

The development of gender identity¹

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Summary

Gender identity refers to a person's subjective sense and experience, of his own gender and relates to the constellation of the beliefs he/she holds, about masculinity and femininity. Core gender identity develops within the first months of life. The development of core gender identity is a multi-determined process involving biological factors, genital anatomy, and parent's attitudes and fantasies about the child's sex, which lead to certain patterns of handling the infant. Core gender identity cannot be regarded separately from the development of identity as a whole and the establishment of the representation of the self, which depends on the relation to the primary object, and the conflicts, traumas and losses during childhood. Freudian theory on the differentiation of the sexes was based on castration anxiety in males and penis envy in females. These ideas were reexamined by subsequent analysts, who helped us rethink the concept of gender identity and understand its major disorders.

Key words: gender identity, core gender identity, masculinity, femininity, gender identity disorders

Introduction – Definitions

The concept of gender identity refers to one's subjective experience of his gender. It has to do with his personal sense that he is a man or a woman. Gender identity is a substantial element of the core of the self that organizes experience.

"Sexual identity" refers to an aggregation of elements such as: one's personal experience and sense of belonging to a certain sex, multiple behavior patterns and traits that openly declare his gender, and his sexual orientation, that is, his preference for a partner of the same or the other sex.

Given that sexual identity suggests psychological behavior, it is obvious that it does not coincide with anatomical sex. Besides, deviations of what is considered as "normal" are often observed, and described in the psychiatric classification systems as "gender identity disorders" or "gender dysphoria". (ICD10 ,DSMIV, DSMV)

Gender Identity implies the knowledge that gives meaning to anatomical and physical difference. It is also the concept that creates and determines the difference between the sexes on a psychological level. (Nockolson & Delphy, 2005)

One's femininity or masculinity is understood as a cluster of qualities that he or she and the other people, experience and recognize as feminine or masculine. Femininity and masculinity denote a conviction or a cluster of convictions. Everyone of us, develops these convictions from early on, according to his/hers parents' attitudes, which usually reflect society's total attitude. These convictions are not the absolute truth and change whenever societies change. (Stoller,1965)

Core gender identity

According to Stoller, "core identity" is the individual's self evident conviction that the sex that he or she is ascribed to, is correct, in an anatomical and psychological sense. This is the first step to ultimate gender identity, - which, as stated above, suggests a large variety of be-

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aviors- and becomes the point around which, one's final conviction of being a man or a woman crystallizes.

Core identity is evident before the first year of age and is becoming stable between 18-36 months. It is considered that once it is established, it is thereafter resistant to any change.

Determining factors for gender identity

Gender identity has been regarded either as, solely a product of the environment (Lev 2004, Dozier 2005) or as a direct aftereffect of anatomical sex and other biological factors.

Yet, most researchers agree that the development of gender identity, is a multi-determined process, involving:

A. Biological, hormonal, genetic factors

It is considered that there are innate differences in sexes that do not result from learning. Differences in overt aggression, emotional behavior etc, that are typically observed between men and women, seem to be quite invariable in most cross-cultural studies.

It is widely agreed that the development of gender identity depends on biological factors that act upon fetus, organizing fetal brain. Karyotype and fetal hormones are of paramount importance. In all mammals, the anatomical masculinization entails the involvement of fetal androgens. Without them the phenotype will be female.

Gonads' differentiation begins on the sixth week of gestation. Fetus has initially the potential to develop either male or female reproductive organs. Differentiation process, depends on Y chromosome, where SRY genes are found. (Sex determining Region of Y chromosome) These genes are responsible for the initially undifferentiated gonads' turning into testicles.

In testes, Leydig cells produce testosterone, which promotes further development of male reproductive system and testes' descend, whereas Sertoli cells produce Myllerian Inhibiting Substance (AMH,MIS), that makes Myllerian ducts to deteriorate. Without SRY and testosterone, Myllerian ducts develop into the female reproductive organs. In women, normally, Wolfian ducts deteriorate.

The normal development of the sex phenotype depends on karyotype, sex hormones' biosynthesis and sex hormones' receptors. X chromosome is necessary for the unhampered development into male, because it contains the gene for the androgens' receptor. If this gene is impaired, XY individuals will suffer from "Androgens' Insensitivity Syndrome" which leads to inchoate

genitalia and female phenotype. Turner syndrome (XO) is characterized by underdeveloped female genitalia and female phenotype. It is obvious that 2 copies of X chromosome are needed for normal development into female.

Masculinization /Feminization of the brain

Brain masculinization depends on the androgens' effect on CNS, after their transformation into estrogens (by a specific aromatase) and on the direct action of testosterone as well. The girl' brain is protected from estrogens' effect by an estrogen binding feto- protein that acts outside CNS.

Hormonal impact on fetal cerebral cells, causes major changes and reorganizes the brain. Nowadays, there is great interest about sex differentiation, directly resulting from gene expression of X and Y chromosomes. It is supposed that, there is a sex specific primary action of the sex chromosomes genes upon the brain and other bodily tissues, which is independent of sex hormonal outflow.

B. The genitals' anatomy

The external appearance of genitalia upon birth, constitutes an unquestionable fact that convince both doctor and the parents about the child's sex. Genital anatomy assigns the infant to a certain sex and represents a kind of signal for the parents, as well as a source of bodily sensations for the child, which will contribute to the development of ultimate gender identity.

Many problems are raised if the genitals appear to be ambiguous. It is held that, if there is no doubt about anatomical sex upon birth, the first step for core identity has already been made, no matter if the parents are content with it or not. Nowadays, ultrasound tests, assign the child to one sex or the other, before birth. Therefore, this knowledge and the subsequent fantasies of the parents during gestation, become of great importance.

C. Learning processes

These are non-mental, conflict free processes. This factor is underlined particularly by Stoller. Stoller, describes "bio-psychic phenomena", understood as certain patterns of handling the child during infancy, which modify brain function and subsequently behavior. For Stoller, psychic conflict affects gender development much later on.

D. Sex assignment during nurture

Parents and relatives talk about the child's sex even before his or her conception. The parents' fantasies and desires -either conscious or unconscious- about the child's sex, the parents' relation to their own or the opposite sex, and their convictions about femininity and masculinity, play a major role in the development of gender identity. The relation of each parent to his/her own parents, the parents' own identifications, and the function of the couple, are of paramount importance. The child is becoming the recipient of massive projections from his early environment and transforms these stimuli into meaningful experiences around which his sense of self and gender is organized.

Psychoanalytic theories for gender identity

Biological and anatomical factors are not the absolute determinants for gender identity. In humans, apart from biology, the concept of the "choice of gender", plays a big role as well. One is not merely assigned to a sex but develops a gender, through one's experiences and personal history.

Classic Freudian Theory

Psychoanalysis, has early on dealt with the origin of masculinity and femininity. Freud, approached this issue, through Oedipus Complex, which was placed in the centre of his theory and on the basis of all pathology.

Before phallic phase, there is no psychological sex differentiation. Initially, there is the primacy of the phallus for both sexes, since phallus is the only genital known to the child. Sexes are differentiated as follows: males have a penis, females are castrated. According to Freud, the knowledge of vagina emerges on adolescence.

Freud considers that men, as well as women, undervalue women and femininity. He thought that masculinity is a primary and more "normal" situation. In a matter of speaking, both sexes are starting with a tendency to be masculine. Nevertheless, Freud recognizes an innate bisexuality that is responsible for both normal and pathological development. To this point, Freudian theory approaches contemporary ideas, according to which, the term gender identity refers to the blending of masculine and feminine components encountered in every individual.

According to Freud, the boy begins his life with heterosexual orientation, since his first love object is his mother. His core identity is fairly secure and initially conflict free. The fact that his genitals are visible and accessible is of great help to him. Subsequently, his masculinity

his gender identity will be threatened to the degree that he is masculine and heterosexual.

When he discovers the pleasurable sensations his penis gives to him, he faces a threat regarding his genitals. The danger derives from his desire for his mother. The more he shows his desire, the more he is afraid that his father will punish him, by removing the most precious part of his body, his penis. This fear, makes him maneuver through tactics that avoid imaginary castration.

The best scenario is that castration anxiety will result to the dissolution of the Oedipus complex. The boy will resign from his desire for his mother, he will internalize incest prohibition, and will finally identify with his father. He will have to wait until he is sexually mature, in order to have a sexual relation to another woman that she is not his mother. If masculinity is too threatening for the boy, he will develop neurosis or perversion.

The girl, on the other hand, has a primary homosexual love object; like boys, in the beginning, she is attached to her mother. Sometime later, she will discover that her genitals are inferior and she will become envious, because of her not possessing a penis. The way she deals with this issue, determines her future sexuality.

If the penis envy is too great, she will try to obtain a penis in fantasy: she may develop masculine traits that will substitute for the penis she does not have. Even without her being openly homosexual, her sexuality may remain phallic. She will focus on her clitoris, as a substitute for the penis, denying her inner feminine organs (her vagina and her uterus) as well as her capacity to bear babies. Or, she may resign herself to the fact that she is biologically inferior, and become fixed to a passive and masochistic attitude. She is therefore susceptible to pre-oedipal fixations on the oral and anal-sadistic phase.

If she deals with the penis envy by turning to the father, she will change her love object. She will consider that her mother is responsible for her inferiority and she will turn to her father, hoping to get a baby from him. The baby is for her, the symbolic equal of the penis she lacks. Then she will move towards femininity, heterosexuality and the desire to have a child.

Therefore, the girl begins her life with a masculine position. She makes a start with focusing on her lack of penis and on her inferior clitoris. The acquisition of femininity is a long and winding road, and she will strive for the rest of her life for it.

According to Freud, only few girls are absolutely capable to engage in oedipal complex. Even then, its dissolution may be suspended indefinitely. The girl must ideally forgive her father for his frustrating her incestuous desires, postpone her genital maturation until she

later turns to a different man, and solve several issues between herself and her mother, so as the necessary identifications with her, are permitted to take place.

Contemporary to Freud and subsequent analysts embraced these ideas for many years. Later on, the development of the gender identity was reexamined by analysts, psychologists, neurophysiologists, endocrinologists, geneticists and behaviorists, leading to new theoretical approaches and ideas.

Freud's theory is criticized until today, by feminists, members of the homosexual movement and by academics. According to quite a few of them, Freudian theory for the differentiation of the sexes, is phallus-oriented and tends to defend compliance and normality.

Post-freudian and contemporary theories

According to most analysts since Freud, the oedipal complex and the stabilization of gender identity, are closely linked together. Nevertheless, according to many of them, early experiences and pre-oedipal phases of development, are also of great importance to the development of sex identity.

Melanie Klein, distances herself from Freud's viewpoint by considering that, both sexes have a primordial knowledge of the vagina, and that there is a primal oedipal complex. During this early phase of oedipal complex, the mother's body contains, in the child's fantasy, rival babies and the penis of the father. M. Klein thought that aggressive impulses and envy against the mother and her contents, lead both sexes to guilt and fear of retaliation. These feelings hinder normal development towards classic oedipal complex and, consequently towards a firm gender identity.

According to Klein and other post-Kleinian analysts, penis envy is secondary to pre-oedipal and oedipal frustration, whereas, Freud thinks it is primary. Klein thought that the early relation to the breast and the pre-genital aggression are of prominent importance for further development. She has also associated the child's introduction to the Oedipus complex and the complex's progress, with the processing of the depressive position.

In 1920's and 1930's Karen Horney and Ernest Jones also proposed new theories for the development of gender identity. Having adopted some of Klein's ideas, they believed that femininity and masculinity predates phallic phase and that they are the result of innate predisposition. Furthermore, Jones defined castration complex for both sexes, as the fear of devastation of all capacity and possibility of sexual pleasure.

According to K. Horney, civilization and social factors intervene with the advance of the oedipal complex and the development of gender identity. Karen Horney con-

sidered women as the victims of biology and society. As well as the majority of the analysts of the Object Relations School, she attributed the girl's heterosexual choice of object to her innate femininity, and not to her disappointment for not having a penis.

Karen Horney, in accordance with most Kleinian analysts, assumed that, the fear of rivalry and hatred for her mother can make a girl step away from femininity. Furthermore, she held that unconscious incestuous anxieties, as well as the fear of the father's penis and of his sexual aggression, may distant girls from femininity and lead them to a masculine and homosexual position. As for men, she assumed that they are also envious of their mothers and of women's capacity to bear children. K. Horney juxtaposed penis envy to "uterus envy".

Robert Stoller's contribution to the study of gender identity development was paramount. According to this analyst, both sexes have a primary predisposition to femininity, which he called "proto-femininity".

This idea is opposed to Freud's theory, which claims that both sexes are predisposed to masculinity. The love object of the boy is heterosexual from the start. Consequently, despite his masculinity constantly being in danger, the boy starts out with an advantage for attaining gender identity. The girl must change love object as well as libidinal zone. According to Freud, femininity is a secondary defensive situation that is attained slowly in the process of development.

Stoller, by his idea of core gender identity modifies Freudian theory. He holds that there is an early stage of gender identity development for both sexes, during which the child and the mother are merged. Later on, differentiation of the two comes about. During this early fused relationship - which is nowadays acknowledged by the majority of psychoanalysts, - archaic core identifications take place, inducing the profound and primordial organizing of the psyche.

For Stoller, this is facilitating for the girl's making her way towards femininity, but makes it harder for the boy, since normally in the beginning, primary and necessary identifications with the mother, tend to become incorporated inside his core identity. According to Stoller, primary transsexuals experience during infancy, an extremely close relationship to their mother. Their father is passive, distant, and without significant role in the child's rearing. He can neither serve as a model for male identifications or protect the child from the mother's tight embracement. It is obvious that the necessary identifications with the father must be permitted and for this purpose, a satisfactory relation to the mother and a well balanced relation of the couple is required.

Masculinity entails the boy's differentiating from his mother. Femininity requires a similar kind of differentiation, that would not put in danger identification with the

genital mother. Indeed, in transgender females -to-males, as well as in very masculine women, an early and major rupture in symbiotic relation with the mother is often reported.

According to these ideas of Stoller, girls have an initial advantage in the process of establishing a core gender identity. They identify themselves with a person of the same sex, and in doing so, they are helped along the development of their femininity (even though homosexual attachment to the mother is possible). This is giving way to conflict free aspects of their gender identity, that are expressed early on, and derive from the identification with the mother and the satisfaction to be a woman. The boy should become well differentiated from his mother in order to move along masculinity.

Therefore for Stoller, in contrast to Freud, masculinity is not a self evident and primary natural state, which one will only have to safeguard. It is an achievement. The boy, in his journey from proto-femininity to masculinity, runs into the symbiosis with the mother, and faces the conflict between the urge to return to it and the opposite need; the need to differentiate himself from his mother, as a person and as a man.

In order to deal with this conflict, a barrier must be built, against the desire for merging, that threatens the stability of the male identity. Many of the properties that are ascribed as male, are the result of the struggle described above, and are being understood as defensive maneuvers. In most cultures, men appear to be pugnacious, and tend to degrade women. They are afraid of tenderness and of intimate relationships. A man, notes Stoller, must keep his distance from women so as not to be 'infected with femininity'.

In perversion, (sadism, exhibitionism,) we usually find hatred and envy for women, that produce fantasies of their devaluation. All these cases are characterized by uncertain masculinity and should not be always understood through the Freudian viewpoint, of the castration anxiety.

J. Kristeva, being influenced by Lacan, has conceived and used in her writings, the concept of 'semiotics', that represents the realm of music, poetry and rhythm, where structure and meaning are absent. Women are closer to "semiotics"; they represent and remind of the pre-oedipal mother. For Kristeva, the reason for defending against femininity is the fear of the undifferentiated shapeless and a-sexual. This fear is against the archaic bond with the mother, where the individual loses his or her sense of self and identity. To that sense, the contact with the mother's body and the contact with femininity, is considered as a threat to one's overall self identity, not only as a threat to masculinity, as Stoller thinks. B.Creed keeps close to Kristeva's ideas.

In any case, one cannot isolate the development of

gender identity from the other aspects of overall development of the self. The developmental challenge for the child is the integration of different aspects of the self, within a stable and coherent representation, that shows continuity in time, whereas it is constantly evolving and enriching itself. From this point of view, every factor that hinders overall development of self identity, intervenes with the development of gender identity as well.

Malher's ideas about separation-individuation process, as well as those of Kernberg's about the primal development of self and object representations, are proving to be precious contributions to the understanding of the processes resulting to gender identity development. Furthermore, these theories, provide new techniques to diagnostic and therapeutic approach of children and adults who experience dysphoria about their sex, or a blurred gender identity.

Between the 15th and 24th month of life, toddlers develop a clear idea about their genitals. This is an early "genital phase" without any oedipal component. (Roiphe & Galenson, 1972, 1981) This phase coincides with the period of constantly developing differentiation of the self from the object, that has begun on 10th-12th month of life. Now, genital zone is included in the gradually evolving representations of the self and of the object. The mother invests her child's body and bodily functions through nurturing and fantasizing, and that is of great importance for the emerging sense of the self..

During this period, castration anxieties do not relate to typical oedipal conflict, but to early experiences (of loss, precocious separation) that intervene with the emergent sense of continuity of the self, and result to inconsistency of self and object representations. The child must establish his mother's psychic representation inside him/her, and invest it with libido, so that the investment be firm and resilient to her absence and usual frustrations. A thing like this, involves the achievement of "object consistency" as the prerequisite for the unhampered individuation process and the concurrent development of a steady self image that includes gender identity as well.

Winnicott talked about parents' and especially mother's capacity to mirror the baby's needs, namely he talked about their capacity to observe, understand and respond to the child, according to his or her personal qualities and unique character. Ideally, the baby sees his/herself in his or her mother's eyes. Thus, the initially scattered pieces of one's self image, that result from internal and external stimuli, are integrated into a core self identity. The ideas cited above, are found in the description of the 'stage of the mirror' by Lacan. Early frustration, that result to attacks against the primal object, threaten consistency of the self and core identity. Further development and individuation, proves to be a threat

to one's existence so that one tends to remain fixated to an undifferentiated state of being.

Advancing to oedipal complex, which is expected to stabilize sex identity, depends upon the capacity to differ, upon a stable self image and a rather firm core identity. It also entails the capacity to deal with aggressive impulses as well as the concomitant guilt, which are bound to escalate during oedipal conflict. Clinical experience has shown that coming near oedipal anxiety gives prominence to early deficits, vagueness and fluidity concerning gender identity, or involves psychic maneuvers of regression to a homosexual choice of object. There are psychotic patients that defend themselves against psychotic break down, though perversion or homosexuality -even though, this is not the case for all perverts or homosexuals.

In summary, it is widely acknowledged, that the representation of gendered self derives from primary representations of the self and of the object, that result from the internalization of the relation of the child to his/her primary objects. (Tyson&Tyson ,1990)

Contemporary views about gender identity and sexuality, attempt to take into consideration and integrate sociological aspects, advances in genetic science and Neurosciences and psychoanalytic and developmental theories as well. There are plenty of references in bibliography where contemporary analysts, feminist analysts and homosexual theorists, comment about classical theories and contribute to the understanding of the issue, with their own ideas. (Butler 2002, Cobett 2001).

The chaos theory has recently been used for bringing the variety and multiplicity of the phenomena concerning sexuality and gender identity development to the fore. Harris (2000) proposes a non- linear developmental model for gender identity, that does not include specific developmental phases and that is randomly affected by identification processes and object relations that lead to multiple, and unpredictable results.

Psychoanalysis and neurosciences - Brain plasticity

Nowadays, it is widely accepted by neuroscientists, that environmental stimuli, induce changes in the structure and organization of the brain, which affect and modify our behavior. This capacity of the brain is called plasticity.

Our experiences cause short-term and long-term alterations to the synaptic function. "Synaptic plasticity" refers to the neurons' being able to modify their capacity to communicate with each other. At the present time, the role of glutamine -and other neurotransmitters'- receptors in synaptic changes that occur during memory sto-

rage and learning processing, is under consideration.

Psychological theories and neurosciences, seem to converge to the hypothesis that nurture and early experiences, for the most part, induce a "biological print". They are causing changes in human brain that determine personality and therefore one's particular relation to one's own sexuality and sexual identity.

Conclusion

One's personal sense of one's gender, which constitutes gender identity, is developed through multiple processes and depends on several factors that are constantly under investigation. Progress in genetics and neurobiology are driving forward our understanding in every turn. Nowadays, it is widely recognized that gender identity does not only depend on anatomic sex and genetic equipment, but is chiseled by the child's primal caregivers, who act as carriers of stereotypes coming from society and of personal convictions and fantasies concerning their child's gender. The early relation to the mother, the separation from her, and the later object relations, the intra-psychic conflicts and the identification with libidinal objects, weave a colorful canvas that formulates one's self and along with biology, gives rise to ultimate gender identity.

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