Gender as Trauma: a somatic perspective

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Gender can be triggering in many ways

Context: ‘cloud’ of trauma (intergenerational, historical, cultural, social)

Importance of supporting nervous system regulation

Somatic approach:
- Grounding
- Orienting
- Going slowly
Gender in dominant culture now
A brief note about language

**Trans** = across from

**Cis** = on the same side as

**Nonbinary** = a vast landscape of identities that are not exclusively, or at all, masculine or feminine.
Gender essentialism

\[
\text{VULVA/VAGINA} = \text{woman} \\
\text{Penis} = \text{man}
\]
Gender essentialism and compulsive heteronormativity
So, what is gender?

Gender is a large biopsychosocial construct, which includes aspects of identity, expression, role and experience.
Gender is biopsychosocial
Gender as a landscape
So... how did we get here?

The gender binary as part of the ongoing settler-colonial project
Reflection moment

Think back to what you learned about history as you were growing up. How was gender depicted in textbooks and narratives used to teach such history? Was your learning as a child challenged by information you acquired later as an adult? If so, how? What was the new information you acquired? How does what you learned still impact the way you look at gender now, both within yourself and in others?
Gender diversity and creativity have always existed
Gender expansiveness has never stopped existing all over the globe
Some underpinnings

Our current understanding of gender is deeply impacted by settler colonial practices, since gender itself seemed to historically be, in many Indigenous cultures, a concept more connected with identity, expression and role rather than “biology”.

Controlling bodies, gender, relationships, language, culture and spirituality is an essential element of settler colonial states.

A rigid gender binary is part of historical, cultural and social trauma and it intersects with other aspects of identities and experiences.
Impact of historical trauma

Historical trauma can manifest as:

- higher rates of depression
- anxiety
- substance use
- alcoholism
- suicide
- intimate partner violence and abuse.
Gender and intersectionality
Some examples of gendered trauma

Indigenous women, girls and Two-Spirit people are more likely to be murdered, including dying in police custody and due to police brutality, or go missing. Those cases are under-reported and media often uses victim-blaming language.

Trans and/or nonbinary people are ten times more likely than the general population to struggle with suicidality and are at higher risk of dying by suicide.

Black women are 2-6 times more likely to die of complications from childbirth, regardless of education or income.

Islamophobia greatly contributes to global violence towards Muslim people or people perceived to be Muslim. Muslim women are more likely to be harassed or attacked for wearing visible signs of their cultural and/or religious affiliation such as a hijab.

Toxic masculinity leads to poorer health for men. For example, research has shown us that men are often less likely to seek and access healthcare, even when needed. Boys, especially if Black, are also at higher risk of encountering violence at a younger age.
Breathe
Healing as a mirrored room
Cisgenderism

- Ideology (system of meaning reflected in thought and practice). It focuses on function (policing the gender binary) and not emotion (such as disgust or fear). It’s about systems, not individuals.

- Delegitimizes people’s own designations of their genders and bodyminds.

- Treats a particular alignment between gender identity and gender assigned at birth as ‘natural’, ‘healthy’, ‘the norm’, and as such ‘superior’
Manifestations of cisgenderism

Using the wrong pronouns and/or names for clients and/or colleagues (misgendering)

Assuming a binary identity for clients and/or colleagues

People’s own understanding of their bodies and/or genders treated as invalid
  • E.g., a therapist assumes that a woman who is intersex has a non-binary gender
  • (Ansara & Hegarty, 2012)

Constructing people whose genders or bodyminds are delegitimized as ‘marked categories’ or ‘effects to be explained’. (Blumer & Ansara, 2012)

Treating people’s identities as ‘disordered’.
  • E.g., a girl who was assigned male at birth is diagnosed with gender dysphoria as a mental health issue
  • (Ansara et al., 2012, Namaste, 2000)
Dissociation, shame and blame
Approaching providers

“Cloud” of trauma
History of being pathologized
Stereotype threat
Micro and macro aggressions

Useful somatic techniques:
Orienting
Settling
Grounding
Paying attention to attunement
Titrating
What’s in our toolbox?

- Understanding cisgenderism as a form of inescapable attack.
- Supporting clients to orient towards relative safety.
- Challenging the overcoupling inherent in cisgenderist ideology, as well as the undercoupling of benevolent liberalism.
- Nurturing ventral vagal connection and understanding the impact of rupture.
- Understanding and supporting coherence for ourselves and our clients.
Gender rewilding practices for everyone

- Changing our language but also our mental frameworks (neurodecolonization) as providers.
- Holding the paradox of recognizing the roots of gender oppression without forgetting the differences, especially at a systemic level. We cannot separate gender from race and culture and other ways of categorizing bodyminds.
- Questioning what seems to be ‘natural’ when it comes to gender and asking ourselves where our beliefs, knowledge and theories stem from. Gently inviting our clients to do the same.
- Noticing and naming connections between micro and macro levels.
- Viewing healing from gender trauma not just as an individual but rather as a collective endeavor, recognizing how our individual nervous system responses are connected to the collective soma experiences (drawing on the wisdom of ancestors and using somatic and creative approaches to healing).
- Understanding that gender liberation is an essential component of our collective liberation.
CONTACT DETAILS

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