

Breaking out of the Binary

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ABSTRACT *Do transgender people transcend gender or merely cross from one side of a physical binary divide to the other? Can such transcendence offer opportunities for arguments in support of unconscious life which the majority of psychotherapists would fight for, but often without success. Can the transgendered person offer us a way of thinking about what is termed and fixed as a category as mental illness. Copyright © 2010 John Wiley & Sons, Ltd.*

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INTRODUCTION

Predominantly using psychiatry within the United Kingdom as my context, what I want to discuss is nothing new in the very familiar postmodern debates challenging fixed binary notions. However, in using the discussion around transgender, which is becoming familiar, I want to enable further thinking about the challenges that psychotherapists working within adult psychiatry encounter as they are faced daily with being seduced into fixing patients into categories (Dudley, 2004). We see some opportunities for knowledge and insight in the Department of Health guidance (Department of Health, 2008 etc.), which aimed to help stop discrimination against people identifying as transgender within the health sector and the workplace. Even so, the emphasis, in my view, on being ‘mentally well’ or not remains the dominant position and, as with bi gender, it is not one of accepting who one wants to be outside these defined states. The orthodoxy is to gravitate to one gender or the other as it is to propose and accept one psychiatric diagnosis or another.

Why this emphasis in my linking diagnosis with transgender? Not transsexual, the person identifying as transgender has no wish for gender reassignment requiring a diagnosis of a disorder and radical surgery and hormones to ensure the ‘correct’ gender, therefore achieving a cure. By this cure transsexuals will avoid experiences of often extreme prejudice; of being deemed as someone to ridicule, treated as a bit of a joke, something seedy or sexually orientated (Andrei, 2002, 77). Gender reassignment is perhaps the easier option, even though, as Reed observes, psychically the sense of not belonging to one gender or the other may remain (Reed, 2002, 3). At least for outward appearances and for the comfort of the various groups most of us move within, the person now fits in.

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In this paper, I hope to make a protest for not fitting in and by this ‘the group’ may learn from ‘the rebel’ who may offer new opportunities to imagine something different.

From the seventeenth-century memoirs of the Abe de Chosy to Proust’s serious enquiry into the nature of gender in *A La Recherche*, to Jean Genet’s preoccupation with transvestites as the subject of *Our Lady of the Flowers*, there exists a rich imaginative literature on what is by nature a fugitive subject. Transgenderism as an imaginative act is what interests me, rather than its existence as a medical or sociological phenomenon. (Reed, 2002, 5–6)

THE IMAGINATIVE ACT

I think most of us within the psychotherapy profession would say we seek what is outside of the binary box, which offers new opportunities and parameters. So we would wish to activate imagination, unconscious energy and possibilities, for example, for the person burdened with a diagnosis of a ‘chronic’ psychiatric illness. And we would not be pushing for the cure, like the many professionals who seek the other half of the binary in order for the person to *be well*; or, if this seems impossible, merely accepting that nothing can be altered to enable new experiences or understanding within the person. I fear little has changed from Main’s day when he wrote powerfully, in the late 1950s, about the lengths to which professionals will go in the desire, frequently based on their own difficulties in curing a patient (Main, 1957). And so, today, to achieve this aim drug companies will go to great lengths in the development of new and expensive medications and electroconvulsive therapy remains part of standard practice to make someone ‘better’ (Scott, RCP Report, 2005).

So can we resist the urge to fit in? Be it ourselves or those we see for therapy?

POTENTIAL FOR STAYING OUT OF THE BINARY BOX?

Anthropologists have demonstrated that men can be like women and vice versa and have shown that in some cultures androgyny, hermaphroditism, and variations arise and can become institutionalized (Plummer, 1996). Similarly Lacquer (1992) showed that it is only in the modern world that the apparent simplicity of gender has evolved, and that prior to the eighteenth century the division was often not so tightly drawn.

‘Gender beliefs or artifacts vary from culture to culture and co-evolve with a culture’s religious, biological and psychological artifacts or beliefs’ (McKenzie, 2006, 406). Transgendered individuals in many aboriginal tribes were believed to be closely connected to the hermaphroditic gods of their creation myths. The aboriginal Navajo culture valued third and fourth-gender individuals.

The biological trap, linking gender to biology, and Anima/Animus thinking, leads us into ‘a trap of linear order-lineism fixed identities, androgynous symmetries, and archetypes that are differentially inherited, based on sexual anatomy, a breach in the universality of the collective unconscious’ (McKenzie 2006, 406).

However, Jung could be said to be ‘an early queer theorist’ in his fascination with the archetypal third of the transcendent function, and the psychotic realm of the subtle body. Jung gestures to the subtle body of gender when he speaks of body as a representation of the physical materiality of the psyche (Jung 1958, para. 392, quoted in McKenzie, 2006, 407).

The unconscious, and the collective unconscious more so, is full of non-sexual monsters and perhaps the transgender person is also a monster, but in that it is also post-human. To

truly transcend gender would be to become the post-human mutations of Michel Hœllebecq's novels – beings he doesn't describe except to say that they are *not human* and the implication is they derive from the misfits of humanity.

Is the postmodern position helpful?

In art psychotherapy for example we may see the body/clothes, and so on, as a work of art expressing a psychic/unconscious reality as far as the materials will allow. But how far can one usefully go 'beyond' or ignore the physical 'facts'? The danger for postmodernist theorists is that many of their statements are counterintuitive and apparently ridiculous, as when Baudrillard said that the first Gulf War was not a real event, merely a bit of old twentieth-century history recycled for the media: its reality was only as newsreel. He quotes Elias Canetti who wrote, in 1945, 'as of a certain point, history was no longer real. Without noticing it, all mankind suddenly left reality' (Horrocks, 1999, 9). The surrealists also sought to subvert, redefine and escape 'reality'. But, nevertheless, although explorers of the inner worlds of the psyche might become, and encounter, all manner of strange beings, such explorers must eventually do their makeup and have a cup of tea. One manifestation and way out of the problems arising from the urge to metamorphose into some new, possibly transgender state lies in the current enthusiasm for computer-based virtual reality games in which one's screen persona can be anything one can imagine, having no similarities to one's actual physical self. It may, of course, nevertheless be a perfectly valid and accurate representation of an unconscious reality within the player's psyche. The sticking point remains our inability to escape from our physical shells (of whatever sex) into the computer. But as a start we can allow the virtual reality to manifest in the 'real' world via a person's physical expression of their feelings and dreams in transgenderism. Or we can express or be whoever we want to be (even if in the real world it might be deemed as unwell, perverse or just 'plain mad'), as an art form to be accepted as such and worked with.

But the reality lies deeper than that. It is not an art form but a way of being, a manifestation of unconscious urges that are less controlled or suppressed than in the majority. Hermann Hesse who knew Jung and was heavily influenced by his ideas has described the problems associated with this phenomenon in his novel *Steppenwolf* (1927) and, more succinctly, in the associated *Treatise on the Steppenwolf* (1975 [1927]). Writing of the type of person the Steppenwolf is Hesse says:

And these men, for whom life has no repose, live at times in their rare moments of happiness with such strength and indescribable beauty, the spray of their moment's happiness is flung so high and dazzlingly over the wide sea of suffering, that the light of it, spreading its radiance, touches others too with its enchantment. Thus ... arise all those works of art, in which a single individual lifts himself for an hour so high above his personal destiny ... All these men, whatever their deeds and works may be, have really no life; that is to say, their lives are non-existent and have no form. They are not heroes, artists or thinkers in the same way that other men are judges, doctors, shoemakers, or schoolmasters. Their life consists of a perpetual tide, unhappy and torn with pain, terrible and meaningless, unless one is ready to see its meaning in just those rare experiences, acts, thoughts and works that shine out above the chaos of such a life. (Hesse 1975, n.p.)

Speaking of Harry Haller, the Steppenwolf, Hesse goes on: 'No prospect was more hateful and distasteful to him than that he should have to go to an office and conform to daily and yearly routines and obey others.' So while such people may regard themselves as outside society (and often despise 'ordinary' people) they depend on normal society to provide a

structure. Equally, society needs the outsiders to facilitate its survival in times of crisis and change; it then needs the remarkable.

The bourgeois treasures nothing more highly than the self (rudimentary as his may be). And so at the cost of intensity he achieves his own preservation and security. His harvest is a quiet mind which he prefers to being possessed by God, as he prefers comfort to pleasure, convenience to liberty, and a pleasant temperature to that deathly inner consuming fire. The bourgeois is consequently by nature a creature of weak impulses, anxious, fearful of giving himself away and easy to rule. Therefore, he has substituted majority for power, law for force, and the polling booth for responsibility. (Hesse, 1975, n.p.)

The outsider needs the 'bourgeois' to keep society going as he depends upon it for the basic necessities of life. Without the outsiders the herd would not survive; the majority needs the outsider, the Steppenwolf; 'the vital force of the bourgeoisie resides by no means in the qualities of its normal members, but in those of its extremely numerous 'outsiders' (Hesse, 1975, n.p.).

Nevertheless, we are fearful of outsiders. But isn't this what we should want to facilitate as therapists? To stand with the outsider takes courage and against systems which seek to make one fit in with the norms of society and its accepted scientific version of reality. Maybe, therefore, psychotherapy is best out of the NHS if we cannot be allowed to offer people our special way of viewing/reviewing / metamorphosing the world. John Henzell (2006, 13–21) pointed out the shortcomings of psychiatric diagnosis in labelling the unusual and unruly manifestation of creativity as 'some psychological deficit' (Laing in Henzell, 2006, 20).

Opening up a similar discussion Foucault (1967) continues to find favour with many in his challenge to the fixity of psychiatry. I too found similar favour when I argued that psychotherapists should try and move from the use of psychiatric diagnosis (Dudley, 2004). However, I also met with some opposition: I was not being realistic and what was wrong with diagnosis anyway? As one senior colleague said: 'come on Jane, we are in the real world after all.' And I myself have worked with other professional colleagues in my aim to save posts, in making advances to NICE to ensure the psychotherapies' inclusion in various guidelines for the treatment of those with a 'psychiatric illness'. So am I being naïve and hypocritical, or just realistic? For instance, in regard to gender, Janice Raymond, taking an orthodox view, argued that transgenderist claims of tolerance in crossing gender are 'alluring but false', and that transgenderism 'reduces gender resistance to wardrobes, hormones, surgery and posturing – anything but real sexual equality (Raymond 1996, 223).

Even so, despite it all, I yearn to get out of the binary that seems wished for. Hogan describes how, at the moment of birth, it is asked if a baby is a girl or boy; in seeking an answer a whole lot is immediately ascribed to the baby's identity and expected future experience (Hogan, 2003). If it the gender as ascribed by the baby's genitalia is not clear then invasive often damaging surgery, including surgery affecting the capacity for sexual stimulation and pleasure, may take place to ensure the genitals fit with one gender or the other (Fausto, 1992).

Must we assume that some things become fixed at the moment of manifestation in physical reality?

People cannot – without outside surgical intervention – change their bodies back and forth in accordance with shifts in desire/attitude/circumstances. The crucial point in this is whether we could accept a new-born child that is not securely either male or female and allow it to develop as some non-male/non-female being. This would lead (until very recently within legal frameworks) to its being a non-person, which is part way to being the non-human transgender ideal that really would get us out of the binary male / female bind.

We need, it seems, in other words, medical scientific intervention and we desire it to fit in.

The lure of certainty: one or the other, one thing or another, this theory or that, and so on, draws us back. It is not easy to wander outside these binary and fixed pathways, particularly when the pathways offer routes to belonging and acceptance, be it in one gender or through acceptance that one's difficulties or difference in psychological experience can be named and so fixed in diagnosis. And, even better, if there is an evidence base that not only secures your diagnosis but prescribes a treatment to be given. As a professional one feels secure: now I know what to do. Most of us will know people who, when psychologically disturbed, were relieved on receiving a diagnosis. *At least I know now what is wrong with me.*

As at the moment of birth, people initially entering psychiatry are quickly fixed within a diagnosis and a state of permanence is imposed on them from which it is hard to shift (Boyle, 1990, 1994, 1999) and now, through NICE guidance, a particular treatment pathway is fixed upon as determined by a certain sort of quantitative evidence. There is little opportunity for deviation from the 'pathway of care' for the welcome spark of imagination or curiosity, which might begin a new approach to someone, in a cash-strapped NHS. Within such thinking and within systems where such thinking is pretty much demanded, the movement, the play, the crossing of borders, perhaps as in the world of the unconscious, which offers all such potential, is given little chance to flex its wings. It is familiar professional's rhetoric in my experience, that there is little room within psychiatry these days for the nurturing and exploration of the unconscious in the context of a secure relationship. Instead the emphasis, as when I arrived in psychiatry, is about getting the person to fit in, to be socially accepted, to recover. Is there anything wrong with this? Well, perhaps there is; what if the society we are trying to get people back into is unwell as well as being intolerant and unwelcoming of 'my' difference of 'who I am'? However, it is a human wish to fit in even with the risk of being categorized as noncompliant, gender dysphoric or chronically unwell. And for those who have never felt they fitted into the institutional club, diagnosis offers an opportunity to belong and to be cared for, as long as you fit in and accept the club rules and your (frequently low) position in the club hierarchy. But the transgendered or the person who refuses to comply with psychiatric categorization, like the Steppenwolf, precisely will not fit in.

We can influence things though, can't we? In the world of art psychotherapy Skaife (2008) writes of the importance of having a strong theory that promotes what is done in particular. And similarly, in Dudley (2004) I asked that art psychotherapists own and use our own language of specialism rather than resorting to psychiatric discourse when describing what we do. In my work as psychotherapist, art psychotherapist, lecturer and supervisor I find myself wanting to fight for the life of the unconscious, for fluidity, as again and again meaning is sought and pinned down. This a tough position to keep up when asked more

frequently than ever before for evidence to prove why psychotherapy should be the treatment of choice for such and such diagnosis. Posts are at risk and are being lost in favour of those professions securely on the NICE pathway of recommended treatments such as cognitive-behavioural therapy. This works, this does not. There seems little or no room for that which is relational or of qualitative experience to be considered. It is not surprising then that we seek to align ourselves to those treatments which have the quantitative NICE approval.

In a similar vein, the social inclusion-recovery initiatives are well meant and NHS trusts are supporting and putting into place various strategies to ensure this happens and professions are responding to this drive (Department of Health, 2001, 2007).

I suggest, though, that such initiatives, although apparently supporting patient choice, move us further away from consideration of the power of the unconscious and this is at the cost of those who value the unconscious and who are slowly being made extinct. Psychotherapy posts are being cut or, at least, services are being drastically depleted. One could say it is all about cost and that psychotherapies take too long. One could say it is all about an ideology that drugs and other *physical* interventions are the only ones of value.

I feel, though, that there is something rather more dynamically sinister than mere considerations of cost. It is the assertion that everything about us is purely physical and that we have roles in society into which we can be fitted by drugs, ECT, or changes in outward behaviour. It is a denial of individual freedom to explore and go with the apparently irrational urges to be other than we are perceived to be.

... the notion of a person 'having a mental illness' is scientifically crippling. It provides professional assent to a popular rationalization, namely, that problems of living experienced and expressed in terms of so-called psychiatric symptoms are basically similar to bodily diseases. Moreover, the concept of mental illness also undermines the principal of personal responsibility, the ground on which all political institutions rest. For the individual, the notion of mental illness precludes an inquiring attitude towards his conflicts which his 'symptoms at one conceal and reveal. For a society, it precludes regarding individuals as responsible persons and invites, instead, treating them as irresponsible patients. (Szasz, 1973, 269)

I am not quite proposing, although I would gladly do so, to change the powerful charge of the recent British government. However, whilst all this goes on if we can, as it were, hold the transgender position then perhaps we can be more imaginative within our systems (even with no money) to let people be and let them find understanding outside the boundaries we take to define 'us'. We, as therapists, must, in my view, remain imaginative and allow those we work with patients or staff to do likewise. A colleague who had lived all her forty-plus years in a communist regime spoke of how imprisoned she felt not being able to express and say as she wished or to read the books she wanted and so on. You could be happy, she said, if you were happy with the routine: working, always having pay, knowing you had a home and so on. But the loss of freedom of expression was terrible. We learnt, she said, to express ourselves in secret, we spoke in metaphors. After all, another colleague from a similar cultural regime said: 'they can't take away your dreams'. In Western democracies, in the absence of blatant exercises in totalitarian repression, there is an assumption that we are free. This, as Marcuse pointed out in 1964, is an illu-

sion: 'A comfortable, smooth, reasonable, democratic unfreedom prevails in advanced industrial civilization, a token of technical progress' (Marcuse, 1972, 16).

I can hear myself as I say this as seeming terribly romantic and hear the rational thinkers saying: 'For heaven's sake what is the matter with her?' However, I have come to think that within the systems which systematically attack freedom of being and expression psychotherapists can, as it were, act as the protectors of 'dreams' and allow the open expression of metaphors. If we 'really' value dreams we value a world without the fixity of binaries. I am not proposing that, to have experiences that one might describe as psychotic, and experiences that do not fit with one's everyday ways of being and experiencing, is an easy place to be by any stretch of the imagination. However I am proposing that by staying within such binaries we deny the language and experience that any person, whatever their experience, can offer and relate to and share with 'the other'.

By sticking with binary experience, including gender, we miss out on the merging and blending of gendered and dreamed experience. It is not new to say that it is this fear of merger that we seek to avoid, but I think we are in danger of seeking such binary order and neatness that we become attached to an omnipotent notion by which we align with the strongest group: NICE, the Social Inclusion Agenda etc., then all will be well. We will have conformed to the norm and accepted comfort and security rather than freedom.

A perhaps useful metaphor of what I am trying to say is in the case of the demand for single-sex wards understandably desired by many and backed by government (Department of Health, 2005, 2007) and NHS Trusts who are to be fined if they do not conform. So, to prevent this, large sums are being spent to ensure this punishment is avoided. However these wards exclude the transgendered person who moves between the gendered wards seeking a place to belong. If we keep this person wandering – literally and metaphorically – between the wards then there is danger that for instance the art that people make in therapy will become, in effect, part of this predetermined order within which we will seek some sort of explanation and art will in turn become socially inclusive, as also desired by government under the Arts in Health Agenda (Department of Health, 2007). I heard from a colleague that a patient's art exhibition including images from art therapy excluded certain sorts of art, which were considered contentiousness or provocative. It was not made exactly clear I understand why this was a concern.

'Art cannot be isolated from its context and then used to support a foreign system of concepts.' According to Jung 'the bird is flown ... when we try to explain the mystery' (Jung, 1958, 199).

Although the wish to explain what we do and to ensure it fits with current rhetoric and to belong is seductive, and the wish not to be provocative is understandably strong, we are at risk of letting the bird that makes psychotherapies so special fly away by trying to fit in with the current government bias. Although I am referring to psychanalytic psychotherapies and art psychotherapy and not the whole.

LETTING THE TRANSGENDER BIRD FLY

I suppose it is about holding one's nerve. As many NHS colleagues are saying, the tide will turn and the supporters of the unconscious and of 'relationship therapies' will once more have their day. Perhaps I am just creating another binary, but perhaps not! Rather, although

seeing good in both CBT and in the social inclusion drive (Department of Health, 2001), I suggest we should be sceptical and a little suspicious, even though acknowledging the merit, of anything that seems so ‘apparently convincing’.

The political flight path of the transgender bird offers us some signposts perhaps?

In the 1990s the Transgender Liberation movement was born. Previously, transgendered people had been accused of being individualistic, not political or collective in the struggle against gender oppression, and reactionary in reproducing gender stereotypes by passing (changing sex). Gradually groups came together and networking commenced, influenced by the feminist premise that ‘the personal is political’ (Nataf, 1996, 26.) The movement’s main banner was ‘working for the freeing of identity and the dismantling of the oppressive gender system’ (Nataf 1996, 27).

The transgender movement evolved from transsexualism, which, in the West, was, until the middle of twentieth century, relatively unheard of, emerging in the media with the MTF sex change of Caroline Jorgenson. At that time the media had only just recognized the existence of FTM. Due to the categorization (in DSM III) of transsexualism as an illness, psychiatrists became the gatekeepers to the treatment by which one could change one’s sex. This was the same American categorization that defined homosexuality as a perversion from the ‘norm’ of heterosexuality until 1987 (Nataf, 1996, 11). And DSM continues to pathologize gender difference under a different name: ‘gender dysphoria’, listing a set of symptoms. (Whittle 1996, 198). If you wish to change your sex you have to: (1) prove that you are ill and (2) prove your willingness to conform to the norms of your chosen alternative sex, by, for example, living as either a man or a woman for some months, before actual medical intervention is offered. Thus it is assumed there is the ‘other’, a way to be: as male or as female; fundamentally there remains the fixed notion that one must be biologically constructed and determined. There are, therefore, definitions of how men and women ‘are’ and these cannot be changed, except by radical medical and surgical intervention. You have to be one or the other and if (as with some newborn babies) there is any doubt then you can be ‘cured’ or ‘fixed’.

Queer theorists attempted to undermine ‘the very foundations of modernist thought – the binary codification of our apparent existence, the divergent sex and gender categories of a one dimensional creed: sexual duality and its resultant heterosexual centrism’ (Whittle 1996, 200).

This allowed the public emergence of gay and lesbian lifestyles, of ‘community’ and, as Whittle puts it, there developed ‘a balloon culture’s celebration of difference’ and it ‘brought homosexual iconography into the forefront of (post) modern culturalism’ (Whittle, 1996, 201). However, in opposition to this there came ‘the adoption of the respectable’ in order to counter the perception of the gay body as unwholesome. In this move to ‘safe sex’ Dubermann believes that activist and academic interests moved from ‘radicalism to reformism’ (Dubermann, 1991 quoted in Whittle, 1996, 20).

I would never say psychiatry was radical, but it has grown and even nurtured, perhaps, under its umbrella radical movements and voices, which, against all odds, could exist again against the psychiatric strength that demands all to conform to the science of reason.

Queer theory and the gay community had to grapple with the many contradictory needs of the transgendered community and something really quite radical happened due to the

open expression of the transgendered independent voice, not as someone tacked on for want of belonging somewhere. Many transgender people were drawn to the gay community in the search of relationship, sometimes as the ‘local gay bar’s lucky mascot’ in the provision of a drag revue (Whittle, 1996, 202). Due to the postmodern practice of listening to and hearing many voices that express individual ‘truisms, gender, sex and sexuality there is facing not just of deconstruction, but also reconstruction in the practices of many individuals and in the community’s view of who can claim membership’ and recent contributions to such as cultural studies have offered an ‘oppositional standpoint to the assumed “naturalism of sexual dimorphism”’ (Whittle, 1996, 204–5).

Transgendered behaviour provides the possibility of challenging boundaries ever being there, and the boundaries that queer theory attempted to deconstruct.

There has been a shift from the concentration on the rights of the transsexual, focusing on the right to get sex re-assignment as quickly as possible, to the transgenderists challenging the entire system of binary polarized gender, and this has coincided with an increase of people labelling themselves as third gender, two-spirit, both genders, neither gender or intersexed (Califia, 1997, 245).

Previously, enormous prejudice silenced the transgender person from contributing to the challenging of such binary boundaries. The dominant culture colonizes controls and stereotypes and this is no different with the transgender minority (or even the psychotherapy minority). ‘Make us a joke and there’s no risk of our anger, no fear we’ll raise some unified voice in protest because we’re not organized’ (Bornstein, 1995, 60) Never fitting in, mostly hiding, and never telling anyone who they were, their voices were never heard and their words rarely read. They are written about in medical books, or by well intentioned people, ‘trying to figure out how to make us fit into *their world view*’ (Bornstein, 1995, 61.) The medical discourse has made them (and art psychotherapists/psychotherapists?) seem self interested and ‘decidedly barmy’. Legal and social restrictions made (make) it hard to speak out.

Post modernist art accepts the world as an endless hall of mirrors, as a place where all we are is images...and where all we know are images... There is no place in the postmodern world for a belief in the authenticity of experience, in the sanctity of the individual artists vision, in genius or originality. What postmodernist art finally tells us is that things have been used up, that we are at the end of the line, that we are prisoners of what we see. (Grunberg, 1990, 17–18)

If all we see are images in our minds (as is maintained in most philosophical systems) then either our experiences are only partially true to any reality, or there is no external reality. In either case what ‘really is’ out there in the world is irrelevant.

To differentiate and stand apart in one’s orientation, be it sexually, creatively or otherwise demands the courage to imagine an opposite, and in the case of the transgender individual to embody it. Wasn’t the goddess Athene the brain-child of Zeus, and conceived through the god’s head? Transgender people obey a similar archetype, with the transsexual literally giving birth to himself through a similar process of physicalising the anima, while the transvestite is happier to identify with the feminine image he has of himself by recreating it through clothes and makeup. The distinction is of course critical, for although both categories belong to a world of metamorphic variants, one attempts to give physical form to the expression, while the other lives with it as a mental image, and one which is usually disposed of in the workplace. (Reed, 2002, 6)

The liberation of fluidity, of dissolving boundaries, has been placed under the term 'pan sexuality'. Pan sexuality is diversity, an expression of orientation, panoramic across lines; attraction can be to all the different identities (Nataf, 1996, 32–3). However, this blending is seen as a threat to, rather than as potentially freeing from the confines of binary gender.

So that which is outside of the binary, which won't fit, is a threat that needs to be made to fit one way or another. As a colleague said to me, the person you are concerned about who is saying they are transgender and wandering between the two wards is only one person, and we have to think about all the rest; and basically that person has to decide to go to either the male or female toilet. Anyway, it's a waste of time because once they are well then they will go to the ward of their biological gender and be happier. And on another occasion: 'surely Jane, if you were depressed you would want a treatment that was scientifically proven and not one that is just said to be helpful by another patient.' I thought of all the liberating places I have worked including the Henderson Therapeutic Community, now closed, which allowed such opportunity for freedom of expression without quick judgments and pathologizing (me included). Of all the psychotherapy I have had it was this (not drugs, ECT or CBT) that brought me to a place of being able to understand and to bear bouts of serious depression. I didn't answer as I did not know what to say: just simply 'yes' would not be enough evidence. And so it is much easier to be seen as fitting in, conforming included and so I said, in a cowardly way, that perhaps they were right.

CONCLUSION

People largely ridicule in others what they fear in themselves. Transgender people have a hard time on the street, but soon learn the tactics of survival. 'Every angel is terrifying' Rilke tells us in *Duino Elegies*, and angels we are told are sexless. I like to think of transgender people as intermediaries, and is this the reason why people are frightened in their presence? Rilke said it, 'Every angel is terrifying.' (Reed, 2002, 6)

But the thing with angels is that they are not physical beings. Can we, then, ignore the physical and try to get to the mental conception someone has of themselves and view the physical manifestation as an imperfect image of a metaphysical reality? Psychotherapists, after all, primarily work with the mind. Psychiatry, on the other hand, seems essentially to propose that we are merely physical and can be changed physically: we are beings to move hither and thither with medical interventions whereby all is known or will be known. Perhaps the problem and mismatch lies in trying to apply science to art.

I have made perhaps a rather clumsy but well-meaning attempt in my wish to transcend from a position of an experience of feeling really rather oppressed by stifling government and 'NICE' rhetoric with regard to what is right and required for one's mental health to a position where the unconscious, the not knowing and relationship is once again valued. In my view, psychotherapy, which I have been practising since the 1980s, has been able, within adult mental health systems, to act as an intermediary between cognitive and medical approaches; and my experience has 'mostly' (but not without hard negotiating work) eventually been welcomed in psychiatry. I am hoping (and I know this is a huge risk and posts are being lost across the psychotherapies within the NHS) that we can remain this voice and I believe strongly that in order to be so it may be necessary that we remain 'the outsiders' to an extent and value, respect and learn from the experience of those who hold/take

this position. In this instance I borrow the term from Henzell in thinking about valuing the witnessing of someone's experience, however strange it may seem to the 'other', and he asks that we don't allow people to be 'shoe-horned into the convenient schemes and slogans of our official consciousness, including over schematic notions of post-modernity or psychology. This is why "outsiders", in and out of mental health care, butt into discourse, without even meaning to, as uninvited, awkward but instructive guests' (Henzell, 2006, 21).

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REFERENCES

- Andrei C. *Transgender Underground: London and the Third Sex*. London: Glitter Books, 2002.
- Bornstein K. *Gender Outlaw: On Men, Women, and the Rest of Us*. New York: Vintage Books, 1995.
- Boyle M. *Schizophrenia: A Scientific Delusion?* London: Routledge, 1990.
- Boyle M. *Schizophrenia and the art of the soluble*. *The Psychologist*, 1994; 7: 399–404.
- Boyle M. *Diagnosis*. In Newnes C, Holmes G, Dunn C (eds) *This is Madness: A Critical Look at Psychiatry and the Future of Mental Health Services*. Ross-on-Wye: PCCS Books, 1999; 75–90.
- Califia P. *Sex Changes. The Politics of Transgenderism*. Berkley, CA: Cleis Press, 1997.
- Department of Health. *Breaking Down Barriers. Clinical Case for Change*. London: DoH, 2007.
- Department of Health. *The Journey to Recovery. The Government Vision for Mental Health Care*, 2001. London: DoH, 2001.
- Department of Health. *Elimination of Mixed Sex Hospital Accommodation*. London: DoH, 2005, updated 2007.
- Department of Health. *Report of the Review of Arts and Health Working Group*. London: DoH, 2007.
- Department of Health. *Guidelines: Transgender Experience Information and Support*. London: DoH, 2008.
- Dudley J. *Art psychotherapy and the use of psychiatric diagnosis for art psychotherapy*. *The International Journal of Art Therapy: Inscape* 2004; 9(1): 14–25.
- Fausto SA. *How to build a man*. In Rosario VA (ed.) *Science and Homosexualities*. New York: Routledge, 1992; 219–24.
- Foucault M. *Madness and Civilization. A History of Insanity in the Age of Reason*. London: Routledge, 1967.
- Griggs C. *S/He: Changing Sex and Changing Clothes*. Oxford: Berg, 1999.
- Grunberg A. *The Crisis of the Real. Writings on Photography since 1974*. New York: Aperture, 1990.
- Henzell J. *Unimaginable imaginings: fantasies and works off the margin*. *The International Journal of Art Therapy: Inscape* 2006; 11(1): 13–21.
- Hesse H. *Treatise on the Steppenwolf*. Wildwood House, London, 1975.
- Hogan S (ed.) *Gender Issues in Art Therapy*. London & Philadelphia: Jessica Kingsley, 2003.
- Horrocks C. *Baudrillard and the Millennium*. Cambridge: Icon, 1999.
- Jung CG. *Psyche and Symbol*. New York: Doubleday, 1958.
- Lacqueur T. *Making Sex*. Cambridge MA: Harvard University Press, 1992.
- Laing RD. *The Politics of Experience*. London: Routledge & Kegan Paul, 1967.
- Main TF. *The ailment*. *Medical Psychology*, 1957; 3(3): 129–45.
- McKenzie S. *Queering gender: anima/animus and the paradigm of emergence*. *The Journal of Analytical Psychology*, 2006; 51: 401–21.
- Morris D. *Citizenship and community in mental health: a joint national programme for social inclusion and community partnership*. *The Mental Health Review*, 2001; 6: 21–4.
- Nataf Z. *Lesbians Talk Transgender*. London: Scarlet Press, 1996.
- Plummer K. *Foreword: genders in question*. In Ekins R, King D (eds) *Blending Genders*. London: Routledge, 1996; xiii–xvii.

- Raymond J. The politics of transgenderism. In Ekins R, King D (eds) *Blending Genders*. London: Routledge, 1996; 215–23.
- Reed J. *Walk on the Wild Side*. In Andrei C (ed.) *Transgender Underground: London and the Third Sex*. London: Glitter Books, 2002.
- Scott A. The ECT Handbook; The Third Report of the Royal Psychiatrists Special Committee on ECT. (Second edition), June (2005): Due for Review 2009, <http://www.rcpsych.ac.uk>.
- Skaife S. Off shore: a deconstruction of David Maclagan's and David Mann's Inscape papers. *International Journal of Art Therapy*: Inscape 2008; 13(2): 44–52.
- Szasz TS. *The Myth of Mental Illness*. London: Paladin, 1973.
- Whittle S. Gender fucking or fucking gender? In Ekins R, King D (eds) *Blending Genders*. Routledge, London, 1996; 196–214, 1997.
- Wilchins RA. *Read My Lips. Sexual Subversion and the End of Gender*. Ithaca, NY: Firebrand Books.