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ORIGINAL ARTICLE

From gender dysphoria to gender euphoria: An assisted journey[☆]

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Summary The author is an open transperson, a medical doctor, a family therapist and a sexologist, who has worked personally and professionally with issues of gender identity for decades. Through media exposures insights have been shared with the public. The quality of being an open transperson has inspired clients to include information they otherwise would have believed contrary to their goals in therapy. Clients' frankness has influenced the insights of this paper. Gender therapy does not aim at changing the clients' perception of self, but at changing the clients' surroundings perception of the client. This is accomplished both through a strengthening of the individual's self-confidence, and through education of significant people in the individuals' networks. Gender therapy is seen as an assisted process where one moves from an unsatisfying to a more satisfying state of living. The optimal endpoint does not have to lie within the gender majorities. Since culture and society have a foul tendency to sanction negatively gendered expressions that do not conform to the binary, all therapeutic work focused only on the individual may be futile, because the individual will not be gender affirmed by the surroundings. The optimal therapeutic approach to individuals of unusual gendered or non-gendered talents must address and assist both the inner and the outer world in order for the individual to be able to present an egosyntonic perception of self to society, and for society to be able to affirm. When congruence exists between the individual's sense of gendered or non-gendered self, and the surroundings perception of it, the state of gender or non-gender belonging arises. The combined individual and cultural endeavor will reach different endpoints as both the client's and the networks needs and capacities are different. This paper offers some clues as to how positive gender belonging can be established.

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This author's background

The author (hereafter: I) is an open transperson, a family doctor, a sexologist, an associate professor of sexology and a family therapist. Through frequent appearances in the media, I have become well known transperson and professional.

In my work I have learned to make house calls addressing also the clients' networks. This adds trust and mutual understanding to the therapeutic relationship. Being a transperson has taken me to where transpeople act and interact freely. Individuals have described their experiences to me without fear of sanctions. Outside the therapy room I have experienced the gap between users and therapists. This gap leads clients to adjust their stories to conform to diagnostic criteria.

I have had to consider what is actually useful, what is unnecessary and what is contra productive in transtherapy. This has developed further in meetings with colleagues, through numerous professional seminars, activist gatherings and internet collaborations. Not least have I engaged in a close professional relationship with my wife and colleague, Elsa Almås, who is a specialist of psychology and clinical sexology.

The long lasting and at times massive media exposure has increased the level of trans-positivity (Raj, 2002). I am regularly stopped by people who want a hug or an autograph. If transpositivity can be viewed as a change to the better, this has been inspired through what I like to call "third order of therapy" (i.e. population "therapy" through therapeutic exposures in media. Second order is to work with audiences that seek information. First order is to work with those who seek therapy for experienced problems or challenges).

I do not meet my clients with an "objective" diagnostic manual, since I have experienced this "objectivity" unnecessary. Gender is a subjective matter to be met in a discourse of subjectivity. No clients need to convince me of their gendered feelings. They have freely shared their emotions with me. Many contacts with their many peers have widened my understandings.

The sum of influences are the grounds of my therapeutic work: An assisted journey from gender dysphoria to gender euphoria.

Basic premises

Assisting clients with atypical gender perceptions and/or performances, rest on two principles:

- that of supporting a search for positive gender belonging;
- that of offering optimal options of gender expression.

"Belonging is to be perceived by others the same way as one perceives oneself. Gender belonging is positive when the gender perceived is given a positive value, both by the individuals and by the others".

The therapeutic process is one of both individual and cultural focus. The individual challenge is to evolve a positive gendered or non-gendered perception of self. The challenge for the surroundings is to acknowledge this

perception. The non-gendered option derives from some individuals' refusal to accept any gender.

Individual concepts of gender cannot be separated from cultural ones, since cultures are the suppliers of gender knowledge. These supplements influence everybody's perception of self. Cultures represent gendered or non-gendered "supermarkets", where one can negotiate gender and gender belonging through performances and expressions. At the same time, individual supplements of gendered expressions to society, influence society's insights. There is interdependency between the individual and society.

One unique contribution would be the emergence of a new sense of gender in one individual, who in turn expressed that gendered experience. Interacting with that individual, the surroundings would have to develop words and concepts to describe, and eventually formalize the "new gender". Feelings of gender may emerge unexpectedly. Even though cultural influences dictate in one direction, feelings go elsewhere. The individual may have to fight both for inner clarity and for outer affirmations. Cultural options given are not always sufficient.

This calls for gender knowledgeable/expert? therapists.

Basic understandings

The neurobiological basis (GIREs, 2006) for gendered behavior will in this article be named: "Gendered talents". The traditional genders will be named "gender majorities".

For decades professionals have debated how to perceive people of unusual gender. The question of psychiatry/not psychiatry has been central. Originally I sought psychiatric texts for insights, but received but support from therapists who had gained their wisdom outside the psychiatric systems. I found that psychiatry had contributed little of use, much unnecessary, and a lot to be considered contra productive in transtherapy.

Many people with transgendered talents have experienced childhood and adolescence as traumatic. The trauma of retention (Almås and Benestad, 2009) refers to the process of learning to disguise talents due to fear of negative sanctions. Retention promotes fear and alienation.

From the very start of the voyage of transe-assistance, I have experienced transpeople to own a hard-wired human quality of transe. My clinical experience has expanded my insights as to how transgender talents combined with other talents, can influence individuals into a plethora of diversity in perception, performance and expression. I have come to see people of unusual gender to be a non-uniform group. This variance is not reflected in manuals of mental disturbances.

The gender majorities represent a bipolarity that exhibits tension between the "poles". When genders are not polarized, contact between the majorities is maintained, and in between multitudes of gender and non-gender expressions can exist.

Biologically oriented gender studies have revealed complex cascades of genetic and hormonal events in the sexual differentiation process. In addition, improved understanding of epigenetic mechanisms add new options for the understanding of gender variant behavioral developments (Meyer-Bahlburg, 2009). This research may come to confirm

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