

Lift + Love

UNDERSTANDING
GENDER
DYSPHORIA

”WORKING WITH HUNDREDS
OF TRANS AND NONBINARY
PEOPLE WHO ARE HAPPY
AND COMFORTABLE IN
THEIR BODIES POST-
SURGERY HAS HELPED ME
SEE THE FACES BEHIND THE
MULTITUDE OF RESEARCH”

- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC



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UNDERSTANDING
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DYSPHORIA

“OF COURSE THERE WILL BE PEOPLE WHO PURSUE THIS TO FIGURE THINGS OUT RATHER THAN ACTUALLY NEEDING IT. MENTAL HEALTH PROFESSIONALS TAKE THE ROLE OF SCREENING FOR THIS SO THAT PEOPLE WHO DO NOT REALLY EXPERIENCE GENDER DYSPHORIA DO NOT RECEIVE UNNECESSARY TREATMENT”

- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC



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“ SUICIDAL IDEATION IS A
CONSTANT PROBLEM FOR PEOPLE
WHO DO NOT ALIGN WITH THEIR
BODIES IN A SEVERE AND CHRONIC
WAY. SIXTY PERCENT OF TRANS
PEOPLE HAVE ATTEMPTED SUICIDE
(WITHOUT TREATMENT), AND POST
SURGERY, ONLY 3% REPORT
SUICIDAL IDEATION ”

- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC



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**“ CORNELL UNIVERSITY
REVIEWED OVER 50 STUDIES
AND CONCLUDED THAT
TRANSITIONING PRODUCES
THE BEST MENTAL HEALTH ”**

**- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC**



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”MANY PEOPLE CONFLATE BODY DYSMORPHIA WITH GENDER DYSPHORIA BECAUSE THEY SEEM SIMILAR -- THE CLIENT IS SEEING SOMETHING THAT DOESN'T SEEM TO BE THERE TO OTHER PEOPLE. WHEN SOMEONE WITH BODY DYSMORPHIA BELIEVES THEY ARE TOO FAT, FOR EXAMPLE, IT IS NOT EVIDENCE-BASED TREATMENT TO AGREE WITH THEM AND HELP THEM LOSE ADDITIONAL WEIGHT. THAT CAN ACTUALLY BE LIFE-THREATENING”

- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC



UNDERSTANDING GENDER DYSPHORIA

” WHAT MATTERS TO THE CLIENT - WHAT THE CLIENT WANTS TO EXPLORE ABOUT THEIR GENDER, AND ABOUT THEIR BODY - AND JOINING IN THAT DISCUSSION (WITHOUT LEADING IT) IS WHAT SEEMS TO PRODUCE THE BEST OUTCOMES. DOES THE CLIENT WANT TO BECOME MORE COMFORTABLE IN THEIR BODY? DOES THE CLIENT WANT TO DISCUSS THEIR AVERSION TO THEIR BODY? DO THEY WANT TO DISCUSS EXPERIENCES WITH THEIR BODY? GENDER CONCERNS ABOUT THE PAST? THE FUTURE? MISTAKENLY DECIDING THEY NEED TO BECOME MORE ALIGNED WITH THEIR BODY DOES NOT SEEM TO PRODUCE THE BEST OUTCOMES FOR THE CLIENT'S LONG-TERM IDENTITY (OR FOR A GOOD RELATIONSHIP WITH THE CLIENT)”

- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC



UNDERSTANDING GENDER DYSPHORIA

” WHEN THE COMPLEX INTERACTION OF BIOLOGICAL, HORMONAL, BRAIN STRUCTURE, CHROMOSOMAL, EPIGENETIC, AND SOCIAL FACTORS INSIDE A PERSON GENERATE SEVERE DISCOMFORT WITH THEIR BODY IN ITS GENDER PRESENTATION, EVIDENCE-BASED TREATMENT (WITH A GREAT DEAL OF STRONG RESEARCH) INDICATES THAT -- IF THE CLIENT IS LOOKING FOR GENDER IDENTITY EXPLORATION AND/OR SUPPORT -- HELPING THE CLIENT WITH GENDER IDENTITY AND SUPPORT IS WHAT PRODUCES THE BEST MENTAL HEALTH OUTCOMES, PHYSICAL HEALTH OUTCOMES, BEHAVIORAL OUTCOMES, AND ACADEMIC OUTCOMES. THAT IS EVIDENCE-BASED TREATMENT. IT ISN'T OUR JOB TO RECOMMEND HORMONES OR SURGERY, BUT TO HELP A CLIENT EXPLORE THEIR OWN EXPERIENCE (PAST, PRESENT, AND FUTURE) TO SEE WHAT WILL BEST HELP THEM TO THRIVE IN THEIR LIFE ”

- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC



UNDERSTANDING GENDER DYSPHORIA

“RETROSPECTIVE RESEARCH SHOWS THAT ADULTS (WHO WANTED AND) WHO HAD ACCESS TO GENDER-AFFIRMING MEDICAL CARE AS YOUNG TEENS DO BETTER AS ADULTS ON ALL MEASURES THAN ADULTS WHO HAD ACCESS TO GENDER-AFFIRMING MEDICAL CARE AS OLDER TEENS, AND THESE DO BETTER THAN THOSE WHO DID NOT GET GENDER-AFFIRMING MEDICAL CARE UNTIL THEY WERE 18, WHO WERE THE WORST OFF ON ALL MEASURES”

- DR LISA HANSEN, PHD, LMFT,
FOUNDER & DIRECTOR OF
FLOURISH THERAPY, INC

