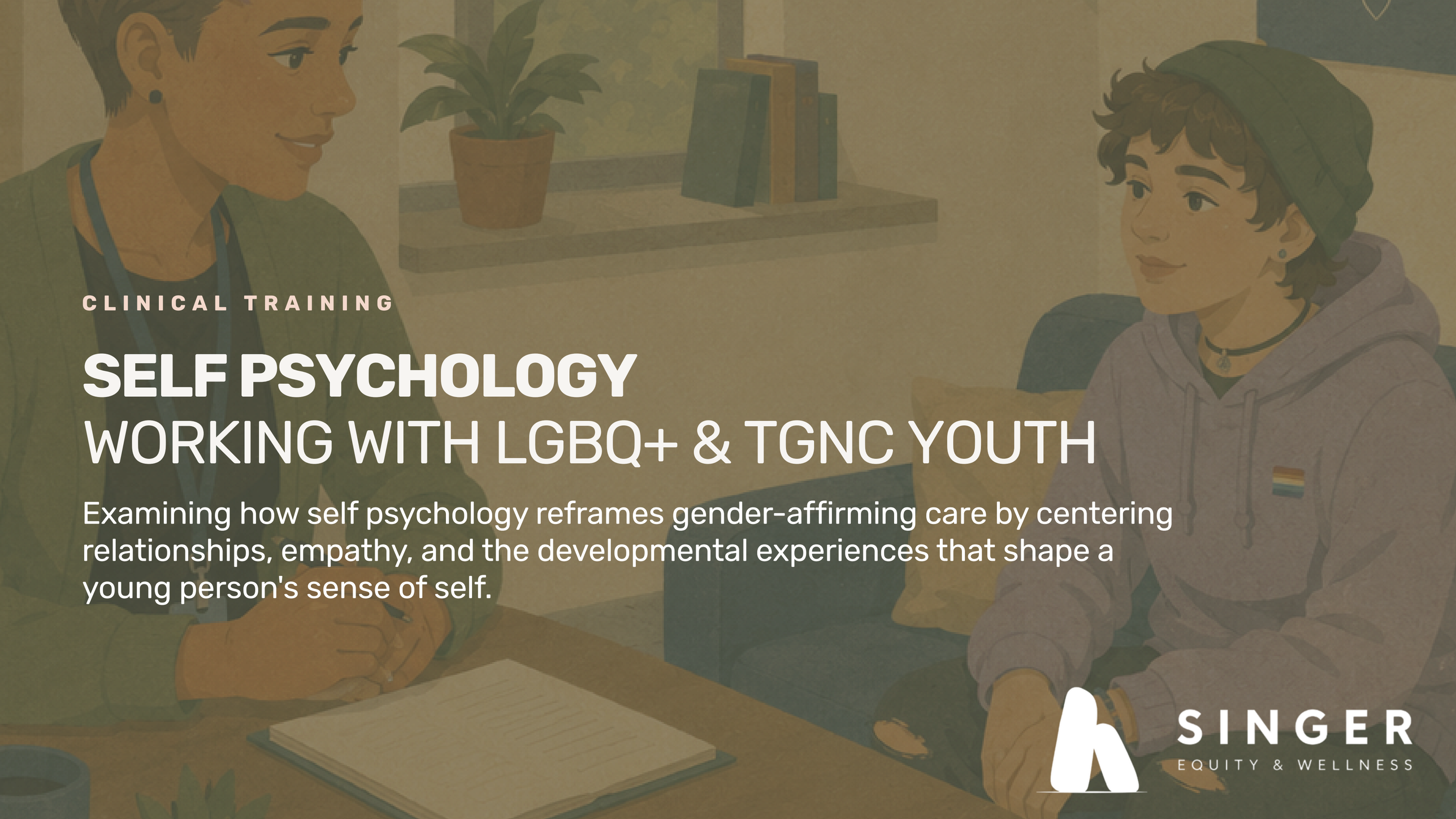


CLINICAL TRAINING

SELF PSYCHOLOGY
WORKING WITH LGBQ+ & TGNC YOUTH

Examining how self psychology reframes gender-affirming care by centering relationships, empathy, and the developmental experiences that shape a young person's sense of self.

SINGER
EQUITY & WELLNESS

01

SECTION ONE

GROUNDING CONCEPTS, THEORIES & LITERATURE

SINGER
EQUITY & WELLNESS

GROUNDING THEORY

SELF PSYCHOLOGY

Self Psychology (Kohut, 1977) posits that people & experiences, called selfobjects, perform important developmental functions that help children form a cohesive sense of self. These include three core selfobject needs:

01 **MIRRORING:** affirmation & validation that helps a person feel seen, valued, & emotionally understood.

02 **TWINSHIP:** experience of sameness & belonging when a person feels they aren't alone in who they are.

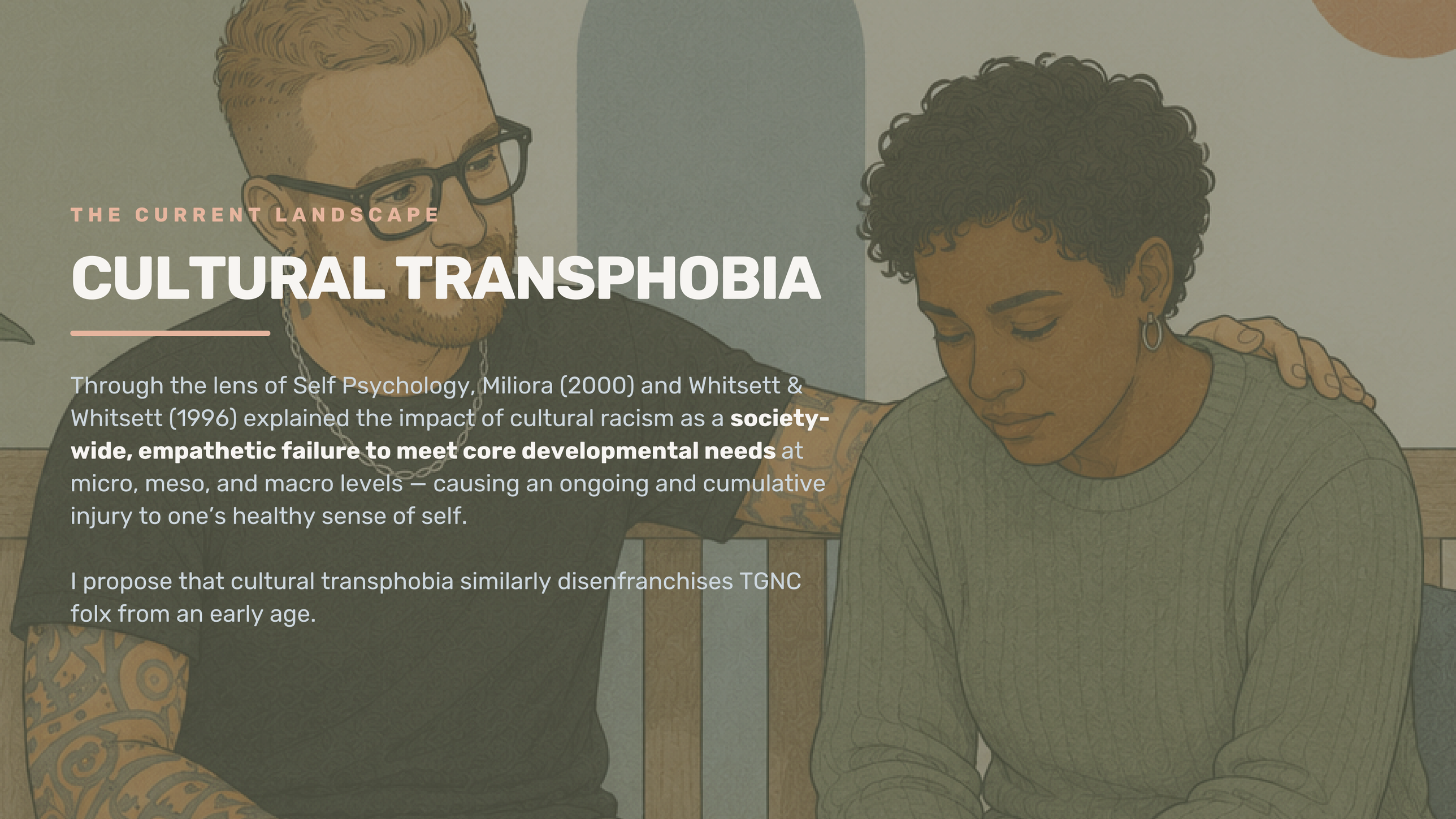
03 **IDEALIZATION:** connecting with someone who is experienced as safe, admired, or aspirational.

GROUNDING THEORY

MINORITY STRESS THEORY (MST)

Minority Stress Theory (Meyer, 2003) conceptualizes stigma and discrimination as chronic stressors that accumulate across social systems across ecological levels.

For TGNC youth, these stressors are both external (harassment, rejection) and internal (internalized transphobia, concealment). Rather than reflecting individual vulnerability, MST locates psychological distress in hostile and invalidating environments.



THE CURRENT LANDSCAPE

CULTURAL TRANSPHOBIA

Through the lens of Self Psychology, Miliora (2000) and Whitsett & Whitsett (1996) explained the impact of cultural racism as a **society-wide, empathetic failure to meet core developmental needs** at micro, meso, and macro levels — causing an ongoing and cumulative injury to one's healthy sense of self.

I propose that cultural transphobia similarly disenfranchises TGNC folx from an early age.

SELF PSYCHOLOGY

THREE CORE NEEDS

People and experiences — called selfobjects — perform developmental functions that help children form a cohesive sense of self.

MIRRORING

Affirmation and validation that helps a young person feel seen, valued, & emotionally understood.

TWINSHIP

Experience of sameness & belonging when a young person feels they are not alone in who they are.

IDEALIZATION

Connecting with someone who is experienced as safe, admired, or aspirational.

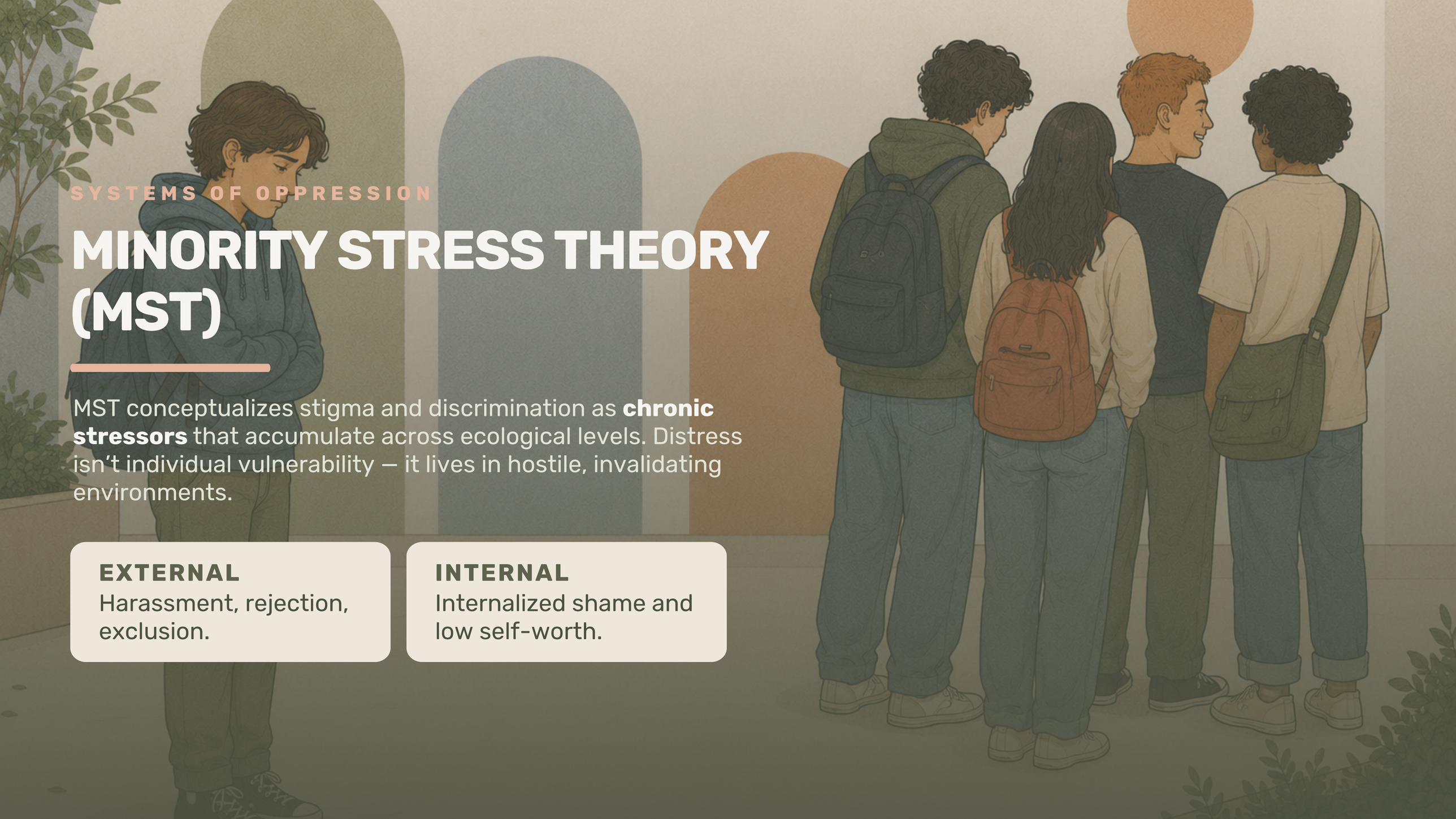
SYSTEMS OF OPPRESSION

MINORITY STRESS THEORY (MST)

MST conceptualizes stigma and discrimination as **chronic stressors** that accumulate across ecological levels. Distress isn't individual vulnerability — it lives in hostile, invalidating environments.

EXTERNAL
Harassment, rejection, exclusion.

INTERNAL
Internalized shame and low self-worth.



SYSTEMS OF CARE

CHOSEN FAMILY & MUTUAL AID

In response to systemic exclusion, TGNC communities have long developed alternative systems of care — where chosen family and mutual aid provide critical emotional and material support.

01 **Chosen family —** intentional, non-biological support systems that provide belonging & care.

02 **Mutual aid —** practices that redistribute resources in the absence of institutional support.

THE RELATIONSHIP

SHARED IDENTITY IN THERAPY

Shared identity within the therapeutic relationship **does not guarantee outcome**, but it can shape how clients experience **recognition, trust, and understanding** — particularly for TGNC youth navigating an uncertain future.

Aymer, 2016; Jayaratne et al., 2002

EXPLAINING EXISTENCE

THE BURDEN

- Justifying identity
- Educating adults
- Anticipating disbelief
- Monitoring safety
- Managing reactions

FEELING UNDERSTOOD

THE SHIFT

- Cultural mirroring
- Identity affirmation
- Relational ease
- Shared worldview
- Future possibility

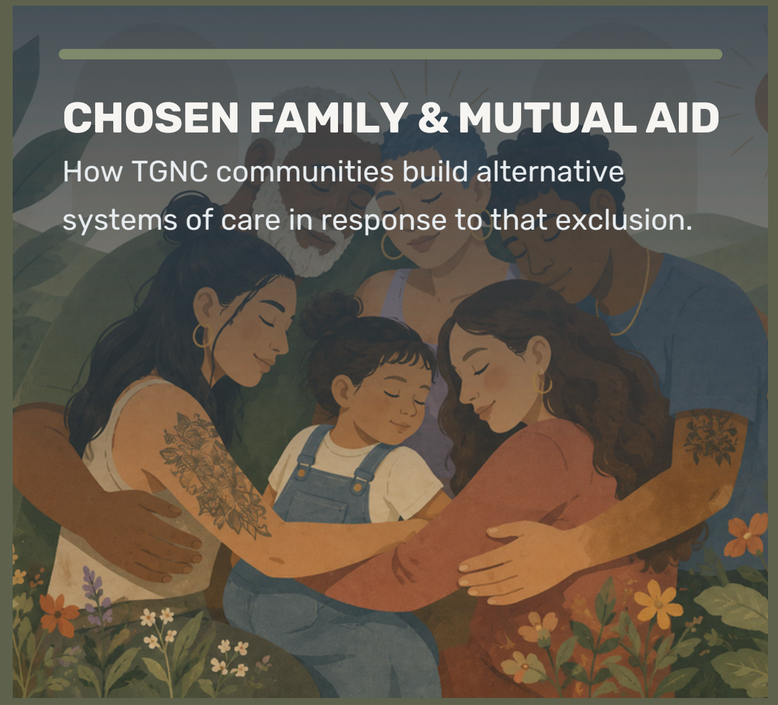
PULLING IT TOGETHER

GROUNDING CONCEPTS

Cultural transphobia situates distress within ongoing experiences of invalidation and exclusion across systems and environments. Chosen family and mutual aid highlight how TGNC communities have historically developed alternative systems of care in response to that exclusion. Shared identity in therapy then helps explain how recognition, affirmation, and relational understanding can shape safety, trust, and the therapeutic relationship itself.

CULTURAL TRANSPHOBIA

Distress situated within ongoing invalidation and exclusion across systems and environments.



CHOSEN FAMILY & MUTUAL AID

How TGNC communities build alternative systems of care in response to that exclusion.

SHARED IDENTITY IN THERAPY

How recognition and affirmation shape safety, trust, and the therapeutic relationship — moving from explaining existence to feeling understood.

HISTORY • 1960

ORIGINAL NASW CODE OF ETHICS

The first NASW code was introduced in **1960 and fit on one page. It included 14 first-person statements, or commitments,** that focused largely on client well-being.

THE 14 COMMITMENTS

01 Improving social conditions

02 Professional responsibility over personal interests

03 Personal responsibility for quality of services

04 Respect for privacy

05 Use information gained responsibly

06 Respect views & actions of colleagues

07 Practice within professional competence

08 Add to the body of knowledge

09 Protect the community from unethical practice

10 Give service in public emergencies

11 Separate individual & professional statements

12 Support professional education

13 Enable workers to adhere to the code

14 Contribute skills & support to welfare programs

THE SHIFT

CODIFYING A “PROFESSIONAL CULTURE”

“To the extent an individual sees disparity between the demands of the professional culture and the demands of the personal culture, a question of choice emerges.

The choice, however, is not one of either/or, but one of degree” *(Jayaratne et al., 2002).*

ORIGINAL		CURRENT
14 BROAD RESPONSIBILITIES	→	150+ DETAILED STANDARDS
ASPIRATIONAL	→	PROCEDURAL
PROFESSION DEFINING	→	PRACTICE REGULATING
RELATIONAL OBLIGATIONS	→	OPERATIONAL GUIDANCE
GENERAL PRINCIPLES	→	ENFORCEABLE STANDARDS

SECTION TWO • CASE STUDY

ETHICAL DILEMMAS IN GENDER-AFFIRMING CARE

One young person, read through the relational-ethics lens — where the framework meets a real clinical life.

02

SINGER
EQUITY & WELLNESS

CASE VIGNETTE • HE/HIM • CONFIDENTIAL

“He struggles through tears to find his words. Shoulders tense. Gaze on the floor. ”

Evan is fifteen — transmasculine, a gay trans boy of Ecuadorian descent, a sophomore at a specialized arts high school in Queens. He arrives with **depression, anxiety, and disordered eating** , all braided into gender dysphoria — from a home that denies who he is.

Pseudonym; identifying details altered to protect confidentiality.

EVAN

CASE • THE CLINICAL PICTURE

WHAT EVAN CARRIES

Four presenting concerns, intertwined, not separate.

THE PRESENTING CONCERN

GENDER DYSPHORIA

sharpened by a home & systems that deny who he is

BRAIDED WITH

- **Depression**
  Pervasive low mood and worthlessness tied to invalidation.
- **Anxiety**
  Hypervigilance to rejection, disbelief, and safety.
- **Disordered eating**
  Intensifying as his chest develops; calorie-counting escalating.

> These are not four problems. They are **one relational injury, expressed four ways.**

CASE • THE FORMULATION

CULTURAL TRANSPHOBIA, AT EVERY LEVEL

Minority stress (Meyer, 2003) across Evan's ecology — a chronic failure of recognition.

MICRO **BODY, FAMILY & HOME**	Identity **denied at home**; dysphoria sharpening as his chest develops.	Core needs for mirroring go unmet.
MESO **SCHOOL & MEDICINE**	Pulled from ED care when the doctor affirmed him; school is both refuge and risk.	Institutions that should protect waver.
MACRO **CULTURE & POLICY**	Cultural transphobia and the **erasure of trans-affirming data and care.**	The surround signals he does not belong.

Cumulative effect: **relational deprivation** — recognition, affirmation, and belonging failing at scale.

THE ARC OF THE WORK

THREE RUPTURES. ONE REPAIR.

RUPTURE 01

DENIED AT HOME

Identity dismissed; his bids for support refused.

RUPTURE 02

HOSPITALIZED, THEN PULLED

Withdrawn from ED care when the doctor affirmed him.

RUPTURE 03

RESTRICTION TIGHTENS

As his chest develops, the calorie counting grows.

THE REPAIR

HE SPEAKS, NOT RESTRICTS

Therapy & school see him distress in words, not food.

CASE • INSIDE THE WORK

WHAT THE WORK ACTUALLY LOOKED LIKE

RECOGNIZE

- Use his name & pronouns without conditions
- Mirror his worth back when home won’t

STABILIZE

- Track weight, mood & restriction as safety data
- Coordinate with his medical providers

PROTECT

- Consult the school counseling team
- Build school into a safe base — without outing him

HOLD THE FRAME

- Refuse to pathologize his identity; keep affirmation unconditional
- Name the system, not Evan, as the problem

Assessment drawn from weekly counseling sessions, school consultation, and clinical supervision.

WHAT THE CASE TEACHES

THE WORK WAS NOT TO FIX EVAN. IT WAS TO RECOGNIZE HIM.

RECOGNITION IS THE INTERVENTION

Affirmation isn't a nicety — it is the treatment.

THE SYSTEM IS THE PATHOLOGY

Cultural transphobia — not Evan.

SCHOOLS: STRESSOR & LIFELINE

Both operate at once for TGNC youth

LET'S PRACTICE

GROUP EXERCISE

01 Where does affirming care end and eating-disorder safety begin — and who gets to decide?

02 When a family blocks affirming treatment, what do you owe the client?

03 How do you make school a lifeline — without outing him?

04 What would repairing relational deprivation look like — beyond symptom reduction?