

BOOK REVIEWS

Transgender Mental Health



By Eric Yarbrough; Washington, DC;
American Psychiatric Association
Publishing; 2018; ISBN 978-1-61537-113-6;
pp 323; \$55 (paperback).

The issues related to transgender and gender non-conforming (TGNC) people, such as their social acceptance and access to health care, have been the center of attention of the media and national politics lately. During the discussion of these issues, it has become obvious how little society and even health and mental health professionals know about gender diversity and transgender people. Eric Yarbrough, MD, decided to fill this void of information by writing a book on transgender mental health and related topics for mental health professionals. Dr. Yarbrough is very familiar with the mental health issues of TGNC people, as he is the Director of Psychiatry at Callen-Lorde Community Health Center in New York City, which focuses on the medical and mental health treatment of lesbian, gay, bisexual, transgender, and queer (LGBTQ)

individuals and has more than 4,000 TGNC-identified patients.

The book is divided into 4 parts: I. General Topics; II. Mental Health-Related Topics; III. Primary Care and Hormone Treatment; and IV. Surgical and Nonsurgical Gender-Affirming Procedures.

The first part (6 chapters) presents issues such as understanding the gender spectrum, historical background, establishing a TGNC-friendly clinic, advocacy, and letter writing for TGNC people attesting to a person's gender identity or readiness for either surgery or taking hormones. The discussion of gender spectrum and terminology emphasizes that gender is on a spectrum and is not a binary concept. Dr. Yarbrough explains that "Many people confuse sexual orientation and gender identity.... Gender identity is the way one views oneself as male, female, or in between. *Sexual orientation* is the sexual attraction someone has toward a gender and/or sex. Just as gender identity is on a spectrum, so is sexual orientation" (p 25). The author also explains the terms *cis* and *cisgender*. As an adjective, *cis* could be used to describe gender identity—in chemistry "the prefix *cis* is used to designate chemical bonds that are located on the same side of a chemical structure, whereas the prefix *trans* designates opposite sides. As an adjective, the term *cis* can be used to describe gender identity.... A person assigned male at birth who identifies as male

would be referred to as a *cis male*; and a person assigned female at birth who identifies as female would be referred to as a *cis female*" (p 24). A *cis male* or *cis female* could be heterosexual, homosexual, bisexual, or pansexual.

The chapter on establishing a TGNC-friendly clinic emphasizes the matter of first contact and the importance of staff being advised about "how to identify the patient's name, potentially different billing name, and pronouns" (p 47). It also discusses issues such as documentation, social services, connections with referrals, and usefulness of group therapy, which provides TGNC people with a lot of social support. The chapter on advocacy emphasizes that "The inability to access competent care is the biggest problem facing the TGNC population, and discrimination and affordability seem to be the two main reasons for TGNC people not being able to access care" (p 61).

The second part consists of 6 chapters that discuss the gender dysphoria diagnosis, gender-affirming mental health, transitions and detransitions, families, plurality, and sexuality. The discussion of the gender dysphoria diagnosis is especially important because there are some people who would like to see this diagnosis removed altogether, while there are many others who would like to see some form of it remain in our diagnostic system. As pointed out, it is important to notice "that the focus of the diagnosis is not the presence of gender variance but the person's reaction to both their physical anatomy and their societal prescribed gender role" (p 95).

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It clearly is an issue to be carefully discussed with the patient.

The chapter on transitions and detransitions focuses first on transition, which can mean social transition from one gender to another and may involve hormones or surgical procedure, and then explains detransition. “Detransitioning typically involves transitioning back to a previously identified gender, although this is not always the case. It may include cessation of hormones, reversal of surgical procedures, name changes, and changes in overall gender identity. Not everyone who detransitions regrets transitioning in the first place, and, like transitioning, the process of deciding to detransition is a very individual and personal choice. Detransitioning in itself does not necessarily imply that mistakes were made, although that is a possibility” (p 130). A bit confusing is the chapter on plurality. Here I will leave a passage for the reader to figure out: “The phenomenon of plurality is unknown to most mental health clinicians. Most professionals know this condition as *dissociative identity disorder* (American Psychiatric Association 2013), although plurality and dissociative identity disorder are not exactly the same. Being plural, or having two or more people existing in one body or space, is just one part of the diagnosis of dissociative identity disorder. Many people who are plural do

not experience distress from the existence of others within themselves” (p 157). The last chapter of the second part touches on interesting areas such as pansexuality, polyamorous relationships, kink, and asexuality.

The third part of the book reviews primary care provided to TGNC people (eg, physical examination and general screenings), transmasculine hormones, and transfeminine hormones. The discussion of hormone administration is solid and detailed. Some puzzling information for me was the fact that intramuscular and parenteral are the most popular administration routes of testosterone. Many physicians would advocate for transdermal administration because the rise is more gradual and does not usually lead to a supraphysiological level as the intramuscular administration does. Another interesting discussion is on spironolactone among the transfeminine hormones—most people do not realize that spironolactone is a testosterone-blocker.

The last part of the book covers transmasculine top surgery (top surgery for a man of trans experience is the removal of breast tissue to provide a flat and traditionally masculine chest), transfeminine top surgery, transmasculine bottom surgery, transfeminine bottom surgery, and other gender-affirming procedures, such as transfeminine facial feminization and feminine

body procedures (abdominoplasty and body contouring, implants, voice therapy, facial masculinization and hair grafting). The surgical procedures are well explained, with pros and cons, and could be used for discussions with patients regarding their transitioning.

A couple of good features included in the book are key points and questions and answers (with explanations) appearing at the end of each chapter.

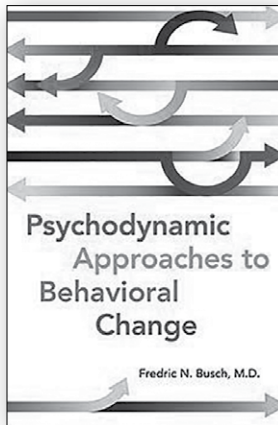
This book is, as the author points out, “aimed at those mental health professionals who want to work with TGNC people but don’t know how” (p 4). It is also “meant to be read from cover to cover. It serves more as a guide book rather than a reference or textbook” (p 7). I believe that the author achieved these goals and actually a little bit more. This text is an easy educational read for anybody who wants to learn about gender diversity and transgender mental health. As Dr. Yarbrough notes, we are starting to see a more global shift regarding gender, gender roles, gender diversity, and transgender mental health. His book definitely helps us to better understand these issues.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

DISCLOSURE: Dr. Balon is a member of the American Psychiatric Association Publishing editorial board.

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Psychodynamic Approaches to Behavioral Change



By Fredric N. Busch; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-130-3; pp 164; \$49 (paperback).

Traditional psychoanalysis has focused on gaining insight and understanding of the patient's behavior and has "avoided emphasizing or targeting behavioral change..., believing such efforts can disrupt or derail effective treatment" (p vii). However, traditional psychoanalysis also has been changing. Some psychoanalysts prescribe medications, or obtain a treatment contract with agreement about such issues as self-destructive behavior—practices virtually unheard of 30 to 40 years ago. In addition, "Other psychotherapeutic schools, such as cognitive-behavioral therapies, have developed approaches to target behavioral change, a factor that has contributed to patients pursuing therapies other than psychoanalytic treatment" (pp vii-viii).

Thus, some psychoanalysts have become interested in newly developing strategies and have made efforts to make changes of behavior "part of the development and employment of a psychodynamic formulation and therapy" (p viii), and to use them to enhance self-understanding and exploring transference. As one of these psychoanalysts and the author of this small volume, Fredric N. Busch, MD, adds that working "on behavioral change can improve the therapeutic alliance as therapist and patient collaborate in making practical changes in the patient's life. There are a variety of ways in which efforts at behavioral change can be integrated with and enhanced by psychodynamic exploration. In most instances, these approaches can become a core part of the process of understanding and identification of the patient's dynamic, conflicts, and self and object representation" (p viii). Focusing on behavioral problems could also be especially useful in short-term psychodynamic interventions. Thus, Dr. Busch wrote this book to address these issues and to "appeal to a broad range of mental health professionals who use a variety of treatment approaches" (p ix).

The book contains 11 brief chapters discussing issues such as understanding behavioral changes in psychoanalytic treatments and psychodynamic understanding of factors that impede these behavioral

changes; identifying and addressing risks in targeting these changes; using psychodynamic techniques in addressing behavioral changes; identifying dynamic contributors to problematic behaviors; identifying alternative behaviors to the ones to be changed; identifying interfering factors in performing alternative behaviors; working with sustaining behavioral changes and the response of others; engaging the patient in addressing specific behavioral problems; and addressing behavioral problems related to adverse developmental experiences and trauma.

The chapters are brief, well-written, and easy to read, including numerous case examples (some of them appearing in various stages in chapters addressing different issues) and small summary tables. As Dr. Busch emphasizes, "Analysts can work with patients to elucidate how developmental events, defenses, fantasies, or predominant self and object representations may be interfering with efforts to change specific behaviors. Helping patients in this way is very different from advising them what to do in particular circumstances. The primary aim is to aid patients in identifying behaviors that may help them to better accomplish their goals and factors that can interfere with making productive behavioral choices" (p 6-7). He also suggests that "...targeting behavioral changes, rather than disrupting the psychoanalytic process, often aids in exploration and in gaining insight..." and also "provides an opportunity to observe what comes to mind in terms of fantasy, affects, and conflicts when envisioning and enacting these

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changes, providing additional intrapsychic information that may not have been obtained if these efforts were not made" (p 10). As noted, many factors (eg, developmental and traumatic events, intrapsychic conflicts, defenses, personality difficulties, and disruptions in mentalization skills) can lead to problematic behaviors and interfere with behavioral changes. In pursuing behavioral changes, it is very important "to identify behavioral alternatives as a potential goal for treatment" (p 61), as "The identification of behavioral alternatives provides a pathway for patients to more directly confront their intrapsychic and interpersonal fears" (p 99).

Identifying and addressing behavioral changes could also have negative effects on the therapeutic process, such as an adverse impact on the therapeutic relationship, and various countertransference factors, such as the therapist's own intrapsychic conflicts, frustration with patient's difficulties making changes, and the therapist taking a paternalistic role. Patients may also rebel and become angry and undermine therapy. Dr. Busch skillfully discusses how to address and avoid these risks.

The chapter on using psychodynamic techniques in addressing behavioral changes includes discussions of free associations,

clarification, and confrontation; interpretation of intrapsychic conflicts, defenses, and transference; development of mentalization skills; working through; and use of countertransference. In the discussion of working with transference, Dr. Busch emphasizes that "The therapist's non-judgmental stance in response to the patient's feelings is crucial in providing a sense of safety for unconscious fantasies to emerge, as patients typically anticipate a negative or perhaps intrusive response" (p 51).

For me personally, the most surprising and interesting aspect of the book is its introduction of the use of homework, a technique usually used in cognitive-behavioral therapy. Dr. Busch suggests keeping a diary! He notes that there are no indications that using diaries inhibits the process of psychodynamic psychotherapy and suggests that diaries can help "access to patient's painful fears and fantasies by more careful monitoring outside of sessions" (p 69). He proposes 3 core homework approaches: a) the patient monitors emotions and contexts of particular symptoms and problematic behaviors in diary form; b) the therapist works with the patient in developing written psychodynamic formulation that can be updated over the course of therapy; and c) "patients can make a written note of

certain potential scripts, what they anticipate the response of others will be, what interferes with enacting these scripts, and what their response and that of others is to actual use of the script" (p 70).

Another interesting item is the inclusion of addressing marital and couple's problems, a source of significant tension at times, which does not get always addressed.

In its focus on addressing behavioral changes, this volume certainly presents quite a novel psychoanalytical approach. Some of the novel approaches and techniques are probably a reflection of today's reality of psychotherapy and pressure in terms of other therapies' real or perceived efficacy. Nevertheless, some suggestions (eg, using homework and diaries) are intuitively on target. Why not engage patients in more work between sessions?

Dr. Busch's (and Dr. Glen O. Gabbard's) writings make psychoanalysis and psychodynamic psychotherapy less mysterious, more understandable, and reflective of modern day clinical practice. Dr. Busch's book is again another highly readable volume that should be attractive for all clinicians interested in psychotherapy of any kind.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

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BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.

Massachusetts General Hospital Psychiatry Update & Board Preparation, Fourth edition. Edited by Theodore A. Stern, John B. Herman, and David H. Rubin; Boston, Massachusetts; MGH Psychiatry Academic Publishing; 2018; ISBN 978-0-9855318-9-8; pp 942; \$89.99 (paperback).

The Inflamed Mind: A Radical New Approach to Depression. By Edward Bullmore; Picador (Macmillan Publishing Group, LLC), New York, New York; 2018; ISBN 9781250318145; pp 240; \$28 (hardcover).

The American Psychiatric Association Publishing Textbook of Neuropsychiatry and Clinical Neurosciences, Sixth Edition. Edited by David B. Arciniegas, Stuart C. Yudofsky, and Robert E. Hales; Washington, DC; American Psychiatric Association Publishing; 2018; ISBN 978-1-58562-487-4; pp 656; \$259 (hardcover).

The American Psychiatric Association Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry, Third Edition. Edited by James L. Levenson; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-136-5; pp 1561; \$225 (hardcover).

Physician Suicide: Cases and Commentaries. By Peter Yellowlees; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-169-3; pp 233; \$52 (paperback).

Positive Psychiatry: A Casebook. Edited by Richard F. Summers and Dilip V. Jeste. Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-139-6; pp 235; \$59 (paperback).

Culture, Heritage, and Diversity in Older Adult Mental Health Care. Edited by Maria D. Llorente and APA Council on Geriatric Psychiatry; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-58562-488-1; pp 291; \$57 (paperback).

Managing the Side Effects of Psychotropic Medications, Second Edition. By Joseph F. Goldberg and Carrie L. Ernst; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-58562-488-1; pp 580; \$75 (paperback).

Family Murder. Pathologies of Love and Hate. Edited by Susan Hatters Friedman and Group for the Advancement of Psychiatry Committee on Psychiatry and the Law; American Psychiatric Association Publishing; Washington, DC; 2019; ISBN 978-0-87318-222-5; pp 177; \$42.50 (paperback).

Attachment Disability. Volume I: The Hidden Cause of Adolescent Dysfunction and Lifelong Underperformance. Including a Plea for Psychiatric Diagnostic Reform. By John Curran; Golden Valley, MN; Bildwell Learning Institute; 2017; ISBN 978-0-9996028-0-5; pp 489; \$39.95 (paperback).