



Thinking psychoanalytically, thinking better: Reflections on transgender

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My contribution draws on 15 years of treating trans patients of various genders, embodiments and self-identifications, in private and institutional/inpatient settings. I have worked analytically with patients who wanted to explore transitioning, who were in the process of transitioning, who wanted to resolve gender conflicts, and some who came to understand themselves as trans during their analysis. I also have, and continue, to treat atypically gendered and trans children and adolescents – again in private and institutional settings. This work also oftentimes involves meeting with parents who navigate difficult decisions of various kinds including medical interventions.

This clinical experience leads me to regard with caution statements made by colleagues who have not analysed trans patients. I urge my fellow analysts to be similarly discerning. This should not be a controversial statement. But I feel the need to make it because I have often heard surprisingly strong opinions from analysts inexperienced with this population. Further, colleagues unfamiliar with trans scholarship should be aware that an extensive psychoanalytic literature about trans already exists.¹

Trans is a still-evolving term.² Currently, it describes a heterogeneous set of individuals who share a felt sense of misalignment between experienced gender and the gender to which they were assigned at birth on the basis of observed sex. Trans includes, at least, the following: people experiencing varying degrees of distress about bodily morphology that marks, or is seen as marking, gender; a subset seeking hormonal interventions to modify secondary sexual characteristics; a group feeling the need to surgically align their body with their self-identified gender; individuals only altering social signifiers (e.g. name, pronouns) but uninterested in medical/surgical procedures; some who experience no bodily distress; and persons who do not identify as male/female, yielding new terms such as “gender non-binary” and “agender” and they/them pronouns. I hope that this shows why there is no master trans narrative, only an assortment of “multiple and complex smaller narratives” (Halberstam 2018, 43). Any generalization made on this topic, thus, overreaches. Similarly, there is no single developmental line for the establishment of trans genders. Further, I encourage us to think along developmental lines and not

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¹Even though the topic of trans embodiment and experience has been engaged by psychoanalysts for over two decades, in some corners of the analytic world it is still treated as a novelty, and I often meet analysts who seem unaware that we have an established body of scholarship on this topic that they can consult.

²In brief, I mean two things by this: first, that the term *trans* has been changing to include more genders and differently experienced/embodyed ones. But also, and more importantly, I mean that the dimension of temporality – which is always baked into subjectivity – is especially important in trans experience.

“aetiology.” The latter presumes pathology and, a priori, charges the analyst’s agenda with a search for causative factors (more on this below).

Gender is a complex psychic process, and a knowledge of psychoanalytic gender theory is necessary for understanding trans. Gender is a culturally mediated translational form that helps bind the infantile sexual (Laplanche 1987, 2007). Its particular, always contingent, shape develops through dynamic non-linear processes (Harris 2005b) and, like all psychic operations, it is responsive to the always already entanglement of the intrapsychic and the social (Aulagnier 1975). The psychoanalytic study of trans, thus, benefits from exposure to an array of discourses interdigitating body/gender/culture: feminist and queer theory, trans studies, queer of colour critique, post-colonial studies and critical theory. If this list feels daunting, and it is, this should not deter us. I am not proposing we trade in our analytic sensibility for other methodologies, only that we adjust our analytic frequency to disciplines that will further nuance our thinking.

I personally do not find helpful the formulation that trans patients were simply “born in the wrong body” – and know no analyst working with trans who subscribes to that tenet. Clinically, of course, we need to tread carefully on such self-narratives, which circulate in some circles with great rhetorical force and are eagerly adopted by patients for varied dynamic and/or political reasons. I find it crucially important, though, to leave it to the patient to become curious about their gender. Genuine curiosity is cultivated through the analytic process, and cannot be generated through the analyst’s press. This is important technically because, contrary to the popular opinion that trans people are unreflective about their gender, I find that when the analyst does not make the patient’s gender a central focus, trans analysands *almost always* become curious about their gender’s trajectory.³ Analysands who do not feel they have to justify their gender to their analyst, to argue for its legitimacy or to assuage the analyst’s anxieties/misgivings often become interested in their own anxieties, self-doubts, conflicts, even regrets. Naturally, this follows the patient’s timeline, not the analyst’s. We should not be guided by the question “*why* is someone trans?” but “*how* is someone trans?” (what form their trans-ness takes, how they inhabit it, etc.; Hansbury 2017).

Which leads me to this: a conversation on trans that omits the clinical observations of trans analysts overlooks important insights. Analytically trained colleagues who identify as trans⁴ are critical to building the knowledge base of psychoanalysis. They have different contributions to make than cis⁵ analysts.

In noting the particular value of work by analysts who are trans-identified, I am stepping into territory that concerns some of my colleagues. The gist of such concerns seems to, more or less, amount to:

First-person statements made by, for example, trans persons, gay men, black women, etc., are spoken with entitlement, as if possessing superior access to truth. We are asked to accord

³We rarely consider, but should, that cis patients also benefit from such explorations regarding their gender development.

For many such patients, the assumption of binary gender may have prematurely foreclosed aspects of psychic experience.

⁴Not all analysts who are trans are (or feel they can afford to be) out about their gender. It is hard to be out when psychoanalysis can be so invalidating as to trans experience. This has had an alienating effect on trans individuals who may want to train as analysts. Of those analysts who are trans, out and have been publishing on this topic, I would direct the reader to work by Griffin Hansbury and Jack Pula. Notably, and as far as I know, we have no published work yet by an out trans female analyst, though I am aware of at least one out trans female candidate currently in training in an IPA institute.

⁵A term that denotes persons whose gender identity corresponds to their birth sex. I am not myself fond of the term cis for various reasons but use it as a shorthand here to differentiate from trans.

special authority to the opinions of those “speaking from experience”. Psychoanalysts should not, out of political correctness, succumb to treating them as having unquestioned authority.

Indeed, no one has unquestioned authority regarding the validity of their claims. But that is not necessarily what is at stake when someone speaks from experience. A trans analyst, for example, does not have the final word on all matters trans, but their observations can make significant contributions to our thinking. Because they inhabit the psychic realities and lived, social experiences of being trans, these colleagues can also *educate* us. We should be grateful for opportunities to learn from them – and not forget that the work of education can be emotionally burdensome for those who have to carry it. Further, the charge that first person accounts make entitled claims on truth should trouble us because it has historically been levelled against those denied the prerogatives of speech, who have been treated as objects of study and not as speaking subjects⁶ (Foucault). Such a charge may also betray some defensiveness on the listener’s part, raising an important question: how willing are analysts to cede the privilege that comes with occupying positions that permit their politics to be understood as “reality” or “fact”?⁷

These questions touch on the staging of this conversation as a matter of “controversy”. Psychoanalysis clearly needs to think about trans. More trans patients are seeking treatment. And we are, in Preciado’s words, “at an historical moment without precedent”.⁸ The world, and our field, is realizing we had imagined gender too narrowly. Changes to gender are outpacing psychoanalytic theory’s ability to keep up. Outside the consulting room, widely circulating statements like “born in the wrong body” and “hormone blockers only buy time” oversimplify complicated psychic matters. Psychoanalytic contributions are, in fact, needed. But we have some work to do first. Our old approach of designating trans as psychotic will simply no longer do.

None of this makes trans a controversial issue, however, only one that we need to understand better. Framing this exchange thus, as part of the Controversies Section, may generate unhelpful polarization; controversy, as defined by the *Oxford English Dictionary*, is “an argument or dispute on a matter of opinion”. But what exactly is the matter under dispute?

My hope is that we will, instead, de-dramatize (Berlant and Edelman 2014) our discourse around trans, sidestepping unnecessarily affectively charged language.⁹ By “de-dramatize”, I am calling for analysts to lower the tone and soften the overstated claims made about trans’s ostensible threat to gender, psychic health, or social order, *so that we can think more soberly* about this complex matter. Exaggerated statements include alarmist descriptions of trans children as *radicalized* online through contact with trans peers. We know what it is like for children and adolescents to go online, getting ahead of themselves and their parents. And we know how much anxiety that causes the child, the family and the school. Children/adolescents today have easy access to information they want, to information they need and to information that may be overstimulating. This is not unique to trans. Children and adolescents get overstimulated online daily. Hyperbole

⁶See Corbett (1997) for the emergence of the speaking queer subject and Powell (2018) for a similar point regarding analysts of colour.

⁷The fiction that cis analysts are objective outsiders immune from subjective thoughts, biases and emotions is problematic – and a political position often not recognized as such.

⁸https://www.youtube.com/watch?v=vqNjbZR_QZ4; the quote is my translation.

⁹Corbett’s concept of regulatory anxiety is relevant here, and those working in this area should be familiar with it.

and the induction of panic are unhelpful. The language of radicalization, for example, draws on discourses of terrorism¹⁰ (not to mention Islamophobia) to deliver its dramatic effect. Speaking as someone who regularly attends analytic events on gender, such panic is not rare. For example, in a recent such event in Athens, a well-regarded analyst proposed a link between the rise of trans identities in the USA and the rise of anti-Semitism and Islamic terrorism. The wildness and overreach of such claims may itself be a (somewhat paranoid) reaction to the opening up of gender. Still, such high-voltage claims need to be tempered. We need a more measured ecosystem for better thinking to proceed, precisely because there is so much poor thinking on this topic both inside and outside psychoanalysis.¹¹ Better thinking will require of us some theoretical and clinical heavy-lifting.

When trans is formulated as tension point, the topic is heated up to the temperature of a conflict; this may incite unhelpful debates regarding the validity of (some types of) trans experience. Such an approach damages trans people – and psychoanalysis. We should, instead, be having conversations about what we are learning from listening to our patients. And to not make it a focus of the analysis for the analyst to try to adjudicate which trans patients deserve “the dignity of [our] belief” (Salamon 2014, 116). The latter is a countertransference problem for the analyst who is convinced they know “the truth” of their patient’s gender, for example by knowing the patient’s sex (Pula 2015).¹² Other countertransference problems include: the analyst who works to “fix” a patient’s gender because gender = sex = bedrock¹³; the analyst who tries to predict whether the patient will regret changes made in their body; and the analyst who worries about becoming “complicit” with the patient’s decisions regarding hormone-surgical interventions. Complicity is not something we are anxious about regarding other consequential decisions our patients make, like whom they marry, whether they will have children or deciding on high-risk back surgery. Put differently, anxiety is not unusual in our work. But our work also involves monitoring our anxiety, keeping track of regulatory anxiety (Corbett 2009) and minding the anxiety of our own curiosity. As for regret, we are not in a position to be making predictions as to how a patient’s future will unfurl; it is often only in the *après-coup* that we can know which of our patient’s efforts were truly in the service of becoming a subject (Scarfone unpublished manuscript).

I am not advising nonchalance, nor do I intend to minimize the analyst’s struggle – and I will return to this shortly. What I want to do is highlight that such attitudes may overestimate the analyst’s capacity to predict. At work may be a kindling of the analyst’s omnipotent fantasy, perhaps to defend against being confronted with so much that is unknown, beyond our control. At play may also be the disturbance felt by some analysts in the presence of trans patients. By disturbance, I refer to the *primitive gender terror* (Saketopoulou 2015) that may be experienced when encountering patients whose genders and bodies

¹⁰A quick online search on “online radicalization” yields results on young people who, having lost their way, are recruited by violent extremist organizations.

¹¹Although there is certainly a good amount of problematic thinking about trans in the general culture and some domains of mental health, we should not forget here that there has existed, and still does exist, much damaging and transphobic thinking within psychoanalysis as well.

¹²More on this shortly, but for now Stryker’s brief statement might help: “Only the delusional would deny biological differences between people, but only the uninformed can maintain that what the body means, and how it relates to social categor[ies], doesn’t vary between cultures and over time.” From <https://time.com/5795626/what-womanhood-means/>

¹³It should be noted that we do not, to my knowledge, have data from psychoanalytic treatments that shows this to be a viable therapeutic aspiration. See Suchet on this point.

may feel alien or strange to the analyst. Rousing the analyst’s own internal alienness as well as archaic unconscious anxieties around the analyst’s own gender, bodily integrity and sanity, this terror can strain self-organization¹⁴ (Hansbury 2017; Pula 2015; Quinodoz 1998, 2002). Primitive gender terror is not itself transphobic. But it can become transphobic when the analyst, brought unexpectedly into contact with the strange and the alien in themselves, remains unaware of the source of their agitation. When unanalysed, primitive gender terror can infiltrate the countertransference, traumatizing analysands, stagnating the treatment and/or leading to premature terminations.¹⁵

Both normative and atypical gender is compromise formation, a solution to a problem (Goldner 2003). Our job as analysts is to follow the patient, helping them think through the solutions *they* craft in becoming a subject. Consider in this context Chiland’s disparaging approach of “explaining” to her trans patient that she will neither address them in their identified gender (which she understands as “crazy”), nor use the pronouns corresponding to the patient’s gender identification (2000). In what other area of clinical work do analysts feel entitled to so unceremoniously abandon the responsibility to follow the patient’s psychic reality? This is how the analyst’s personal beliefs – and politics – give rise to countertransference problems that tax the treatment, and which can, in turn, lead to premature endings of the analytic work. Regrettably, this often mimics the patient’s history of being disparaged by their early objects.

Psychoanalytic thinking

I turn now to the frequently expressed concern that psychoanalysts are constrained from thinking freely about trans issues. “We are not allowed”, the concern is, “to ask why a particular patient experiences gender dysphoria without being considered transphobic.” This, the argument goes, censors thought, constraining the analyst’s thinking.

First, before rushing in to defend ourselves against the accusation of transphobia, we will want to ensure it is not the case. If the analyst is convinced a priori that the question “why is this patient trans?” is relevant to the patient’s suffering, we may want to query not the patient’s unwillingness to explore but the analyst’s conviction that they must. I discussed earlier why a preoccupation with causative factors may lead us astray.

There also seems to be some confusion about what it means to think freely (an unconstrained internal process), versus what we say to our patients (which is always constrained), versus what is said in our professional communications (which is constrained differently). The freedom to say things without having to worry about their impact on the other belongs only to the analysand. Analysts do not express freely what they think to patients, we always have to consider timing, defences, etc. Nor do we speak freely, as in unrestrainedly, to our colleagues: professional exchanges do not – nor should they – have the latitude given to free association. Speech is constrained by our responsibilities to each other to safeguard the dignity of those whom we address or about whom we speak (Levinas). We can learn from psychoanalysis’s abusive history regarding

¹⁴This may be one reason why queer analysts who may have already negotiated these dynamics and turbulence in themselves (rather than confronting them for the first time in the encounter with a trans person’s body) may have wider berth internally to work with this population.

¹⁵It is easy to self-servingly attribute premature terminations to the patient’s incapacity to tolerate the work – for instance, saying that trans patients are unanalysable. However, analysts experienced with this population find this not to be true.

homosexuality, a history that those of us who are queer-identified know is not as much in our rearview as our straight colleagues might think that when an analyst speaks, they are not only speaking about patients, but also potentially about colleagues, teachers, supervisees, candidates and students. The consideration is thus not *whether* we can think freely, but how to express difficult thoughts respectfully. The latter is not a gag order, it is the condition of possibility for respectful professional engagement.

Relatedly, some colleagues worry about being pressured to adopt non-analytic positions, for example trans activists demanding psychoanalysis to submit to their ideas. I do not believe we are being asked to "submit", at least not in the sense of a loss of autonomy where one has to yield to an outside force. What we are being asked is to allow, even welcome, the unbinding effects that changes in the social world are bringing to psychoanalysis. To respond to them, we have to do some *more and better thinking of our own*.¹⁶ This is not as effortless as, say, adding more gender options to our lexicons (as Facebook has done) or as easy as being more inclusive – although that, certainly, is also important. It involves considering the implications this new knowledge has for psychoanalytic theory and clinical praxis overall. Accordingly, the turbulence trans has occasioned does not amount to challenging thinking itself. To the contrary, it presents us with a challenge that offers an opportunity to further analytic thought.

Here is what I think trans invites us to rethink metapsychologically:

1. Biology

Some psychoanalysts believe that gender is not a psychoanalytic concept but a recent importation – if not a contaminant – from activist circles/ social sciences. This is simply mistaken. Psychoanalysis has *always* been preoccupied with the psychic processes producing gender (e.g. infantile sexuality, identification, psychic bisexuality, etc.) and with how these become embodied and subjectivized. Analysts were theorizing what we today understand as gender long before the terms "gender" and "gender identity" arose in the 1950s.¹⁷ Pre-"gender", for example, Freud, Horney and Riviere were deeply engaged with gender via its early theoretical avatars: activity and passivity. Post-"gender", Benjamin, Dimen, Elise and McDougal, again naming a few, saw gender as constituted through unconscious fantasy, access/impenetrability, identifications/counteridentifications and states of aliveness/deadness.

Trans, thus, did not force gender as a concept onto psychoanalysis but, rather, revealed that however sophisticated our formulations had thus far been regarding gender's constitution, they had thus far, and without query or questioning, presumed gender to be organized by sexual difference. Or, to be more precise, gender was organized around the perception of sexual difference.¹⁸ Trans alerted us to the fact that we had understood observed sexual difference as marking gender. So while, yes, gender was always seen as having a developmental arc, gender had been thought to, ultimately, also have a final, biologically predetermined destination that *had nothing to do with psychic life*. "Is gender truly

¹⁶This is not to imply that trans subjects are new iterations of humans: atypical genders have existed throughout history. What has changed is that we have now reached a tipping point that makes trans impossible to dismiss, no longer an anomaly.

¹⁷John Money and Robert Stoller introduced them first, Stoller being the first analyst to discuss the concept of gender identity.

¹⁸Even the notion itself of biological sexual difference as a binary has been contested by biologists, but that's beyond the point of this essay.

non-conflictual" though, "to the point of being unquestioningly assumed from the beginning?" (Laplanche 2007, 169). In disarticulating gender from biological sex, trans not only contests the sex = gender equivalence, but raises significant questions about the primacy we have accorded to biology in psychic life.

2. Phylogenesis

Several analytic concepts drawing on phylogenesis are premised on binary gender. Without a strict and incontestable male/female divide, the Oedipus complex and its resolution become unsettled. Some infantile sexual theories similarly require sexual difference for their operation; without it they cannot become the originating points for the unconscious phantasies some analysts believe we come into the world preloaded with. Take, for instance, Klein's ideas about the infant's most primitive anxieties, many of which are highly gendered and tethered to the maternal body as anatomically female.

Recognizing how many of our analytic concepts are, in fact, premised on the notion of a binary gender that is biologically derived, may help illuminate why the most robust resistances to thinking more openly about trans seem to congregate in analytic schools that found theory and praxis on these organizing unconscious phantasies *as part of our phylogenetic endowment*. The conclusion is not that we have to give up Oedipus, unconscious phantasy or infantile sexual theories. But we may have to reconsider their phylogenetic origins.¹⁹

3. Action

More analysts are coming to agree that some trans patients benefit from a medical transition. The implication is critical: insight is not itself sufficient (Suchet 2011). Some psychic conflicts cannot be resolved in the psychic realm, requiring action. This strains traditional conceptualizations of action, supporting the notion that enactive experience (Reis 2019) may not necessarily or always be "lesser than" symbolization.

Thoughts on children

Atypically gendered children and adolescents constitute a complex matter that I cannot address here with the full nuance it deserves. I offer, instead, some abbreviated thoughts and do so provisionally as we are still very much in the trenches when it comes to understanding childhood gender variance.

Gender identification and social/hormonal transition in children are always refracted through developmental considerations. When it comes to trans, discursive practices, legal standards, social customs and medical technologies are continuously shifting – as are their psychic ramifications. One recent change is the tremendous increase in AFAB (assigned-female-at-birth)²⁰ adolescent referrals. Those of us working with this age

¹⁹Laplanche's critique of phylogenesis can prove very useful here. Scarfone's work can also offer helpful paths towards this reworking, especially his ideas regarding how unconscious fantasy, and our theory-building, may themselves be understood as translations.

²⁰This awkward term, widely used in the world of trans health care and mental health, describes not the child's gender but how the child's gender was assigned at birth on the basis of observed genitals. That assignment may, or not, align with later gender identities.

group are straining to understand the shift. There is general agreement that cultural changes play a role. Neoliberal practices are also at work – although the question of how deserves its own essay.

The pressure to answer these questions quickly has spawned oversimplifying theories (that appeal because of their oversimplification). One example is Littman's original study, non-peer-reviewed and poorly designed,²¹ that popularized the term *rapid-onset gender dysphoria* (ROGD). ROGD named a phenomenon on the rise: increased referrals of mostly AFAB adolescents coming out as trans without prior history of cross-gender identifications. Littman's explanatory hypothesis was that ROGD arises on the heels of online exposure to other trans-identified adolescents, namely, a trend²² caused by social contagion.

I am myself uncertain how to understand this particular iteration of trans. It is unsurprising that the increased visibility of various genders outside the binary might allow adolescents, in their identity searches, to organize something previously unnamed in themselves. Further, for adolescents living in geographical areas inhospitable to gender difference, discovering a website/online community of similarly-minded peers could catalyse self-understandings that make it look as if it is the onset, as opposed to the insight, that is abrupt. Moreover, up until this recent burst, numbers of AMAB (assigned-male-at-birth) trans adolescents were disproportionately higher than those of AFABs. Might AFABs have taken longer to find their voices – as tends to be the case for female socialized persons? There is a lot of information needed to confirm/disconfirm these hypotheses. And we simply do not have it yet. So I am not confident in any of the above propositions. They do not fully explicate this phenomenon, which is multifactorial. We know, for instance, that trans kids are overrepresented in autistic populations, among adopted children and in pairs of twins. Although we may hypothesize as to why, we do not yet know how to understand this – and the reasons will likely be varied, depending on the individual. We need to be able to sit with this not knowing rather than quickly, and I would say, sloppily, looking to patch the gap.

Importantly, discourses on ROGD/transtrending/etc. overlook the incredible improvements that social and medical transitioning affords some of these children. That they can have life-saving effects is no exaggeration, and research exists to support this. As someone experienced with severely disturbed children, I can also say that I have seen instances where a child's transition has acted protectively against the development of a mood disorder, diminishing psychic pain and self-harm (Saketopoulou 2014).

This is also true with adult trans patients. I am especially moved in recalling a trans female patient whose disconnect with her body was so profound that when, during transitioning, connections started emerging, she started tasting, for the first time, foods she had never known to be flavourful. The excitement of a strawberry bursting in her mouth, and the delight of other such newfound sensations, took up many sessions. This is not a singular or unusual event, but I mention it because, had she never

²¹Littman did not study the population of trans kids themselves but their parents – a problem, as anyone who has worked with adolescent patients can gather. In addition, the sample was not representative of all parents of trans kids but culled parents from selective websites. For a full discussion of the methodological problems in Littman's study, see <https://medium.com/@juliaserano/everything-you-need-to-know-about-rapid-onset-gender-dysphoria-1940b8afdeba>
²²The notion of trans being a trend is how the term "transtrending" first originated.

transitioned, we would have never known that something was lost. Said differently, not acting also comes at a cost.

This notwithstanding, when a child approaching puberty is brought to me for gender issues, I struggle. The difficulty becomes compounded when the child's new gender identification has emerged with no seeming prior signs, following a family crisis or after a traumatic event. It is hard to know if the onset is indeed abrupt: might parents have overlooked earlier signs? Dismissed them as passing and/or isolated gestures? Unconsciously conveyed displeasure to their child such that the rapid onset is merely an epiphenomenon of the child having previously suppressed their gender?

What if gender is recruited to manage other dynamics or feelings? Might it veil, say, unconscious conflicts? Mark a child's effort to, in some way, protect their parents? Might the child be voicing their distress through gender rather than expressing upset over a painful divorce or anxiety over a sibling's death? In asking these questions I am less concerned with what the child's gender will be/become, and more with attending to psychic pain that could be overlooked if it has found refuge in something else.

Still, with puberty around the corner, the question of hormone blockers²³ comes up. Nature takes action at puberty. Letting it take its course will be mistaken for some children whom it will consign to emotional pain and its developmental repercussions. If the child ends up needing medical transition, they will likely need more gender-related medical procedures. The delay will probably impede the possibility of ever successfully passing. Not all trans people want to pass. But those who do and cannot suffer endless wars with their voices and bodies, face social discrimination, and have trouble finding partners. I am not suggesting that these considerations should move parents to act and clinicians to unreservedly recommend them. I am only trying to convey the tremendous stakes involved, and certainly we have emerging reports now of young adults who de-transition.

I hope the reader is beginning to appreciate how truly difficult these matters are – and that consequential and difficult decisions regarding hormone blocking cannot be casually postponed as we await for knowledge to accumulate.²⁴ Decisions, at this point in time, are made through informed and educated guesses *but with incomplete information* – a truly awful position for parents to be in. We know even less about de-transitioning, also a multifactorial phenomenon with multiple meanings and arcs, and which may not be as straightforward as it seems. Regret is similarly complicated – and statistically rare. We do not know what exactly is regretted, whether regret marks a mistake, a circuitous path or something else. It is arrogant for us as analysts to act as if we do. What we do know is how to listen. And how to help with the process of thinking.

²³Hormone blocking or hormone suppression is a pharmacologically mediated process that blocks pubertal development. The premise is to delay the onset of puberty and the development of secondary sexual characteristics to "buy time" while the child continues to explore/understand their gender. As analysts we know, of course, that nothing pauses the psychic metronome. Still, the reasoning is to press a pause button before proceeding to cross-sex hormones, which have more irreversible potential – and which are administered years after hormone blocking.

²⁴Several other important matters cannot be addressed here because of space limitations but I hope we can return to them in my upcoming conversation on this topic with my colleague, David Bell. For example, the fact that we do not have a reliable way of predicting whose gender will persist; that anecdotal evidence, consistent with my own clinical experience, suggests that a very small number of children who go on blockers do not proceed to cross-sex hormones; the fact that discontinuing puberty blockers does not amount, at the very least not psychologically, to things picking up from where they were paused; and the complex question of de-transitioning, which can generate much anxiety in the patient, the family and the analyst.

In conclusion

Trans has revealed psychoanalysis to have been woefully unprepared to think about gender beyond the perception of sexual difference. We are in uncharted territory. Knowledge will build slowly. Errors will be made. I am not saying this casually, but with the humility the present moment deserves. My hope is that we will learn from our errors of commission and omission. And that we will have the wisdom and the fortitude to make the changes our theories and technique will need. To meet the challenge, the international analytic community, and the *International Journal of Psychoanalysis* in particular with all its canonizing force, should host ongoing scholarly engagements. Through critical hospitality we can hope for the development of better thinking, thinking that refuses to submit to panic-driven claims about trans as posing a threat to our analytic sensibilities, to thinking itself or to gender²⁵ but as, instead, alerting us to what needs revising. This is not a submission to social trends any more than it is an indictment of psychoanalysis. It is simply how thinking proceeds. Not by resisting change but by responding to it.

In the spirit of responding to change, and for analysts interested in building a knowledge base around this topic/learning what has unfolded in the area of psychoanalytic gender theory in the past 30 years, I have included a recommended readings list separate from the bibliography below. It goes without saying that it is not comprehensive, but I offer it as a first step for colleagues who want to delve deeper in this area, having selected text that are especially pertinent to thinking critically and analytically about trans. That gender is always already racialized is an important dimension that I did not have the space to flesh out in my comments, so I am including in the bibliography critical works that introduce the reader to this idea as well.

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²⁵As the sociologist Meadow (2018) has argued, trans embodiments do not destroy gender or obliterate gender difference. On the contrary, they articulate gender's multiple and varied forms with more particularity and precision. As such, trans paradoxically does not destroy, but illuminates more shades of gender difference.

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