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Working with Trans (including Non-Binary) and Intersex clients for body-workers and complementary and holistic therapists

Why read this?

As a holistic or complementary therapist or body worker, you may already have trans clients and you might be aware of this. Equally, you may have trans clients and not be aware. You may be approached by a trans client in the future. Maybe you want to make sure that your practice is as safe and welcoming to trans people as it can be (I hope so!). Maybe you know that you feel a bit lost and nervous and need some pointers and tips for things to consider. This information should act as a starting point in considering how your clients experience you and the service you provide.



Definitions

Trans or transgender means someone whose sense of their own gender does not match what they were assigned at birth.

Cis or cisgender means someone whose sense of their own gender does match what they were assigned at birth.

Non-binary means people who feel that somehow, they are neither men or women, or feel they are both, or perhaps feel fluid (gender fluid) between different gender identities.

Intersex means people who are born with variations in sex characteristics (hormones, genitals, chromosomes) that do not fit typical definitions of male and female bodies. Intersex children are assigned male or female at birth but may define differently later in life. They may have experienced non-consensual surgery when they were children to make them fit more typically into the gender they are then assigned. Some intersex people identify as trans/non-binary and others do not.

Rather than say 'born a woman' say 'assigned female at birth'.

Rather than say 'female to male' say 'a trans man'.

Remember that the person has not 'changed gender', they were always a man/woman. They are changing their social identity and possibly their body so that they are read correctly as the gender they are.

It is always best not to depend on language used by the media, especially the tabloids, their coverage of trans issues is appalling.



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Transition

This can refer to **social transition**, which is changing names, changing physical presentation/clothing and use of pronouns. People can legally change their names and birth certificates. Coming out and telling people is a large part of social transition.

It can also refer to **medical transition**, which may include hormonal treatment and/or surgery. Not all trans people have any medical intervention at all, some have hormones and not surgery, others have surgery and not hormones, and there are various stages to trans surgery. Don't say 'The Surgery' as if there is just one surgery that makes you 'become' a man or a woman. Having or not having surgery does NOT make someone more or less transgender.



Rather than say 'sex change' say 'transitioned'

Rather than say 'sex change surgery' say 'gender reassignment surgery' or 'gender confirmation surgery'.

Rather than call someone 'pre-op/post op transsexual' say 'the client before/after they had [specific] surgery' (if it is necessary to mention their genitals or surgery).

Gender and sexuality

Trans and cis refer to **gender identity**, which is completely different from **sexuality or sexual orientation**. People often confuse these. Trans people can have any sexual orientation (heterosexual, lesbian, gay, bi, asexual (not experiencing sexual attraction) or queer (which is a very acceptable term to large numbers of people)).

Names

When a client gives you their name/s, make sure you use the name they want you to use. They may give you their birth name because this legally still matches with their medical records or you knew them before they transitioned, but make sure you use the one that matches their experienced gender.

Pronouns

Find out what pronouns (he/she/they) the client prefers. It's great practice in workshops/training when doing introductions for everyone to share their pronoun to avoid anyone making assumptions. You could even use labels with this information

They/them pronoun is commonly used by trans people, in particular people who identify as non-binary. An example of its use;

"I think Beck has popped upstairs to get another blanket. Their client has just arrived. Can you let them know?"



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It takes practice to get used to this. If you make a mistake, simply say the correct pronoun (or name) and move on. Don't create a lot of attention around it or do profuse apologies, just show that you are trying and have respectful intention.

There are lesser known pronouns such as ze and zir, just so that you are aware of these.

Dysphoria/Incongruence

Dysphoria is originally a medical term; gender dysphoria is a diagnosis, so many people prefer to describe their experiences as 'incongruence'. It describes a very strong feeling that something is not right with the body and does not match the person's internal sense of what *should* be there. This can be an intense and distressing experience.

However, trans people experience a wide range of experiences regarding their bodies and not all trans people experience the same dysphoria/incongruence about their bodies/body parts. Don't assume someone hates or rejects a part of their body because they identify as trans.

It is worth mentioned that for some trans people who do not have *physical* dysphoria, they accept their body as it is, and the discomfort is coming more from others/society viewing and treating them as a certain gender based on their body. This is *social dysphoria*. They might therefore choose to wear items of clothing that hide these parts or seek surgery to change their body. It would be helpful if we could separate genitals from gender identity, and work on accepting that 'some men have vaginas' and 'some women have penises' and we obviously have a long way to go with this as a society. But if you have a trans client, you might be confronted with this new idea.



Because a client is potentially vulnerable with us, a bodyworker or therapist is in a position where they could trigger feelings of dysphoria/incongruence if they were to call a client the wrong name, use the wrong pronoun or refer to or touch the person's body or anatomy in a way that doesn't make sense to them. If a client has a strong response to a touch or treatment, bear in mind they might be feeling dysphoric/incongruence and they may feel unable to tell you.

Dysphoria/incongruence is something the client needs to be empowered to work through in their own way, not be told to stay with it by a professional. They will have had a life time of being told to live with these distressing experiences and having their feelings and reality denied. Honour the person's choices.



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Items that support trans people

Binders

As mentioned above, people might wear items of clothing to help them project to the outside world the gender they identify with, and/or to reduce dysphoric feelings and increase comfort. The main ones are compressing binders for people assigned female at birth who have breast tissue, to create a flatter chest.

Binders can create problems for some people, discomfort, restriction of movement and shortness of breath. They are advised not to wear for vigorous exercise or for long periods or to sleep in it. There is a lot of information available to trans people about binders and health.

Packers

People assigned female at birth who wish to feel and appear as more masculine or as a man to the outside world might use a 'packer' which is a small soft prosthetic penis which can sit in the underwear and create the appearance of a bulge in clothing. Some allow the person to 'stand to pee' depending on their design. These in theory can cause skin irritation especially if worn for long periods.

Tucking

People who wish to hide their penis and testicles may 'tuck' them and use tape to create the look of a person without a penis in clothing. There are also swimming costumes and underwear that help to compress and hide these body parts. Depending on the method used and length of time this is done for, there can be skin irritation or discomfort.

Breasts

People who want to create the feeling and impression of having larger breast tissue might wear padded bras/prosthetic breast forms, although trans women, or Non-binary people who take oestrogen develop their own breast tissue.

Facial and body hair

You may be involved with a client because you offer hair removal treatments, so you will be aware of the importance of this to many trans people, and that it is a costly and painful path which not everyone or wants to afford. Don't make assumptions that all trans-feminine people have dysphoria/incongruence about their hair; there are many people who aim to embrace it and still be seen for who they are.

Effects

Be aware of someone who is wearing a binder when you request that they do breathing exercises or take a deep breath; this is very difficult in a tight binder.

These items and practices can be associated with a range of effects on the body, posture and skin, but similar to surgery, remember that people often depend on binders, packers, tucking practices etc. to be able to leave the house and to function at all. They might want to wear the item in your session depending on what the treatment is. Be sensitive about how you handle this.



BODY
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Language

Find out what language the client uses about their own experiences, body and anatomy. Don't make assumptions based on their body shape, appearance, clothing or gender.

Find out from clients what they need in terms of their body being covered. Some trans men for example would feel very uncomfortable if they could see their own chest or hips.

If you are referring to parts we usually associate with being male and female, try to use gender neutral descriptors until you find out what the client is comfortable with. E.g. genitals, the lower part. You are usually with the client, so you can indicate and gesture to an area, and say 'this part here' or 'internally just here'.

If you are lost and don't know what to say, it's best to ask open questions and listen to the client's response.



Dignity, privacy and trans clients

Let clients know ahead of time what the treatment will involve and what state of undressing/touch is involved. Dysphoria can fluctuate from day to day so allow the client to lead you each session. Use of towels/blankets to cover the body is usually taught in a particular pattern for men and women. Check with your client how they want the towels draped and if there are any positions they would feel uncomfortable in.

If you were taught to only do certain movements/techniques on people assigned female, because of issues around sexual arousal, ask the question of WHY and whether you can offer every person regardless of their gender identity or body shape, the same with open-heartedness and willingness.

Consider covering mirrors in your treatment room if they are not needed for the session; some people prefer to choose when they look at their image in a mirror.

Ensure that your client's details are kept private and that they are not 'outed' to others who do not need to know. You should not 'out' a trans client as it might create risk to their safety, or other issues if their family or workplace are not aware.

If you have reception staff, consider letting them know how the client wishes to be referred to.

Masculine and feminine

Some modalities and belief systems refer to masculine and feminine energies so be aware and sensitive around your commentary around this with clients. For a non-binary person this can feel like your approach does not acknowledge their way of experiencing the world. For example, a non-binary person who has a uterus may not resonate at all with ideas such as 'divine feminine', 'womb healing' or with the word 'female' or 'goddess'. Some people who are assigned male at birth may not identify with ideas such as 'divine masculine' or traditional masculine archetypes like 'king' or 'warrior'.



BODY
CURIOUS

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In some New Age belief systems, there are ideas such as 'we all have the masculine and feminine within us', but that this is different from identifying as Non-binary, so be careful about saying anything like this.

Pregnancy/childbirth

Trans people are able to have children in a variety of constellations. There are many trans men who have transitioned and have stopped testosterone in order to have a baby, give birth and breast/chest-feed their children.

Some trans people have become parents before transition so will have had the similar childbirth experiences as any other person who has given birth. They may refer to themselves as 'parent' or 'birthing father' in the case of a trans man who gives birth. Listen to and use the language the person uses. A trans woman who has a biological child may be referred to as 'mother' and some people choose to make up a name for being a parent.

Separating men and women

Separating toilets, changing areas, activities, working methods and work spaces by sex/gender can be difficult and excluding for trans people, particularly those who identify as non-binary. Having to 'choose' which space to enter can be a minefield, or having others object, or even be hostile to them being in the space because of the way they present, their body parts or history can be extremely difficult and shaming. Trans people may avoid your workshop/session due to fears that this might happen.

The suggestion is: when separating spaces, ask yourself **WHY** you are doing it, and make sure you are clear on the reasons. Be willing to gently explain to any attendees that the reason is to help everyone feel more included and welcome.

If you do decide to have separate single gender spaces, consider what you will do if a trans/non-binary person attends your event and make sure your response is inclusive, sensitive and not causing further discomfort for the person. Inviting the person to use whichever space they feel most comfortable can be acceptable, but not ideal. Equally, offering a disabled toilet or a third space can feel isolating and disrespectful.

Best practice is to check what feels most comfortable for the client; some people might prefer a third and separate space and some might feel more comfortable choosing the space which feels most comfortable to them.





BODY
CURIOUS

DISCOVERY • FREEDOM • TRANSFORMATION

How we see trans surgery and hormones

As body workers/complementary practitioners we will have learnt from our various training and disciplines in all likelihood a traditional, binary view of the human body. Many of our disciplines highly value 'nature' and taking non-invasive, non-medical approaches to healthcare. Some of the hormones and surgery that trans including non-binary people seek might seem to be at odds with our values if we have not experienced what it is like to be trans. Remember that nobody enters into these decisions lightly and that these surgeries are life changing and often life-saving (there is a very high rate of mental health issues and suicide amongst trans people, due to stigma and lack of acceptance in society). Bearing this in mind in your advice-giving and commentary about the client's body and health is important.



Visibility

Remember that you might not know that someone is trans/non-binary, you cannot tell by looking at people. You may have a man coming to see you for years and then they 'come out' years later and tell you they were struggling to come to terms that they are a trans woman all of that time. Or, you might see a woman for bodywork and have no idea she transitioned years ago because she is 'non-disclosing' (not sharing with people that she has a trans history).

It is best not to comment on how much someone 'passes' or that you cannot tell someone is trans, or that they look like a 'real man/woman'. It might seem like a compliment but is actually really damaging and reduces people's experiences down to their appearance. All trans people are deserving of respect and appreciation whether they fit society's idea what is attractive and acceptable for a man or woman, or not.

Your own 'stuff'

When we find out someone is trans and has such a different experience from ourselves, it can raise a variety of feelings. Sometimes these feelings come out in a way that is not helpful to trans people who might have just come to you for help with their back problem or asthma. Breathe and centre yourself if you feel excited or nervous! This is more a time for empathic, sensitive listening. Avoid nosy questions, being overly curious or patronising or pitying, don't asking about surgery (unless the information is relevant or openly offered).

Also, be careful about talking about a documentary you saw, or a tabloid story or a trans celebrity, or even your trans neighbour, especially if you are new to trans issues and unsure of the right language to use. Try to centre your client right now and listen openly and empathically, and learn from their experience. If there is something that is completely new to you, make a note to look it up later – the internet is full of amazing information about trans issues and it is much fairer to your client that you don't use them as a learning tool when they are here to relax and heal.



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Marketing in a trans-inclusive way

Also consider your website, social media, publicity, images and language used. Is it speaking to everyone you want to speak to? Perhaps by making minor changes to words used or the images you include, and maybe including a statement about being inclusive, you could put across the message that people might be safe in your hands.

When advertising workshops/events be clear if you are offering a trans inclusive space (for example that trans women are included in a women's workshop), because this will give people the confidence to attend and make it clear to everyone that the space is inclusive, and they are expected to accept trans people as their peers.



By doing this, you also create a more welcoming environment for lesbian, gay, bisexual and queer people as well, who often feel excluded and uncomfortable in mainstream places due to assumptions and ways of doing things that forget our diversity.

If you can, run it past people in the trans communities to make sure you are not missing anything important. Trans people are often asked to do this work for free, so consider offering a free session or workshop space or a consultation fee.

Working with trans community

If you want to work specifically with the trans community, or create a more trans-inclusive practice then gaining enough knowledge and understanding is vital. I recommend this training;

<http://genderedintelligence.co.uk/professionals/training>

<https://hopecounsellingandtraining.wordpress.com/>

I would like to thank Sam Hope and Steve-Jasmine Tomkinson for proof-reading this document for me.

Steve Jasmine offers counselling, specialising in Gender, Sex and Relationship Diversity in Manchester, UK. <http://www.stevejasminecounselling.com/>



BODY
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Making a difference for the future

Once you have a little knowledge and understanding, share this whenever you see that your colleagues and training schools and event organisers could do better. Share this document, point them to relevant websites and information and gently let people know that there are other ways of doing things that make things easier and more comfortable for everyone.

As your knowledge expands, start to appreciate how much diversity there is and always be open to learning. In particular, remember that trans people also have other identities and experiences as well as being trans, such as also being a person of colour, having a disability, being from a particular class background or neuro-diversity (e.g. Autism). There are many different ways that people experience being trans.



For further information or questions or comments, or to enquire about sessions, please contact Beck Thom on bodycurious.midlands@gmail.com or visit website www.body-curious-sexcoach.co.uk

"Before my first massage I was worried about how my chest would be draped. I didn't want to be made to feel it was something that had to be hidden, in a way that wouldn't usually happen to men, but dysphoria and previous experiences also made me nervous of having it seen. She seemed to understand this completely and the way she spoke, never misgendering or making assumptions about me, gave me confidence. She checked in with me often and by the time my chest was uncovered it felt completely natural. Having my chest seen and touched in such a non-judgemental, matter of fact way has reminded me it's just another body part and not something that defines how people see me. Realising this has had a massive impact on my confidence since and left me much more open to exploring touch in other ways."

Trans man, Scotland.