Self & Gender Identity

Since Gender Identity is a recognition of an identity of self, the transgender experience is rooted in the belief and the desire that in order to experience a fulfilled self, the individual must change their outward expression of gender identity and/or their bodies to achieve congruence with their inner sense of self. It is this inner sense of self and what it means that is often a focus of the Psychotherapy process at some stage.

Perls, Hefferline & Goodman formed the basis for Gestalt Psychotherapy and the Gestalt theory of self. They saw self as something only to be experienced in contact with another. Put another way, self experienced in relation.

Since self begins in the womb and in childhood, it is appropriate to look at some basic Child Development I want to reiterate my belief that, despite evidence supporting causes in Psychobiology and neuroscience and the Brainsex theory, looking for pathological causes of cross gender behaviour is likely to be unrewarding as it doesn't offer a 'cure' to the individual. There is much written about neuroscience and the difference between male and female brains but not enough exploration into behavioural or neurotic formations has been made in the context of Gender Dysphoria.

The varying ages at which individuals come to an understanding or clarity about their gender identity and a belief that they may be happier if they change both their gender roles and bodies, would indicate that the neurobiology may not always be the cause of such beliefs. In short, experiences that interrupt or impact on an individual's development and sense of self may be far more important than many believe.

Melanie Klein focussed on the inner world of the infant in relation to its prime carers particularly the mother. Klein recognised various developmental positions. Her proposition was that the infant cannot recognise both good and bad in a single object (1935). The infant then splits into a paranoid/schizoid position before later being able to take in the Mother as a whole and recognise both good and bad qualities. Klein identified and named what she called Projective and Introjective identification as a means for describing unconscious communication of internal objects. Thus the disliked or unhealthy part will be projected on to another. It is also possible for a healthy part to be projected on to another in order to protect it.

So what is the self and how does the 'self' exist? Earlier I outlined my belief that Gender role is an expression of gender identity. Goodman expressed the view that the self is relational, that the self only exists in relation to another. (Perls, Hefferline and Goodman, 1951) In Gestalt terms this is a 'self' experienced at the contact boundary. This would beg the question "What if an individual were only to live in isolation, on a desert island with no contact with another?" Does a relationship with the environment constitute 'another'? What about a "Core self"? The existential notion where Plato regarded the self as an "Essence" with a separate existence to the physical. Some argue that all the various notions of self, do nothing to recognise a core or primal self which exists beyond the body.

Theories of self rarely discuss gender identity as an expression of the self. Is it perhaps because gender identity is about the vehicle in which a self ,travels through life? My own belief is of a core or spiritual self which transcends gender and I thus believe gender identity

to be about the self as an experienced, presenting self at the contact boundary. A bodily self, having a gender identity which fits the relational self. The relational self is then expressed through Gender Role which I discuss in the Social Construct section of my research outcomes.

The theory of self is further discussed by Peter Phillipson in his work entitled "self in relation "(2001) Phillipson describes habitual interruption to contact as being caused by habitual egotisim. He goes on to say that the reconnection of self is best established by reconnecting to the here and now experience starting with the therapeutic relationship. I find this definition of self to be extremely helpful when looking at gender identity and gender expression. One could argue that if one were to only experience oneself in isolation that we would have no need for a gender expression. This sounds simple enough but how do we then balance that core inner self as described in the spiritual dimension for those of us who may believe in an afterlife and a spiritual life?

Consequently, I think this position is helpful and indeed, presents an opportunity for the therapeutic relationship to be helpful in healing but, it is maybe too simplistic when looking at once felt sense of gender identity.

The idea of self becoming formed in relation and the argument was furthered by Kohut in 'The Restoration of the self' and other works (2009) and then in 'Intersubjective context" with Atwood & Stolorow (1984). David Scharf discusses both the internal and the relational aspects of Self. In 'Refinding the Objective and Reclaiming the Self' he describes the therapeutic process from a psychoanalytic perspective in healing self. It recognises the relationship but also seeks to highlight the interdependence of self and object. (1992)

Attunment & Attachment

Attachment theory

"All of us, from the cradle to the grave, are happiest when life is organised as a series of excursions, long or short, from the secure base provided by our attachment figures." (John Bowlby, 1969, p. 62) Whilst most psychological approaches recognise the importance of the parental influence over the child. Attachment theorists such as Bowlby and others place great store by the parent child relationship.

We have already seen Winnicott and Klein are credited with developing Object Relations theory and moving the theory on from Freud's psychoanalytic view of relations theory. Freud saw relations with the Mother as paramount and with the breast as particularly significant. What is without doubt significant is the belief that our earliest contact with others (objects) generates unconscious representations of self which are then stored too be brought up when they are triggered by events and relationships.

The Object relations view of experience as seen by Klein and others is that the child begins to form an experience of self as it develops relationships with others but Daniel Stern recognised the definitive forming of self as *"The first relationship" (2009) then* in "*The Interpersonal World of the Infant"* shares his belief that attunement provides the foundation for the emerging sense of self of the infant

"Tracking and attuning permit one human to be with another in the sense of sharing likely inner experience on an almost continuous basis." (Stern, 1985)

This is all very well but treating Transgender children presents another challenge. Kennedy & Hellen (2010) Discussed social implications and the importance of seeing Transgendered children as more than just a theoretical challenge. This is important because for many clinicians treating transgender children is a hot potato and held at arms length. An exception was the publication of "treating transgender children and adults: an interdisciplinary approach" edited by Drechsler and Byne (2014) which discussed alternative approaches to working with transgender children with various authors. Dreschler & Byne conclude there should be a multi-isciplinary approach. This in essence is a view I share but the question of 'How' will be addressed in my research

The Dutch have been leaders in the treatment of Trans Youth, In their view treatment "Starts with a thorough assessment of any vulnerable aspects of the youths functioning or circumstances and, when necessary, appropriate intervention" (De Vries and Cohen-Kettenis, 2012)

A survey using the Gender Identity assessment Utrecht Dysphoria Scale concluded that "Most children with gender dysphoria will not remain gender dysphoric after puberty. Children with persistent GID are characterized by more extreme gender dysphoria in childhood than children with desisting gender dysphoria. With regard to sexual orientation, the most likely outcome of childhood GID is homosexuality or bisexuality." (Wallien and Cohen-Kettenis, 2008). This argument is often used but whilst it is true that a number of children will choose to remain in their gender assigned at birth, more on the exact evidence is need to form a view.

Following on from this Saketopoulou in a paper entitled "Mourning the Body as Bedrock Developmental Considerations in Treating Transsexual Patients Analytically" stated,

"I share this clinical story of having watched Jenny waver on the precipice of psychotic dysregulation because I want to underscore that when we fail to see that pathology follows from mismanagement of body dysphoria, we can iatrogenically fence trans patients *into* the psychotic mechanisms that some of them may resort to in order to manage unbearable affect." (Saketopoulou, 2014)

This would add further weight to the argument against a wait and see approach or one that assumes the child will self regulate and heal but it also highlights the possibility of prolonged dysphoria causing psychosis to manage it.