

## **The Defrocking of Psychoanalysis within the Gender Clinic: On Smelling a Rat**

*Guy Millon*

A young trans woman whose gender dysphoria focuses on her height requests a surgery that would involve breaking her legs and removing four inches to render her shorter; a trans man wishes to become pregnant and bear a child – without this undermining his sense of masculinity; a being who refuses any form of gender identity asks for surgery in order to render them illegible to society; a person who has lived as a woman for 50 years asks for help in faking their own death, secretly undergoing transition and returning to their community in the guise of a distant male relative. These are all struggles that people have presented with at the NHS gender identity clinic at which I work, people requesting help in finding their own unique way of making life bearable. A large proportion of our patients are transitioning from one binary gender role to another and request a set of institutionally sanctioned medical interventions such as laser hair removal, hormone treatment or gender reassignment surgery; a standardised treatment pathway offers the promise of a relatively set trajectory through which the patient's identity can be physically realised. However, the diversity of ways in which gender may be embodied and the variety of creative solutions to the problem of identity challenge the medical discourse that favours certainty, evidence-based practice and clear treatment pathways. In a clinic that offers gender-related medical interventions, it is a hotly contested and politically charged question of whether it is appropriate and ethical to offer a space where the trans person may, if they so choose, explore their gender identity by articulating their fantasies, desires and identifications through talking therapies. Increasingly detached from this debate, psychoanalysis finds itself falling from the stage on which the drama of gender unfolds, a *passage à l'acte* (Safouan, 2004) which apparently few will mourn.

The normalising tendencies of psychotherapy, and perhaps particularly psychoanalysis, have not served the trans community. Unforgivable abuses have occurred, and continue to occur in some quarters,

through which the trans subject's subversion of the social laws that govern a person's intelligibility and legitimacy are met with punishment and attempts at correction. Psychotherapists in the gender identity clinic are sometimes tasked with giving their opinion on whether a patient is suitable for hormone treatment or surgery referral, occupying the position of gate-keeper to medical treatments. This power dynamic can unsurprisingly create a degree of suspicion towards the therapist, which can lead the person to align their discourse with the dominant narratives of transgender legitimacy – such as that of “being born in the wrong body” – for fear of being refused treatment. Historically, some psychoanalysts have adopted the heteronormative assumption that a trans identity indicates a psychotic psychic structure (Millot, 1990): a lack of the capacity for symbolisation. This trend towards generalising in ways that undermine the subjectivity of the individual are unhelpful at best and undoubtedly often disastrous. Until fairly recently, it was not permissible for a gay man or lesbian woman to train as a psychoanalyst in Britain due to the belief that their sexuality was inherently pathological; this prejudice has never been adequately addressed in this country (Newbiggin, 2015). It is an underdeveloped yet vital area of study and potential learning for psychoanalysis to identify and come to terms with its own complicity in heteronormative practices that have marginalised queer individuals, both as patients and would-be analysts. In avoiding responsibility, refusing to acknowledge guilt and disengaging from uncertainty, we fail our patients and ensure that psychoanalysis is left behind in the conversation on gender.

Gozlan argues that pathologising the trans subject is inherently defensive, and that “psychoanalysis is haunted by its own unconscious trauma, that is, by its resistance to the fundamental insight that sexuality is thoroughly traversed by the unconscious” (2015: 8). The trans subject's destabilisation of traditional essentialist perspectives on gender produces “a tremendous anxiety around the phantasy of the transsexual as wreaking havoc on ‘nature’” (10). We could easily imagine how this anxiety might lead to oppressive practices, social marginalisation and a pathologising discourse. Perhaps the traumatic marks that psychoanalysis has left on the trans community are too deep to recover any possibility of trust? The

most recent draft of the national service specification for gender identity clinics across the UK (NHS England, 2017) recommends a range of specific psychological therapies that are deemed appropriate in working with the transitioning individual; psychoanalytic and psychodynamic therapies are conspicuous by their absence. This defrocking – a stripping from psychoanalysis of its function within the clinic – should not be surprising given its history of attempting to effectively remove the frock from the trans subject. While there are attempts to practice psychoanalysis in ways that do not pathologise the trans individual, many of which spring from Lacanian theory (e.g. Gherovici, 2017; Gozlan, 2015), there seems to be very little space for psychoanalytic thinking within mainstream UK healthcare provision for gender diverse individuals. Through treating the trans person as a pathology to be cured or an object of study that serves only to bolster theory, psychoanalysis has contributed to a process of dehumanisation. In order to have any chance of offering something of value to this societal moment in which gender issues are at the fore, it must reckon with its history and, in doing so, take responsibility for its abuses. It is only in doing this that it may perhaps find a way of better serving those trans subjects who seek someone to whom they may address their suffering in speech.

I wish to present a case from my work as a psychotherapist within an NHS gender identity clinic, not as an argument that psychoanalytic practice must hold a place in such a setting but rather as an invitation to interrogate one's own position with regards to gender, and to add another voice to the call that psychoanalysis must undergo its own transition if it is to respond to contemporary questions of gender, desire and subjectivity.

My patient, in her mid-60s now, was identified as male at birth and given the name Julian, but for most of her life she has gone by the nickname, Dick. I will refer to her as Diane, a name she has been using in recent years since she began spending time in female role. Last year, she got divorced from Sarah, her wife of 25 years with whom she has two adult children. I assessed Diane over four sessions and, since then, I have been seeing her fortnightly for therapy over the last two years. The

broad aim of our work is to help Diane address the conflicts in her gender identity so that she is able to make a decision about whether and how to proceed with a full social and physical transition.

Diane told me that she began secretly dressing in her sister's and mother's clothes from the age of 10. She described "women as the ideal" and the "vastly superior gender" and remembers, as a teenager, being "totally in awe of women" who inherently possessed "beauty, compassion and understanding." She saw men as "clumsy, awkward, uncontrolled, all the things I don't want to be." Throughout her entire life, Diane has felt uncomfortable about being "put in a box" and has "kicked against that." She has always dressed in a way that she feels has been deemed inappropriate by society at large. If Diane ever has to wear a suit, she becomes depressed: "I lose my identity and personality completely," she claims. At first, there was great sexual excitement linked to dressing in female role but that waned and Diane says that sex no longer plays such a primary role in her gender presentation. Since beginning hormone treatment, she had been delighted with the feminising changes (particularly breast growth). Diane said, "I want to become the woman I always fancied"; she feels more "relaxed and comfortable" in female role. She says that "I'm not a woman trapped in a man's body, I have a stronger female part of me and that's what I want to express." Diane says that if she had to turn back in to what she terms the "old git," she would be devastated. Diane's discomfort and alienation within the gendered position in which she has been placed evokes Laplanche's assertion that "Assignment [of gender] emphasises the primacy of the other in the process" (2007: 213), the strange enigma of being hailed as a boy or a girl as an infant. Similarly, Butler writes that "[t]o be assigned a gender is to be subject to a certain demand, a certain impingement and seduction, and not to know fully what the terms of that demand might be" (2014: 123). Navigating Diane's struggle with the place in the symbolic order of sexual difference in which she was positioned, her uneasy relationship with the assignment of the Other, constituted the work of our therapy.

In relationships, Diane says that she has always felt inadequate, lacking and insufficiently masculine for her partners. She sometimes tries

to inhabit the mind of a woman, as she cannot understand how they could ever find a man attractive. Diane remained “in denial” about her female identity for many years and never knew that there was anything she could do about it. It was around the time when her business failed and she went bankrupt that she began cross-dressing with a renewed fervour, saying it gave her comfort in a stressful time. Through looking on the internet and finding information on transgender identity and issues, a “light bulb came on” and she felt she could see who she was and what changes she needed to make in order to “fit in to the world.” Diane secretly began taking hormones. When Diane’s wife, Sarah, found out about this, it was “the last straw” and precipitated the ending of their marriage; Sarah had been clear that she did not want to be married to a woman and forbade Diane from dressing in female role in their home. They live in a small rural community, and Diane went along with her wife’s demands as she wanted to protect her family from negative judgments. Although they were divorcing and Sarah continued to express repulsion and fury at Diane for coming out, Diane still said she loved Sarah and they continued to live together, ostensibly for financial reasons.

Diane grew up with her mother, father, and younger brother and sister. Diane describes her mother as a “snob” and someone who was always looking for a better station in life. She was the dominant force in the family. She was “hard,” not physically affectionate, and Diane found it impossible to win her approval. Diane’s father was a “decent, normal bloke,” but was never particularly successful professionally. This meant that despite both her parents coming from well-off backgrounds, the family was always “skint.” Diane was reasonably close to her father, finding him to be “softer” and kinder than her mother. He was often ill with heart problems (which Diane has inherited herself), and he died suddenly when Diane was 19 of an infection he developed while in hospital. Diane’s younger brother was sent to a private school, while Diane was sent to a boarding school at seven, which she hated. Diane feels that her parents chose to give her brother the better education, and he has gone on to have a successful business career. In contrast to her brother whom she sees as self-entitled, Diane sees herself as the “maverick” of the family,

who has lived by her own “wits and natural abilities” rather than acquired skills and knowledge. She feels a pressing need to be in control of her life at all times.

Diane was initially rather confrontational about the need for the assessment process, saying that she was very clear about who she was and what she wanted. In our first few sessions, she would answer my questions dismissively, as if the answers were obvious. She made it clear she thought therapy was a waste of time. During the assessment, I recorded Diane’s history, asking for clarifications and gently bringing her attention to the contradictions and gaps in her discourse. I expressed interest in her split between an idealised, omnipotent femininity and a denigrated, castrated masculinity. This was playing out in the transference through Diane’s contempt for my lacking the magical (phallic) power to transform her directly into a woman. As this initial stage of our work came to an end, Diane began acknowledging that, at least because of her age, she would never attain the idealised image of femininity which she had been longing for all her life; she would be, in her words “an old and ugly woman.” Diane became more realistic about the lonely probability that transitioning was not likely to result in “a good sex life” and that she might struggle to find a young, beautiful female partner. As time went on and the extended assessment drew to a close, Diane’s position with regards to her gender changed. She started coming to some of our sessions dressed in male role, as “the old git” as she put it. She also oscillated between coming off her hormones, and then going back on them. She began talking about how she might halt any further transition, stop taking hormones and go back to living as Dick. She said that, through articulating her fantasies in sessions, dressing in female role had gradually lost its appeal. Diane began hoping that her wife might grow to love and trust her again. However, she continued to describe a sense of burying something, and her discomfort with her body persisted. This change in Diane was also marked by a change in the transference, which became marked by warmth. Diane told me she enjoyed coming to sessions and that she valued coming to talk with me about things she could not discuss elsewhere. She would pause, somewhat nervously, at the beginning of sessions, as if needing my

permission to speak her mind. At times, she expressed an anxiety over her capacity to hold on to what she was taking from therapy to be able think about it outside of our sessions. At this point in the therapy, my assumption was that Diane might find a way going forward living as a man, which could allow her to hang on to her family. My stance in these sessions was to help Diane think about her anxieties regarding masculinity, the castration of her bankruptcy, the sense of failure as a husband and son. It was only in retrospect that I saw how I was getting drawn into the hysterical demand to know the desire of the Other; it was not until later on in the work that I was able to hear the undercurrents of Diane's desire, and really help her to take this seriously.

Some days Diane would arrive for her session five minutes late. She would explain that this was because she had left the house dressed in male attire due to her wife being home, then she would drive back home and put on her makeup and a dress after her wife went out. The family home itself was charged with currents of meaning that could not be directly spoken between Diane and her wife. Diane told me that there was a dead rat in the hollow space within one of the walls, and Sarah was terrified their guests would smell it decomposing. Diane suggested that if they left it alone, in time the odour would go away; her wife wanted to knock a hole in the wall in order to remove it. In another session, Diane told me how she had fixed up the façade of the family house, the dilapidation of which was causing Sarah great embarrassment. We thought about this as symbolic of Diane's attempts to offer a presentable face to the world even though, behind this surface, the family was a "pit of despair." Diane had been growing a vegetable garden, but her family refused to eat anything from it, buying their food from the shops instead. Diane said that what was most hurtful was that her attempts to please were met with total indifference. She had been looking at photos of her family of origin recently, realising that the picture of a happy family was only a front for others to see. Diane expressed frustration that her wife cared so much about the opinions of others (which Diane has always ostensibly railed against), and this led us to think about her mother who was similarly anxious about gossip and social standing. Di-

ane spoke about her lifelong feeling that she was a disappointment to her mother, for whom it seemed that no one could be man enough. She would say “Dick, I wish you would...”, which to Diane communicated a desire for her to be something other than she was. The trailing off of the desire that could never be fully articulated recalls Laplanche’s enigmatic signifier (1989), the unconscious address to the child that calls them to occupy a particular gendered position. This played out in Diane’s work life when she would go out to a business in order to fix their telephone systems, only to find that she “had the wrong parts,” and that repair was impossible. This seemed to say something about her desire to complete her mother, to address the lack that her father had failed to satisfy. This lack of course was registered at the level of “parts”: the having and the not-having of the phallus. We thought about how Diane desperately seeks approval from an other who is consistently invalidating and critical. Diane said that she is terrified of being on her own, as life feels less “real” without having someone to share it with. The idea of living alone is like “rolling around in muck.” I reflected that her current situation was a familiar kind of misery and, to Diane, safer than the unknown and loss that would characterise selling the family home and moving out. Diane recognised the similarity between her relationship with Sarah and her mother and yet struggled to disentangle herself from repeating this dynamic. She described her sense of self as being very fragile and prone to collapse when faced with disapproval from others whom she disappoints. Diane is unconsciously compliant with the demands of the other, but this aspect of herself gets hidden by her feisty and rebellious persona (in her words, she is “all mouth no trousers”), a reaction formation, which seems to protect her from grief resulting from never being recognised in the desire of the Other. In this sense, her idiosyncratic identity was made possible by the very prohibition that demanded she conform to binary gender norms. After all, a life founded on kicking against a box requires a box which may be kicked. As Butler writes on gender configurations that displace the binary, “[i]f subversion is possible, it will be a subversion from within the terms of the law, through the possibilities that emerge when the law turns against itself and spawns unexpected permutations of

itself” (1990: 127). Diane spoke of an incident in her teens when traveling in Southwest Asia: a border guard attempted to force himself on her but she escaped unscathed. This eruption of desire at the site between two realms, where a question of identity is posed (“passport, please”), a site heavily policed by the law of the symbolic, spoke to the *jouissance* generated by the cut of sexual difference.

Diane told me a story of going hunting with a group of her male friends. Her dog ripped the throat from a stag that was drinking in some shallow water, and as she did not want the deer’s death to be in vain, she knifed open the deer’s belly and plunged her hands clad in red nail polish into the deer’s guts, in order to preserve the carcass for eating. Diane clearly took pleasure in the telling of this story, and she said this pleasure came from the “reversal of roles,” in that as the sole woman in the group, she was the only one “with the balls to do it.” I interpreted this image as reflecting Diane’s fantasy of being both the most male and the most female. I suggested that this tied into Diane’s persistent attempts to occupy two opposing positions at once – to stay together with her ex-wife and to leave her for a life of her own, and to have the best of both worlds of being male and female. My understanding was that Diane’s fantasy was to have a sexual relationship with herself (“I want to become the woman I always fancied”), due to the overwhelming anxieties prompted by an interpersonal sexual relationship. While much more bearable to Diane, this retreat to the closed loop of pre-Oedipal sexuality provokes fury in others; Sarah does not want a wife to grow her endless vegetables, she wants a husband with whom she can be sexually creative in a mutual relationship. I reflected that this position of being both protects her from having to really give anything up, and she acknowledged that it was too hard for her to lose the comforts of her current life and face the guilt of making her ex-wife and son lose their home.

After a fortnight’s break, Diane told me she “went on holiday with 4 people,” when it actually transpired that there had been 3 others. I interpreted this as her feeling that she is two distinct people: Diane and Dick. On this holiday, Diane met a woman, Jen, with whom she felt she shared a “like mind.” Diane initially said that there was nothing romantic

to their relationship, but it soon transpired that Jen had been pressing Diane to have sex with her, saying that Diane had “reawakened” her desire after the death of her husband. Diane told Jen that she in turn had “reawakened the man in [her].” Diane had seen a picture of herself in shorts on holiday and realised that she would never be the kind of woman she wanted to be. She said that she could understand recent feminist commentators in the media who argued that a trans woman could never be simply a “real” woman. I reflected that it seemed Diane was less dismissive towards her “male bits” than she had been at the start of our work. By this, I meant that perhaps there had been a shift in Diane’s attitude towards masculinity, but she assumed that I was referring directly to her penis. This led Diane to tell me about how difficult she has always found sex. When Diane is the object of her partner’s desire she feels absolutely terrified – she expressed the fear she feels when a woman is on top of her by widening her eyes and opening her mouth in a mask of horror. She has always experienced “performance anxiety,” and when a woman leans in for a kiss, Diane will feel the need to pull away and turn it into a hug, keeping the other at “arm’s length.” The flip side of this is that, when Diane has been the one in the relationship who has more interest in sex, she has felt very guilty about “taking advantage,” as though she has coercively “got sex.” She connected her anxieties with sex to her early childhood, where sex was never mentioned and there was no intimacy. Diane said she was never hugged by her mother, and equally she never saw her parents be physically affectionate with each other. Diane wonders whether transitioning was a “flight,” “shield” or “escape” from her anxieties regarding sex, as hormone treatment has rendered her impotent, which is a great relief. However, now Diane felt a frightening, and in part exciting, pressure to satisfy Jen’s desire for her to be a sexually potent man, and guilt at her incapacity to do this. I punned, “She wants Dick?”

Around this time, Diane began considering stopping her hormone treatment. She said she felt utterly confused and uncertain about who she is and what is right for her. In Diane’s on-going repetition of a scene in which she tries and fails to meet the Other’s desire, there is a re-staging of the missed encounter with the traumatic real (Lacan, 1979), which

evaded representation and so horrified Diane. This preoccupation with a breakdown in representation manifested itself in Diane's work; she fixed telephone systems for a living. My sense was that Diane's fear of the unrepresentable desire of the Other was linked to her doubt over knowing whether her gender identity was really her own or whether it was bound up with the Other. Following Laplanche, Butler writes that "[t]o maintain that something unfathomable happens in the course of being gendered is just another way of saying that we are to some extent brought into existence through the desires of others, and that the imprint of those desires is what, paradoxically, gives us our own. 'Our own' desires are not radically autonomous, but invariably haunted and animated by others, by what remains foreign to us, not 'of' me and yet 'of' me, and without which I could not survive" (2014: 131). For Diane, this meant coming to terms with the idea that perhaps there was no possibility of an identity that was fully independent from the Other. The more I considered Diane's assertion, "I want to become the woman I always fancied," the more I came to understand that the "I" that wants and the "I" that fancies may not be identical, and that what was at stake here was the *objet petit a* as gaze or, in other terms, an identification with the lost object that was always fading out of reach. This aligns with Butler's argument that gender identity is formed through melancholic processes (1995).

In the next session, Diane spoke of having been overcome ("washed away") during the week with feelings of grief that had been building up over the last seven years. Diane said that, at heart, she felt utterly worthless and she cried for much of the session. She spoke of how desperately she had wanted her ex-wife to praise her and how she never stopped trying to achieve this. We thought about how without someone to please, Diane feels unreal and lacking. Diane linked this to her withholding mother, who even when Diane's business was doing well, told her her success would not last. Diane spoke of her rebellious and anti-establishment character as a reaction against her mother, which allowed her to stave off feelings of shame and being unlovable – but only to a certain extent. My understanding was that this was a deeply important session in the therapy, in that Diane was beginning to give up the attempt to meet

the impossible demand of the other, but also in that my position with regards to Diane's gender subtly shifted. I realised that Diane absolutely could not go on existing as Dick, that this masculine position negated her capacity to be a desiring subject. I became more active in challenging Diane to listen to her own desire. These sessions were marked by heated exchanges in which I confronted Diane on her role in maintaining the status quo, her complicity and perhaps even satisfaction in allowing her life to be determined by the demand of the other. We thought about the enjoyment that Diane gets from a meeting of minds, the opportunity to give an account of herself and thrash out an issue.

The surface of Diane's body was a site of conflict with a disapproving other: the application of nail polish and makeup, and the removal of facial and body hair were acts of defiance that were slowly becoming acts of mourning. At the start of our work, Diane's gender expression, as located within the register of the imaginary, was both an identification with her mother and a hateful attack upon her. Our work has been a slow process of inscribing Diane's transition in the symbolic register, a dwelling in the space between the first signifier, "man", and the second, "woman." This process involved Diane acknowledging that her image of herself as a woman was already broken, and finding a way of mourning that could symbolically represent this loss. We continued to think about what it would mean for Diane to take her place within the signifying chains of femininity, to constitute herself as a subject assigned the place of "woman." Another way of thinking about this was that, in order for Diane to position herself within the patriarchal culture ("all mouth") that constitutes us, she had to find a way of accepting her own castration ("no trousers"). Her attempts to be the phallus for the Other have been perpetually doomed to failure (her wife's refusal to eat the vegetables that Diane grows for her), while having the phallus is also an impossibility (just as Diane's father was never able to take up his symbolic role within the family). This attempt to evade castration I think came through in Diane's various aliases, and her refusal to allow herself to be pinned down by a designated signifier, to be "put in a box." Beyond the sexual *double entendre*, my association to this phrase that returned again and again in

Diane's discourse was to a coffin, the final box in which we are put, bringing to mind Gherovici's argument that "gender transition is more about mortality, the limit between life and death, than about sexuality, the border between male and female" (2017: 106). I would add that perhaps it is in taking up a position with regards to gender, the major way that we as humans represent difference, that we can assert our being. This seemed pertinent in terms of Diane's age, and the importance for her in transitioning before the end of her life. Indeed, at our clinic, we have supported older patients to undergo genital reassignment surgeries, even though they have faced the very real possibility of dying on the operating table.

Over time, things seem to be changing for Diane. She has begun attending sessions in full female role again, has recommenced hormone treatment and is re-considering whether genital reassignment surgery might be a way forward for her. Diane feels that, as time is getting on, she would really like to get herself prepared for this sooner rather than later. Diane's grief and guilt have surfaced again, in her realising that she could never give Jen what she wanted. She managed to break up with her. Diane still wonders whether her gender identity is an "escape from reality," but perhaps she had rather created a new reality that could better sustain a relation to the real. Diane says: "I'm still in a box, we all need to have an identity after all, but this box is bigger and has more flexible sides." She has recently been renovating her office, a separate building at the bottom of the garden, a space for herself. This called to mind Gozlan's assertion that gender is "like a transitional object, it provides an intermediate area of experience between discovery and creation, between subjective and shared experience" (2015: 25). In our most recent session, Diane told me that she had decided on a new name for herself: Julie. She had arrived at this as the feminised form of her original given name, Julian. She told me that her grandfather had insisted that her parents name her Julian, as this name had particular significance in their family going back many generations. Her parents had reluctantly acquiesced, but only ever called her Dick, which had been her nickname. The name "Julie" also had associations for her with a favourite song by The Grateful Dead, the counter-cultural icons who were famous for blazing their own trail.

Through taking on the name “Julie,” she submitted to the name-of-the-father (Lacan, 2006 [1959]), a symbolic inscription that gave her a place in her family history, while at the same subverting that patronym by adding her own mark to it, transforming it into something connected to her own *jouissance*. This was a true creative act, through which her subjectivity could spring forth, the desire of the Other having passed through the name-of-the-father. Julie stated: “the name gives me something to build my personality around... the name serves as an anchor.” This led to Julie finding new ways of answering the question of what legacy she would be leaving her own son.

Throughout our work, my position has been to take a non-normalising stance; this has involved a continual process of interrogating my own assumptions over whether Diane would find a comfortable position for herself as a woman, man or non-binary person. This has meant staying with the jarring sense of incongruence that Julie brings from week to week, the uncertainty introduced into my understanding of binary gender, and doubts over doing this kind of exploratory work in an NHS context that prizes standardised treatment pathways leading to clearly defined outcomes. In subverting the gender norms that constitute a subject as culturally intelligible, Julie’s troublesome relationship with identity has led me to question the nature of the work that we carry out in gender identity clinics. I do not believe that this is so simple as a medical and psychological confirmation or affirmation of a person’s essential, biologically determined identity, but rather that we are doing something altogether more radical: facilitating the person in taking up a subjective relation to their own enjoyment, in whatever diverse and unique form that might mean for the individual. This, after all, is what makes life bearable for any of us.

The dead rat, trapped between the walls, decomposes and raises an almighty stench. This castrated phallus seemed to speak profoundly to Julie’s sense of lack, her attempts at killing off her own desire, and the difficulties of inhabiting a liminal space that one of my other patients termed the “uncanny valley.” The often unspoken fear that many individuals bring to therapy at a gender identity clinic is that we will smell

a rat in their discourse, detect something that is not quite right and that gives us doubts about the person's suitability for medical interventions. It is understandable why these rat catchers are then finding themselves out of work: an elimination of those superegoic gatekeepers who pass judgement on the legitimacy of the subject's gender identity. The practice of psychoanalysis does indeed involve listening to the speech of our patients, in the hope that we may smell a rat: a contradiction, a slip, a gap... All the discontinuities in discourse that serve to point to that which the subject wishes to keep hidden from themselves. The unconscious takes on a particular smell for each of us, and Lacan advocated that we must allow this to lead us around by the nose (Fink, 2007). The crucial point is that this practice of listening with the nose must be radically non-normative and without moral judgement, and this is where psychoanalysis has failed the trans community. After all, it is in the analyst's smelling a rat that the subject who desires emerges. Perhaps in turning away the rat-catchers, they return in another guise in our collective fantasies: like the unpaid Pied Piper who led the children of Hamelin away, so now parents are afraid that their little ones will be entranced by the magic pipe of internet forums and trans celebrities, stolen away from them and into an unreachable and unrecognisable world: beyond gender norms. Psychoanalysis is also the trapped rat, walled in by the essentialist medical discourse on one side, and its own normalising and pathologising history on the other. Perhaps psychoanalysis has been so frightened of the trans subject because they remind us that there is no meaningful distinction to be made between normal and pathological, and that all of our gender identities are built on the unstable ground of a sexual desire that is always slipping away. In breaking down the walls that keep the rat trapped and decaying, we ask ourselves the question: do we not realise we are bringers of the plague?<sup>1</sup>

## Note

1) Alluding to Freud's ironic comment to Jung as their ocean liner reached New York and was met by cheering crowds: "They don't realise

we're bringing them the plague," as reported by Lacan (1956).

## References

- Butler, J. (1990). *Gender Trouble*. New York: Routledge.
- Butler, J. (1995). Melancholy Gender – Refused Identification. *Psychoanalytic Dialogues* 5(2), 165-180.
- Butler, J. (2014). Seduction, Gender and the Drive. *Seduction and Enigmas: Laplanche, Theory, Culture*, ed. Fletcher, J. & Ray, N. London: Lawrence and Wishart.
- Fink, B. (2007). *Fundamentals of Psychoanalytic Technique*. New York: Norton.
- Gherovici, P. (2017). *Transgender Psychoanalysis: A Lacanian Perspective on Sexual Difference*. New York: Routledge.
- Gozlan, O. (2015). *Transsexuality and the Art of Transitioning: A Lacanian Approach*. New York: Routledge.
- Lacan, J. (1956). The Freudian Thing. *Écrits*. Transl. Fink, B. New York: Norton, 2006.
- Lacan, J. (1959). On a Question Prior to Any Possible Treatment of Psychosis. *Écrits*. Transl. Fink, B. New York: Norton, 2006.
- Lacan, J. (1973). *The Four Fundamental Concepts of Psycho-Analysis*. Transl. Sheridan, A. London: Penguin Books, 1979.
- Laplanche, J. (1987). *New Foundations for Psychoanalysis*. Transl. Macey, D. Oxford: Blackwell, 1989.
- Laplanche, J. (2007). Gender, Sex and the Sexual. Transl. Fairfield, S. *Studies in Gender and Sexuality* 8(2), 201-219.
- Millot, C. (1990). *Horsexe: Essay on Transsexuality* (K. Hylton, Trans.). New York: Autonomedia.
- Newbiggin, J. (2015). Rethinking our Approach to Sexualities. *New Associations* 17, 1-2.
- NHS England (2017). *Gender Identity Services for Adults*. Retrieved September 27, 2017, from <https://www.engage.england.nhs.uk/survey/gender-identity-services-for-adults/>
- Safouan, M. (2004). *Four lessons of Psychoanalysis*. New York: Other Press.