GESTALT APPROACHES TO GENDER IDENTITY ISSUES

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Research questions
How can Gestalt therapy address gender identity issues, and the challenges of transgender people in particular? What are the important experiences and changes that transgender people report from a Gestalt group?

Sample, data and methods
In December 2012, the Norwegian LGBT association LH commissioned me to facilitate a brief therapy group for transgender people. We decided I would conduct a study in parallel. The offer to participate was announced through various relevant channels. I met with those interested individually and clarified what group therapy and research would involve. I got informed consent from the six who went on to participate. They were a varied group, including trans men, trans women, and gender queer, at different stages in their process, of different ages, ethnicities and occupations. The group met for six two-hour sessions in the offices of LH in January and February 2013. The therapy and research were influenced by my background: I am a gay, ethnic minority cis-man, a human rights lawyer, and a therapist trained at the Norwegian Gestalt Institute. I followed a case study approach that most resembles what McLeod (2010) describes as pragmatic studies, since it was based on a group that I myself facilitated. In the analysis I focused on what that the participants themselves reported as important.

Data methods included:
- my own journal notes from each session
- audio recordings from each session
- post-therapy feedback forms in which participants identified and described important experiences and changes

Results and discussion
Fraser (2009) describes a paradigm shift from the Transsexual Model to the Transgender Model, originating in transgender people's own experiences. On the basis of this, trans-positive therapeutic approaches have been developed. There is some existing research on gender identity issues and Gestalt therapy (Bennett, 2010; Hawley, 2011; Fallon, 2012), we can conclude that much suffering may be related to gender norms and society's low tolerance for gender diversity, even health professionals often operate with a strict, outdated male/female binary. The concept of polarities fits well with the Transgender Model, which considers gender as a continuum, and sometimes fluid, rather than a binary.

Phenomenology can be considered the overall method of Gestalt therapy (Nortel, 1995). It involves being respectful of another person's current experience. Participants reported as particularly important the respectful use of their chosen names and pronouns. At one point I made a mistake and corrected myself. The person concerned said, It was nice that you corrected it. That's the first time it's happened. This was also reported as the most important event in their post-therapy feedback form. The importance of phenomenology when working with gender identity issues, is confirmed by other Gestalt therapists such as Bennett (2010) and Hawley (2011). More generally, this is in line with the Transgender Model that puts emphasis on transgender people's diverse experiences rather than the interpretations, diagnosis and aims of health professionals and others.

The concept of polarities is important in the Gestalt view of selfing and growth (Zinker, 1977). Different poles/sides are considered complementary and connected rather than seen as dichotomies and mutually exclusive. One episode was reported as particularly important by several participants: A trans man, who had gone through female-to-male treatment, now had a sense of loss and did not want to just be a standard man. In a session he put on some of his old androgynous clothes. He said, It is like saying hello to an old feeling that is also a part of me. After some exploration, I introduced polarities as a concept. One participant reported that this also helped in accepting apparent paradoxes such as being both assertive (a stereotypically masculine quality) and caring (a stereotypically feminine quality).

In line with other Gestalt studies (Bennett, 2010; Hawley, 2011; Fallon, 2012), we can conclude that much suffering may be related to gender norms and society's low tolerance for gender diversity, even health professionals often operate with a strict, outdated male/female binary. The concept of polarities fits well with the Transgender Model, which considers gender as a continuum, and sometimes fluid, rather than a binary.

Limitations
The study has the normal limitations of qualitative case studies. Findings cannot be considered representative of transgender people in general. The study was inevitably coloured by who I am, but the focus was on what participants themselves reported as important. Such self-reports may also involve biases, including selective memory and attribution bias. Moreover, they were sent directly to me and not anonymous, and it is likely they were influenced by me being both the therapist and the researcher.

References