

*Nicolas RABAIN –
Transgender adolescents and their parents: a group approach to transition*

Translated from French by Benjamin Farrow and Nicolas Rabain

Title

Transgender adolescents and their parents: a group approach to transition

Abstract

The author presents a new group approach which consists in bringing together transgender adolescents and their parents. After having specified to whom these groups are addressed and how they function, the author illustrates how work surrounding questions about trans identity is fostered for each group of participants, as well as the interest of bringing together teenagers and their parents in *multi-family* and *intergenerational* sessions.

Keywords

Adolescence – Hormonal transition – Intergenerational – Multi-family psychoanalysis – Social transition – Trans identity

"I am your son!"; "I want to be a girl!"; "I am a girl! "; "I have gender dysphoria!". These are some of the lapidary formulations used by the transgender teens in our focus group. This was the first time Alex had participated in the discussions: *"Is that how you told your parents? I made mine a comic book!"* One by one, each member of the group recounted their coming-out: some of them had made drawings, others had spoken or written words: letters, emails, or text messages. Regardless of how, regardless of when: *"One day, it will come out. You can't help it!"; "I was really scared at first, but I was relieved afterwards; and as a matter of fact, I can only say this kind of thing in the group!"* – in the group, but which group is it exactly?

For almost two years now, we have been bringing together pre-pubescent children and teenagers who have questions regarding trans identity. Our groups were conducted in the Sexual Identity Consultation Service of Professor David Cohen's Child and Adolescent Psychiatry Department at the Salpêtrière. One of the groups involves transgender children between the ages of six and ten, and we coordinate it together with Dr. Agnès Condat and Joy Wielart. A second group that we lead with Dr. Julie Brunelle brings together transgender adolescents aged thirteen to nineteen. Each session consists of two parts: we first receive the participants and then, separately, their parents. Our groups are also “open”, as newcomers can be included along the way. All participants are extremely regular, regardless of whether they come from the greater Paris area or live in the provinces, the city, or rural areas.

At the end of the first year, we doubled the frequency of sessions at the request of the patients. We are one of the only child psychiatry services to offer group outpatient care to transgender minors. From the very first meeting, we made it clear that our objectives are not to set the participants on the path to normativity, nor to convince them to undertake a transition. Instead, it is a matter of accompanying them in the process of constructing their identity and encouraging the unfolding of their subjectivity in a context that is removed from gender stereotypes.

After specifying who these groups are aimed at and how they function (I), we will illustrate how they promote the exploration of questions surrounding transidentity by adolescents (II) and their parents (III). We will then discuss the value of bringing adolescents and their parents together in what is known as *multi-family* and *intergenerational* sessions (IV).

I. Who are our groups directed at and how do they work?

For the most part, transgender teenagers seek our help in order to be guided through their transition. Initially, this request often involves the medical aspects of this process. Within our institution, the Multidisciplinary Concertation Meetings (MCM) bring together endocrinologists, pediatricians, child psychiatrists, psychologists, psychomotor therapists, reproductive biologists, ethicists and jurists every month, to share their respective points of view and to work out the handling of the most complex cases together. Often, it is a question of evaluating the relevance of prescribing a puberty blocker or hormone therapy. Decisions are made on a case-by-case basis.

From a psychiatric standpoint, we frequently observe the recrudescence of signs of anxiety and depression that are closely linked to specific aspects of the patient's environment, such as was recently confirmed in a study conducted by Dr. François Medjkane's team in Lille (Bernard et al., 2019, p. 111-123). Gender-related stigmatisation increases the risk of developing a depressive syndrome fivefold compared to the general adolescent population (Kaltiala-Heino et al., 2018, p. 31-41). Hence the importance of providing medical and psychological support to transgender minors and their parents.

Very often, the parents of transgender adolescents temporarily become the students of their own children. The latter have information and knowledge that their parents do not have: not only subjective knowledge that inhabits their bodies, but also knowledge gathered from social networks. The collective discourse is based on a lexical field of neologisms that they have to transmit not only to their parents but also to clinicians. Thanks, in large part, to the internet, transgender adolescents are similarly often better informed than the vast majority of health professionals about the multidisciplinary care that should be considered in the context of their transition.

A final characteristic of our group's framework is that as soon as a new person is included, the regulars welcome them, a bit like the so-called "*pilot fish*"¹ of the institutions that are the heirs of institutional psychotherapy. Three fundamental rules are formulated at the outset. Firstly, "*Everything that is said in the group must remain there*", a rule of *confidentiality*. Secondly, a rule of *benevolence*: "*Never interrupt someone who is speaking and be careful not to judge the other members of the group.*" Finally, a rule of *free association*: "*Ask for the floor when you feel the need or desire to speak.*" Afterwards,

¹ The "pilot fish" concept involves a veteran patient who acts as a guide for a new patient in order to present the service to him or her (cf. *La Borde Clinic*).

everyone introduces themselves, generally using their new name, their age, class, musical tastes and extracurricular activities, just as they would in any group of teenagers.

II Transidentity as seen by transgender adolescents

The tone of the adolescent group is most often one of humour, laughter and self-mockery, even when discussing painful situations. In contrast, the parents group is less often in harmony: while some trivialise their family situation, others evoke their anxieties. Tears are regularly shed, something that has yet to happen in the adolescent group.

During the first sessions, the most recurrent question deals with the hostility of their environment as a frequent impediment to the transition process. The theme is nevertheless unifying as it allows participants to temporarily set aside their differences. Such clear manifestations of respect and attentiveness to other group members bring to mind the phenomenon of “group illusion” as defined by Didier Anzieu (1991, p. 362-363). Non-conflictuality and a feeling of self-sufficiency coexist, as though all necessary models were to be found through the diversity of material supplied by the participants. The group work is quickly set up as a libidinal object to which clinicians and “*the participants address themselves [...] nominally [...] in the discourse. They report ‘to the group’ what they felt ‘at the group level’*” (Anzieu, 1975, p. 186). As the group envelope is formed, a boundary between a good interior and a hostile exterior materializes. The cleavage between good and bad is therefore not within the group, but rather between the group and the exterior: “*Libidinal drives are concentrated on the group-object; destructive impulses, split from the previous ones, are projected onto [...] an external group*” (Anzieu, 1991, p. 363).

In this respect, regardless of the singularity of their experiences, everyone, without exception, has experienced “transphobia”. In the discourse of adolescents, the assaults they have suffered are mainly related to the difficulties encountered in their family and socio-cultural environment. We think here of harassment in the street, or even hostile comments from certain health professionals. The place most often mentioned is school: “*The other day, transphobes showed up in front of my school. They brought baseball bats!*” says Célia. To which Stéphane replies immediately: “*I have nothing to fear: I’m in a school where everyone is LGBT. So, there’s no risk of being attacked or getting ‘molested’ by a ‘cis-!’*” When speaking about cisgenders, Raphaël is indignant: “*They sometimes dare to ask us what’s between our legs... We would never allow ourselves to ask them such intimate questions!*”

Intimacy, another leitmotiv, lies at the heart of the movie *Girl*² too, a film directed by Lukas Dhont: how many times does Lara's father enter his daughter's room without knocking? And how many times does Lara protest in vain? This protest is crucial because, all too often, the right to privacy is denied to trans people. *Girl* tells the story of a fifteen-year-old trans teenager who is passionate about classical dance. She begins hormone treatment and is eagerly awaiting her reassignment surgery, as though her greatest suffering came from having a penis. In this regard, we should mention the uncompromising criticism of this film by Beatriz Santos (2019, p. 157-163).

Thus, the group would regularly bring up the gaze of cisgender people. Sometimes this gaze feels rejecting and scornful, sometimes it is curious, but often in a voyeuristic way, something that Camille cannot tolerate: "*Some 'cis-' people want to essentialize us and sometimes they try to sleep with us, just for one night, just to see, as though we were circus freaks!*" Another unifying theme is sports, the changing rooms and above all, the ordeal of the swimming pool. It is the same for summers at the beach: "*What if my binder shows under my T-shirt? What if I run into someone who knows my old identity? Bring on the testosterone and the mammectomy!*"

As soon as the group envelopes are strong enough, the first movements of differentiation can finally appear. Opinions differ. For example, should one say or hide one's transidentity? For some, not everyone has to know and, above all, there is no need to inform people you meet after the transition. For others, coming out makes it possible to sort out the people one trusts and those one will have to get rid of. There are also other differences: should one be an activist or not? Some reject the radical and sometimes caricatural style of LGBT activists: "*Only 'crazy' people expose themselves in the media!*"; "*They are too sectarian. It hurts the cause! Anyway, I don't want to be a trans boy - I just want to be a boy!*" In short, to live happily, one should live hidden! The others, more mixed, argue that to defend themselves effectively, it is necessary to be firm. In the same way, while some are horrified by the Pride march, others say that they "*adore Gay Pride, the only day of the year when we are not afraid, because we feel surrounded by a new family.*"

While the community environment and social networks offer a wide variety of identificatory figures to transgender adolescents, the adolescent group reinforces the play of identifications *in situ*. In addition to fighting against a tendency towards deadly isolation, the

² *Girl*, a Belgian film by Lukas Dhont, 2018.

sessions allow for identifications and counter-identifications with binary or non-binary participants, which revive their associativity and capacity for conflict. Thus, the gender-fluid generation³ remains undeniably more flexible than the previous one, especially with regard to gender identity and the question of sexual orientation. What about their parents, once they are gathered in a group?

III Transidentity as seen by the parents

It is essential to work with parents for the sake of their child because the position of the parents has an obvious influence on the transition path of transgender teenagers. Helping parents to articulate their own point of view and move away from a monolithic and often normative, stereotypical view of questions surrounding transidentity constitutes a significant benefit for their child. Working through parental fears and taking into account the principle of reality – for example, by not denying the numerous risks faced by trans people – enables them to better protect their child.

As with the adolescents, the parent group also makes it possible to break out of a certain form of isolation. It is also based on the principle of free association: each person is invited to formulate what they want, what they feel, and what they need to say or question so that their words resonate with the others. The range of parental positions is quite broad. Some support their child unconditionally: *“I’ve been behind my daughter since I realized that her transition was vital for her.”* One thinks here of Lara’s father in *Girl*. *“I’ve done everything I can to speed up the process of changing civil status,”* says Frédérique’s mother. *“In France, it takes years to undergo surgery. And so, I’m accompanying my daughter to Thailand for her eighteenth birthday. I can’t wait for the surgery so that her ‘dysphoria’ can be alleviated!”* Other parents will object to any form of transition: *“I won’t use her new name! My daughter will always remain a girl!”* Between these two extremes, all intermediaries are possible.

Concerns about their child’s body are recurrent: what are the post-operative side effects? How does one assess the risk of failure? *“What if he wants to reverse the surgery?”* Reassignment surgeries do transform one from one day to the next and they are irreversible. Hormone therapies, whose results appear gradually, generate equally perceptible anxiety:

³ This term refers the new generation of adolescents and adults in which some people feel that they are neither quite man nor quite woman. They may also feel they are both man and woman.

“Do we have enough insight into the undesirable effects of puberty blockers or hormones on the bones?”

Further away from the soma, the topic of “mourning the child” as imagined by his/her parents comes up frequently, and often with the same stages: *“First, she cut her hair. Then her birth name disappeared from the family record book. Then he started testosterone, and soon it will be a mastectomy. I thought I had mourned my daughter. But now, since he doesn't want to preserve his eggs, I'm at a loss. I will never be a grandmother!”* says Michaël's mother before she breaks down in tears. *“Maybe,”* answers Daniel's father, *“but at least you won't lose your son. Mine was on his fourth suicide attempt. Since he has been referred to as 'he', he has felt alive again!”* In many cases, supporting the transition of one's child significantly reduces the risk of suicide.

At the heart of these sessions, which oscillate between the hope and despair of the parents, the themes of suicide and the survival of their children lead them to address – this is the term they themselves use – the “mourning of the child” they had dreamt of, an issue that concerns every parent. This point brings to mind the work of Serge Lebovici which distinguished three types of children that coexist in the mother's psyche. First, the child who interacts with her by *“displaying their skills”* (Lebovici and Stoléru, 1983, p. 366): this is *the reality child*. Then, *the imaginary child* who is linked to the desire for pregnancy as well as the desire for a child. This child is the fruit of a union between progenitors and thus appears in parental projections around both immediate preoccupations and future projects involving the baby. For this reason, they will have to *“meet the family's ambitions”* (Lebovici, 1998, p. 79). This imaginary child is the one mainly involved by the mourning the parents feel confronted to. Lastly, there is *the fantasy child* who is linked not to the desire for pregnancy but to the desire of motherhood as well as to *“the oedipal organization of the mother's fantasies and the mourning of her oedipal objects”* (Lebovici and Stoléru, 1983, p. 365). Closely linked to the infantile roots of the mother's desire for a child, the fantasy child represents the child born of the fantasised incestuous relationship with the father.

The parents of the group tackle their progression since their children came out: *“For me, the news was like an atomic bomb; but in the end, it was nothing compared to our fear of suicide attempts.”* Another father: *“Frédérique didn't like dresses. I thought she would become homosexual, but not transgender. Besides, I didn't even know what it was at the time!”*

So, what was the detonator? For one of the mothers in the group, meeting a mother and her trans daughter in the waiting room triggered something: *“The kid was happy and*

fulfilled. I found out by chance that she was transgender, despite her totally ordinary appearance”, she recalls. “Then I talked about trans identity with her mother, a gentle woman who was more advanced than I was, and it soothed me.”

No parent is at the same stage. The most refractory ones have left the group. Others stay to welcome new participants and help them. Beyond the narcissistic revalorisation generated by this activity, it is possible to imagine that they identify in the new members of the group the distress they once experienced themselves and, as a result, how far they have come since. *“The first testosterone injection was a happy moment shared with family and friends.”* However, the exchanges have ended up becoming more decentralised: recently, questions about transidentity have given way to problems classically found in adolescence: *“If my daughter is looking for her place so much, it's because she has a high intellectual capacity. As a result, she feels different from people her age.”*

In a nutshell, the parent group in our experience was characterised by an initial mistrust: *“You're going to convince our child to go through the transition and explain to us that this is what she/he needs!”* The group then generated a dynamic that allowed the parents to put their questions into perspective in the face of the experiences of other families. This resulted in a new impetus and the readjustment of certain positions hostile to transgender people.

Conclusion

In the adolescents group, more so than in the parents group, the first sessions were characterised by the avoidance of any form of initial disorganisation, as described by Bion (1961) and Anzieu (1975): the resurgence of archaic anxieties and fantasies of destruction, abandonment or shattering. From the outset, this approach generates a phenomenon of group illusion in which identificatory movements and “mirror” relationships prevail, as well as non-conflictuality, euphoria and a feeling of self-sufficiency. In other words, the first tensions often hardly emerge. It is only once the group envelopes have been consolidated that the first oppositions appear and allow for a reinforcement of the associative capacities of the participants.

With this in mind, we have decided to bring the two generations together in the near future within the setting of *multi-family* and *intergenerational* sessions. Thus, about thirty people will discuss together in our presence. In these intergenerational multi-family groups, when the parents tell the story of their childhood, every adolescent feels entitled to take an

interest in his or her own story, which favours the emergence or reinforcement of their own narrative skills (Rabain, 2017, p. 1146-1153). This gives new impetus to the process of subjectivation, that requires an unavoidable “*arms clash*” between adolescents and their parents (Winnicott, 1971, p. 200). This “*confrontation between generations*” (Kancyper, 2018) is a necessary although not sufficient condition for subjectivation, because any conflict, however painful it may be, does not always lead to fruitful changes. While the confrontation of adolescents with their parents may reinforce the process of subjectivation, sometimes, certain particularly heated conflicts end up not contributing to greater autonomy. Another equally unproductive case is when adolescents and their parents avoid conflict – the absence of confrontation.

A final point: the transgender adolescents we met remain, above all, ordinary adolescents. In other words, they are inclined to confuse empathy with complicity – a fantasy of seduction – and distance or silence with rejection (Bufnoir, 2016, p. 66-74). Hence our increased vigilance with regard to the modalities of separation: “*How do you imagine this group will come to a close?*”, we asked them. This question gave everyone the opportunity to express their wish to continue: “*This group allows us to talk about our progress, make announcements and applaud each other when one of us starts taking hormones. All this we can do only here!*” And Frédérique concludes saying: “*Anyway, this is not the right moment to stop. I’ll get surgery in Thailand this summer. When I’m back in France, I’ll surely need the group!*”.

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Filmographie

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