The Development of Gender Identity

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Gender is fundamental to identity, to a sense of a recognizable individual and collective self in the world. It is treated as a given: there is no question as to whether one has a gender, only to which one it is, from a choice of two. This seems obvious. Yet… when one enters an area of gender ambivalence, the discomfort it engenders and the desire for clarity in themselves could be taken as evidence of an attachment to gender certainty that merits further investigation. The world of gender is not as clear cut as we like to present it. The postmodern world highlights this as people cross genders, play with gender roles, and refuse gender categories in ways that demand a response whether supportive or neutral or pathologising. Counselors, too, need to rethink their position on gender if they are to meet the new gender demands that clients bring to them.

Gender is often discussed in analytic terms as if it is a value free construct, a description of what exists. Yet gender is used to define as well as to describe. *Masculine* and *feminine* are terms laden with meaning. Boys are dressed in blue, girls in pink, not because they look better that way but in order to signify their gender and so ascribe to them the meanings that are attached to their gender position. Assumptions that such terms are natural have set up therapeutic expectations of normal gender development that in turn have affected how therapists have assessed, understood, and treated their clients. Not subscribing to gender norms has been seen as indicative of pathology, and conformity to the norms as indicative of well-being. These constraints bear little relation to lived lives that, once one is even a few inches under the surface, defy efforts to categorize too neatly experiences of the self. When children are born intersex - that is, having sexual characteristics that are both male and female, or having primary sexual characteristics of one gender but later developing the secondary characteristics of the other – the medical response is to assign to the infant a sexed category based on the dominant visible sexual characteristic, in the conviction that raising the child in the assigned gender, and offering corrective surgery at a later date for sexual characteristics that develop inconsistent with the assigned gender, will assure a psychological gender identity that is aligned with the decided physical one.

The interesting thing here is the assumption that it is not possible to live a life without a clear gender assignation, that it is better to artificially modify and neaten the edges of experience, than to make room for the untidiness of gender and see what might be learned from it.

Freud (1905), the father of psychoanalysis, was of course a person of his time. In his era there was not the ready platform from which to debate gender issues that exists today; he had to build from the limited experiences of his own practice in a small area of Vienna. He confessed to understanding men better than women, and his oedipal theories always sat better with male than with female development. His notions of gender and sexuality were deeply culturally bound; and yet he argued that identity formation was precarious, that identities were unstable, that gender identity was a journey involving delicate negotiation between desire and identification, fleshed out in the relationship between the child and its parents. He struggled with notions of masculinity and femininity, at times affirming traditional traits of male aggression and female passivity, and at times acknowledging the inadequacy of such formulations. Ironically, he was never as fixed on the subject as many of his followers became. He was at pains to separate sexuality from gender, refusing to associate effeminacy invariably with homosexuality. Although his attitude to homosexuality was at times contradictory, he never saw it as a perversion, and, affirmed the capacity of homosexual men and women to train as analysts – something that institutions later founded in his name singularly failed to do.

Carl Jung (1983), strongly influenced by Freud but later departing quite radically from him, had in one sense a more essentialist approach to gender, but broadened the debate by suggesting that men had hidden female characteristics, or anima, while women had hidden male characteristics, or animus. The road to health was to interact with and learn from the contrasexual element within the self, to achieve a balanced whole. This was new thinking, and freeing for both sexes: to be a proper man one had to relate to one's feminine, and women could usefully integrate manly aspects. The weakness was in the extent to which

the anima and animus corresponded to gender stereotypes of the time, therefore failing to fundamentally challenge them. Jung also implicitly required heterosexual complementarity as a signifier of health: men and women, with their complementary opposites, belonged together in order to create a whole. This unspecified yet very present presumption continues in analytic thinking to this day. It is particularly unhelpful in the gender debate because it writes off lesbian and gay desire as a maladaptive gender issue. In relegating feminine traits in men and masculine traits in women as respectively effeminate and butch manifestations of confused sexuality, it avoids taking seriously the fact that real men and real women can be respectively sensitive, emotional, and dependant or logical, rational, and autonomous.

After the second World War, object relations theorists and ego psychologists in Britain and America began to emphasize the role of the mother in child development, and therefore in identity formation. The economic and social power of men was seen as secondary to the emotional power of women in the world of the infant. The formation of self was seen to come out of the relationship of the infant to its maternal environment (Bowlby, 1953; Winnicott, 1958), and both male and female infants were profoundly affected by the relationship with the mother. Feminist therapists began to identify the effect that the mother's social position might have on the infant (Baker-Miller, 1978). Subtle ways in which a mother's response to boy and girl children could be different, could lead, for example, to a more ambivalent relationship between mothers and daughters as they struggled with the dynamics of sameness and difference; whereas with mothers and sons the otherness was always present, which could lead to a less ambivalent relationship with a clearer agenda for separation (Eichenbaum & Orbach, 1985). Men develop a compensatory masculinity, reassuring themselves that they have escaped from identification with the mother (Chodorow, 1989). Oedipus was no longer the most significant drama of early childhood.

Feminist therapy was born out of the need to address the patriarchal underpinnings of traditional psychotherapy. For this purpose, women and men were grouped together as universal categories, as if gender was the prime signifier and bond sufficient to overcome all other differences. Of course this was not the case, and bonds such as race, ethnicity, class, sexuality, and culture remain equally or more significant in their own right and also in their contribution to a gendered identity. Analytic thinking has already identified how gender identity is formed in part through family identifications. The family itself is set within an ethnic context that informs gender expectation, both in a recognizable, cognitive sense and in more unconscious ways, passed on through minute interactions, facial expressions, and nonverbal expectations. This relates, too, to the overall society and its position in relation to different cultures. Masculinity in an oppressed minority culture will be a different experience from masculinity in the dominant cultural group, although there will also be similarities. In a London study (Frosh, Phoenix, & Pattman, 2002), Asian boys who achieved well at school were reinforced as properly masculine in their family settings that valued education, yet lost masculine status in the predominately non-Asian school culture that valued toughness and rebelliousness as masculine traits. African Caribbean boys had higher male status for conforming to standards of masculinity that were sporty, uncaring about school, and cool – but this put them at odds with the education system that classed them as failing, and thus as failures in comparison with the White boys who generally did better at school but knew that they were not as cool, a quality that they envied in the African Caribbean boys. For all groups it was not possible to have a consistent masculine identity; choices had to be made over which environment was most significant, and it is impossible to speak about their gender without also speaking about culture. The same could be said of class: properly masculine middle class behavior could be seen as weak and girly in a working class environment, and working class masculine toughness could be derided as yobbish by middle class boys – again identifying wider factors that shape gender expectations and compete with them for significance. Taylor, Gilligan, and Sullivan's (1995) earlier research among American girls, listening to the interrelationship of race and gender in their discourses, observed the weaving together of all the threads into individual – and gendered – selves. Gender is not an exclusive or prime category, although it is a fundamental one.

Recent thinking has taken to querying the basis of the binary gender divide (Barden, 2001). Strong arguments are made for gender as performative (Butler, 1990), an impersonation rather than a reality, something that we do rather than something that we are. Once it is possible to view the insistence on gender certainty as itself somewhat perverse, requiring as it does a denial of elements of the self, a repression of true desire, in order to gain an acceptable gender position (Kaplan, 1993), it is a short step to wondering why this insistence is so prevalent and so forceful. With the postmodern trend for deconstruction and relativism it makes more sense to question the question rather than to persist in pursuing the answer. What if the problem is not the language around gender, but the language around definition? If definition must be either/or, yes/no, then it is – by definition – unable to cope with the varieties

of human experience, and will never be able to account for them adequately.

If counselors are to work effectively in the area of gender, they must be open to experiencing and deconstructing their own sense of gendered identity. If our societies, including our counseling trainings and developmental theories, control the definitions of gender, then to find oneself at odds with them over gender is possibly a very healthy position.

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