

# Neo-Functionalism Applied to the Lived Experience of a Transgender Person During Gender Affirmation

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## ABSTRACT

Transgender people embody and express a gender identity that transcends sociocultural expectations about gender traditionally linked to binary biological sexes. There are forms of pathologization and medicalization of the transgender phenomenon with regard to legal proceedings, as well as medical and psychological practice, where a binary view of gender persists. Focusing on psychological support before initiating any hormonal and/or surgical interventions is a delicate and often debated phase during gender affirmation. The aim of this paper is to outline a reading of a transgender person's lived experience according to the psychological model of Modern Functionalism. Through thematic analysis, significant themes that shaped this experience were identified. More generally, the neo-functional approach has allowed us to illustrate a perspective of the transgender reality that intends to overcome a dichotomous view of body and mind by approaching the person in its entirety. In this way, we assume, the limiting effects of pathologizing, medicalizing, and binary gender conceptualizations have been minimized. Finally, the results of the data analysis were discussed, and links to relevant scientific literature were provided.

**Keywords:** Transgender, mind-body relationship, functional body psychotherapy

Submitted: 26.02.2023

Accepted: 20.05.2023

International Body Psychotherapy Journal  
The Art and Science of Somatic Praxis

Volume 22, Number 1,  
Summer 2023, pp. 98-119

ISSN 2169-4745 Printing, ISSN 2168-1279 Online

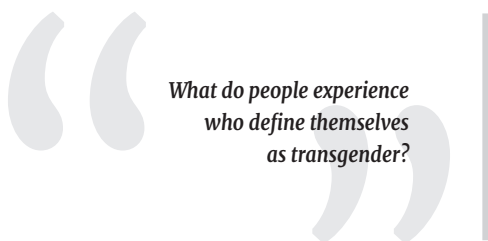
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## heoretical Framework

Transgender people transcend prevailing expectations of gender by living a gender identity that may not be aligned with the sex assigned to them at birth, and by expressing themselves in ways that overcome common gender conceptualizations that are traditionally linked to binary biological sexes, i.e., female and male (Dalle Luche & Rosin, 2017, p. 15). They wear clothes in line with their chosen gender identity, adopt new names that better reflect their desired gender, take hormones to modify the sexual characteristics of their body, and/or undergo surgical procedures (Di Gregorio, 2019, p. 40). In recent years, the transgender phenomenon has received more attention



both within sociocultural contexts and the scientific community (Crapanzano et al., 2021). There is a critical encounter with a dominant sociocultural model of a binary notion of gender that has shaped the history of psychological science as well as popular theories, and is based on the belief that all human beings are born either female or male, that they identify as such, and that they embody certain social roles during their lifetime. This binary view of gender continues to persist despite empirical evidence to the contrary (neuroscientific, psychological, evolutionary; Gallagher & Bodenhausen, 2021; Hyde et al., 2019). Sociopolitical activism and changes in the way psychologists classify mental disorders are attempting to deconstruct the conceptualization of gender and bodies as dichotomous variables. Linked to this are the critical issues raised concerning the “medicalization” of the transgender phenomenon and the concept of “transsexual” identities. The term “transsexual” is intended to define those who have undertaken certain surgical gender reassignment treatments in order to “transition” from one gender to the other (Mauriello, 2014). Within this critique, medicine is seen as a social institution that operates “control” over identities and bodies when the latter are considered “limited”, in order to “transform” the subject to confirm a binary gender order (Mauriello, 2014). It is specified that this is not intended to deny the existence of transgender people’s desire to belong to the opposite gender, but it is rather to consider the implications that such a view has on medical and psychological discourse, and on social relationships with these people. For example, there is a significant semantic difference between the terms “transition” and gender “affirmation.” The term “affirmation” conveys a more respectful attitude towards those who do not intend to transition from one gender to another, but instead intend to affirm the gender identity to which they feel they belong (Crapanzano et al., 2021). Not all transgender people wish to undergo hormonal and/or surgical procedures, and there are a wide range of scenarios through which gender affirmation manifests itself. Similarly, not all transgender people espouse a gender identity in binary terms, i.e., male or female. Thus, it is possible that transgender people embody infinite identities between the two binary extremes, or “another gender” that has nothing to do with either masculinity or femininity (Dalle Luche & Rosin, 2017, p. 15).

Currently, gender affirmation in Italy is rooted within a complex medical-psychiatric system in which the psychological and psychiatric nosography is intertwined with legal procedures. Relevant debates dwell on the following point: despite being granted the apparent freedom to change one’s body and name according to the gender perceived as one’s own by means of the Law 164/1982, which stipulates the “Norms of rectification of sex attribution,” this freedom is related to forms of pathologizing the phenomenon. More specifically, access to certain desired medical interventions is granted only when the subject “obtains” or “fulfills” the clinical diagnostic criteria of Gender Dysphoria (APA, 2013, pp. 527-537; Flights, 2018). The mental health professional therefore takes on the role of a “gatekeeper, filter or obstacle” in diagnosing these criteria, and in enabling the subject to initiate the medical pathway of gender affirmation (Schulz, 2018). It is inevitable that this substantially affects the psychotherapeutic setting for both the psychotherapist and the transgender person (Brooker & Loshak, 2020; Fiorilli & Rocco, 2019; Di Gregorio, 2019, p. 113; Mizock & Lundquist, 2016; Schulz, 2018). Critics argue that current diagnostic frameworks tend to place excessive focus on an individual’s personal discomfort, rather than acknowledging the social factors that contribute to the experiences of transgender individuals (Schulz, 2018). The impact of stigmatization and discrimination in social and health contexts is therefore overlooked, and so more generally, is the influence of socio-cultural processes that contribute to the process of self-discovery and self-definition.

The questions to be investigated here are: What do people experience who define themselves as transgender? How is it possible to support them while minimizing the limiting impact of binary, pathologizing, and/or medicalizing views on gender identity?

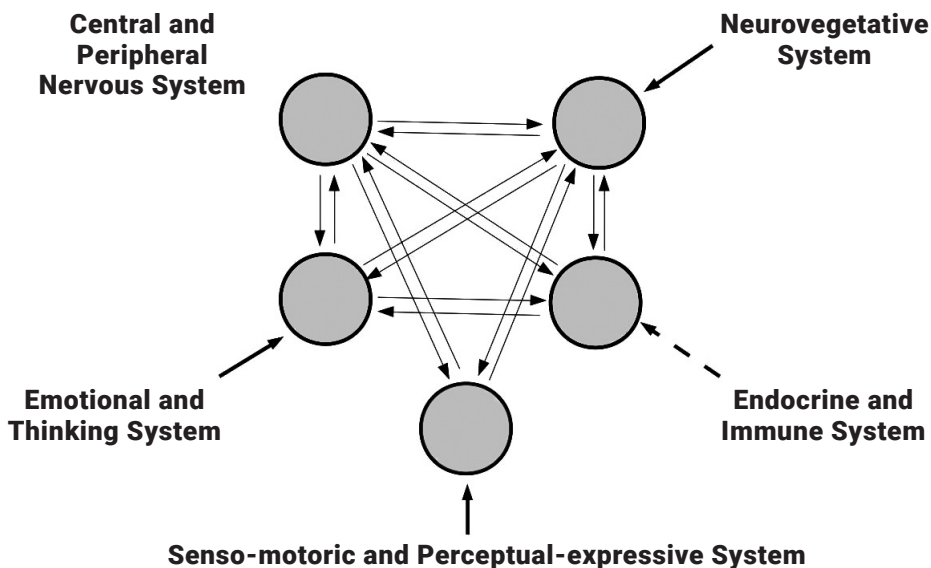
The authors assert that one possible way to approach these questions is to address the complexity of the phenomenon by overcoming dichotomous beliefs about the human experience itself. This involves reconsidering perspectives on what is meant by sex (anatomical structure) versus gender (linguistic and performative structure), or, in other words, on what is meant by body versus mind, and by nature versus culture. It is assumed that only an integrative model that aims to unify these polarities (Denton, 2019), and is built on a com-

prehensive and flexible conceptual framework that integrates the notions of self, body, gender, and sex (Engdahl, 2014), would allow an articulate and in-depth understanding of the lived experience of transgender people. In this regard, the present work seeks to offer a view of the lived experience of a transgender person according to the neo-functional psychology model, which aims to transcend a dichotomous model of culture versus nature and of mind and body (Rispoli, 2004, 2014, 2016).

### The Neo-Functional Psychology Model

Neo-Functionalism, also referred to as Modern Functionalism, originated in the 1980s with the research of Luciano Rispoli at the School of Naples and the European School of Functional Psychotherapy (Rispoli, 2014). At a theoretical level, the main roots of Modern Functionalism lie in the work of James (1890) and Dewey (1896) in early American Functionalism, as well as in the Chicago School of Angell (1907) and Carr (1925), in Wilhelm Reich's studies of the relationship between mind and body, and in more recent contributions to new research frontiers, such as psycho-neuro-endocrine-immunology (PNEI). The Neo-Functional Psychology model developed gradually with the attempt to frame the complex relationship between mind

and body in a scientifically new way (Bastianelli et al., 2021; Rispoli, 2016, p. 14). In this regard, the *paradigm of complexity* led to a new theory of the Self that stipulates an integrated and unitary view of the living organism (Montouri, 2018; Rispoli, 1997). More specifically, there was a need to adopt a *multidimensional* perspective that included both partial and global aspects of the self simultaneously (Morin, 1985 in Rispoli, 2016, p. 14). In this sense, a structuralist view that focused on parts separately was replaced by a vision that looked at the *organization* of constituent processes, without becoming trapped in dichotomous differentiation of body and psyche, but moving on towards a *holistic* view (Bastianelli et al., 2021; Rispoli, 1997, 2016; Röhricht, 2009). As we will see, this vision would allow us to embrace the complex organism not only on an individual level, but also on a social level (Rispoli, 2016, p. 14). Thus, the relationships between psychic and bodily *systems* (perceptual, sensory, motor, postural, neurovegetative, and respiratory), as well as the emotional system, were investigated in order to fully understand the overall function of the organism (Bastianelli et al., 2021; Rispoli, 2016, p. 143; Röhricht, 2009). This meant moving away from concepts such as "conflicts" between parts, toward an approach that studies the functional organization of the whole system and its possible *alterations* (Rispoli, 2004, p. 28).



**Figure 1.** Integrated Systems, their interrelations, as well as the way they can be influenced directly, partially or indirectly by external factors, such as precise functional interventions (Rispoli, 2016, p. 58).

Figure 1 shows the systems that in turn constitute an overall system, which is the Self. The neurovegetative, endocrine-immune, and nervous systems refer to regulatory processes of internal physiological systems. The sensory-motor and perceptual-expressive system includes movement, posture, facial expression, gesture, voice, internal body and kinesthetic sensations, and sensory perceptions. The emotional-thinking system includes emotions, feelings, sense of self, rational thinking, awareness, symbolic thinking, memories, imaginations, fantasies and control, and so on (Rispoli, 2016, p. 57). An inseparable circular relationship among systems means that a modification at the level of one system will inevitably produce modifications in all the others, as well as a transformation of the whole Self. The phrase “integrated systems,” according to Rispoli (2016), describes how humans function at several levels that are deeply interrelated since birth, and probably since conception. In this sense, *functional integrated therapy* affects multiple systems, and alters the whole (Rispoli, 2016, p. 147). For example, a precise touch technique in which a muscle is grasped with strength and pressure will lead to release in muscular tone and hypertonia (Gagne & Toye, 1994; Rispoli, 2016, p. 154). In addition, the peripheral receptors of the nervous system will produce psychophysical feelings of relaxation. At the endocrine level, there will be an increase in endorphins, as well as a sense of pleasure, vagotonia, calmness, and spontaneous breathing. Also, calm emotions and thoughts will be established. In modern functionalism, this technique is assumed to recall the developmental experience of being held lovingly, and protectively by an adult figure – an experience that may not have been fully and satisfactorily integrated.

Once the mind-body dichotomy was transcended and an integrated model of the interrelationship among systems was provided, the terms mind and body had to be abandoned, and it was necessary to identify a concrete operational modality within the psychotherapeutic context (Rispoli, 2004, p. 38, 2017b, p. 23). Thus, within the neo-functional area

of thought, the concepts of *Functions* and *Basic Functionings* (*Basic Experiences of the Self* in developmental age) evolved (Rispoli, 2004, p. 38, 2016, p. 149).

Functions belong to the various systems of the Self, and manifest along a precise range of possibility. They can be conceived as divided into four levels of Functioning<sup>1</sup>:

- *cognitive-symbolic* – memories, thoughts, control, rationality, dreams, symbolism, fantasies, etc.
- *emotional* – understood as the “coloring” through which a person perceives the world
- *postural-motoric* – postures, movements, gestures, strength, etc.
- *physiological* – respiratory, cardiovascular, digestive, nervous, neuroendocrine, neurovegetative and immune system, sensations, muscle tone, etc. (Rispoli, 2004, pp. 39-43, 2016, pp. 20-22)

Without losing sight of the whole, each Function is intended to represent the entire Self (Rispoli, 2016, p. 20). The more the Functions are integrated, rather than opposing each other, the more the organism will experience well-being. Within the psychotherapeutic context, the general trend of these Functions is evaluated (e.g., the Function of “movement”) (Rispoli, 2014). This does not mean that every single element of the Function “movement” is considered, such as each individual gesture or each particular posture, but is rather a more general sense of how a person moves – for example, softly, abruptly, quickly, slowly (Rispoli, 2004, p. 212, 2017b, p. 25). These general trends of Functions are studied in terms of their specific characteristics:

- *amplitude* – range of possible expressions on a continuum between two polarities<sup>2</sup>, e.g., slow-fast movement
- *mobility* – the subject’s ability to switch to the other polarity according to internal or external needs

1. This subdivision expresses a didactical necessity for the study of Functions rather than an epistemological assumption.  
 2. *Polarities*, within the Neo-Functional Psychology model, are not understood in negative or positive terms, and this is why they are also referred to as *false antitheses* (Rispoli, 2016, p. 51). “*Life is not to remain in the middle, it is not a balance or compromise between two extremes, but rather it is characterized by being able to move fully on one polarity, and then at other times (when necessary) assume the opposite polarity just as fully.*” (Rispoli, 2004, p. 59, 2016, p. 51).

- *modularity* – the subject’s ability to stay long enough in each polarity) (Rispoli, 2004, pp. 59–61, 2017b, p. 25)

A Function is considered altered to the extent to which it presents itself in a stereotyped and repetitive manner, incongruently with external or internal changes on other levels of the Self (Rispoli, 2004, pp. 53–61, 2017b, p. 27).

All Functions are deeply interrelated since birth and allow the individual to live a series of so-called Basic Experiences of the Self (BES) in order to consolidate a specific set of skills (Rispoli, 2004, pp. 48–50, 2017b, p. 28). To emphasize the epistemological significance of the Basic Experiences of the Self in developmental stages, they are written with capitalized letters (Dalle Luche & Rosin, 2017, p. 8). During development, a person’s “roots of action” are thus configured, and with time a stable set of capacities (Basic Functionings) are established that will allow the individual to relate to their personal needs and external circumstances (Rispoli, 2004, p. 69, 2016, p. 25; Bastianelli et al., 2021). As all Functions manifest along a continuum between two polarities and constitute the individual’s Basic Functionings, the latter will also manifest in terms of amplitude, mobility, and modularity (Dalle Luche & Rosin, 2017; Rispoli, 2004, 2017b). Yet it is important to specify that from a Neo-Functional perspective, the Functions are not directly altered in relation to non-facilitating external circumstances, but are rather the experience of the BES and the subsequent development of Basic Functionings (Rispoli, 2004, p. 214, 2016, p. 53). The BES of Calmness, for example, may be experienced in an altered way if an individual during childhood was pushed to Vigilance, was not sufficiently Protected, and/or was guided to exaggerate the use of Anger. All this may then have compromised the full and satisfying experience of Calmness, which instead may be expressed in terms of altered Functions (e.g., stiffened postures, ineffective movements, fear, aggression, restrained breathing, high muscle tone, insomnia, intrusive fantasies, negative memories) (Rispoli, 2016, p. 53).

In sum, Functional Integrated Therapy affects the Basic Functions of the individual, which during the course of their development became impaired or altered (Rispoli, 2004, pp. 208–213; 2016, pp. 149–150). In this way the therapy, aligning with the paradigm of complexity, affects various systems

and all functional levels of the Self. By using specific assessment instruments, it is possible to create a specific Functional Diagnosis that provides a clear picture of the person’s functional mobility and possible alterations, which in turn enable evaluation of Basic Functions (skills and abilities), linked to the Basic Experiences of the Self at developmental stages (Rispoli, 2004, p. 263). Finally, a precise functional therapeutic plan can be created that aims to restore, reexperience and reopen specific basic experiences of the self in order to regain a state of well-being (Dalle Luche & Rosin, 2017, p. 10; Rispoli, 2004, pp. 248–254). In this sense, the psychotherapeutic context can be thought of as a secure space where a person can experiment with new experiences and new actions, within and beyond the treatment relationship (Bastianelli et al., 2021).

## A Neo-Functional Reading of Gender Incongruence

According to Salamon (2010), a non-pathologizing therapy approach that aims to comprehend the reality of transgender people and seeks to challenge the binary view of gender can be facilitated by an underlying theory that, similarly, moves beyond a binary notion of mind and body. Neo-Functionalism approaches the lived experiences of transgender people by sustaining a perspective in which neither exclusively the body, nor exclusively the way in which one has been taught to understand it, is the source of distress. According to the Neo-Functional model, the body of the transgender person represents “only” a Function of the Self within which the distress is embodied, while each Function equally expresses the whole Self (Dalle Luche & Rosin, 2017). The “problem” therefore does not lie in the body, but in the discomfort experienced concerning the possibility of being and expressing oneself. Also, Functional Therapy does not aim to identify certain psychic structures as related to the process of defining one’s gender identity, but rather looks at the multidimensional functioning of the whole person. Furthermore, the complex system of the Self is intended to be intrinsically related to the complex system that is the world. Consequently, the possible discomfort experienced by transgender people is considered to relate to both – an inner crisis of self-realization and the relationship with the world. Figure 2 illustrates a functional diagram created by Rosin (2019), functional psychother-

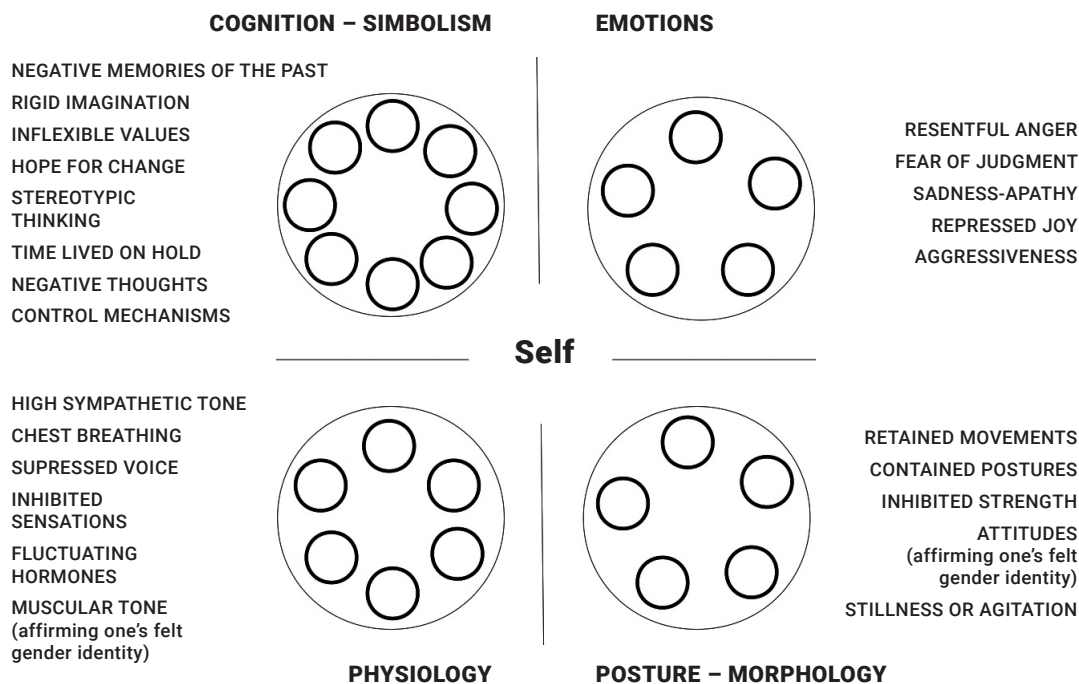


Figure 2. A Functional Diagram of Gender Incongruence developed by R. Rosin (2019).

apist and cooperator in this study, based on her psychotherapeutic experience with transgender people. This diagram aims to illustrate a possible manifestation of Functions, on all four functional levels, of the lived experience of transgender people during the initial phase of gender affirmation.

## The Research Project

### Research Aim

The aim of this study is to offer a Neo-Functional reading of the lived experience of one transgender person referred to as Marco (AFAB<sup>3</sup>). Marco began Neo-Functional Psychotherapy during his path through gender affirmation, i.e., before and during medical interventions. Here, the focus was on the period before any hormonal and/or surgical intervention programs. Regretfully, this “phase” of gender affirmation is often experienced by subjects

as obligatory and stigmatizing, and, by professionals, as a moment to locate the person within a psychological and psychiatric classification (Brooker & Loshak, 2020; Fiorilli & Rocco, 2019; Di Gregorio, 2019, p. 113; Mizock & Lundquist, 2016; Schulz, 2018). This is why the modalities through which the person is approached become fundamental, that is, overcoming the limits of gender binarism, pathologizing and medicalizing views, and offering reassuring support through which transgender individuals can become integrated versions of themselves. In this sense and as outlined above, it is assumed that the Neo-Functional Psychology model can enable these modalities by approaching the transgender experience through a fluid theoretical framework between the sense of self and the body, and, thus, by addressing the complexity of the person’s experience. More specifically, the initial and anamnestic phase of psychotherapy was investigated to illustrate the subject’s lived experience

3. When speaking of “gender assigned at birth”, the abbreviations AFAB (*Assigned Female At Birth*) and AMAB (*Assigned Male At Birth*) are used to refer to those who have been assigned to the female or male sex at birth. Gender assignment is commonly, but misleadingly, understood to correspond to sex in terms of visible sexual organs. Yet by definition, the concept of gender encompasses social and personal factors, rather than biological ones.

rience in terms of a series of BES that shaped the psychotherapeutic process. The latter were identified through a Functional Diagnosis by the psychotherapist, and guided the data analytic procedure.

Finally, with regard to the still-marginal body of literature on this topic, this work may also contribute to the field of research that aims to illustrate the application of the Neo-Functional model to the field of transgenderism.

## Clinical Case

This research project examined a Neo-Functional psychotherapy program where the Con-Te-Stare Association, Transgender Desk, and ONIG Center of Padua provided care for a transgender individual. Marco, an 18-year old transgender person assigned female at birth (AFAB), was accompanied during his path through gender affirmation by the Neo-Functional psychotherapist Roberta Rosin, a collaborator in this research project. The psychotherapy sessions typically lasted 50 minutes, and took place weekly, on average. The selection of the clinical case was motivated by the particular richness of Marco's stories, narratives, introspection, and reflections concerning his identity and feelings. The subject gave informed consent with respect to the processing of personal data for professional aims in terms of research in the field of body psychology.

## Methodology

### Data Collection

The psychotherapeutic sessions were audio-recorded and subsequently transcribed. Although no specific format was used for transcribing the data, a rigorous and thorough orthographic transcription was assured, i.e., a detailed account of all verbal (and sometimes nonverbal, e.g., silences, sighs) expressions was included. The first ten sessions were examined, as they were assumed to constitute the initial phase of the psychotherapeutic process (Hill, 2005). Generally, Functional Diagnosis is performed during the first one to three psychotherapy sessions (Rispoli, 2017b). Thus, the first ten sessions were selected to illustrate an articulated Neo-Functional reading of the subject's lived experience in terms of the BES that shaped the psychotherapeutic process. In other words, detailed descriptions of these BES were provided

based on Marco's verbal statements about his current experience and personal history.

## Thematic Analysis

As methodology, the thematic analysis of Braun and Clarke (2006) was chosen to illustrate a Neo-Functional reading of the subject's lived experience. As a qualitative methodology, recurring themes and contents within a specific data set are identified and analyzed (Braun & Clarke, 2006). A theme is defined as something that captures a significant entity within data in relation to the research question, and represents a certain type of schematic expression (Braun & Clarke, 2006). The latter is not understood as "emerging" from the text or as "found" in it; rather, the researcher is intended to play an active role in identifying themes (Taylor & Ussher, 2001). In this study, a specific set of themes was analyzed through a primarily *deductive* strategy, i.e., in relation to specific research areas. In other words, the analytical process included the description of semantic entities identified within data (meaning units), and their grouping (themes) and interpretation in relation to the areas of investigation (BES) (Patton, 1990). Semantic entities refer to the explicit rather than implicit meaning (such as underlying ideologies or assumptions) of the subject's verbal statements. In approaching the clinical case according to the Neo-Functional model, thus considering the human being in its entirety (Bastianelli et al., 2021), the epistemological approach of the data analysis was neither exclusively essentialist and realist nor exclusively constructivist:

"One of the causes of ... contrasts between different scientific approaches can be attributed to the dichotomy between subjectivism and objectivism. Some currents of science, and particularly of psychology, have all tended to differentiate themselves from the 'medical-organic' model by focusing exclusively on individual sensations, experiences, and subjectivism. Some branches of neuroscience and psychiatry, on the other hand, have continued to advocate a strong objectivism. ... More and more scholars are in favor of the need for a complex vision that integrates subjective and objective levels ... while taking into account the uniqueness of experiences and emotions of each individual subject." (Rispoli, 2004, p. 26)

Although there are subtle conceptual differences, the subjective dimension postulated by Rispoli (2004, 2016) seems to correspond with sociocultural processes of meaning construction and the subjective codification of reality (a socio-constructivist approach). On the other hand, the objective dimension would seem to be attributable to a realist approach that intends to sculpt the real and material nature of phenomena (a bio-essentialist approach) (Harrison, 2014). As previously stated, Neo-Functionalism adopts the paradigm of complexity by incorporating the *subjective* viewpoint (reality interpreted by the subject) with the *objective* perspective (pre-constituted reality independent of the subject's interpretation) into its vision of reality and the therapeutic process. Specifically, Rispoli's vision aspires to integrate the uniqueness of subjective experiences (of the subject and of the functional psychotherapist) with objectively visible and shareable elements (e.g., postures, breath, cold or sweaty hands) even outside the therapeutic environment. Thus, the results of the present study can both be understood in relation to a subjective perspective of the phenomenon (from the perspective of the subject, the psychotherapist, and the researcher) and in relation to an objective perspective. The latter included the subject's "observable" experiences within the therapeutic context reported mainly through a functional diagram of the self (see below). Now, while the epistemological question may seem problematic, as Joffe writes (2011), a systematic and transparent outline of the procedure will allow other researchers to trace the process by which the results were achieved, and, if necessary, challenge it. In this regard, the steps of the methodology adopted here are explained in detail in the following paragraph.

## Procedure

1. **Familiarizing with data.** Before beginning to code the data, it was essential to gain an overview of it. This was possible through multiple readings, listenings, and transcriptions of the material. During this phase, an initial list of labels and coding schemes was created.
2. **Creating initial units of meaning.** After becoming familiar with the data, initial meaning units were created. These, however, do not coincide with the thematic units, which are more extensive in terms of content, and which are elaborated within the subsequent steps. The meaning units instead represent thematic entities, i.e., meaningful entities related to the areas of investigation (Boyatzis, 1998, cited in Braun & Clarke, 2006). Using a deductive strategy, significant verbalizations of the subject that indicated his functionings were identified. In addition, significant experiences were registered that related to Basic Experiences of the Self. In other words, the data was approached in reference to specific research questions that guided the analytic process, such as: "How is the alteration of the BES of Opening Up expressed in Marco's stories, and in the way he speaks about himself?" More specifically, specific passages were taken directly from the text or summarized in one or two sentences to represent the subject's own language. Next, a table was created that contained all meaning units identified in each psychotherapy session.
3. **Defining the themes.** During this phase, meaning units were sorted and brought together to define initial thematic units. Specifically, thematic maps were created to represent each of the basic experiences of the self. More specifically, the thematic units represent the altered manifestation of each BES respectively, in relation to self and others. Where deemed appropriate, sub-themes were defined. To minimize interference, themes were formulated by using the subjects' own language as much as possible.
4. **Reviewing and refining the themes.** This was done using the criteria of internal and external heterogeneity (Patton, 1990). Meaning units that constituted a theme or sub-theme were reviewed in terms of internal semantic coherence. The second level validation aimed to ensure that the meanings of different themes were distinguishable from each other to avoid excessive overlap. Finally, the data were revised in light of the themes and sub-themes that were created.
5. **Final definition of the themes.** The themes were then finalized, with a detailed description provided, including their essence and role in relation to the entire data set, to other themes, and to the Basic Experiences of the Self.
6. **Producing the Report.** This phase is described below. Graphic illustrations are used to visually represent a thematic map for each BES.



## Data Analysis

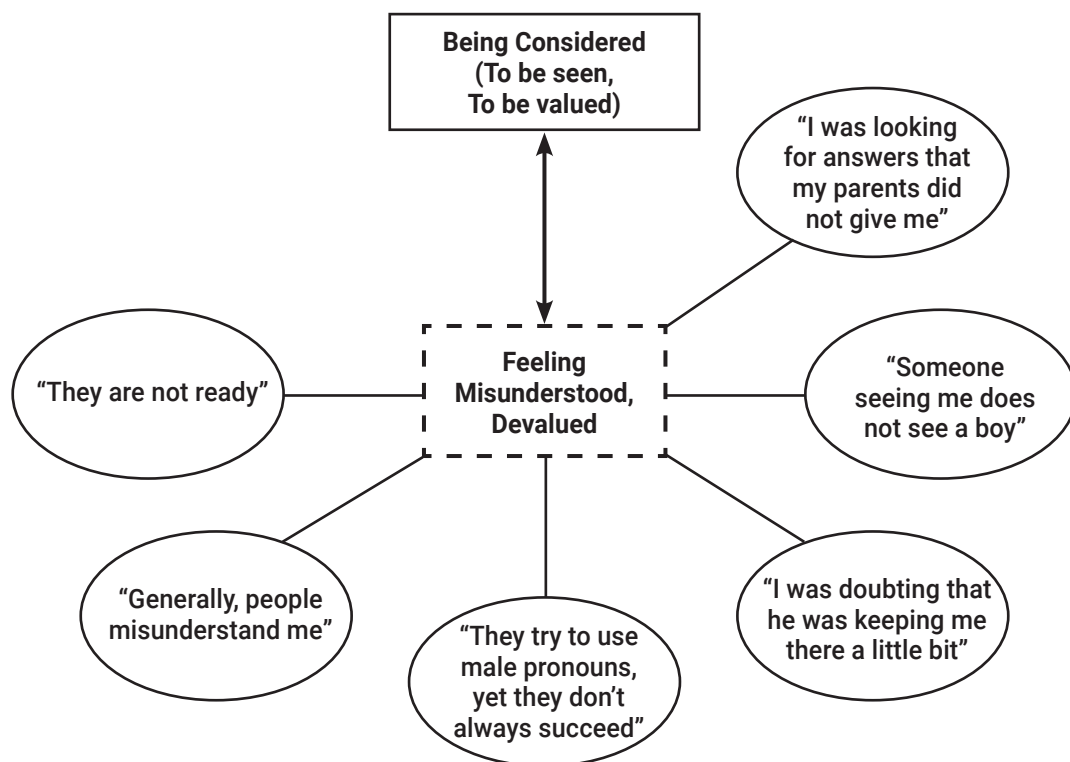
The BES that shaped the psychotherapeutic process and were diagnosed to have altered Marco's lived experience were: Being Considered, Opening up, Actively Connecting with Others, Pleasing the Other, and Being Held.

### Being Considered (Being Seen and Valued)

From a Neo-Functional perspective, the experience of Being Considered (Being Seen, Listened to, Understood, Helped, Valued) by others leads individuals to develop a sense of themselves and how they are perceived by the world (Rispoli, 2004, pp. 122-125, 2016, p. 49). Marco did not have a satisfactory experience of being seen, listened to, understood, and valued in his life. One of the main reasons for this unsatisfactory experience could be Marco's difficulty in gaining acceptance from family members as a transgender person who wants to affirm their gender identity. Marco claims that his parents are "not ready" to value him for who he is and for who he feels himself to be. At home, they would address him by the female name assigned to him at birth. His mother found it especially difficult to accept him. At Christmas, Marco manages to convince his parents to open up to his extended family, grandparents, uncles, cousins, and family friends. However, they tend to be closed-minded and unwilling to welcome his requests. Although his father appears more willing to welcome his son's needs and requests, he also struggles to address him using male pronouns and his chosen name. Marco tends to feel "misunderstood" by people, including his parents. He speaks about a period of high school, during which he felt sad and was trying to figure out the meaning of life. During this time, he was unable to receive support and validating responses from his parents. He therefore turned to one of his high school teachers, seeking support and affection. Yet even this request was disappointing (see next section on Actively Connecting with Others). Marco began engaging in self-harming behavior, which he said allowed him to attract attention and express his suffering. This behavior lasted for two months. Finally, Marco experiences difficulties and discomfort in the university setting, because he would "not pass," i.e., others would not see and perceive him as male, although he would introduce himself with his chosen male name.

Here are some themes and examples of how they relate to significant life experiences regarding the BES of Being Considered:

- "They are not ready"  
*"They [my parents] were not ready, and they are not ready now."* (Session 1)  
*"She [my mother] is not ready ... to tell others ... that is, to call me 'her son' in front of others and accept ... that I will socially and physically become a boy."* (Session 9)
- "They try to use male pronouns, yet they don't always succeed."  
 Therapist: *"What do your parents call you at home?"*  
 Marco: *"They are trying to use male pronouns; they don't always succeed."* (Session 1)
- "Generally, people misunderstand me."  
*"It often happens that we argue [my parents and I] because generally ... they don't understand me"* (Session 2)  
*"I notice that I am often misunderstood when I speak, and I often don't understand what people say to me ..."* (Session 2)  
*"I gave up ... on wanting to understand everything."* (Session 2)
- "I was looking for answers that my parents didn't give me."  
*"Then in the second year, I started to have, I don't know what to call it, depressive episodes ... a period of sadness due, I think, to adolescence ... in short, I had this period of confusion, and I was trying to find answers that my parents weren't giving me, so I asked him [my teacher]."* (Session 3)  
*"I started cutting myself because I missed [Andrea (my teacher)] ... that is, at the beginning ... I was trying to get attention, but I wasn't really well; I was looking for someone to help me out."* (Session 3)
- "I was doubting that he was keeping me there a little bit."  
*"His [the teacher's] behavior and other actions at that time made me doubt a little bit that he was keeping me there, because it must be nice to have an 18-year-old creature running after you."* (Session 3)  
*"He [the teacher] still didn't understand anything, even though I was talking to him about how I felt*



**Figure 3.** Thematic map of the BES Being Considered and the alteration: feeling misunderstood and devalued. Dominant themes connected to the alteration are indicated.

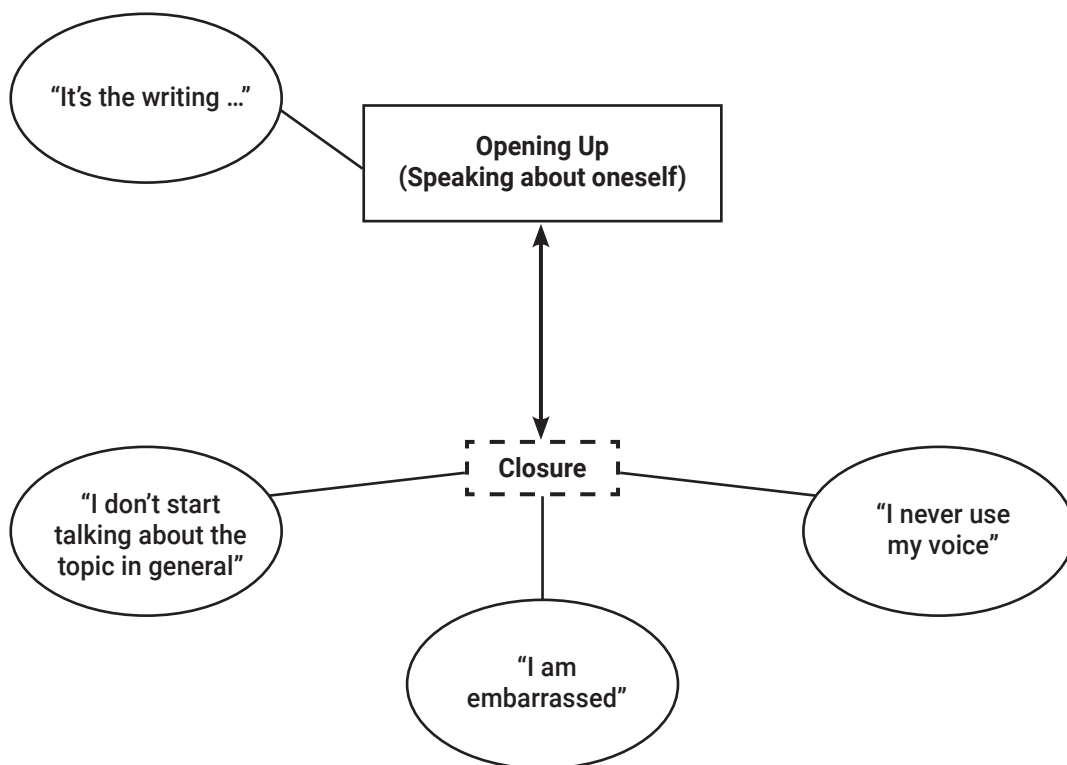
... waking up in the morning a bit dazed, and asking myself “Where’s my willy?” “Ah, I never had it.” But he still didn’t understand anything.” (Session 3)

- “Someone who sees me does not see a boy.”  
 “At the university, [I introduced myself as Marco] because I wouldn’t want them to know that I am a trans man.” although I do not pass ... that is, someone seeing me does not see a boy.” (Session 1)  
 “I asked someone where the toilet was, and he pointed me to the one for women, so that means that someone seeing me doesn’t say this is a guy, but since I don’t look like one, I try to force it.” (Session 1)

### Opening Up (Speaking About Oneself)

This Basic Experience of the Self belongs to the group of BES that involves Sharing oneself with

others (Rispoli, 2016, p. 49). It is assumed that people are never alone, but always perceive themselves in relation to others, i.e., in interaction (Rispoli, 2004, p. 112). Moreover, Sharing one’s experiences with others is possible thanks to the individual’s ability to Open Up to others, telling them about personal thoughts and feelings (Rispoli, 2004, pp. 112-113). Moreover, the BES of Opening Up represents the polar experience of Being Considered (see previous paragraph; Rispoli, 2016, p. 49). In other words, each individual will have different life experiences on the continuum between Opening Up to the world and Being Considered, Understood, and Valued by it. Marco’s ability to Open Up seems impaired, stifled and rather tending towards Closure. A related function that Marco expresses in an underdeveloped manner is the quality and sound of his voice, which is nearly inaudible. Also, Marco speaks about himself in a monotonous tone, using short and often incomplete phrases. These alterations perhaps developed in response to the difficulties he encountered in Being Considered, Un-

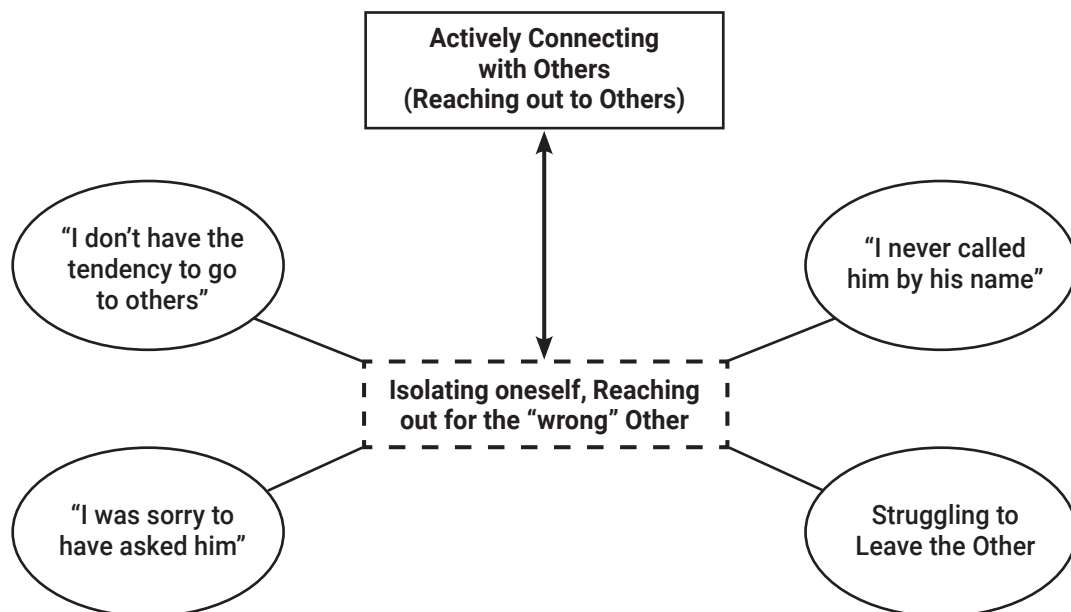


**Figure 4.** Thematic map of the BES Opening Up and the alteration: Closure, showing links to the dominant themes.

derstood, and Helped by significant others. Marco further claims it is useless to share his experiences with others, and he finds it difficult to talk about certain topics. He reports that the way he finds most useful to solve his problems is to manage them alone. Another aspect that Marco describes as being related to his difficulty using his voice is his current “transgender condition,” and the wait for hormonal therapy to begin, which will eventually transform his voice. Marco also describes feeling embarrassed on several occasions, both within and outside the psychotherapeutic context. One way he has been able to develop over the past years, which allows him to share his deepest feelings with others, is through writing. He claims that he has always been passionate about writing, reading, and languages in general.

The following themes indicate some significant experiences that have shaped Marco’s life, and can be understood to represent his altered ability to Open Up:

- “It’s the writing ...”  
*“I left them [my parents] a piece of paper saying: I am trans ... I need to start this journey.” (Session 1)*  
*“I wrote a letter for my parents, but I didn’t have the courage to do anything ... just in case I decided to ... attempt suicide ... [then] at one point I had an epiphany ... I became well again for no apparent reason ... it was just the writing that made me ...” (Session 3)*
- “I never use my voice.”  
*“I don’t make noise ... I never use my voice ... if I don’t make efforts, I never use the... I don’t, it just comes naturally to me.” (Session 8)*  
*“I am waiting for my voice to change.” (Session 8)*
- “I am embarrassed.”  
*“I still feel a bit awkward when I’m in class; there are a lot of people I don’t know.” (Session 2)*
- “I don’t start talking about the topic in general.”



**Figure 5.** Thematic map of the BES Actively Connecting with Others and the alteration: Isolating oneself and Reaching out for the 'wrong' others. Linked to these, dominant themes are represented.

*"If I have a problem, I generally give up ... I don't find relief [in talking to someone about it]. Generally, when I have a problem, one of the ways I have always found useful to solve it was to take my time [and] be alone."* (Session 1)

*"Every now and then we [my parents and I] talked about it (gender affirmation), but [my parents] always seemed very embarrassed, so I do not bring up the topic in general."* (Session 4)

### Actively Connecting with Others (Reaching out to others)

Actively Connecting with Others represents another primal skill that enables people to interact with the world (Rispoli, 2004, pp. 95-98). Related to this skill is the ability to Reach Out to Others (Rispoli, 2004, p. 98). This can be understood in terms of seduction, not in a negative sense, but rather in terms of leading someone to oneself. According to the Neo-Functional paradigm, a balanced manifestation of this experience would present itself as

being able to move fluidly between both polarities: leading the other to oneself, and leaving the other when necessary (Rispoli, 2016, p. 51). Moreover, the BES of Actively Connecting with others relates to the experience of Being Considered by others. That is, the person's hardwired capacity of Reaching Out to others can become suppressed by an unwelcoming, rigid and rejecting environment. In Marco's case, the alteration of this BES takes many forms. On the one hand, as described in the previous paragraph on Opening Up, Marco tends towards Closing and Isolating himself from a world where he did not receive the support he needed to sustain his life path. He feels that he *"never had the tendency to go to others,"* and that it is useless to share himself with others. This also appears to be expressed in his struggle to use his voice to ask people to engage with him, and to receive their support. On the other hand, the lack of Being Considered by significant others in moments of difficulty led him to turn to other adults, such as his teacher. During his first year of high school, at the age of 13, Marco got a

“crush” on his geography and literature teacher. He sought support and affection from the teacher, but his feelings were not reciprocated. Marco writes to him, gets him presents, and visits him regularly in the library. He states that he imagined the possibility of building a romantic relationship with him. It can be assumed that Marco’s unmet need to be Considered, Loved and Helped by the “right” people would have prompted him to reach out to the “wrong” ones in an illusory way, while at the same time struggling to separate from them. He begins to self-harm in order to “attract attention” (see paragraph on Being Considered). His inability to Actively Connect with others in a balanced way is further expressed through his feelings of discomfort and guilt when asking for help.

The following list of themes and examples of significant experiences indicate Marco’s altered ability to Actively Connect with others:

- “I don’t tend to approach others.”  
*“At the moment ... I don’t have as much contact with those who were my friends before ... and ... it takes me a long time before I call someone a friend ...”* (Session 5)  
*“I never had the tendency, even when I was a child, to approach others.”* (Session 7)
- “I never called him by his name.”  
*“I don’t know if I told you about the creature.”* (Session 2)  
*“We never call each other ... I gave him nicknames ... I never used to call people by their names ...”* (Session 2)
- Reaching out for the “wrong” other  
*“I was 13 [years old], he was a teacher, so I got to know him ... I tried to start interacting with him a little bit, I used to ... talk to him at the end of class, and one time, I looked for his address on the internet ... and I found it ... Then I looked on Google maps and one day, by bike, I went to his house. He invited me in and talked with me for an hour and a half, then I left.”* (Session 3)  
*“I came out because I couldn’t bear it any longer, [and so I told him] ‘I love you’ ... he (teacher) never gave me a clear answer ... One day ... I asked him ‘Could you consider being with me or not?’ and he never gave me an answer.”* (Session 3)
- Struggling to Leave the Other  
*“I realized and accepted that I loved him, and that*

*he would never feel the same. I decided to become friends with him slowly, step-by-step, by trying to overcome certain limits of confidence each time. At the end of the third year, we got along quite well and by the fourth we were getting along better and better, and even in the fifth year. And the various gifts I got him ... he must have tried to return them to me, but I didn’t allow it.”* (Session 3)

*“Looking back, I can say that was the period when I was falling in love, and suddenly breaking away did me no good ... I started to cut myself because I missed him.”* (Session 3)

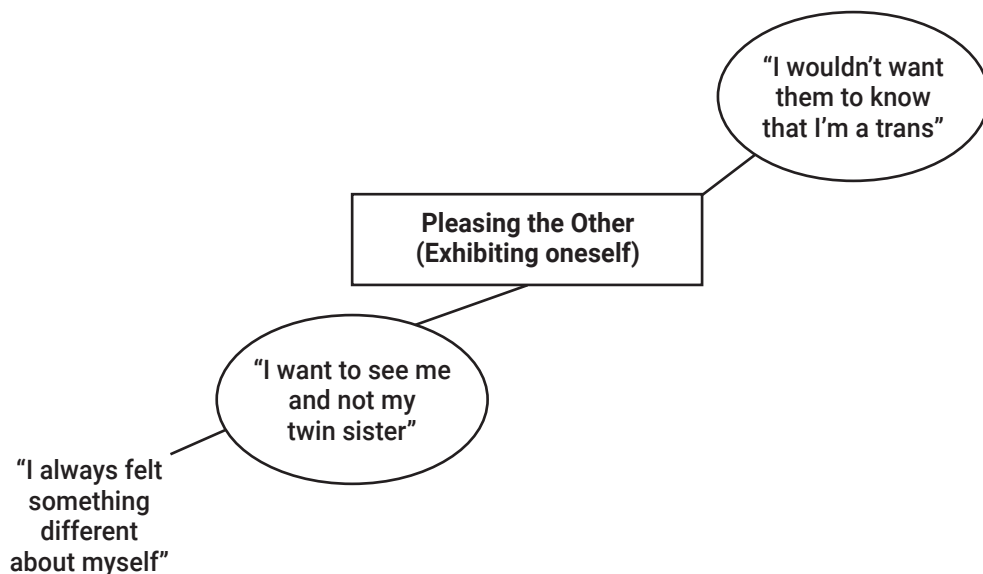
- “I was sorry to have asked him.”

*“I felt a bit shitty because ... I had asked him to do something for me he wasn’t prepared to do ... that is, to act as a psychologist. For a teacher ... it must not be an easy thing ... I was looking for someone to help me out, and on the other hand I was sorry I had asked him to do something he couldn’t do.”* (Session 3)

### Pleasing the Other (Exhibiting Oneself)

Similar to the ability of Opening Up, the ability to Exhibit oneself in order to Please the other also falls into the group of Sharing Oneself with others (Rispoli, 2016, p. 49). Rispoli (2004, pp. 114-115). This refers to the basic human need to Exhibit Oneself to the world, and to receive approval from it. In other words, individuals display themselves to others with and throughout their body, and others represent a source of knowledge and information about themselves. In this way, individuals learn to feel themselves, and learn how what they feel inside affects the outside. An altered manifestation of Exhibiting Oneself manifests in an excessive way of displaying oneself to the world, or in contrast, in a feeling of shame in doing so (Rispoli, 2004, p. 115). These alterations can be influenced by old feelings of not Being Seen enough, Being Criticized or never Being Liked by others.

For transgender people, the experience of revealing themselves to the world for who they are, being socially recognized, and receiving approval from others, is particularly important. In Marco’s case, the experience of showing himself to the world was not a satisfying experience. Marco strongly desires to show himself to the world with pleasure, and to be seen “in a body” where he feels he has always belonged. However, as mentioned previously, he



**Figure 6.** Thematic map of the BES Exhibiting oneself, with linked themes and sub-themes.

struggles to feel accepted and supported for who he feels himself to be, especially by people close to him, such as his parents and teacher. In addition, at the university, he becomes convinced that he does “not pass” as a boy because his phenotypic “appearance” would be “still too feminine.” This experience leads to feelings of sadness and deep regret. Moreover, he expresses the need to hide himself as a transgender person, and to “force” a condition in which he will be seen as a boy.

Below are the themes (indicated with a black bullet point) and sub-themes (indicated in italics) that illustrate Marco’s altered experience of Exhibiting himself.

- “I want to see myself, not my twin sister.”  
*“I am not yet born.”* (Session 7)  
*“I want to see me and not my twin sister, who looks a lot like me but is not me; I am a boy.”* (Session 9)
- “I always felt there was something different about me.”

*“I thought I would grow up and have a natural male puberty and develop a penis ... it seemed impossible for me not to become a man.”* (Session 1)

*“I always felt there was something different about me.”* (Session 1)

*“Nobody uses my name yet, I don’t know if I always knew, more or less, that I would be called like this, [Marco] ... that I was born a boy.”* (Session 1)

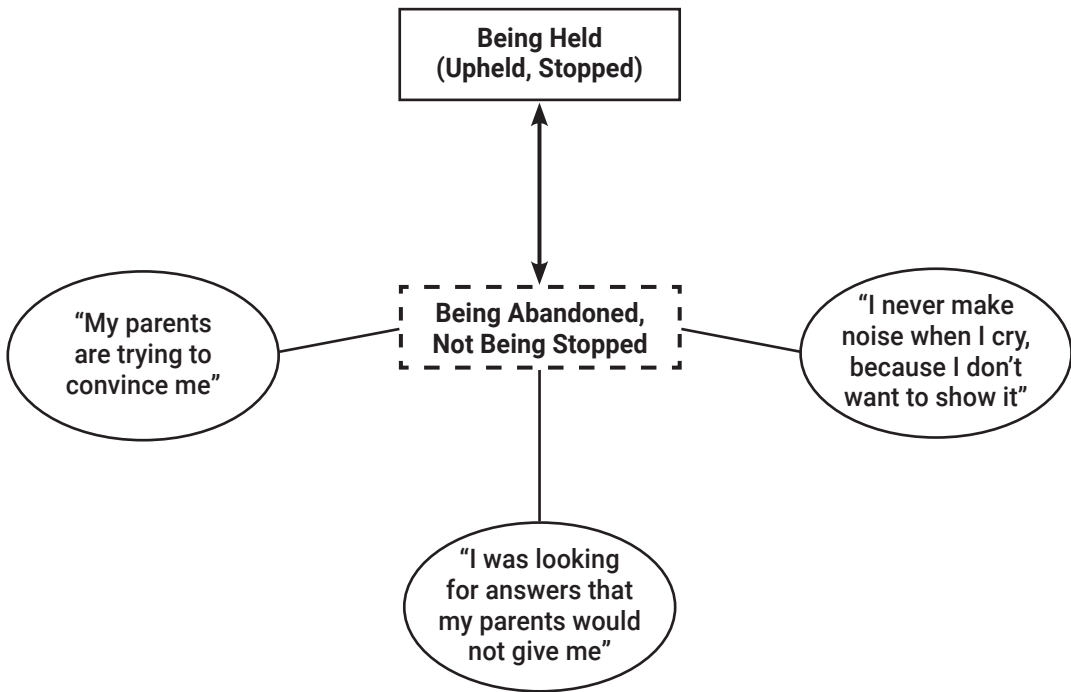
- “I wouldn’t want them to know that I’m a trans.”

*“Someone seeing me wouldn’t say that I’m is a boy, and since I don’t look like one, I try to force it.”* (Session 1)

*“I wouldn’t want them to know that I’m a trans person, even if I don’t pass ... so I make up that I have a hormonal disorder.”* (Session 1)

### Being Held (Upheld, Stopped)

From a Neo-Functional perspective, the BES of Being Held manifests itself in two ways: Being Up-



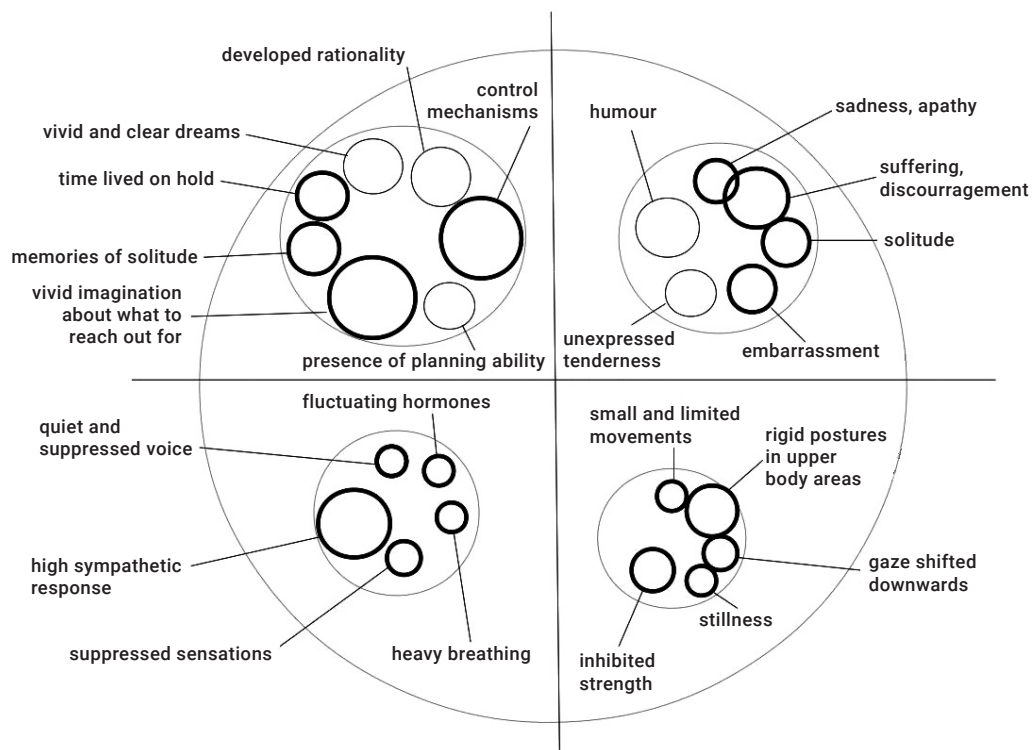
**Figure 7.** Thematic map of the BES Being Held, the alteration Being Abandoned and Not Being Stopped, as well as dominant themes.

held and Being Stopped (Rispoli, 2004, pp. 71–76, 2016, p. 49). It is assumed that the experience of Being Upheld with firm, reassuring, and protective hands generates a sense of tranquility and safety by releasing states of activation (Rispoli, 2004, pp. 72–75). The experience of Being Stopped is not intended as imposing, but rather in terms of an encounter with someone who is able to offer support with affection. In Marco’s case, the experience of Being Upheld and Stopped with Love and Protection seems not to have been fully experienced. As mentioned above, Marco did not have the opportunity to receive valid answers from his parents during a period of his life filled with sadness and the search for meaning. It was during this time that he reached out to his teacher in need of attention and support – a request that was not fulfilled. Even earlier, during primary school, Marco reports that he became very attached to a teacher whom he then described as “a second mother.” More generally, these experiences can be interpreted in relation to the lack of Being Held, supported, and protected by significant

adults. Furthermore, another way this lack seems to express itself is in Marco’s tendency to conceal his suffering: “I never make noise when I cry, because I don’t want to show it.” “My cuts, I tried to hide.” One can assume this relates to the (partial or complete) lack of Being Stopped by someone lovingly to release suffering, pain, and/or states of agitation. Rather, it seems that the family environment is characterized by an imposing atmosphere.

The following list of significant experiences represent Marco’s sense of not Being Held in a satisfactory manner:

- “I was looking for answers that my parents wouldn’t give me.”  
*“[In primary school] I got very close to the Italian teacher, who became my second mother.”* (Session 4)  
*“I had this period of confusion and I was trying to find answers that my parents were not giving me, so I asked him [Geography and Literature teacher].”* (Session 3)



**Figure 8.** Functional Diagram of Marco's lived experience during the initial phase of psychotherapy, developed by psychotherapist R. Rosin.

- “I never make noise when I cry, because I don’t want to show it.”

“I started to cut myself because I missed him ... I was trying to hide [it] ... I was trying to attract attention ... I was looking for someone to help me out.” (Session 3)

“I never make noise when I cry ... because I don’t want to show it ... my parents would worry about it too much ... especially my mum.” (Session 6)

- “My parents are trying to convince me”  
 “My parents are trying to convince me to live here, but I’m fine not to.” (Session 1)  
 “They didn’t want me to become overweight so they sometimes prevented me from eating.” (Session 4)

- Not Being Stopped  
 “Therapist: Every week you wrote an email?  
 Marco: Almost every day for a while ... at some point I saw that he (Geography and Literature teacher) couldn’t take it anymore, and I realized

that I had gone too far and I stopped.

Therapist: He didn’t tell you?

Marco: No, it’s just that in hindsight I can say that that was when I was falling in love with him, and suddenly breaking away was very hard for me.” (Session 3)

## Functional Diagram

Figure 8 illustrates a functional diagram of Marco’s lived experience during the initial phase of the psychotherapy process. This diagram provides a detailed view of the alterations that shaped the overall functioning of the self, i.e., the precise manifestations of Functions on the cognitive-symbolic, emotional, postural-muscular, and physiological levels (Rispoli, 2004, 2016, 2017b). In reviewing the functional diagram, it is important to maintain a holistic view, as all functions are deeply interconnected (Rispoli, 2004, p. 54). On the one hand, the diagram illustrates the individual’s functioning in terms of alterations, which are indirectly



described in the preceding paragraphs with respect to each BES. More specifically, the alterations are represented in terms of divisions (i.e., separations between circles that indicate imbalance between functions or functional levels: the more separate, the more disparity); hyper- and hypotrophies (the diameter of each circle indicates the extent to which a specific function is exaggeratedly present: hypertrophic, i.e., larger diameter, or almost absent: hypotrophic, i.e., smaller diameter); and rigidity (thickness of the lines of the circles, which indicate the extent to which the function can adapt to both, external and internal events. The thicker the line, the less adaptable the function) (Rispoli, 2004, pp. 53–57). On the other hand, this diagram also makes it possible to identify functions that can be considered as resources of the individual, such as Tenderness, Rationality, and Humor.

## Discussion

This study aimed to offer a Neo-Functional reading of the lived experience of Marco, a transgender person (AFAB), during his path through gender affirmation prior to the initiation of hormonal and/or surgical interventions. We have chosen to focus on the period preceding medical interventions, as it constitutes a delicate and often debated stage during gender affirmation. Therefore, it seems particularly important to endorse a holistic view of transgender reality to support trans individuals to be received in an integrated version of themselves. The Neo-Functional Psychology model (or Modern Functionalism) has made it possible to address the complexity of the phenomenon without remaining trapped in a partial or too abstract view of it (Rispoli, 2004, 2014, 2016).

The Basic Experiences of the Self that were diagnosed as having altered Marco's lived experience were: Being Considered, Opening Up, Actively Connecting with Others, Pleasing the other and Being Held. Specifically, the lack of Being Considered, Seen, and Valued by the outside world for who one is and for who one feels to be, seems to have constituted a significant obstacle for Marco in living and realizing his authentic Self. In his experience, not Being Considered, and the belief of

“not passing” as the gender perceived as his own, seems to have impaired his ability to Open Up and to Show himself to the world. Instead, he tended to isolate himself and develop a stereotyped function of shame and embarrassment. This also manifested in stiffened postural and motor functional processes, in physiological hypertension, and in control behaviors.

Additionally, there were uncertainties about whom to seek support from, as there was a risk of relying on the “wrong” individuals. In other words, Marco had to learn to differentiate between those who were truly able to meet his needs, and those who were not. These findings align with those reported by Cooper and colleagues (2020) about the phenomenology of the experience of embodying a gender “not in line with the norm.” Specifically, the themes most frequently reported by participants with respect to social relationships were the worry of encountering misgendering experiences<sup>4</sup>, a tendency to isolate as a consequence of not being seen in terms of their felt gender identity, and the internalization of social rejection, followed by hypervigilance, shame and fear. It is important to keep in mind that the experience of not Being Considered may not only refer to the “transgender condition,” but rather to the experience of living itself – in other words, not being seen as an individual with personal life experiences and a desire to connect emotionally with others, seeking understanding and empathy. (Di Gregorio, 2019, p. 56).

Regarding the subject's lived experience of his bodily sensations and his body morphology, Marco reports a strong discomfort with his body image – particularly with the sexual characteristics of his body. This further manifested in closed body postures, especially in higher body areas (presumably to conceal his breasts), and, more generally, in stiffened and restrained posture and motor function. In addition, Marco claims to experience discomfort while waiting for his body to change through medical interventions. Here too we can relate to reports by Cooper and colleagues (2020) about the discomfort experienced by transgender individuals as a result of the dissonance between their felt gender identity and their physical appear-

4. When someone, more or less intentionally, refers to transgender subjects in terms of their biological sex, instead of the gender identity they feel themselves to be.

ance, leading to feelings of alienation and disgust towards one's body. More specifically, this would seem to relate to a bodily experience, especially prior to hormonal and/or surgical treatments, in which a feeling of *having* a body, instead of *living* it, prevails (Di Gregorio, 2019, p. 45). In this ambiguity, the body (with certain primary and secondary sexual characteristics) can be experienced as not representative of the subject who inhabits it.

A further aspect, not to be neglected, is the reporting of self-harming behavior. A study by Liu and Mustanski (2012) showed that self-harming and suicidal ideation are particularly prevalent in the LGBTQ+<sup>5</sup> population, and motivated by factors such as victimization, hopelessness, and low social support. Furthermore, referring to Le Breton (2016), in a situation of suffering, the tendency to self-harm, seems, rather than a "blind and logic-free" act, a "sort of last chance to not disappear" motivated by a "will to live" (p. 9), and to realize oneself. We can assume that this is in line with what Marco experiences relative to his desire to define, realize, and transform himself not only psychologically, but also socially and physically.

Contrary to the diagnostic criteria of gender dysphoria (APA, 2013, pp. 527–537), Marco's lived experience was not limited to intra-individual processes of self-definition and self-perception, but was also significantly influenced by inter-individual processes (Cooper et al., 2020; Pulice-Farrow et al., 2020). Through personal narratives of gender non-confirming individuals about their lived experience of body dysphoria, these researchers investigated the extent to which those narratives overlapped with the diagnostic criteria of gender dysphoria. Similar to our study's findings, participants reported feelings of "alienation from their own body" and "distress" related to this experience. However, these feelings were not fixed or static, but were instead connected to personal and social experiences of gender affirmation. In addition, alterations in each Basic Experience of the Self, as illustrated in Figure 8, were observed to have manifested on all four functional levels of the self: the cognitive-mental, physiological, motoric-postural, and emotional. These manifestations related to the functional diagram of gender

incongruence developed by Rosin (2019, Figure 2.). However, rather than confirming "transnormative" expectations that emphasize a specific view of what transgender people may experience (Riggs et al., 2019), the examined experience here should be understood as a personal history of life and ways of being. This does not mean that the experiences considered "typical" or "transnormative" do not exist – such as the feeling of living in the "wrong body," the demand and suffering associated with the wait for medical intervention, and defining oneself in terms of a binary gender order. Rather, it is a matter of going beyond this and getting to know the person on deeper levels, not only on the surface (Rispoli, 2017b, p. 14). As hypothesized, this seems possible only when addressing the complexity of human experience itself (Rispoli, 2004, pp. 52–53, 2014, 2016, pp. 14–15). This requires transcending cognitive boundaries between body and mind, gender identity and anatomical sex, and self and other, and reconsidering how these polarities are deeply interconnected.

## Research Limits and Future Implications

Certain limitations and future implications of this research will next be illustrated. This work intended to offer an integrative view of the lived experience of a transgender person. However, due to the available source material (audio recordings of psychotherapy sessions), data analysis was primarily based on the psychological, cognitive, and symbolic dimensions of the subject's lived experience. Although every function is intended to represent the entire self, this did not allow for a holistic analysis of the phenomena under investigation. Despite the functional diagram provided, it seems important to deepen future study of transgender people's bodily lived experiences by including, for example, photos, video recordings, and/or registers of physiological processes.

Next, as the aim of this work was to illustrate the application of the Neo-Functional Psychology model, a deductive methodology was chosen to analyze the subject's reported significant experiences in relation to the BES. However, for future studies, an inductive methodology, such as an in-

5. An acronym for "lesbian, gay, bisexual, transgender, queer and other identities".

ductive interpretative phenomenological analysis [IPA] (Smith & Shinebourne, 2012), seems necessary to investigate the lived experiences even more thoroughly. This would allow us to study how an experience is lived first-hand, and thus inform and redirect the way that experience is understood (Neubauer et al., 2019). Here, despite this limitation, the subject's statements were used to form thematic experiential units in order to minimize, as much as possible, the impact of interpretative interferences.

Another factor is that the psychotherapy setting being studied is involved with legal proceedings on gender affirmation. As mentioned earlier, this has inevitably influenced the therapeutic process. Moreover, in relation to the current Italian medical-psychiatric model that legitimizes gender affirmation, the diagnosis included not only a Neo-Functional assessment, but also the administration of tests aimed to diagnose concomitant psychopathological conditions. The Minnesota Multiphasic Personality Inventory (MMPI-2), the Structured Clinical Interview (SCID-5-SPQ), the Cognitive Behavioral Assessment (CBA), the Utrecht Gender Dysphoria Scale (UGDS), and the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) were implemented. The use of these tests and their specific effects on the therapeutic setting were not examined in this research project, since the study focused on the psychotherapeutic approach itself. However, in the future it would be useful to investigate how these tests, and more generally, the normative aspects of gender affirmation that framed the psychotherapy under investigation, influenced the functional psychotherapist's understanding of the transgender phenomenon. Also, this might not have affected only the Functional intervention itself, but also the transgender person's experience in psychotherapy.

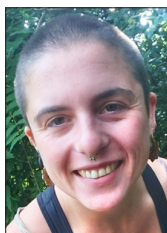
A final limitation of this study could be noted regarding having investigated and described only one psychotherapeutic approach, and only its diagnostic portion. In future studies, it might be useful to compare different therapeutic approaches

and techniques as applied to gender affirmation. This would make it possible to frame and compare the resources and limitations of each in approaching transgender reality.

## Conclusion

Through applying the Neo-Functional Psychology model, the "transversality" and "multidimensionality" (psychological, social, relational, and bodily) of a transgender person's lived experience can be illustrated. As Giardina and Zabonati (2020) state: "As much as gender affirmation may pass through the body, it is by no means limited to it." We can also assume that gender affirmation is not limited to a mere act of self-definition at a cognitive level, nor is it disconnected from the sociocultural context. The domain of modern functionalism has been able to provide a framework from which to address the complex paradigm of human experience in enabling self-determination and free self-expression in a supportive and respectful manner (Rispoli, 2004, 2014, 2016). This is in line with Salomon's argument (2010, p. 13): a non-pathologizing approach to transgender reality that aims to challenge the binary view of gender can be facilitated when the underlying theory tries to overcome a binary notion of body and mind. More specifically, this approach has allowed us to offer a reading of a transgender person's lived experience through a series of Basic Experiences of the Self that developed in an atrophied and/or deficient manner throughout the lifespan – each of which, as we have seen, manifests itself through a specific functional configuration that includes all experiential levels of the self. We argue that by aiming to transcend the dichotomy of body and mind (Rispoli, 2004, 2014, 2016), the Neo-Functional area of thought can re-establish a valuable framework through which to approach transgender reality and the path of gender affirmation. Within this framework, as the limiting impacts of pathologizing and medicalizing views, as well as binary notions of gender, are minimized, the subject can be welcomed as a *person*.





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