

Trans: Gender in Free Fall

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Transgender subjectivities are paradoxical in that they both undermine the gender binary and ratify it. The contradictions inherent in trans require that we consider trans as more of a process than a thing in itself, a gerund, rather than a noun or adjective, a continuous work in progress, rather than a static fact of the self. But despite cultural upheavals and increasing tolerance, we still want our gender straight up. While we approve and often applaud efforts at excellence in masculinity and femininity (including surgery) that are sex and gender concordant, we are still deeply disturbed by any efforts toward confounding that gender, or crossing over to the “other” one.

“The man who does not respect the law of [gender] differentiation challenges God, [by] creat[ing] new combinations of new shapes and new kinds.” (Chasseuget-Smirgel 1983, p. 288).

“I name myself a transsexual because I have to, . . . but the word will mean something different when I get through using it” (Stryker, 1998, p. 18).

When 18th-century Europeans were studying other cultures, they slowly began to realize that those “other” people were also studying them, that the object of their gaze was also another subject gazing (Aron, 1996). The problematic of the individual being both subject and object of the regulatory gaze, serving sometimes as its agent and instrument, and at other times becoming its object and effect, concerned Foucault for most of his career, and remains central to any account of the relations between trans subjects and mental health professionals, no matter how progressive or “off the grid” we may consider ourselves to be.

In Foucault’s (1988) idiom, “the gaze” was meant as a visual metaphor, in the sense that “to see something” is to apply a language or mathematics to the thing seen, so that it is constituted by the observer in terms of one’s preferred and available categories. Foucault went on to show how the human sciences produce the subjects who are the objects of their gaze, by separating, classifying, ranking, and evaluating persons in hierarchies of normality and morality that, as Dimen (2003) has demonstrated, are hopelessly entangled.

When we ask who is looking and who is being seen, who is being named and who is doing the naming, when we query the epistemological politics of classification, diagnosis, and identity politics more generally, and then consider the one- and two-person psychology of such practices—we are working at the site where minds meet discourse, an intersection critical to the understanding

not only of trans but of gender more generally. In fact, by taking up trans, the exception, we can see the action of gender normativity, the rule.

Consider, for instance, the notion that trans subjects explore what Foucault (1988) called “technologies of the self” in particularly literal forms—“technologies that permit individuals to effect by their own means, or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conduct and ways of being, so as to transform themselves” (p. 18).

While some trans technologies may be more extensive, and all are more self-conscious than commonplace acts of gender self-improvement, it is also true that doing normative gender—well—is *also* a time- and money-consuming disciplinary technology of the self that requires diet, exercise, makeup, surgeries, all deployed in a regime of continuous, anxious self-scrutiny.

The real difference, as I argue throughout, is that while we approve, indeed applaud, any and all efforts at excellence in masculinity and femininity that “improve” upon the gender that is concordant with one’s sex assignment at birth, we fear and despise any gestures toward confounding that gender, or crossing over to the “other” one.

DECONSTRUCTING THE GENDER BINARY

Critical work in feminism has always been concerned with the deconstruction of gender, even before we had the term. As gender’s essence withered under the bright lights of postmodernism, Dimen (1991) captured what was left of it in one essential phrase, “a force-field of dualisms.” Butler (1990) further complicated gender’s pride of place by showing how the gender binary, male/female, was constituted and stabilized by the hetero/homosexual binary, such that normative gender and compulsory, naturalized heterosexuality required and implied each other. (A man was male because he desired a woman, who was female because she desired him.)

Gender after queer theory could no longer survive as a stand-alone category, unmoored from the conditions of its making. Butler (1990), for instance, anticipating the category crisis of trans, argued that the gender binary was so infested with regulatory power that “those [subjects] whose genders do not conform to norms of cultural intelligibility, appear only as developmental failures and logical impossibilities” (p. 24). Nearly four decades of feminist and queer theory have disabled the sex/gender binary, undermining the assumption that something called “gender” imposes its cultural will on a preexisting, universalized “sexed body.” The highly influential queer scholar Gayle Rubin (1975) argued very early that the fetishization of the genitals that undergirds the practice of “sex assignment” (the foundational act of categorization through which we are named, and name ourselves, “boy” or “girl,” “man” or “woman”) was a form of social regulation that “crams the sexes” into two mutually exclusive categories. “Male and female it creates them,” she wrote in an instantly classic paper, “and it creates them heterosexual” (p. 178).

Recent scholarship in anthropology and social history has shown that the hegemony of our binary system of sexual difference only began to take hold in the 18th century, when men and women came to be defined in terms of an oppositional matrix of complementarity rather than as the two end points of a gender continuum. (Herdt, 1994; Laqueur, 1992). The canonical status of the construct of sexual difference to Freud’s theory of mind reflects the extent to which, by the time of his writing, binary gender had come to be seen as an unremarkable feature of the natural order.

While almost a century of criticism has been leveled at Freud’s theory of the sexes, the terms of the debate have been primarily concerned with issues of gender splitting and gender hierarchy,

not with the number of genders humans can produce. (An exception that proves the rule is Person & Ovesey's, 1983, one-line remark, embedded in a footnote, "The question is really *why* only two gender possibilities exist," p. 221; see Goldner, 1991, for an extended discussion of this topic).

TRANS AND OUR CANON

Freud's gynophobic premise (femininity = castration) that gender was a "psychical consequence of the anatomical distinction between the sexes" (Freud, 1925/1961), and his heteronormative thesis that gender splitting (masculinity = activity, femininity = passivity) was necessary for procreative purposes (coitus in the missionary position), now read as so antiquarian that they do not inspire much indignation.

Empirical research on gender development in young children has also challenged the classical narrative of gender acquisition. Where Freud rooted gender in the discovery of sexual (genital) difference, which he believed occurred at around age 4, researchers have since established that genital awareness, labeling and symbolization begin much earlier, during the 2nd year of life. Moreover, Person and Ovesey (1983) argued that gender self-designation *precedes* the child's discovery of the sexual distinction, and thus, reversing Freud, they argued that genital experience does not *create* gender, but rather the child's rudimentary sense of gender shapes the experience of genital awareness and the personal meaning of sexual difference.

More recent research by De Marneffe (1997) and Senet (2004), who each investigated the cognitive sequencing of gender and genital labeling in very young children, suggests that the coordination of conceptions of genital difference with those of gender difference follow no universal fixed sequence. Gender and genital experience are ultimately so interimplicated that the direction of causality between them is multidirectional and nonlinear. Psyche and soma cannot be parsed, because they are mutually constitutive (see also Harris, 2005).

But however gender comes to be psychically assembled, it is clear that it is built into the archaic regions of the psyche. The action of enigmatic signifiers in the way infants are handled (Laplanche, 1970) and how they are held in mind (Rubin, Provenzano, Luria, 1974) genders their bodies and psyches at the deepest levels. Later, Chodorow (1978) and Benjamin (1988) showed how, as children develop, they also become agents of gender, and not merely gendered objects of the parental gaze. Integrating developmental object relations with feminist theory, they showed how children make use of gender categories to leverage attachment and individuation from the mother. Where little girls operate from the gender premise, "I am female like you, and thus we are bonded via sameness," young boys deploy the opposite axiom, "I am not female like you, and we are separated via difference."

The sameness/difference axis was further elaborated by Coates (1991, 1995) in her studies of gender variant young boys who resisted the imprint of masculinity. These were boys who claimed to be, or wished they were girls. Coates argued that such boys' fraught performance of femininity could be viewed as a relational strategy to establish or restore closeness with an unavailable parent, usually the mother. In conflating "being like" with "being with", the feminine boy could magically undo his isolation and longing.

But Coates did not adequately distinguish between distressed boys diagnosed with GID and gender variant boys who were living their variance well (although she has always been careful

to make reference to that distinction). These “girlyboys,” whose vitality and pleasures Corbett (2009) has brought into such high relief, did not get a chance to speak their mind, strut their stuff, or provide any kind of convincing counterpoint to Coates’ “constricted, compulsive and rigid” patients (1991, p. 482). Absent such comparisons, boyhood gender variance took on, by default, a failed, psychiatric cast. “By not examining boyhood femininity across a broader range of mental health,” Corbett argued, “gender is maintained as a system of conformity as opposed to a system of variation” (Corbett, 1996, p. 443).

Consider in this regard the way normative gender has traditionally been deployed to measure children’s capacity for cognitive reasoning. The child’s eventual “ability” to define gender solely via the genitals has been taken as a major developmental milestone that enables the child to view gender as invariant (See for instance, Bem, 1989). But maybe those children “naively” assembling anatomically incorrect boy and girl dolls were onto something. Is gender invariance necessarily a developmental achievement, another milestone in Piagetian conservation – or is it simply a concession to normativity? If gender crossing is a manic defense, a delirious escape from pain that codes on a gender frequency, why not consider gender stasis an obsessional defense, a border patrol operation? Working in tandem with regulatory norms, such anxious self-regulation secures the illusion that, unlike sexuality, gender never grows, never changes, never complicates.

This tendency to reify gender is implicit in most theories of gender identification. In formulating the identificatory process in terms of likeness and difference from the “same” or “opposite” sexed parent, the theory defaults to a normative, sociological habit of mind that conflates masculinity with fathers and femininity with mothers. Many strands of psychoanalytic reasoning presume that gender identity is formed by one’s maternal and paternal identifications. Hence the sociological boy who calls himself a girl is identifying with his mother and dis-identifying with his father. But this axiom presumes that masculinity and femininity reside inside coherently gendered parents who transfer their respective genders to their like-bodied children. Once gender is unyoked from commonsense sociological nomenclature, these assumptions become open to question. Both genders are ultimately being channeled, on many different frequencies, by both parents. Mom’s masculinity? Dan’s femininity? Of course.

Moreover, as families weaken and mass culture fills the void with its ever-increasing powers of penetration, we should not presume a child’s male or female gender reflects an identification with their mother or father, so much as with mother or father’s authorized *access* to femininity and masculinity. (Don’t flatter yourself mom, it’s those red heels he—or she—is after).

Clearly a child’s enthrallment with gender tropes and props is built upon an earlier relational scaffolding, but it cannot be reduced to it. To privilege the desires and conflicts of a small cast of domestic characters, frozen in deep time, over the unlimited access and resources of mass culture is to climb inside the set of the Truman Show and bolt the doors. By the tween and adolescent years, when families are sidelined by celebrities and products, gender is in free fall.

We just do not have the theory for a fine grained, developmental account of gender’s soft assembly as children’s minds, bodies and priorities change, nor of gender development in adult life, nor do we have an adequate picture of how intimate bonds and cultural tropes interpenetrate at any age. There is a world of difference between an MtF prostitute living as a she-male, a child making a bid to cross over, and a middle class academic making the big move over summer break. Absent that level of complexity, we have defaulted to our psychoanalytic habits, but they have not always served us well.

PATHOLOGY OR VARIANCE?

Trans may be uncommon, but gender variance itself is not rare. Throughout all cultures and historical periods, gender diversity, along with rudimentary forms of gender body modification, have always existed. As Lev (2004) pointed out, whatever “causes” gender variance also causes gender normativity—and creates humanity in general. Indeed, it is important to understand that transgressive gender behavior is produced by the same processes—psychic, social, and cultural—that have constituted normative gender as an oppositional binary. In the either/or taxonomy of gender dimorphism, gender confounding is an inevitability.

Indeed, I have argued (Goldner, 1991, 2003) that the regulatory system of binary gender constitutes a “universal pathogenic situation,” which induces in its subjects a traumatically compliant, gender conforming false-self that is responsible for a multitude of symptoms, unrecognized as such. Examples include the narcissistic trauma that constitutes femininity as a second-rate sex, the omnipotent narcissism of masculinity’s phallic economy, the brittle pseudoautonomy, defensive aggressivity, and hypersexualization characteristic of normative masculinity and the depressive relationality and inhibition of agency and desire characteristic of normative femininity.

Yet despite this exhaustive, well-worn critique, we continue to take normative gender as the superior outcome, even though it hurts and is harmful. This is a “been there/done that” error that was corrected in work on the sexualities years ago, when Nancy Chodorow (1992), influenced by a critical tradition that would soon be called queer theory, argued that heterosexuality was not a standard of wellness and excellence but a compromise formation, no more or less healthy than other sexual orientations and practices. We now take homosexuality as an unremarkable variation in sexuality’s wide arc of possibilities. It no longer needs to be accounted for, because it just “is.” By contrast, trans still disturbs and threatens us, inciting “why” questions about its origins and “causes.”

Corbett (1997) had to make the case for homosexuality as a *how*, not a *why* question in the late 1990s: “[When] it comes to the origin of sexual identity, I am willing live with not knowing. Indeed, I believe in not knowing. . . . [I am not interested in] the ill-conceived etiological question of “*Why*” [someone is homosexual], I am interested in *how* someone is homosexual” (p. 499). The trans analyst Griffin Hansbury (2005) was forced to make the same point about being trans almost a decade later: “The etiology of trans is a question I have stopped asking, for myself and for my practice. We’re here—now what? After 24 years of living uncomfortably in my female body, the answer was transition” (p. 251).

UNDER THE MICROSCOPE

Trans has served as fodder for the classificatory appetites of the mental health professions, who invented, owned, and operated the diagnoses of Transsexuality and Gender Identity Disorder for a very long time. While displaying the trappings of science, these categories have been infested with bias and social stereotyping. As a result, the diagnoses pathologize gender variance and prescribe its social control through psychiatric diagnosis.

While much of what is offensive in this nomenclature is easy to detect, the subtle pressures of normativity can wrap themselves around a single word that might otherwise unnoticed. For instance, in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [DSM-IV]; American Psychiatric Association, 1994) boys are held to a stricter standard of gender conformity than girls, reflecting a cultural double standard. Where a boy risks the Gender Identity Disorder (GID) diagnosis if he “prefers” cross-dressing, a girl must “insist” on it. Similarly, a boy need only show an “aversion” to rough-and-tumble play, while a girl must show a “marked” aversion to feminine attire.

Much has been made of the fact that Transsexuality, which applies to adults, and GID, which applies to children, were first included in *DSM-III* (American Psychiatric Association, 1980), the same year that homosexuality was officially removed from the registry. (It had initially been dropped—by a show of hands—at a stormy meeting of the APA Board of Trustees in 1973, the result of intense pressure by gay activists. See, e.g., Drescher, 2010.) In an oft-cited statement, Eve Sedgwick (1991) argued that the GID diagnosis was just homophobia by a new name, since research as well as popular opinion held that gender nonconforming children often grow up to be gay. By pathologizing atypical gender behavior in childhood, Sedgwick argued that proto-gay children could be slated to be “counseled out” of their gender nonconforming ways. Thus, the conceptual switch from diagnosing atypical sexuality in adults (homosexuality) to diagnosing atypical gender in children (GID) “yoked the *depathologization* of a sexual object choice to the new pathologization of an atypical gender formation”(p. 20).

The notion that the GID diagnosis was introduced into psychiatric nosology as a self-conscious “backdoor maneuver” to replace the newly deleted category of homosexuality has been refuted by Zucker and Spitzer (2005), who told something of an insider’s story of what occurred. However, they themselves conceded that there is “clear evidence” (see their citations, p. 36) that homosexual panic can still drive mental health professionals and parents to clinically intervene with gender nonconforming children, no matter what their degree of distress. Given its long and troubled history, many critics now believe that GID, however it is conceptually reconfigured, will always put gender variant children at risk and should be removed from the *DSM* entirely (see Karasaic & Drescher, 2005, for a variety of views).

REVERSE DISCOURSES: THE OBJECT OF THE GAZE BEGS TO DIFFER

Working the *DSM* is a critical skill for trans persons seeking surgery. It requires a mastery of what Foucault (1978) has called a “reverse discourse,” the process by which the object of the gaze becomes the subject who talks back. Taking “the homosexual” as a case in point, Foucault showed how subjects constituted by a pathologizing, moralizing diagnosis could engage its self-same categories, turning them to their advantage. By becoming “an agent in discourse,” in Butler’s phrase, the person constituted as a medical or psychiatric specimen can climb off the examining table and start searching the web.

Kutchins and Kirk (1997), medical sociologists who know their way around the *DSM*, captured its hybrid plenitude: “a strange mix of social values, political compromise, scientific evidence and material for insurance claims” (p. 148). It is a measure of the changing political climate since *DSM-III*, that the APA Task Force on Gender Identity and Gender Variance (2010), which is developing new guidelines for the gender diagnoses that will appear in *DSM-V*

in 2013, solicited the opinions of trans advocacy groups on the current *DSM* standards, posted its proposed guidelines on the web, inviting public and professional feedback, and included a significant number of feminist and trans citations in its various bibliographies (see also the nuanced critiques posted by the group called Professionals Concerned About Gender Diagnoses in the *DSM*, 2010).

The Trans diagnosis (which has now been renamed Gender Identity Disorder of Adolescence and Adulthood) is an emblematic illustration of how reverse discourses can not only reshape the personal meaning of an identity category but also determine its social impact. A trans identity pushes against the received wisdom of normative gender categories so that novel iterations of masculinity and femininity can be included in humanity's registry. Why can't we allow a person with a penis to be a woman, or a person with a vagina to be a man?

Trans academic Susan Stryker (1998) captured the excitement of such a move.

Naming myself a transsexual was a provisional and instrumentally useful move. It rankled, but I insisted upon it, for being interpellated under the sign of that name was for me, at that moment in time, the access key to the regulated technologies I sought. I name myself a transsexual because I have to, I told myself, but the word will mean something different when I get through using it. (p. 18)

DUPES OR OUTLAWS?

There are gender variant people who seek to cross and pass, to manifest the primary and secondary characteristics of the "opposite" sex, and to live as a member of that sex, modifying their bodies with surgeries and hormones to achieve that end. There are others who relate to gender more as a continuum, matrix or mosaic rather than as a dichotomy. They produce genders that are highly individualized, which may or may not involve hormones and sex reassignment surgery. The trans community must make room for both kinds of subjects, those who want to queer the binary and those who want to pass under it.

Some pundits, such as feminist theorist Bernice Hausman (1995), consider trans persons to be "dupes of gender," while trans activists like Kate Bornstein (1993) call themselves "gender outlaws." But as trans academic Jay Prosser (1998, p. 12) has observed, trans is too complex a state of body and mind to be reduced to "either a bad literalization of gender or a good de-literalization of it."

Trans is a subject position in which gender multiplicity and gender essentialism are not opposing vectors but features of subjectivity that wind around one another, playing off each other in contrapuntal fashion. Trans "undoes" gender in one sense, but, at the same time, it moves its subjects more deeply into it. Its paradoxical density disrupts the hegemony of gender as a pure opposition, creating a welcome category crisis in the highly simplified gender taxonomy of "either/or" by offering "neither/nor" and "both/and" alternatives.

These complications require a paradigm shift in our gender theorizing. Instead of considering trans to be another gender *position* (a kind of "third sex"), it is better understood as a novel gender *stance*, one that constitutes gender as a process rather than a thing in itself, a gerund, rather than a noun or adjective, a permanent state of becoming, rather than a finished product. The prefix "trans," with its defiant ambiguity, is the only term that can hold this range of meanings. It serves as a complete and proper name, no suffix provided, none sought.

Trans genders trouble the regulatory norm that intelligible human beings must live in the sex and as the gender assigned at birth. Indeed, as Butler (2004) has argued, the mere existence of trans people in our midst demonstrates that the assignment of masculinity to male bodies and femininity to female bodies is one mechanism for the production of gender, *but not the only one*. As genders morph and multiply, it becomes clearer that gender is a circulating, transferable property, an “improvisational possibility,” in Butler’s terms, that belongs to no one.

MULTIPLES

The agita of trans is not merely caused by the unsettled question of who owns the authorized account. Its instability as a category is also a function of its success as a category. “You only realize what’s been forbidden when it is finally permitted,” wrote feminist theorist Susan Bordo (2001), a point very well taken when considering the profusion of trans genders currently in circulation or under construction. Emerging like “an archipelago of identities arising from the seas,” in Stryker’s (1998) felicitous phrase, the proliferation of trans genders has been catalogued by trans activist Dallas Denny (2004), who has identified more than 30 ways trans and cross-gender positions have been expressed and categorized in Western and non-Western cultures. An extremely winnowed grouping might include FtM’s and MtF’s, transmen and transwomen (who may or may not seek to pass), transfags, transqueers, gender queers, boi’s, No-Ho’s and Lo-Ho’s, Trans Butchs, Drag Kings, Bearded Females, and so on.

No more esteemed a gender outlaw than queer theorist Gayle Rubin (2006) has wearily concluded that “no system of classification can ever fully catalogue or explain the infinite vagaries of human diversity” (p. 476), an insight she must have channeled from the sociologist Georg Simmel, who complained as early as the turn of the last century that there were too many categories and too few sexes to explain the immense varieties of human experience (Herdt, 1994). Clearly, as queer theorist Judith Halberstam (1998) pointed out, the genders we use as reference points in gender theory fall far behind those being created in the community, a point not lost on Ethel Person (2005), whose psychoanalytic work on trans dates back to the early 70s. Writing in the *Journal of the American Psychoanalytic Association*, Person argued that psychoanalysts “would do well to follow Freud’s example and supplement the information gleaned from the couch with information garnered from the street” (p. 1270).

The trans community has taken the social recognition of gender variant persons to be its defining project, so that, in Butler’s (2004) terms, what may be uncommon no longer reads as unfathomable. This is not merely a matter of continually updating the gender canon to provide a legitimating lexicon for all the genders in use and currently in production. It is also about creating the conditions—the theory and naming practices—through which newly emerging gendered subjectivities can be coaxed into being (see Salamon, 2010). Sheltered by these minority norms, this emergent “me” can begin to take my sex assignment as a point of departure but not as my fate. My body is no longer my destiny. It is now my canvass.

GENDER AND SEXUALITY

The uniqueness of each of the many genders that trans subjects produce seems designed to capture ever more subtle shadings of gendered self-experience and performance, a degree of

individualizing specificity we associate with sexual identities and practices but not with gender, which is meant to be read as unremarkable and nonspecific. While sex engages the trope of nighttime transgression and is defined by its highly personalized signature, gender is a crucial aspect of our daytime social presentation that is seemingly generic and unmediated. This is why we are deeply unsettled by genders that announce themselves as personal creations: They demonstrate that what we take as a given is actually fashioned, an erotic thrill after business hours but an unwelcome disturbance during the working day. When the dildo strapped on at night is still in place for my morning round of errands, some theory and nomenclature revision is definitely in order.

While sexuality clearly trades on gender as a source of heat, gender is normatively drained of all traces of sexuality. But an underlying paradigm shift in this one-way segregation is clearly under way, as evidenced by the nuanced way genders are being produced and erotized by trans subjects. For instance, as an FtM, I know that binary gender requires a penis to go with my newly fashioned masculinity. But I may prefer the charge of a testosterone-enlarged clitoris, since a phalloplastic penis may look convincing, but it doesn't deliver much sensation. Why should I sacrifice sexual pleasure for gender coherence?

GENDER CROSSING: WHY OR WHY NOT?

When a boy finds deep resonance in what is called "femininity," when it opens things up for him that masculinity shuts down, when a girl finds something in the cultural norms of masculinity that provides an emotional vocabulary for the emergence of a raucous vitality that codes as male, we are still too likely to see them as failing at gender, and too inclined to speculate that they are escaping a relational quagmire through gender variance.

This is not to say that gender crossing is never a symptom of, or a defense against, psychic distress or trauma. But to reduce trans to an aspect of pathology is to miss the larger question: how are we to distinguish "psychodynamic" suffering from the cultural suffering caused by the stigma, fear and hatred of trans persons? Moreover, isn't everyone's gender a compromise formation, serving complex intrapsychic and relational agendas? All genders channel both transgression and conformity, suffering and triumph. All create psychic boundaries, make human connections, animate or deaden bodies, ward off depressive and aggressive affects and so on. Gender *dysphoria* or *euphoria*, gender as the problem to be solved, gender as the solution to the problem, gender as a false self operation, gender as a quest for the true self—every duality is operative and all are in play.

The problem is that in the current climate, the psychoanalysis of gender, a rich lode, has become suspect when it comes to trans. Analytic deconstruction too easily drifts into a search for psychopathology, which makes the search for meaning unsafe. But genders are fascinating, and nothing is gained dulling trans down. We need to find ways to interrogate trans that brings forth its mystery and complication without defaulting to exoticism or pathologization.

Consider, for instance, how transwomen cherish their femininity, bringing its tropes into high, un-campy relief, whether the soft, empty loveliness of Christine Jorgensen or the big-boned farm-girliness of trans academic Jennifer Boylan. Consider too how transmen channel the unruffled sobriety and erotic muscularity of normative masculinity with such great subtlety and

underground pleasure. In the presence of adults and children demonstrating such obvious gender savvy and euphoria, we diagnose gender *dysphoria*. Is the gender identity problem theirs or ours?

Consider too that very, very few trans persons regret their surgery (an estimated 1–2%; Pfafflin, 1992), that GID children are much more likely to grow up as gay, not trans (Green, 1987; Wallien & Cohen-Kettenis, 2008) and that while GID children, who are not free agents, show more evidence of pathology than children in nonclinical samples (Zucker, 2005), there is no body of evidence that posttransition adult transsexuals can be distinguished from the larger population on measures of psychopathology.

From this vantage point, the stubborn resistance of gender-crossing children to give it up or tone it down can be seen as their standing up for something important in themselves, a true self quest perhaps, not a false self operation. Even an “extreme” outcome—the petition to be renamed—needs to be rethought. A catastrophic collapse of the tension between psychic and external reality, or a blinding moment of self-recognition and personal freedom?

CONUNDRUMS

Let us finally consider the matter of sex reassignment surgery, the line in the sand that demarcates the limits of most people’s tolerance for gender nonconformity. The historian Sander Gilman (2000) has traced the early history of cosmetic surgery to the intersection of newly evolving medical technologies and the desires of 19th-century ethnic outsiders—Irish, Jews, Asians, and Blacks—to pass as “normal” and not “ugly” via nose and eye surgery. The contemporary ubiquity of cosmetic surgery demonstrates that it is not the knife itself that determines whether body modification will incite fearful disgust or manic elation. The mortifications of the flesh televised in all their macabre detail on documentary surgical soaps derive their ratings from the assumption that gender enhancement by any and all means is something to celebrate.

By contrast, there is zero tolerance for body modification when the goal is gender crossing, let alone gender complication. Plumping the vagina? Enlarging or reducing the breasts? Aesthetic refinements, when elected by a biological woman, to improve upon her performance and embodiment of femininity. An Ft(Better)F. But enlarging the clitoris so that it reads and performs more like a penis, as an FtM might employ? Or removing the testicles, as an MtF might wish to do? Acts of genital mutilation. Gender may be infinitely perfectible, but it is absolutely not fungible.

That is, unless you look very, very good. Gender, as Butler (2004) has observed, is a copy with no original, a tweak on anthropologist Clifford Geertz’s (1986, p. 380) point that “it is copying that originates.” Like those 19th-century immigrants, we identify with the suffering and fantasies of makeover patients because of our enthrallment with the omnipotent quest to remake ourselves in the image of an ideal type, usually an approximation of Ken or Barbie, broadly construed. (If boys will be girls, they had better look pretty. If women will be men, they’d better be hard).

When the copy is very good, we approve and think “s/he was always in there.” But when it is bad, the failed image spooks us (since we too are copies of copies), and the failed subject is held at arm’s length, perhaps even relabeled a freak. (Consider our fear and loathing of fat people in this regard. When they lose the weight, they can rejoin the fold. But if they get too big, they become radioactive and we want them to stay indoors).

Hospitals will surgically assist your gender crossing, if what you seek is your “opposite” (and if you can produce a psychiatric diagnosis demonstrating severe and persistent gender dysphoria). But why can’t gender crossing procedures be available on demand, as cosmetic surgeries are? And why are gender enhancement and gender crossing the only two medico-surgical options available for gender modification? What about medical interventions to facilitate gender ambiguity? If not, why not?

And finally, what about other “extremes” of body modification that persons might desire, even “need”? For example, there are men and women who demand amputation of limbs to externalize their internal body schema, and there is activism among such persons to create the diagnosis of Body Identity Disorder (BID) which copies the exact language of BID, so that those wishing amputation can get their surgery. What is the ethical difference between the removal of healthy genital tissue, and the removal of a healthy limb? (See Bayne, 2005).

Should there be limits to how we design and inhabit our bodies? And who should decide who should decide?

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