

# Senses of Gender

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## Abstract

This paper explores the testimony of trans respondents to Count Me In Too (a participatory action research project that examined LGBT lives in Brighton and Hove), and this analysis occasions the development of innovative concepts for thinking about understandings and experiences of trans phenomena and gender. The analysis starts by exploring the diversity of trans identities before considering evidence of how health services pathologise trans experiences. These analyses not only call into question mind/body dualisms within contemporary gender schema, but also challenge the continued reliance on a sex/gender dichotomy – both in public institutions and in academic theorising – making a definitive distinction between transsexualism and transgenderism difficult to sustain. To do justice to the complexity of the respondents' testimony, we advance the concept of a 'sense of gender' – a sense that belongs to the body, but that is not the same as its fleshy materiality – as one register in which gender is lived, experienced and felt. This sense of gender becomes expressed in relation to a sense of dissonance (sometimes articulated through the 'wrong body discourse') among the various elements that compose the body, its sex and its gender, such that the 'body' experiences an inability to be 'consistent' in ways that are usually taken for granted. The paper suggests that further work needs to be undertaken to explore how the concept of 'senses of gender' can be applied to a broader rethinking of the relationship between gender and the body.

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**Keywords:** *Trans; Transgender; Transsexual; Sex; Gender; Sense; LGBT; Embodiment; Body; Mental Health*

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## Introduction

**1.1** The lives of those who have been defined as transgender, transsexual, drag queens and/or drag kings can be used to explore discourses of 'sex' and 'gender'. Such explorations have often addressed a relatively narrow set of concerns, primarily those associated with interrogating dichotomies and binaries of sex and gender, and challenging the categories of male and female, and man and woman in the contemporary Global North. This paper adds to the growing body of work, much of it from within what Hines (2007a), among others, calls 'transgender studies', which confronts the tensions between attempts to question these gender categories and the assertion of fixed gender identities among participants in many different research projects. Indeed, Hines (2007a: 5.3) argues that much of the debate in 'transgender studies' relates to the 'contradictions between a deconstructionist analysis of transgender and the representation of a fixed identity within many transgender autobiographies'. The primary contribution of this paper is to advance a conceptualisation of 'senses of gender' that circumvents both the problematic distinction between sex and gender, and the opposition between deconstruction and fixed gender identities. The idea of 'senses of gender' is developed through a consideration of the tensions apparent in how gender is differently figured in terms of the mind and in terms of the body in participants' accounts. Thinking through 'senses of gender', then, involves moving beyond the mind/body dualism towards thinking through complex relationships among mind, body, sociality, discourse and other registers.

**1.2** Additionally, the paper also makes a contribution by questioning the appropriateness of using the category 'LGBT' (lesbian, gay, bisexual, and transgender people) in intersectional analyses – for example, focusing on the intersection of the effects of class and ethnicity with being a member of the LGBT collective (Fish, 2008). On the basis of the analysis presented in this paper (and on the findings of the project this analysis arises from), we argue that in some circumstances, different vulnerabilities to multiple marginalisation are exhibited by lesbians, gay men, bisexual people and trans people. Moreover, not only should diversity among lesbians, gay men, bisexual people and trans people be considered, but it should

be recognised that trans people may inhabit some, all or none of these identities simultaneously, which may affect their vulnerability on different measures of marginalisation.

**1.3** This paper will not follow a conventional paper structure. Rather, it will first introduce the methodologies for this paper before interweaving empirical material with theoretical analysis. Foregrounding the narratives of trans participants, we hope to upset the hierarchies that celebrate theorisations of trans subject positions without an engagement with trans people themselves<sup>[1]</sup>. The first empirical section of the paper will build on the methodological discussion by exploring trans people's relationship with the term 'trans'. This leads into a discussion of the sex/gender and biology/culture binaries that sustain and are sustained by the transgender/transsexual dichotomy. The paper will then move on to bring together trans people's understandings of the differences and relationships between their experiences of 'mind' and 'body' and a discussion of the implications of such understandings for how we conceive of sex and gender and their relationships to culture, embodiment and performativity. As only certain kinds of trans individuals appear in some queer anti-heteronormative theorising (see Namaste, 1996; Prosser, 1998; Haritaworn, 2007 for critiques of such theorising), in this context it is important that a diversity of trans people themselves are heard in their own voices.

## **Count Me In Too: Community-University Partnerships and Participatory Action Research**

**2.1** The empirical material in this paper arises from Count Me In Too (CMIT), a participatory action research project that seeks to progress social change for LGBT people in the city of Brighton and Hove in the UK. CMIT was initiated in 2005 as a community-university partnership between Spectrum<sup>[2]</sup> and the University of Brighton (Hart et al., 2007). The project is directed and led by LGBT steering groups (initially by those from marginalised sectors of LGBT communities) and analysis groups that include local LGBT people as well as community and statutory sector partners. The design of the research sought to address issues of multiple marginalisation and exclusion within LGBT communities by targeting focus groups for those identified by the steering group as 'most marginalised'. Trans people were one of the groups identified as 'most marginalised', and trans people also sat on the steering group.

**2.2** The research consisted of a large scale questionnaire with 819 respondents and 20 focus groups that had 69 participants. Two of the focus groups were specifically trans groups (composed of nine people in total), and trans people also attended focus groups with different themes (such as the bisexual focus group). The focus groups were facilitated by Kath Browne and Arthur Law (the Spectrum co-ordinator). The questions were designed by the steering group and addressed aspects of life in Brighton and Hove, including health, social life, work, safety and policing.

**2.3** In addition to the focus groups, a questionnaire containing 237 questions that gave rise to both qualitative and quantitative data was undertaken. Funders, community and statutory partners, and LGBT people were invited to submit questions that could inform policy and service provision in order to effect social change for LGBT people. The inclusion of these questions in the questionnaire was then decided by a steering group. The questionnaire was distributed through paper copies around Brighton and Hove and was also available online. The quantitative data was analysed in SPSS software, and we have used a significance level of  $p < .05$ , using Chi Square tests for nominal data.

**2.4** The questionnaire had 43 trans respondents, all of whom were routed through a section of the questionnaire that specifically addressed trans experiences. This section was designed by trans people and organisations in the city and addressed the UK's Gender Recognition Certificate<sup>[3]</sup>, health care and marginalisation, and what respondents thought of the term 'trans'. The specific trans analysis from Count Me In Too culminated in a trans report (Browne and Lim, 2008) and was conducted with the help of an analysis group that consisted of trans people and representatives from a broad range of statutory services and voluntary groups. During the analysis, the group advised on the information that would be most relevant to the analysis and that would progress positive social change for LGBT people. Further details on the research process, methods, sample and key findings can be found in Browne (2007) and at <http://www.countmeintoo.co.uk>.

**2.5** The question that was used to determine who was to be treated as 'trans' for the purposes of the analysis read: 'Do you identify yourself as being trans or have you ever questioned your gender identity?' The question was clearly separate from the question that determined participants' gender identities, which asked: 'Which of the following do you identify as: male, female, no gender, other?' These questions enabled identification both within and outside of gender categories, in addition to locations within trans communities. They also avoid the reductionism (and often offence) of subsuming trans identifications to gender categories whereby respondents would have to identify as a 'trans woman' or 'trans man' rather than simply a 'woman' or a 'man'.

**2.6** The majority (n. 29) of trans respondents to the questionnaire identified as female, with nine identifying as male and four people saying that they have no gender or identifying as an being of an 'other' gender. Not only does this indicate the importance of enabling trans people to identify both as trans and as female or male (see also Browne and Lim, 2008 for further discussions of the desire to move beyond trans identities), it also points to how trans people in this sample identify within categories such as male or female. To an extent, such identification is forced by tick box categories, yet when trans participants were given open-ended questions in the focus groups, including one that asked them to describe their gender, all except two identified as female. The two exceptions identified as female and TS (transsexual), and as female and transgendered, once again indicating the importance of not conflating trans and gender identifications, including along any form of continuum.

## **The Rainbow of Trans Identities**

**3.1** Studies of trans lives and experiences can offer critical engagement 'with some of the most trenchant issues in contemporary humanities, social science, and biomedical research' (Stryker, 2006: 4). Yet, for some time now, it has been noted that trans identities, lives and experiences are not easily definable and that multiple understandings of trans identities and experiences abound among trans people (see Bornstein, 1995; Ekins and King, 2006; Hines, 2006; 2007a; 2007b; Noble, 2007; Namaste, 2000; West, 2004; Whittle et al., 2007). Rather than starting off by staking out a theoretical terrain from which we can offer definitive statements about trans identities and experiences or suggest a typology of transsexualism or transgender as others have done (Ekins and King, 2006, Hird, 2002), we start the empirical and theoretical discussion with the voices of some of the trans people who participated in CMIT. By doing so, this section advances a tentative and partial understanding of trans lives and identities that acknowledges how such understandings are complex and contested. As we shall see, the tentativeness, complexity and partiality of these understandings turn out to be necessary in order to think about; firstly, the problems with the sex/gender binary that underpins the distinction between the ideas 'transsexuality' and 'transgender', and, secondly, a more nuanced understanding of gender arising from trans people's discussions of their lives that makes up the latter parts of this paper.

**3.2** Within the CMIT research, the term 'trans' was contested, with some respondents who answered positively to the question 'Do you identify yourself as being trans or have you ever questioned your gender identity?' saying they thought the term 'trans' was 'ok', and some preferring not to use the term. Some of those who practice a diversity of gender performances might not choose to identify themselves at all:

I love to dress up but cannot put a name to what I am  
Questionnaire 373

**3.3** It might be that, for this respondent, the diversity of gender performances that 'dressing up' permits is precisely the reason that naming an identity becomes problematic. The respondent's comment echoes some queer refusals to name or define (see for example Butler, 1993; Corber and Valocchi, 2003; Davis, 2005; Gamson, 2000; Giffney, 2004; Green, 2007; Namaste, 1994; Stychin, 2006) – a deconstructive move that attempts to challenge normative categories. Although 'transvestites' are often segregated from 'trans' communities, Whittle et al.'s (2007) research shows that individual and communal differences between those who 'dress up' and those who transition surgically are not distinct and do not necessarily persist throughout the lifecourse. More broadly, respondent 373's comment is suggestive of how many of those who might be identified by others as 'trans' do not necessarily use the term to think of themselves.

**3.4** Notwithstanding Whittle et al's (2007) findings, respondent 373's comments about 'dressing up' seem to present a contrast with comments that assert a fixed identity:

Trans suggests someone in processes of flux - I was trans, now I am a man - full stop, full time  
Questionnaire 693

**3.5** In contrast to those such as respondent 373 who find themselves unable to identify themselves, respondent 693 exemplifies how some people reject the label 'trans' in favour of one of the positions within the gender binary of male/female. The affirmation of adopting a definitively male or female identity before, during and/or after processes of transition raises a question mark over some theorising of trans subjects that presents them as paragons of fluidity, movement and change (Namaste, 2000; Stryker, 2004; Scott-Dixon, 2006). As respondent 693's comment exemplifies, many 'trans' people want the relationship between their bodies and their gender to be predictably read by others. Embodied experiences play a central role in trans theorising, and, indeed, there is political urgency not only in producing accounts of trans embodiment that place trans people's own subjectivities centre stage, but, as we will see, there is also a need to wrest back knowledge about trans embodiment from medical and mental health discourses (Hines, 2007a; Hird, 2002; Rosario II, 1996).

**3.6** One of the objections that some respondents raised was that the term 'trans' is too broad (see also Coogan, 2006; Ekins and King, 2006). Instead, several respondents use more specific identity categories to try to express something about themselves and their experiences:

I feel that the term Trans, far from being too specific is too much of catchall umbrella term. Personally, I don't identify as 'Trans'. I am transsexual but it's not the single defining feature of my identity. I think it's more the experiences that have gone along with being transsexual that have formed my identity.  
Questionnaire 261

I am happy being transgendered, and feel MTF [male to female] transition is unnecessary  
Questionnaire 28

**3.7** These two comments suggest there is a danger that, without further qualification, the term trans may elide the different experiences that inform their identities. The term 'transgender' is often used to refer to those who enact gender roles that are conventionally associated with the 'opposite' sex to the one ascribed to them, but who are not planning to have surgical intervention or to undergo physiological transition (Coogan, 2006; Ekins and King, 2006; Kessler and McKenna, 2000; Scott-Dixon, 2006; Stryker, 2004; 2006). While not all trans people want to undergo transition in a medical or physical sense, there are many that do. The term 'transsexual' is often used to refer to those who undergo medical and surgical intervention to become the 'biological' opposite sex to that previously ascribed to them (Coogan, 2006; Kessler and McKenna, 2000; West, 2004; Stryker, 2004). The differences in experiences between those who might call themselves transgender and those who might call themselves transsexual can be substantial (Hines, 2007a). However, some writers argue that the term 'transgender' can be used as an umbrella term, in a way that the term 'transsexual' cannot, because it can encompass various forms of gender expression and embodiments (Ekins and King, 2006; Hines, 2007a; 2007b; Whittle et al., 2007; Stryker, 2006).

**3.8** Nonetheless, it could be argued that the use of the terms 'transsexual' and 'transgender' replicates a particular conceptual division between sex and gender (and, indeed, for people like Virginia Prince, this division is desired – see Ekins and King, 2006). This division distinguishes between sex as a biological phenomenon marked by differences in hormones, genitalia and a host of physical secondary sex characteristics, and gender as a socially construction ascribed to sexed bodies and performed to reaffirm the sex of the body (see Duncan, 1996; Ekins and King, 2006; Hines, 2007b; Scott-Dixon, 2006; WGSF, 1997; Wheelan, 1995; Wilton, 2000). So, in this schema, while transgender would refer to the practice and performance of gender roles and relations divergent to those previously ascribed to a person, the term transsexualism refers to a transformation of the biologically understood sexed body (Stryker, 2006).

**3.9** Yet, the distinctions between sex and gender and between transgenderism and transsexualism are problematic. Challenges to the sex/gender dichotomy (Butler, 1993; Browne, 2004) also imply the need to breakdown the transsexual/transgender divide, which is based upon an understanding of sex as biological ground and gender as socially enacted expression (Scott-Dixon, 2006). It is not only that sex is just as much an expression of socio-discursive regimes as gender is (Butler, 1993; Foucault, 1979; Grosz, 2005a: 212-213). It is also that many trans people find that their own experiences, practices and identities slip between rigid definitions of transsexualism and transgenderism (see Hines, 2007a; 2007b; Namaste, 2000; Whittle et al., 2007). So, while many other trans people do define themselves as either transsexual or transgender, the line between these two terms is ultimately blurry and is open to individuals' interpretation and appropriation.

**3.10** The challenge presented by the CMIT data is, in part, to find a way to discuss a diverse collection of people whose practices, experiences and identities range from 'queer' fluidities and transgressions to those who simply identify as a man or a woman, and who might move into and out of occupying 'trans' identifications during the course of their lives (Whittle et al., 2007). While some of the respondents to this research disavow a 'trans' identity, from the point of view of analysis, theorising and policy making, it is still useful to be able to invoke a category of 'trans', not least because so many members of such a grouping experience marginalisation and disenfranchisement. There are also many trans people who do want to identify politically, personally and emotionally with a collective, and, in a similar way to how feminist writers have discussed the implications of disregarding the sign 'woman' (Hartsock, 1990), disregarding the possibility of a 'trans' collective identity might run the risk of erasing many of the possibilities for realising trans lives.

I am happy to be identified as a transwoman. The biggest issue is that many others in their ignorance don't even begin to understand the rainbow of trans identity  
Questionnaire 465

**3.11** This paper uses the term 'trans' to describe the diverse collection of people under consideration. We

think that the term is broad enough to encompass the diversity of trans people – the ‘rainbow of trans identity’ as respondent 465 puts it – while we acknowledge that some of the individuals we would include within such a category would not necessarily wish to identify with the term ‘trans’ in their everyday lives (but may do so for political purposes, in specific forms of research and/or to access particular networks, services etc). This form of claiming and using an identity such as trans runs contrary to some queer impulses that seek to deconstruct sexual and gender subject positions (Gamson, 1995; 2000). Although not all theorists would agree that ‘trans’ is the most appropriate term (see, for example, Ekins and King, 2006; Hines, 2006; 2007b; Namaste, 2000; Stryker, 2006), ‘trans’ was also the term we were asked to use for this research by the trans people and groups involved in the design and analysis of CMIT. While the term started to be used by academics in the 1990s, the origins of its use in UK policy making are attributed to its parliamentary use in London in 1998, a usage whose aim was to increase inclusivity (Whittle et al., 2007). It is useful theoretically because it crosses the transsexualism/transgenderism divide. While this section has questioned the sex/gender dichotomy, the next section will question the mind/body dualism that underpins the medicalisation of trans lives in the UK. Bringing together this interrogation of the relationships between mind and body with the questioning of the sex/gender dichotomy will lead into a discussion of the concept of ‘senses of gender’, which emerges out of an analysis of the tensions, implications and suppositions found among the participants’ narratives.

### **The mind or the body? Performative embodied difference or mental health ‘problem’**

**4.1** In contrast to how medical discourse pathologises transsexualism (see Rosario II, 1996 for a historical account of this) as a mental health disorder, this section will examine how trans people in this research articulate alternative understandings of trans in terms of embodied experience. While much contemporary theorising focuses on the performativity of gender and the body, trans experiences of embodiment may require additional and alternative kinds of accounts. Nonetheless, trans experiences of embodiment cannot be understood without also understanding the relationship between such experiences and wider discursive and symbolic economies of gender, gender performances, and material practices of exclusion, prejudice and discrimination (see also Namaste, 1996; 2000).

**4.2** In contrast to the range of definitions trans people use to understand and identify themselves, when this research was being undertaken in 2006, medical and psychiatric models of ‘transsexualism’ and ‘gender dysphoria’ predominated in the health service’s dealings with trans people’s gender identity and associated issues (see Cromwell, 1999; Hines, 2007a; Hird, 2002; West, 2004; Whittle and Turner, 2007 for discussions of the medicalisation of trans lives and subjectivities). As we shall see, several of the trans respondents to CMIT contested how these medical and psychiatric models effectively pathologise trans as a mental health disorder. However, it is important to recognise that contestation of the definition of trans as a mental health disorder does not belie how trans people are often vulnerable to experiences of mental health difficulties. Indeed, the data from CMIT shows that trans people are significantly ( $p < 0.05$ ) more likely than other LGBT people to have had difficulties in the last five years with significant emotional distress, depression, anxiety, isolation, anger management, insomnia, fears and phobias, panic attacks, addictions and dependencies, and suicidal thoughts (see Browne and Lim, 2008 for full details of these associations). They are more than three times as likely to have attempted suicide in the past five years and over five times more likely to have attempted suicide in the past twelve months (to 2006) as non-trans LGBT people who had experienced mental health difficulties in the five years to 2006. These data offer evidence of the differences among lesbians, gay men, bisexual people and trans people, and challenge the idea that LGBT can be understood as a unified category that can be assessed in terms of the intersections of its effects with those of gender, class and/or race. Nonetheless, a causal relationship between identifying as trans and experiencing mental health difficulties cannot be asserted. Similar to quantitative evidence of the links between physical attacks and bullying and lesbian, gay and bisexual peoples’ mental health difficulties (see King et al., 2003; Warner et al., 2004), the trans narratives in this paper challenge the presumption that their mental health difficulties stem from their ‘gender dysphoria’. As the broader CMIT research suggests, trans people’s mental health difficulties can be associated with social and economic marginalisation, isolation and experiences of discrimination, prejudice and abuse (see Browne and Lim, 2008 and also Johnson et al., 2007).

**4.3** Rather than reducing the complexity of mental health issues among trans people to some inherent association with ‘transsexualism’, the CMIT evidence suggests the need for this complexity to be explored in its own right, as Anne and Soraya’s comments illustrate:

**Anne:** The issues that we have are everybody’s issues – vulnerability, loneliness, you know, anxiety, stress and all these things – but these are never considered because we’re put in one [category]. It’s only considered to be transsexual stuff always, and we’re sent off to Charing Cross<sup>[4]</sup>, end of story.

**Soraya:** We have the same problems as everybody else but because we’re transsexual, then

it's labelled as something different.  
(Trans focus group 2)

**4.4** Anne asserts that mental health services reductively address the complexity of trans lives and, consequently, that any 'issues' she may have, no matter how commonplace, are associated only with transsexualism, which then entails having to be treated at a gender identity clinic with, as Soraya comments below, all the disempowerment that this might entail:

**Anne:** I mean, if a trans person has mental health difficulties, the first thing is to assume it's related to their transition; well that's rubbish. A lot of rubbish! People seem to think 'Oh, it's because they're trans'.

**Soraya:** If you get somebody that goes to the GP and says 'I'm gay' and they [the GP] say 'Go to mental health,' I mean, that would be appalling, but with us, oh, it's what they do. It's normal. It's almost similar to [saying] they must be completely mad. The thing is we don't need psychiatry anyway – we are not mentally ill. So the thing is the whole of the system is based around us being mentally ill. So the thing is that then people make decisions for us to judge whether we are suitable as they consider to have treatment. The whole of the system is so basically rotten and in treating people as mentally [ill], that that is the cause of most of the mental illness.

Mental health, every time, mental health, mental health... it's not a mental health issue! This causes distress; distress is then a mental health issue. It's caused by the system not by the transsexuality. The whole system does not work – for people's safety, for their health, for their well being or anything.

(Trans focus group 2)

**4.5** Many of the trans participants in this research were critical of how clinical definitions of trans effectively pathologise it (and their lives) by defining it as a mental health disorder. As Soraya points out, such pathologisation has its own deleterious effects on trans patients' mental health. She suggests that equating trans to mental illness is not only distressing for trans patients, it means that their decision-making abilities are disregarded. This can leave trans people powerless to judge for themselves how they receive health services and how their treatment pathways might progress, for example, with respect to surgery or hormone therapies. Because the pathologisation of trans people as 'mentally ill' assumes that the mind is the source of the supposed illness, the medical category 'transsexual' becomes a concept automatically signifying a mental health 'disorder' to be corrected by medical interventions.

**4.6** Several respondents insisted that rather than treating trans as a mental health disorder, trans should be recognised as a 'physical' condition – an embodied phenomenon requiring treatment for the body:

**Anne:** The only mainstream services that I've kind of experienced in terms of my gender identity would be Charing Cross and they deemed my transsexuality to be a mental disorder... [But] to me it's not a mental disorder, it's a physical one, but they're not taking that on board.

(Trans focus group 2)

**Kate:** One of the really key factors that needs to be dealt with, as to what needs to be changed, is how the equivalent of the gender clinics, whether it be at Charing Cross or wherever else it is, in how they deal with our medical condition and not treating it as a psychiatric illness and not being this kind of gender dysphoria but actually treating it as the condition that it is, because to me gender dysphoria is something wrong with the person's mind as to how they perceive them to be, rather than actually have them accepting the possibility that it could be an actual physical condition rather than a mental condition and how they and kind of in the service that they provide us at the gender clinic and they way they provide it.

(Trans focus group 1)

**4.7** Moreover, the regulatory reduction of bodies to 'mentally ill' minds frames the ways in which trans bodies can (*if* they can) become actualised through such treatment:

[In answer to the question: 'What do you feel could have been done to improve your transition/journey?']

Depathologise Transgenderism. For the local PCTs [primary care trusts] to give some choice (ideally locally), rather than force Charing Cross GIC [gender identity clinic] upon people like a plague & remove the psychiatrists from Charing Cross GIC & replace them with caring endocrinologists! According to their own figures, 20% commit suicide waiting in the GIC

**4.8** Presuming particular pathways of care through Charing Cross gender identity clinic imposes a particular regime and its particular understandings of 'transsexualism' and 'gender dysphoria' onto trans people. The implication of respondent 275's comment is that replacing psychiatrists with endocrinologists would signal a change from thinking of trans phenomena as mental health problems and would relocate medical intervention to the site of the body. Defining the 'treatment' of 'transgenderism' in terms of endocrinology, this respondent offers an understanding of transition in terms of not only a transformation of embodied secondary sex characteristics, but also in terms of how gender is experienced and *felt*. Yet, the idea that gender is felt and experienced might suggest that an understanding of gender cannot only be concerned with the matter of the body. This is not simply because understanding gender in this way would replicate the concept of 'sex'. Rather, it might be said that the feelings that hormones are involved in regulating are not only felt in the body but are also consciously and unconsciously processed by the mind. While trans may be experienced as an embodied phenomenon, this does not mean that there is no mental or psychological dimension to it:

**Soraya:** You can still talk about the physical changes that help us, that help us come to terms with who we are inside our head by making the outside more matched what we believe ourselves to be. But as I say, it was 20, 30 years ago they were still giving electric shock treatment to transsexuals to try to make their heads go straight.

**Karen:** But I mean, I don't know... I mean, I've got no proof, I don't think there's any transsexual – male to female, female to male – who is happy being a transsexual. You know, now I know there are gay men who are happy to be a gay man; I know there are lesbians that are happy to be lesbians and you know...

I think it's a curse, you know, it's been an absolute bloody nightmare. It's, you know, you've always had this thing going on in your head ever since, you know, as soon as you start to realise that there's something different, you know, there's something not quite and then as you become more aware of, you know, yourself and life in general then you begin to find out what it is.

**Carol:** Yes, whereas in case of gay, bi, lesbians, it's generally they're happy as they are; they just shag different things than they're theoretically supposed to.

**Karen:** Yeah, but, but you know, it's... that's more of a physical thing, they're gay, they're lesbian, you know. We're transsexuals who think we should be something different and it's, you know, a devil of a job proving it. You know, there's no... there's very little physical evidence to say that what we say happens is actually happening, you know, and that's why we're faced with these idiots like up at Charing Cross who say that we're mentally... It's great that you know, we've had the hormone treatment and, you know, after jumping through the hoops we can get the rest of the treatment, you know, the operation and that, but you're never ever going to be fully what you are up there...  
(Trans focus group 2)

**4.9** Although Soraya and Karen's comments could be read within the 'wrong body discourse' (Cromwell, 1999; Halberstam, 1998; Hines, 2007a; Stone, 1991), the respondents in this passage of transcript – Karen, in particular – deploy multiple discourses and terms to describe the various experiences and phenomena of being or becoming trans. Unlike how lesbian and gay desire and identity is conceptualised in this transcript, being (or becoming) trans is not conceived of as a 'physical thing' that can be expressed through sexual acts, desires or relationships. Instead, it is sensed, felt, something that one becomes aware of – a difference that one realises in more ways than one. At first glance, Soraya and Karen's suggestion that there is 'something different' (as Karen puts it) 'inside their heads' and their acknowledgment of the lack of 'physical evidence' that trans phenomena are located in the body may seem to contradict Anne and Kate's earlier insistence that trans is a physical condition. However, it is quite clear from Soraya and Karen's comments that they share Anne and Kate's view that trans is not a mental health disorder and that it is not the mind that has to be changed, healed or repaired, but the body. As Soraya's contribution to the transcript above makes clear, for many trans people physical changes to the body are required to bring it into line with what they understand about their own gender 'inside their heads'. Together with Karen suggesting the changes wrought by hormone treatment and surgery never being sufficient to alter the body to match 'what you are up there', Soraya's testimony outlines an understanding that not only shifts the site of medicalised intervention from the 'mind' to the 'body' (to keep to this binary distinction for the moment), but also specifies a *sense of gender* separate from the mutable and transformable sexed body. This sense of gender is the *whatness* of the 'what you are up there'. Clearly, for many trans people, it is this sense of their own gender, quite distinct from their own bodies, but also distinct from prevailing institutional gender

norms and discourses, that is central to their understandings of their selves and that they feel must therefore be preserved (or even given expression) throughout the process of medicalised intervention.

**4.10** Arising from this empirical material, the conception of a *sense of gender* that we seek to develop in this paper attempts to do justice both to the respondents' insistence that trans is an embodied set of phenomena and to their description of a persistent set of feelings and understandings 'in their heads' about their own gender. The testimony from this research invokes a complex relationship between mind and body that cannot be reduced to a simple dualism, and this relationship is complicated still further by Karen and respondent 275's allusions to endocrinological treatment, which might be taken as affecting both body and mind. Moreover, an attempt to develop a conception of a sense of gender must contend with how feelings and understandings concerning gender are also socially and culturally produced. Such a project does not only disrupt understandings based upon a mind/body dualism, as well as other contemporary social and medical discourses regarding trans phenomena; it also necessarily has implications for how sex and gender are thought more broadly. If culture, practice and parody have historically been associated with the conscious and unconscious mind, while sexual acts, pleasures and functions have been associated with the body, then an interrogation of the mind/body dualism has the effect of also questioning sex/gender distinctions and, consequently, the transsexualism/transgenderism dichotomy, too.

**4.11** The idea presented by Karen and Soraya and also by some trans theorists (e.g. Cromwell, 1999) that gender is something internal and persistent and that it is different from the sexed body, which can be changed, as Soraya notes, to bring it into alignment with this sense of gender has profound implications for wider considerations of sex and gender. For some theorists, the sexed body is created through performatively enacted institutions of gender, and because of this, critiques can be made that advocate unsettling performances of gender and sexuality as ways of disrupting the power of heteronormativity (Bell et al., 1994; Esterburg, 1996). This view arises from a conceptualisation of the sex of the body as constituted through gendered performances, which are in turn regulated within discursive and governmental regimes of sexuality. Such a view, however, often neglects the pre-discursive and the requirement of being recognised within orders of sex and gender in order to attain the status of 'human' (Butler, 1997; 2004). Conceptions based upon the performative such as these need augmentation if we have also to account for the discord between, on the one hand, individuals' experiences of their bodies and their sense of self, and, on the other, the materiality of their sexed bodies and the symbolic meanings they are supposed to have. For example, if theories of the performative encourage the conceptualisation of the materialisation of bodies through performative enactments, then it becomes difficult to account for how some trans people place great importance on, firstly, the sexed body even when – as Karen implies – it is understood as flawed and incomplete and, secondly, the need to reconcile the dissonance between 'inside' ('what you are up there' ~ Karen) and 'outside' ('physical changes' ~ Soraya). If the body, including its secondary sex characteristics, play a part in the recognition of a core gendered self (Cromwell, 1999: 43), yet not as a product of gender practices nor as the source of gender but rather as a site of *dissonance*, then the relationship between the sexed body and gender needs to be reformulated to account for such trans experiences of dissonance.

**4.12** If trans people and trans theorisations of gender shift our theoretical focus away from discursive performativity and towards the importance of embodiment, then perhaps we might look towards the work of Elizabeth Grosz (1994; 2005a; 2005b) as a sympathetic thinker who also looks to the sexed body as something that is mutable and amenable to cultural transformation. In common with Judith Butler (1993) who argues that the distinction between sex and gender implicit in much feminist writing is problematic for reasons we have discussed above, Grosz argues that it is the sexed body that is performed, not gender. However, while Grosz opens up a space in which to make a more thorough account of embodiment, she also advocates the abandonment of the category of gender:

'Gender, it seems, is a redundant category: all its effects, the field that it designates, are covered by the integration of and sometimes the discord between sexuality and sex' (Grosz, 2005a: 213).

**4.13** By contrast, we suggest that in addition to thinking about an account of the body that allows for its mutability and practice, what might also be required is a way of theorising the 'senses of gender' that are not solely located in the performative and are not 'outside' of bodies. We use the term 'gender' rather than the term 'sex' because trans people in this research used and related to the term 'gender identity' rather than the term 'sex'. Theoretically, however, the term 'sense of gender' could be substituted by the term 'sense of sex'. While a distinction between gender, sex and sexuality can be analytically useful, invoking such a distinction does not have to entail placing these terms in opposition or invoking presuppositions about the origins of meaning or identity that would support the policing of gendered and sexual norms and structures. The next section, in developing the theorisation of 'senses of gender', moves beyond an opposition between sex and gender, instead conceiving of the multiple registers in which sex/gender are brought into being.



## Sensing embodiments

**5.1** Stryker (2006: 9) and others have distinguished among a host of registers in which gender might be said to exist: the transformable sexed body; gender as a citational practice, performatively enacted in speech and embodied action; gender as a system of discourse operating through social institutions and applied to the body and its practices, appearances and affects; subjective gender identity (psychic categories of gender). Gender, then, necessarily subsists in and emerges from the relations among these registers. We add to this list of registers the idea of a 'sense of gender', which cannot be conflated with subjective gender identity. When Soraya and Karen discuss a feeling about themselves that subsists 'inside their heads' we might understand this as a persistent sense of gender that differs from the body and its normalised (sexual<sup>[5]</sup>) functionality. Here is Karen's comment on this sense – 'this thing' - again:

**Karen:** It's, you know, you've always had this thing going on in your head ever since, you know, as soon as you start to realise that there's something different, you know, there's something not quite and then as you become more aware of, you know, yourself and life in general then you begin to find out what it is.  
(Trans focus group 2)

**5.2** As we remarked earlier, the concept of a 'sense of gender' arises out of an analysis not only of the respondents' description of a persistent set of feelings and understandings 'in their heads', but also of their insistence that trans is an embodied phenomena. With some adaptation to Deleuze's (1990) conception of the term, we might say that this *sense* of gender is virtual: it is *of* the body, part of it, but not the same as the body's actual fleshiness or materiality. Such a sense may not literally be the body, but it belongs to the body in much the same way as one can make a distinction between the body and its sensations or its movements. It is appropriate, then, to think in these terms when discussing embodiment but not referring to the very materiality of the body itself. This argument is underpinned by the accounts of several of the trans respondents in this research, including Soraya, Karen and respondent 275 above, who simultaneously insist on the embodiment of their experience of being trans but who, by seeking to change their bodies to align them with their gender, also imply just such a distinction between the body and their sense of gender.

**5.3** Of course, the idea of sense also implies a relation to discourse or social institutions – including medical discourses and institutions such as those identified in the previous section. In contrast to some understandings of trans people (especially those deemed to be 'transsexual') as seeking to re-align their bodies within normative constructions of gender (see Namaste, 1996; Monro, 2005; Prosser, 1998; Haritaworn, 2007 for some critiques of such queer moves), trans senses of gender in relation to discourse are not necessarily conformist because they tend to be at odds with the alignment of sex and gender that heteronormative discourses usually insist upon. Moreover, following Deleuze (1990: 22), a sense of gender might be said to belong neither to an individual mind nor to discourses of gender, but rather to face both bodies (and their relations) and propositional expression (in discourse and/or embodied action). If we think of the body as composed of different systems (chromosomal, endocrinological, anatomical, psychological, habitual, affective etc.), then it could be argued that trans people experience a dissonance between some of these systems – a difficulty in becoming consistent (for which some medical, social, legal and even personal discourses can produce the explanation of a split between the gendered mind and the sexed body). In this context, we might say that some trans people experience not only a sense of gender but a sense of the dissonant arrangement between different aspects of the body<sup>[6]</sup> (and their potential to act and relate to other bodies and broader social institutions). In contrast to this sense of dissonance, what trans people experience as a sense of gender can be conceived of as a sense of what it would be to be consistent – for the various systems of the body to work, coexist and fit together. It might be that a sense of dissonance accompanies the process of the decomposition of the body<sup>[7]</sup>, while the process of the recomposition of the relations between the different systems of the body – endocrinological, habitual, performative (e.g. gender presentation), anatomical (within which relations among primary and secondary sex characteristics and other parts of the anatomy are reconfigured) etc. – is given consistency by a sense of gender.<sup>[8]</sup> Together, these processes compose what we might call a 'becoming-trans'.

**5.4** Proposing a distinction between a sense of gender and the sexed body is not to reinvigorate a sex/gender dualism or a mind/body dualism. The distinction that is made is not simply between a sense of gender and the sexed body, but among sex, gender, embodiment, practice, sense, discourse, institutions and many other elements, all of which interrelate with one another in multiple and complex ways. Although we emphasize the importance of the body, we do not propose to return to a vision of the sexed body as the foundation of meaning, an essential precursor to forms of gender that express it. The sexed body is not the biological basis for a gender conceived in purely cultural, social or mental registers. Rather, what we propose is that senses of gender emerge in between bodies, discourses, institutions, technologies, expectations, experiences and thought. Saliently, these insights only arise on the basis of acknowledging that the body can be modified and produced, not only through the performativity of gendered practices, but

also materially through technological and medical interventions. As such, senses of gender emerge in relation to the normative genders that are (re)produced through discourses, institutions and technologies, and as expectations, experiences and thought; and yet they can never be understood *within* a normative framework, whether as pathological other or transgressive becoming. Indeed, the narratives of the trans respondents to CMIT testify to how trans senses of gender are not only persistent, but are also resilient to becoming co-opted either by normative medical discourses as a pathological other or by some cultural theorists as a beacon of transgression.

## Conclusions

**6.1** This paper augments a growing body of literature that seeks to redress the ways in which trans lives, bodies, identities, practices and performances have often solely been conceptualised as deviant, abnormal and fluid, albeit often in the cause of challenging dominant regimes of sex and gender (see for example, Cromwell, 1999; Hines, 2007a; 2007b; Namaste 1996; 2000; Scott-Dixon, 2006; Whittle et al., 2007; Stryker, 2004). It arises out of a research project that seeks to effect progressive social change for LGBT people, and it is because of this guiding ethos that this paper foregrounds the narratives of trans people rather than subsuming them to theoretical interventions. Such foregrounding also responds to trans theorists who, in contesting others' use of trans subject positions, have argued for the involvement of trans people themselves in discussions of their (putatively) 'transgressive' positionings, becomings and embodiments (Hines, 2006; 2007b; Namaste, 1996; 2000; Prosser, 1998). Although we do not claim to be 'trans theorists'<sup>[9]</sup>, the questioning, interrogation and development of conceptions of sex and gender outlined in this paper have previously been well received among community stakeholders in the CMIT process. Importantly, these stakeholders have fed into and enhanced the CMIT trans people report (see Browne and Lim, 2008) that will inform provision for and understandings of trans lives in Brighton and Hove.

**6.2** The paper develops the concept of a 'sense of gender' from an analysis of the different ways in which trans respondents to CMIT discussed their experiences of being or becoming trans. This analysis questions recourse to the mind/body dualism to understand trans phenomena, and it consequently also challenges sex/gender binaries (including that of transsexualism/transgenderism). The concept of a 'sense of gender' allows for an understanding of persistent difference in terms of embodiment and subjectivity that makes no appeal to the sexed body as a foundation for gender difference. The schema we present here does allow for gender to be conceived of performatively and for gendered practices to produce the body and to produce sexual difference insofar as sexual difference comes to be recognised within regimes of sexuality. So, rather than view this sense of gender as an essence or origin of meaning, it should be understood as an effect that can *emerge* in relation to a sense of dissonance (so facing both the body and its expression) *and* to discourse and expectation (so facing both the body's relations with other bodies, discourses and institutions, and the expression of these relations). Politically, allowing for the persistence of a sense of gender also allows a space to be made within contemporary culture for those attempting to change their bodies to meet their sense of gender.

**6.3** By examining trans lives through, and beginning with, the narratives of trans people, this paper has developed a theorisation of a sense of gender, a theorisation that we hope might spark a broader rethinking of sex and gender. The idea of gender as a persistent virtual sense may not just be applicable to trans people. Rather, it could be especially useful for understanding the experiences of anybody who endures a dissonance between the various aspects of their embodiment and practice and the various expectations and norms enacted through social institutions and discourses of gender. Alternatively, the relationship between a sense of gender and the arrangements of the body may be characterised by many kinds of consistency rather than dissonance and may be sustained through various kinds of affirmation. Further empirical and theoretical work is needed to examine such relationships, but, more widely, these ideas suggest possibilities for rethinking how we conceptualise the relationships between the body and gender.

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## Notes

<sup>1</sup>This paper supplements a series of dissemination avenues, most of which are decidedly 'policy orientated', see <<http://www.countmeintoo.co.uk>>. In talking to an academic audience through this paper, however, a certain style of writing and set of vocabularies are used in order to further contemporary academic debates.

<sup>2</sup>Spectrum is Brighton & Hove's Lesbian, Gay, Bisexual & Transgender Community Forum established in 2002 to provide infrastructure and community development support to LGBT communities, and to promote partnership work and community engagement in the planning of services and policy. <http://www.spectrum-lgbt.org>

<sup>3</sup>For further discussion of the Gender Recognition Act see Hines, 2007a; 2007b and Whittle and Turner, 2007.

<sup>4</sup>The gender identity clinic at Charing Cross Hospital in London is the main National Health Service clinic for treatment of 'transsexualism' in the south of England. These services are provided by the state; however, they are administered through local budgets.

<sup>5</sup>For the sake of clarity, we use 'sexual' here as the adjectival form of 'sex', not of 'sexuality', although the two are, of course, not unconnected in normalised understandings of the functionality of the body. However, for some trans people, an understanding of the relationship between the sex of the body and its gender may be more about aesthetics than about sexual (as in sexuality) functionality, and hence the restriction placed on the usage of 'sexual' in this instance.

<sup>6</sup>A 'body' in a Deleuzian sense is an assemblage presenting the problem of its own capabilities for action, affect and relation; in this sense, the idea of the 'body' can encompass that of the 'mind' (see Deleuze, 1988).

<sup>7</sup>By the phrase 'decomposition of the body', we refer here to how the process of becoming-trans, generally, and the process of transition, in particular, involves a breakdown in the coherency of the various systems of the body – chromosomal, endocrinological, psychological, affective, habitual, performative, belief, anatomical (which, itself, becomes marked by decomposition of primary and secondary sex characteristics from other parts of the anatomy). The viability of holding these elements together in their existing set of relations (including their relations to social institutions regarding gender, performance and embodiment) starts to fail, often prompting trans individuals to alter their embodied practices, performances and appearances, and to seek medicalised intervention to transform aspects of their embodiment.

<sup>8</sup>If we concede that trans people undergo what we might call processes of the decomposition and recomposition of their bodies, we might also say that these processes involve 'deterritorialisation' from and 'reterritorialisation' onto particular socio-political-material 'territories' (Deleuze and Guattari, 1988). A discussion of these terms is beyond the scope of this paper, suffice to note that transitioning may involve deterritorialisation and decomposition, but in order for life to continue, it must often also involve reterritorialisation and recomposition.

<sup>9</sup>We are unsure what this label would imply, but recognise the sensitivities regarding non-trans people such as us undertaking research with trans-identified individuals. We hope that this paper (and CMIT more generally) opens up space for trans-identified researchers to engage with these issues and to advance socially progressive research more generally. Moreover, this paper is part of a research project that addresses a wider LGBT population in Brighton and Hove, a population of which one of us is a part. Therefore, while we avoid claiming the label 'trans theorists', we hope this paper contributes to trans voices and narratives being heard within the academy.

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