



# Psychoanalysis and Trans

## A Study of Two Psychosocial Scenes

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### Abstract

The wave of activism and popular discourse around trans identity and subjectivity has had a profound impact on numerous fields, including psychoanalysis. In this chapter I will bring a psychosocial lens to thinking about how the signifiers “trans” and “psychoanalysis” encounter one another today. There are two different psychosocial “scenes” through which, I propose, we can usefully examine this interaction: first, the unusual (re)appearance of clinical psychoanalysis in British debates surrounding trans healthcare – primarily used to oppose young people’s access to gender affirming healthcare. The second scene we will examine concerns the development of “transpsychoanalytics,” involving clinical and academic work that attempts to move beyond debates over the pathologization of trans identity and forge new, more constructive engagements that bring the insights of trans theory and experience into dialogue with psychoanalysis. The emergence of transpsychoanalytics, I will demonstrate, paves the way for closer and less adversarial engagement between trans and psychoanalysis without

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erasing the tensions between the psychoanalytic emphasis on the unconscious and the project for trans liberation.

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### Keywords

Psychoanalysis · Trans subjectivity · Transpsychoanalytics · Lacan · GIDS

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## Introduction

The recent surge of activism and discourse surrounding trans identity and politics has had a profound impact on various fields, including psychoanalysis. The history of psychoanalysis' engagement with transgender phenomena is long and complex, often (but not exclusively) marked by pathologization (for a discussion of this history, see Gherovici, 2010; Cavanagh, 2017; Elliot, 2001). In this article I wish to bring a psychosocial lens to thinking about how the signifiers “trans” and “psychoanalysis” encounter one another today. There are two different “scenes” through which, I propose, we can usefully examine this interaction: first, the unusual (re)appearance of clinical psychoanalysis in British debates surrounding trans healthcare. I call this unusual because, for the most part, clinical psychoanalysts rarely feature as “experts” in popular media, this role typically reserved for psychologists and psychiatrists with more mainstream cognitive, behavioral, or neuroscientific backgrounds. Something within the nature of the contemporary British conversation surrounding trans identity (and trans kids in particular) has brought the “anachronistic” figure of the psychoanalyst back into the limelight – primarily to make a case against young people’s alleged “rush” to forego their gendered pasts and dive headlong into a risky future. This is itself, I propose, a psychosocial phenomenon.

The other psychosocial “scene” concerns developments happening in the worlds of psychoanalytic and trans theory. A body of clinical and academic work has attempted to move beyond debates over the pathologization of trans identity and forge new, more constructive engagements that bring the insights of trans theory and experience into dialogue with psychoanalysis. This endeavor – not without its tensions, as we will explore – is sometimes referred to as “transpsychoanalytics” and brings socio-political concerns into contact with psychoanalytic attention to the unconscious and “sexed” subjectivity. The emergence of “transpsychoanalytics” serves as a different example of “the psychosocial” in action, alerting us to the varied ways that we can read the encounter between psychoanalysis and trans.

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## Closure of Gender Identity Development Service

In July 2022, NHS England announced it would be closing its sole gender clinic for young people, the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Trust. The decision was justified on the basis of an interim report

from Dr. Hillary Cass (2022), who was commissioned to conduct an independent review of NHS gender services. Although this decision was publicly framed as way to reduce waiting lists and provide better quality care to young people, it has occurred against the backdrop of significant criticism against GIDS from two opposed perspectives: those who argue against young people receiving gender-related medical interventions (often called “gender critical”), and those who argue that the service has held people up too long before offering them trans affirmative healthcare (for a thorough investigation of GIDS, see Barnes 2023).

Psychoanalysis has played an interestingly central role in this controversy.

Before the press and popular imagination made “The Tavistock” nearly synonymous with GIDS, the institution was known as an origin point and ongoing center of the British object relations school of psychoanalysis. For this community, “The Tavi”, as its affectionately called, is a rare example of a publicly funded clinic and educational facility oriented by a psychoanalytic approach to mental health. That GIDS was located here is no coincidence (the service was first established in London’s St George’s Hospital in 1989 and moved to the Portman Clinic, part of the Tavistock and Portman Trust, in 1996). GIDS’s founder, psychiatrist Domenico Di Ceglie, was psychoanalytically trained and drew upon object relations in his conceptualization of what he calls “atypical gender identity organization” (Di Ceglie, 2018). This framework leaves room for both the viability of medically supported transition and the possibility that therapeutic work may reveal various pathways for non-normative gender identifications that depart from an initial wish to transition: “Our stance was to maintain an open mind as to what solution an individual would find to the mind/body conflict”, writes Di Ceglie (2002, p. 489). GIDS continues to pay tribute to Di Ceglie’s approach on its website (GIDS, 2018) and in the literature clinicians publish about their work (Wren, 2021; Bonfatto & Crasnow, 2018), even while the service is also oriented around more mainstream psychiatric criteria (Costa et al., 2016).

Yet GIDS’s work has always existed in tension with the views of some Tavistock clinicians. In 2002, some of Di Ceglie’s colleagues published letters in the *Guardian* and *Telegraph* arguing that medical transition was a form of bodily “mutilation” that fails to resolve “internal conflicts”, and that rights recently won by trans people in the European Court of Human Rights represented “a victory of fantasy over reality” (Dermen et al., 2002; Berkowitz & Ruszczynski, 2002), souring relations between GIDS staff and the Trust (Barnes, 2023, p. 39). These skirmishes aside, GIDS’s early years did not attract significant public attention or debate. There were only a handful of referrals per year, and according to Di Ceglie, only about 5% of young people would “commit themselves to a change of gender” (Rogers, 1993). Hormone blocking medication was initially available only for young people around the age of 16 years (generally, after puberty had commenced) – at the time, relatively liberal compared to other countries (Barnes, 2023, p. 29).

However, the service underwent a major turning point in 2011, when, in response to changing international standards on gender care, it decided to allow a “carefully selected group of young people” aged 12 and upwards to access puberty suppressing medication as part of a research study (Di Ceglie, 2018, p. 14). In 2014 the

organization received further NHS approval to offer the drug to eligible young people without enrolling them in any research, and prior to the study's completion (Barnes & Cohen, 2019). Alongside this, GIDS experienced an exponential rise in referrals – from 210 in 2011/12 to 3585 in 2021/22 – and a ballooning waiting list (GIDS, 2023).

These changes, alongside growing public attention to trans issues, brought the service under increasing public scrutiny. Critics have raised numerous concerns, including the unexplained shift in patient population from majority birth-assigned male to majority birth-assigned female; the rise in patients facing complex mental health challenges who failed to receive adequate care from child and adolescent mental health services alongside GIDS; the role of trans advocacy groups in clinical decision making; the further liberalization of criteria for access to puberty suppression (offering it to different types of patients than those initially studied); limited longitudinal data on puberty suppression for trans youth; and GIDS's inability to cope with its waiting list allegedly leading to rushed treatments with insufficient clinical consultation and reflection. Journalist Hannah Barnes's *Time to Think* (2023) documents these criticisms, reaching the conclusion that, over time, GIDS failed to offer patients the kind of therapeutic exploration, and careful multidisciplinary attention, it claimed to prize.

Psychotherapists and psychoanalysts have been among GIDS's most prominent critics, with several making "gender critical" arguments that reach beyond concerns for the service's ability to provide a high standard of care and that oppose gender transition, especially in young people, altogether (see Brunskell-Evans & Moore, 2018, 2019; several essays in these books are written by psychoanalysts).

For example, in 2018, the psychoanalyst, senior consultant, and then Tavistock staff governor Dr. David Bell wrote a highly critical report of GIDS that was leaked to the press, based on conversations he held with several concerned GIDS staff (Cooke, 2021; Doward, 2018). Bell claimed "the GIDS team is being asked to engage with and assess complex and difficult cases within a highly constrained time frame" and concluded that GIDS "as it now functions [is] not fit for purpose and children's needs are being met in a woeful, inadequate manner and some will live on with the damaging consequences." "Gender services tend toward a damaging simplification," Bell wrote in the *International Journal of Psychoanalysis*, partly because "most do not regard themselves as psychoanalytic services, and in some major services it is a small minority who have any substantial psychotherapeutic experience" (Bell, 2020, pp. 1032–1033).

Bell maintains that children who identify as transgender and request medical interventions from places like GIDS are suffering from a variety of underlying psychological and social troubles which, if properly addressed, might resolve their gender dysphoria without the need for bodily changes. Among these he includes internalized homophobia, the intergenerational transmission of trauma, negative influences from social media, and contemporary ideologies that treat the body as a commodity and patient as consumer (Bell, 2020). "There is good evidence that a majority of children if helped and supported in the right way, desist, many going on to be gender non-conforming gay and lesbian adults," he writes. Bell leaves some

room for the idea that transition may occasionally be an acceptable solution for adults – “I can see that for *some* individuals, medical transition is the only reasonable option” – but when pressed on this question, has admitted that he sees this as a less than ideal, last resort. “If an adult were able to be helped, to be able to be gender nonconforming, freer in their sexuality, without irreversible changes to their body, that would be a better outcome,” he said during a conference Q&A, summarizing what he viewed as consensus among like-minded colleagues.<sup>1</sup>

The criticisms in Dr. Bell’s report of the Tavistock led to the public resignation of Marcus Evans, a longstanding Tavistock governor and psychoanalyst. Evans (2020) publicly criticized GIDS for failing to interrogate “the meaning behind a patient’s presentation . . . including the desires and conflicts that drive their identity and choices.” Evan’s wife, Sue Evans, is a former GIDS psychodynamic psychotherapist who resigned ten years earlier. Her legal battle against GIDS eventually led to a 2020 high court judicial review of the service, *Bell v Tavistock*, which halted GIDS’s ability to refer young people for puberty suppression, until overturned on appeal (see Barnes, 2023, pp. 344–51).

The two have subsequently published the book *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents, and Young Adults*, where they set out their views on how to help a young person overcome their wish to transition (Evans & Evans, 2021a, b). As psychoanalyst Avgi Saketopoulou (2022) has pointed out in her critical review of the book, it is replete with value judgements about trans experience. For example, in their commentary on a child identifying as female, they write, “Paul, by requesting castration, will do permanent damage to his capacity to have children, while also assaulting the sexuality his parents bestowed upon him in conception” (Evans & Evans, 2021a, b, p. 183). In this sentence the Evanses refuse to use the child’s preferred name, describe surgical interventions with value-laden nonmedical terminology (“castration”), and frame the potential loss of reproductive potential as a crime against the parents. As is common in this literature, they do not reflect upon the countertransferential prejudices or anxieties they may be unconsciously bringing to bear on their cases (see Wiggins, 2022), nor how their patients may transferentially relate to them as saviors from gender ideology. In the conference they participated in with Bell, Sue Evans analogized preventing gender transition to anorexia: “some people with an eating disorder . . . will continue to live their life monitoring their calorific intake and keeping themselves in a very thin state . . . for some people, that is their defensive solution to the world. We do all sorts of things in life to accommodate ourselves and the world together.”

Bell, the Evanses, and others do, in my view, make some legitimate criticisms of GIDS and other gender services and point to some genuine problems with the current state of medical research on care for gender diverse youth. However, the “gender

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<sup>1</sup>The conference was called “Do Not Adjust Your Set: Sex, Gender and Public Policy,” organized by the British Psychoanalytic Association. Bell’s statement, which I transcribed, was in response to a question I posed regarding whether the speakers ever viewed transition as appropriate. See <https://www.psychoanalysis-bpa.org/events/do-not-adjust-your-set-sexgender-and-public-policy/>

critical” positions they ultimately align themselves with contribute to a moral panic that, as psychoanalysts, they seem peculiarly unable to reflect upon (the Evanses compare the affirmative treatment of gender dysphoria to the American opioid crisis [2021]). The “exploration” they insist upon is not psychoanalytic neutrality but amounts to a codeword for convincing the patient to change their mind.<sup>2</sup> Transness, in their view, is a failed therapeutic outcome (in Sue Evans’s analogy, akin to a deadly disorder). Notably, such authors nearly exclusively cite sources that agree with their position, failing to engage in the diverse body of psychoanalytic and other scholarship that takes a different view on working with gender diverse individuals.

Psychoanalysis is typically seen as an outlier in mental health treatment, an inherently lengthy and time-consuming practice which, as Baraitser writes (2017, p. 17), often serves as a “pre-eminent example of a ‘waste’ of time in capitalist terms.” Yet as we have seen, in the case of the debate over trans healthcare in the UK, the field has emerged as a surprisingly prominent player, functioning, for some clinicians, as a bulwark against the “rush” to physical interventions that trans advocates are said to demand.

This is a psychosocial phenomenon in the sense that it concerns how psychoanalysis appears within the social sphere. In essence, it entails the psychoanalytic durational tempo – the slowness of psychoanalytic time – finding an alliance with a “conservative” position in the culture wars. It also involves a particular interpretation, by psychoanalysts, of how the field theorizes what it means to express non-normative gender or demand gender transition.

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## Psychoanalytic Reparations?

In a recent polemical article “Dear Cis Analysts,” McKenzie Wark (2022), a Professor of Media and Cultural Studies at The New School, argues that psychoanalysis owes “reparations” to trans people. “Various institutions of psychoanalysis,” she writes, “should set up funds to support the autonomous care of trans people by trans people.” Wark claims that the field does not have “anything to offer trans people at all, particularly given its history of contributing to our oppression,” emphasizing that the practice does not have “any useful knowledge” about trans people: “reparations could also take the form of paying trans scholars to retrain you in the knowledge you clearly lack.”

While she offers a persuasive account of the harm caused by transphobic psychoanalysts – especially taking into consideration the situation in the UK – Wark’s article frames psychoanalysis as a kind of failed knowledge-providing service. Endocrinologists, she explains, have something useful to give, while psychoanalysts

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<sup>2</sup>This position is in fact at odds with the International Psychoanalytic Association’s statement on conversion therapy (IPA, 2022), which states, “Interventions specifically aimed at promoting a particular sexual orientation or gender identity as a preferred outcome (sometimes called ‘conversion’ or ‘reparative’ therapies), are not consistent with the fundamental ethical principles of psychoanalytic treatment and its explorative nature.”

are “chasers. . . Feeding off us, taking up our time and resources, and offering nothing in exchange.”<sup>3</sup>

However, Wark does not engage with psychoanalysis’ own understanding of itself as a discipline that puts knowledge into question, with the aim of allowing the *analysand*, rather than the analyst, to reconsider what they think they know about themselves, and potentially discover something new. In other words, besides the sociological critique of harm caused to gender diverse people by practicing psychoanalysts, there is the more complicated question of how we conceive of self-knowledge if we take into account the psychoanalytic notion of the unconscious.

Indeed, one of the key problems with the approach of the gender critical psychoanalysts discussed above is a failure to acknowledge that the unconscious undermining of self-knowledge does not apply solely to the trans patient, but to the (cis) analyst as well. The unconscious undermines *all* claims to self-knowledge – gendered or otherwise – calling into question whether we are ever “informed” enough about our identifications and the decisions (medical or otherwise) we make in relation to them and framing genuine understanding as a retroactive process (see Wang, 2019; Gozlan, 2022). Psychoanalysts who wield authority to undermine the claims of trans people neglect the tenuousness of their own gendered identifications (what, in Butlerian terms, we might call the performativity inherent to all gender [Butler, 1990]).

So, what if we examined psychoanalysis not in terms of how it is currently politically mobilized in relation to trans, but rather through what happens when psychoanalytic theory engages in dialogue with trans theory and trans people?

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## Myths of Trans Origins and the Split Subject

ContraPoints (aka Natalie Wynne) is a cultural critic and trans woman who runs a popular YouTube channel where she produces sophisticated, highly theatrical explorations of contemporary social and political debates. In the video “Transtrenders”, ContraPoints (2019) humorously juxtaposes different perspectives on transgender identity through caricatured trans spokespeople. “Tiffany Tumbles” is a “transsexual makeup blogger and conservative opinion-haver”, and “Baltimore Maryland” is a non-binary “transtrender” who combines traditionally masculine and feminine attributes (e.g. sporting a full beard with glittered makeup and long painted finger nails). The two engage in a heated debate over what we might call biological essentialism versus social constructivism, or whether transness is “in the brain”: “I am a transsexual, that means I have a very specific mental disorder,” Tumbles asserts, while Maryland sarcastically replies, “If you’ve never seen a scan of your brain then. . . how do you know that you have a female brain?”

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<sup>3</sup>For a British perspective on the historical differences between the endocrinological and psychological treatment of trans people, see Playdon (2022).

What makes this debate interesting is that neither side comes out entirely convincing. While she successfully deconstructs essentialist assumptions around the psychiatric diagnosis of gender dysphoria, Maryland appears unsympathetic to the genuine suffering and wish for belonging that accompanies a more “traditional” transsexual identification, bordering on a hyper-voluntarist belief that a sufficiently subversive gender presentation can overcome the gender binary altogether. Tumbles, on the other hand, displays questionable faith in the biological reality of psychiatric diagnosis and its necessity to legitimate trans identity, but nevertheless the audience is invited to share in her frustration with Maryland’s gender utopianism. The debate strikes an ambivalent note: the “meaning” of trans appears neither pathological nor voluntary, neither a “condition” of the brain not a revolutionary “choice.” What else, then, might trans be “about”?

It is here that a psychoanalytic theory of subjectivity can aid us, not as means to delegitimize or pathologize trans identity but rather to relate it to the human being’s universal struggle with sexuality and sexual difference more broadly. As Jacqueline Rose (2016) explains in her psychoanalytical essay on trans, in psychoanalytic theory, sexuality and sexual positioning are nothing if not unstable:

“The bar of sexual difference is ruthless but that doesn’t mean that those who believe they subscribe to its law have any more idea of what is going on beneath the surface than the one who submits less willingly. For psychoanalysis, it is axiomatic, however clear you are in your own mind about being a man or a woman, that the unconscious knows better.”

In this more progressive reading of the field, the position one occupies in relation to sexual difference is neither predetermined by anatomy, nor is it a voluntary choice, but rather falls under the paradoxical heading of an “unconscious choice”: a decision that we do not consciously make but can come to recognize, *retroactively*, as our own (see Gozlan, 2018).

A psychoanalytic response to ContraPoints’s provocations might thus propose that transness is neither Tumbles’s organic psychopathology (“born in the wrong body”) nor Maryland’s voluntarist declaration of gender rebellion, but rather a particular trajectory through which a subject comes to reckon with sexual and gender instability and find a more adequate means of inhabiting their body.

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## Psychoanalysis and Trans: Productive Investigations

It is this space of potential conversation between psychoanalytic and trans theory that has led to the emergence of what Sheila Cavanagh (2017, p. 328) calls “transpsychoanalytics”, a “hybrid and trans-generative” psychoanalytic approach to reading “desire and subjectivity” that values and makes trans experience “central to the analysis.” What characterizes this psychosocial terrain, I propose, are a set of theoretical investigations informed by the concerns of trans people and the psychoanalytic emphasis on the unconscious and split subjectivity. In the sections that follow I will explicate what I think this psychosocial encounter looks like, partly

through the claims of other theorists and partly through my own attempt to synthesize psychoanalytic and trans theory. We can orient this investigation around three themes: embodiment, narrative, and the tension between questioning and affirmation.

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## The Struggle with Embodiment

Psychoanalysis draws a distinction between the organic body – one’s physical flesh and bones – and the subjective experience of inhabiting a body or becoming *embodied*. As Charles Shepherdson (2000, pp. 99–100) explains:

In contrast to the organism, the body is constitutively denaturalized, “organ-ized” . . . by the image and the word. . . . Born as an organism, the human animal nevertheless has to acquire a body, come into the possession of its body (to be “born again,” as suggested by many rituals involving tattooing, circumcision, baptism, and so on), through the image and the signifier.<sup>4</sup>

Shepherdson is drawing here on Lacan’s theory of the mirror stage, the process through which a child comes to recognize its image in the mirror as its own. Fundamental to this theory is the alienation involved: as soon as I identify an external image as “my body”, I give up a direct relationship to this body; it becomes “denaturalized”, forever mediated by representation. The bodily rituals Shepherdson mentions both bind the subject to a socially designated body and draw attention to the body’s discursive capture. “The body image cannot be simply and unequivocally identified with the sensations provided by a purely anatomical body,” Elizabeth Grosz explains further (1994, p. 79). “The body image is as much a function of the subject’s psychology and sociohistorical context as its anatomy” (ibid).

What these ideas put forward is that, for psychoanalysis, our relationship to our bodies always involves a degree of struggle, discomfort, or dysphoria. Alienated from our bodies by representation, we must all find a way to inhabit our flesh. Indeed, the list of practices that involve (re)shaping the body in an attempt to satisfy an individual wish or cultural ideal is endless: from fashion, diet, and exercise to tattooing, piercing, and plastic surgery. (There is a difference, of course, between a culturally prescribed bodily practice, like circumcision, versus one which departs from social norms, like gender transition. But this seeming binary is never that simple; most bodily practices will involve some combination of transgression and conformity.)

Transness, within this framework, becomes a particular iteration of – or solution to – a universal problem. As psychoanalyst Alessandra Lemma (2013, p. 279) writes:

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<sup>4</sup>In the same collection of essays, Shepherdson (2000, pp. 85–110) endorses and explicates the transphobic views of Lacanian psychoanalyst Catherine Millot. Nevertheless, I think these comments on the body can be read in a productively transpsychoanalytic way.

The plight of the transsexual exposes in possibly the most extreme manner the developmental challenge we all have to negotiate and to which we all find compromise solutions, namely how to transform the body one has into the body one is, or, to use a Winnicottian term, how to ‘personalize’ it.

One might object to her use of the term “extreme” – perhaps meant to appeal to a more conservative clinical readership – but nevertheless Lemma makes clear the idea that transness exists within a spectrum of practices involving bodily adaptation that all subjects must navigate.

“We are all made up of endlessly permuting bits and pieces which sometimes do, mostly do not, align with each other,” writes Rose (2016). “We are all always adjusting, manipulating, perfecting, sometimes damaging (sometimes perfecting and damaging) ourselves” (ibid).

The paintings of Francis Bacon, which have received significant psychoanalytic commentary (see Ware, 2019), also help to illustrate this idea. The most persistent theme in Bacon’s work is that of a suffering body escaping or defying its “natural” contours: misshapen and discolored, replete with holes or sudden discontinuities, magnified in strange places, expressing wild angst (and/or pleasure), oozing out of itself and onto surrounding surfaces. Rather than an artistic *distortion* of the human body, Bacon’s work can be read as depicting something *more real* than the “realistic” body we see in the mirror: what Lacanians would call the “Real” dimension of subjective embodiment. Different from the ideal, coherent body that the subject strives to attain (which belongs to the register of the Imaginary), the “Real” body is that aspect of embodiment that both escapes and haunts the subject’s self-conceptualization: the body as decaying, excessive, permeable, and libidinally unruly; the body as a reminder of death, that which we attempt to conceal when we modify and (re)present our bodily image.

Bacon’s work suggests that, when properly examined, there is something inherently “unnatural,” disturbing, or even monstrous about the human body as such. Through this reading, the “monstrosity” that transphobic narratives attribute to the trans body can be resituated as a fundamental feature of embodiment itself. This is a point dramatically stated by trans theorist Susan Stryker (1994, pp. 240–1) in her foundational essay on trans rage:

Hearken unto me, fellow creatures. I who have dwelt in a form unmatched with my desire, I whose flesh has become an assemblage of incongruous anatomical parts, I who achieve the similitude of a natural body only through an unnatural process, I offer you this warning: the Nature you bedevil me with is a lie. Do not trust it to protect you from what I represent, for it is a fabrication that cloaks the groundlessness of the privilege you seek to maintain for yourself at my expense. You are as constructed as me; the same anarchic womb has birthed us both. I call upon you to investigate your nature as I have been compelled to confront mine. I challenge you to risk abjection and flourish as well as have I. Heed my words, and you may well discover the seams and sutures in yourself.

The final words of this powerful statement invite the cis reader to take the supposed artificiality or constructedness of trans embodiment as a point of departure

for *all* embodiment: to “discover the seams and sutures” that are there in cis and trans body alike (if sometimes more effectively camouflaged). It is also a call to universalize the personal investigation of sexed subjectivity that trans people undertake. Stryker is suggesting that the insights trans people have gained through their experience of gender have broader emancipatory potential: it is the fantasy of nature that represents the true monstrosity.<sup>5</sup>

Stryker’s perspective calls up the well-known tension within trans communities between the wish to “pass” in the gender one identifies with versus embracing one’s gender nonconformity. In his study of trans autobiographies, Jay Prosser criticizes the tendency within queer theory to romanticize transness as destabilizing the gender binary. “In transsexual accounts,” he argues (1998, p. 6), “transition does not shift the subject away from the embodiment of sexual difference but more fully into it.” Prosser is using psychoanalytic language here to contest the idea that transition involves a fantasy of escape from the material reality of embodiment and sexual difference. Prior to transition, Prosser notes, many trans people experience their genitals as “unsexed” and “nonerogenous”; while they are “materially sexed,” they have not been subjectively and libidinally invested. Far from undermining the idea of “sexed embodiment,” transness, for Prosser, demonstrates its necessity: we must all inhabit a sexed body, but some of us need to change this body to do so. Prosser’s psychoanalytically informed work, like *Contrapoints*’s in a different vein, refuses the neat division between “gender rebel” and “trans medicalist,” recognizing the necessity of some degree of gendered belonging (which might correspond to gender stereotypes or ideals) without falling prey to the ideology of nature.<sup>6</sup>

These reflections on trans embodiment challenge the idea of transness as exceptional, rendering it, in some sense, mundane: part of the ordinary, universal struggle of finding a way to live with one’s flesh and bones. There exists a tension here between an activist impulse to draw attention to the unique oppression that trans people face and the wish to depathologize transness by placing it on a spectrum of universal experience. Problems also arise in the attempt to link trans experience to other forms of bodily change or transformation: the underlying wishes (and sense of voluntary control) driving the pursuit of bodily interventions will differ for each individual and are not necessarily related to problems of sexual difference.

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<sup>5</sup>In his speech to the World Association of Psychoanalysis, trans masculine theorist Paul Preciado (2021, p. 12) references the familiar trope of trans monstrosity: “I am the monster who speaks to you. The monster you have created with your discourse and your clinical practices. I am the monster who gets up from the analyst’s couch and dares to speak, not as a patient, but as a citizen, as your monstrous equal.”

<sup>6</sup>Patricia Elliot (2001) critically analyzes Prosser’s work from a Lacanian perspective. While supporting his views in favor of the necessity of sexed embodiment and the importance of gender confirming surgery for some trans subjects, she argues that Prosser underemphasizes the role of the Other and the unconscious in the experience of gender dysphoria, maintaining a nostalgic idea of feeling “at home in one’s body” that does not reckon with the problem of lack: “The feeling of disembodiment tends to be taken [by Prosser] at face value as if it expressed in some straightforward way the truth of the body, with no subject to name, to interpret, or to question it” (p. 313).

Nevertheless, the psychoanalytic denaturalization of the body provides a helpful framework for challenging transphobic ideologies without recourse to essentialism.

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## Narrative

Psychoanalysis is, at its core, a form of narrative work: patients tell stories; analysts listen to and interpret them; patients retell their stories – with some changes, revisions, subtractions, and additions – and eventually, it is hoped, less painful and more livable stories emerge. The patient's formation of narrative, through words and sometimes non-linguistic communication, is the *sine qua non* of psychoanalytic work. Different analytic schools disagree on the best way to handle this material, but they all treat it as primary. Psychoanalysis is therefore – as countless literary scholars maintain – intimately bound up with the practice and theory of literature (see, e.g., Felman, 1982).

Transition is, among other things, a literary term: a transition indicates that a narrative is changing. While it is popular to portray transition as the physical facilitation of a pre-existing or underlying truth (what Diane Ehrensaft [2015, 2017] calls the “core” or “authentic” gender self in her work on gender affirmative care), transpsychoanalytic perspectives view narrative as constitutively bound up in gender transition. The transsexual body must be written, Lacanian analyst Patricia Gherovici (2010, 2017) claims. Emphasizing the significant number of published trans autobiographies, Gherovici argues that a psychologically successful transition requires not just medical support but must be symbolically processed and elaborated, through writing, speaking, or other linguistic acts: the story of transition must be told. She also points out how so many people have come to recognize themselves as trans through *reading* accounts from other trans people, including seemingly stereotypical ones: “While it is true that the autobiographical texts institute a certain discursive hegemony with their repetitive patterns, I want to stress that such formulaic narratives have a transformative effect on those who read them and feel saved by the printed word” (Gherovici, 2010, p. 229).

Similarly, Prosser (1998, p. 4) observes, “transsexuality is always narrative work, a transformation of the body that requires the remolding of the life into a particular narrative shape.” Prosser grapples with the tension between the narrative coherence demanded of the trans subject (by clinicians and wider society) – typically, a progressive story of self-actualization – and the reality and inherent messiness of trans experience. Narrative coherence is fictive for all subjects but, Prosser maintains, participating in this fiction to a certain extent – even if one remains critical of it – may be necessary. Thus, like Gherovici he sees somatic transformation as insufficient; telling the story of one's transition, he argues, is necessary “to cohere the transsexual subject” (p. 123).

Writing in the late 80s, Sandy Stone's “posttranssexual manifesto” criticized what she viewed as the inauthenticity and gender essentialism of trans narratives:

The highest purpose of the transsexual is to erase him/herself, to fade into the “normal” population as soon as possible. Part of this process is known as constructing a plausible story – learning to lie effectively about one’s past. ... Authentic experience is replaced by a particular kind of story, one that supports the old constructed positions. (Stone, 1992, p. 295)

Stone here draws attention to the paradox inherent in the traditional transsexual memoir. If, as she suggests, the aim of transsexuality is to publicly “pass” as the gender one identifies with, to tell the story of one’s transition is to “out” oneself and thereby undermine the entire project. She suggests that this pushes trans people into telling hackneyed narratives about their desires and experiences, centered around public (and medical) approval rather than “authentically represent[ing] the complexities and ambiguities of lived experience” (ibid).

Stone’s essay explores the mutual imbrication of clinicians and trans people in the construction of the diagnosis of transsexual. Trans people learned to tell stories about themselves alongside those clinicians who invented classificatory schema for diagnosing them and granting them access to the medical interventions they sought. The experts did not question why trans people’s stories seemed to fit sexologist Harry Benjamin’s classic description in *The Transsexual Phenomenon* so well, “until it was realised that all of them had been reading it and brushing up their lines” (Rose, 2016). Stone draws particular attention to what trans people kept *silent* in this process, including sexual desires and experiences that violated heteronormative expectations.

Stone’s call to embrace “posttranssexuality” – a major influence on today’s trans politics – plays on the multiple meanings of “reading”:

I could not ask a transsexual for anything more inconceivable than to forgo passing, to be consciously “read”, to read oneself aloud – and by this troubling and productive reading, to begin to write oneself into the discourses by which one has been written – in effect, then, to become a . . . posttranssexual. (1992, p. 52)

Here, Stone argues that the “reading” transsexuals fear (“being read” as trans) may hold liberatory potential: by allowing oneself to “be read” by others, one can learn to “read oneself” – to gain an appreciation for how one’s narrative has “been written.” Through this risky process, Stone posits, the “posttranssexual” may be able to claim greater agency over those narratives that previously may have acted as a stranglehold: “to begin to write oneself.” Although Stone relies on the “Cyborgian” feminist theories of Donna Haraway (2000) to develop her argument, there is an implicit psychoanalytic mode of thinking here: the notion that the subject is divided by language, comes to know of itself through “the Other,” and must become conversant in a language that is not its own to claim a place for itself. Moreover, Stone’s notion of “reading oneself aloud” appears to go beyond the act of “outing” oneself and might be understood as akin to a psychoanalytic process: attempting to put into speech not just one’s sexual/gender identity but the complex and contradictory desires and circumstances that have shaped it. Stone thus places the complexities of narrative, authorship, and audience at the center of her conceptualization of the “posttranssexual.” The psychoanalytic encounter with one’s narrative is often

framed as a risky endeavor; given the real possibility of violence that trans people face when visible as trans, Stone's proposition also highlights the psychosocial politics that undergird psychoanalytic truthfulness.

Gherovici (2010, p. 229) adds an additional Lacanian psychoanalytic gloss to Stone's arguments by emphasizing how the "posttranssexual" narrative embraces the potentially liberatory possibilities of coming to terms with failure (what psychoanalysis calls symbolic castration): "The first memoirs were written not to be read, by authors who meant to pass. The new posttranssexualism aims at being read, that is at coming to terms with a certain failure in passing, which should have a liberating effect: an effect of writing." What differentiates this posttranssexual mode of writing from earlier forms, Gherovici suggests, is not just that its authors examine their lives more thoroughly, but that they confront the gaps, fissures, and failures that constitute their identities – those which motivated the paradoxical genre of transsexual autobiography in the first place. There is an implicit universalist point here, related to our earlier comments on embodiment. By coming to terms with failures in passing, the posttranssexual narrative addresses not just the particularity of trans experience but the problem of how the subject always fails in relation to representation (how she wishes to represent herself and how she is represented by others/the Other). "*In language and yet more than language,*" writes the Lacanian Joan Copjec (1994, p. 209), "the subject is a cause for which no signifier can account." This can have a "liberating" effect because it frees the subject from the need to adhere to oppressive and restrictive discourses about the self that attempt to cover over failure and instead allows for Stone's "writing oneself into the discourses by which one has been written."

Trans studies scholar Julien Fischer sounds a psychoanalytic note of caution here, in his study of how the field of Trans Studies has attempted to "rescue" the authentic trans subject from the medical/sexological archives. Such a "reparative" gesture, Fischer warns (2023, p. 9), "endows the trans critic with the capacity to identify, explain, and re-narrative the stories of trans ancestors in ways that authenticate the always already there of trans history." In its laudable attempt to restore trans people's capacity to self-articulate, Trans Studies has granted the trans critic the role of being "absolutely self-knowing, with no opacities or excesses that evade representations" (ibid). In other words, the field ends up reproducing the same problematic authority it tries to wrest from its opponents – the ability to pronounce upon an unmediated, pre-discursive "truth" of transness. "What is forfeited in advance," Fischer (2023, p. 20) explains, "is the possibility of the trans subject's unconscious," and consequently, "the possibility of considering how the social form of transness is historically, culturally, and discursively bound."

Exploring the role that narrative plays in the intersection of psychoanalysis and trans subjectivity reveals a way of thinking about transness that helpfully complicates our notion of the "meaning" of transness and its relation to psychopathology, producing a psychosocial alternative. The accounts we've considered emphasize not just the fact that transness is embedded within and constituted by storytelling, but that – as with any story – we must always ask: "Who is telling the story for whom, and how do the storytellers differentiate between the story they tell and the story they

hear?” (Stone, 1992). This critical attitude to narration brings us to a final tension I wish to discuss, between questioning and affirmation.

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## Questioning vs. Affirmation

Perhaps the most notable problem the psychoanalytic practitioner or critic faces in relation to trans subjectivity concerns the question of origins. Many trans people, like many gay and lesbian people, increasingly oppose attempts to understand the “causes” of non-normative sexual or gender identities. Such pursuits, the argument goes, lead nowhere helpful: if they don’t outright pathologize non-normative identities (by treating them as, for example, the preventable/curable outcome of trauma or faulty parenting), they produce scientifically questionable accounts that might just as easily mobilize attempts at the elimination of non-normativity (through, e.g., the selective abortion of the prospective trans child) as its acceptance. *Why should it matter why we are trans; it’s our right to be so regardless.* What is needed, it is contended, is less interest in “why” trans life exists, and more interest in “how” trans lives can be made more livable – what sometimes goes under the banner of “affirmation.”

Yet for psychoanalysis the question of how to live a good life is inseparable from the interrogation of the history of one’s life. A “successful” transformation, psychoanalysis maintains, will always involve some form of coming to terms with one’s past. As we have seen, many clinicians have produced psychoanalytic origin stories of trans (and homosexual) identity rooted in psychopathology, “improper” parenting, and so on, with the assumption that a return to some kind of normativity (or at least relinquishing the wish for bodily change) can be made possible once these underlying problems are addressed. However, an arguably more authentic psychoanalytic (or transpsychoanalytic) approach operates differently, instead exploring each individual’s unique trajectory toward their sexual and gendered self. Moreover, in cases where trauma and trans identity intersect, a progressive psychoanalytic perspective would not treat the experience of trauma as somehow invalidating a person’s claims about their sexuality or gender. Indeed, from a Lacanian perspective, subjectivity itself is constituted through a universal trauma – the encounter with language, which tears the subject away from an unmediated relationship with its being and forces it into the world of representation.<sup>7</sup> As the Lacanian Eve Watson (2022, p. 2) writes in her essay on working with gender variant children, the analytic process “involves historicization, or putting history and ‘facts’ into context and making them subjectively relevant, as well as assessing the impact of ideals, conflicts, and fixations on the analysand’s desire.” In other words, it is not so much a question of how empirical circumstances or “facts” determine a subject, but rather how a subject *relates* to its history and experiences and the solutions it has generated: “the analysand is

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<sup>7</sup>The view that transness can intersect with trauma without thereby requiring “cure” has recently received extended treatment in Saketopoulou and Pelligrini’s *Gender Without Identity* (2023).

supported in working it through and considering for themselves how such solutions do or do not answer a question for them, and how they address their desire” (Watson, 2022, p. 3).

This may sound all well and good, but certain problems emerge when we attempt to apply these psychoanalytic ideas to the psychosocial reality of trans experience. What does this psychoanalytic emphasis on questioning and self-interrogation mean outside of the context of clinical psychoanalysis? Do these ideas apply solely to the case of trans people seeking psychoanalytic therapy, or is there a broader point to consider? Should some form of psychoanalytic interrogation be a requisite precursor to receiving gender-related medical interventions, or is this (as most advocates for trans rights would hold) a form of “gatekeeping”? Moreover, how might trans people’s experiences of transphobia and pathologization complicate efforts to approach trans experience with psychoanalytic “neutrality”? Might some kind of basic support or “affirmation” be necessary to make possible the forms of exploration and curiosity that psychoanalysis prizes?<sup>8</sup> As Tobias Wiggins points out, “Most people walk through the world with a baseline of being seen as the gender that they feel themselves to be. The request for affirmation may be just a request for a baseline that most subjects receive” (Gozlan et al., 2022, p. 13). Saketopoulou (2014) has introduced the concept of “massive gender trauma” to theorize a kind of psychical shutting down that, she argues, is a consequence of having one’s gender repeatedly misrecognized or questioned.

In her account of trans autobiographies, Rose (2016) asks, “Why, in an ideal world (not that we are living in one), should the ethical question of how we live be severed from knowledge of how we have come to be who we are? What, we might ask instead, is the psychic repertoire, the available register of admissible feelings, for the oppressed and ostracised?” She points toward examples where tragic circumstances, such as the death of an opposite-sex sibling, emerge in autobiographical accounts without further elaboration, registering “the sense of a psychic beat missed, of there being parts of the story which do, and don’t, want to be told” to preserve a picture of trans psychic health threatened only by transphobic oppression. Like Stone, Rose calls for greater “options for understanding” the complexity of trans life, including the possibility of understanding “transsexuality, like all psychic identities, as an exit strategy as much as a journey home” (ibid).

Indeed, trans studies scholars are increasingly criticizing the field’s tendency to “disavow” “pathologized forms of feelings” in its attempt to affirm the trans subject (Awkward-Rich, 2022, p. 15), calling for more open treatment of the psychical complexity and difficulty of transness – including how one comes to understand oneself as “trans” – beyond what can be attributed solely to social oppression (see also Chu & Drager, 2019; Baril, 2015). Like our discussion in the previous section,

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<sup>8</sup>I have suggested elsewhere that, in clinical work with gender variant young people, the concept of “acceptance” may be a helpful way through the tension between “affirmation” and “neutrality,” in that it may reference an inviting form of receptivity where something is taken in to be thought about, rather than shored up or treated with skepticism: “an open, and so positive, engagement that also does not claim authority over or reify what is ultimately someone else’s process” (Osserman & Wallerstein, 2022, p. 10).

we can locate here a potential transpsychoanalytic project that bridges the concerns of trans life with a psychoanalytic ethos to life history.

Trans critic Andrea Long Chu ignited national debate when the *New York Times* published her essay, “My New Vagina Won’t Make Me Happy” (2018a). Chu argues for the right to transition regardless of the psychological outcomes: “This is what I want, but there is no guarantee it will make me happier. In fact, I don’t expect it to. That shouldn’t disqualify me from getting it.” Elsewhere, she has commented on the censorship against speaking about transition in terms of a wish rather than the revelation of an inner truth: “It must be underscored how unpopular it is on the left today to countenance the notion that transition expresses not the truth of an identity but the force of a desire. This would require understanding transness as a matter not of who one *is*, but of what one *wants*” (Chu, 2018b).

We might see in these calls a contemporary reiteration of Stone’s posttranssexual manifesto. Yet interestingly, these figures find various faults in Stone’s theorization and its consequences for the field of trans studies. Cameron Awkward-Rich (2022, p. 13) argues that, in her attempt to distance trans people from the psychiatric classifications imposed on them, Stone inadvertently centers the figure of the white, psychologically healthy transwoman against the marginalized: “sex workers—likely poor, perhaps nonwhite—and disabled trans people.” In a provocative discussion with Andrea Long Chu (“After Trans Studies”), Emmett Harsin Drager argues that Stone’s “posttranssexual . . . establish[es] at the very foundation of trans studies the disavowal of the transsexual,” setting up a binary of “good” (defiant, politically radical) and “bad” (medicalized, reactionary) trans people (exemplified in Contrapoint’s Tiffany Tumbles/Transtrender opposition) (Chu & Drager, 2019, p. 106). Chu adds to this the assertion that the “posttranssexual” is “also an attempt, like the cyborg before it, to be post-woman,” due to the alleged unpalatability and essentialism of cisgender womanhood for queer theorists critical of second wave feminism (p. 109).

One might note that these debates focus on the nature of trans scholarship and its relationship to normativity, rather than offering detailed interrogations into trans life as such. As Riki Wilchins (2020, p. 346) argues, “we are perfecting talking back at the cisgender world at a very high level, when I would like to see us devote some of this considerable expertise to explicating the experiential side of transgender.” In particular, as Fischer (2023, p. vi) pointed out, the question of the trans unconscious – of “disrupt[ing] the fantasy of the trans autobiographical mandate which demands a self-authorizing and self-knowing trans subject” – is largely absent. In this regard, a transpsychoanalytic ethos that incorporates critical questioning of the self may be easier said than done.

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## Conclusion

What do psychoanalysis and trans have to do with each other today? A typical answer to this question might focus on the range of views that practicing psychoanalysts hold about trans people, or alternately on the degree to which trans people

engage with or reject psychoanalytic ideas. The risk here is that “psychoanalysis” and “trans” are reduced to two distinct, bounded “objects” whose compatibility can be simply assessed.

I have employed a different, psychosocial approach to this question. Rather than neatly separate the categories of clinical psychoanalysts, trans people, psychoanalytic theory, and trans studies (we could add more), I have instead tried to locate two psychosocial “scenes” where the signifiers “psychoanalysis” and “trans” – with their various meanings entailed – encounter one another: in the British debate over gender care for young people, and in the emergence of transpsychoanalytics as a unique theoretical and clinical entity. In the latter case, my methodological process has involved not solely explication of something that already exists but, to a certain extent, helping to bring this “scene” into being through critical synthesis.

My own sympathies, in terms of these different scenes, are likely clear to the reader. In the contemporary British moral panic over trans youth, psychoanalysis has been wielded as a political instrument in ways that undermine some of the core insights of the field itself. Closer and less adversarial engagement with the ways psychoanalysis and trans theory and experience speak to one another – the other “scene” I have examined – bypasses the dichotomy of affirmation versus pathologization, enabling a genuine encounter to occur. This does not erase tensions between a psychoanalytic ethic that prioritizes openness to the unconscious, and the project of trans liberation, but allows them to be more clearly defined and productively addressed. This, I hope, may enrich psychoanalytic practice and trans lives alike.

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## References

- Awkward-Rich, C. (2022). *The terrible we: Thinking with trans maladjustment, asterisk*. Duke University Press.
- Baraitser, L. (2017). *Enduring time*. London: Bloomsbury Publishing.
- Baril, A. (2015). Transness as debility: Rethinking intersections between trans and disabled embodiments. *Feminist Review*, 111, 59–74. <https://doi.org/10.1057/fr.2015.21>
- Barnes, H. (2023). *Time to think: The inside story of the collapse of the Tavistock’s gender service for children*. Swift Press.
- Barnes, H., & Cohen, D. (2019). Puberty-blockers study under investigation. *BBC News*.
- Bell, D. (2020). First do no harm. *The International Journal of Psychoanalysis*, 101, 1031–1038. <https://doi.org/10.1080/00207578.2020.1810885>
- Berkowitz, R., & Ruszczynski, S. (2002). Fantasy of transsexuals. *The Guardian*.
- Bonfatto, M., & Crasnow, E. (2018). Gender/ed identities: an overview of our current work as child psychotherapists in the Gender Identity Development Service. *Journal of Child Psychotherapy*, 44, 29–46. <https://doi.org/10.1080/0075417X.2018.1443150>
- Brunskell-Evans, H., & Moore, M. (2018). *Transgender children and young people: Born in your own body*. Cambridge Scholars Publishing.
- Brunskell-Evans, H., & Moore, M. (2019). *Inventing transgender children and young people*. Cambridge Scholars Publishing.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.
- Cass, H. (2022). Independent review of gender identity services for children and young people: Interim report. *The Cass Review*.

- Cavanagh, S. L. (2017). Transpsychoanalytics. *Transgender Studies Quarterly*, 4, 326–357.
- Chu, A. L. (2018a). My new vagina won't make me happy. *The New York Times*.
- Chu, A. L. (2018b). On liking women. n+1.
- Chu, A. L., & Drager, E. H. (2019). After trans studies. *TSQ: Transgender Studies Quarterly*, 6, 103–116. <https://doi.org/10.1215/23289252-7253524>
- Cooke, R. (2021). Tavistock trust whistleblower David Bell: 'I believed I was doing the right thing'. *The Guardian*.
- Copjec, J. (1994). *Read my desire: Lacan against the historicists*. Verso Books.
- Costa, R., Carmichael, P., & Colizzi, M. (2016). To treat or not to treat: puberty suppression in childhood-onset gender dysphoria. *Nature Reviews Urology*, 13, 456–462. <https://doi.org/10.1038/nrurol.2016.128>
- Dermen, S., Gamble, D., & Hakeem, A. (2002). The psychiatry of transsexuality. *The Telegraph*.
- Di Ceglie, D. (2002). Castaway's corner. *Clinical Child Psychology and Psychiatry*, 7, 487–491.
- Di Ceglie, D. (2018). The use of metaphors in understanding atypical gender identity development and its psychosocial impact. *Journal of Child Psychotherapy*, 44, 5–28. <https://doi.org/10.1080/0075417X.2018.1443151>
- Doward, J. (2018). Gender identity clinic accused of fast-tracking young adults. *The Guardian*.
- Ehrensaft, D. (2015). Listening and learning from gender-nonconforming children. *Psychoanalytic Study of the Child*, 68, 28.
- Ehrensaft, D. (2017). Gender nonconforming youth: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, 8, 57–67. <https://doi.org/10.2147/AHMT.S110859>
- Elliot, P. (2001). A psychoanalytic reading of transsexual embodiment. *Studies in Gender and Sexuality*, 2, 295–325. <https://doi.org/10.1080/15240650209349180>
- Evans, M. (2020). Why I Resigned from Tavistock: Trans-Identified Children Need Therapy, Not Just "Affirmation" and Drugs. Quillette. <https://quillette.com/2020/01/17/why-i-resigned-from-tavistock-trans-identified-children-need-therapy-not-just-affirmation-and-drugs/>. Accessed 27 July 2020.
- Evans, M., & Evans, S. (2021a). Gender transition and desistance in teenage girls: Two psychotherapeutic case studies. *The Quill*. <https://quillette.com/2021/07/30/gender-transition-and-desistance-in-teenage-girls-two-psychotherapeutic-case-studies/>. Accessed 09 Feb 2023.
- Evans, S., & Evans, M. (2021b). *Gender dysphoria: A therapeutic model for working with children, adolescents and young adults*. Phoenix Publishing House.
- Felman, S. (Ed.). (1982). *Literature and psychoanalysis: The question of reading: Otherwise*. Johns Hopkins University Press.
- Fischer, J. (2023). *The lure of origins: Sexology and the trans autobiographical mandate*. Unpublished PhD dissertation, Duke University.
- Gherovici, P. (2010). *Please select your gender: From the invention of hysteria to the democratizing of transgenderism*. Routledge.
- Gherovici, P. (2017). *Transgender psychoanalysis*. Routledge.
- GIDS. (2018). Our Gender Identity Development Service – [WWW Document]. <http://tavistockandportman.nhs.uk/about-us/news/stories/our-gender-identity-development-service/>. Accessed 29 Aug 2023.
- GIDS. (2023). Number of referrals to GIDS [WWW Document]. Gender Identity Development Service. <https://gids.nhs.uk/about-us/number-of-referrals/>. Accessed 31 Aug 2023.
- Gozlan, O. (2018). From continuity to contiguity: A response to the fraught temporality of gender. *Psychoanalytic Review*, 105, 1–29.
- Gozlan, O. (2022). Has psychoanalysis reached its limits in the question of the trans child and adolescent? *The Psychoanalytic Review*, 109, 309–332. <https://doi.org/10.1521/prev.2022.109.3.309>
- Gozlan, O., Osserman, J., Silber, L., Wallerstein, H., Watson, E., & Wiggins, T. (2022). Transgender children: From controversy to dialogue. *The Psychoanalytic Study of the Child*, 75, 198–214. <https://doi.org/10.1080/00797308.2021.1975462>
- Grosz, E. (1994). *Volatile bodies: Toward a corporeal feminism*. Indiana University Press.

- Haraway, D. J. (2000). A cyborg manifesto: Science, technology, and socialist-feminism in the late twentieth century. In N. Badmington (Ed.), *Posthumanism* (pp. 69–84). Macmillan. [https://doi.org/10.1007/978-1-137-05194-3\\_10](https://doi.org/10.1007/978-1-137-05194-3_10)
- IPA. (2022). *IPA position statement on attempts to change sexual orientation, gender identity, or gender expression*. [https://www.ipa.world/IPA/en/IPA1/Procedural\\_Code/IPA\\_POSITION\\_STATEMENT\\_ON\\_ATTEMPTS\\_TO\\_CHANGE\\_SEXUAL\\_ORIENTATION\\_GENDER\\_IDENTITY\\_OR\\_GENDER\\_EXPRESSI.aspx](https://www.ipa.world/IPA/en/IPA1/Procedural_Code/IPA_POSITION_STATEMENT_ON_ATTEMPTS_TO_CHANGE_SEXUAL_ORIENTATION_GENDER_IDENTITY_OR_GENDER_EXPRESSI.aspx). Accessed 09 Feb 2023.
- Lemma, A. (2013). The body one has and the body one is: Understanding the transsexual's need to be seen. *The International Journal of Psychoanalysis*, *94*, 277–292. <https://doi.org/10.1111/j.1745-8315.2012.00663.x>
- Osserman, J., & Wallerstein, H. (2022). Transgender children: From controversy to dialogue. *The Psychoanalytic Study of the Child*, *75*, 159–172. <https://doi.org/10.1080/00797308.2021.1975432>
- Playdon, Z. (2022). Gender identity clinics: Genesis and original sin. *TransActual*. <https://www.transactual.org.uk/blog/gender-identity-clinics-genesis>. Accessed 26 Sep 2023.
- Preciado, P. B. (2021). *Can the monster speak?: A report to an academy of psychoanalysts*. Fitzcarraldo Editions.
- Prosser, J. (1998). *Second skins: The body narratives of transsexuality*. Columbia University Press.
- Rogers, L. (1993). Boys may be girls. *The Sunday Times*, *14*(S6).
- Rose, J. (2016). Who do you think you are? Trans narratives. *London Review of Books*, *38*, 3–13.
- Saketopoulou, A. (2014). Mourning the body as bedrock developmental considerations in treating transsexual patients analytically. *Journal of the American Psychoanalytic Association*, *62*, 773–806.
- Saketopoulou, A. (2022). On trying to pass off transphobia as psychoanalysis and cruelty as “Clinical Logic”. *The Psychoanalytic Quarterly*, *91*, 177–190. <https://doi.org/10.1080/0032828.2022.2056378>
- Saketopoulou, A., & Pellegrini, A. (2023). *Gender without identity*. Unconscious in Translation.
- Shepherdson, C. (2000). *Vital signs: Nature, culture, psychoanalysis*. Routledge.
- Stone, S. (1992). The empire strikes back: A posttranssexual manifesto. *Camera Obscura*, *10*, 150–176. [https://doi.org/10.1215/02705346-10-2\\_29-150](https://doi.org/10.1215/02705346-10-2_29-150)
- Stryker, S. (1994). My words to Victor Frankenstein above the village of Chamounix. *GLQ: A Journal of Lesbian and Gay Studies*, *1*, 237–254. <https://doi.org/10.4324/9781003206255-9>
- “Transtrenders” | ContraPoints. (2019).
- Wang, C. (2019). *Subjectivity in-between times: Exploring the notion of time in Lacan's work*. Palgrave.
- Ware, B. (Ed.). (2019). *Francis Bacon: Painting, philosophy, psychoanalysis*. Thames and Hudson.
- Wark, M., 2022. Dear cis analysts. *Parapraxis*. <https://www.parapraxismagazine.com/articles/dear-cis-analysts>. Accessed 09 Feb 2023.
- Watson, E. (2022). Gender transitioning and variance in children and adolescents: Some temporal and ethical considerations. *The Psychoanalytic Study of the Child*, *75*, 184–190. <https://doi.org/10.1080/00797308.2021.1975460>
- Wiggins, T. (2022). Listening for trans childism in discursive concern. *The Psychoanalytic Study of the Child*, *75*, 191–197. <https://doi.org/10.1080/00797308.2021.1975461>
- Wilchins, R. (2020). A new vagina didn't make her sad (it didn't have to). *Transgender Studies Quarterly*, *7*, 345–348. <https://doi.org/10.1215/23289252-8552964>
- Wren, B. (2021). Bernadette Wren · Diary: Epistemic injustice · LRB 20 November 2021. *London Review of Books*, *43*.