

The Gender That Is Not (N)one: Person-Centered Psychotherapy and Transgender Practice

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Abstract:

The field of trans phenomena is becoming increasingly diverse and complex, turning into a battleground for ideological disputes. This article outlines gender as a social construct from a historical perspective and contrasts it with the notion of biologically embodied gender. How can newer, performative forms of gender self-actualization be understood in relation to Constitutional Gender Incongruence (CGI)? The impact of the current debate on the definitional authority of gender on psychotherapeutic practice is reflected upon and examined in terms of potential transition requests. These considerations are particularly important in cases where medical interventions are sought and psychotherapists are called upon for support and professional assessment.

Keywords: Constitutional Gender Incongruence, genderqueer, poststructuralism, gender performance, gender reassignment

The Loss of Reality in the Gender Debate

A Preliminary Note on the Complexity of the Situation

People who live or identify differently in terms of gender have become part of Western societies. Queer individuals are not only tolerated but have also gained rights. This progress has been achieved through the assertive demand of queer people for participation in public discourse, enduring exclusion and discrimination, academic work refuting erroneous pathologization, the visibility of courageous individuals, and ultimately, the horror at the atrocities committed during the Nazi era, which led to the extermination of those deemed "unworthy of life" (cf. Boxhammer & Leidinger, 2014, p. 97f.; Rotermundt, 1980, p. 86ff.; Kunert, 2014). Today, same-sex love and gender nonconformity are widely accepted as legitimate aspects of social recognition.

While much has been accomplished, just two decades ago, a transgender woman might have been ridiculed in the streets or denied service in stores. Now, many transgender individuals can live within the social order, and diversity management representatives in companies often provide support during workplace transitions. Nevertheless, those who do not conform to conventional "passing" standards or reject them still face significant risks and discrimination. Although transgender people who do not or cannot pass as cisgender continue to be subjected to threats and harassment, democratic societies have become a refuge for homosexual and transgender individuals who face imprisonment or death in their home countries simply for their gender identity or expression.

This makes it all the more regrettable that the issue of gender self-determination has once again become a hotly contested and debated topic, leading to what appears to be a societal regression to a

time when transgender women were labeled as transvestites, lunatics, or deviants (cf. Sigusch, 1992/1995, p. 117f.). The offensiv form of media self-presentation, bizarre fake profiles, anti-feminist provocative performances, identity-based assertions as political actions, and, on the other hand, the reactionary call for the "natural order" and biological norm in response to "gender madness," as well as hate speech disguised as justified outrage over "identity politics," have contributed to a backlash that primarily harms transgender individuals. The once-harmonious symbolism of the rainbow—representing unity in diversity—has been overshadowed by conflict and aggression.

It has become almost impossible to publicly express a nuanced perspective without being labeled as "transphobic"—that is, hostile and offensive to transgender people. Reports of widespread attacks harden societal divisions, leading to increased exclusion and violence (cf. AFP, 2022; TGEU, 2022).¹The peaceful times seem to be over.

How Come?

With all the media turmoil surrounding the political push for gender self-determination, the question arises: how did we reach the point where gender is determined not by biological data but by a speech act? Understanding this development is essential to comprehending contemporary societal views on gender identity and the political controversy it has sparked.

Since the early 20th century, philosophy has increasingly focused on language. It became evident that language does not merely reflect reality but actively shapes it. These ideas were not entirely new but have existed in an ongoing tradition of inquiry into knowledge and truth since Plato. In the early 20th century, philosophers began analyzing the structures within which statements are made and can be made. This radicalized the long-established idea from Hume and Kant that objects in the world are ultimately inaccessible. Language and its structural constraints became the core of all knowledge. The interconnectedness of language and knowledge was a powerful impetus for 20th-century philosophy.²

Eventually, postmodernism and its primary philosophical current, poststructuralism, rendered naïve realism entirely unacceptable. According to the prevailing paradigm of deconstructionism, thoughts and statements merely reference other thoughts and statements rather than an objective reality. Anti-essentialism asserts that our world is discursively constructed, culturally developed, and shaped by power structures. Meanings do not point to an underlying "thing" or a natural state but merely to other words and meanings—the so-called "signifiers." This leads to the radical thesis that we can never move beyond signifier chains, meaning that a real world can no longer serve as an unshakeable foundation for truth. Objective truth cannot be found through empirical verification because even that is determined by constructs, assumptions, and cultural, power, and unconscious structures. In this universe of meanings, what is considered true now depends solely on the possibility of a free discourse in which the best argument is validated by consensus. This premise shifts the recognition of reality directly into the social and political sphere, as only within it can the possibility of free discourse be established. For this reason, the current "gender debate" is a highly political discourse and not merely a question of biology.

¹ See also the ominous call for a "Trans Day of Vengeance" in April 2023 by transradicalactivistnetwork.org.

² On the replacement of epistemology as the "first philosophy" by the Linguistic Turn, see, for example, Rorty (1979/1984, pp. 238–386); on the discursive fulfillment of validity claims, see Habermas (1995/2004).

Gender Trouble – Farewell to the Biological Body

The political power of poststructuralist thought has always been rooted in the analysis of the power structures that shape societal discourse. The limits of language are not only the limits of our world (cf. Wittgenstein, 1921/1963, p. 90)³ but also delineate the territory of power. Through the deconstruction of fixed concepts and meanings, these power structures are exposed and challenged. When Judith Butler's book *Gender Trouble: Feminism and the Subversion of Identity* (1990) was published, it provided feminist and queer activists with a theoretical tool to immediately apply epistemological arguments to the fight for gender equality. Discourse is not only a tool of hegemony but also a means of subversion. From then on, the performative practice of gender was intended to replace prevailing gender norms, which Butler exposed as constructs based on heteronormative constraints.

She builds upon Michel Foucault's (1976/2017) problematization of the relationship between power and sexuality: "Power seizes and encircles the sexual body" (ibid., p. 49). In Butler's view, gender and gender identity are nothing more than cultural, repressive constructs of heteronormative culture. In this perspective, biology is no longer a normative factor in terms of gender identity and is, at most, correlated with it. The phrase "gender as a social construct" quickly spread within the transgender community. This shattered the definitional authority of heteronormative power over gender and initiated a process of self-authority, where gender identity is instantiated through a speech act and can be asserted more or less independently of normative gender stereotypes.

Whenever we speak of "bodies," we do so exclusively within specific contingent meanings. Pushed to its logical extreme, this leads to the question: "Does a 'physical' body even exist?" (Butler, 1991/2021, p. 170). However, even on the reactionary side, contradictions emerge. Biologists claim that there are only two genders, determined by XX or XY chromosomes.⁴ This recourse to biology, which defines binary gender through certain physical characteristics, is an essentialism that disregards or denies the last 100 years of cultural and scientific development (cf. Roughgarden, 2019). Hasn't feminism always resisted the so-called "natural" role of women and fought against the notion of a biologically determined "essence of woman"? Political agitation often forgets the foundations of social critique. The debate is fueled by rhetoric about "mutilation" and "gender madness" — terms reminiscent of the 1950s, when transgender individuals were pathologized and doctors who helped them were vilified (cf. Töpfer, 2012).⁵

Calm in the Storm – The Space for Therapy

Especially in a social context where polarizing positions clash harshly, it is not easy to remain neutral and detached from "opinions" and common sense. Psychotherapy often takes place precisely at the intersection of social order and personal experience. Given the immense significance of

³ »Daß die Welt meine Welt ist, das zeigt sich darin, daß die Grenze der Sprache (der Sprache, die allein ich verstehe) die Grenzen meiner Welt bedeuten« (Wittgenstein, 1921/1963, S. 90).

⁴ For example, the biologist and defender of chromosomal gender identity Marie-Luise Vollbrecht stated after the cancellation of a lecture on sex and gender at the Humboldt University in Berlin: "I have always said: This is only about biology. This is not about politics or opinions outside the university" (quoted in Sokolow, 2022, n.p.).

⁵ "In addition, the procedure affects an organ that is the subject of a collective taboo, that is, castration represents a numinous mutilation that is highly impressive for everyone and is therefore surrounded by many emotional considerations" (Jung, quoted in Töpfer, 2012, p. 56; see also, for example, ibid., p. 57f., 38f., 73ff., 65f.). (translation ck)

gender-related life decisions, ethical priorities must be carefully considered. Therapists may face accusations of participating in unethical practices.

When an individual with a healthy, functional body feels the desire or necessity to align their body with their gender identity and seeks therapeutic assistance, both the nonjudgmental stance of the therapist and their trust in self-actualizing forces are put to the test. In person-centered therapy, the phenomenal world of an individual takes precedence over external demands or societal expectations. Creating an accepting and non-directive therapeutic relationship allows the person to tune into their innermost, organismic experience: "*These persons would constitute an increasing flow of wisdom in action. Their directions would be wiser than the commandments of gods or the directives of governments*" (Rogers, 1977a/1998, p. 251).

Following the phenomenological perspective in this statement, the therapeutic encounter in person-centered work is inherently subversive, rejecting all external prescriptions, ideologies, and societal demands. The therapeutic setting serves as a sanctuary against devaluation, externally imposed labels, and societal norms. Thus, while societal resistance to therapeutic involvement in gender identity politics is understandable, "*it is not the aim of this therapy to help a person conform to 'society.'* In fact, the method cannot even be used for that purpose" (Rogers, 1977b/2019, p. 134).

In person-centered therapy, moral considerations must not hinder the development of a personal ethics of becoming. The determination of what is right for an individual must arise from within themselves. This paradoxical reality can lead to situations where a therapist's non-alignment with societal positions is perceived as a political stance and subsequently criticized. Transitioning one's gender identity is, whether consciously or unconsciously, always a political act because it takes place within a social sphere and requires societal recognition to be realized. If a therapist fears violating cultural norms, biological realities, or symbolic (gender) orders, this will hinder their ability to engage with the "internal frame of reference" (cf. Rogers, 1959a/1991, p. 40ff.) of the "Other" (in the sense of Lévinas, 1963/2017). If such fears dominate, one should critically reflect on their suitability as a person-centered therapist in this field. A radical feminist perspective, for example, which interprets transgender women's identities as a phallic intrusion into female spaces and consequently denies them recognition as women, is incompatible with the phenomenological openness required in person-centered therapy.⁶

Psychotherapists must carefully consider whether they are prepared to engage in therapeutic work where their role might be reduced to assessment and documentation rather than meaningful therapeutic engagement. Clear communication at the beginning of the sessions is essential to manage expectations. Therapy should always offer a space for deep self-exploration, beyond external validation or mere documentation for medical interventions.

Therapy or Case Management – Experiences from Practice

In psychotherapeutic practice, when accompanying transgender individuals, the question often arises as to whether one is engaging in therapy in the true sense or merely case management.

⁶ See a vivid example from an anti-trans blog: "Trans*innen? No thanks!" (2022) "There is only one problem. A movement that wants to give everyone the same protection acts like a fish farmer who puts sharks, piranhas, tuna and ducks in the same tank. He gives the sharks and piranhas a tasty meal at the expense of the tuna and ducks. Allowing everyone to choose their gender entry according to their taste has exactly the same effect. There is a lot of collateral damage." (Engelken, 2022) (cf. (Tagesspiegel vom 5.4.2019)

Frequently, psychotherapeutic services are sought primarily for obtaining the necessary assessments for hormone therapy or surgery, rather than for in-depth therapeutic process. In such cases, there is often no genuine therapeutic alliance with regular, long-term sessions. Some individuals even inquire via email whether a diagnosis can be issued immediately.

When therapy is approached in this way, the lack of willingness for self-reflection and engagement with one's own gender incongruence becomes apparent. Sessions may be viewed merely as a formal requirement, with clients believing they must "prove" they are transgender. This creates an unfavorable therapeutic dynamic. Therapists must carefully consider whether they are willing to engage in work where their role is reduced to evaluation and documentation rather than fostering genuine therapeutic exploration. It is crucial to communicate one's approach clearly before beginning sessions.

Here are two examples from my practice: Recently, I received a call from a young transgender man seeking therapeutic support for his transition. Upon hearing his voice, I could tell that he had already been on hormone therapy for some time. Initially, I was open to an introductory session. However, when he told me that he needed documentation for an upcoming mastectomy, with a surgery date already scheduled, I became cautious. Such preconditions create pressure that hinders thorough and appropriate therapeutic work. A psychotherapeutic assessment is not a simple status confirmation but rather an evaluation of ongoing processes. In this case, I had never met the client before. When I explained that I could not guarantee meeting his time constraints, he responded that this was unacceptable to him. Consequently, I had to decline this work, as it would likely have led to conflict and disappointment.

Another client, Will⁷, a 22-year-old transgender man, took a different approach. He had experienced gender incongruence since early childhood, leading to social exclusion and rejection by his parents, who viewed his identity as "demonic" and distanced themselves from him. Despite these challenges, he successfully obtained legal recognition of his gender and name before coming to therapy. Given this background, his desire for hormone therapy appeared well-considered and realistic. There was no external pressure, allowing for deeper exploration of his emotional world. I emphasized caution regarding rushed decisions but remained open to the journey he needed to take.

The necessity of gender-affirming interventions cannot be determined at the outset of therapy, as the deeper reasons for gender incongruence in relation to the self-model⁸ are not immediately visible. Some individuals are uncertain about what they truly need to move forward in life. At times, a path emerges that appears to offer relief from suffering, leading them to pursue transition despite potential challenges. However, therapists do not dictate these decisions; their role is to create a supportive and respectful environment for self-exploration. Whether clients seek therapy for assessment, counseling, or genuine treatment, they should always be offered the opportunity for deeper self-exploration. Whether a person visits our therapeutic office for findings, advice or treatment: the offer of an in-depth self-discovery process should always be made. For those who come and do not want or cannot use this offer or believe that they do not need it, the therapeutic options that remain are the conscientious assessment of the stability of the gender identity and self-concept, the sufficient ability to understand and take responsibility for themselves and the rudimentary therapeutic encounter with the client in his or her life world, disguised as anamnesis and diagnostics.

⁷ Name changed for reasons of anonymity.

⁸ I use the term "self-model" because it is commonly used in consciousness research and I have published in this field myself (cf. Kunert, 2016). A discussion of the different terms used for "self-construct" and "self-model" goes beyond the scope of this article.

Even in just a few sessions, the person-centered therapeutic attitude of authenticity can credibly address the seriousness and importance of the intended transition in a non-judgmental way. In my experience, clients sense very well when they are taken seriously and treated with respect, even with more critical inquiries. In dialogue with Paul Tillich (Rogers & Tillich, 1966/1991), Rogers is impressed by the fact that "...even imperfect attempts to create a climate of freedom and acceptance and understanding appear to free the person to move towards truly social goals" (p. 262).

The goal of transition often triggers great fear or concern in the social environment of clients, with worries that it could ruin their future. Skepticism repeatedly arises, particularly when medical interventions are planned, questioning whether such measures should or must take place, or whether they are undertaken too lightly. These concerns are neither new nor unfounded, as the gendered body plays a central role in love, family planning, and social fulfillment. Therefore, it is essential for therapists to truly understand transgender identity in all its diverse forms to adequately assess the quality of gender dysphoria.

Differentiating the Difference – Constitutional Gender Incongruence

Gender identities, as phenomenal, intrinsic experiences, are never fully objectifiable. Since identity variations exist along a continuum, differences should not be overstated. However, recognizing them can be therapeutically valuable in providing appropriate care. The goal is not to distinguish "real" from "not real" gender incongruence. Rather, "real" refers to the freely chosen existence of a person as a response to their unique situation.

Genderqueer. A characteristic example of genderqueer practice is a quote from *Transgender Warriors* (Feinberg, 1996): "I am transgendered. I was born female, but my masculine gender expression is seen as male ... It's the social contradiction between the two that defines me" (p. 101). "Doing gender" is the practice of this type of gender difference, which originally realized the difference from the heterosexually shaped gender norm. Hormone treatment is often sought, but for many, body anatomy is not a major issue, and there is little embodiment pressure, such as the desire for surgical interventions. This is a socio-critical gender practice that stands for freedom and plurality in an open society. Individuals who were previously referred to as cross-dressers, ladyboys, gender benders, transvestites, drag queens, or drag kings are now generally categorized under the umbrella term "trans(gender)." The dissolution of stereotypical gender role attributions and the search for personal freedom beyond the norm can make genderqueer performance an interesting practice. Therefore, within the framework of "informed consent," it is crucial to provide clear warnings about the irreversible consequences of medical interventions. In a person-centered approach, this is combined with the suggestion to listen deeply to oneself, to sense the organismic situation, and to understand it as the foundation of self-actualization in the respective endeavor.

Constitutional Trans. Unlike performative or speech-act-instantiated gender identity, some people experience belonging to a gender that contradicts their peripheral body anatomy as an undeniable, distressing reality, deeply rooted in their self-model. I refer to this form of transgender identity as "constitutional gender incongruence" (cf. Kunert, 2013, 2016, p. 617ff.), as it may be caused by neurologically dimorphic structures in a core area of the hypothalamus (cf. Kranz, 2016, p. 216f.; Burke et al., 2017, p. 8; also: Kruijver et al., 2000; Diamond, 2019), hormonal disruptors, epigenetic developments, and very early life formations of the self-model. Some of these findings have been incorporated into biology curricula over the past 20 years. In cases of constitutional gender incongruence, the self-model often develops as distinctly male or female from the outset, deviating from the anatomical body. The physical maturation of gender, particularly during puberty, is then perceived as painfully discordant and incongruent. As a result, the external body anatomy

cannot be successfully integrated into a consistent self-model due to the discrepancy between organismic aspects of the self-model and body image, leading to persistent incongruence.

The previously common phrase "being born in the wrong body" has fallen out of favor in contemporary discourse, although it remains an apt description. This incongruence persists throughout life and is not therapeutically modifiable except by aligning anatomical sex characteristics with the intrinsically evident gender identity as an organismic experience. Typically, for these individuals, surgical gender alignment is particularly important, and their performative realization in the social sphere follows a predominantly dichotomous identification as either female or male.

In my practice, I have often encountered individuals who, after decades of trying to ignore the persistent discrepancy between their self-perception and their assigned gender, ultimately saw no other path to continue living than to seek gender transition, even at an advanced age. Until the point of adjusting to their identity gender, these individuals' lives were overshadowed by feelings of loneliness, misunderstanding, confusion, depression, or insecurity. It is not easy to develop healthy self-confidence while experiencing such gender incongruence and marked gender ambiguity. Consequently, many of these individuals become victims of bullying, violence, or abuse at an early age (cf. Roberts et al., 2012). Because the discrepancy between organismic experience and body image is repeatedly registered by the attention system, the resulting distraction can lead to poorer academic performance and ADHD diagnoses.

Individuals who undergo gender transition due to constitutional factors rarely regret this step. Studies on post-transition outcomes are contradictory and do not provide a clear overall picture (cf. Hess et al., 2014; Bustos et al., 2021; controversial: Dhejne et al., 2011). This differentiating perspective does not serve as a diagnostic classification but rather aims to contribute to the therapeutic understanding of the spectrum. In therapy, we must choose between a diagnostic and an empathic perspective. In the phenomenological approach "in action," it is crucial to set aside preconceptions, diagnoses, and interpretations. Even if a person may appear "incongruent" or "inauthentic," seems demanding in the initial conversation, or presents their gender incongruence in an unusual way, this does not exclude constitutional factors.

If this is the case, the person belongs to a gender that contradicts their assigned gender and sees no other option than to close this gap in order to live. Whether this is the case or whether it is a more transient or differently justified identification cannot be determined immediately, and often, the individual themselves is not entirely certain at first. Therapists, in advance, cannot know either. In phenomenological person-centered work, the center of therapeutic action must reside with the client, as Rogers (1977a/1998) emphasized: The therapist "places the final authority in the hands of the client, whether in small things such as the correctness of a therapist response, or large decisions like the course of one's life direction" (p. 15). Also in other areas of life, decisions about significant and profound personal changes are left to the ethical-epistemic authority of the individual. Nowhere else is a responsible and competent person required to provide external validation to make life-world decisions under "informed consent." Therapists should therefore refrain from thinking hegemonically about gender and instead see themselves primarily as mindful companions, provided they are willing to work in this field.

Congruence Dynamics and Outlook

For person-centered psychotherapists, as in other fields of work, there is hope that working with a transgender individual can initiate a process of congruence dynamics. For the therapist, trust in the organismic truth of deeply felt gender self-perception is most clearly confirmed when this congruence dynamic actually takes hold during the transition process. It is gradually released through the courage to determine one's existence based on self-experience. Therapeutic progress here, as elsewhere, consists of choosing what is the clients ultimate concern: choosing the self and, if necessary, rejecting learned conditions, even when reason says, "Don't listen!"

In cases of constitutional gender incongruence, a stable congruence dynamic is often established early in hormone replacement therapy, significantly impacting overall well-being as well as other pre-existing psychological issues. This is because hormone therapy facilitates embodiment—an integration of the body into the self-model—and reinforces organismic evaluation, leading to profound relief and a sense of coherence. The better a gender experience, previously perceived as discordant, can now be integrated, the stronger the feeling of "coming home" and self-affirmation. People are often surprised by the activating force that is unleashed. The effect of this congruence dynamic becomes even more evident when external circumstances, such as social recognition, relationships, or economic conditions, worsen during this phase. Positive changes in life perspectives, increased courage, and a greater willingness to engage with others emerge. Recently, I witnessed the remission of a moderate obsessive-compulsive disorder during transition, despite such disorders typically being difficult to treat. Social anxieties often dissipate, and individuals who had previously stagnated in despair and withdrawal reconnect with others and develop future plans. Prognostically, this suggests that gender self-experience aligns with deeper, organismic aspects of the self-model, and these changes equate to psychological healing.

However, in many cases, hormone therapy is discontinued after several months because the physical changes feel incongruent, triggering fear, confusion, or depression. This is a critical aspect of accompanying the transition processes. If the effects of hormones cannot be integrated into the self-structure, it shows an incongruence with the organismic experience. Unlike a transgender woman who experiences the loss of erectile function as liberating and affirming, for a transgender person without constitutional aspects of trans identity, this experience can be psychologically intolerable, even if they identify as female. The same applies to transgender men and voice deepening. The crucial question is always how "deeply" identity is embedded in the self-model.

If such aversive reactions to hormone therapy are misdiagnosed nosologically as independent psychological disorders and treated pharmacologically, the underlying connection may be obscured. Medications (e.g., antidepressants) can significantly reduce self-perception and affective presence, which is problematic for making decisions about further steps such as surgery. A strong incongruence emerging during hormone therapy should primarily be addressed by reducing or discontinuing the hormones; otherwise, the risk of later regret is high.

The preceding discussion has highlighted issues that may make working with transgender individuals seem difficult or uncertain. There is concern that Surgeons and General Health Providers may withdraw from the field to avoid accusations of uncritical or ideologically motivated approaches.⁹ Why should person-centered therapists take on this challenge? The answer is clear: Constitutional trans identity is an intrinsic experience that does not allow life to settle into a state of ease. It drives affected individuals into a sense of inescapable despair, often accompanied by suicidal thoughts (cf. Mental Health Commission of Canada, 2019). Those who do not give up on

⁹ For example, the British Travistock Clinic was faced with a class action lawsuit because it had been too uncritical in its treatment of transgender adolescents (see Nuspliger, 2022).

life, do not turn to substance abuse, or otherwise disconnect from reality eventually embark on a journey—a journey in a vessel of skin, leaving behind an old life in search of a new place. This place is the realization and embodiment of gender identity in social reality—a world that often does not fully understand. This life-defining journey requires accompaniment—a person who does not claim to know better, who is not fearful, who trusts that life itself provides guidance.

Person-centered therapy sessions offer a safe space to explore oneself fully and not be alone in making life-altering decisions. Unfortunately, in the context of gender incongruence and transition, only a few clients are willing to engage in a psychotherapeutic process with regular sessions at an appropriate frequency. Without sufficient self-exploration, denial of aspects that threaten the self-concept and the current identity remains possible and unaddressed. These emotional aspects could be better analyzed in a secure therapeutic relationship with unconditional positive regard to get available for the person's awareness. However, this requires time, incurs costs, and must happen voluntarily. It is unrealistic to base expectations on idealized notions when realities differ.

One possibility must never be overlooked: The moment another person enters the room for therapy, an opportunity for encounter is created. If we succeed in being fully present, taking part, and understanding that more may be at stake than what is explicitly expressed—if we trust that the process is always wiser than we could ever be, even if it lasts only one hour—then we enter the space where healing happens.

References

- AFP (2022). Anzahl trans- und homophober Gewalttaten erreicht neuen Höchststand. *Der Spiegel*, 05.12.2022. <https://www.spiegel.de/pano-rama/justiz/berlin-anzahl-trans-und-homophober-gewalttaten-erreicht-neuen-hoechststand-a-b9ef8553-fd91-44f1-9792-50b7fbc39c1a>
- Boxhammer, I. & Leidinger, C. (2014). Sexismus, Heteronormativität und (staatliche) Öffentlichkeit im Nationalsozialismus. Eine queer-feministische Perspektive auf die Verfolgung von Lesben und/oder Trans* in (straf-)rechtlichen Kontexten. In M. Schwartz (Hrsg.), *Homosexuelle im Nationalsozialismus. Neue Forschungsperspektiven zu Lebenssituationen von lesbischen, schwulen, bi-, trans- und intersexuellen Personen 1933–1945* (Schriftenreihe der Bundeszentrale für Politische Bildung, Bd. 1572; S. 93–100). Gruyter.
- Burke, S. M., Manzouri, A. H. & Savic, I. (2017). Structural connections in the brain in relation to gender identity and sexual orientation. *Scientific Reports*, 7, Art. 17954.
- Bustos, V. P., Bustos, S. S., Mascaro, A., Corral, G. D., Forte, A. J., Ciudad, P., Kim, E.A., Langstein, H.N. & Manrique, O.J. (2021). Regret after gender-affirmation surgery: A systematic review and meta-analysis of prevalence. *Plastic Reconstruction Surgery Global Open*, 9(2), Art. e3477.
- Butler, J. (2021). *Das Unbehagen der Geschlechter [Gender Trouble. Feminism and the Subversion of Identity]* (K. Menke, Übers.; Gender Studies. Vom Unterschied der Geschlechter; 22., unveränd. Aufl.). Suhrkamp (englisches Original erschienen 1991).
- Dhejne, C., Lichtenstein, P., Boman, M., Johannsson, A. L. V., Långström, N. & Landén, M. (2011). Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PLoS One*, 6(2), Art. e16885.
- Diamond, M. (2019). Transsexualismus als intersexueller Zustand. In G. Schreiber (Hrsg.), *Das Geschlecht in mir. Neurowissenschaftliche, lebensweltliche und theologische Beiträge zu Transsexualität* (S. 69–83).

Gruyter.

- Engelken, E. (2022). Trans*innen? Nein danke! {<https://blog.wiwo.de/management/2022/10/04/buchauszug-eva-engelken-transinnen-nein-danke-warum-wir-frauen-einzigartig-sind-und-bleiben/>} [18.12.2023]
- Feinberg, L. (1996). *Transgender warriors. Making history from Joan of Arc to Dennis Rodman*. Beacon Press.
- Foucault, M. (2017). *Sexualität und Wahrheit. Bd. 1: Der Wille zum Wissen [Histoire de la sexualité. Vol. 1: La volonté de savoir]* (U. Raulff & W. Seitter, Übers.; 21., unveränd. Aufl.). Suhrkamp (französisches Original erschienen 1976).
- Habermas, J. (2004). Zur sprachtheoretischen Grundlegung der Soziologie. In P. Stekeler-Weithofer (Hrsg.), *Geschichte der Philosophie in Text und Darstellung. Bd. 9: Gegenwart* (S. 312–338). Reclam (Original erschienen 1995).
- Hess, J., Neto, R.R., Panic, L., Rübben, H. & Senf, W. (2014). Zufriedenheit mit der Mann-zu-Fraugeschlechtsangleichenden Operation. Ergebnisse einer retrospektiven Erfahrung. *Deutsches Ärzteblatt*, 111(47), 795–801.
- Kranz, G.S. (2016). Neuronale Korrelate der Geschlechtsidentität. *Psychologie in Österreich*, 36(4), 214–220.
- Kruijver, F. P. M., Zhou, J.-N., Pool, C. W., Hofman, M. A., Gooren, L. J. G. & Swaab, D. F. (2000). Male-to-female transsexuals have female neuron numbers in a limbic nucleus. *Journal of Clinical Endocrinology and Metabolism*, 85(5), 2034–2041.
- Kunert, C. (2013). Werden wollen, wer man wirklich ist. Transsexualität als konstitutionelle Geschlechtsinkongruenz – ein personenzentrierter Standpunkt. *Person*, 17(1), 34–46.
- Kunert, C. (2014). »Was soll denn diese Maskerade?« Gedanken und Fakten zum Phänomen der Transphobie. *WLP-News*, 7(2), 15–20. <https://www.psychotherapeuten.at/download/kunden/0015135.pdf>
- Kunert, C. (2016). Geschlechtsidentität und Bewusstsein. Naturwissenschaftliche Fragen und philosophische Positionen. In G. Schreiber (Hrsg.), *Transsexualität in Theologie und Neurowissenschaften. Ergebnisse, Kontroversen, Perspektiven* (S. 596–633). Gruyter.
- Lévinas, E. (2017). *Die Spur des Anderen. Untersuchungen zur Phänomenologie und Sozialphilosophie* (Alber Studienausgabe; 7., unveränd. Aufl.). Alber (französisches Original erschienen 1963).
- Mental Health Commission of Canada (MHCC) (2019). *Transgender people and suicide fact sheet*. MHCC. <https://mentalhealthcommission.ca/resource/transgender-people-and-suicide-fact-sheet>
- Nuspliger, N. (2022). Der britische Gesundheitsdienst schliesst eine umstrittene Genderklinik für Minderjährige. *Neue Zürcher Zeitung*, 29.07.2022. <https://www.nzz.ch/international/britischer-gesundheitsdienst-schliesst-gender-klinik-travistock-ld.1695780>
- Roberts, A.L., Rosario, M., Corliss, H.L., Koenen, K.C. & Austin, S.B. (2012). Childhood gender nonconformity: A risk indicator for childhood abuse and posttraumatic stress in youth. *Pediatrics*, 129(3), 410–417.
- Rogers, C.R. (1991). *Eine Theorie der Psychotherapie, der Persönlichkeit und der zwischenmenschlichen Beziehungen [A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework]* (3., unveränd. Aufl.). GwG (englisches Original erschienen 1959a).
- Rogers, C. R. (1998). *On personal power. Inner strength and its revolutionary impact*. Houghton Mifflin (Original erschienen 1977a).

- Rogers, C. R. (2019). *Therapeut und Klient. Grundlagen der Gesprächspsychotherapie* (Geist und Psyche; 24., unveränd. Aufl.). Fischer (Original erschienen 1977b).
- Rogers, C.R. & Tillich, P. (1991). Paul Tillich und Carl Rogers im Gespräch [Paul Tillich and Carl Rogers – a dialogue]. In C.R. Rogers & P.F. Schmid, *Person-zentriert. Grundlagen von Theorie und Praxis* (Edition Psychologie und Pädagogik; S. 257–273). Grünewald (englisches Original erschienen 1966).
- Rorty, R. (1984). *Der Spiegel der Natur. Eine Kritik der Philosophie [Philosophy and the mirror of nature]* (M. Gebauer, Übers.; 2., unveränd. Aufl.). Suhrkamp (englisches Original erschienen 1979).
- Rotermundt, R. (1980). *Verkehrte Utopien, Nationalsozialismus, Neonazismus, Neue Barbarei. Argumente und Materialien*. Neue Kritik. Roughgarden, J. (2019). Die Binarität der Geschlechter in der Natur, in der menschlichen Kultur und in der Bibel. In G. Schreiber (Hrsg.), *Das Geschlecht in mir. Neurowissenschaftliche, lebensweltliche und theologische Beiträge zu Transsexualität* (S. 199–228). Gruyter.
- Sigusch, V. (1995). *Geschlechtswechsel* (unveränd. Taschenbuchausg.). Rotbuch (Original erschienen 1992).
- Sokolow, A. (2022). »Es geht nur um Biologie«: Humboldt-Uni cancelt Geschlechter-Vortrag. *News4Teachers*, 04.07.2022. <https://www.news4teachers.de/2022/07/es-geht-hier-nur-um-biologie-humboldt-uni-cancelt-geschlechter-vortrag-riesenwirbel/>. Tagesspiegel (05.04.2019). „Besorgte Feministinnen“. <https://www.tagesspiegel.de/gesellschaft/queerspiegel/besorgte-feministinnen-4054315.html> Töpfer, F. (2012). *Verstümmelung oder Selbstverwirklichung. Die Boss-Mit-scherlich-Kontroverse* (Medizin und Philosophie, Bd. 10). FrommannHolzboog.
- Transgender Europe (TGEU) (2022). *TMM Update. Trans Day of Remembrance 2022*. TGEU. <https://transrespect.org/en/tmm-update-tdor-2022/>
- Wittgenstein, L. (1963). *Tractatus logico-philosophicus. Logisch-philosophische Abhandlung*. Suhrkamp (Original erschienen 1921).