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Being Kind of Different: An exploration of gender identity development and shame-based difficulties in a clinical context using compassion-focused techniques

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1. Clinical Context

The Gender Identity Development Service (GIDS) is a national highly specialist NHS service in the United Kingdom. GIDS primarily works with children and young people (aged 3 – 18 years old) who are experiencing difficulties relating to gender identity, and with their families or carers.

2. Compassion Focused Therapy: an introduction

Compassion-focused therapy (CFT) is a ‘third-wave’ psychotherapeutic approach developed by Paul Gilbert (1999); an integrative therapy which draws from evolutionary, social, developmental psychologies, Buddhist ideas and neuroscience.

CFT is grounded in the idea that humans have three main emotion systems, which interact with and regulate one-another:

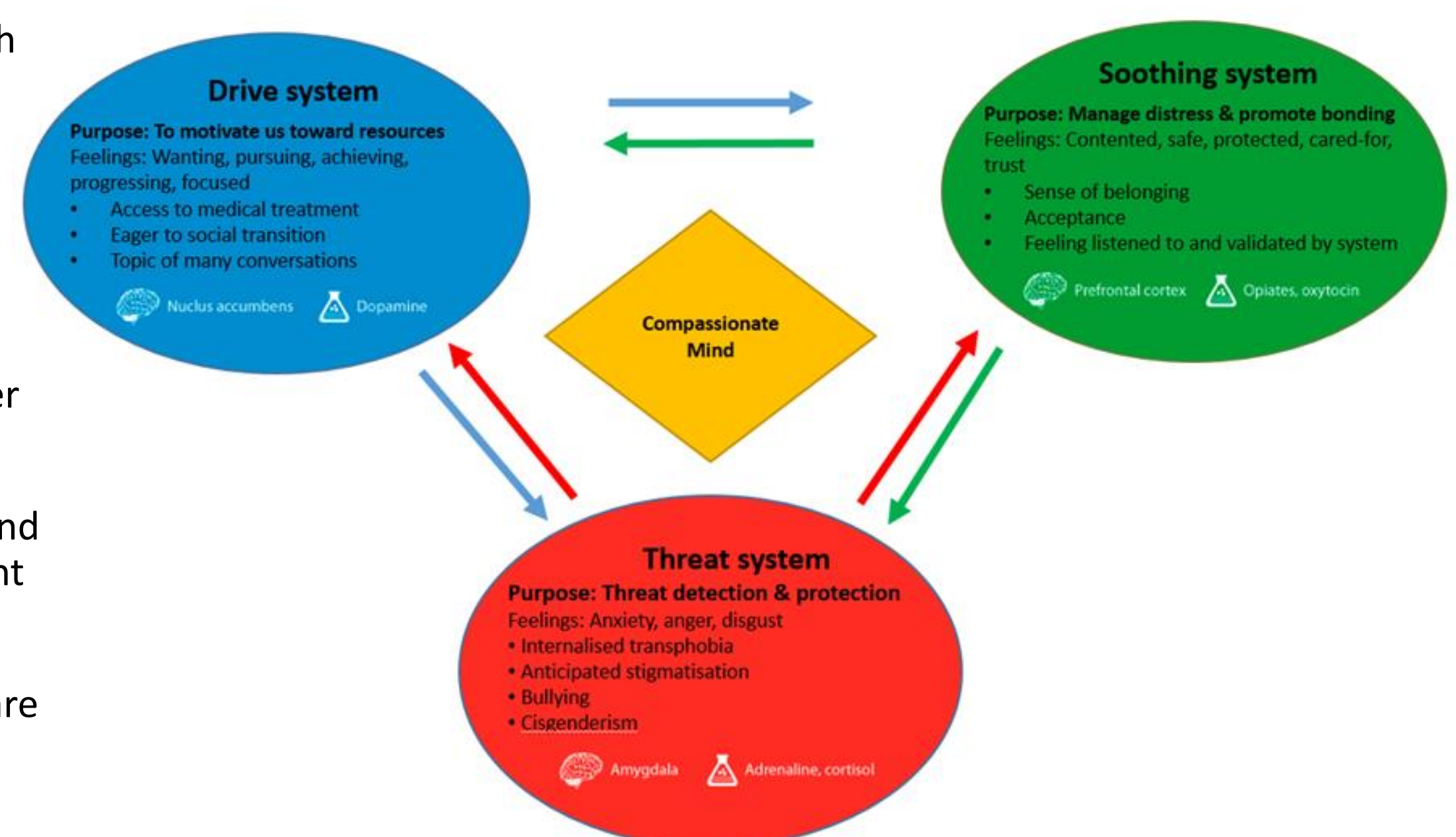
The threat system: Identifies ‘threats’, both physical and social, in our environment in order to keep us safe from harm. This system may trigger a ‘fight/flight/freeze/submit response’

The drive system: Motivates us to seek necessary or helpful resources and pursue our goals. It is associated with feelings of anticipation, excitement and joy

The soothing system: Down-regulates the other two systems when we are not under threat or trying to achieve, to enable us to engage in rest and relaxation. It also allows us to give and receive care from others.

Figure 1 shows an adapted version of the three systems model (Gilbert 2005), which incorporates experiences that are often relevant to the families who attend GIDS

Figure 1: Three systems model, adapted from Gilbert, P. (2005)



3. Clinical Applications

CFT focusses on balancing the three emotional systems, encouraging awareness of self-critical thoughts and developing the three flows of compassion: receiving, giving to others and towards the self. In practice, this might be done through developing an understanding of the impact of shame, alongside practicing techniques to develop the soothing system and compassionate mind, simultaneously. Using CFT, we would typically provide:

- Psychological education around the emotional systems and the how these are used by the individual
- Mindfulness training would increase self-awareness of thoughts and emotions, with a view to emotional balance and the use of the soothing system
- A psychological formulation of shame-based difficulties would be developed, to understand how historical shame influences have affected how the young person’s fears, relationships and self-to-self relating. The consequences of this would be considered, e.g. fears of making social transition, avoidance of social situation
- Challenge to self-critical thoughts with a view to developing a more balanced and compassionate view of oneself
- Exercises to increase compassionate flow including, soothing breathing rhythm, body scanning, visualisation techniques

4. Clinical Considerations

It may be that CFT approaches require some adaptation to be useful to working with young people with gender dysphoria. For some of the young people we see who have experienced high levels of rejection and criticism, it may be difficult for them to bring forth memories or imagine the experience of compassion during these exercises. Furthermore, it may be that a young person feels they are undeserving of compassion. Irons and Beaumont (2017) suggest work with transgender young people may benefit from discussions about when they first felt they did not deserve compassion in relation to their gender identity and support to make sense of this experience. It may be that it takes time with the compassion modelled by the therapist and/or accessing an offline or online communities where compassion exists before the ‘compassionate-self’ or ‘other’ can be successfully conjured and accepted by an individual.

Based on our work with gender diverse young people, voice is often an area which can cause distress due to the perceptions of a young person that their voice does not ‘sound right’ for their preferred gender identity. It may therefore be beneficial to give more focus to imagining the voice and the compassionate things said by a ‘compassionate other’. Of course, focussing on the body and voice with compassionate regard may in itself be a therapeutic target, as dysphoria around the body and voice and depressions associated with body image can often remain post-intervention (Owen-Smith et al, 2018).

5. Conclusions

Psychological therapy may be important to support gender diverse young people, who are likely to experience minority stress and experience shame around their identity and physical appearance. CFT may be a useful therapeutic framework to use in this group, however consideration is needed to ensure that this therapy is delivered in a culturally sensitive way. It would also be beneficial to assess the clinical effectiveness through the development of outcome measures which assess change to the most salient areas of distress relevant to gender diverse young people

6. References

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