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## Gender as compromise formation : towards a radical psychoanalytic theory of trans\*

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Laura Werner Larsen  
Gender as Compromise Formation:  
Towards a Radical Psychoanalytic  
Theory of Trans\*

## **ABSTRACT**

This theoretical study explores the utility of psychoanalytic theory as a tool for working with trans\* identified clients. Acknowledging the deeply problematic history of psychoanalytic theory and practice with trans\*clients, the study nevertheless contends that a radical rereading of the psychoanalytic canon can provide a theory of gender as compromise formation and a conceptual toolkit that can allow for anti-oppressive clinical work around gender identity from a psychodynamic perspective. Using conceptual history and conceptual analysis as a methodological frame, the study delineates five concepts in contemporary psychoanalytic theorizing that support the depathologizing of trans\* identity and the denormalization of cisgender identity. In so doing, this study draws on the long tradition of psychoanalytic interest in identity formation to help social workers doing psychodynamic work with clients reframe theories of normality and pathology around gender identity for themselves, for their clients, and in combating systemic oppression around gender normativity.

**GENDER AS COMPROMISE FORMATION: TOWARDS A RADICAL  
PSYCHOANALYTIC THEORY OF TRANS\***

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

Laura Werner Larsen

Smith College School for Social Work  
Northampton, Massachusetts 01063

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## CHAPTER I

### Introduction

#### Trans\*<sup>1</sup> and Gender Identity

The field of trans studies is one of the newest academic disciplines (Elliot, 2010; Nagoshi & Bruzy, 2010; O'Rourke, 2010), following the emergence of women's studies in the nineteen seventies, of men and masculinities studies in the eighties, and queer studies in the eighties and nineties. As a theoretical discourse gaining momentum in these early decades of the new century, trans studies has often had and continues to have a complex and conflicted relationship with related disciplines, especially feminist theory and queer studies. These conflicts tend to center around key ideas at stake: questions of embodiment, sexuality and gender as well as legal, social, psychological/psychiatric and political theories concerning the regulation of gender expression and embodiment (Stryker, 2006).

Feminists and feminist theorists have responded to trans\*people in widely varied ways, from condemning transsexuality as a betrayal of feminist goals to describing it as “the next logical phase of feminism” or seeing it, as feminism itself, as a form of liberating “gender dysphoria” (Elliot, 2010). Equally, queer theorists and activists have been both allied with and

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<sup>1</sup> Throughout this thesis, I will use *trans\** to denote the multiple identities on the spectrum of gender nonconformity with the gender assigned at birth, including *transgender* and *transsexual* but not limited to these identities. I will use *cisgender/ed* to mean an identity or a person whose experienced gender identity is congruent with the gender assigned to her or him at birth.

set themselves against trans\*theorists, activists, and persons, sometimes erasing the experiences of those transsexual or transgender people who thought of embodied gender as something more essential or material than discourse, political choice or power (Namaste, 2009.) Politically, trans\*people have suffered erasure within the LGB community ever since the beginnings of the gay rights movement at Stonewall in 1969, where several key actors were trans\*people, but in the aftermath of which trans\* rights were pushed to the margins of the political struggle for gay rights.

Activist, historian and theorist Susan Stryker (2008b) recounts that starting in the 1990's, US transgender activists staked their own claim to queer politics through arguing that sexual orientation was not the only significant way to differ from heteronormativity. The categories *homo*, *hetero* and *bi* all depend on a similar, unquestioning understanding of “man” and “woman” as subjects and objects of sexual desire – an understanding problematized by trans\* people, who were queering not just sexual orientation but the fact of gender, on which the idea of a sexual orientation rests.

In the history of sexology and the beginning theorizing of homosexuality in men and women, gender and sexual orientation were bound together inexorably. For many nineteenth century European sexual scientists, if a man was sexually attracted to men, he was also considered to be an “invert” with regards to his gender – exhibiting all the qualities ascribed to females in a binary gender and sexual system: passivity, weakness, submissiveness and sexual masochism. Similarly, a woman attracted to women was conceived of as exhibiting masculine qualities of activeness, strength, domination and sexual sadism. Sexual orientation and gender identity were thus essentially linked. For early sexual theorists there was no sexual orientation disentangled from gender, or more precisely, the performance or exhibition of certain gendered

features. All homosexual men and lesbian women were considered to be “inverted” in their gender identity (and thus in some way trans\*), because the heterosexuality of sexual desire was assumed to be more fundamental than gender.

Queer theorists have shown that sexual desire and gender are connected in much more complex and fluid ways – there are butch and femme lesbians; leather daddies and bears as well as “feminine” gay men; both sexually sadistic and masochistic men and women; and fluidity in sexual orientation throughout the life cycle for both cisgendered and trans\*persons. However, queer theorists such as Judith Butler (1990; 1995) have pointed out that heteronormativity and gender are still tightly bound together in contemporary societies. Male or female gender is produced through the production of mandated heterosexuality, and mandated heterosexuality is produced through the foreclosure of the possibility of homosexual attachment.

Stryker (2008b) explicates that trans\* can be misconstrued in two ways, through either gender or sexuality. When falsely identified as a distinct gender, trans\*people are considered another essential type of human being as either men or women, a “third gender” – a term which may have cultural validity and legitimacy in several cultures, but that can also be experienced as exoticizing, othering and essentializing when appropriated by white European and North American activists and scholars (Towle & Morgan, 2006). Many trans\*people prefer to identify, for example, as women with trans history or as simply women rather than as a distinct third gender category. Stryker further delineates that when trans\* is misconstrued as a sexual orientation category, it appears as a desire similar to a fetish desire for cross-dressing (transvestism) and/or genital modification. In this formulation, the trans\* community would form their own fetish subgroup mostly attracted to other members of the same community sharing and enjoying certain sexual practices, just like bondage or leather fetishists. In reality, Stryker

(2008b) contends, this does not appear to be the case for many if not most trans\* individuals in the US or Europe.

For Stryker, what matters here is that constructed as either a separate gender category or a separate sexual identity, trans\* does not challenge the basis of the other categories – “men”, “women”, “gay”, “lesbian” or “bi”. It seems that Stryker firmly places transgender theory in the continuum of queer theory in this challenging and unsettling of categories.

I am interested in this study in the way that trans\* identity queers or troubles cisgender (non trans\*) gender identity, and more specifically the way the development of a trans\* identity puts into question the alleged naturalness of any gender identification: the story of how children assigned to a specific gender at birth grow up to embody and identify with that gender as teenagers and adults. The biologists explain this process by hormones that shape the body and brain, sociologists by family and societal influences, and psychoanalysts through a very specific story of how sexual desire and identification with either a same-gender or a cross-gender parent work together in the Oedipal situation to bring about a gender identity and (hetero)sexual object choice. Inspired by ideas posed by Judith Butler (1990; 1995) in writing about “gender melancholy” and Nancy Chodorow (1992) in showing how heterosexuality should be seen as much a compromise formation in psychoanalytical views of the development of sexuality as homosexuality and thus de-naturalizing heterosexuality, my research question in this study is what kind of a conceptual psychodynamic toolkit can be built for clinical theory and practice that could help therapists work in emancipatory ways with clients identifying themselves as a part of the trans\* spectrum.

## Research Gaps

As mentioned, trans\* theory is a new academic discipline, only starting to flourish in the 2000's and the 2010's. It relies heavily on queer theory and the body of gender studies literature despite having a complicated relationship with both queer theory and feminist theory (Elliot, 2010; Nagoshi & Brzuzy, 2010; Nagoshi, Brzuzy & Terrell, 2012; Stryker, 2008b).

If there is one field of inquiry that has been interested in the genesis of gender identity and the way it is connected to sexual desire and sexual object choice from its origins on, it is psychoanalysis, both in its theory and practice. Psychoanalysis occupies a strange position of being both enemy and ally to theorists of gender and sexuality. In practice, psychoanalysis and psychoanalysts have often seemed to be decades behind the women's rights movement and the gay rights movement, using concepts such as "phallic woman" and "penis envy" or "narcissistic object choice" and "failure to separate from the mother", respectively, to pathologize and psychologize what have been legitimate collective movements to obtain missing political rights. Yet theorists of gender and sexuality still continue to use psychoanalytic concepts and return to psychoanalytical ideas – perhaps because ultimately there are few other fields than biology and psychoanalysis that are so intimately bound with an interest in gender and sexuality *as they come to be*, as theories of how we get to be the way we are.

As its history with women's and gay rights movements implies, it makes sense that as a discipline, psychoanalytical theory has as of yet had little contemporary engagement with trans\* identities, and a large part of what there is to be found in literature is pathologizing. One psychodynamically influenced contribution is the American psychologist Ray Blanchard's theory of transsexualism which aims to understand the sexuality of male-to-female transsexuals through either repression/denial or perversion. In my view, Blanchard's theory, which

categorizes MTF people as either gay men who cannot admit their homosexuality and thus take flight to the female gender, or to “autogynephiliacs” who get fetishistic sexual pleasure from their own body as female, is highly pathologizing and seems to deny the possibility of any nonpathological crossgender identification (Moser, 2010; Veale, Clarke, & Lomax, 2008).

Another in my view pathologizing and unfortunate attempt to conceptualize transsexuality or transgender has been proposed by sexologist Anne Lawrence (2009) who uses the concept of “erotic target location errors” to understand transsexualism. For Lawrence, transvestism is a variety of transsexualism, in which persons erroneously locate their preferred targets of desire in their own bodies rather than in another person’s body, and either desire to impersonate their preferred targets or desire to turn their bodies into facsimiles of those targets. There appears to be in this 2009 article the same binding together of gender identity and sexual object choice as in 19<sup>th</sup> century sexual science, as well as the shadow of “the invert”, a person turning their sexual desire towards the wrong target and precisely through that error in desire being confused of their correct gender identity. Lawrence actually criticizes the influence of psychoanalytical theories on the DSM IV-TR on considering transvestism as a sexual disorder and transsexualism as a gender identity disorder, as in her view, these both should be collapsed onto a continuum of sexual disorders or “perversions” leading from fetishism and transvestism to MTF transsexualism (Lawrence does not consider FTM transsexuals, as in her view few women are “paraphilic”).)

From the side of queer studies and trans\* theory, psychoanalytical theories on the formation of gender and sexuality seem to remain of interest, as Judith Butler’s (1990; 1993; 1995; 2004) engagement with Freud, Lacan and Benjamin, Gayle Salamon’s (2010) engagement with Freud and Lacan, and Patricia Elliot’s (2001; 2010) engagement with Lacan show.

However, as with many academic disciplines in the humanities and in the field of cultural studies, it appears that what psychoanalytical thought is seen to offer on gender identity begins with Freud and ends with Lacan, although there is important and groundbreaking work done in the field of later feminist psychoanalysis on how girls come to identify as and grow up as women, on the reproduction of mothering, and on the need for boy children to repudiate their first attachment to their mother and to identify with their fathers (see e.g. Chodorow, 1978; 1989; 1992; 1994; 2000a; 2000b; 2002; 2012; Benjamin, 1988; 1995).

However, the psychoanalytical strands of a feminist reconceptualizing of gender and an interest in work with trans\*clients have taken a long time to come together, as most of this work has only happened in the past ten years. None of the 1990's feminist psychoanalytic work really addresses what happens when the process of gender identification does not go as normatively as expected. Psychoanalytical theory has been unable to explain why the children of two female or male parents do not show a greater degree of either homosexuality or transgender identification than children brought up by a male and a female parent, as the Oedipal triangle on which the psychoanalytical theory of both gender identity and sexual orientation rests should be quite different if two of its corners are formed by same-sex parents. There is thus a clear research gap on how contemporary psychoanalytical theory and trans\* theory can inform each other and work together in gaining a better understanding of how people – both cis- and trans\*people – come to identify with a gender. As psychoanalyst Virginia Goldner (2011, p. 162) states: “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.”

## **Transgender, Cisgender and Social Work**

Nagoshi and Brzuzy (2010) argue that emerging trans\* theory provides a very fitting theoretical framework for social work practice as it combines an emphasis on the importance of physical embodiment in gender and sexual identity, an understanding of socially constructed aspects of identity, and attention to the lived experiences of people with intersecting identities. The *NASW Code of Ethics* for social workers has as a central value a commitment to not only helping individuals but also to fighting the structural oppressions that conspire to perpetuate suffering and inequality. Nagoshi and Brzuzy ask, “What if one’s central experience of oppression is being forced to conform to a socially constructed identity category that one does not actually identify with? How do social workers empower and collaborate with individuals who have fluid identities?” (Nagoshi & Brzuzy, 2010, p. 431).

Transgender people are quite clearly an oppressed minority group in the United States and in Europe – they are subject to employment and healthcare discrimination, targeted for hate crime violence, and suffer higher rates of poverty, depression, suicide and contracting HIV than the cisgender population (ACLU, n.d.). In recognizing this, social workers (who may themselves be either cis- or transgendered) have an obligation to help fight the structural oppression that contributes to discrimination of transgender people. To return to the question posed by Nagoshi and Brzuzy, though, what happens when a great part of what fuels this oppression is the binary gender system, something that many cisgendered social workers may take for granted and be comfortable with?

Social work theory and practice dealing with fluid identities faces a dilemma. On the one hand, understanding social identities as fixed or essential, inborn and immutable can validate and be used to justify sex, racial, class and other differences as natural, which in turn is the basis of

reifying existing inequalities and systems of oppression. On the other, destabilizing social identities can interfere with identification with and action on behalf of a socially oppressed group (Nagoshi & Brzuzy, 2010).

Although race and gender identity are not the same and oppression based on them does not work in exactly the same ways, I believe an analogy can be used between the two for their implications for social work. Social workers should know by now that race is not “real” in any biological sense, but is historically and politically constructed. Yet social workers also know that the effects of racism are very real. An understanding of how whiteness and blackness came to be constructed for us at this historical moment does not hinder us from recognizing and fighting racism at this historical moment, quite the contrary. In a similar way, I do not see the fluidity of identity as a problem for fighting oppression based on identities. Humans are complex and intersectional, and if social work theory and practice are to be truly bio-psycho-social, they should aim to be as complex and intersectional as they can be.

One of the *NASW Code of Ethics* core values is competence, and the *Code* states that social workers should aspire to enhance their competence in the sphere of their practice. A toolkit for destabilizing the binary gender system that contributes to the oppression of trans\*clients (as well as many cisclients) both structurally and in intrapsychic ways is one way of aspiring towards the core value of social work competence.

### **Overview of Theoretical Frameworks**

Although my work is inspired by queer theory, I will focus on two versions of psychoanalytic thought as the theoretical framework for this work. The choice of emerging trans\* theory might seem a more obvious choice for the theoretical framework, as it is a collection of discourses developed on the basis of queer and gender studies especially to

understand and examine the multiplicity and complexity of trans\* phenomena. Writers such as Butler, Halberstam, Bornstein, Stryker and Namaste have contributed to both “gender trouble” and “undoing gender” in ways that reach past trans\* bodies and psyches.

However, I believe that a possibility for fruitful collaboration has been missed by the trans\* theory community and the contemporary psychoanalytical theory community in the former either looking strictly at early to mid-twentieth century psychoanalysis (Freud and Lacan) or referencing French feminist psychoanalytic theory (Kristeva, Cixous, Irigaray) as an example of the essentializing tendency of contemporary psychoanalytical thought on gender. Some trans\* theorists have disavowed any interest in the formation and genesis of transsexuality and transgender identifications altogether, perhaps after encounters with highly pathologizing psychoanalytical views on transsexuality. However, as the world is structured now, trans\* clients and psychodynamic therapists or psychoanalysts will continue to meet each other, and especially for clients identifying as transsexuals and seeking surgical interventions, therapy is often mandated and clinicians have considerable power over the destinies and the lived possibilities of transsexual clients.

Although my first theoretical framework is Sigmund Freud’s work on gender identity, I will read it queerly to unearth concepts that can be used to theorize trans\* and to problematize a binary between cisgender and transgender. I will utilize my second framework, the work of female psychoanalysts and cultural theorists influenced by psychoanalysis from the 1990’s on (Chodorow, Benjamin, Butler, Harris, Salamon, Elliot), to complete the radical psychoanalytic toolkit for understanding and working with trans\*clients.

I will next focus on the methodology of this exploration as well as expand on the theoretical frameworks in Chapter 2. Chapter 3 will explore the conceptual history of the

phenomenon of trans\* identity formation including historical and contemporary case vignettes. Chapter 4 will examine classical psychoanalytic theory's conceptualization of the genesis of gender identity. Chapter 5 will utilize specific strands of contemporary psychoanalytical theory to highlight five concepts for understanding gender identity dynamically that can support and enhance a radical psychoanalytic theory of trans\*. In conclusion, in Chapter 6 I discuss the consequences a radical psychoanalytical theory of trans\* would have on understanding transgender experience and better practice with clients of whatever gender identification.

## CHAPTER II

### Conceptualization and Methodology

In this work, I use the methods of conceptual analysis and close textual reading to look at the conceptual tools classical and contemporary psychoanalysis can offer for a radical clinical theorizing of trans\* and for working with trans\*patients. I call this the *radical psychoanalytic theory of trans\** in distinction to the post-Freudian psychoanalytical tradition of conceptualizing and “treating” transsexual and trans\*clients in highly pathologizing and fundamentally transphobic ways. My method is inspired by the works of the historian of ideas Michel Foucault (1926–1984) and philosopher and queer theorist Judith Butler (1956–), both of whom have done careful textual work to tease out the history and fragmented development of several concepts contemporary discourse often takes to be ahistorical and uncontested. In Foucault’s case, the concepts he focused on included “madness”, “prison” and “sexuality”; in Butler’s case “gender”, “desire” and “body”. For both of them, this work of conceptual history is not simply theoretical, but inspired by emancipatory aims and infused with politics.

In this chapter, I will elucidate the methodological approach I am taking to this project, introduce the theories of classical psychoanalysis and contemporary psychoanalysis I am using to gather the conceptual tools for a radical psychoanalytic theory of trans\*, explicate the key concepts I will lift from each theoretical tradition, and provide some methodological considerations about the limitations and biases of my approach.

## **The Theoretical Framework**

While my work is generally informed by queer theory and queer sensibilities, rather than focusing on the by now fairly well-documented landscape (Namaste, 2009; 2000; Stryker & Aizura (Eds.), 2013) of the suitability or unsuitability of queer theory for understanding trans\*experience, especially transsexuality, I will concentrate on works within psychoanalytic theory. This is at best a soft delineation, as queer theory has been both influenced by and reacting to psychoanalytical theory, while especially feminist psychoanalysts have also been influenced by queer theory in the past twenty years. However, few queer theorists are also clinicians, whereas psychoanalysts and psychodynamically oriented psychotherapists have the opportunity to consciously or unconsciously act out their theoretical beliefs in the consulting room with clients. Thus, from a social work perspective, I want to focus at where regulatory power is potentially acted out in ways that have tremendous power over human lives: psychotherapy as a site of encounters with trans\*clients. While psychoanalysis and psychodynamic psychotherapy might seem like endangered species in contemporary social work education, many if still not most psychotherapists doing long-term psychotherapy, which trans\* clients are often seeking or mandated to seek, are still psychodynamically oriented.

While the problem with queer theory is that it is supposed to be impossible to define as its very nature opposes nominal and non-fluid concepts and definitions, very generally it refers to theory based on the works of Judith Butler, Eve Sedgwick, Michel Foucault and Teresa de Lauretis among others. Rather than a static theoretical paradigm, it is often understood as action directed at questioning heteronormativity, binary thinking and identity politics (Browne & Nash, 2010). This theoretical orientation is very clear in the work of Nagoshi et al. (2012) which examines how transgender individuals understand the relationships between gender roles, gender

identity and sexual orientation, and concludes that all participants understood gender roles as social construct and viewed gender identity as more fluid compared to essentialist, binary and heteronormative ideas about gender. The strength of queer theory is that it is nonbinary and thus seems inherently suitable as a lens through which to understand gender identities and sexualities that question the binary and fixed attachment of gender identity to sexual identity. A challenge of this theoretical perspective is that it is sometimes very “high concept”, and thus using it to look at bodies and their experiences in concrete ways can be challenging.

The main theoretical orientation I am using in this study is psychoanalytical theory. Historically, psychoanalysts have looked at trans\* individuals as mentally ill and some of them still consider family dynamics, especially maternal influence, to cause a failure or aberration in development that is known in the DSM-IV TR as Gender Identity Disorder. However, as psychoanalytic theory is one of the earliest to conceptualize the connections between parental identification, gender identity, sexual orientation, and sexual desire, I believe there is fruitful material to be unearthed for a non-essentialist understanding of gender crucial to my study.

In this work, I will focus on two specific historical moments in the development of psychoanalytic theory and practice. The first is the work of the Austrian psychiatrist Sigmund Freud, the foundational figure of psychoanalysis. Although Freud wrote little (it could be argued nothing) about transsexuality, he continued to develop his thinking about how men and women develop gender identity throughout his life. I will tease out the implications for trans\* of his work on the fundamental bisexuality of humans, the gender transformation he argued little girls have to go through from masculinity to femininity, and his mature tripartite model for understanding gender and sexuality.

The second historical moment I examine is the challenge and reconceptualization of classical psychoanalytic theory by a group of feminist and queer theory inspired psychoanalysts in the 1990's, 2000's and 2010's. Chapters 4 and 5 will look at the origins of psychoanalytic understandings of sex and gender in Freud, and its contemporary development by feminist psychoanalysts, respectively.

### **Key Concepts**

There are several clusters of concepts important to my argument, both within trans\* and queer theory and within the tradition of psychoanalysis. The first cluster concentrates around historical and contemporary terms for trans\*, while the second concentrates around psychoanalytic and psychodynamic theorizing of gender identity formation as well as the way in which humans resolve internal and external conflicts – the term “compromise formation” is an example of this.

**Trans\*.** The first important cluster of concepts is the trans\* vocabulary. Dallas Denny (2004) has listed more than 30 trans and crossgender positions – to name just a few, FtM, MtF, transsexual, transgender, genderqueer, genderfuck, trans queen, boi, Trans Butch... The different concepts for gender non-conformity have different histories (Nestle et al. (Eds.) 2002) and are still currently going through a struggle of conceptual politics about whether and how they are used in ways that include or exclude some people and some experiences. In this work, I am using the terms *trans\*people* and *trans\*person* to describe people with non-normative gender identities, and choose to define transitioning and gender transition widely, not on the basis of surgical operations.

**Historical concepts of gender and sexuality.** In Chapters 3 and 4, I will introduce the historical conceptual landscape of “inverts”, “gender inversion”, “sexual in-between-forms”

[*sexuelle Zwischenstufen*], and “bisexuality/bigenderedness” that the psychoanalytic understanding of sex, gender and sexuality grew out of. The science of sexology as developed in the works of the German psychiatrist Richard Krafft-Ebing (1840–1902), British physician Havelock Ellis (1859–1939) and German physician Magnus Hirschfeld (1869–1934) was brand new around the time Freud started developing his own theory, and at first Freud relied on the case studies of these writers and their followers because he had no case material of his own. Although especially Krafft-Ebing and Ellis pathologize non-heterosexual non-genital sexualities as “perversions”, Freud ended up following more in the footsteps of Hirschfeld, sometimes seen as the father of queer studies (Bauer, 2009), in being more cautious about naturalizing heterosexuality and pathologizing alternative forms of sexual and gender expression. As Chapter 4 will show, Freud’s concept of fundamental bisexuality/bigenderedness assigns multiple gender identifications and gendered desires to every human being.

**Compromise formation.** The term “compromise formation” [*Kompromißbildung*] that I use in the title of my study first appeared in Freud’s work in *Further Remarks on the Neuro-Psychoses of Defense* (1896) in relation to the mechanisms of obsessional neurosis. Freud believes that for obsessive compulsive patients, their obsessive representations and compulsive acts take the place of pathogenic memories: “they are structures in the nature of a *compromise* between the repressed idea and the repressing ones” (SE 3, p. 170). Freud later extended the concept beyond obsessional symptoms to the entire structure of the psyche, so that a compromise formation can include any mental phenomena which are the products of a conflict and which partially express all participant forces in the conflict (Rycroft, 1973).

Freud gives a fuller definition of the term in an encyclopedia article called *Psycho-Analysis* (1923). In dreams and in symptom formation we

find a struggle between two trends, of which one is unconscious and ordinarily repressed and strives towards satisfaction – that is, wish-fulfillment – while the other, belonging probably to the conscious ego, is disapproving and repressive. The outcome of this conflict is a *compromise-formation* (the dream or the symptom) in which both trends have found an incomplete expression. (SE 18, p. 242)

The term “compromise” emphasizes that only a partial satisfaction is achieved in the dream or in the symptom. This distinguishes the concept of compromise formation from similar notions such as “substitutive formations” (where a symbolic transposition of the repressed content, as in a slip of the tongue, occurs), and “reaction formations” (where the opposite of the repressed wish or desire is evoked) (Perron, 2005.) All of the conflicting psychic agencies (such as the ego, superego and id) and forces (conscious, unconscious and external) contribute in the compromise formation – for example, a fantasy expresses not only a wish but also feared dangers, defensive actions and punishments related to the wish. It is the inclusion of all these elements that makes the fantasy tolerable for consciousness (Moore & Fine (Eds.), 1990). The editors of *Psychoanalytic terms and concepts* (1990) list several forms compromise formations can take: character traits, identity, self-esteem, sublimated behavior, symbols, fantasies, symptoms, dreams, transference and different intrapsychic patterns. While the editors make no reference to gender identity in particular, I believe gender is one of the primary sites this compromise formation happens during human development.

### **Plan for Interpreting the Phenomenon**

In Chapter 4, I will perform a close reading of the works of Freud, focusing on his developing and sometimes internally contradictory thinking on gender identity formation, and in

Chapter 5, I perform a similar reading of a group of feminist psychoanalysts (Nancy Chodorow, Jessica Benjamin, Adrienne Harris) as well as of theoretical scholars using psychoanalysis (Judith Butler, Gayle Salamon, Patricia Elliot) from the 1990's on. My aim is to gather from each of their work, whether it addresses trans\*identities directly or not, a group of concepts that can together form the 'toolkit' for a radical, emancipatory understanding of trans\* when working with trans\*clients in therapy

### **Specific Components of Each Theory Important to the Interpretation**

My interest in Freud's work on gender focuses on three specific parts of his continually developing theory of gender identity and identification. The first aspect is his belief in the fundamental *bisexuality* of all humans that I interpret, following the historical context of Hirschfeld's work, as "bigenderedness" on the level of "masculinity" and "femininity" rather than as a variation of sexual object choice, as the current use of the term assumes. I will also look at his changing formulations of the Oedipal situation, the forge out of which all subjects emerge with certain identifications and certain desires in Freud's theory, and highlight the way Freud had to keep changing his views on the Oedipal triangle in order to accommodate his developing understanding that gender identification is not symmetrical for male and female children. One interesting avenue that trans\*theory has not yet utilized to my knowledge rises out of his work on the Oedipal situation and concerns *femininity as always transfemininity*, his original idea that most (but not all) girl children go through a gender transition of sorts from a "masculine" desire, a "masculine" bodily experience of sexuality and a "masculine" love object choice to later, "feminine" versions of these. My third point of interest in Freud's work is his mature development of a *tripartite structure of gender and sexuality* that I believe can function as a basis

of a psychoanalytic disentangling of the categories of bodily sex, experienced gender and sexuality in a way that is clinically useful.

There are five specific concepts I tease out of the work of psychoanalytic feminists and queer theorists of the 1990's, 2000's and 2010's. The first of these, *sexuality as compromise formation*, is found in the work of Nancy Chodorow, a sociologist and psychoanalyst whose work has been instrumental in changing the landscape of psychoanalytical views of gender. The second and the third concept I highlight, the *overinclusiveness of gender* and *gender melancholia*, come from the works of the psychoanalyst and theorist Jessica Benjamin and the philosopher and queer theorist Judith Butler respectively. I read their work together as the two sides of a dialectics that highlights both the tragic aspects of giving up on multiple gender identifications and identities, and the potential sites of freedom and play that can follow when multiple identifications can be retained to some extent.

The fourth concept I lift up is *gender as soft assembly*, found in the work of psychoanalyst Adrienne Harris who uses multiple systems theory and chaos theory to conceptualize gender development as a “strange attractor” pulling on different forces and being formed through multiple, unpredictable pathways. The fifth and final concept is the *bodily ego*, originally found in the work of Freud, that the cultural theorist Gayle Salamon uses to emphasize the materiality of the body often seen missing from queer theorising on trans\*.

### **Potential Methodological Biases**

Race, ethnicity and class are very often absent from psychoanalytical theorizing<sup>2</sup>. There appears to be an in-built problem in psychoanalysis, which is the tendency to explain from the inside out, through intrapsychic and family structures rather than from the outside in, through

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<sup>2</sup> However, see Saketopoulou 2011.

larger forces of culture, society, institutional racism, classisms, sexism and oppressive economic systems. A somewhat similar problem is evident in the emerging tradition of trans\* theory when it focuses on the “realness” of bodily identity rather than examining the way bodies are shaped by forces outside them by the same forces of race, class and culture<sup>3</sup>.

I try to correct for this bias through lifting up considerations of race and class whenever available, but it is clear the problem of blindness to race/culture/ethnicity/class/economic order is intrinsic and pervasive in all my material. As a cisgendered white social worker, I also want to recognize that I do not have similar stakes and consequences for my gendered and embodied being of living and practicing in the world as my transgender colleagues, friends, and clients do. For me, unsettling gender and the perceived connections between gender identity and sexual desire, while not a fully theoretical enterprise, still remains a project and experience very different from that of people who are embodying trans\*, whatever the personal meaning of that is.

### **Strengths and Limitations of Plan**

Apart from Freud, the focus of my work is on US and English-speaking psychoanalysts and theorists. I engage with the French tradition of psychoanalysis in my work mostly in a critical way. This absence of “other” theorizing on trans\* in the psychoanalytic world is clearly a possible limitation – however, see Chodorow (2012) on how many psychoanalytic institutes around the world have been well behind the USA in admitting gay and lesbian candidates to their training programs, as homosexuality is still seen as a psychopathology in many psychoanalytical circles around the world. If this somewhat anecdotal evidence is correct, I might surmise that

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<sup>3</sup> For exceptions, see Roen 2006; Towle & Morgan 2006.

radical theorizing on trans\* might only follow after depathologizing homosexuality in these countries.

A potential strength of my plan is that Freud and English-speaking psychoanalytic theory hardly form a coherent tradition in themselves. Although I am using theorists who all have a relation with Freud one way or another, there is internal variance within their intellectual allegiances and methodological traditions (practicing clinicians vs. academics, philosophers vs. sociologists vs. cultural theorists, queer theorists vs. critical theorists vs. classical 70's feminists, for example). Some of the theorists I use have formed their thinking in discussion and relation to others I use, but some occupy worlds that seem completely parallel theoretically (Chodorow, for example, does not engage with Butler and queer theory, and vice versa.) For me, what brings them together is a deep engagement with psychoanalysis and a willingness to take it seriously enough to reread, reformulate and transform it in a way that makes the tradition of contemporary relevance for understanding and working with trans\*identities and people.

In the next chapter, I will introduce the phenomenon of trans\* in a historical context and present three vignettes of trans\*lives from three different geopsychohistorical locations in order to highlight the multiplicity of trans\*people and the different options that have been available for making their bodies, lives and desires understandable for themselves and for others. This chapter will be followed by the two theoretical chapters (4 and 5), after which I will analyze in the last chapter (6) the way the concepts I have chosen to emphasize in Chapters 4 and 5 can work together to shed light on the historical case studies as well as the implications for clinical work.

## CHAPTER III

### Trans\* Moments

#### A Brief Conceptual History of Trans\*

It is conceptually and methodologically problematic to try to extend or impose a current concept, such as that of the “transsexual” or a “transgender person,” onto historical narratives. As with the concept “homosexual”—a term invented only by the sexual science of the nineteenth century to describe a phenomenon and define an identity opposed to another newly defined identity, that of the “heterosexual” (Foucault, 1976/1977)—the concept “transsexual” has a short history. European narratives of maidens living their lives disguised as male warriors, such as Bradamante and Marfisa, date back to the Charlemagne mythology, and historical narratives of people living most or parts of their lives as gender other than that assigned to them at birth have been in existence at least since the 17<sup>th</sup> century (Bauer, 2006). Some examples are the autobiographical or biographical narratives of Chevalier D’Eon, a French natal woman living as a man in the 17<sup>th</sup> century, François-Timoléon de Choisy, a French natal male living as female parts of his life in the 17<sup>th</sup> and 18<sup>th</sup> centuries, natal women fighting as men in the US Civil War or joining the navy as men in New England, and Ulrika Eleonora Stålhammar, a Swede who fought as a corporal in the Great Northern War (1700–1721) and married a woman (Bauer, 2006). To call these people transsexual or transgendered would be problematic, however, as the concepts themselves only originate from early twentieth century (Meyerowitz, 2004).

Historian George Chauncey Jr. (1983) has described the turning point in the reconceptualization of the relation between gender and sexuality to be the turn away from the late nineteenth century medical models of sexuality around the 1910's and 1920's. He points out that the nineteenth century medical models of sexuality and "sexual inversion" gave primary importance to "gender inversion" behavior for diagnosing what would now be called homosexuality. This meant that for women, cross-dressing, smoking or a dislike of needlework were more important and primary reasons for being diagnosed as a sexual invert than actual sexual desire or sexual behaviors. Cross-gender behavior and same-gender sexual desire were conflated, with gender nonconformity being primary to actually loving another woman in conceptualizing "inversion". By the 1920's, in contrast,

"sexual inversion" referred to a broad range of cross-gender behavior ... of which homosexual desire was only a logical but indistinct aspect, while "homosexuality" focused on the narrower issue of sexual object choice. The differentiation of homosexual desire from cross-gender behavior at the turn of the century reflects a major reconceptualization of the nature of human sexuality, its relationship to gender, and its role in one's social definition. (Chauncey, 1983, p. 88)

This conceptual move of separating cross-gender behavior from homosexual object choice, along with the development of the field of endocrinology in the nineteenth century made it eventually possible for medical doctors and scientists to consider two different paths of theorizing "gender inverts" and "homosexuals" (Rubin, 2006). The development of the medical field endocrinology with its discovery of hormones and interest in their function and effects made it possible for scientists in Europe to attempt to transform the sex of animals through transplanting testicle or ovarian tissue in the 1900's and 1910's. These experiments were the

precursor to contemporary hormone treatment which is a major part of the medical management of gender transitioning currently. In the 1920's, a few doctors, mostly in Germany, had agreed to alter the bodies of a few patients who asked for corrective surgery. These scientists and doctors endorsed a new theoretical conception of sex that was markedly different from the eighteenth and nineteenth-century complementary sexual theory, according to which women and men were strictly separate, opposite and complementary in every respect on the level of bodies, psyches and societal functions (Meyerowitz, 2004).

In the nineteenth century, complementary bodily sex differences were posited and conceptualized as a fundamental reason social roles and fields of action should be equally separate and opposite for women and men. The oppositions were very much binary: women and men were equated respectively with the categories of passive vs. active, receptive vs. creative, emotion vs. reason, beautiful vs. sublime, mothers vs. citizens, the private sphere vs. the public and political (Laqueur, 1990; Scott, 1988).

In contrast, the twentieth century saw the resurgence of a theory that had been popular during the German, French and British Romanticism and that thought of each human containing both male and female aspects in different mixtures<sup>4</sup>. This originally romantic and aesthetic theory was bolstered in the field of medicine by the discovery in 1934 that all human bodies contain both androgens and estrogens, which had previously been thought of as mutually exclusive and gender specific “male” and “female” hormones, androgens causing boys to become men and estrogens creating women (Rubin, 2006). This conceptualization of bodily sex

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<sup>4</sup> For examples of this idea in literary Romanticism, see e.g. Schlegel's *Lucinde* (1799), Goethe's *Elective Affinities* (1809) and Gautier's *Mademoiselle de Maupin* (1835).

as not a pure form, but as a mixture and a continuum, made it possible for medical doctors and psychiatrists in Europe to help people move towards one or the other end of the continuum.

In the United States, the term *transsexual* was first used by the psychiatrist D.O. Calwell in his article *Psychopathia Transsexualis* (1949) to refer to people who sought to transform their bodies surgically to correct their sex, and popularized in the 1950's by Dr. Harry Benjamin (Stryker, 2008a). In 1952, an American ex-GI called Christine Jorgensen had given a face and body to the phenomenon of physically altering bodily sexual characteristics—an operation performed in Denmark, as there were then no possibilities of performing such surgery in the United States. Christine Jorgensen became a celebrity in the US, and also spurred a debate within the medical community about what was then called “sex-change surgery”. Within this debate, “psychological sex,” the sex a person felt she or he had, started to be separated from “biological sex,” which referred to the primary and secondary sexual characteristics such as genitals and absence or presence of breasts. This separation made it possible for some medical doctors to take seriously the “psychological sex” of a person and be willing to alter the biological body surgically to better accord with it. “Psychological sex” eventually morphed into a precursor of the concept “gender identity” (Meyerowitz, 2004).

*Transgender* as a concept is even newer than transsexuality, dating to community-based publications in the late 1960's and gaining momentum in the 1990's, especially through the 1992 pamphlet, *Transgender Liberation: A Movement Whose Time Has Come*, by Leslie Feinberg (Stryker, 2008b). Stryker recounts that in the USA in the late 1960's and 70's, the term “transgender” was used to describe individuals who lived in one social gender but had been physically assigned another biological sex at birth, in a way that sought conceptual middle ground between *transvestism* (enjoying dressing up in clothing associated with a gender but not

wanting to live permanently as that gender) and *transsexualism* (changing one's body through medical and surgical means in order to have it represent a sex) (Stryker, 2008b). During the 1990's, the concept "transgender" came instead to mark an allegiance with the queer movement; an imagined political alliance of all possible forms of gender anti-normativity. As such the queer movement involved a distinction between "gender queer" (someone troubling the gender binary and gender normativity) and "orientation queer" (someone troubling heterosexuality and heteronormativity). Stryker recounts that the latter term of this distinction has all but disappeared from usage, although "gender queer" is still used as an identity term (Stryker 2008b).

In her book on transgender history, Stryker (2008a) affirms that the meaning of the concept of transgender is still under construction. Her usage of the word covers people who move away from the gender assigned to them at birth – this might be because they feel strongly that they belong in another gender, because they want to move towards some new, not altogether defined location altogether, or because they feel the need to get away from the conventional gender expectations bound with the gender they were originally assigned. What matters is the *trans-*, the movement across a socially imposed boundary and away from an unchosen starting place.

*Cisgender* and *cisgendered* are even newer terms than "transgender". They were coined to offer a neutral way of describing someone who is not transgender: a man or a woman whose gender identity matches the gender assigned to them at birth. The prefix *cis-* [same] is the Latin opposite to the prefix *trans-* [across] used in mathematics, and the use of *cisgendered* is meant to help avoid the assumptions that cisgendered men or women would be "real men", "biological women" or simply "men" or "women", whereas transwomen and men would not. I use the term *cisgender/ed* for the same reason I try to use "white woman" and "black woman" instead of

assuming that a whiteness is the norm and that only the deviation from the norm, the non-whiteness, needs to be named (Stryker, 2008b).

Numerically, it is very difficult to find accurate measures of the percentage of trans\* people in populations as there is considerable variation through time and different study methods, but one 2010 estimate is 0.3% (Winter & Conway, 2011). For the current population of the USA, this would mean a current trans\*population of little less than a million (934.800). In the Netherlands, where medical records of the whole population are accessible, doctors calculated in 1993 that 1 in 11,900 natal males and 1 in 30,400 natal females had taken hormones in order to change their bodily gender presentation (Meyerowitz, 2004). We do not have enough cross-national data or cross-cultural theory to know whether these results are generalizable to outside the US and Europe – while there appear to exist cultural practices and identities reminiscent of Euroamerican trans\*people outside these locations, such as the *hijira* in India, *mahu* in Polynesia or *travesti* in South America, it would be theoretically problematic to assume these practices and identities could be subsumed under concepts originating in European and Northern American discourses, particular histories and practices (Roen, 2006).

### **Case Vignettes**

In presenting the following three vignettes of trans\*persons from different geohistorical, racial and class locations, I will use gender neutral pronouns “sie” and “hir” when it is unclear which gender pronouns the people in question would have preferred to use. I do this to avoid referring to transgender people with birth pronouns, a practice many consider insulting, and to avoid the ungrammatical singular “they.” I will use “he/his” and “she/her” when it is clear which pronoun the person in question used and preferred.

**Alan Lucill Hart, 1890–1962.** Alan Hart, a white North American person living before the concept of transsexual was imported to the United States, was born in rural Oregon. Assigned the female gender at birth and named Alberta Lucille by his parents, Hart preferred “boyish pursuits” such as reenacting Civil War scenes with wooden guns, and insisted from age 5 on that he was the man of the house and that he would be a boy if his family would allow him to cut his hair and wear trousers. As a child, Hart also fell in love with several female domestic servants, and in his erotic fantasy life always saw himself “in the male role”. After high school Hart entered Stanford University in 1910, bringing with him a female lover whom Hart had met in high school. At Stanford, Hart also began experimenting with wearing masculine clothing. After a 2-year bachelor’s degree, Hart entered the Medical College of the University of Oregon in 1913 as the only ostensibly female student in the class. Despite hazing and taunting by his classmates, Hart graduated in 1917 with highest honors (Boag, 2011; Meyerowitz, 2004).

During medical school Hart read available literature on sexuality and eventually sought help from the Portland physician J. Allen Gilbert, originally for “a phobia related to the noise of shotgun fire.” Gradually the question of gender and sexuality came up. Both Hart and Gilbert considered the main problem to be Hart’s homosexuality, and they conceived the solution to be completing Hart’s physical and social transformation into a man. Gilbert removed Hart’s uterus in 1918, and Hart chose the name Alan, cut his hair, masculinized his wardrobe and started living as a man (Boag, 2011; Meyerowitz, 2004).

Hart went on to have a long medical career, to earn two more advanced degrees from the University of Pennsylvania and Yale respectively, and to publish four novels. He married twice. When Hart died in 1962, he was the director of Connecticut Department of Health’s tuberculosis

office. He was survived by his second wife Edna with whom he had been married for 37 years, from 1925 on (Boag, 2011; Meyerowitz, 2004).

**Lili Elbe, 1886–1931.** Lili Elbe was one of the world's first post-operative male to female transsexual patients (Theophano, 2011; Meyerowitz, 2004). She was born in Denmark as a white Lutheran, assigned the male gender at birth and christened Einar Wegener. Wegener was a painter specializing in landscapes and paintings of Paris until gender transitioning. While still identifying as male, Wegener met his future wife Gerda, who was later recognized as a significant Art Deco artist, at an art school in Copenhagen and the pair of artists got married when Wegener was about twenty. Wegener came to find the identity as Lili as a result of one day filling in for a model of Gerda's who had not shown up. Gerda asked Wegener to wear stockings and heels so she could paint Einar's legs instead of the female model's. Later the intended model showed up unexpectedly and dubbed Einar "Lili". Lili Elbe later chose her last name as a tribute to the German river she loved. Elbe continued to model for Gerda Wegener, and Gerda's numerous paintings of Elbe became popular in Copenhagen (Meyerowitz, 2004; Theophano, 2011).

Elbe chose to seek out surgeries that were at this point highly experimental, and traveled from Copenhagen to Berlin and Dresden for four operations in the 1920's and early 1930's, including a castration and a transplant of ovary tissue. She was able to obtain a passport issued under the name of Lili and to get her marriage annulled by the King of Denmark. Because Elbe felt that she and Einar Wegener were completely different entities, she stopped painting altogether after she begun her transition. After the annulment of their marriage, Gerda Wegener married a mutual friend of the former couple's, and Elbe accepted a marriage proposal from another mutual male friend. She intended to get married after a final surgery that was meant to

create “a natural outlet from the womb,” assumedly a vagina; she was hoping to become a mother at some point and it appears her doctor believed this would be biologically possible through surgery and ovary tissue transplants. Elbe died of heart failure brought on by the final surgeries. Her story became a sensation in Danish and German newspapers, and a writer called Ernst L.H. Jacobson compiled a biography under the pseudonym Niels Hoyer using Lili’s letters and diary entries, later translated into English as *Man into woman* (1933). Elbe’s life inspired the 2001 bestselling novel *The Danish Girl* by David Ebershoff (Meyerowitz, 2004; Theophano, 2011).

**Sylvia Rivera, 1951–2002.** Sylvia Rivera, a US transgender activist and drag queen of Puerto Rican and Venezuelan background, was a central figure in US radical transgender politics. Born to a poor family in New York City, Rivera was assigned the male gender at birth and named Ray (Gan, 2013). Her Puerto Rican father had abandoned the family. Rivera’s mother killed herself with rat poison when Rivera was three and tried to unsuccessfully also kill Rivera alongside her. Rivera and her siblings were raised by their Venezuelan grandmother who saw Rivera as a troublemaker and carried a grudge towards Rivera due to her skin color; according to Rivera the grandmother had wanted a “white child” but Rivera, like her Puerto Rican father, was dark skinned. Rivera started wearing make up to school in the fourth grade and shaved her eyebrows, wore mascara, eyeliner and tight pants as a preteen. Although Rivera herself, like many queer and gender variant youth, would present her early sexual life as consisting of voluntary choices, she was sexually abused by a 14-year-old male cousin at age seven and by a male teacher at age ten; the same year she started working as a street prostitute with her uncle (Gan, 2013).

The Spanish-speaking neighborhood expressed judgment of Rivera's feminine gender expression, warning the grandmother that Rivera would become a street-hustling *maricón* (a Spanish derogatory term for homosexual men or effeminate boys), and the grandmother beat and threatened her resulting in an early suicide attempt. As an adult, Rivera saw the lack of linguistic and conceptual options presented in her culture as limiting:

As I've grown up, I've realized that I do have a certain attraction to men. But I believe that growing up the way I did, I was basically pushed into this role. In Spanish cultures, if you're effeminate, you're automatically fag; you're a gay boy ... you don't have an option – especially back then. You were either a fag or a dyke (Rivera, 2002, p. 69).

Rivera left home at age 10 to street hustle on 42<sup>nd</sup> Street and Times Square, an area where drag queens and boy prostitutes performed sex work at the time. She found community and practical help from many drag queens working on the street. Street queens were expected to give themselves new names, and Ray Rivera became Sylvia Lee Rivera in a naming ceremony attended by fifty street queens. Rivera was mostly homeless and like most street sex workers, used drugs as well as sold them. She experienced police brutality, beatings, incarceration and attempted rape in jail (Gan, 2013).

In 1969, at age 17, Rivera who was by then already involved in the civil rights, anti-Vietnam and the women's movement, took part in the Stonewall Riot, one of the earliest (but not the first<sup>5</sup>) acts of resistance by gay, lesbian and trans\* people against the police. Stonewall Inn in

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<sup>5</sup> See the documentary film *Screaming Queens: The riot at Compton's cafeteria* (2005) by Victor Silverman and Susan Stryker which shows that San Francisco transgendered prostitutes fought police in 1966, three years before Stonewall.

New York's West Village was, in Rivera's words, a "white male bar for middle-class males to pick up young boys of different races" (Rivera 2002, p. 78). It was not a drag queen bar or welcoming to gender variant people in general, but Rivera was inside because she had connections. On that night, June 27<sup>th</sup> 1969, the police raided the bar ostensibly to enforce the New York law requiring people to wear at least three pieces of clothing "appropriate" to their gender assigned at birth, and usually in these raids only people dressed in cross-gender clothing, people without IDs and bar employees would be arrested. Transgender and gender variant people were separated from gender normatively dressed lesbians and gays (Gan, 2013).

That night, a confrontation took place, and it has been of great importance to the transgender political movement to establish the place of transgender and gender variant people in the confrontation. Though the riot took place at a bar the clientele of which was largely white and gender normative, it was homeless street youth and gender-variant people, many of them working class and of color like Rivera, who were on the frontline of the riot, resisting arrest and throwing pocket change at the police. In an interview, Rivera described that "it was street gay people from the Village out front – homeless people who lived in the park in Sheridan Square outside the bar – and then drag queens behind them and everybody behind us" (Interview with Leslie Feinberg, quoted in Gan 2013, p. 295). As the confrontation with the police intensified, the crowd chanted "Gay power!" and "We're the pink panthers!" referring to Black Power and the Black Panther Party (Gan 2013).

Energized and excited by the Stonewall Riot, Sylvia Rivera began to attend meetings of the newly founded Gay Liberation Front and Gay Activists Alliance, but she soon found herself shunned and marginalized on the basis of her race, class and gender expression – a personal experience that mirrored the larger scale expulsion of transgender and gender variant people as

well as poor people and people of color from the gay rights movement that has continued until the present day (Gan 2013, p. 296). In 1973, Rivera was publicly denounced by lesbian feminists as “parodying womanhood” and drag queens were disallowed to perform at a gay pride rally in Washington Square Park. Rivera attempted suicide for the second time and dropped out of the movement.

Instead, she together with her friend Marsha P. Johnson, started a group and later a shelter called Street Transvestites Action Revolutionaries (STAR) for underage street queens. Rivera and Johnson ran STAR House for three or four years, provided material and spiritual support and funded the operation mainly by prostitution and hustling, but were eventually evicted for non-payment of rent. Rivera struggled with homelessness and drugs on and off throughout her life. In the last five years of her life, she renewed her political activism and kept fighting for the inclusion of trans people in the LGB rights and nondiscrimination movement. She spent the end of her life at Transy House, a direct descendant of the original STAR shelter. After her death, the Sylvia Rivera Law Project, Rivera Way (an intersection in the West Village), and Sylvia’s Place, a shelter for queer youth, were named in her honor (Gan 2013).

### **Trans\* Moments: History, Race, Culture and Class**

Hart, Elbe and Rivera occupy three different discursive moments in history as well as different racial, cultural and class positions in the world. Hart’s gender transitioning happened at a time before the concept of “transsexual” or the later “transgendered person” were formed. The doctor working with Hart in his transition appears to have operated on the late nineteenth century model of gender identity where sexuality is subsumed under “gender inversion”; the logical “cure” for Hart’s perceived interest in women and his early interest in “masculine pursuits” was a removal of his uterus and a life as a man. Even if Hart’s career path was anything but smooth,

he ended up successful in his career, in a long marriage and in a respected middle class economic and career position. It seems clear that Hart's race, which provided him with access to education and eventually social status, played a fundamental role in the success and stability he enjoyed in his later life.

Unlike Hart and Rivera who share the classical transsexual narrative of a what was seen by their respective cultures as gender atypical behavior from early childhood on and, at least in Hart's case, a sense of "being born in the wrong sex," Elbe does not appear to have experienced gender dysphoria from childhood on, but to have discovered her identity almost serendipitously. We can only speculate what difference living as a Scandinavian artist in the 1920's versus as a pioneer in the West Coast of the USA around 1900 or as a Latino/a person in New York in the 1950's and 1960's made to the perceived flexibility of gender norms. However, for both Elbe and Hart the choice of living in the target gender as well as their perceived sexual identity as heterosexual post-transition appears to have been reasonably clear. Not so for Rivera, in whose case we see the folk model of the connection between gender and sexual identity to operate in ways that originally closed out certain ways of understanding gender and sexuality. Rivera's identifications resist a clear categorization – described by the press as gay, by her childhood neighbors as *maricón*, and by transgender and genderqueer activists as transgender and genderqueer respectively, she herself remained unwilling to embrace any of these categories (Gan 2013). Rivera described towards the end of her life:

I came to the conclusion ... that I don't want to be a woman. I just want to be me. I want to be Sylvia Rivera ... People now want to call me a lesbian because I'm with [female partner] Julia, and I say, 'No, I'm just me. I'm not a lesbian.' I'm tired of being labeled. I don't even like the label transgender. ... I'm not living in

the straight world; I'm not living in the gay world; I'm just living in my own world with Julia and my friends. (Rivera, 2012, p. 77)

The lived lives of Hart, Elbe and Rivera illustrate the problem of using trans\* as an umbrella concept in ways that ignore the historical and conceptual situation, race, ethnicity, culture and class. Is there a theory of the development of gender and sexual identity that would illuminate the ways these three people came to their gender identities at different times in their lives and, at least in Rivera's case, in ways that continued to shift throughout her life? Should there even exist such theory? My interest in this study is not in finding such one master theory, but rather to see how strands of psychoanalytic theory could shed light on the identity formations exemplified in these three case studies and, in turn, what this will suggest about gender identity formation in general.

The next chapter will examine the origins of the psychoanalytical views on transgender identity formation in classical psychoanalysis. In Chapter 5, I will then compare this classic view to contemporary psychoanalytical writers who have challenged and reworked the classical psychoanalytical story of gender identity formation and sexual object choice.

## CHAPTER IV

### Classical Psychoanalysis on Gender Identity Formation

Sigmund Freud's (1856–1939) career, teaching and writings formed the basis of both the practice of psychoanalysis and its theoretical framework. Freud's thinking on gender and gender identity were grounded in the conventions and assumptions springing from his historical context and geographical location, and as such they reflect many historically and culturally stereotypical beliefs about men and women as well as masculinity and femininity. At the same time, many of his ideas seem surprisingly current. Freud's theories of gender and sexual fluidity, and of conceiving genital heterosexuality on a continuum with both homo- and bisexuality and with different "aberrations" or "perversions", are close to many of those central to queer theory, which emerged almost a century after him. A not uncommon reaction among feminist readers of Freud is, thus, a mixture of exasperation and positive surprises: it sometimes seems as if Freud is just a few steps away from breaking completely with the conventions of his time and society and writing even more radical gender and sexuality theory. As both Nancy Chodorow (1994; 2000) and Steven Marcus (1975) imply, Freud on gender and sexuality is both confused and brilliant, both vexing and intriguing: as Marcus (1975) puts it, "it is very difficult to know the meaning of a statement about Freud being right or wrong since he is always both" (p. li n11.)

In this chapter, I present a close reading of Freud's somewhat contradictory and evolving thinking on gender identity formation. I will first discuss Freud's fundamental theory of bisexuality in the *Three Essays on the Theory of Sexuality* (2000/1905) and beyond, and then

present the ways Freud's "original scene," the Oedipal complex or constellation, is implicated in the interplay of gender identity, identification and object choice. I will finish with a brief evaluation of the potential in Freud's work on gender identity for trans\* theory; a potential that went untapped for decades in psychoanalytical approaches to trans\* patients and individuals.

### **Freud on Bisexuality and Bigenderedness**

As Freud remarks in his first footnote to the first of his *Three Essays on the Theory of Sexuality* (1905), he was relying on case material and theoretical considerations by several sexologists when writing on the "sexual aberrations" rather than on case material of his own. In 1905, when the first version of *Three Essays* was published, Freud had yet to have seen any "inverted" patients (a term he later replaced with "homosexuality") or adults practicing some form of "perverse" sexual behavior in analysis himself (Marcus, 1975). Freud lists among his sources of information Krafft-Ebing, Havelock Ellis and Magnus Hirschfeld, and particularly mentions the journal *Jahrbuch für sexuelle Zwischenstufen*, which was edited by Hirschfeld between 1899 and 1923. He was, then, clearly familiar with Hirschfeld and his circle's work that attained to catalogue and to some extent normalize and depathologize the gradations and variants in human gender and sexuality.

For Freud, like his European contemporaries, what we now term "sex", "gender", "sexuality" and "gender identity" were mostly undifferentiated concepts. Although Hirschfeld came eventually to publish on "transvestites" (a term he coined and that covers a variety of people on the trans\* spectrum) as one of the in-between forms of sex/gender (Hirschfeld, 1991/1910), Freud did not directly address transgender identity as one of the "aberrations" in the *Three Essays*. Instead, he divides his exploration of sexual aberrations into those having to do with either sexual object choice or with the sexual act itself. The deviations of object choice

from that of the norm (an adult other-sex sexual object) include, for Freud, different kinds of “inversion”: absolute inversion (only desiring same-sex objects), amphigenic inversion (choosing either same- or other-sex sexual objects), or contingent inversion, where same-sex objects are only chosen when other-sex objects are inaccessible due to external conditions.

Freud rejects both the idea that inversion is necessarily a sign of degeneracy, and the choice between understanding it as either an innate disposition or an acquired result of either childhood sexual abuse by an adult (which Freud calls “seduction”) or childhood experimentation such as mutual masturbation with a same-sex child. Instead, he seems to conceive of homosexuality/inversion as affected by both an innate disposition and dynamic factors; a both/and view that has not always been held by psychoanalysts following him (Freud, 2000/1905).

The part where sexuality and gender identity first collude in Freud’s first essay is subheaded “Bisexuality.” This concept is of interest to trans\*theorizing, because what Freud uses the concept to refer to is a person having two bodily and/or internally experienced sexes and/or genders rather than the current meaning of being attracted sexually to both men and women (which Freud called amphigenic inversion earlier in the essay). For the sake of conceptual clarity, it is important not to get the current meaning of bisexuality as having to do with sexual object choice mixed up with Freud’s usage, which refers to bodily and psychic sex/gender.

Freud was first introduced to this conception of bisexuality by his friend Wilhelm Fliess, a German doctor. In a letter to Fliess in 1899, Freud exclaims “Bisexuality! I am sure you are right about it. And I am accustoming myself to regarding every sexual act as an event between four individuals” (Freud, Letter 113 to Fliess, August 1, 1899). What this quote illustrates is that

for Freud, the “sex” in “bisexuality” refers in the first place to psychic sex or gender, not to the choice of sex object. What Freud is imagining in this sexual act are four *individuals*, assumedly an inner male and female aspect in each of the two partners, not four different drives or desires (or, rather, they may exist, but these desires are secondary to the gender identities, the masculinities and femininities involved.)

Freud goes on to explore whether same-sex attraction could be explained by “hermaphroditism,” which would map roughly onto what we now call intersex phenomena. Significantly, he conceives of fully developed intersexed individuals on a continuum with “normal” development. He hypothesizes an “originally bisexual [bi-sexed] physical disposition” in human development and, as in “every normal male or female individual, traces are found of the apparatus of the opposite sex,” believes a strictly unisexual (one-sexed) body is only a later product of evolution (Freud, 2000/1905, p. 7).

Freud is here at his most Darwinian, but he rejects attempts to explain same-sex object choice through a biological condition, in his terms a “psychical hermaphroditism” that would postulate a psychological intersex or two-sex identity mirroring an intersexed bodily being (the Hirschfeldian position of “sexual intermediates”). Freud sees no evidence of a general change-over into the (rigidly conceived of) characteristics of another sex in the mental make up of homosexuals; in men “the most complete mental masculinity can be combined with inversion,” although he notes that a character inversion into masculine qualities can be observed in female inverts “with some regularity” (Freud, 2000/1905, p. 8). He thus rejects a biological theory of an inverted gender identity behind homosexuality:

The theory of bisexuality has been expressed in its crudest form by a spokesman of the male inverts: “a feminine brain in a masculine body.” ... There is neither

need nor justification for replacing the psychological problem by the anatomical one (Freud, 2000/1905, p. 8)

Freud remarks that the theory of psychic hermaphroditism, which he spends considerable space refuting, presupposes that the sexual object of homosexuals is the opposite of “that of a normal person” (Freud, 2000/1905, p. 10.) Although his language of normality and abnormality appears to be pathologizing inversion, an addition to a footnote in 1915 makes it clear that the “abnormal” is deeply connected with what Freud sees as “normal”:

Psycho-analytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of special character ... all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious. (Freud 2000/1905, p. 11, n1)

Moving further than the confirmation of the presence of an unconscious of conscious homosexual object choice for everybody, Freud makes the claim that the freedom to range equally over males and females in the choice of love and sexual objects is the original basis from which both heterosexuality and homosexuality develop as a result of a later restriction. “From the point of view of psycho-analysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating ... not a self-evident fact based upon an attraction that is ultimately of a chemical nature” (Freud, 2000/1905, p. 11–12, n1).

This passage in a footnote is an example of how Freud’s radicality can get buried under the language of perversions, inversions and normality. As Nancy Chodorow (1992) has noted, for Freud heterosexuality is denaturalized despite his insistence of calling it “normal”. The presence of strictly cross-gender sexual desire and object choice is as much a problem to be explained psychodynamically as the presence of a same-gender sexual object choice. None of the

sexualities are purely chemically determined or purely innate, but all of them – heterosexualities as well as bi- and homosexualities – are a combination of innate and psychodynamic forces to be explored, and that are plausibly different in each case rather than uniform for each kind of sexual object choice. It appears that “normality” is more a statistical term than an evaluative one for Freud.

A 1920 addition to the first footnote seems to challenge this fluid understanding of sexual object choice and to emphasize the role of biology over dynamic factors. It is significant that it does this in the context of the possibility of altering or transforming the gender expression of bodies. Freud recounts experiments of, in his words, “transforming” male mammals into female and vice versa through castration and grafting of opposite sex sex-glands onto them. In these cases, the transformation affected both the bodily sexual characteristics and the psychosexual “attitude” of the mammals, reports Freud, including both psychic characteristics and object choice. Freud makes reference to a case of an adult human male who had lost his testicles due to tuberculosis. This subject behaved “in a feminine manner, as a passive homosexual” in his sexual life, and physiologically displayed feminine secondary sexual characteristics (breasts and rounded hips, absence of facial hair). After a testicle implant, the subject lost his bodily female characteristics, “began to behave in a masculine manner and to direct his libido towards women in a normal [sic] way.” (Freud 2000/1905, p. 13, n1.)

Although Freud finds these experiments interesting, he persists in stating they have little to do with a theory of inversion in general, and offer no universal means of ‘curing’ [Freud’s quotation marks] homosexuality. Rather, he restates in 1920, he continues to believe in a general bisexual object choice disposition; a disposition that we can infer is not simply due to sex hormones and thus not alterable through hormones or surgery.

It is worth noting that the male subject in this case was also not experiencing gender dysphoria to begin with, but appeared to have experienced himself as a male, and thus the surgery mentioned was not about gender reassignment as much as about augmenting lost hormone production. That this process changed the subject's sexual behavior and object choice must have been a satisfying result for the medical doctors involved seeking a "cure", but Freud himself did consistently see homosexual object choice as something not needing a cure, and also does not appear to perceive the "feminine behavior" of a male subject as a condition in need of a cure.

The second essay on sexuality, *Infantile Sexuality*, is perhaps Freud's most contested one, as Freud himself remarks that it challenges one of his society's most cherished beliefs in the innocence and purity of children. In addition, the essay also offers plenty of ammunition for feminist criticism, as it presents a strictly phallogocentric version of human sexual development and develops the notorious concept of penis envy alongside that of castration anxiety. For the purposes of understanding transgender identification and identity, these concepts seem less useful than Freud's introduction of the opposition between two "basic currents" of sexuality, activity and passivity, that according to him runs through all sexual life. These basic currents will later, he says, be described as "masculine" and "feminine" respectively, but at the stage of pregenital sexual organization this gendering has not yet occurred (Freud, 2000/1905, p. 64).

Through this almost unquestioned (but longstanding in European history) association of activity with masculinity and passivity with femininity that Freud held onto almost throughout his life, he has to contend in the third essay, *The Transformations of Puberty*, that all little girls in fact start out as masculine when it comes to their sexuality. Clitoral masturbation is the first thing available to girls, just as the penis is the first object of self-stimulation available to boys.

For Freud in this early text, the libido – the sexual drive – itself is masculine in nature because of its active nature, no matter whether it occurs in a man or a woman and whether its object is male or female. Freud explains that the differences between boys and girls when it comes to sexuality, for example masturbation, happen through a differential amount of inhibitions and repression in puberty (Freud, 2000/1905).

All young girls then, start out as masculine when it comes to their sexuality, a theory Freud would continue to develop further in the remaining decades of his life and work. In the early essay, Freud is somewhat vague as to what brings about the transformation from masculinity to femininity, from clitoral to vaginal sexuality, and from a primary activity to a passivity. It is clear only that repression plays some part in this process, and that there is a price to pay for the girl: The fact that women end up putting aside their “childish masculinity” is the chief reason for their greater proneness to neurosis and hysteria, writes Freud (Freud, 2000/1905, p. 86–87).

### **The Oedipal Scene, Gender Identity and Object Choice**

Further light is shed on Freud’s conception of how human children with certain kinds of bodies grow up to be men and women desiring certain kind of objects by one of his grandest theoretical constructions: the Oedipal scene or the Oedipal complex, in which (in the original formulation) a child must relinquish his all-consuming love for the cross-gender parent and identify with the same-sex parent in order to move forward in his development. Freud’s first full account of the Oedipus complex is presented in *The Interpretation of Dreams* (1900), and it assumes a full parallel between boy and girl children: “a girl’s first affection is for her father and a boy’s first childish desires are for his mother” (SE 4, p. 257.) In the *Introductory Lectures to Psychoanalysis* (1916–17) as well as in *The Ego and the Id* (1923), his evolving view of the

Oedipus complex still includes a supposition of a precise mirror-image analogy between girls and boys. Eventually Freud came to admit that he only knew about phallic organization of sexuality in boys and that the rest, the projection of the same phallic organization onto girls, was conjecture. In a footnote to *Autobiographical Study* (1925) written in 1935 (four years before his death), he writes:

The information about infantile sexuality was obtained from the study of men and the theory deduced from it was concerned with male children. It was natural enough to expect to find a complete parallel between the two sexes; but this turned out not to hold. (SE 20, p. 36)

Once Freud gave up on the idea of a precise parallel between boys' and girls' resolution of the Oedipus complex, he gave three different accounts of the specifically female version of the Oedipus complex: in the *Dissolution of the Oedipus Complex* (1924), in the *Anatomical Distinction Between the Sexes* (1925), and in *On Female Sexuality* (1931). In the first one of these, in the *Dissolution of the Oedipus Complex* (1924) paper Freud gives two possible reasons for how the Oedipus complex gets resolved: first, the disappointments the child usually faces as his or her desires to marry his or her father or mother are thwarted, and secondly an idea that the complex passes away naturally just as adult teeth replace milk teeth. Freud concludes that the accidentals, the disappointments and especially the threat of castration that the boy child associates with gender difference, and "inborn tendency" both play a role in the process.

The Oedipus complex offered the child two possibilities of satisfaction, an active and a passive one. He could put himself in his father's place in a masculine fashion and have intercourse with his mother as his father did, in which case he would soon have felt the latter as a hindrance; or he might want to take the place

of his mother and be loved by his father, in which case his mother would become superfluous (SE 19, p. 176)

What is of particular interest for understanding trans\* is the connection between gender identity and object choice that Freud explicates next. In his technical language, “the object-cathexes are given up and replaced by identifications” (SE 19, p. 176). That is to say, the primary placement or investment of a boy’s emotional energy in the mother is given up and replaced by the introjection of the parental authority into the boy’s ego, where it forms the nucleus of the superego. Incest prohibition, learning that the boy is not in fact allowed to marry his mother and displace his father, is the first “no” of the budding superego, carried over to the boy’s psyche from the father or from both parents. “The libidinal trends belonging to the Oedipus complex are in part desexualized and sublimated (a thing which probably happens with every transformation into an identification) and in part inhibited in their aim and changed into impulses of affection,” assumedly in contrast to all-enveloping and erotically tinged love and wish for exclusive possession (SE 19, p. 177). For Freud this is on one level a repression; it preserves the intactness of the boy’s penis in his fantasy while also rendering it useless, thus ushering in the latency period. On the other level it is something more than just neurotic repression, but ideally a true transformation and a break in sexuality, to be continued in adolescence.

How do female children negotiate this situation? Freud attributes a similar phallic organization and a castration complex to girls. Anatomy is destiny; the little girl’s clitoris behaves like a penis to begin with, but when she compares it to a boy’s sexual organ, she feels she has come off badly, that a wrong has been done to her. According to Freud, a female child does not understand her lack of penis as a sex characteristic but similarly to a boy, immediately thinks of castration. Unlike a boy, the girl assumes she had at an earlier date possessed an

equally large organ but was then castrated (whereas she still thinks that other, adult females possess complete male genitals.) “The essential difference thus comes about that the girl accepts [her] castration as an accomplished fact, whereas the boy fears the possibility of its occurrence” (SE 19, p. 178).

As it is castration complex that brings about the superego, the lack of that fear in the girl leaves it to be explained how little girls gain a superego. Freud says that in the girl, these changes seem to be “the result of upbringing and of intimidation from outside which threatens her with a loss of love” (SE 19, p. 178). Here, he says that the girl’s Oedipus complex is simpler than the boy’s: “in my experience, it seldom goes beyond the taking of her mother’s place and adopting of a feminine attitude towards her father” (SE 19, p. 178). Freud sees the girl attempting, however, to compensate in some way for the perceived already-happened-castration and making a trade in her fantasy from a penis to a baby. “Her Oedipus complex culminates in a desire ... to receive a baby from her father as a gift” (SE 19, p. 179). Freud finishes, “It must be admitted, however, that in general our insight into these developmental processes in girls is unsatisfactory, incomplete and vague” (SE 19, p. 179).

In *Some Psychological Consequences of the Anatomical Distinction Between the Sexes* (1925), Freud develops further the difference between boy and girl children in the development and resolution of the Oedipus complex. The major new difference is that Freud now recognizes that the female child’s first attachment is not in fact to her father, as he had previously thought for at least two decades, but to her mother, in a similar way as a male child’s. This idea is in fact already explored in the *Three Essays*’ naming of the breast as the prototype for all later love-relations, but then, curiously, ignored or forgotten by Freud for twenty years. In the 1925 essay, Freud now pays attention to a preoedipal phase of loving the mother that the girl must turn into a

love for the father in order for the Oedipus complex to work the way Freud sees it working and for heterosexual object choice to happen. This is a similar process to the idea introduced in *The Transformations of Puberty* (1905) that Freud now repeats that the sexuality of little girls is originally of a wholly masculine character and that the clitoris gives way to the vagina as the primary locus of sexual pleasure, and the masculine activity to female passivity only through a “wave of repression at puberty” (SE 7, p. 219–21).

Accordingly, Freud now posits that a twofold change is required of the little girl before she could arrive at the “normal” Oedipus complex: a change in her primary sexual organ from the clitoris to the vagina, and a change in her choice of sexual object.

What prompts this latter change? Freud concedes that the Oedipus complex raises more problem for girl children than for boy children. Why would the daughter abandon the primary love-object, the mother, for the father? Freud again resorts to presenting the male child as the model for the female, and answers that castration is the key to this change in love-object. The boy is motivated by the fear of castration if he were to try to marry his mother, but a girl child, according to Freud, already experiences herself as castrated.

Freud presents several different outcomes to this hypothesized perception of the girl of herself as castrated. First, there is the reaction-formation of a “masculinity complex,” which can take two forms. Either the girl might cling to the hope of some day obtaining a penis and becoming like a man – this “may persist to an incredibly late age and may become a motive for strange and otherwise unaccountable actions” (SE 19, p. 253). She could also disavow the difference and refuse to accept the fact of being castrated, be convinced “that she *does* possess a penis, and ... subsequently be compelled to behave as though she were a man” (SE 19, p. 253).

A third possible consequence of perceived castration is anger towards and the loosening of the girl's relation with her mother as a love-object due to narcissistic wounding and penis envy. It is, after all, the mother's fault that the girl was sent into the world so insufficiently equipped. A fourth consequence of perceived castration presents for Freud an impulse towards the development of "femininity" in the girl's sexuality, as it concerns the discovery of a posited inferiority of the clitoris when it comes to masturbation. Freud had very little information or knowledge of women's masturbation and assumed it was much less frequent than men's after the period of infantile (masculine) sexuality. His theory of what turns little girls off masturbation is a narcissistic sense of humiliation around the perceived inferiority of the clitoris. Penis envy and a sense of humiliation would thus turn the little girl off masculinity and masculine masturbation "on to new lines which lead to the development of femininity" (SE 19, p. 256).

Ultimately, the little girl wants redress for all of this humiliation and sense of inadequacy, and according to Freud, a child now takes the place of the penis. A little girl wants a baby as a compensation for the perceived loss of her penis, and it is with that purpose that she takes her father as a love object. It is worth noting that the father is not loved and adored for his own sake in this Oedipal scenario as, assumedly, the mother is by the boy child. Rather, the main reason for the choice of a father as a love-object is the fantasy of a baby he can give to the girl as a compensatory object.

Even after moving away from clitoral sexuality, giving up masturbation, and letting go of the mother as the love object and changing her for the father, the laboriously attained femininity of the girl child is not safe. "When the girl's attachment to her father comes to grief later on and has to be abandoned, it may give place to an identification with him and the girl may thus return to her masculinity complex and perhaps remain fixated in it" (SE 19, p. 256).

Freud presents the third and final different version of the Oedipus complex sex differences six years later in *Female sexuality* (1931). The significant difference is that this essay lays more emphasis, due to fresh clinical material, on the intensity and long duration of the little girl's pre-Oedipal attachment to her mother. Furthermore, it ascribes activity to both the little girl's attitude towards her mother and to femininity in general, which breaks with Freud's longstanding equation of passivity with femininity and activity with masculinity.

There is something poetic in the metaphor Freud uses eight years before his death to describe the results of his continuing quest to understand female gender identity and sexual development: "Our insight into this early, pre-Oedipus, phase in girls comes to us as a surprise, like the discovery, in another field, of the Minoan-Mycenean civilization behind the civilization of Greece" (SE 21, p. 226). Freud may or may not have been aware that the Minoan culture focused on female deities and priestesses, and is thought to have been matrilineal in inheritance, in contrast to the patrilineal Greece of Oedipus.

In the 1931 essay, Freud continues to ask how girls come to give up their love for their primary object, their mother, for their father, and what this means for their identity and sexuality. "Except for the change of her love-object, the second phase [attachment to father] had scarcely added any new feature to her erotic life" (SE 21, p. 225).

Freud pays in this essay more emphasis to the previously underrated length of the girl child's primary attachment to the mother, now conceding that it takes up the majority of the first phase of sexuality before latency. He develops further the idea of women's sexual life having two phases (clitoris-centered preoedipal and vagina-centered pubescent/adult) in a way that is completely non-analogous to that of men's, and that this is one reason for why bisexuality (again in the sense of bigenderedness and sexual activity and passivity) is stronger in women

than in men. However, he appears to have given up on his earlier notion that the clitoris has completely conceded its position in adult female sexual life: “A further complication arises from the fact that the clitoris, with its virile character, continues to function in later female sexual life in a manner which is very variable” (SE 21, p. 228).

Perhaps related to this recognition of the clitoris maintaining its active function, Freud now accords more activity to female sexuality overall than he had in the previous essays where activity is always connected with masculinity. He writes that “the girl’s sexual aims in regard to her mother are active as well as passive” (SE 21, p. 236). Activity follows passivity “in every field of mental experience, not merely that of sexuality, when a child receives a passive impression it has a tendency to produce an active reaction. It tries to do itself what has just been done to it” (SE 21, p. 236). This is part of the work of mastering the external world that both male and female children have to do.

Freud describes that the first sexually colored experiences that a child experiences are of passive character – being suckled, fed, and cleaned. A part of the child’s libido goes on clinging to these experiences and enjoying them, while another part strives to turn them into activity – a girl’s playing with a doll and performing mothering is, in fact, *active* femininity [Freud’s emphasis]. “The very surprising sexual activity of little girls in relation to their mother is manifested chronologically in oral, sadistic and finally even phallic trends directed towards her” (SE 21, p. 237).

Freud seems to feel like he is breaking completely new (and possibly hard for his contemporaries to accept) ground when it comes to the active impulses of little girls:

The little girl wants to believe that she has given her mother the new baby, just as the boy wants to; and her reaction to this event and her behavior to the baby is

exactly the same as his. No doubt this sounds quite absurd, but perhaps this is only because it sounds so unfamiliar. (SE 21, p. 239)

Although Freud never says it explicitly, perhaps this early feminine activity, even aggression, towards a love-object is something that, like clitoral active sexuality, is both given up and maintained as a girl moves on to become a woman. Parallel to this first transition from masculine sexuality to feminine (in a way that does not give up on masculinity completely) is the other change a female child has to make according to Freud's theory, the change in love-objects. "To the change in her own sex there must correspond a change in the sex of her object" (SE 21, p. 228). It is perhaps tendentious to use language not available at Freud's time, but it does appear that for Freud women are, as it were, transgendered as a group, as they traverse from an originary position of masculinity to that of femininity, often with considerable difficulty. Femininity appears to be a complicated developmental achievement in a way masculinity does not have to be, and that not infrequently involves the denial of or at least resistance to the new, passive "feminine" position.

Freud delineates three possible developmental lines for navigating the transition from masculinity to femininity: First, the rejection of sexuality, giving up phallic activity "as well as a good part of her masculinity in other fields" because a girl is frightened by comparison with boys; second, clinging to self-assertive masculinity and the hope of getting a penis some day, "the phantasy of being a man in spite of everything"; this can also result in homosexual choice of object; and third, the "very circuitous path" that leads to the "normal female attitude" in which the girl child takes her father as her object (SE 21, p. 229–230). All of these positions seem to be compromise formations of sorts.

When it comes to the “very circuitous path” to the “normal feminine attitude” of turning towards the father as a love-object, there is a definite price to pay for the girl. The turning away from the mother is accompanied by a marked lowering of the sexual impulses and rise of the passive ones:

With the turning-away from the mother clitoridal masturbation frequently ceases as well; and often enough when the small girl represses her previous masculinity a considerable portion of her sexual trends in general is permanently injured too. The transition to the father-object is accomplished with the help of the passive trends in so far as they have escaped the catastrophe. (SE 21, p. 239)

I am tempted to ask what the catastrophe here is – the “change within their sex” that the girls undergo? Giving away the mother as primary love-object? Giving away activity? In any case, it is only through this catastrophe that the path to the development of femininity now lies open to the girl.

Towards the end of this 1931 essay, Freud offers his “definite conclusion” about female sexuality: it is not of a different order from that of male sexuality, it has the same libidinal forces at work as male sexuality, and for a period of time follows the same course as that of male sexuality. Surprisingly, after having attempted to give dynamic reasons for the development of the “feminine position” in character and sexuality on myriad occasions, Freud now offers the vague generality of biology as an answer to how the feminine gender comes to be: “Biological factors subsequently deflect those libidinal forces [in the girl’s case] from their original aims and conduct even active and in every sense masculine trends into feminine channels” (SE 21, p. 240). It is quite striking that he offers no thought to how socialization and cultural and familial prohibitions might affect this assumedly biological process.

## Identification and Identity

The final piece in understanding how the body, biological factors, innate dispositions, the libido, and the choice of love objects work together to produce adult men and women who love whom they love and identify with whom they identify with, is the connection between identification with parents and self-identity. Freud introduces identification in connection with the formation of the super-ego in *The Ego and the Id* (1923):

The basis of the process is what is called an “identification” – that is to say, the assimilation of one ego to another one, as a result of which the first ego behaves like the second in certain respects, imitates it and in a sense takes it up into itself. (SE 22, p. 63)

Freud compares identification to a cannibalistic incorporation of the other, and emphasizes that it might be the very first form of attachment to someone, separate from the choice of a love-object.

If a boy identifies himself with his father, he wants to *be like* his father; if he makes him the object of his choice, he wants to *have* him, to possess him. In the first case his ego is altered on the model of his father; in the second case that is not necessary. (SE 22, p. 63)

Identification and object-choice are, then, largely independent of each other but not necessarily mutually exclusive, says Freud. It is quite possible to identify with someone who is also a love-object, and want to alter one’s ego accordingly. Women, says Freud, are said to do this particularly often.

Because the resolving of the Oedipal situation requires the giving up of very strong emotional investment in one parent or the other, identification offers a particularly well-suited

solution to the grief, as it allows one still to retain the other, now transformed into an internal structure and ego ideal. Freud writes that “it is as a compensation for this loss of objects that there is such a strong intensification of the identifications with his parents which have probably long been present in his ego” (SE 22, p. 64).

*The Ego and the Id* (1923) is explicit in that there are both mother-identifications and father-identifications for the child independent of its sex. The reasonably unchanging story of a “simple positive Oedipus complex” for the boy may be resolved in multiple ways. As the Oedipus complex gets resolved, there may two different things that step into the place of an erotic object-cathexis of the mother: either an identification with the mother, or an intensification of the boy’s earlier identification with the father. “We are accustomed to regard the latter outcome as the more normal,” writes Freud (SE 19, p. 32), and in this latter case the dissolution of the Oedipus complex “consolidates the masculinity” in a boy’s character. Similarly, a dissolution of the Oedipus complex in a girl that results in an identification with the mother either for the first time or an intensification of an earlier existing identification with the mother “will fix the child’s feminine character” (SE 19, p. 32).

Freud is careful to note that this “more accustomed” outcome – where it is not the given-up love object that is identified with but the other parent – is “not what we should have expected” (SE 19, p. 32), as his thoughts on the link between loss, mourning and identification in *Mourning and Melancholia* (1917) also suggest. The more expected or logical (but not the one regarded “more normal”) outcome can be observed more often in girls, writes Freud, when a girl after relinquishing her father as a love object will “bring her masculinity into prominence and identify herself with her father” (SE 19, p. 32). Here, though, Freud also posits an innate biological disposition to gender that underlies the dynamics of the dissolution of the Oedipal

situation: “in both sexes the relative strength of the masculine and feminine sexual dispositions is what determines whether the outcome ... shall be an identification with the father or with the mother” (SE 19, p. 33).

Innate bisexuality in the sense of bigenderedness, dual gender identifications, thus plays a crucial role in the Oedipus complex. Freud remarks that the simple form of the Oedipus complex that he outlined for the boy is by no means its commonest form. Instead, there is *usually* a “more complete Oedipus complex” where the boy has not only an ambivalent attitude of identification with and hostility towards his father and a love towards his mother, but “at the same time he also behaves like a girl and displays an affectionate feminine attitude to his father and a corresponding jealousy and hostility towards his mother” (SE 19, p. 33). Freud goes further here and remarks that it may even be that this ambivalence towards both parents should be attributed entirely to innate bisexedness, and not to the development of identifications out of rivalry.

In *A Case of Homosexuality in a Woman* (1920), Freud presents his most sophisticated model of gender and sexuality, separating three levels: 1) physical sexual characters; 2) mental sexual characters (what Freud calls a masculine or feminine “attitude”); and 3) the type of object-choice (SE 18, p. 170). Contrary to the prevailing attitudes of his time that blended all three together, Freud wants to keep them separated: an unambiguously physically male man with “a masculine attitude” may be inverted in his object choice; a physically similar man may have predominately feminine psychic characteristics but be heterosexual (as far as any “normal” persons can be strictly heterosexual in their object choice, reminds Freud). The same is true of women: although many homosexual women also have “a masculine attitude”, the psychic or mental gender character and object choice do not necessarily coincide.

This separation between physical sex characteristics, mental sexual characteristics and object-choice is the logical development of Freud's evolving thinking on multiple identifications, multiple sexualities and multiple object-choices that his Oedipal family romance offers. In every ego there is an arrangement of a father-identification and a mother-identification. "The relative intensity of the two identifications in any individual will reflect the preponderance in him of one or other of the two sexual dispositions [the active and the passive, or the masculine and the feminine]" (SE 19, p. 34). Ten years later, in the *New Introductory Lectures on Psycho-Analysis* (1933), Freud finally gives up on the idea that femininity and masculinity can be superimposed on or equated with activity and passivity – a remarkable departure from the *Three Essays* and from the bulk of Freud's work on sexuality, as we have seen. In a similar vein and consistent with his development of the idea of bisexuality, instead of positing only one, male libido, with only one, active, way of being, as before, Freud reinterprets the libido in the *New Lectures*: there is still only one, not two separate libidos for males and females, but this sexual force has both active and passive aims and is shared by males and females in all its manifestations (SE 22).

### **Freud's Legacy**

In the continuing development of his theories of male and female sexuality, object choice and identification that all culminate in the Oedipal conflict, Freud traversed over many different and even conflicting positions. What, then, can Freud have to offer on understanding trans\* subjectivities, given that he never explicitly wrote on transsexuality under that name?

In my view, there are at least three areas of interest for trans\* theory in Freud's work. First, the notion that the experienced and the biological body and "innate dispositions" work together with dynamic factors in forming gender expression and sexuality. Biology, the lived body and family dynamics work together in affecting identification with both parents, not just

one (same-sex) parent. Second, his idea, true or not, that girls always gender transition from a masculine sexuality to a feminine position and that their gender identity development is different from that of boys' as they, too, have a female first love object but that in giving her up (insofar as anyone ever does) their identification with a mother is not uncomplicated. Girls' attachment to their mother after the Oedipal situation is more ambivalent than that of boys', and they are more likely than boys to "slip back" into an identification with the cross-gender parent. Third, Freud's concepts of the "mental sexual character" and the "masculine and feminine attitude/position" come closest to how contemporary gender theory uses the concept "gender" (as opposed to biologically understood or assigned sex). However, for Freud, this mental sexual character does not correspond exactly to either what we might now call experienced gender identity or to gender expression. For Freud, it is possible that a heterosexual or a homosexual man has "a feminine attitude", but still conceives himself as fundamentally male, not "a female brain in a male body". A female with what Freud calls "masculinity complex" may in fact be convinced that she may one day have a penis, but is this a case of transgender identity or of a symbolic wish to not be castrated by her family and her society? It is impossible to tell, as Freud as well as perhaps his patients lacked the words and concepts to make this clear for him and for themselves. Perhaps Freud never had a trans\*patient, and thus never had to think as deeply about experienced gender identity as he did about ciswomen's sexuality and 'attitudes'. Or, perhaps he had a trans\* patient, and failed to recognize her or him as one through silencing her or his voice and point of view.

After Freud, psychoanalysts continued to be fascinated by sexuality, but some of the radical implications and non-normativity of Freud's work was lost for decades. In the next chapter I examine how, after decades of sometimes rigid and sometimes outright harmful and

disrespectful encounters with transgender people, psychoanalytic thought and practice have reclaimed and developed further Freud's thinking on gender identity.

## CHAPTER V

### Contemporary Psychoanalysis on Gender Identity

Although Freud, as I showed in the previous chapter, ended up stating that each person carries both a masculine and a feminine gender identification, a libido that is both “masculine” and “feminine” in its being, and has experienced or is experiencing both a cross-gender and a same-gender sexual object choice, the majority of psychoanalysts following Freud in the 1900<sup>th</sup> century seemed invested in closing off one or more of these choices in the name of psychological health. Psychoanalysts’ history with clients with non-normative gender identities is filled with violent, oppressive and transphobic practices. These attitudes have outlasted at least U.S. psychoanalysis’ overt history of oppression and pathologization of homosexual clients – although these forms of oppression are not distinct, and it can well be argued that the introduction of *Gender Identity Disorder* (GID) into the DSM in the same edition that homosexuality was finally removed from was at least in part a way to continue to pathologize certain gender-nonconforming expressions of homosexuality (Sedgwick, 1990).

A few examples of the work published after Freud’s death are hopefully enough to convey the general sense of pathologizing gender nonnormativity and transsexuality as signs of serious illness, either neurosis or psychosis. Although the US physician and psychoanalyst Lawrence S. Kubie (1896–1973) described (1973) imaginatively and fairly sensitively “a drive to become both sexes” on the basis of Virginia Woolf’s *Orlando* and of decades of clinical work, his actual recommendations of what this universal drive to be both sexes means for clinical

practice are far from sensitive. For Kubie, the only path to mental health and out of “confusion” is to give up any ambiguity of identifications and to submit to the necessity of being just one gender, just as he believes one should submit to giving up more than one partner or more than one career direction. This conceptualization of ambivalence and fluidity as a neurotic or psychotic inability to commit (in the guise of “accepting reality”) is a great example of the intertwining of compulsory monogamy, heteronormativity and gender policing under capitalism that, for example, Butler (1990) has noted.

Although Kubie appears to have seen several clients with what the DSM-V labels Gender Dysphoria, he subsumes these clients’ need to be one preferred sex or gender (rather than the one assigned at birth) under the more general drive to be both sexes that he understands to be both universal and yet a problematic denial of “reality”. Although he may capture something universal to all humans in his descriptions of bigender identifications (and is certainly following Freud in this respect), he is completely ignoring the specificity of trans\* desires *not* to be two genders but, rather, one. Kubie’s view on corrective surgery is unequivocally negative: “In recent years under the misleading title of ‘transsexualism’ this concern has been engulfed in a wave of ill-considered surgical and endocrinological efforts to implement the neurotic and even psychotic demands of some patients for gender transmutation” (Kubie, 1973, p. 353, n2).

The work of two other US psychoanalysts, Harry Gershman (1913–1987) and Charles Socarides (1922–2005), was influential in the psychoanalytic study of homosexuality and male transgender identity from the 1950’s to the 1970’s. Although Gershman (1967; 1970) is wary about ascribing psychosis to all male transsexuals, he nevertheless considers transsexuality a “perversion” and argues that male transsexualism results from “the malignant effect of excessive maternal closeness” that prevents the freedom of developing the patient’s own “potentially

intrinsic gender image” (Gershman, 1970, p. 7). Socarides, the father of a gay son, was one of the pioneers in conversion therapy that aims to turn homosexual individuals heterosexual, but he also wrote about a transsexual male patient in a case study full of interpretations that focus exclusively on the patient’s wish to replace his mother as the sexual object of his father, and mostly ignoring the possible effects of a 7-year sexual abuse by an older brother on the patient except for how anal intercourse represented for the patient his “feminine” desire to have a baby. Like Gershman, Socarides believes transsexuality originates in a failure of passing through the symbiotic and separation-individuation phases of early childhood, and names transsexuality “a full-blown paranoid schizophrenic psychosis” (Socarides, 1970, p. 340–341).

Similar case studies of attempting to “cure” gender dysphoria through analyzing trauma, attempting to strengthen an identification with an analyst who shares an assigned gender with the patient, refusing to use preferred pronouns or names, or refusing to sign papers recommending surgical interventions can be found through the 1990’s (Shane & Shane, 1995) and, in France at least, well until the 2000’s (Chiland, 2000; 2003).

In this chapter, I will demonstrate that despite the troubled history of psychoanalysis with trans\*people, there exists contemporary psychoanalytical thought that, whether directly informed by the theoretical paradigm shift provided by queer theory or not, is more capable of producing nuanced and ethically viable understandings of gender identity formation than the first decades after Freud’s death would appear to prove. There are two groups of writers I am interested in: first, those approaching trans\* from the side of queer or trans studies and interested in using psychoanalytical theory in making sense of the continuum of identities and identifications included under trans\*, and second, psychoanalytical theorists and clinicians who approach

gender in ways that are compatible with a genuinely open encounter with trans\* theory and clinical practice with trans\*clients.

I will first focus on the thought of Nancy Chodorow and Jessica Benjamin (who represent the second group) and Judith Butler (who is part of the first group), three feminist theorists whose work on gender and sexuality helped reshape the psychoanalytic landscape in the 1990's. I will then examine a group of recent psychoanalytical (both clinical and theoretical but psychoanalytically informed) writing by Adrienne Harris, Gayle Salamon and Patricia Elliot on transgender identity. I will delineate five concepts that I believe can form the core of a radical psychoanalytical theory of trans\*: sexualities as compromise formations (Chodorow), gender as overinclusiveness (Benjamin), the melancholy of gender (Butler), gender as soft assembly (Harris), and, lastly, the bodily ego (Salamon and Elliot).

### **Sexualities as Compromise Formations**

The U.S. sociologist and psychoanalyst Nancy Chodorow started her academic work in the 1970's working on how mothering as a function is reproduced and reinforced by both intrapsychic and interpersonal forces. She argues (Chodorow, 1978; 2000b) for the importance of the mother-daughter relationship for the female psyche, and makes the claim that women experience a sense of self-in-relation that is in contrast to men's creation of a self that wishes to deny relation and connection.

Chodorow has since written extensively on feminist psychoanalytic theory both before and after training as a psychoanalyst. For the purposes of my work, and especially because I am reformulating her phrase for the main claim as well as the title of my work, I will focus on two essays, *Heterosexuality as Compromise Formation: Reflections on the Psychoanalytic Theory of Sexual Development* (1992) and *Homosexualities as Compromise Formations* (2012/2003).

Although Chodorow does not focus on transgender identity, she is redescribing the heart of psychoanalytical discourse that postulates how both sexual object choice and gender identity are developed.

The title of the first essay compared to the second is slightly misleading because even in the 1992 paper, Chodorow argues for “sexualities” rather than “sexuality”; a plethora of fantasies, desires, defenses, symptoms, orientations and identifications, whether homosexual, heterosexual, or “perverse”. She asserts that, just as Freud claimed but as generations of psychoanalysts since appeared to have forgotten, heterosexuality is no more natural and as much a mystery in need of explanation in its development as homosexuality. Psychoanalysts have written plenty of theorizing about homosexuality and “perversions” while rarely stopping to wonder similarly about explaining and examining purely genitally oriented heterosexuality.

Chodorow had originally titled this 1992 paper *Heterosexuality as a Symptom* in response to hearing several references within the analytical world to homosexuality as a “symptom,” and she uses the concepts “compromise formation”, “symptom”, and “defensive structure” almost equivocally in the paper:

Heterosexuality is not different in kind from whatever we want to say homosexuality, perversion, or *any* sexual outcome or practice is; that is, a compromise formation, a symptom, a defense, a neurosis, a disorder, a meshing of self development, narcissistic restitutions, object relations, unconscious fantasy, and drive derivatives, and so forth. (Chodorow 1992, p. 267)

Thus, Chodorow cannot find persuasive grounds within psychoanalytic theory for distinguishing heterosexuality from homosexuality according to any criteria of health, maturity,

neurosis, symptomaticness, or normal versus abnormal in other than in the statistical or normative sense.

In the 1992 essay Chodorow appears, however, to take an established, non-confused gender identity to be a necessary condition for non-pathological forms of either heterosexuality or homosexuality, and she emphasizes that she does not think all forms of sexualities are relatively equal. Although Chodorow sees no reasons for privileging heterosexuality over homosexuality, and by implication, no reasons for privileging genital, whole-object heterosexuality at least over some of the “perversions”, the touchstone for privileging sexualities seems for her to be the ability to form lasting object-relations and possibly a stable, differentiated gender identity. She offers no reasoning for these criteria in this article. Chodorow may be a feminist and a radical psychoanalyst, but at least in 1992, she stands firmly against queering sexualities and/or gender.

In *Homosexualities as Compromise Formations* (2012) Chodorow argues that in order to understand homosexualities (in plural, as there are more than one) we must understand sexualities in general, and presents her own multipart account of what constitutes sexuality that I will briefly summarize below. In this essay, Chodorow describes sexualities as individual, composed of multiple facets, and not necessarily explainable in any of psychoanalysis’ classical terms. She argues that the analytical world’s (in the USA and Europe explicitly and by implication elsewhere) pathologizing of homosexuality is based on a narrow reading of Freud, and that his work offers radical ideas that allow us to see sexualities and gender in multiple and complex rather than monolithic. Chodorow reminds that both homosexuality and heterosexuality, for Freud, involve a “tyranny” of one object and aim. In both homo- and heterosexuality, the exclusive object choice serves defensive functions and thus requires more explanation than

multiple-sex object choice, and so homo- and heterosexuality are equally much in need of analysis. She also refers to Joan Riviere, an early psychoanalyst, who developed further Freud's views on gender and emphasized that all gender and sexuality presentations are products of defensive layering and conflict resolution (Riviere, 1929). It took, however, more than 50 years of forgetting this radical legacy of psychoanalysis for gender until larger groups of psychoanalysts in the 1980's and 1990's started seeing all oedipal outcomes of sexualities and identifications as the result of conflict, defense and the management of trauma and anxiety. Chodorow restates that all sexualities are, thus, compromise formations.

Chodorow's own complex conceptualization of what constitutes sexuality includes 1) erotization: bodily-experienced pleasures, lusts and desires, and – significantly for trans\* – body image, by which Chodorow means a way of experiencing one's own body, its attractiveness, its arousal and its appetites; 2) sexual practices: the actual sexual behaviors; 3) an internal world that is 'oedipal', meaning that the oedipal situation helps constitute both same- and crossgender identifications, object fantasies and object choices in an individualized, particular way; 4) the "affective tonality" of gender, gender identity and sexuality, by which Chodorow means the general tone of the individual's feelings about herself. Does the person feel that her sexual desire is acceptable or not? Does he feel in general that his genital body is something to be ashamed of, inadequate compared to others, or perhaps a source of power and dominance over others?; 5) sexual object choice: the conscious choice of partner. This object choice is again individual for Chodorow, as she notes no woman or man is attracted to all women or men; 6) sexual identity as a preconscious or conscious label for a person's sexual orientation (separate from gender identity); 7) cultural meanings of self, sexuality and gender that begin to enter conscious and

unconscious fantasy from the moment of birth; and, finally, 8) fantasy as a way of pulling together all these factors affecting sexuality.

For Chodorow's theory of sexuality, these components are all present and necessary to consider when we speak of sexuality and sexualities, but the part the last component, fantasy, plays in bringing the different factors together is key:

Fantasy brings together, in each uniquely constructed case, erotization and body experience; sexual practices; body image; an internal world; affective tonality; relative autonomy or relative drivenness; object choice, orientation, and identity; the particular relations of subjective conscious and unconscious gender to sexual-body erotism and the sex of the choice of object; and a fantasy and affective filtering of culture. (Chodorow 2012, p. 166)

Unfortunately, Chodorow does not speak more to these "particular relations of subjective conscious and unconscious gender to sexual-body erotism" that could be fruitful for understanding the way psychic gender connects to an experience of the sexed and sexual body for different trans\* identities. Although I am borrowing her conceptualization of sexualities as compromise formations for my own analogous argument about gender, more conceptual tools must be found for a radical psychoanalytic theory of trans\* in the work of other psychoanalytic writers who are focusing specifically on the formation of gender identity.

### **The Overinclusiveness and Melancholy of Gender**

Jessica Benjamin, another U.S. feminist theorist and psychoanalyst, obtained her PhD in critical theory in Frankfurt, Germany, before embarking on a long career in practicing, teaching and writing about psychoanalysis in the USA and around the world. She has written on the importance of mutual recognition in the child-caregiver dyad, on gender identity formation, on

female sexuality, on the importance of the analytical third, on moving beyond the dialectics of “doer” and “done-to”. Her work is very rich, but for the purposes of this study I am focusing on her essay *Sameness and Difference: Towards an “Overinclusive” Model of Gender Development* (1995).

In the essay, Benjamin wants to challenge psychoanalysis’ overvaluing of the importance of difference and differentiation at the expense of likeness and identification with the same-sex parent. Instead of the preoedipal-oedipal model, she presents a more complex four-phase model of the development of gender identity in children that consists of first, a nominal gender-identification formation phase; second, early differentiation of identifications in the context of separation and individuation; third an “overinclusive” preoedipal phase where children believe they can have or be everything they want; and fourth, the oedipal phase proper (Benjamin, 1995, p. 127).

Benjamin differentiates conceptually between “object love” and “identificatory love,” where the latter conventionally is aimed towards the father or another masculine representation that represents separate subjectivity and desire outside the caregiver/child dyad. Identification with this father figure allows a child of either sex to imagine for itself a space where this autonomous desire and longings for freedom, agency and contact with the outside world can exist and be expressed.

For both boys and girls, argues Benjamin, it is crucial to have the ability to move between love towards the mother representing, originally, “sameness” as a part of the original caretaker/child dyad, and the father representing “difference” or a third that widens the dyad into a triangle. The girl’s identification with the father or masculinity is not, for Benjamin, a reaction to the assumed realization of her castration as it was for Freud, but a possibility of imagining

herself as a *subject* of desire. Benjamin adds that although under traditional parenting arrangements the object representing “difference” is the father, this representation is so embedded in culture that it can continue to be effective whether or not an actual father exists or plays this role in a child’s life.

After boys and girls first realize that gender distinctions exist, Benjamin argues, supported by other research on child development, that both boy and girl children experience an “overinclusive” period during which they feel that they can be and have the capacities of the other: boys might insist they have a vagina, or that they can be pregnant and bear or nurse children, while girls may wish or claim they have a penis. Gradually, however, the overinclusive period in children usually starts to polarize into gender identities marked by envy and protest. What Benjamin calls “castration” at this point represents for both sexes the loss of the other’s capacities and genitals.

The last phase of gender differentiation, the oedipal stage, is marked by gender chauvinism in both girls and boys (whereas Freud only recognized it in boys). Benjamin describes that for both girls and boys there is a disavowal and devaluation of what is different: everyone must be just like me to have value.

Oedipal love is both a resolution and a perpetuation of mourning. One cannot yet embody the ideal of femininity or masculinity that mother and father represent, and one cannot yet “possess” the other body in love; one cannot be or have.

(Benjamin 1995, p. 133)

This unaccepted mourning for what one will never be can have negative repercussions for adults as well as children.

Benjamin's first conclusion is that the acceptance of one's limits and the ability to love what is different in the other are not compromised by the previous integration of other-sex identifications, on the contrary. For her, and in marked contrast to Kubie, the ability to continue elaborating other-sex feelings/behavior/attitudes is a relatively benign form of grandiosity or omnipotence – a position from which we draw creativity rather than a narcissistic or a psychotic position to be relinquished in the interests of achieving a stable coherent gender identity as a final attainment. Proposing a developmental view of differentiation is not the same as positing a normative (heterosexual, complementary) system of sexual identity. Psychoanalytic theory, argues Benjamin, should have an account of development such that later integrations retain and refine earlier positions, changing their appearance yet not obliterating them, enabling “a flexible oscillation between levels of experience” (Benjamin, 1995, p. 136).

In this understanding, identification with the beloved object can and will remain part of love relationships throughout the life span. Benjamin argues that psychoanalysis since Freud has been unable to go beyond the oedipal scene, where gender complementarity represents a renunciation of omnipotence and an acceptance of limits – being only one or the other. What this classical psychoanalytic conceptualization represents for Benjamin is not only a kind of arrested development, but a way of concealing the unconscious narcissism of oedipal chauvinism: If you are different from me, you are also of lesser value.

In contrast, Benjamin wants to distinguish between two kinds of complementarity: “the sustaining of identificatory tendencies alongside object love creates a different kind of complementarity, and a different stance toward oppositional differences” (Benjamin, 1995, p. 137). The first way of understanding gender complementarity is a polarity, a splitting, where the unwanted elements in oneself are projected into the other, the “oedipal chauvinism” of gender

identity. The second, the postoedipal form, sustains the tension between identificatory love and object love so they remain potentially available to the subject rather than forbidden. In this way, “the oscillation between them can then be pleasurable rather than dangerous” (Benjamin, 1995, p. 137).

Benjamin argues that the movements from identificatory love to object love and from object love to identification can and should be seen as ongoing alternations throughout life.

These inclusive dynamics are obviously connected to gender identity:

If we think of sex and gender as oriented to the pull of opposing poles, then these poles are not masculinity and femininity. Rather, gender dimorphism itself represents only one pole, the other pole being the polymorphism of all individuals. (Benjamin, 1995, p. 140)

To me, Benjamin’s concept of gender overinclusivity is best read together with U.S. philosopher and gender theorist Judith Butler’s work on the melancholy of gender (1995). Butler uses Freud’s concept of melancholy (that for him is the result of an unfinished process of grieving) as a model for understanding gender *as* melancholy. For Freud in *The Ego and the Id* (1923) and *Mourning and Melancholia* (1923), identification with a parent comes at the cost of a loss, the giving up of the mother as a love-object. The lost object is incorporated and preserved in the ego through an identification, through a desire for *being (like)* rather than *having*. This process of incorporating lost love-objects may be crucial to the constructing of the structures of the self, claims Freud.

Butler further develops this thought to speculate that gender identifications, the positions of “masculine” and “feminine”, are established partly through cultural and familial prohibitions that demand the loss of certain sexual attachments, while also demanding that these losses not be

acknowledged and not be grieved. Gender is produced through the production of heterosexuality, and mandated heterosexuality is produced through the foreclosure of the possibility of homosexual attachment.

Masculinity and femininity for Butler are “accomplishments” that emerge in tandem with heterosexuality, and threats to heterosexuality become threats to gender itself. A girl becomes a girl through being subject to a prohibition that forbids the mother as an object of desire and installs the forbidden object as a part of the ego, as a melancholic identification. For a boy, a masculine identification demands a repudiation of the mother, the feminine, as something he would like to be like. His masculine identification will be haunted by the love it cannot grieve, the loss of both men as love-objects and of women as identificatory objects. Butler makes the larger claim that this melancholia leads to the more general cultural inability to grieve for homosexual attachments, especially in the height of the AIDS epidemic that was the context of Butler’s writing. She describes a culture of gender melancholy in which masculinity and femininity emerge as the traces of an ungrieved and ungrievable love. Masculine gender is formed from the inability or refusal to grieve the masculine as an object of love, and a feminine gender is formed from excluding the feminine as a possible object of love, and instead of grieving this exclusion, preserving it through the heightening of a feminine identification.

Benjamin and Butler seem to me to be offering, respectively, a romantic and a tragic view on the same phenomenon of loss and longing that characterizes gender identification for both of them. Whereas Benjamin’s view is, in some way, hopeful and offers a view of gender overinclusivity as a “happy end”, a polymorphic playground of creativity and freedom, Butler emphasizes the unlivability and grieving of the loss of same-sex desire and other-gender identification upon which gender is built. Perhaps Benjamin’s hopefulness is related to her

position as a clinician and Butler's greater sense of tragedy to her long interest in desires that cannot be named and mourned; perhaps to their differing lived experiences; or perhaps both these scholars, who early on in their careers worked on Hegel's dialectic of desire and who are both remarkably Hegelian in their thinking, find themselves enacting opposite roles in the development of a psychoanalytic dialectic of gender.

Dialectically enough, Butler's view of gender melancholy may come closer to the meaning of bodily sex and gender for transsexual people, who may not feel like they have space for free gender play due to a crucial experience of their bodies as "wrong", whereas Benjamin's view on gender overinclusiveness may come closer to a queer and transgender utopia sometimes attributed to Butler. This reversal would certainly be Hegelian enough, as a key idea in his work is that each theoretical viewpoint will produce its opposite, and ultimately each point of view will develop into finding itself in whatever it separates itself from and posits itself against. The idea of dialectics, of course, also foreshadowed psychoanalytical notions of projection, compromise formation, and the return of the repressed.

### **Gender as Soft Assembly**

How has psychoanalytical theory and practice moved on from the 1990's and built on the criticisms and insights of Chodorow, Benjamin and queer theory? New York psychoanalysts Adrienne Harris, Virginia Goldner and Muriel Dimen have, separately and together, continued to develop psychoanalytic theories of gender influenced both by queer theory and by the work of Chodorow and Benjamin. In addition to psychoanalytical theorization of gender starting to catch up with queer and trans theory, there is hope that clinical practice is also catching up: it is now possible also to read moving accounts of sensitive clinical work with gender-nonconforming and

trans\* clients that describe transformation and growth not only in the client but, at least as importantly, in the analyst/clinician treating the client (Saketopoulou, 2011; Suchet, 2011).

Adrienne Harris has recently presented an ambitious project of understanding gender as *soft assembly* (2009; 2011) through combining psychoanalytic theory, queer theory, nonlinear systems theory and chaos theory. Like Butler and queer theory in general, Harris is not interested in what gender *is* as much as how it *comes to be* and what it *does*; rather than giving a comprehensive definition pinning gender down, she describes its actions, interactions and effects, and is particularly interested in how gender develops.

“Soft assembly” is a term used in cognitive science and dynamic systems theory to describe non-mechanistic models of explaining cognitive phenomena. Disputing the idea of a “hard assembly” where parts of the brain, like parts of a machine, would be dedicated exclusively to producing certain mental effects in a mechanical way (as phrenologists believed in the 19<sup>th</sup> century), cognitive scientists now believe cognitive phenomena arise not from designated and unchanging mechanisms in the brain but from “soft assembled mechanisms” whose composition is temporary, ad hoc and highly flexible (Kello & Van Orden, 2009). Our brains use multiple parts and multiple pathways flexibly to produce cognition. Humans can use flexibly whatever presents itself to be used to achieve a result: for example, we can use fingers, pine cones, pen and paper, an abacus, or a calculator to perform a mathematical calculation rather than having only one method available of arriving at the same result. Similarly, the development of gender can also take multiple pathways depending on what presents itself to be used for its soft assembly.

Borrowing the term from chaos theory, Harris describes gender development as a “strange attractor.” For Harris, “attractors” are phenomena somewhere between process and

structure, “points of convergence without being exactly points of gravity and not structures as much as dynamic patterns, sometimes regular ... sometimes fractal and strange” (Harris, 2011, p. 236). Gender development is a dynamic pattern of multiple pathways rather than a stable structure; as a strange attractor it is capable of unpredictable encounters with the environment, different body states, culture and psyche. Variability, states Harris, “is the expected condition, not the site for pathology” (Harris, 2011, p. 43).

Harris separates her work from two previous traditions of understanding gender psychoanalytically that she calls “the core femininity perspective” and “the relational perspective”. The first tradition, which she describes as a deliberate separation from the tradition of phallogentrism in psychoanalysis and a new focus on early dyadic life with a mother, has its origins in early woman analysts of the 1900’s and is perhaps most strongly represented by French and French-influenced analysts such as Chasseguet-Smirgel, Kristeva, and McDougall. Harris’s criticism of the core femininity perspective is that it seems to have simply replaced an exclusive and generalizing interest in phalluses by an exclusive and generalizing interest in vaginas (and wombs), but somehow lost or misplaced pleasure and activity connected to female sexuality along the way. For these French feminists, penetrability is seen as the fundamental factor in female gender:

This dominating, too exclusive focus on the vagina as the designated site of femininity almost inevitably makes the female body one primed for heterosexuality ... Heterosexuality, reproduction, and achieved femininity constitute the backbone of clinical judgments and treatment strategies. (Harris, 2009, p. 112)

For this tradition, contends Harris, femininity is still seen within a phallic economy, where the maternal figure is either “an inadequate object” easily cast aside in favor of the father or a figure split along the lines of phallic/castrated mother (Harris, 2009, p. 113). The French psychoanalytical thinkers value gender polarities and valorize “sexual difference” as a crucial symptom of health and creativity; attempts to destabilize sexual difference are cast as a neurotic or psychotic denial of generativity. Thus, Harris points out, the underpinnings of heterosexuality as the developmental endpoint are never put into question.

Harris also wants to distinguish her current work on gender from the second, relational or attachment tradition of understanding gender which Harris sees as beginning in the work of the psychiatrist Robert Stoller (1924–1991) and continued by, for example, Chodorow and Benjamin in the 1990’s. Although Harris also counts herself as product of this relational tradition, she proposes that the relational/attachment school, while less likely to naturalize gender into an unproblematic body, and more attentive to ideology and normative practices than the core femininity tradition, has to develop further to explain gender. The developmental story that relational psychoanalysis tells of gender is still too monolithic, too linear, and too simple in its recounting of how same- and cross-gender identifications work. Harris argues that relational psychoanalysts still present too sharp a split in separating the process of loving someone from the process of being someone in a way that wards off anxieties about homoerotic identifications (and perhaps, by implication, trans\*gender identities).

Harris’s critique of Benjamin is that the latter’s analysis never questions the heterosexual underpinnings of classical psychoanalytical theory of the Oedipal situation. For Benjamin (1988; 1995), agency and recognition are endowed through the father so that female subjectivity is still within a masculine cast, and masculinity is still understood to originate unproblematically from

the father. Although Benjamin is widening psychoanalysis' focus on the Oedipal situation, her context for gender identity formation is still strictly the (heterosexual) nuclear family.

For Harris, then, both the core femininity and the relational psychoanalytical tradition offer in some ways “hard assembly” models of gender differentiation where the mechanics of how men and women come to be are seen as fairly mechanistic and linear. In contrast, Harris's own combination of chaos theory and nonlinear systems theory offers a “soft assembly” approach to the paradox of gender. What she means by soft assembly in this context is variability in the pathways of development and in the experience of gender. Not everyone will experience gender variation, but variation is an expected outcome of the soft assembly of gender. Although it might be possible to trace back lines of gender development after the fact, no outcomes can be predicted from a known point of origin due to the chaotic, multiple pathways and unique constructions of the meaning of gender for each person.

Harris (2009) points out that while there are powerful regularities of patterning in the experience of gender, when we zoom closer we see gradations and variability rather than two solid, monolithic genders. However, hers is not a free-floating utopia of queer identities: the softness in “soft assembly” does not necessarily mean “flexible” or “fluid”. For Harris, the concept of soft assembly describes a process of *development*, not a particular character of psychic structure. Any particular forms of gendered life or desire can be either rigid or flexible. She also echoes Eve Sedgwick in noting that some people are more “gendery” than others; gender comes in different saturations and different intensities of importance for different people.

Working with transgender and intersex clients demands for Harris the “radical edge of psychoanalysis”:

I want to counter and augment the idea that gender is constructed relationally, with an alternative idea, namely that gender resists relationality and resists full representation. The struggles to be and live gender in all of us, most powerfully articulated in transgender and intersex experience, open to more understanding if we see in these gendered “constuctions”[sic] the impossibility of fully inhabiting a gender position, the limits on representation and on rationality. (Harris, 2009, p. 209)

### **Materiality and Body Ego**

The fifth and last factor I want to highlight in contemporary psychoanalytical approaches to trans\* is a focus on *materiality*, what embodiment means for human beings, and the concept of the *body ego*. Focusing on materiality, Elliot (2001) and Salamon (2010) have both emphasized the need for psychoanalysis to hold the in-between position regarding the idea of gender as textual and culturally constructed and a naïve understanding of the materiality of the body as an unmediated biological fact. “Materiality” rather than “biology” or “reality” is a conscious choice of words emphasizing that although bodies are matter and have an undisputed biological existence, they are not simply or immediately so: bodies are always already also imbued with cultural, societal and psychic meanings which affect the ways we understand their being.

The US cultural theorist Gayle Salamon (2010) combines psychoanalytic theory, queer theory and French phenomenology in *Assuming a Body: Transgender and Rhetorics of Materiality* to argue that trans\* theorizing can benefit from phenomenological and psychoanalytic points of view because they can offer accounts of the body in a productive tension between the material and the phantasmatic, and, through this, what it means to be embodied. The conceptual foundation of her project is provided through the “felt sense of the

body” in the work of the French phenomenologist Maurice Merleau-Ponty (1908–1961), and the “bodily ego” of Freud and the Austrian psychoanalyst Paul Schilder (1886–1940). Ultimately what is at stake for Salamon is to work toward a theory of gender that takes this felt sense of the body seriously without collapsing it into a discourse of “the real”, and still acknowledges that the bodily ego is a product of and subject to cultural mediation and interpretations (Salamon, 2010).

Salamon argues that if only psychoanalysts’ homophobic and transphobic tendencies can be curbed, what is of value to trans\* theory in the theoretical *corpus* of psychoanalysis is the detailed examination of “the elaborate set of mechanisms by which a subject ‘knows’ her own body” (Salamon 2010, p. 3) as well as a rich description of the join between the psychic and the material. Psychoanalysis complicates the assumption that our material bodies are unproblematically or immediately available to us to inhabit or understand, as psychoanalysis demonstrates that any availability happens through a complicated set of mental representations, psychic images, called “the bodily ego” or “the body schema”.

Freud’s concept of the bodily ego, presented in *The Ego and the Id*, is of particular interest to Salamon in theorizing trans\* because it shows that the body of which one has a felt sense is not necessarily contiguous with the physical body as it is perceived from the outside. This is true for both trans\* and normatively gendered subjects. Freud asserts that “the ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface” (SE 19, p. 26). Our selves are embodied selves, but one can feel that one’s self is significantly older or younger, bigger or smaller than the exterior shape of one’s body would appear to warrant. Referring to Lacan, Wallon, Anzieu and Silverman, Salamon asserts that within psychoanalysis, one is not born a body, but becomes one, whether through the “mirror stage” or through symbolic identification with an idealized subject position.

Salamon, like Elliot (2001; 2010), is arguing to some extent against Jay Prosser's (1998) positioning of the materiality of specifically transsexual bodies against the perceived "performativity" of queer theory. Salamon believes that psychoanalytical theory can straddle the dichotomy Prosser builds between the "skin" of narrativity or performance of gender and the "core" of materiality or realness of sex underneath gender. Both phenomenology and psychoanalysis offer for Salamon possibilities of deconstructing this structure of outer and inner, of skin-things enveloping more real body-things. In Schilder's notion of the body schema, the body

can and does exceed the confines of its own skin. The body is not an envelope for the psyche, and the skin is not an envelope for the body: both body and psyche are characterized by their lability rather than their ability to contain. (Salamon, 2010, p. 27)

Salamon argues that we only have recourse to our bodies through a psychic representation of the body that is constructed over time. This body image is multiple in that each person always has more than one image, flexible in that its configurations change over time, and its contours are rarely identical to the contours of the body perceived from the outside. It needs to be created and constructed; we are not born with one. Social exchange, the body of objects, the way we are touched by others, and the interest others take in the different parts of our body are all capable of shaping the body.

Schilder and Merleau-Ponty are both interested in different distortions of the body image, such as anosognosia (a condition in which a person who suffers certain disability seems unaware of the existence of his or her disability), hemiplegia (paralysis of half of the body) and phantom limbs (the sensation that an amputated or missing limb is still attached to the body and capable of

sensing), but for them these conditions, though dramatic, are not qualitatively different from the experiences of “normal” people. The disjunction between the external contours of the body and our body image that is experienced, for example, in aging, puberty, phantom twinges, hating the way we look in photographs, or different mild body dysmorphias, is common to all humans.

The body ego, then, for Salamon, is something that creates transgendered, transsexual and cisgendered subjectivities alike. It is something that each person has to build for themselves in order to become a subject. The bodily ego is felt and experienced, mediated through the social and material world outside us, and affected by the encounters with, interests of and being touched by other body egos and material bodies, not all of them human. Our own activity is insufficient to build up the body image.

Importantly, for normatively gendered and trans\* bodies alike, the bodily ego is labile and does not contain all of our psychic structures. The fantastical element in building the bodily ego is not a sign of the psychopathology of the transsexual, as many French psychoanalysts and sexual difference feminists suggest (Chiland, 2000; Grosz, 1994; Millot, 1990/1983.) Rather, as Judith Butler has argued in *Bodies that matter* (1993), fantasy is not something that the subject *does* but something that enables the subject – every subject – to exist.

Being able to insist on the livability of one’s embodiment, however, is differently accessible to normatively gendered bodies and trans\*bodies. To affirm one’s own lived body when that embodiment is culturally abject or socially despised means to strive to create and transform the lived meanings of those embodiments, “the critical release of alternative imaginary schemas” (Butler, 1993, p. 91; Salamon, 2010, p. 41).

The concepts of sexuality as compromise formation, gender overinclusiveness, gender melancholia, gender’s soft assembly and the bodily ego all relate to Freud and develop his

thinking on gender identity formation further towards a radical psychoanalytic theory of trans\*.

In the next and final chapter of this study, I will analyze the usability and effectiveness of these concepts for understanding the lived lives of my case examples from Chapter 3. I will also offer some considerations of the motivation and implications for social work of adopting a radical psychoanalytic theory of trans\*.

## CHAPTER VI

### Discussion: On Compromises and Formations

The *post* in posttranssexual demands ... that we examine the strangeness of all gendered bodies, not only the transsexualized ones.

(J. Halberstam in Stryker & Aizura (Eds.)(2013), p. 659)

I have argued in this study that psychoanalytic theory and practice, and by implication psychodynamically informed psychotherapy, lack in general a response to transgender and transsexual experiences that would be up to speed with the current theorizing on gender done in the fields of queer and trans\* studies. Psychoanalysts have historically approached and in some cases are still approaching trans\* clients in deeply problematic, non-legitimizing and transphobic ways. These historical and current practices are likely partly responsible for queer and trans\* theorists' limited connection with the psychoanalytical world, and the limited use of the body of psychoanalytic works by trans\* theorists. Given the oppressive history of psychoanalysis with regards to trans\*people, why would limited interaction between trans\* and psychoanalytic theory be a problem at all? Can you dismantle the master's house using the master's tools?

My view has been that despite its oppressive history with regards to gender identity, psychoanalytic theory can be of use in theorizing trans\* because it occupies a possibly liberating space between biological/materialistic accounts of the body and accounts focusing on the

symbolic/cultural world. Psychoanalytic theory has a long history of looking at the psyche inbetween the biological/material world and the symbolic/cultural/social world as mediated by and permeable by both, and this, together with its destabilizing and denormalizing of gender and sexuality is where the potential of psychoanalytic theory lies for a radical, antioppressive theorizing on gender identity.

In this study I am gathering the building blocks for such a radical psychoanalytical theorizing of trans\*. They are, as discussed in Chapters 3, 4 and 5: a) a rereading of Freud's concept of bisexuality as bi-sexedness, his notion of femininity as always transfemininity, and his tripartite model of sex, gender and desire; b) Chodorow, Butler and Benjamin on sexuality as compromise formation, the overinclusivity of gender, and the melancholy of gender; c) understanding gender as soft assembly (Harris); and lastly, d) the psychoanalytic concept of a body ego (Elliot & Salamon). All of the concepts I have highlighted fit under an understanding of gender (whether cis- or trans\*-) as always a compromise formation: an imperfect, flexible negotiation of desires, repressions and sacrifices between different dynamic forces both within the self and outside it.

### **Overview of Theories and Phenomenon**

**Freud.** Freud is rarely evoked in theorizing trans\*. Feminist psychoanalysts have read and reappraised his work on femininity and women's psychology and criticized or reinterpreted his work on the Oedipus complex and gender envy, but have not really utilized his work for understanding non-normative gender identifications. From the side of queer theory, Judith Butler reads Freud for the "melancholy of gender," but within that context actually focuses more on the melancholy of giving up same-sex desire than on giving up both or other-gender identifications in either choosing or being forced into one over another. This means, as I have argued, that

Butler on gender melancholy (1995) and Benjamin on the overinclusivity of gender (1995) are best read together for trans\*.

Trans\* theorists and writers who use any psychoanalytical theory at all usually seem to go straight to Lacan because he is the psychoanalyst read most widely in Angloamerican cultural studies (Elliot, 2001; Elliot, 2010; Prosser, 1998). Rather than following these writers, I have chosen to focus on Freud over Lacan for three reasons. First, I am interested in going straight to the original source of psychoanalysis' thinking of gender and uncovering the intersections with queer and trans\* theory that have not been emphasized before. Second, Lacan's psychoanalytical thought has plenty of problems of its own around gender normativity and heteronormativity and thus does not *a priori* seem a better starting point for a radical psychoanalytic theory of trans\*. Third, there is clearly a larger research gap in literature for understanding what Freud could have to offer to trans\* theorizing.

I have argued that there are at least five components to how Freud can be used to ground a radical psychoanalytic theory of trans\*. First, I hope to have shown that the *Three Essays*, while of great interest to Freud's theory of sexuality and gender, only represent a small part of his extensive and constantly developing thinking on gender identity. By following through the development of his thought on the Oedipus complex and female gender identity through several decades, I have shown how his thinking about femininity and masculinity and their connection to active and passive sexuality morphed into much more nuanced views throughout his work.

Second, Freud's concept *Bisexualität*, while translated as bisexuality, has more properly to do with having two gender identifications than with having both male and female object choices. Thus Freud's notion of the fundamental bisexuality of all humans is at least as useful to

trans\*theory than to theory of sexuality in describing what Jessica Benjamin will later call “gender overinclusivity.”<sup>6</sup>

Third, Freud’s ultimately developed separation of different aspects of gender and sexuality (identification with same and other sex parents, physical sexual characters, mental sexual characters and type of object choice) is of interest both because it is more complex than his contemporaries’ and because it does not map perfectly onto our contemporary concepts of sex, gender and sexuality. An identification with a sex is not the same as displaying gendered mental characteristics which, again, is separate from a preference for an active or a passive libidinal position which, finally, is separate from object choice. Because Freud’s conceptualization allows for many different negotiations and juxtapositions between these levels or aspects of gender and sexuality, it may be of particular use for understanding trans\* (as well as cis-) experience as a compromise formation between embodiment, identification and desire.

Fourth, it is worth highlighting that Freud’s own theory of sexuality was much more radical than that of most psychoanalysts from the 1950’s through the 1980’s. For Freud, “normal” does not equal “normative”, and heterosexual object choice is as much a mystery and compromise formation as a homosexual one. By inference, being cisgendered is as much a mystery in need of explanation than being transgendered. Freud’s explanation for both object choice and gender identity, the story of the Oedipal situation, kept evolving and troubling him until his death, and he struggled for decades with a position where “innate dispositions” must of necessity be thought together with dynamic factors in explaining both sexuality and gender.

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<sup>6</sup> This notion of bisexuality is not equal to the “psychic hermaphroditism” that Freud rejects in *The Three Essays* and that Salamon (2010) goes for in her reading of Freud for trans\*.

Fifth and last, Freud's schema of the development of sexual and gender identity in girls can be read as a sign of his phallocentrism and failure to allow for a separate line of development for female-identified children. However, I hope to have shown that it can also read in a more feminist and radical way, suggesting a fundamentally transgendered disposition for all female identified persons and a highlighting a laborious process of gender traversing and transformation in a way I have not observed trans\*theory having picked up before.

**Contemporary psychoanalytical theory.** Feminist psychoanalyst Adrienne Harris divides contemporary psychoanalytic theorizing on gender into two camps, the "core femininity" position invested in the ideas of a fundamental sexual difference and of a specific female experience tied to heterosexuality and mothering, and the "relational camp" that consists for Harris of mostly US feminist psychoanalysts in the intersubjective and relational traditions. In my study, I have focused on the latter group, US feminist psychoanalysts (Chodorow, Benjamin and Harris), and also looked at a group of non-clinical academic queer theorists engaging with psychoanalytic ideas (Butler, Salamon and Elliot).

The five concepts that I believe build upon Freud's radical potential and that I have argued can, together with his work, form the core of a radical psychoanalytical theory of trans\* are sexualities as compromise formations (Chodorow), gender overinclusiveness (Benjamin), the melancholy of gender (Butler), gender as soft assembly (Harris), and, lastly, the bodily ego (Salamon and Elliot).

Chodorow picks up Freud's radical potential for sexuality theory and emphasizes all sexualities as compromise formations; as unconscious and conscious negotiations between fantasy, different parts of the self, and dynamic forces both inside and outside. Benjamin's concept of gender overinclusiveness offers a rereading of Freud's Oedipal scene that posits

multiple identifications and being able to unite object love and identificatory love towards the same object as a potential site of creativity and play. Butler, in her conceptualization of gender as produced by compulsory heterosexuality and the ensuing gender melancholy, is illuminating the flip side of gender overinclusiveness, when particular identifications and object choices are forbidden to a subject and their loss has to go unmourned and thus unmetabolized. Harris's work on the soft assembly of gender emphasizes the multiple pathways and unpredictable, non-mechanistic ways gender identity development may take in humans, and especially highlights the fact that variation is an expected outcome of any soft assembly. Finally, the bodily ego that Salamon and Elliot consider in their work on trans\*, is a psychoanalytical concept that provides a mediation between the material and the cultural. The bodily ego is felt and experienced, mediated through the social and material world outside us, and affected by the encounters with, interests of and being touched by other bodily egos and material bodies, not all of them human. It is thus an idea of our bodies, psyches and environment working together both from the inside out and from the outside in to create subjectivities.

**Case vignettes.** The three case vignettes I selected for the purposes of this study showcase the multiplicity and socio-historical-geographical multiplicity of trans\* identities. The white U.S. physician and writer Hart appeared to have had a strong gender identity as a boy from very early childhood on, together with a sexual fantasy life in which he was always a male. Surgical intervention appears to have meant for Hart the correction of his body to match his apparently stable gender identity. Despite considerable obstacles and discrimination, after transitioning to living fully as a male, Hart lived most of his life stably in both a long career and a long marriage, and also published several works of fiction. In the white Danish former artist Elbe's case, we have no evidence of a long-held gender dysphoric identity comparable to Hart's.

If the narrative of an almost accidental discovery of Einar Wegener, the artist, of herself as Lili Elbe, the model, is to be believed (and perhaps it should be questioned), Elbe's coming to her gender identity seems very different from Hart's. Like Hart, Elbe also sought surgical intervention, and appears to have believed that generativity as a mother was available to her through surgeries. It is of interest to me that Elbe's transition meant that she left behind her first creative career as a painter, leaving that sphere to her former wife Gerda Wegener.

In the case of Puerto Rican and Venezuelan American Rivera, she appears to have experienced neither the very early and stable cross-gender identification of Hart nor a fairly sudden discovery of a stable gender identification like Elbe. Rivera traversed throughout her life different identities as a *maricón*, a feminine/homosexual Latino boy, a street queen, a woman in a relationship with a woman, and "none of the above". Bodily modification through surgery does not appear to have been of similar importance to her as to Hart and to Elbe, and in the interview towards the end of her life she refused a clear identity as trans\* (or bisexual or lesbian). Despite struggles with drugs, the law, homelessness and discrimination, Rivera was throughout her life an activist and a support to her community.

### **Analysis of Theories with Phenomenon**

Thinking of the three very different lived experiences of my historical subjects together with the emerging radical edge of psychoanalytical thought on trans\*, I want to first explore in what ways the idea of gender as a compromise formation would work for each of the subjects. Considered together, Hart, Elbe and Rivera demonstrate Harris's idea of the soft assembly of gender through multiple, unpredictable pathways. In Rivera's case, there is most information about early trauma (absence of father, suicide of mother, childhood sexual abuse), but there is no indication of similar trauma affecting the development of gender identity in Hart's and Elbe's

lives. This might, of course, be just a lack of historical information, but the idea of gender as soft assembly removes the need to have *one* explanation for a non-normative gender identity, such as trauma at a particular phase of gender identity development. Variation is an expected result of gender's unexpected and unpredictable processes.

In Hart's case, what Freud calls "innate disposition" appears to have worked together with his culture and environment of frontier masculinity to produce his particular negotiation and compromise formation of gender. Reenacting Civil War battles and loving toy guns is a particular form of masculinity appealing to a child identifying with the male gender in a particular historical and geographical location. Hart's body ego, his sense of himself as male and ultimately his male body, was, as Salamon illustrates, created not solely through Hart's own psychic processes but through culture, encounters with others (lovers, classmates and doctors) and the medical interventions available to him. Because Hart's assigned gender was female, his gender identity could also illustrate Freud's interesting idea of the gender transition all female children (in his culture) had to go through from valued, active and phallic masculinity to the passive "feminine" position – a transition Hart refused, but instead went on to train as a medical doctor, a still rare career path for a perceivedly female person in the beginning of the 20<sup>th</sup> century, and ultimately to live a creative and productive life.

In the case of Elbe, the idea of gender as compromise formation seemed to have involved considerable conflict and negotiation around artistic creativity and gender. There is, perhaps, a certain melancholy in the giving up of artistic endeavour after Elbe transitioned to living full time as Lili. In 19<sup>th</sup> century European thought, artistic creativity was male pursuit whereas generativity in the form of bearing children (which Elbe believed she would be able to do after more surgeries) was the female version of creativity, so in some way, Elbe might have chosen to

give up painting out of a sense of gender normativity. On the other hand, Gerda Wegener, Elbe's wife, was the more successful of the pair of artists, so an unconscious as well as conscious negotiation of (possibly) gendered envy and jealousy might have also played a part. It is interesting that Elbe, after transitioning to living as Lili, seemed to switch her object choice to the traditional heterosexual one, and was engaged to be married to a male friend of the former couple's. Perhaps this is an excellent example of what Butler describes in the context of gender melancholy as heteronormativity as the basis of gender identity: a "real" woman is one who desires and has sex with men, and thus femininity always includes a loss of women as love objects. Or perhaps Elbe was able to retain some of the gender overinclusiveness that Benjamin describes in gender identity formation in a way that left Elbe space to move from one identity and object choice to another.

For Rivera, the soft assemblage of gender identities and desires is especially clear, as her bodily ego appeared very fluid, shaped and permeable by cultural possibilities available to her at different times of her life as a gay latino boy, a street queen/prostitute, a transgender lesbian and finally, "just Sylvia". In Rivera's case, the compromise formation of gender was a lifelong process of negotiating identities, affiliations and desires. Rivera described that it took her years to discover her own sexual interest in men, since as a young person perceived to be a feminine male she had no choice but to have sex with men, as being designated a *maricón* meant being gay and having gay sex. Rivera's life and identity appear to be both the queerest of the three subjects and, perhaps, to illuminate the best Freud's conception of the innate bisexedness of humans, as Rivera appeared to be able to stay with multiple gender and sexuality identities throughout her life.

If we take Freud's definition of mental health – to be able to love and work – seriously, all of the three subjects seem to demonstrate mental health rather than pathology. Hart, Elbe and Rivera all had love and committed relationships in their lives; Hart produced novels and built several careers during his lifetime; Elbe died young but was a painter and could have perhaps found her way back to painting if she had lived; and Rivera was an activist and a central community figure throughout her life. Contra the French psychoanalytic feminists who see transsexuality as a refusal of the generativity they see in “sexual difference” conceived of as heteronormative, Hart, Elbe and Rivera all displayed creativity, generativity and concern with legacies or the next generation in different ways.

I also want to note the possible significance of Elbe and Rivera being MtF and Hart FtM. Psychoanalytical theory points towards the FtM and the MtF trans\* experiences as likely to be different and to have somewhat different pathways in ways that may have some patterns beyond the individualities of the compromise formation of gender identity. Psychoanalytic theory of gender identity formation notes that it may make a difference that for both boys and girls their first object of both love and identification is the mother, but both genders have to negotiate the later identifications with and love and desire toward other-gendered parental figures differently. This may play out in regard to Hart, Elbe and Rivera in ways that affect their comparison, but ultimately the concept of gender's soft assembly, while not denying the possibility of patterns and more or less common pathways, still considers gender identity formation a “strange attractor” in a way that makes it impossible to predict that, for example, two FtM experiences would be of a kind.

The idea of gender as compromise formation includes that the negotiations of race, class, culture and the historical context play a crucial role gender identity and permeate the

identifications, desires and losses happening in the family of origin as the site of this gender identity formation. Saketopoulou (2011), a white clinician of Greek immigrant background, describes the ways her views on gender identity formation had to evolve when working with a natal male trans\* child of color for whom identifying as black was inseparable from the conceived and actual possibilities of identifying as a black female. Saketopoulou describes a widening of her queer theoretical views when confronted with the actual ways her patient's gender had to be negotiated. Although Saketopoulou does not use the concept, I think her description of how the staff of the child inpatient unit, who were all people of color while the clinicians were almost all white, repeatedly discouraged Saketopoulou's client from wearing a long-hair "wig" that the client constructed out of string and strips of paper, until the child attached similar strips of paper to a baseball cap and called them dreadlocks, is an excellent example of the compromise formation of gender together with race. Saketopoulou admits that her academic position on queer theory and her whiteness made it originally hard to see how gender identity for her client needed to be negotiated together with race and the community the child was growing up in, and that gender is inseparable from race and class.

Similarly, it seems impossible to ignore the sociohistorical contexts shaping the experiences of my three subjects. The career pathways available to pioneer women in the West in the beginning of the 20<sup>th</sup> century were highly limited, although Hart was able to attend medical school as the only female-designated student in his class. The limited social locations available to females in Oregon in 1900's would very likely have affected Hart's identifications in a different way than the bohemian art world of 1920's Denmark, where female as well as male students could routinely study art and build careers as painters, affected Elbe. Similarly, the Puerto Rican/Venezuelan/New York cultural locations of Rivera and the position (and exclusion)

of trans\*people in the emerging LGB(T) movement were inseparable from the gender identities available for negotiation for her.

### **Towards a Radical Psychoanalytic Theory of Trans\***

Referring to Harris's construction of gender as soft assembly and Chodorow's conceptualization of both heterosexuality and homosexuality as compromise formations, my view is that gender, whether cisgender or transgender, is similarly a compromise formation; a negotiation of our desires and wishes and an imperfect solution to not getting what we originally wanted in reality or in fantasy: to have and be both male and female, to straddle positions, desires and identifications. The lived experiences of my three subjects demonstrate in different ways the very different negotiations and possibilities available to my subjects depending on their race, class and sociohistorical location. Like Harris (2009), I do not think that all subjects are best read as transgendered or transsexual, because that position seems to disavow the multiplicity of desires and identifications that are possible within the soft assembly of gender, as well as to not respect the individuality of different trans\* positions.

### **Strengths and Weaknesses of Methodology**

In this study, I have used the methodologies of conceptual history and conceptual analysis to lift out some key concepts out of the tradition of psychoanalysis that I believe can form the basis of a radical psychoanalytic theory of trans\*. I have chosen to focus on Freud and contemporary feminist psychoanalysis and queer theory that is mostly located in the USA and the UK, and not on the French or other psychoanalytical traditions, for reasons I delineated in Chapter 3. Despite the problems associated with anglocentrism, psychoanalytical theory in at least many non-Anglophone countries is still struggling with non-pathologizing of homosexuality, not to mention non-normative gender identities.

The limitations of focusing on psychoanalytic work on gender are clear. Most of psychoanalytic theory has been and can still be race and culture-blind, and seems to assume a universal story of a mother, a baby, and a third who, if not still directly named “father”, represents what French theorists like to call “the paternal function” – a forbidding yet exciting force, a source of both frustration and desires for emulation and identification. Then again, if we move beyond the heteronormativity of this picture, maybe there really is something universal in these dynamics of wishes and frustrations; universal in a way that makes them equally a part of the dynamics between the primary caretaker and a child and between any two persons in an intimate relationship with each other or with more than two people at the same time. Insofar Freud is always both wrong and right at the same time, it is possible his decades of clinical work managed to get to something important, even if the particulars of, say, penis envy or universal castration, do appear to be open for criticisms of phallogentrism as well as mistaking culture for anatomy and destiny.

Despite the limitations of psychoanalytic theorizing, I still contend it has much potential for understanding trans\* for several reasons. First of all, when read radically, Freud’s legacy for understanding gender identity allows for both unique contributions to and significant overlap with queer theorizing on gender, fluidity and multiple levels of understanding sex, gender and desire. Second, unlike queer theorists and academic trans\* theorists, psychoanalytic writers are clinicians and thus have access to both theoretical and practice wisdom. Several recent accounts (Saketopoulou 2011; Suchet 2011) of psychoanalytic/psychodynamic therapy work with trans\* clients describe how working with trans\* clients has changed the clinicians and their thinking in ways that point towards true intersubjectivity and mutual learning in the therapeutic relationship. Third, as I have argued, few theoretic discourses are as interested in the genesis of our selves,

including the genesis of our gender and sexual identities, as psychoanalysis. When read closely, Freud and the later psychoanalytic writers I have examined all point toward a soft assembly of our bodily egos and psychic identities between intrapsychic, familial and societal forces. The concepts of fundamental bisexedness and gender overinclusivity point towards seeing trans\* and cisidentities not as “aberration” and “normality”, but as a continuum where all identities equally need explanation.

### **Implications for Social Work Practices, Policy and Research**

**Policy.** The implications of my study for macro-level social work support McPhail’s (2004) and Nagoshi & Brzuzy’s (2010)’s view that social worker’s ethical commitment to combat oppression includes seeing and fighting the binary gender system as one structure of systemic oppression. Social workers must, however, also keep in mind the intersectionality of identities and not let a client’s gender identity blind them to the effects of racism and class oppression in forming his or her multiple identities.

**Clinical practice.** Social workers working with trans\* identified clients should be aware of the growing literature about best practices for working with trans\* individuals and their families (Devor’s 2004 14-step model of transsexual identity formation; Lev 2004; Markman 2011; McPhail 2004). On the level of clinical practice, the idea of gender as a compromise formation leads to several practical suggestions. Language is a key feature in identity formation, and against Chiland (2000), I believe that social workers should inquire of and use the preferred gender pronouns of their clients, being sensitive to how these, as well as the client’s preferred name, might change over the course of treatment (see Nagoshi & Brzuzy 2010, Suchet 2011.) The idea of the soft assembly of gender and the multiple pathways to gender identity is meaningful not just for understanding trans\* identified clients and clinicians, but for

understanding everybody on the spectrum. The concept of the soft assembly of gender can help cisgendered clinicians examine and combat their internal transphobia. Seeing all gender identities as compromise formations on a continuum means depathologizing gender variance not only with clients but in social work schools, clinical workplaces and with colleagues. This means sensitivity to the compromises implicit in all identifications, and setting up gender variability as an expected rather than a pathological event.

**Social work research.** The psychodynamically oriented view of gender as compromise formation is also supported by recent empirical research (Bockting, Benner & Coleman 2009; Dickey, Burns & Singh 2012; Morgan & Stevens 2012) that emphasizes the fluidity and multiple pathways of trans\* identity formation. An interesting future empirical direction of research arising from this study would be examining contemporary narratives of gender identity negotiation as well as families of trans\* as well as cis children to gain a better understanding of how the compromise formation of gender is happening for each subject. In the context of the soft assembly of gender that continues beyond adolescence, I am also interested in the future in examining the negotiation of bodily eroticism in the gender transitioning process and how trans\*people experience their erotic bodies.

## **Conclusion**

In this study, I have concluded that both transsexuality – a strong bodily sexed transidentity – and being heterosexually cisgendered in a way in which Freud's three levels of identity coincide, are two possible permutations of particular bodies in particular historical and familial situations, but not the only alternatives. Although being cisgendered appears to be statistically vastly more usual than being transsexual, it is not inherently a more normative, healthier, less neurotic or psychotic subject position. Similarly, it seems important to me to resist

the position that either transsexual identity or cisgendered heterosexual identity automatically belies an unconscious complicity with the oppressive gender system, being a “dupe” of patriarchy, while queer/transgender/bisexual identifications would somehow be spared participation in the cultural matrix of the production of gender. While I believe that radical psychoanalysis is correct about the fundamental bigenderedness and the dynamic nature of our desires and identifications, all gender/desire constellations include unconscious and conscious fantasies, compulsions, repetitions and being both a “doer” and “done-to”. Queer subject positions cannot be automatically privileged over cisgendered or transsexual ones with regards to being somehow freer of unconscious fantasies, repressions, collusions and compromise formations. What matters more than any avowed gender identity is what we *do* with it and what our sphere of freedom is with regards to it – ultimately a very psychoanalytical idea.

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