

Shadow Side of Paradigm Shift/  
When Politically Correct is Not Psychologically Correct  
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## INTRO

Although this talk is about the shadow side of the paradigm shift, my general perspective is that the shift is a very good thing.

In fact, my paper last year, on contemporary psychodynamic theory and therapy, held as its' central organizing principle that trans identity is a healthy variation of human experience.

I discussed in some detail how the problems and psychological issues that emerge in trans development are a result of the *inhibition* of that identity and about how psychodynamic therapy can address these issues.

### Shadow Side of Paradigm Shift

Nevertheless, although the paradigm shift is a good thing, indeed

Like any paradigm, this one has a shadow side. In Jungian terms, the shadow is the unconscious aspect of the self (or of a system) that we don't want to know about because it doesn't fit our worldview.

In terms of the paradigm shift, its' shadow might prevent our seeing exceptions to the point of view that the trans part of a person's psyche is both healthy and authentic and could ossify into a politically correct stance about transgenderism.

In our move to depathologize, then, we may risk or overlook depth considerations in certain individuals who present with trans issues that may point to an inner (pause) rather than an outer transition.

And it is this subgroup that I want to discuss today:

### Clinical Variation

First, as an overview to put this subgroup in context,

I'll give a brief description of the types of people we see in therapy.

Then I'll describe some factors that might alert us to a potential inner rather than outer transition

And then provide some case examples to illuminate this discussion

Many different types of people come to us for therapy

Presenting a

Transgender Spectrum

In terms of theory, most of us believe various paths lead to trans identities

Some paths and identities are stable over time/ from earliest memories/ fixed, with sexual orientation

always in a certain direction and seem to have a strong biogenetic component

Others have a less stable sexual orientation but have a stable transgender identity from earliest memory

Others are more fluid/ have a late onset/ present variation but have a stable trans outcome

Yet-

Others – are more fluid/ with an unstable trans identity/ one that is waxing and waning/ the person doesn't know which direction the psyche wants to go when they come to therapy and the outcome is unknown.

Usually, psyche pushes toward trans direction, but not always.

So.. how do we know which direction is the healthy one?

We don't, but what emerges in the course of therapy, in my experience, for those with an inner rather than outer direction,

Is a situation where interplay of the following occurs:

We can trace a narrative where we can see the development of trans identity via a Psychological rather than seemingly stable bio etiology/ in other words trans aspect develops over time and it can be traced how it has functioned defensively. It hasn't always been there.

Defensive function may be the seemingly only solution to an untenable family system

Or

Trans identity serves as an escape

In bigendered males, trans aspect has a strong sexual component

In female-bodied persons, a history of cutting or eating disorders is often present

Sexual trauma or other extreme abuse may be uncovered over time especially in cases where trans identity is part of a dissociative identity

Hence, what emerges psychodynamically, is that the trans part of the psyche is a split-off part or a fragment, may be compartmentalized and create internal conflict, occur on a spectrum of dissociation, including MPD, serve a defensive function or be a solution to an untenable situation.

I want to point out that ALL of these narratives may also have a TRANS outcome as well, my point is that in these situations, one can't PREDICT, whether the transition will be an **inner** or an outer one.

Within this group, what does seem to differentiate one group from the other is the unconscious material, particularly dreams, poems, art

as well as events in the outer world that strengthen the nontrans part of the psyche, but in my experience, the unconscious is the prime differentiator.

What I'll do now is show some

#### **CASE material**

That demonstrates the differences between trans identity that serves a defensive function and trans identity that is ego congruent.

I'm going to briefly present

3 male-bodied people, all currently living in male gender-role

1<sup>st</sup> 2 are examples where trans aspect is defensive and the 3rd is an example of a person with an authentic trans identity.

Even though the latter is currently not transitioning due to his/her outer situation, she is authentically trans as contrasted to the first two

All are in long-term therapy with me and are complex cases with rich clinical material. I'll go in some detail with 1<sup>st</sup> one, then give brief material on the second and third. This discussion will be very short due to time constraints, but will hopefully give you the flavor of differentiating clinical material, particularly from the UC

#### **"M"**

Who is he- midlife, professional, married – 3 kids

Presenting problem- "Risky Everything" by having sex with TG prostitute. History of crossdressing, fantasy of being a woman during sex, only way he could let go sexually was with this fantasy, wondered if he was TS, but mainly felt safe and calm crossdressed and with "woman with a penis". No memories of abuse, but never could live up to Dad's idea of maleness. Strong Catholic upbringing.

Initial dream- theme was a male in prison, trying to get free by using his computer, writing, drawing & communicating

Drawing of self as baby- a screaming baby impaled by many swords, bleeding pink blood which he associated with his feminine side- Both parents holding swords, smiling saying "Look honey, He's turning into a little man"

Early significant dream we've labeled Battered woman dream- Jogging on dark path, dreamer encounters huddled up barely alive body of battered woman rolling down a hill that lands at his feet, he wants to help her but is helpless to do so. Another male figure emerges who "puts her in a trunk of a car," presumably to take her to a hospital.

Other important dream images- angry women, dangerous men, drunken blobby men,

Images that make him tingle- seeing a little boys shirt out of corner of his eye hanging in closet, hearing "good little boy", thinking about men's anger, floating, disembodied penis'.

Later recent dream- Walking on a dark path with his female partner, sense of overwhelming male danger, possibly a gang lurking nearby. In the course of the dream, he realizes he has agency, he can shed light on the path, and with just enough light to clearly see the way, he realizes they are in no danger. He also realizes he can protect the woman he's with.

This is an example of a person, then, who in the course of therapy has had an Inner rather than OUTER transition

But the Function of trans aspect- has been primarily protection from dangerous men, protection from overwhelming and potentially dangerous male energy inside himself. As submissive female, he could diffuse the danger and let go without fear. The therapy suggests early sexual abuse but so far he has no memory of it.

## “D”

Who he is – presenting problem. Came to see me after crossliving for several years, no surgery, felt inauthentic, didn't feel completely comfortable as a woman. In the course of therapy, returns to male gender role. These are dreams “she” had while still in female gender that proved to be turning points in return to male gender

Helper dream- Dreams s/he is a parent (genderless) with a boy child following him/her around and seeking his/her company. Boy hurts himself & dreamer administers first aid. Boy is crying & crying-he has a torn toenail that is almost off- dreamer comforts him and warns him that it will hurt initially, and tears off the toenail, cleans the wound which then quickly starts to get better. Dreamer reassures him & wakes up.

Waking dream- In midst of screaming, pain & agony, a vision of light and clarity emerged. This image, which “he” later painted and gave to me, was a rather masculine figure, looking like a multicolored bent priapus, against a black background. S/he saw it as representing her masculine self emerging from the darkness.

Contrast this material from the UC with that of following whose trans identity is in service of the ego

## J

Who he is – middle-aged professional  
Presenting problem- crossdressing is interfering with his relationship  
Current situation- Separated, identifies as a transsexual woman, may or may not transition  
Phoenix –Shifting Body dream- Very brief synopsis-A dream that starts out with dreamer being much younger and genderless, the body has neither male nor female genitalia but is about to have sex with a woman. The dream shifts, the people are gone and dreamer sees a bird with iridescent (as an aside iridescence is always associated with the feminine in this dreamer's associations) feathers-all colors of the rainbow) coming out of water that he/she identifies as a phoenix. I identify with the bird and as I start to move, I merge with the bird and then my body becomes female. I am very happy.

## Differences

What 1<sup>st</sup> two have in common- dream figures are not trans, dream figures are trying to help either wounded or young figures, in M's case, the wounded feminine, in D's case, the injured little boy. And the progression of the dreams moves in direction of stronger masculine, one by strengthening the empathic, relational battered female side within himself in the course of therapy, and the other by discovering and helping his internal wounded little boy. They both discover maleness rather than transitioning.

In the 3<sup>rd</sup> case- the dreamer has an awareness of TG identity and it's congruent with his/her ego. The progression is toward a female identity and to the dreamer, that's a good thing.

Other very brief examples of the subgroup of inner rather than outer transitions include:

## MPD & Dissociative Identity Disorder

I've worked with three multiples in my practice, all with a history of severe sexual trauma, two with a trans outcome where a democratic decision was made to say goodbye to the male parts that were no longer needed and one (the nontrans outcome) where the fragmented female part “Diabolette” –little Devil-settled down once she was given more consciousness.

## Solution/Escapes re Family Dynamics

Sometimes, the only way out of an untenable family situation is to escape by becoming somebody else.

For example, one rather feminine gay male came to see me 100% sure he was trans, and wanted help with his transition which would include surgery He felt beholden to his older male partner who had been supporting him and felt “trapped” in the relationship. Once he was able to separate and move out, his need to be female also disappeared.

Another female-bodied person came from a family where the only way to be female was to be thin, very skinny, almost androgynous, model-like-along with other characteristics that didn't fit this very female-figured tomboy. Now engaged and pregnant (to a man who loves her as she is), the need to transition has subsided, at least for the time being. This is a case in progress and needs to be monitored carefully for potential fluidity.

Another gentle-spirited, male bodied person who had been adopted by an emotionless billionaire business father and later lived with a sexually abusive stepfather felt that the only way he could have his own identity would be to be either like Jesus or some other highly evolved spiritual being or, alternatively, become a woman. As his own male identity as a writer and musician has evolved, he no longer needs to be either.

## Conclusion

Above cases are a minority in my practice, but given the nature and explosion of transgender variation- I wouldn't be surprised if we see even more diversity as time goes on.

And as members of HBIGDA, we will be in the forefront of seeing people who present varying degrees of transgender experience.

This diversity behooves us to be reminded of clinical stance we have learned over the years:

, A respect for nuance, complexity, and a distrust of categorization.

One size doesn't fit all.

People come to us because we are open to transgender identity as a legitimate self.

In our recognition of complexity, we need to remain open to the possibility of an inner rather than an outer transition and not let the shadow of political correctness veil the truth of the individuality within our population.