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Gender Identities beyond the Binary Tradition

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Vive la difference!
(A typicaly French comment about our anatomies)

Nationality, age, political views, marital status, education, financial conditions, religion, race, and position in the family are only some of the many markers of one's identity. But, above and beyond all of them, most people would consider the primary source of their identity to be their *gender*. This relates to how we perceive and express ourselves, and what terms we use to describe ourselves to others. In the majority of cases this means perceiving, expressing and describing oneself as either male or female, consistently with the sex attributed to one at birth.

However, a growing number of people, especially among the younger generations, choose to depart from that tradition; those 'whose gender expression does not conform to conventional ideas of male and female' (Stonewall 2017) consider themselves as transgender. Some of them (often described as transsexuals) will decide to adopt the opposite gender than the one attributed to them at birth, their new identity still falling within binary parameters. Some will view transsexuals as suffering from a medical or mental health condition, while others will think of them as having made a creative, adaptive existential choice.

Less radical gender-nonconformist individuals may feel they belong to both genders, or belong to neither, or belong somewhere between the two; in other words, they challenge the binary assumptions that one can only be either a male or a female and may describe themselves as having a non-binary gender identity. Many traditional external signifiers of gender identity - such as hair-styles, items of clothing, tattoos, jewellery, makeup - have in the course of the past few decades been losing much of their meaning as they can now be worn indifferently by anybody, thus facilitating the display of an androgynous identity. An often conflictual process for trans people is that of coming out: to themselves first, and then to family, friends and in the workplace. 'Revealing one's transgenderism can be one of the most difficult parts of a trans person's journey', but it can also be 'one of the proudest and most satisfying' (Teich 2012, p. 29). When and how that is negotiated, and how successfully, varies a lot, also depending on the age when the decision to transition is being made. An element of this process is the emotionally-charged step of changing, perhaps also on official documents such as birth certificates and passports, one's first name to the one associated with the adopted gender, or to a gender-neutral one such as, in English, Alex or Jo. Incidentally, it should be clear that what is under discussion here is not people's sexual orientation – their heterosexual, homosexual or bisexual preferences – but the separate, if not of course unrelated, concept of gender identity.

Gender identities, with their accompanying new terms - transgenderism, gender fluidity, gender dysphoria - allow then for a large spectrum of experiences and activities: from total acceptance of the gender assigned at birth, to the wish to belong to the opposite one; from minor forms of cross-dressing (one of my patients, a gay man in his fifties, limited his transgressive fantasies to secretly painting his toenails bright red!) to the more extreme dealing with gender dysphoria by sex reassignment surgery and lifelong hormonal therapy – with a variety of alternative options in between.

Increasing challenges to the conventional binary assumption is resulting, at least in many Western countries, in more and more people choosing to replace their gender identity as attributed at birth with something they refer to as gender fluidity; they refuse to fall into rigid categories and claim their right to question them, in their thinking about themselves, in their practical day-to-day existence, and even in their language: a patient of mine decided to separate after twelve years of marriage, the trigger being his wife's demand that, from then on, he should only refer to her as 'they' and 'them' – pronouns considered to refer to a plurality of genders, or rather to no specific gender at all. We should however also point out that the concept of fluidity does not just refer to those who refuse to comply with the binary model of gender identity, but has also been often applied over many years now to, for example, lesbian women who represent themselves in ways traditionally thought of as male.

Ancient Manichaean religion which broke everything down into good and evil, Descartes' philosophy opposing mind and body, and common language itself, regularly contrasting hot and cold, rich and poor, black and white, right and wrong, seem to have conditioned us to think in binary terms: hence, to also adjust to the binomial male/female without properly questioning its truth. It is argued that what is traditionally viewed as the normal distinction between male and female identities does not represent the full reality of it as we have to question the validity of the generalized statement that human beings can only be either males or females. Such refusal involves the dissociation of gender identity from the duality of genital anatomy.[1]

The challenge to one's identity as being related to the body one is born with can happen for a variety of reasons. Just to mention a few, they can include a visceral dislike of one's physical appearance (dysmorphia of one's genital organs in particular); an intense, passionate identification with the body and mind of the parent or a sibling (perhaps a twin) of the opposite sex; or, at the other end of the spectrum, the absence of positive gendered models of identification: a boy from a dysfunctional family may then want to become a girl because significant men in his environment are all violent, abusers, or alcoholics and he needs to radically dissociate himself from them.

[1] We are excluding from these observations the real if infrequent cases of physical hermaphroditism - those 'intersex 'babies born with both male and female genitals.

More generally, the main motivating factor for many experiencing gender dysphoria is a belief, sometimes held since childhood, that they are trapped inside the wrong body: that their female self is a prisoner of their male body, or the other way around; in other words that one's body is the 'wrong' container of one's self, until such body is allowed to change in order to fit, as closely as possible, to the new identity.

In the last several years there has been a major increase in the numbers of young people feeling unhappy about the gender assigned to them at birth and wanting to change to different one(s). Besides, while in the past it was mostly biological males seeking transition to female, now the large majority are females seeking transition to male [2]. The causes of such sudden increases of, and changes to, this phenomenon require some explanation: David Bell (2022) believes that it is 'reasonable to assume that poorly understood social and cultural factors must be a major determinant of these changes'. Lisa Marchiano (2019), comparing this new situation to the explosion (and short life) of the diagnosis of hysteria in the late Nineteenth century, suggests that gender dysphoria has recently become, at least in our Western culture, so much more popular (fashionable?) for having entered what Shorter (1993) had described as a 'symptom pool': for having become one of those presentations available to members of a given culture as a legitimate and consensually sanctioned way of expressing psychological distress.

The case of Samantha is probably not an unusual one. Assigned female gender identity at birth, as a young child she liked to play the same games as her older brother and to wear his clothes. She always felt more similar to boys than to girls and at school was teased (and later bullied) as a 'tomboy'. Kissing a girlfriend on her mouth excited her, but the deciding factor, when she was about eleven years old, was to have a crush on one of her female teachers. At that point, it occurred to Samantha that maybe she was gay but, partly as a result of her family environment being openly homophobic and partly because influenced by the trans propaganda she found on the internet, she went for the gender dysphoria option and decided she must then be 'a boy trapped inside a wrong female body'. She shortened her name to the more ambiguous Sam, asked her family and friends to use the pronouns 'he' and 'him', and referred him/herself to a clinic to obtain puberty blockers, with the view of transitioning to the male gender as soon as that was allowed. In due course Sam was prescribed long-term hormonal treatment and underwent a number of plastic surgery procedures to feel and look as much as possible like a man.

Sam had several romantic and sexual relationships with women, and to all effects lived his whole life as a man. However, in his late twenties he also suffered periods of extreme anxiety and insecurities, and went into psychotherapy where much of the material centered around his doubts about whether, when still a rather naïve preadolescent, he/she shouldn't have chosen the homosexual route, now suspecting

[2] Referrals to the Tavistock's 'Gender Identity Development Service' for this condition were about 700 (50% of them girls) in 2011, over 2,000 (69% girls) in 2017.

that he/she might have been a happier lesbian woman than a tormented heterosexual trans man.

In recent decades, thanks to the Internet, opinions on these matters, and sometimes disinformation about them, have become available to the public at large who may feel pressurised to conform, feeling desperate to find a solution to their mental suffering; they are particularly vulnerable to the presence of influential social media messages, popular dramas such as the ITV three-part series *Butterfly* (2018), the pressure from ideologically motivated 'trans' lobbies (such as *Mermaids*), to which one must also add the fear of intimidation among professionals who are being accused of being 'transphobic' whenever they question the reasons behind their patients' desire to adopt different gender(s).

Medical interventions are pursued by transgender individuals 'in the quest of finding a more hospitable embodied form for the articulation of identity' (Lemma 2022, p. 6). It must be noted here that those who refuse to consider their decisions concerning gender identity as a medical issue, have nevertheless to accept that the implementation of their wishes in this respect often depends on clinical interventions.

Alessandra Lemma understands transgender 'first and foremost through an exploration of the idiosyncratic experience of embodiment […] The body is a basic fact of life that supports all other psychic functions' (*ibid*. pp. 36-37). Issues of dissociation and boundaries are also relevant here (Sabbadini 2014). 'At its core', writes Marchiano (2018), 'gender dysphoria speaks to a profound loss of connection with our embodied, instinctual selves. […] Paradoxically, the symptoms of gender dysphoria may in part be an attempt of the unconscious to reassert itself and signal that something is amiss and needs our attention'.

It is interesting to notice how male/female polarization is then mirrored, at different levels, in the polarization of the views expressed in the whole debate about it in the context of one of the current culture wars: for instance, between those pathologizing trans people and those idealizing their choice; or between those believing that our gender identity is, at least in most cases, something we are born with, biologically determined by our DNA, and those agreeing with the definition of gender as a cultural construct. For Judith Butler, 'gender reality is performative which means, quite simply, that it is real only to the extent that it is performed […] Gender is, thus, a construction that regularly conceals its genesis' (Butler 2004). But, as Bell (2022) observes, 'if we take it as a fact that gender identity is largely socially constructed, then there is a paradox at the heart of the trans phenomenon. The apparent freedom/liberation it expresses is totally undermined by locating all possibility of change only concretely, in material alteration of the body, rather than in the mind'.

According to the genetic theory some girls would be born with a penis and some boys without it, while those opposing that theory are convinced that our gender identity stems from a complex combination of cultural expectations, family traditions, habits and moral values, not to mention the often-justified fear of social

hostility, and not just in countries that legally forbid the change of one's original identity as a boy or girl.

Transitioning may still only apply to a minority of people [3], but the discourse about it has major ethical, political, medical, legal and psychological implications for all of us and has come to the fore in debates and conferences, publications of scholarly social-scientific and clinical studies, first-person accounts, and fictional literature (with many recent novels having transgender individuals as their protagonists), as well as numerous documentaries, drama series and films (such as several directed by Pedro Almodóvar).

One of the first and best movies presenting with sensitivity a transgender individual is *Boys Don't Cry* (Kimberly Peirce 1999, USA). It is based on a real-life story taking place in 1993 in an economically depressed American small town with an all-white population of God-fearing individuals who never met an uncloseted gay or transgendered person and who have no desire to do so. In such a sexually repressed, intolerant and potentially violent climate, young Brandon Teena (played by Hilary Swank) makes the unconventional and dangerous choice to present herself as a boy by disguising her female body; this challenges, and therefore threatens, the insecure identities of the majority. Their aggressive attitudes, and then actions, have devastating consequences, as Brandon is eventually raped and shot dead in front of her girlfriend by two young men. *Boys Don't Cry* is also a testament to people's determination to assert their rights to be themselves, even when doing so predictably involves embarking on a self-destructive journey; at the same time, the film is a powerful moral indictment of those who, out of bigotry, ignorance and intolerance, are determined to prevent at all costs their neighbours' life-styles, object choices, sense of identity and freedom of expression.

As indicated above, a controversial aspect about transitioning concerns children questioning their belonging to the gender assigned to them at birth. Paediatricians report that by the age of four to six years most children have a stable sense of their gender identity: but does this mean that, if they felt their gender didn't match the one implied by their anatomy, they would already be ready to embark on the transitioning process? We know that some parents would be encouraging and supportive of it, others would not be – most would be facing their own moral dilemmas about such a delicate issue: *Am I doing the right thing for my child? How can I be supportive without influencing him/her? Are we risking to make a wrong decision that we all will later regret, or are we risking not to make the right one? Maybe this is just a phase and he/she will soon get over it...*

Transgender Kids, an interesting documentary by Louis Theroux recently broadcast by the BBC, explores these issues by interviewing children of different ages (the youngest is a five-year-old) who want to transition, their family and the

[3] At the England and Wales Census in 2021, a total of 262,000 people (0.5% of the general population, i.e. about 1 in 200 people) indicated that their gender identity was different from their sex registered at birth. However, accurate statistics in this rapidly changing field are difficult to obtain.

professionals involved. One mother who appeared to be most sympathetic to her boy's wish to be a girl confessed: '*I will not have my son anymore…*' and burst into tears. Another mother could not conceal how worried she was when she stated that she will '*try to make the transition as* painless *as possible*'. An intriguing case presented in the documentary is that of a boy whose parents disagree among themselves on whether to support his wish to be a girl and who therefore adopts both identities and two different names and pronouns: Cole/he to please his dad, Kristal/she to please her mum; when asked if he/she feels like a boy or a girl, he/she could only answer: '*I'm somewhere in between*'.

A moving film on this subject is *Ma Vie en Rose* (Alain Berliner 1997, France-Belgium), a psychological story about a sweet seven-year old boy, Ludovic, who is convinced that he received the male XY by mistake after 'my other X fell in the garbage'. He also thinks that he may be a boy now, but when he grows up she will be a girl. His/her determination to dress up and be treated as a girl results in his/her family and community struggling: his parents are at first at a loss over how to deal with the tenacity of their child's beliefs and are concerned to be disapproved by their prejudiced neighbours. However, finally Ludovic succeeds in being accepted in her chosen gender identity. 'The movie', American film critic Roger Ebert (1998) suggests, 'is about two ways of seeing things: the child's and the adult's. It shows how children construct elaborate play worlds out of dreams and fantasies, and then plug their real worlds right into them [...] Adults, on the other hand, see things in more literal terms, and are less open to fancy […] This innocent little boy is made to pay for all the gay phobias, fears and prejudices of the adult world'.

What most of these young children in search of their true gender identity fear is to have to go through puberty as the changes to their bodies would then appear to confirm an identity they feel unable to accept. The solution to this problem, and one that has created much controversy (and court cases) recently at the Tavistock Clinic 'Gender Identity Development Service', is the use of puberty blockers to be prescribed to prepubescent children to delay their physical development until they become old enough to make an informed decision about which gender they want to adopt; if they so wished, they could then embark on the transitioning process itself and be offered cross-gender hormones (androgen suppressants and oestrogen for trans women, testosterone for trans men) and then, in a limited number of cases, reconstructive surgery. As most adolescents feel confused about who they really are or want to become as adults, and experience conflictual emotions about their bodies' size, shape and general appearance, psychoanalysts working with those of them who intend to transition are well aware of that age-group's 'importance of experimentation without permanent commitment to any one option'; one of the therapists' main task then is to help them 'tolerating ambiguity and the undoing and reconstructing of identity narratives' (Lemma 2022, p. 64) before rushing into irreversible alterations to their bodies that they may later regret.

Lukas Dhont's impressive film *Girl* (2018, Netherlands-Belgium) describes Lara, a 15-year-old transgender girl, who pursues with some success a career as a

ballerina. She consults with a psychiatrist, takes puberty-inhibiting medication, then begins hormone replacement therapy and is offered sex reassignment surgery. But her dysmorphic hatred of her penis is so intense that she first tucks it away with tape (against medical advice) and then tragically attempts to mutilate it with a pair of scissors.

The Danish Girl, a novel by David Ebershoff then turned into a successful film (Tom Hooper 2015, UK), tells the remarkable story of landscape artist Lili Elbe who became a pioneer in transgender history back in the mid-1920s when she promptly accepted doctor Kurt Warnekros' innovative but dangerous offer: a two-stage sex reassignment surgery to remove her male genitalia and replace them with female ones. Complications following the second procedure led to Lili's death, but the path had then been opened for future and safer surgical interventions.

Since the publication of Freud's *Three essays on the theory of sexuality* (1905), psychoanalysis has assumed that although most human beings are in their behaviours either heterosexual or homosexual, all of them are fundamentally bisexual, with the latent, non-manifest side of their sexuality remaining to a large extent repressed in their unconscious. Such an open-minded, non-prescriptive attitude about sexual orientation which takes into account unconscious as well as conscious factors should also apply to our debate on gender identities. And, to stay for a moment with Freud, he had also claimed on numerous occasions that psychopathology must be viewed as being on a spectrum: nobody is entirely sane or entirely insane, but we all belong somewhere in between the two extremes – a view nowadays accepted not only by psychoanalysis, but also by psychology and psychiatry. In this respect, I think that, also one's gender, not unlike sexual orientation and psychopathology, needs to be seen as belonging on a spectrum, as existing on a continuum with complex aspects of masculinity and femininity interacting on how we see ourselves in different combination. Of course, this begs the question of what we mean by 'masculine' and 'feminine', a question I don't intend to even try to answer in this context; all I could say is that the meaning of those terms varies enormously in different places and times, a fact that can only support the view that gender belongs on a spectrum.

Psychoanalysts who have studied transgenderism in the past have tended to consider it as a psychopathological condition: a narcissistic disturbance, a form of perversion, or even as evidence of a psychotic structure. Contemporary analysts, however, have adopted a more open attitude towards it, seeing it as a creative (though physically, psychologically and socially costly) act. Most importantly, they emphasise that 'we need to understand the function of the transgender phantasy in the psychic economy of each individual […] Approaching transgender requires a wide-angled lens so as to formulate the interpersonal, intrapsychic and wider systemic processes that give rise to a highly idiosyncratic experience of the child's gendered embodiment' (Lemma 2022, p. 33). In her balanced assessment of different psychoanalytic attitudes to these issues, Lemma concludes that 'championing transgender equality and challenging the shackles of gender binary requires that we

do not view transgender homogeneously as *only* something to celebrate in all cases' (*ibid*, p. 34).

Gender identities outside the binary male/female dichotomy may be a relatively new concept in the Western world, but many other societies and indigenous cultures, as Julia Schwab points out, have embraced more than two genders for many generations. 'The binary gender system', she observes, 'is not a universal concept, and many cultures both contemporarily and historically had no issue embracing different genders and even bestowing high positions [on] non-binary individuals'. She offers the examples of several Native American tribes, of the Muxes in Mexico, of the Sekrata in Madagascar, of the Hijran in South Asia and of the Faafaline and Faafatama in Samos (Schwab 2021).

While accepting that gender identity is not only determined by the body one is born with (nature) but is also a cultural construction influenced by social and familial expectations (nurture), it remains problematic to resolve the tensions concerning gender fluidity: is it to be considered as an achievement by those who deliberately refuse to 'think inside the box' and to conform to the conventional duality of genders based on the anatomical differences between males and females? Or is gender fluidity a psychopathological condition of those unable, as opposed to unwilling, to accept their 'real' gender identity and find themselves anxiously fluctuating from one to the other without ever feeling settled in knowing who they really are? Or, at least in some cases, as a way of channelling some pre-existing psychological suffering, perhaps caused by a traumatic past of abuse, neglect and early losses? Withers (2018) suggests that 'psychological issues play a crucial role in many young people's trans-identification'; these may include difficulties coming to terms with puberty, affect dysregulation, autistic spectrum disorders, problems with triangulation and symbolisation, as well as unconscious homophobia. 'A young person', Withers concludes, 'can all too easily adopt a trans identity as a way of explaining these difficulties, while actually attempting to use that identity to evade them'.

While each case is different, we should not underestimate that transitioning to a more authentic identity, however unconventional, is often done at the cost of considerable confusion, physical pain and emotional distress. In this respect, it is of crucial importance that anyone considering to transition should be offered the opportunity of psychotherapy to explore in some depth their reasons (both conscious and unconscious) for such a major decision. Finnish and Norwegian authorities have issued guidelines stating that psychotherapy, rather than puberty blockers and cross-sex hormones, should be the first-line treatment for gender-dysphoric youths.

Besides, their choice, courageous insofar as it involves a challenge to cultural stereotypes, frequently leads to discrimination and social isolation. It was observed that 'most people who struggle with their gender identity do so because of depression and anxiety that come from being stigmatized' (Teich 2012, p.92). We know that a large majority of transgender adolescents are victims of bullying.

A tragic case I know about from a colleague involves a young woman who, having undergone after enormous doubts and hesitation the long and distressing

process of hormonal therapy and surgical reassignment in order to become a man, then realized it had been a colossal mistake and tried to reverse the whole process (detransitioning)[4] in order to transition back to a woman's body again; as she failed to do so, she became extremely depressed and ended up committing suicide. This however is a most extreme case; the truth is that many people who have chosen transitioning (full or partial) believe that the process has been successful and know that their decision to adopt a new gender, or genders, has been the best they have ever made.

The above considerations have implications for our clinical work with patients. One of our main tasks, as analysts, is to question how people see themselves – their past and present lives, their external and inner objects, their sense of identity. Therefore, how our analysands have learnt and decided to describe their own gender, as well as their sexual orientation, should also become material for analytic reflection; in other words, nothing in how our patients present themselves to themselves and to us should go unchallenged. I like to think of our profession as analogous to that of the so-called ghost writers in so far as the analytic journey consists of assisting our analysands to re-write their own autobiography.

In conclusion, I believe that we should adopt and encourage, both in our professional work and in our life in general, an open-minded acceptance of individual differences and a non-generalizing attitude about gender identities. This involves an acceptance of other people's choices in how they experience and describe themselves, without underestimating the often considerable psychological suffering, the anxiety-laden decisions they have to make, and the major risks involved.

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[4] 'For many detransitioners, the cause of their distress as teenagers was misattributed by their clinicians to the notion that they had been born in the wrong body, and that they would be helped by the surgical creation of the "correct" body' (Baxendale 2023).

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