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Supporting Transgender People:

The supporter, The Group, The Chat and The Internet.

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Transgender people often form support groups, magazines, newsletters, websites, forums and chat rooms, however as with any group barriers can be created that seem impossible to overcome. There is also a desire to counsel and guide friends and other members of the group, however, inexperienced group leaders can make matters worse when helping others, often group leaders that could have been in place for many years still may not realize issues of power and control and their lack of core skills in managing their groups effectively. This guide will help those that wish to support others and help them address and resolve conflicts on a personal and group level.

When we are faced with apparently irresolvable problems we face what are known as 'wicked issues', wicked issues require holistic thinking and embracing working in new ways. Genuine collaboration requires a relationship between equals, one where others are respected and valued;

there cannot be quality without equality.

Collaboration

The first Key is:

- Vision. Individuals should step back and see how they maybe seen by the system and those working in it.
- Power. Imbalances in power create unbalanced contributions; feelings of helplessness suffocate people from contributing anything of value. It is important to recognize the centrality of power and where to find it, and for those leaders to manage their power in such a way that it empowers other members of the group. This may involve ceding power to others. It is only when a group leader can entrust others with some of their own power that progress is likely to be made. This also requires those the power is given to have the ability to use this additional power and authority collaboratively and not become an arm of the original problem.
- Introduction of difference. Asking what makes it difficult for groups to change established ways of thinking and to look a new. This may require unlearning and relearning a role held. This links in with the need to see the big picture (Vision) above. It involves risk-taking in less well-established areas and ensuring anti-oppressive practice. For example, transgender groups can become exclusive, and divided quite easily, transsexuals can for example decide they are 'better' than another transgender sub-group, whereas another group may feel transsexuals are pompous.
- Creating a safe environment is essential if anti-oppressive practice is to be achieved in any form. A safe environment is a group where people are encouraged to speak openly and articulate their ideas, needs and anxieties. And one where long established group members do not punish newer members for disagreeing with established practices.
- Joint-Planning. Individuals can be members of other groups. And should not been seen as spies, rather regional groups could should have an open dialogue, share information, and deal with difference and disagreement in an open and visible way.

Trouble Shooting

Unrealistic goals, inadequate resources, group conflict, overwork only highlight the importance of sustaining relationships and the value of experimenting with new and different ways of working. Being flexible and encouraging groups to work together will develop skills, and reduce conflict.

Repair

We must ask 4 questions:

1. What is the problem?
2. Why is it a problem now?
3. Where is the problem?
4. What might be the meaning/ function or purpose of the problem?

“Transgender support groups can be run by a mixture of genders and ‘grey areas’.”

Traditional thinking of the gender divide implies two concepts:

Masculine: Separation, self esteem, self-love, mastery and control, expertise, hierarchy, loyal to superordinates. In many cases it is this traditional view that has caused trans people so many problems in the past on a socio-political level, the arrogant health care professional dictating terms based on their knowledge.

Feminine: Selflessness, self-sacrifice, responsibility to others, connectedness, reflective, caring, group orientated, loyal to principles, facilitative and expressive.

Postmodern healthcare management thinking is steering away from the macho management style and adopting a more feminine style marked by an awareness of diversity and sense of risk rather than modern thinking and its belief in expertise and order. There are now more young doctors and ethnic minorities, and gender and social class are no longer obstacles to medical career for example. When we compare this to 50 years ago where a doctor was a bewhiskered professional peering disdainfully over his half rimmed spectacles where transgender people have horror stories of aversion therapy and abuse by arrogant hospital consultants. We can see change does work.

Any transgender person that has approached a hospital consultant for care will appreciate the need for an open and not a controlling dialogue, one that is shared and informative and safe that does not risk non-treatment. Therefore it is important for a support group leader to recognize the value of this when in an advisor role with their own groups. Just as the doctor/user relationship can be a safe negotiated one that still recognizes that the doctor is a doctor and the service user is a service user, so can the support group function in a similar way. The group organizers and elected representatives can work with other group members as equal stakeholder yet at the same time empower one another and retain their positions.

Gendered Conflict

If a trans person is male during the day and female at the group there could be considerable ‘gendered crossover’ in the ways they deal with conflict. At work they could be shouting and have a slap on the back mentality, yet in the evening may be dealing with very sensitive issues. On the other hand a female to male may over compensate ‘butchness’ in a gender role and not wish to be open to what can be seen as the softer more feminine traits.

De-gendering roles would affirm the value of the other, it bypasses the them and us, rather than A and –A or A and B rather we create AA, AB, BA and BB.

Counseling within your group

Many groups on the Internet and regional transgender groups are recreational; however due to the underground nature of transgender culture coupled with the fear of ‘coming out’ these groups are often the only point of contact for transpeople. In recent surveys the [transgender zone](#) asked “if you were in the closet and are you likely to come out,” most said they would not – yet surprisingly many had told another person about their needs and some did attend support groups in secret.

Often support groups – especially those on the Internet – offer advice and counseling. However, much of this advice is based on personal past experiences and problems the advisor has faced. This might at first glance seem to be of value, but as the following text will demonstrate it can also be very damaging!

We will examine in some detail what transgender support requires on the part of a caregiver, and the kind of personal development that may be involved. First, we explore the counsellor’s part in creating person-enhancing interaction. Then we will move on to a less obvious topic — that of hidden motives that often draw people into transgender support work. When these motives are ‘owned’, understood and integrated, they can become a powerful resource. This leads on to the topic of empathy, important in all interpersonal contexts, but doubly so in this field, where the recipients of support are so easily depersonalized. Finally, we will look briefly at the depth psychology of care work, and I shall make a contrast between the psychodynamic processes that impede, and those that facilitate, effective care.

The transgender counsellor’s part in interaction

The first requirement is deceptively simple, though profound in its implications. It is that the advisor is actually present, in the sense of being psychologically available. In counselling and psychotherapy this is sometimes known as **giving ‘free attention’**; being present with and for another person without distraction from outside or disturbance from within; perceiving the other with far less of the distortions, projections and judgmental reactions that so often get in the way of real meeting. Giving free attention is difficult enough in any context, yet it is widely agreed that this is essential for doing psychological work that really helps and heals.

Some people fail to give free attention because they are caught up in the self-importance that is attached to their counseling/advisor role. Those who have a lot of power, such as medical consultants or large transgender support group advisory panels, are particularly liable to fall into this trap. Sometimes the problem centres on sheer overload; the immediate demands on the psyche are too great for it to bear. More generally, however, people fail because they are strongly driven by their vulnerability, anxiety or pain. If, as suggested, transgender support activates certain universal fears, there is a specially important issue here. In colloquial terms people don’t give free attention because there is too much of their own emotional baggage getting in the way. Being present cannot be learned as mere technique; the baggage must be faced and dealt with.

Having the ability to ‘be present’ is a gift to other people, and it is a kind of liberation for oneself. It means being less troubled about the past, less fearful about the future, and thus more centred on what is immediately at hand. ‘Being present’ entails letting go of that obsession with doing which often damages care work, and having a greater capacity simply for being. It does not, of course, set a person free from pain, either physical or mental, although it may lead to better ways of dealing with pain. It is an absolute prerequisite of good caring. For presentness is the quality that underlies all true relationships.

It has often been suggested that there are hidden (and generally unacknowledged) motives that attract people to care work, and I want to make some very positive suggestions on this topic. One of the most illuminating ways of exploring the issues is through the idea of a ‘**script**’, particularly as developed within transactional analysis. The concept itself is a metaphor derived from the theatre.

Scripts, when formed, are extremely resistant to change, because they have been practised again and again. Presumably they are actually incorporated into nerve architecture. If a person were suddenly to step out of the scripted way it would feel ‘unnatural’, and almost certainly it would cause extreme anxiety. Also, of course, living outside the script is likely to cause upset to other people, because their expectations would be violated. This is particularly the case when applied to large transgender groups and their organizers. Poorly managed change could risk alienating their members.

Gemma and the Transgender Organiser

Gemma, regularly attends her local support group and participates on a helpline she is very committed to supporting and advising other transgender people, but she is going through a period of feeling very insecure and troubled. Often she begins to cry for no apparent reason. One day she tries to speak about her distress to her support group organizer.

‘I’m so shaky and weepy. I don’t know what’s happening to me.

Perhaps I’m suffering from depression.’

The organizer replies, ‘Don’t be so silly, You’re not depressed.’

The rescuer, the Guide, the Martyr and the Hero!

Even in this tiny vignette we can catch a glimpse of Gemma’s script and its origins – and possibly the underlying cause of her current malaise. Perhaps the commonest caring script is that of the **rescuer** who tends to attract very dependent and needy people, and who is drawn repeatedly into involvement with those who have the corresponding script of **victim**.

There is **the guide**, the kind of person who has an almost uncanny ability to know what others are thinking and feeling. There is **the martyr**, who is extraordinarily self-sacrificing, whose normal way of life seems to involve an almost superhuman workload meeting the needs of

others. And there is **the hero**, one who stands out strongly for a noble cause, esteemed from afar, but sometimes lonely and unsupported in personal life.

Adults who have such scripts tend to have a chronically low level of self-esteem behind their everyday façade. They may have difficulty with psychological boundaries, tending to confuse their own desires and needs with those of others. Here, almost certainly, are the roots of co-dependency, where a person becomes compulsively involved with others who are very needy (Mellody, 1993).

Some people with strong scripts of this sort, when they are in their counsellor role, have to endure a continual tension between their own privation and the needs of those who they support. If the underlying issues are not resolved there is serious danger of burn-out. A person may even turn, in deep resentment, against the very cause to which they had been so strongly committed, when at last the truth dawns that it will not meet their hidden need. This is very common in transgender group members, the splits and divides amongst the transgender community if faced and negotiated as the beginning of this paper suggests, could heal many of the problems they face.

Scripts such as these do, however, have a very positive aspect. There is no place for a shallow cynicism, suggesting that all people who become caregivers are inadequate, or enter this kind of work for selfish motives. In each case the script meant developing resources of personality that are all too rare in a culture that is fixated on greed and egoism. Each script represents a creative choice, made in the face of difficulty.

Recovery from script

Scripted behaviour tends to be blind, compulsive; in some deep sense it lacks direction, other than that it is patterned by anxiety and driven by unmet need. As recovery occurs a person comes to see more clearly what he or she is up to, and learns to interrupt familiar scripted scenes. Choices become more realistic and objective, taking a greater range of factors into account. If, in the light of new awareness, a person decides to continue in counseling transgender people, it will be on the basis of clear and heartfelt choice, and not an unacknowledged compulsion.

The Transgender Group Leader

Annabelle is the Leader of a support group. She is highly committed to her members. and she is very good at it. She has a strong tendency to overwork, and twice she has had felt unwell due to stress and depression. Through the help of a counsellor she came to recognize her script. She was the eldest of eight children, five boys and three girls. In all her earliest recollections she was her mother's helper, and she had very few memories of play. Her father seemed to have featured scarcely at all in her childhood, except when he came home drunk. Gradually Annabelle came to realize that she may have received little real love as a child; but at the same time she felt great tenderness towards her mother, and

valued the many caring and helping skills that she had learned. As her insight grew, she took steps to become more relaxed and playful. She began to learn pottery, and she joined a women's walking group. She arranged for some of her workload to be shared with new members of her group, and began to let go. She began to feel much better about herself, and she believes that the quality of her transgender support has greatly improved and deepened.

Points of pain and vulnerability

There is another kind of issue, also related to a person's past, but arising more directly from what happens in the care setting. It may be a matter of the way the organization itself functions.

A group organiser, perhaps, is perceived in phantasy as if he or she were a powerful parent. Two or more committee members might find themselves in competition for attention or reward — unconsciously recreating a situation of sibling rivalry. There may be problems over the actual roles: one member of the transgender support group might be secretly resentful about being expected to do so much, or another might feel that he or she is not being given enough responsibility. Some committee members might be very insecure in their role, and need a good deal of reassurance.

The Crossdresser and the Bar

Steve a crossdresser frequented what was traditionally transsexual bar; it was at least something to do. To his surprise, he enjoyed supporting the other members, and he began to feel committed to it. He even joined, two large transgender voluntary organisations. However, he was never given feedback about his performance, and at times he felt that he was regarded as an intruder into a 'transsexual's' domain. As time went on he 'dwindled', until his confidence ebbed away completely. Eventually he left the groups, but with great regret.

Other prejudices may get in the way of good counsellor practice – gender, ethnicity, age, social class or sexual orientation, or as in the example above, simply transgender sub-groups. When there are interpersonal difficulties in areas such as these, it is likely that jobs will be done less effectively. Situations will be perceived with less realism because they will be distorted by projections; truthful communication will be impaired. Far too much of the work of the organization will be given over to meeting the unacknowledged needs of members of staff.

Whether or not there is a maladaptive script, everyone brings issues of a personal kind into their work; these are liable to be activated in an especially poignant way in a field such as transgender care.

The implication is that the most truly effective workers will be those who have a well-developed 'experiential self', who are familiar with the world of feelings, accepting of their own

vulnerabilities, and able to live with a low level of psychological defence. .

To be blocked is to be out of vital contact with the psychological realities; to be overwhelmed is to be ineffective in any practical sense. Between the two extremes, but towards the low end, there is the range of greatest efficacy. Here a person is able to put his or her feelings and intuitions to good use.

The psychodynamics of transgender care

The central idea of all depth psychology is that we have motives, conflicts, imaginings, of which we are usually unaware. We can call these **‘unconscious mental processes’**, although it would be more accurate to speak of neurological activity that is not being registered in consciousness and which, at that point of a person’s development, cannot be; possibly the necessary brain ‘circuits’ are not available for use or haven’t been fully formed as yet. Most of depth psychology has focused on what might be happening within the individual psyche, and rather less attention has been given to interpersonal processes. In this section; we first look at the basis of empathy, and then at the nature of transgender care. Much of this is speculative. The most that can be said is that it is compatible with what can be observed, and that it seems to help some people have a better understanding of who they are and what they are doing.

Empathy: the Internet the Chat and the Helpline.

When we develop empathy with someone who has all their mental powers intact, we attend both to their words and to their non-verbal signals. Sometimes we notice discrepancies between the two kinds of message. A person might, for example, claim to be feeling ‘perfectly OK’, while showing clear signs of anxiety or inner turmoil.

Gradually, keeping all the information in a kind of ‘soft focus’, we gain a sense of what they might be experiencing. A person who has highly developed empathic skill is able to retain his or her own feeling states, while also being aware of the feeling state of the other. In developing empathy with a person elsewhere either in a chat room, forum or a helpline the issues are similar, but not exactly the same. Words and sentences may not make ordinary sense, as we lack the visual signals available to us in a one-2-one setting. Written text maybe poorly typed in the rush or indeed swamped in other peoples chat. The full reconstruction of another’s frame of reference, then, involves more than attempting to make sense piecemeal of the verbal and non-verbal signals that a person is conveying. It also involves drawing on feelings that are genuinely our own.

If this is the true foundation of empathy, it suggests that even the most difficult and painful memories can be turned to positive use.

Connecting

Most people will find, if they dare to look, that they have had experiences that might resemble, to some small degree, what another transgender person is going through: times of abandonment, of

betrayal, of acute loneliness, of feeling powerless or terrifyingly incompetent, or being outpaced or outclassed. Everyone has had to endure a share of the malignant social psychology that is present in everyday life, and been made to feel more like an object than a person. As the 'experiential self' grows, these emotional memories become available. Even those privations, deprivations and injuries that underlie scripts such as those we have examined, can be transmuted into resources for transgender support work.

Projective and empathic identification – splitting – and the inner child

Metaphorically we may say that every person, regardless of whether or not there is cognitive impairment, has a 'child' within; and at times this child can be needy, helpless or demanding. This is illustrated below.

Klien (1975) suggests that children under the age of 3 years when dealing with a parent that is both good and care giving and bad when the child is left in the cot, the child splits the mother into two people the good mother and the bad mother. After the age of three children are able to merge the black and white to grey – the thesis and the antithesis = Synthesis. Nevertheless, in adult life this problem is synthesizing good and bad, black and white remains, it maybe as previously suggested with the controlling support group and the rebellious members, or the inadequate support group and the abandoned members. The coming together of group and members or counselor and the counseled is essential for synthesis to take place.

Suppose now that the transgender counsellor remains in a state of denial and self-deception, unable or unwilling to recognize areas of damage and deficit, and steadfastly holding up a 'professional front'. It is likely that such a person will be caught up in the defensive process of 'projective identification' first described by Melanie Klein (Segal 1992): **that is, the caregiver will 'see' aspects of his or her own self in the transgender person, and may even induce that person to act some of these aspects out; making them become more angry, more helpless, more confused, etc.**

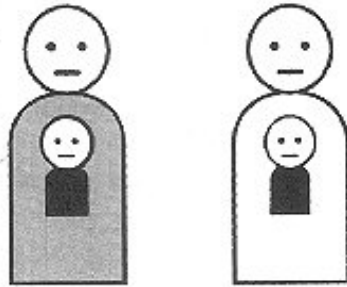
Angela and the Chat Room

Angela is a chat room advisor; she spends most evenings chatting to other transgender folk over the Internet. Often visitors just want to have a laugh and let off steam. However, one evening Sheila came in and after a short discussion it was clear Angela was the only moderator available to counsel Sheila who was in considerable distress. After Sheila explained she was a pre-op transsexual Angela began to explain how difficult it would be to get funding and what the hormones would do to her. Despite the fact that Angela was in the USA and Sheila was in the United Kingdom with a free National Health Service. Angela was forcing Sheila to act out Angela's anxieties and loading Sheila with even more emotional baggage than she had prior to logging onto the chat room.

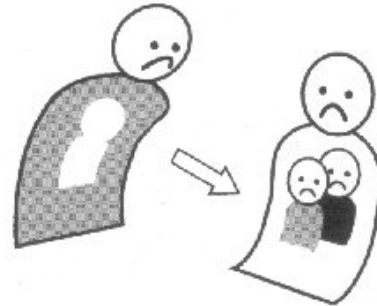
The counsellor can maintain a state of self-deception, and at the same time misperceives the one who is being cared for. The needy child of the caregiver is looked after magically in the person

who is cared for; the two are locked together in a way that hinders them both.

In contrast to this, let us imagine now that the counsellor has gone some way to developing his or her experiential resources; the script is being dealt with, and the child within is being recognized and cherished. The psychodynamics of this situation are shown below. Now the caregiver and the one who is being cared for are both on the same human level, and far more able to appreciate what they have in common. Both carry a needy child within, and both are dependent on the support and comfort that is supplied by other.

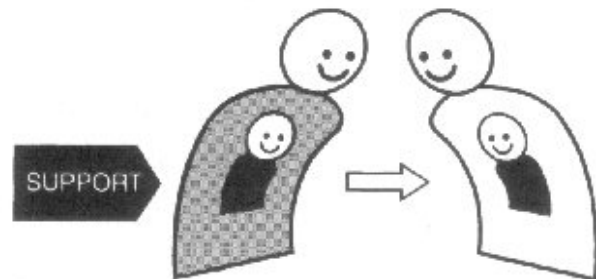


1. Counsellor and user with inner child



2. Counsellor during session projects onto user

3. The child within the caregiver is being looked after in a more open and honest way, mostly outside the care setting. The process of caring is true, sincere, accurate, egalitarian, and the communication is congruent. The whole relationship might be described as one of empathic-identification.



Two paths of personal development

When transgender care is seen in the kind of way that I have portrayed it is indisputable that this work requires a very high level of personal and moral development on the part of those who undertake it. We are looking for very intelligent and flexible action from a 'reflective practitioner'. The essence of what is required might be described as freedom from ego so narrow, imperious, conformist, greedy, grasping and demanding...

Two main paths of personal development are available to us at present. The first has been opened up by psychotherapy, and the second by meditation. They are not rivals, as several experts have shown (e.g. Watts, 1973; LeShan, 1983). An individual can be involved in both together, and it is also possible to combine them in some form of group process.

Psychotherapy attempts to deal with the issues that trouble a person, primarily by unraveling the content of those issues, are often by an exploration of their origins. If all goes well, and a relationship of trust develops, hidden feelings come out into the open understanding increases, and

there is a growth in self-esteem...

In meditation, however, the approach is more indirect. A person undertakes exercises that are designed to strengthen the structure -the psyche, primarily through the cultivation of a still, serene center that is not committed to inner talk. As this development occurs there is a gain in poise, awareness and flexibility. A person is more able to 'be present', and more able to act spontaneously and wholeheartedly. Wary and defensive postures that may formerly have served as a protection can gradually be laid aside. In meditation the aim, in sense, is to learn how 'not to think' . .

Whatever route of personal growth is taken, the difficulty of the task should not be underestimated. We need to remember that, with care work, the task is not 'purely psychological', but neurological too. To change long-standing habits and attitudes may actually involve the dismantling of existing nerve pathways, and the gradual formation of new ones. And these, we might reasonably hope, have more connections than the old, enabling a person to be more aware more in touch with what he or she is undergoing, and with the processes of life.

I walk down the street
There is a deep hole in the sidewalk
I fall in
I am lost. . I am hopeless
It isn't my fault
It takes forever to find a way out.

I walk down the same street
There is a deep hole in the sidewalk
I pretend I don't see it
I fall in again
I can't believe I'm in the same place
But it isn't my fault
It still takes a long time to get out.

I walk down the same street
There is a deep hole in the sidewalk
I see it is there
I still fall in - it is a habit
My eyes are open
I know where I am
It is my fault
I get out immediately.

I walk down the same street
There is a deep hole in the sidewalk
I walk around it.

I walk down another street. (Rinpoche, 1992: 31—2)

This passage was written by a Tibetan Buddhist, in the context of a discourse on meditation. It could equally well be an evocation of the difficult path of therapeutic change.

Remember your group your chat, your website, and you yourself can be that obstacle having the courage and vision to see the obstacle and take a new route is the only thing that will stop you falling down that hole!!!

Transgender Zone

<http://tzone.members.easyspace.com/>

<http://members.aol.com/tzoneteam/>

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