, 1985).
Networking and liaising with stakeholders is a skill that some OTs might not be very familiar with, as it tends to involve a more business-type approach. As such, we would recommend that OTs take continuing education courses to increase their knowledge base in this area. Subsequently, OTs could create best-practice groups, on-line resources, webinars, etc., to facilitate knowledge translation and educating their colleagues on the strategies they learned. Clinicians could engage in role-playing scenarios on how they would communicate to a stakeholder the invaluable case management role that OTs could bring to working with those living with GV.

We would also recommend that OTs take advantage of resources that are at their disposal. We recognize that networking and liaising with stakeholders is a huge endeavour, and some OTs may experience time constraints, and may not have access to all of the necessary supports for this task. For example, the Ontario Society of Occupational Therapists (OSOT) represents the profession of occupational therapy in Ontario’s evolving health system (OSOT, 2011a). OSOT lobbies and promotes initiatives and services to further the profession (OSOT, 2011b). We suggest that a group of OTs interested in this area approach OSOT with a business plan and ask for its support. Advocating for a case management role to be created in the area of GV should not be done in solidarity. The voice of many can help further OTs in this leadership endeavour to change the face of client care in GV.

C. Creating substantial occupational evidence-based research

In order to market, advocate, network and liaise effectively, having evidence-based research that supports the positive effects that OT services can offer individuals with GV is an important consideration. Evidence-based research gives OTs the confidence and the credibility to market their ideas and leadership initiatives in this new area of practice.

As previously mentioned, the research in the field of OS/OT is lacking. However, academic research from non OS/OT fields can indirectly contribute to understanding of GV and occupation.
One of the initial steps OTs can do to further the development of this area of practice is reframing past research using an occupational lens (Molineux, 2001). By critically analyzing available research using an occupational lens, and approaching the issue with a unique occupational perspective, we can begin to better understand the role OTs can play in the area of gender variance.

Consistent with the leadership theme embedded in this paper, we recommend that OTs begin to conduct research studies in the area of gender variance. Because this is a relatively new area of research, we suggest beginning with pilot and case studies, with the eventual goal of progressing to conducting randomized control studies. These studies can be done in clinical practice settings, as well as being incorporated into academic curricula (i.e. graduate research project). Conducting this research will give OTs the opportunity to design and create assessment and intervention techniques for this specific population. Developing a substantial foundation of research evidence will highlight the invaluable role OTs can have in this area of practice (White, 2009).

**Final Thoughts**

The purpose of this report is to increase awareness into the issues that face those living with GV and elucidate the role that occupational therapists can take in helping these individuals to cope with significant occupational changes in their lives. This is an important area in mental health that currently has insufficient supports and resources. In self-reflecting back on this process, we hope that we’ve highlighted that there is a niche for OTs in this non-traditional area of practice. We are optimistic that practicing occupational therapy clinicians and students will recognize the leadership opportunities available, and be inspired to implement some of the recommendations we have proposed in this paper. We are excited about the leadership opportunities that exist for OTs in this area, and are hopeful that our proposal will lead to goal-directed action. To be an occupational therapist working in the area of gender variance is an exciting and challenging prospect and provides
opportunities to demonstrate the positive contribution that occupational therapists can bring to this area (Taylor, 2010).
References


White, J. (2009). Questions for occupational therapy practice. In E. B. Crepeau, E.S. Cohn, &
B.A. Boyt Schell (Eds.), *Willard & Spackman’s Occupational Therapy (11th ed.)* (pp. 262-269). Baltimore, MD: Lippincott Williams & Wilkins.


Appendix A – Marketing Handout to Highlight OT Roles
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LEADERSHIP in MENTAL HEALTH OT COMPRENDIUM

1. Community Outreach/ Liaison

2. Psycho-education

3. Individual counselling/supportive psychotherapy (ex. CBT)

4. Family counselling/support

5. Help with transitioning of activities of daily living (using task analysis)

6. Functional assessments

7. Assist with skill development/Building new occupational repertoire

8. Crisis management

9. Developing social networks

10. Group Therapy (ex. Cooking groups)

11. Resource/service development

12. Advocacy

13. Public/Community education

14. Compensatory techniques & environmental modifications

15. Assessing if client is a suitable candidate for surgery