Psychoanalytic trans-narratives

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ABSTRACT. – In recent years, the topic of gender diversity has gained greater visibility, promoting the dissemination of narratives regarding transgender and gender diverse (TGD) people. Unfortunately, this popularity has also led to misconceptions, stereotypes, and prejudices, fueled by the combination of one-dimensional, pathologizing, and stigmatizing narratives from various sources, including psychoanalysis. Nevertheless, recent gender studies have contributed to the development of a more affirmative perspective on gender differences, no longer considering them disorders but legitimate expressions of individual identity, shaped by culture and society. Building on these premises, this article aims to explore the intertwining of narratives that contribute to the formation of TGD identities. Through a psychoanalytic lens, this article explores the main narratives that, interwoven with different intrapsychic realities, developmental lines, and life circumstances, evolve into 'psychoanalytic trans-narratives'. These narratives represent dynamic solutions TGD populations adopt to become individuals with an authentic and cohesive identity. Some of these narratives pertain to life contexts such as family, school, and healthcare, while others relate to common developmental stages, body narratives, and the diagnosis of gender dysphoria and the associated stereotypical narratives ('being trans-enough', 'it gets better' and 'coming-out imperative'). Although each narrative is examined individually, they are intricately intertwined in a 'narrative web' or 'master trans-narrative'. Within this framework, TGD people position themselves based on different variables, which are also the subject of this work.

Key words: gender; transgender; gender diverse; psychoanalysis; narrative web.

Introduction

In recent years, transgender identity and the transgender body have captured the postmodern cultural imagination like few other issues. This has led to a growing dissemination of narratives about the experiences of transgender and gender diverse (TGD) people[1], both domestically and interna-

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[1] The terminology 'transgender and gender diverse people' describes a wide range of identities that go beyond a binary, traditional view of gender based on the man/woman or

tionally. These narratives have permeated various facets of social life, including media, popular culture, the Internet, as well as the academic, health, and political spheres (Halberstam, 2018).

In the academic context, for example, a wide range of narratives have emerged, addressing issues such as gender differences, authenticity, sexuality, intimacy, community, paths to gender affirmation, as well as experiences of discrimination, abuse, and violence (Marques, 2020).

Nevertheless, increased visibility has not automatically resulted in the implementation of equality policies toward these populations. On the contrary, this popularity has led to the generation of various misconceptions, stereotypes, and prejudices, caused by ongoing efforts to fit the complex world of sexual minorities into narrow, one-dimensional, and oversimplified narratives. In fiction, for example, these communities are often depicted with negative and extreme emotional states, such as anger, sadness, melancholy. They are frequently described as disturbed, erratic, unstable, or even psychotic and violent (Keegan, 2013).

Negative interpretations of gender diversity stem from a combination of pathologizing and stigmatizing narratives from various sources, including psychoanalysis. In fact, classical psychoanalytic theories of child psychosexual development have traditionally focused on the importance of the Oedipus Complex, which involves children's acceptance of the sex assigned at birth and the associated gender roles through a process of identification with the same-sex parent. According to this theory, any deviation from this norm is considered an abnormality (Freud, 1923).

Therefore, it is not surprising that psychoanalysis has, for many years, pathologized sexual minorities by depicting them as narcissistic, immature, impulsive, obsessive, borderline, or schizoid. This perspective has led to the development of theoretical and clinical models aimed at 'repairing the gender of these *patients*' and 'converting' them, through reparative or conversion treatments, into a 'normal heterosexuality', considered the only possible psychosexual developmental outcome (Mitchell, 2002).

Yet recent changes in gender studies within the social sciences and humanities, including psychoanalysis, have created a space where the voices, body experiences, and subjectivities of TGD people can find greater expression (Stryker & Blackston, 2023).

Indeed, part of the psychoanalytic community has recently re-evaluated its approach toward TGD people, revisiting and updating pre-existing theories of sex, gender, and sexuality, and generating new contemporary theo-

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male/female dichotomy. People who identify with these terms possess multiple gender identities and/or gender roles, which do not necessarily correspond to what is typically associated with the sex assigned to them at birth (APA, 2021).

ries termed 'affirmative'. These theories share the idea that gender variations are not disorders and that gender is a construct constantly shaped by the individual and profoundly influenced by culture and society (Keo-Meier & Ehrensaft, 2018).

Erik Erikson's study of the developmental stages of identity (1950 and 1968) had already highlighted how models of identity development cannot be confined solely to the individual aspects involved in this process. Instead, they need to also explore their interweaving with sociocultural aspects and the ongoing processes of 'negotiation' between individuals and their environment.

These changes have led to the understanding of gender identity development as a deeply relational experience that shapes internal patterns of self-representation and perceptions of others (Lev, 2013).

Reductionist and simplistic views of gender based solely on biology, which presuppose a 'normal teleology' in sexual and gender development and neglect the influences of external factors, such as 'history,' are thus overcome (Suchet, 2011). Susan McKenzie (2006) provides an example in her work, where she draws on Jung's concept of the *collective unconscious*. The author views heterosexist norms as culturally produced 'collective artefacts', transmitted to each generation via collective memory and subject to historical and ideological shifts. Gender, as a collective artifact, lacks inherent essence and instead is defined by difference – the space between male, female, and other identities – and is 'culturally conceived, interpersonally negotiated, and intrapsychically experienced' (McKenzie, 2006, p. 49-50).

Furthermore, the unrealistic expectation that all members of a civilized society must adhere to heteronormative models centred on the heterosexual ideal has also been challenged. Every form of sexual development, whether typical or atypical, is now viewed as simultaneously representing a compromise formation, a symptom, a defence mechanism, an intertwining of different developmental lines, narcissistic compromises, object relations, and unconscious fantasies (Chodorow, 1992; Saketopoulou, 2015).

These gender identifications, in short, are no longer considered symptoms, but are seen, in the Lacanian tradition, as creative acts or *synthomé* – creative solutions which help the subject preserve their identity and externally express their internal gender experiences. Thus, the body modifications chosen by some TGD people are no longer interpreted as destructive behaviours ('acting out') but are recognized as integral to the psychological process of mediating between one's internal world, one's body, and the external world. This integration involves combining principles from psychoanalysis, sociology, and biology (Gherovici, 2017).

Building on these assumptions, this article aims to explore the multiple narratives that animate the identity development of TGD people, depicting

a nuanced picture that shapes the deep sense of self in these communities. Drawing on psychoanalytic theoretical principles, the article describes key narratives that, when woven into the different intrapsychic realities, developmental lines, and life circumstances of these populations, emerge as 'psychoanalytic trans-narratives'. These narratives represent dynamic solutions adopted by members of these communities in their quest to achieve authenticity and coherence as individuals.

To this end, the main narratives affecting the development of these identities have been explored. Some of these narratives pertain to life contexts, such as family, school, community, and the healthcare system; others relate to developmental milestones common across different models of TGD identity formation; and yet others concern the intrapsychic world of these individuals, such as their own body experiences and fantasies. Given the pivotal role of the body in gender-affirming journeys, special emphasis has been placed on the narrative related to the diagnosis of gender dysphoria (or 'malaise-based narrative') and the associated stereotypical narratives, namely the narratives known as: 'being trans-enough', 'it gets better', and the 'coming-out imperative'. Although these narratives are presented separately for clarity they are intertwined, forming a cohesive 'narrative network' or a 'master trans-narrative'. Within this network, TGD people are positioned according to several variables, also examined in this paper.

Before delving into the detailed exploration of the different types of narratives mentioned above, it is crucial to clarify three foundational concepts. Firstly, a definition of the 'concept of self' is offered. In this context, this concept refers to an intricate combination of individual and social identities (self-narratives). Secondly, the 'concept of gender' is defined, here understood as a network that encompasses the interplay between biology, internal aspects of the individual, and sociocultural factors (gender narratives). Thirdly, the 'concept of cisnormativity', defined as the prevailing narrative that equates gender identity with the sex assigned at birth, is presented as an example of dominant narrative in the lives of the members of these communities (cisnormative narratives). These definitions establish a foundation for comprehending the diverse narratives discussed in this article in relation to TGD identity development.

Narratives of self as negotiation between personal and social identity

The concept of 'Self' comprises several identities, divided into 'social identities' and 'personal identities.' Social identities, imposed externally, define group membership, while personal identities uniquely characterize individuals and contribute to their self-image (*i.e.*, everything that distinguishes a person from their group membership) (Snow & Anderson, 1987).

Identity is thus seen as an ongoing process of negotiation between these

two different types of identities, personal and social. Individuals may choose to align themselves with or reject the identities imposed on them by society, learning to navigate them through processes of negotiation or outright rejection (Goffman, 1959).

The interaction between the individual and society highlights how opportunities within the surrounding context facilitate or constrain behaviour and influence the construction of personal identity. On the one hand, individuals struggle to feel part of their reference group or culture (desire for connection); on the other hand, they try to maintain their own unique and distinct identity (desire for differentiation). These conscious and unconscious dynamics give raise to various narratives people use to define not only their own identities but also those of others (McLean and Syed, 2015).

These premises are essential to understanding the personal and social narratives of TGD people. In fact, these narratives clearly illustrate the ongoing processes of negotiation these populations navigate as they strive to reconcile their personal narrative or self-image with the societal or cultural constraints imposed upon them.

Gender narratives as an intertwining of biology and socio-cultural aspects: the gender network

TGD people, like everyone else, create their identities by telling their stories, in other words, through 'self-narration.' These narratives show us new ways of talking about ourselves and, in that talking, we articulate and create new ways of being, novel forms of identity or new aspects of ourself (Plummer, 2010).

The personal stories of TGD people question the notion of what it means to 'be' in relation to gender and give us a glimpse into new ways of 'experiencing' gender. As Drabinski (2014) put it, '*The narratives understand gender as no longer anchored in a core internal identity, but rather understand self-making as located in the narrative process itself. Although norms that explicitly demand an account of the 'transgender self' compel them, these narratives point away from stories as evidence of a stable gendered or transgendered self. Gender is instead produced by storytelling, where gender is the effect of narratives of the body and embodied practices instead of the ground of those narratives*' (pp. 322).

These narratives underscore how gender has transcended its traditional anchors in anatomy and biology, showing how it extends beyond those dimensions and draws from several other areas (Ehrensaft, 2018).

Although gender has always been conceived as a developmental process, ultimately it has often been ascribed a biologically predetermined endpoint that overlooks other important psychological dimensions

(Ehrensaft, 2021). This echoes Jacques Lacan's query, 'Is gender really non-conflictual [...] to the point of being a-critically presupposed from the very beginning?' (Laplanche, 2003, pp. 169). Dissociating gender from biological sex not only challenges the notion that sex and gender are equivalent, but also raises important questions about the predominant role attributed to biology in the psychic sphere (Saketopoulou, 2020).

Although gender is undoubtedly rooted in and built on biology, it extends far beyond this dimension, incorporating interwoven social and cultural aspects to form what can be described as a complex 'gender network'. This gender network is a dynamic entity that evolves over time through the individual's ongoing interactions with the external world, thereby influencing and shaping their gender identity and expressions (Ehrensaft, 2018; 2021).

Gender identity as an intertwining of dominant narratives and alternative narratives

Bradford and Syed (2019) adopted a 'Master Narrative Approach' (McLean and Syed, 2015) to describe how the process of developing TGD identities is characterized by the interplay between various *master narratives*, which represent dominant cultural histories, and *alternative narratives*, which constitute stories of resistance.

An examination of TGD people's experiences underscores the predominant role of 'cisnormativity' in shaping their identity pathways.

According to this master narrative, cisgender identities are the only ones considered 'normal' or 'standard' in both descriptive ('most people are cisgender') and prescriptive ('a person should be cisgender') terms. This narrative is widely held, rarely challenged, and based on biological essentialism. The latter is rooted on the belief that gender identity should coincide with the sex assigned at birth and that gender is determined by specific anatomical features (Bradford and Syed, 2019).

Since what is considered normal implicitly defines what is considered abnormal, the 'violation' of this narrative equates alternative expressions of identity with 'deviations' (McLean *et al.*, 2017).

The cisnormative narrative comprises various elements, including transphobic behaviours, perceptions of TGD people as dangerous or predatory, the sexualization of their bodies, and, finally, the belief that these populations are affected by mental disorders (McLean *et al.*, 2017).

It is crucial to understand how cisnormativity affects the developmental path of TGD identities and how individuals react to it. This generates several possible scenarios: some individuals resist cisnormativity by adopting alternative narratives, others accept it, while others draw strength from TGD communities, developing coping strategies (Bradford and Syed, 2019).

Narratives dependent on the context

In the literature, there are various models of TGD identity development which, despite their differences, share common stages. These typically include initial periods of uncertainty and anxiety about one's gender, followed by a progressive exploration of one's identities until the adoption of labels and modes of gender expression is experienced as authentic (Levitt and Ippolito, 2014).

Outlined below are some common experiences in TGD people's narratives during their gender-affirming process, categorized by context.

The family

The construction of our 'personal identity' – or the 'creation of a self-narrative' (Erikson, 1968) – begins in early childhood when children begin to develop the ability to create a personal narrative, the first draft of the 'autobiographical Self' or a sense of 'Self over time.'

Identity development reaches a pivotal point in adolescence, a period when the understanding of oneself becomes more complex, culminating in the ability to construct a personal life story, known as 'narrative identity' (McLean *et al.*, 2017).

For TGD people, self-narratives often (though not always) include early memories of gender-related experiences in the family environment and at school. These memories, which emerge during childhood and become more intense during puberty, reveal a discomfort (dysphoria) related to one's gender. This results, on the one hand, in a desire to behave according to one's preferred gender and to reject assigned gender norms, and on the other hand, in an effort to conform to heteronormative standards due to social and family pressures (Hines, 2010).

The development of gender identity, therefore, is deeply dependent on the environment, primarily the family. Indeed, depending on the context, it will be more or less easy for the child to use their 'gender creativity' to negotiate between internal factors (body, brain, and mind) and external factors (socialization, culture, school, family, *etc.*). Ideally, the child would have the freedom to express their 'True Gender Self'. However, in reality, they are often forced to suppress this authentic identity and display a 'False Gender Self' as a defensive strategy for self-preservation. This 'False Self' represents what others expect of them and is the result of assimilating gender behaviors considered appropriate (Winnicott, 1971; Hansbury, 2005; Ehrensaft, 2021).

The ability to mirror or not mirror early experiences of incongruence between the biological body and the subjective experience of gender, therefore, will depend on the surrounding environment and early attachment experiences with caregivers, as the latter can act as both a 'protective fac-

tor' and a 'risk factor' for the process itself. Indeed, during development, the child internalizes experiences of mirroring or non-mirroring as they explore their own gender in their maturing body. These experiences are processed into 'a conscious category in the mind, in a gendered position' (McKenzie, 2006, p. 413).

The failure of the primary objects, and subsequently the environment, to understand the discrepancy between the biological body and the subjective experience of gender can interfere with the process of 'self-cohesion' and deprive the individual of the feeling of being recognized as a 'visible subject' (Lemma, 2017; 2021).

This can lead to several consequences. Hansbury (2005), following a Kleinian perspective, explains how some TGD individuals experience a 'split within themselves between the Body Self, perceived as persecutor, and the Mental Self, perceived as good' (p. 23). Under the pressure of a social environment that does not accurately reflect their authentic gendered self, TGD people may reject their self, experiencing it as 'not-me,' 'not real,' or 'a shadow,' and instead prefer a 'good-me' or 'idealized self.' In these cases, the individual's True Gender Self is not only unrecognized, but is stifled, leading to the appearance of symptoms that, in the most extreme cases, may include suicidal attempts (Ehrensaft, 2021).

The school

In addition, these populations often report being subjected to insults, social isolation, bullying, and sometimes violence while growing up, especially at school. The result is pressure to hide or ignore one's true identity for protection. This discriminatory treatment hinders the ability to form authentic connections with others (Levitt & Ippolito, 2014). Saketopoulou (2014) introduces the concept of 'massive gender trauma' (p. 12) to describe the profound traumas that many TGD individuals experience during development. This trauma arises from the intersection of 'body dysphoria', the feeling that the body does not match the desired gender, and 'misgendering', the misrecognition of one's gender by others. These events share traumatic features such as dissociation, anxiety, and depression. The dynamic solutions that children may adopt to deal with these challenges, and the way the unconscious fantasies may be recruited in dealing with discontinuities between body and gender, may influence their personality and overall psychological functioning.

The community

TGD people often grow up with limited role models, making it difficult to express their authentic sense of gender (Levitt & Ippolito, 2014).

The availability of information about gender identity plays a crucial role in recognizing oneself as a TGD person and acting on this awareness (Hines, 2010).

The lack of role models leads these sexual minorities to obtain information through media, the Internet, and interactions with other TGD community members. Access to such sources of knowledge and contact with other individuals in these symbolic spaces provide a platform for self-expression and facilitate the construction of new gender identities experienced as more authentic. Being welcomed into inclusive communities provides a safe environment to explore different gender identities, address transphobia and traditional beauty stereotypes, and learn a common language (Marques, 2020).

The healthcare system

TGD communities describe their paths to gender affirmation as a complex journey in search of a balance between authenticity and practical considerations, such as safety, available resources, and legal constraints. These pathways often involve interactions with the healthcare system (Levitt and Ippolito, 2014).

The decision to embark on a gender-affirming journey is viewed as a profound act of aligning one's body with one's True Self, considering the risks, costs, and personal comfort. Consequently, there are several possible scenarios for gender affirmation, varying according to individual choices. Some people choose hormonal therapies and surgery, others prefer hormonal therapies alone. Yet some focus on external modifications such as clothing or makeup, while others make no modifications at all (Crapanzano *et al.*, 2021).

This variety of experiences demonstrates that there is no singular 'dominant trans narrative', but rather a series of 'minor, multiple, and complex narratives' (Halberstam, 2018, p. 43).

The narrative of the 'coming-out imperative'

Another stage, present in several models of TGD identity development and requiring a dedicated paragraph, involves the disclosure of one's sexual orientation and/or gender identity, known as 'coming-out' (Zimman, 2009).

The broad relevance of coming out led Rasmussen (2004) to coin the term 'coming-out imperative'. This process is considered a key tool by gay activists due to the potential benefits it may bring to both the individual and the community. However, the promotion of coming-out may unintentionally relegate those who choose to remain in the shadows to a kind of 'zone of shame and exclusion' (Rasmussen, 2004, p. 144). This may exacerbate the

marginalization experienced by individuals who do not feel safe enough to disclose their identity due to potential repercussions on personal and social aspects of their lives.

As a matter of fact, narratives of coming-out illustrate how this process is characterized by 'multitemporality' and 'multispatiality.' In other words, TGD people strategically decide when, where and to whom to reveal their identity, thus highlighting the highly relational and contextual nature of this process. Therefore, coming-out processes are influenced by a complex interplay of interconnected factors (spatial, material, relational, social, cultural, and historical) that shape people's experiences and available options (Connell, 2012).

For example, some individuals may make different choices across various domains of their lives, including within the 'private' realms of family and friendships, 'virtual' and 'face-to-face' spaces, as well as 'institutional' environments related to work, education, and healthcare (Marques, 2020).

In addition, not all TGD people follow a 'traditional' narrative of coming out. Some may identify and disclose their identity at different stages of their lives. Older populations, for instance, influenced by work and family responsibilities, may choose to delay public disclosure of their gender identity (Zimman 2009).

Age and generational factors also play an important role in the coming out process. Indeed, unlike older generations, younger people, influenced by media and the Internet, have greater access to information related to gender diversity. As a result, they connect more easily and earlier with TGD communities, facilitating earlier connections (Hines, 2010).

Variations also exist within institutional and labor market environments. Some people are openly out in more accepting work settings, while others prefer to wait until a job change or relocate to more accepting urban areas to begin anew (Rasmussen, 2004).

Body narratives

Self-narratives, overall, serve as both collective and personal narratives used to present oneself to the public in the desired manner and to make sense of one's life by addressing the fundamental question 'Who am I?' (Bjorklund, 2016, p. 89). Individuals structure the events of their lives by following a narrative format, typically with a central focus around which the entire story revolves (Baruah, 2016).

For TGD people, their narratives often revolve around their bodies thus manifesting as body narratives (Prosser, 1998). Since somatic modifications hold profound significance in their lives, these narratives often focus on these modifications, written within and projected beyond the body, explor-

ing the newfound mental freedoms gained through bodily transformations (Saketopoulou, 2014).

According to Baruah (2016), self-narratives among TGD individuals cultivate a 'double consciousness', indicating the divide between a culturally defined self and a self that transcends this definition. This dichotomy generates a sense of foreignness and perpetual navigation through 'alien territories'. Given that physical transformations are a key element in the plot, the focus centers on the body, and the narrative is interwoven between mind and body. In this way, self-narratives become a means of coping with gender changes, losses of identities, and adaptation to newfound identities.

These body narratives challenge the psychoanalytic notion of a 'natural' body as the baseline from which subsequent deviations can be observed. Instead, they emphasized that the body is continually shaped from birth by its surroundings, through physical contact, voice, food, clothing, smells, and the influences of people all around us. This ongoing process spans different stages of development, involving interactions with family, school, culture, society, religion, politics, and other factors that gradually mold the child's body (Lemma, 2021). For example, as Goldner (2011) states, 'In the adolescent years, when families are eclipsed by celebrities and consumer products, gender is in free fall' (p. 162).

As pointed out by Saketopoulou (2020), the introduction of the concept of 'embodiment' in psychoanalysis – which describes how the body, during the child's development, becomes incorporated into the mind and vice versa – has been instrumental in transcending the limitations present in classical psychoanalytic theories.

This perspective moves beyond viewing the body merely as a container of the mind, as body and mind interact and influence each other. Our experiences shape the body just as the body shapes our experiences, once what is experienced at the bodily level is represented at the mental level through continuous projections and introjections (Lemma, 2021).

This process leads to the transformation of the body that a person possesses into the body that a person is (*i.e.*, the 'personification of the body'; Winnicott, 1971).

This represents a point of arrival, the result of a journey which starts with the body, specifically with the very initial sensory, affective, preverbal, and pre-symbolic experiences of the child (Saketopoulou, 2020). As expressed by Freud (1923), the ego is first and foremost an 'Body-Ego,' and the child's first self-representation is, precisely, corporeal, a mental projection of the surface of our body.

In TGD people, the process of embodiment is complex, as the search for a 'home' for the mind (Winnicott, 1965) represents not a recovery of something that has been lost, but finding a home that has never been known. When the body is experienced as unfamiliar or invaded by the 'other,' the

deepest unconscious fantasy is to reclaim one's own body, liberate the Self from the limiting boundaries of the body, and 'decolonize' the ego from the intrusions that inhabit the material flesh. This is achieved through a concrete body transformation, a re-writing of the body (Suchet, 2011).

The 'materiality' of TGD narratives is strongly linked to the notion that, for the members of these communities, 'corporeality constitutes the essence of subjectivity' (Prosser, 1998, p. 77). Therefore, to fully understand transgenderism, it is essential to consider the 'materiality of the body itself' (Prosser, 1998, p. 77) and the desire of TGD people to achieve a sexed embodiment, in other words a feeling of wholeness, completeness, and eroticism in their bodies.

As argued by Anzieu (1989), subjectivity hinges on the sensation of one's physical skin and 'the psychic investment of self within that skin' (Prosser, 1998, p. 73). Achieving genuine comfort with oneself, therefore, necessitates alignment between our mental body image and our actual physical body. Since this issue concerns the physical body, appropriate interventions should take place at that level, through surgical or hormonal interventions aiming at altering the flesh itself, rather than exclusively intervening at the psychological level on the body image (Suchet, 2011).

Narratives based on diagnosis of gender dysphoria

Analysis of the different narratives of TGD people interacting with healthcare institutions reveals the complexity of the barriers and obstacles these populations face in affirming their identity, especially when seeking specialized medical and surgical services (Crapanzano *et al.*, 2021).

In recent years, the role of medical-legal institutions in granting access to social recognition, such as legal name changes and medical interventions, including hormonal or surgical treatments, has been significant. Typically, accessing gender-affirming services requires obtaining an 'eligibility report' based on a psychiatric evaluation that confirms the presence of the diagnosis of gender dysphoria and the absence of significant comorbidities (Coleman *et al.*, 2022).

Recently, this approach has been widely criticized both by the scientific community and by the TGD communities themselves (Crapanzano & Mixon, 2022).

In the medical context, the complexity of these populations' personal experiences is often simplified and reduced to a specific externally prescribed affectivity: the transgender body is described as one that 'feels bad', as it is characterized by dysphoria (discomfort, dissatisfaction) (Keegan, 2013). In this way, gender variance is labeled as an emotional disorder, fueling the stigmatization of these populations (APA, Task force on psychological practice with sexual minority persons, 2021). As a result, this 'malaise-

based narrative' has become progressively entrenched in an effort to 'correct the difference' in TGD people, aiming to eradicate negative feelings associated with their corporeal identity (Keegan, 2013).

In such settings, maintaining consistency in the expression of gender identity is crucial for these populations, as narratives deemed inconsistent and unconvincing can lead to denial of care. Therefore, TGD individuals seeking health services for gender affirmation often need to negotiate between their own personal narratives and dominant narratives, once again (Garrison, 2018).

An example of a dominant narrative is the concept of 'transnormativity'. Transnormativity can be defined as a set of normative expectations that prescribe socially acceptable ways to express TGD identities (Riggs, 2019).

An example of a transnormative narrative is the 'expectation of medicalization', which assumes that all TGD people follow uniform paths of medical transition by means of hormonal and surgical therapies (Johnson, 2016).

Another cliché is the expectation that these populations have recognized their gender diversity since childhood (Saketopoulou, 2014).

A final example is the expectation of gender binarism, which involves the belief that there are only two genders and that TGD populations must adhere to this binary framework. This translates into the expectation that all TGD people, at the end of their gender-affirming journey, aspire to 'pass as the opposite sex' (passing) rather than their assigned sex at birth (Riggs, 2019).

This latter expectation underscores the social preference for binary identities, while nonbinary identities, which identify as neither men nor women, are considered less valid or legitimate than their binary counterparts (Crapanzano *et al.*, 2021).

Goldner (2011) pointed out that the 'binary gender regulation system' (p. 163) leads to a 'universal pathogenic situation' (p. 163) in that it induces individuals to develop an inauthentic Self that seeks to conform to the gender expectations imposed by society.

Forced gender conformity imposed on individuals can generate symptoms that are often overlooked. These symptoms include, on the one hand, the omnipotent narcissism of the phallic economy, defensive aggression, and hypersexualization, typical of a normative model of masculinity; on the other hand, there is the narcissistic trauma associated with considering femininity a second-rate sex, fragile pseudo-autonomy, depressive relationality and inhibition in acting and desire, typical of a normative model of femininity.

Below are reported three transnormative narratives that, given their relevance and profound influence on gender-affirming pathways, deserve dedicated space and are, therefore, described in detail.

The narrative of 'being trans-enough'

Traditional conceptions of gender legitimize some narratives, considered authentic, while ignoring others.

In Western culture, in fact, the concept of gender has been deeply embedded in our psyche as a foundational aspect - we need to know: boy or girl.

In the words of Susan McKenzie (2010), Jungian analyst and academic, 'Is it a boy or a girl? This is the primary question asked at the time of a child's birth. Along with the declaration of a child's sex comes a pre-printed operating manual that describes a model of how the child is to perform their gender externally, as well as a model containing assumptions about their internal functioning' (p. 92).

According to Sullivan (1956), 'the child must be educated to a complex social order long before the reason and common sense involved in the process can be digested, long before it becomes comprehensible, if ever it will' (p. 4).

It follows that gender assignment remains a critical element in gaining cultural understanding. Therefore, constructing cohesive and socially cred-ible narratives strengthens our sense of authenticity of our 'True Gender Self', improving mental health and increasing self-esteem. Conversely, when our gender is not easily recognized by others, this undermines our sense of identity, authenticity and social status (Sutherland, 2023).

As a result, many TGD people experience anxieties about their ability to consistently express their gender experience over time and adopt narrative strategies to assert their authenticity, in other words to prove to themselves and others that they are 'being trans enough' (Garrison, 2018).

Narrative strategies that confer greater social legitimacy to these identi-ties often involve engaging in medical transition and experiencing gender dysphoria. Those who opt for irreversible treatments, such as surgical and hormone therapies, demonstrate conviction and credibility since they pro-vide concrete evidence that they are 'resolute' and that their identities 'are not a figment of their imagination', making them less subject to challenge. Conversely, those who choose not to pursue any path of gender affirmation understand the potential loss of a concrete route toward social legitimacy, authenticity, and belonging (Garrison, 2018).

Narratives considered 'legitimate' usually emphasize a childhood iden-tification with the 'opposite sex', reinforcing binary gender distinctions and suggesting that these people are aware of the incongruence between their assigned sex and their gender identity from early childhood. Those who rec-ognize their TGD identity at a later age, on the other hand, may be chal-lenged or considered illegitimate both by society and the TGD community itself (Vincent, 2020).

The '*it gets better*' narrative

The narrative 'it gets better', widely found in the media, claims that TGD individuals experience an improvement in their well-being and level of personal satisfaction as a result of their gender affirmation process. This narrative is based on the cultural assumption that individuals who choose to significantly 'disrupt' their lives to achieve the desired change are motivated by the expectation of happiness that such change will bring (Haimson, 2020).

However, these narratives may cause unwarranted emotional distress, as the cognitive strategy of imagining a better future may be associated with reduced emotional well-being (Toomey *et al.*, 2018).

In reality, while some individuals report improvement in their psychological well-being post-affirmation, others experience a worsening due to a variety of factors, including social and family exclusion, security threats, and other issues not strictly related to gender identity, such as family or work problems (Haimson, 2020).

This underscores the importance of considering the intricate interplay between identity aspects and multiple life circumstances, as well articulated in the concept of *intersectionality*. Intersectional theories are often used to complicate the 'it gets better' narrative (de Vries, 2012). Indeed, these components of identity are deeply interwoven with other aspects of identity, such as race, ethnicity, religion, sexuality, socioeconomic status, age, ability status, nationality, and immigrant status. Additionally, other life events and circumstances, such as separation, divorce, job loss, relocation, death in the family, and changes in friendship groups also impact individuals, not all of which are closely related to gender identity. Therefore, the path to gender affirmation does not represent a one-size-fits-all, universally positive path, or a comprehensive solution to all the challenges in an individual's life, since being TGD constitutes only one aspect of their multifaceted identities (Haimson, 2020; Lindley *et al.*, 2021).

Narrative of being born in the wrong body

Another example of transnormativity is the 'narrative of being born in the wrong body'. In addition to being employed in medical-legal contexts, as described above, this narrative is also sometimes adopted by TGD people themselves.

Some TGD individuals, in fact, struggle to reconcile the disconnect between their physical appearance and their gender identity, and may adopt the unconscious fantasy that their biological sex and body are not real and never were. This belief may emerge on a conscious level as a feeling of

being born in the wrong body, thus justifying the resulting feelings of injustice and resentment. Importantly, this narrative serves to avoid confronting two significant challenges: 'temporality' and 'mourning'. Essentially, believing they were born in the wrong body allows TGD individuals to make sense of their gender without confronting the physical reality of their biological sex. By rejecting their biological sex, they sidestep the need to grapple with its temporal aspects and, consequently, there is no longer a need to grieve for something they perceive as never having existed (Saketopoulou, 2014).

The body is intrinsically linked to temporality in that it is mentally configured in a temporal way. The body represents a reminder of our connection with the parental couple from which we come, signifies the distinction between the time when our body 'did not exist' and the time when it came into being, thus marking generational differences. In this sense, the body recalls the reality testing, or the acceptance of continuity and change, and the need to tolerate that which changes and that which remains the same (Lemma, 2021).

For TGD people, temporality holds significant importance, since surgical and hormonal interventions, while providing a source of relief, do not completely eliminate pre-existing biological markers. Indeed, even after such interventions, a difference persists between the inner experience of gender and the body, as the latter still retains a history that can be consciously or unconsciously acknowledged or denied. Therefore, elaborating the story of one's assigned body at birth and the affirmation path undertaken becomes essential for developing an integrated narrative of one's own identity and life story (Lemma, 2016).

Creating an integrated life narrative involves crafting a 'narrative arc' that serves as an 'integrative force', bridging the past with the current self, thereby fostering a sense of coherence across time and space (McLean e Sayed 2015; McLean et al., 2017).

Thus, a psychologically healthy transition depends on the ability to grieve the persistence, despite medical interventions, of elements reminiscent of the original body. Steiner (1992) defines grief as the feeling of loss that often accompanies the relinquishment of omnipotent control. For these populations, relinquishing omnipotent control aids in accepting the body as an imperfect project and in integrating their biological past into their new identity.

It is nevertheless important to note that accepting one's body does not necessarily mean forgoing medical transition. The distinction between accepting the body and undertaking the medical transition is crucial and should guide the analytic approach: the individual must understand their biological body in order to decide whether to accept it, modify it, or let it go (Saketopoulou, 2020).

Conclusions

In this article, the wide array of narratives which influence the identity development process of TGD individuals in various ways, has been examined.

It should be emphasized that both the dominant and alternative narratives set forth in this paper constitute only a fraction of the multiple examples of narratives encountered and navigated by these communities over the course of their lives; therefore, this list is by no means exhaustive. In fact, the narrative network ('*master trans-narrative*') that emerges in the course of these people's self-development comprises threads, visible and invisible, that are intertwined to form potentially infinite narratives.

The integrated approach of narrative and psychoanalytic frameworks ('psychoanalytic trans-narratives') described in this paper emerges as a valuable tool for understanding the multiple ways in which inner experiences, developmental trajectories, and external circumstances are processed by TGD people during their identity development. This process occurs at both the conscious and unconscious level, contributing to the formation of different narratives, including possible body modifications, adopted by TGD individuals on their journey towards an authentic and cohesive identity.

Awareness on the part of the psychoanalyst (and the mental health professional more generally) of the intricate narrative networks outlined in this article can be helpful in avoiding the misunderstandings, stereotypes, and prejudices that arise from the tendency to reduce the rich fabric of sexual minority experiences to overly limited, one-dimensional, and oversimplified narratives. This awareness facilitates the creation of an environment in which the voices, body experiences, and subjectivities of TGD people can be welcomed and valued.

In this way, psychoanalysis can become a tool which empathetically and inclusively reflects the experiences of incongruence between the biological body and the gender identity of TGD clients, offering them the sense and experience of being truly understood and acknowledged.

The psychoanalyst - and other mental health professionals – often find themselves in the position of accompanying TGD individuals on their journey of gender affirmation. This journey is characterized by a process of negotiation between their personal and social narratives, as described in this article. It involves balancing the individual's narrative or personal identity with the restrictions imposed by the society or culture to which they belongs. In this context, the clinician's task is not to impose a personal vision or indicate a predefined path, but to understand and explore different narrative possibilities together with the patient. The goal is to identify, once a good working alliance has been established, the most meaningful and useful pathway to allow the authentic expression of the client's True Gender Self.

Indeed, the central goal of a psychoanalysis able to be affirmative of gender

diversity should be to foster an environment in which the client can explore their identity genuinely and non-judgmentally. This also means respecting the client's desire to reveal or keep their gender identity confidential.

Furthermore, affirmative psychoanalysis should aim to restore the cohesion of these individuals' Selves through acceptance and empathy. This process promotes the reestablishment of relational integrity, enabling the client to develop more fulfilling and authentic relationships with others and with themselves.

The framework presented in this article highlights a crucial aspect of the narrative networks that inform TGD identities: the central role of the body and associated body narratives. This is particularly relevant given that one of the most significant challenges faced by psychoanalysis concerns understanding the desire of some TGD people to undergo surgery to modify their bodies. A critical analysis of traditional psychoanalytic theories related to gender has paved the way for a deeper and more inclusive understanding of the bodies of these populations, considering surgery as a possible form of therapy. Therefore, psychoanalysis and surgery should not be perceived as mutually exclusive processes. On the contrary, they should be seen as complementary since both aim to support the well-being and authenticity of these populations on their journey of self-exploration and affirmation.

Indeed, for these populations, body affirmation represents a process of achieving a more authentic embodiment that aligns with their subjective experience of gender and the complexity of their identity. These body changes not only enhance overall well-being, but also increase life satisfaction. In addition, body modifications significantly contribute to reducing anxiety and other symptoms associated with the stress of belonging to a sexual minority.

The investigation of 'psychoanalytic trans-narratives' conducted above highlights how, on the journey to constructing the narrative of the Self, as well as during the analytic journey of TGD people, change involves both 'the inner' and 'the outer', in short, the psychological and physical worlds. For these populations, changing the body is essential to transforming the psyche, as the body itself must change in order for the inner experience of gender to be reinterpreted in a more congruent way. It is important, therefore, to recognize that inner understanding (psychoanalysis based on the analysis of conflicts) does not always resolve body discomfort. In other words, body modifications do not exclude the exploration of gender identity through analysis, and vice versa. If analysts do not fully acknowledge the importance of the body in the identity development process of TGD people, the body and TGD identities risk being overlooked or denied, thereby replicating the painful experience of invisibility and denial that these communities too often endure in society.

In conclusion, adopting the framework provided by the 'trans-analytical

narratives' described here may facilitate a paradigm shift in our understanding of gender. Rather than viewing the concept of 'trans' as another fixed position within the gender spectrum, as a supposed 'third sex,' it would be more useful to construe it as a position that interprets gender as an evolving narrative process, a gerund (Goldner, 2011) rather than a static concept or a defined category. In this sense, the prefix 'trans,' with its wide range of meanings, represents the only term that can fully capture this complexity, reflecting the constant state of change and becoming inherent in TGD people's narratives, rather than a static and finite concept.

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