

Book Review

Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and their Families, Arlene Istar Lev. Binghamton: Haworth Press, 2004, 467 pages, \$69.95 (hardback), \$39.95 (paperback).

For many psychologists and therapists, the knowledge and skills for working competently with transgender clients is not collected as part of their initial clinical “toolbox.” Although a few clinicians may set out early in their training to work specifically with transgender individuals, most clinicians have taken a more circuitous route to this work. Familiarity with, or specialization in gay and lesbian issues, sexuality and sexual disorders, and trauma often can lead to referrals with transgender clients. Most clinicians, even when well trained in the aforementioned areas, are often ill prepared to handle the unique needs of transgender individuals. Good intentions are not sufficient, yet when seeking out the literature, one may find it too fragmented and theoretical to be clinically useful. Additionally, advanced training on transgender issues has not been offered widely outside of large metropolitan areas.

Arlene Istar Lev’s book *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and their Families* is a major accomplishment as a comprehensive text directed toward therapists that covers a vast body of pertinent, theoretical, and clinical literature on transgender issues. Although Lev’s emphasis on postmodern theory and deconstruction of gender, sexual orientation, and diagnostic categories may make neophytes to transgender concerns somewhat trepidatious, Lev meticulously defines her terminology and conscientiously outlines germane history and debates to provide context for consideration of clinical issues. Lev also addresses throughout the book and devotes one chapter to intersex individuals. At times, Lev seems to be trying to attend to the complex needs of both transgender and intersex individuals. However, the book best serves as a primer for intersex concerns. On the other hand, Lev has created what will undoubtedly become seen as a “clinical bible” for therapists in search of guidance for working with transgender individuals.

The clinical merits of this book are evident throughout. From specific guidelines for psychosocial assessment in medical referrals and therapeutic treatment for individuals with intersex conditions to an example letter of recommendation for hormones, this text will provide practical clinician support. Lev also tackles issues that are less frequently addressed in the transgender literature, such as treatment for families of transgender individuals

and for gender-variant children and adolescents. With regard to families, Lev provides helpful clinical examples of intimate partner relationships and the great variety of outcomes they may experience when one partner discloses a transgender identity and/or begins the process of gender transitioning. Lev's postmodern lens exposes the fluidity that many relationships are able to experience, providing stark contrast to early thinking in which the expectation would be that a relationship would dissolve as part of undergoing sex reassignment surgery. With regard to children and adolescents, Lev provides needed guidance to therapists trying to offer families clinical alternatives to "fixing" gender-variant children when parental fear and social stigma predominate.

Although Lev has much to offer direct service providers, one need not be a clinician to appreciate this book. In fact, for academics that teach psychology of sexual diversity or clinical psychology courses, Lev provides in depth examinations of key theoretical debates on gender, sexual orientation, and diagnosis. In particular, Lev does a admirable job reviewing dualist assumptions of biological sex and gender, and their contribution to our understanding of conventional notions of sexual orientation and sexual identity that render invisible transgender, bisexual, intersex, and other individuals who do not neatly fit into binary categories. Lev not only deconstructs these categories, but also provides useful conceptualizations that further understanding in this area.

Similarly, the Diagnostic and Statistical Manual (DSM) classification system has been critiqued in the past for its problematic categories (Carson, 1996). Yet, I found her analyses of the problems in paraphilias (particularly transvestic fetishism), adult gender identity disorder, and child gender identity disorder not only to be clinically informative, but also useful to the theoretical debates about the utility of the DSM. For example, Lev describes how in the current edition of the DSM, for a diagnosis of transvestic fetishism one must be a heterosexual male who has sexual fantasies, urges, or behaviors about cross-dressing that causes significant distress. Lev questions these criteria on a number of levels. For example, if cross-dressing for heterosexual men is stigmatizing in a culture, it might regularly cause distress and dysfunction in occupational, social, and other areas of functioning. However, distress and dysfunction caused by external conditions alone does not and should not constitute mental illness. In fact, this line of reasoning is in part why homosexuality was removed from the DSM. Furthermore, if a person cannot be diagnosed with this disorder if one is a female or a gay male, does this make it normal or healthy for these individuals to erotically cross-dress? Utilizing these and similar criticisms, Lev concludes that transvestic fetishism "is a sexual behavior, variant perhaps, but merely an erotic sexual inclination, one that causes no inherent harm" (p. 171) and argues for its removal from the DSM.

Ultimately, the strength of Lev's book is its inclusivity—of the theoretical and the clinical, of the essential and postmodern, of adults and children, and of men, women, both, and neither. Yet, the book's minor weakness . . . in some notable exclusions. First, issues of race/ethnicity are under-developed in the book. Although Lev mentions multiple times throughout the book the need to consider diversity issues in the context of other clinical issues, this alone does not adequately address the clinical needs of transgender people of color. Second, the absence of HIV information in the book was surprising. Given the particularly high rate of HIV in the male to female transgender population, especially in people of color, it would seem essential that a therapist using a comprehensive book on transgender issues be able to find information on this topic and its potential clinical ramifications (e.g., partner notification). These exclusions, although of note, do not diminish the magnitude of Lev's contribution to the transgender and psychology of sexual diversity literature.

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REFERENCE

Carson, R. C. (1996). Aristotle, Galileo, and the DSM taxonomy: The case of schizophrenia. *Journal of Consulting and Clinical Psychology, 64*, 1133–1139.