The Sanity of the Constituted Self: Identity, Rationality, and the Defence of Transgender Integrity

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Abstract

This paper defends the rationality and psychological integrity of transgender individuals against the persistent charge that transgender identity constitutes a form of mental illness or insanity.

Drawing on philosophical and psychological traditions (including Lacan, Fromm, Freud, Rogers, and Berne), the paper argues that transgender identity, properly understood as a mode of constituted selfhood, exemplifies the very qualities of reflectivity, authenticity, and autonomous agency that constitute genuine psychological sanity.

The paper further contends that the deployment of psychiatric language as a political weapon against transgender people represents a distortion of clinical concepts that has historically served to pathologise the marginalised rather than describe genuine psychopathology.

The charge of insanity against transgender people, this paper argues, is not a clinical observation but a political act of delegitimisation; and the transgender person who carefully examines, interrogates, and navigates their own identity is, by any philosophically defensible criterion, **demonstrating sanity in its most refined form**.

The Weaponisation of ‘Sanity’

There is a rhetorical manoeuvre that recurs with tiresome regularity in public discourse about transgender people: the invocation of sanity as a criterion of exclusion.

A person expresses a view that challenges gender-conforming norms, or asserts an identity that departs from the expectations of their birth-assigned sex, and the response (from commentators, politicians, and social media users alike) arrives swiftly and with an air of settled authority: *you are mentally ill*. You are not rational. You are not entitled to be heard as a speaking subject because you are not, in some fundamental sense, sane.

The interesting feature of this charge is not merely its cruelty, which is considerable, but its form. The accusation of mental illness is deployed without clinical qualification, without diagnostic protocol, and without any engagement whatsoever with the actual content of the transgender person’s claims or experiences. It is asserted, not demonstrated. **It functions not as an observation but as a conversation-stopper — a move designed to remove the accused from the domain of rational discourse before any argument has been heard.**

This paper is a philosophical response to that manoeuvre. It argues, through sustained engagement

with major traditions in psychological and psychoanalytic theory, that the transgender person who has engaged carefully and reflectively with their own identity, who has worked through the social, psychological, and existential dimensions of their experience, and who has arrived (through a process of careful reasoning) at a mode of self-understanding and self-expression that is congruent with their phenomenal experience, is not merely *not* insane. **They are, on the strongest available accounts of psychological health and rational agency, a model of what genuine sanity looks like.**

The paper is written in the spirit of Bea Groves-McDaniel's manifesto *Identity and Liberation* (2026), which argues that identity is not a pre-existing essence revealed by introspection but a constituted practice enacted through reflective engagement.

Where the manifesto established the ontological foundations of that position, the present paper extends it into the domain of sanity and mental health, arguing that the very categories deployed to delegitimise transgender identity are themselves philosophically unstable (and that the transgender person, far from being disqualified by pathology, exemplifies the highest reaches of rational self-constitution).

The Problem of Sanity as a Concept

Before examining the specific application of sanity to transgender identity, it is necessary to ask what 'sanity' actually means (and whose interests its definition has historically served).

The sanity/insanity binary is commonly treated as though it were a natural distinction, like the difference between hot and cold or light and dark. But this is a philosophical illusion. 'Sanity' and 'insanity' are not natural kinds; they are social and political categories, constructed through particular historical institutions (psychiatry, the law, the asylum, the clinic) in ways that have varied dramatically across cultures and epochs.

What counts as sane in one historical moment may be diagnosed as pathology in another; and what has consistently determined who falls on which side of the divide is not some neutral clinical criterion but **power** (who has the institutional authority to define normalcy and to impose that definition on others).

Michel Foucault's genealogical analyses of madness are essential here. In *Madness and Civilisation* (1961), Foucault demonstrates that the category of *'madness'* as a condition distinct from reason emerged only in the early modern period and that its construction served a precise social function: to segregate and silence those whose behaviour or beliefs posed a challenge to emerging bourgeois social order. The mad were not discovered to be different; they were produced as a category through the exercise of institutional power.

Similarly, in *Discipline and Punish* (1975), Foucault shows how the psy professions became instruments of social normalisation (mechanisms by which deviance from established norms could be identified, labelled, and corrected). **Sanity, on this account, is not a property of the individual but a judgement about the individual's conformity to socially determined standards of behaviour and belief.**

This is not a fringe position within the philosophy of psychiatry. It is the established critical consensus. Thomas Szasz, in his foundational critique *The Myth of Mental Illness* (1960), went further still, arguing that the concept of 'mental illness' is itself a category error (that what are called mental illnesses are not diseases in the medical sense at all, since disease requires a demonstrable organic pathology, but rather patterns of behaviour and self-understanding that have been stigmatised by society and handed to medicine for management). Szasz's argument, whatever its extreme implications, correctly identifies the political dimension of psychiatric classification: to label someone as mentally ill is not merely to describe a clinical condition but to exercise a form of social control.

The history of psychiatric classification regarding gender and sexuality is itself a story of political power masquerading as clinical science. Homosexuality was listed in the DSM as a mental disorder until 1973, and its removal required a protracted political struggle rather than a scientific discovery.

Gender Identity Disorder appeared in the DSM until 2013, when it was replaced with the less stigmatising category of Gender Dysphoria (a change driven not by new science but by the accumulated testimony of transgender people and their advocates).

The WHO's *International Classification of Diseases* (ICD-11), in its 2018 revision, removed gender identity disorder from the chapter on mental disorders entirely, recognising that transgender identity is not a pathology but a variation in human diversity (WHO, 2019).

The American Psychiatric Association's current position, reflected in the DSM-5 (APA, 2013), similarly distinguishes between the experience of gender incongruence and the distress that may accompany it, rejecting the notion that transgender identity itself constitutes mental disorder.

These are not peripheral clarifications. They represent the considered judgement of every major clinical and psychological body in the English-speaking world. The clinical consensus is clear: being transgender is not a mental illness. This paper takes that consensus as its starting point and asks a more philosophically ambitious question: not merely whether transgender identity is *not* insanity, but whether it might, on the strongest available accounts of psychological health, be regarded as a *model* of rational self-constitution.

The Mirror Stage

Any account of sanity that requires the possession of a unified, stable, non-contradictory sense of self must reckon with **Jacques Lacan**'s critique of the ego. In his influential paper 'The Mirror Stage' (1949), Lacan argued that the ego (the centre of the self that feels, to each of us, like the seat of our agency and identity) is not a natural formation but a constitutive misrecognition. The infant, at around six to eighteen months, encounters its own reflection in the mirror and forms an image of itself as a unified, coherent entity. This image is experienced as ideal (complete, whole, and master of its own body). But it is, Lacan insists, an *imago*: a fiction, an idealisation, an external image that the infant mistakes for its own true self.

The ego, on Lacan's account, is therefore from its inception a site of alienation. We are constituted as subjects through our identification with an image that is not us (that is, precisely, the *other* of us). The 'I' that feels so familiar and intimate is always already a misrecognition, a doubling, a fiction produced in the space between the subject and the reflected image. As Lacan put it in *Écrits* (1949, p. 76), the mirror stage establishes *'the relationship between the organism and its reality — or, as they say, between the Insistence of the drives and the identity of the adult'*.

This has a devastating consequence for the sanity/insanity binary as it is commonly invoked. If sanity requires a unified, transparent, non-contradictory sense of self (if the sane person is the one who 'knows who they are' and whose identity is stable and coherent), then the condition of sanity is, on Lacan's account, strictly impossible.

No one possesses a unified self, because the self is constituted *through* misrecognition. The ego (the seat of the individual's sense of coherent identity) is itself a fiction from the beginning. Everyone, on this account, is constitutively divided; everyone lives in a condition of structural alienation from the imago they have mistaken for themselves.

This is not a minor theoretical point. It means that the standard argument against transgender people (*'you cannot know who you really are because your sense of self is confused or contradictory'*) applies with equal force to every human being. The transgender person who experiences their gender identity

as incongruent with their body and social role is, precisely, experiencing the same structural condition that Lacan attributes to human subjectivity as such. The only difference is that the trans person has *recognised* the fiction, while the critics who dismiss them have not.

There is more. Lacan's three registers (the Imaginary, the Symbolic, and the Real) offer a further resource for understanding transgender identity. The *Imaginary* register is the order of images, identifications, and the ego's formation in misrecognition. The *Symbolic* is the order of language, law, and social inscription (the paternal law, the Name-of-the-Father, the structures of social relationships that constitute the subject as a speaking being). The *Real* is the register of that which resists symbolisation (trauma, jouissance, and the body as it is before and beyond language).

Gender transition, on this model, can be understood as a sustained engagement across all three registers. The trans person navigates the **Imaginary** in the work of self-image, aesthetic presentation, and the crafting of a body that is experienced as congruent with the self. They engage the **Symbolic** in the social and legal dimensions of transition (the change of name, the assertion of a new social position, and the renegotiation of relationships within the structures of language and law). And they encounter the **Real** in the bodily dimension of transition (the experience of a body that is simultaneously one's own and yet also the site of a transformation that exceeds language entirely). This is not the profile of someone fleeing reality; it is the profile of someone engaged with the full complexity of what it means to be a constituting subject in the world.

Lacan further observed that *'the unconscious is structured like a language'* (1973, p. 20). This famous dictum does not mean that trans people, or anyone with an unconscious, are pathological. It means that subjectivity itself is linguistic through and through (that we are all, as speaking beings, constituted through structures of signifiers that exceed our conscious awareness). The trans person who navigates their identity through language, narrative, and social inscription is not operating under a delusion about the nature of the self; they are enacting, at a heightened and reflective level, the same process by which all subjectivity is constituted. **The very structure that the critics of trans identity claim is disordered is the same structure that constitutes every human self.**

The Pathology of Conformity

Erich Fromm's work in *Escape from Freedom* (1941) and *The Sane Society* (1955) provides an account of psychological health that is sharply critical of social conformity and deeply sympathetic to individual self-realisation.

Fromm argued that modern capitalist societies produce characteristic forms of psychopathology not by generating overt suffering or dysfunction but by shaping individuals whose psychological structures are orientated around **conformity, compliance, and the abandonment of authentic selfhood**. The *'authoritarian personality'* that Fromm identified (rigid, dogmatic, and dependent on external authority for the validation of its own values) represents, on his account, a more genuine form of psychological pathology than the kinds of differences that are typically labelled as disorders.

Central to Fromm's account is the distinction between two modes of existence: the *having* mode and the *being* mode (Fromm, 1976). In the having mode, the individual's orientation toward the world is one of **possession and control**: they relate to things, people, and even themselves as objects to be owned, managed, and displayed. In the being mode, the individual's orientation is one of **genuine engagement** with the world: they are present to their own experience, open to change, and orientated toward authentic self-expression rather than the acquisition of external markers of status or security.

Fromm's account of the *'marketing character'* in *The Sane Society* (1955, pp. 82-87) is particularly instructive. The marketing character is the personality type produced by capitalist market societies:

the person who treats themselves as a commodity, evaluating their own worth in terms of exchange value (what they can sell, how they appear, what they can leverage for social or economic advantage). This character type is characterised by a profound alienation from genuine selfhood; they have no stable phenomenal self to draw on, no authentic values or attachments, but rather a performative surface orientated entirely toward external validation.

One does not need to push Fromm's analysis very far to see that the qualities he attributes to the marketing character (the orientation toward external validation, the treatment of the self as a display object, and the performance of an identity designed to meet social expectations rather than to express genuine selfhood) are far more recognisably present in the social discourse that attacks transgender people than in transgender people themselves. The critics who demand that trans individuals conform to expected gender performances, who evaluate their legitimacy in terms of whether they pass a social standard of acceptability, and who reduce gender identity to a set of external markers and behavioural cues are enacting **precisely** the having mode and the marketing character that Fromm identifies as pathological.

By contrast, the transgender person who chooses to live congruently with their cognitive experience (who accepts the genuine psychological cost of social disapproval in order to be authentically themselves) is acting in the being mode that Fromm regards as the hallmark of genuine psychological health.

Fromm defines genuine sanity as *'the full unfolding of one's powers'* (1955, p. 25), and he is clear that this unfolding requires the courage to be different, to deviate from social expectations, and to refuse the false comfort of authoritarian conformity. **The trans person who transitions, knowing full well the social adversity it will attract, is enacting precisely this courage.**

In *Escape from Freedom* (1941), Fromm documents the psychological mechanisms by which individuals flee from the burden of freedom (the burden of being a self-determining subject) by submitting to authoritarian structures that relieve them of the responsibility of individual choice. The authoritarian personality *cannot* tolerate the anxiety of freedom; it requires the certainty of external authority to stabilise its sense of self. The force with which gender-nonconforming identities are resisted, Fromm would suggest, says less about the psychological health of those who resist them than about the terror of freedom that the very idea of a self-determined identity provokes in those who have not yet learnt to bear it.

The Unconscious and the Reality Principle

Sigmund Freud's account of the mind is often invoked in support of rationalist ideals (the idea that the healthy ego is a rational agent governing its own impulses). But Freud's actual position is far more challenging. The ego, he insisted in *The Ego and the Id* (1923), is not the master in its own house. The unconscious (with its repressed desires, its dream-work, its parapraxes and symptoms) operates according to principles that are fundamentally alien to rational self-knowledge. **Every human being is, on Freud's account, divided against themselves; every ego is the site of a perpetual negotiation between the demands of instinctual life and the requirements of social reality.**

Freud's concept of the reality principle, developed in *Beyond the Pleasure Principle* (1920), describes the ego's gradual education in the recognition that immediate gratification must be subordinated to the conditions of the real world. The healthy ego is not the one that eliminates the unconscious's influence but the one that learns to negotiate with it (to acknowledge its demands while finding socially sustainable modes of satisfaction). Anna Freud, in *The Ego and the Mechanisms of Defence* (1936), catalogued the various defence mechanisms by which the ego manages the tension between internal drives and external reality, demonstrating that defence is not a sign of pathology but a

universal feature of psychological functioning.

The transgender person who has engaged seriously with their gender identity (who has interrogated their experience, endured the discomfort of confronting repressed material, worked through the social and psychological implications of their feelings, and arrived at a mode of self-understanding that allows them to live congruently in the world) is performing precisely the work that Freud associates with the reality principle.

This is not the picture of someone fleeing from reality into delusion. It is the picture of someone who has done the difficult psychic work of confronting uncomfortable truths about themselves, of revising their self-understanding in response to genuine phenomenal experience, and of integrating that revised self-understanding into a sustainable mode of living.

Freud's concept of the ego-ideal is also relevant here. The ego-ideal, as developed in *The Ego and the Id* (1923, pp. 28-30), is an 'internalised' standard against which the ego measures itself (the voice of Parents and social authority that pronounces judgement on the individual's adequacy). The process of gender transition can be understood, in Freudian terms, as a renegotiation of the ego-ideal in response to genuine psychic need: a restructuring of the internal standards by which the individual judges themselves, undertaken not as a flight from reality but as a more adequate response to the real conditions of the individual's phenomenal experience.

Freud's concept of **sublimation** (the redirection of instinctual energy into socially valued channels) further supports the argument for transgender sanity. Sublimation is, on Freud's account, one of the ego's highest achievements: the capacity to transform drives that would otherwise be socially destructive into creative, productive, or adaptive activities. If we understand gender transition as a sophisticated psychological adaptation (a process that involves sustained intellectual engagement, emotional processing, social navigation, and physical transformation), then it represents precisely the kind of complex sublimatory achievement that Freud would regard as evidence of psychological maturity rather than pathology.

The Fully Functioning Person

Carl Rogers' person-centred psychology offers perhaps the most direct philosophical challenge to the pathologisation of transgender identity.

Rogers' account of psychological health is grounded in the concept of the *actualising tendency* (the innate drive of all living organisms toward growth, development, and the full realisation of their potential) (Rogers, 1961, pp. 81-82). This tendency, Rogers argued, is not merely a biological drive but the fundamental motivational principle of human personality: every individual, given the right conditions, moves naturally toward authenticity, self-awareness, and constructive engagement with the world.

The concept of the *fully functioning person* represents Rogers' vision of optimal psychological development. In *On Becoming a Person* (1961) and *A Way of Being* (1980), Rogers described the fully functioning person as characterised by five key qualities:

1) An openness to experience that allows the individual to perceive the world without defensive distortion;

2) An existential presence that involves living fully in each moment rather than through the filter of predetermined scripts;

3) An experiential freedom that permits genuine choice rather than mechanical reaction;

4) A trusting relationship with one's own phenomenal experience; and

5) An organisational capacity that allows for the continuous development and integration of the self.

On this account, the transgender person's journey toward self-congruence (the process of aligning one's outer life with one's phenomenal experience, of trusting one's own felt sense of who one is despite overwhelming social pressure to conform) exemplifies Rogers' account of healthy development.

The fully functioning person, for Rogers, is not the one who conforms to external standards of normalcy but the one who can live authentically in relation to their own experience, even when that experience diverges from social expectations. This is, almost verbatim, a description of the transgender person who has found the courage to live as their authentic self.

Rogers was sharply critical of what he called *'conditions of worth'* (external demands and expectations that the individual must meet in order to be accepted by others or, crucially, by themselves). When the conditions of worth are severe or rigid, the individual is forced to disown aspects of their own experience in order to maintain the approval of others. This creates a split between the self that is expressed and the self that is experienced but concealed (a state of chronic self-alienation that Rogers regarded as profoundly damaging to psychological health) (1961, pp. 189-197).

The social pressure placed on transgender people to prove their identity, to perform their gender in ways that meet external criteria of authenticity, and to earn the right to be recognised as the gender they know themselves to be is precisely the kind of condition of worth that Rogers identifies as damaging. The demand that trans people demonstrate their sanity or their legitimacy to the satisfaction of those who would deny it imposes a condition of worth that is not only unjust but psychically corrosive. The transgender person who, despite these conditions, maintains their congruence with their own experience (who refuses to disown their authentic self in order to earn social approval) is demonstrating, in the most demanding possible circumstances, the quality of psychological integrity that Rogers regards as the core of mental health.

Transactional Analysis and Autonomy

Eric Berne's transactional analysis, developed in *Games People Play* (1964) and elaborated in *What Do You Say After You Say Hello?* (1972), offers a model of psychological structure and human autonomy that is both accessible and philosophically robust.

Berne described the human personality as comprising three ego states: the **Parent** (internalised external authority, the voice of rules, expectations, and critical judgement); the **Adult** (the rational, data-processing centre that evaluates reality without distortion); and the **Child** (the internalised experience of being a child, the feelings, memories, and adaptive patterns shaped by early relationships).

On Berne's account, psychological health involves the integration of all three ego states and the capacity to move freely between them in response to the demands of different situations. The unhealthy personality is characterised by rigidity (an excessive dominance of the Parent, perhaps, or a Child that has not grown beyond its earliest adaptive patterns). The healthy personality is the one in which the Adult has developed sufficiently to evaluate situations independently, to distinguish between the demands of the past and the requirements of the present, and to choose responses freely rather than being driven by scripted reactions.

Central to Berne's framework is the concept of autonomy (the capacity, developed through the Adult ego state, for *'awareness, spontaneity, and intimacy'*) (1964, pp. 23-26). **Awareness** is the capacity to perceive what is actually happening, rather than what one's scripted expectations dictate.

Spontaneity is the capacity for free choice between options, including options that were not available within one's original script. **Intimacy** is the capacity for genuine, unguarded contact with others, free from the manipulative games that Berne showed characterise so much of ordinary social interaction.

The transgender person who reflects on their gender identity, who reads widely about gender and psychology, who reasons carefully about their options, and who makes a deliberate choice about how to live (this person) is operating almost exclusively in the **Adult** ego state. They are engaged in precisely the kind of data-gathering, reality-evaluating, autonomous decision-making that Berne identifies as the marker of mature psychological functioning. They are not playing games; they are engaged in the painstaking work of constructing a life that is genuinely their own.

Berne's concept of the *'script'* is particularly illuminating here. Each of us, Berne argued, grows up within a family and a culture that inscribes us with a **life-script** (a predetermined narrative of who we are, what we will do, and how our lives will unfold). The healthy individual, on Berne's account, is the one who can become aware of their script, evaluate it critically, and revise it when it is inadequate to the demands of their actual life (1972, pp. 31-35).

The transgender person who says, in effect, *'this script of gendered expectation that has been assigned to me does not correspond to who I actually am'* (and who takes the radical step of revising that script in response to genuine phenomenal experience) is performing the highest possible exercise of the autonomy that Berne identifies as the criterion of psychological freedom.

The *'games people play'*, on Berne's analysis, are repetitive, manipulative social transactions driven by unconscious scripts (patterns of interaction in which the participants collude to produce outcomes that confirm their worst expectations of themselves and others). The transgender person navigating their identity in the face of social adversity is notably *not* playing games in Berne's sense. They are engaged in proposed Adult <-> Adult transactions: reflecting, reading, reasoning, and choosing. Their refusal to be manipulated into a script that does not fit them is not itself a pathological pattern but an exercise of precisely the autonomy that Berne regards as the foundation of psychological health.

Marx, Marcuse, and Advanced Capitalism

The preceding sections have drawn primarily on psychoanalytic and humanistic traditions. It is necessary, at this point, to introduce a dimension that those traditions leave largely unexplored: the political economy of sanity itself. **Karl Marx**'s analysis of alienation under capitalism, and its elaboration by **Herbert Marcuse** in *One Dimensional Man* (1964), provides a framework for understanding the pathologisation of transgender identity that is not merely psychological but social, structural, and historical.

Marx's concept of *alienation* (Entfremdung), developed most fully in the *Economic and Philosophic Manuscripts of 1844*, describes the condition of the worker under capitalism as one in which the product of labour becomes estranged from the worker, the act of production becomes something done *to* the worker rather than *by* them, the worker's human essence (their capacity for creative, purposeful activity) is reduced to a means of physical survival, and (crucially) the worker becomes alienated from other human beings. Under capitalism, Marx argued, labour is not an expression of human freedom and self-realisation but a compulsion that degrades and diminishes the worker.

Marcuse drew on this analysis to argue, in *One Dimensional Man* (1964), that advanced industrial capitalism had developed an unprecedented capacity to suppress freedom at the level of *thought itself*. Where Marx had focused on the alienation of labour, Marcuse argued that capitalism in its mid-twentieth-century form had extended the logic of commodification and control to the sphere of consciousness, desire, and self-understanding. The capitalist system, Marcuse suggested, produces false needs (needs manufactured by advertising and the culture industries) that substitute for genuine

human aspirations, and it does so with such thoroughness that the individual can no longer clearly distinguish between what they authentically want and what they have been programmed to want. The result is a form of false consciousness that operates not merely at the level of political belief but at the level of the self-concept itself: **the person who cannot clearly perceive their own alienation because the system has shaped their very capacity for self-perception.**

On this analysis, the capacity for critical self-reflection (the capacity to look honestly at one's own experience and to identify the gap between how one is made to be and how one genuinely is) is not merely psychologically healthy; it is politically threatening. The individual who can step outside the script that capitalism has written for them (who can say *'this is not who I am; this is what I was assigned to be'*) is performing an act of resistance that the system cannot easily accommodate. The system therefore has a structural interest in pathologising precisely this capacity for critical self-reflection, in treating the honest recognition of one's own alienation as a symptom rather than an insight.

Marcuse was particularly attentive to the role of the culture industries in reinforcing the false self. In *One Dimensional Man*, he argued that the dominant institutions of society (education, media, entertainment, and professional discourse) collaborate to present the prevailing social order as natural, rational, and self-evidently correct and to pathologise any departure from that order as a form of dysfunction or disorder. Dissent is treated not as a political position but as a clinical symptom: the person who questions the social order is *'aggressive'*, *'maladjusted'*, or *'in denial'*. The language of mental health is deployed, on this analysis, not to describe genuine suffering but to **police the boundaries of acceptable thought and behaviour**.

The relevance to transgender identity is direct. The transgender person who says *'the gender I was assigned at birth does not correspond to who I actually am'* is performing, on the Marxian and Marcusean analyses, a double act of alienation recognition. They are, first, identifying the gap between the social role assigned to them and their genuine phenomenal selfhood. And they are, second, identifying the way in which the capitalist system (through its culture industries, its legal structures, its medical institutions, and its ideological apparatus) has manufactured and enforced the gender categories into which they were placed. To pathologise this recognition is, on this analysis, precisely the mechanism Marcuse describes: **the system treats the insight into alienation as a symptom of disorder, because the acknowledgment of alienation would undermine the system's claim to naturalness and inevitability.**

This analysis also illuminates the class dimension of the attack on transgender identity. Marcuse argued that the pathologisation of dissent is most forcefully directed at those who lack the material and social resources to resist. The wealthy and powerful can deviate from social norms with relative impunity; **it is the poor, the marginalised, and the structurally vulnerable who are most exposed to clinical and institutional sanctions**. The transgender person who navigates their identity against a background of social hostility, economic precarity, and institutional discrimination is precisely the kind of individual whom Marcuse's analysis identifies as most exposed to the pathologising impulse.

What Marx and Marcuse contribute to this paper's argument, then, is not a psychological account of the self but a structural analysis of *why* certain forms of self-understanding are designated as pathology and others are not.

The charge of insanity against transgender people is not merely irrational prejudice; it is a functionally motivated deployment of psychiatric language in defence of a social order that has an interest in preventing the recognition of its own manufactured character. The transgender person who sees through that order is demonstrating not pathology but clarity. And the clarity is more dangerous to power than any individual symptom could ever be.

Sanity in the Age of Trump, Musk, Putin, and Farage

It is necessary, at this point, to address an uncomfortable asymmetry in the way psychiatric language is deployed in contemporary political discourse. The charge of mental illness is reserved, with remarkable consistency, for marginalised groups (mainly transgender people, but also those with unconventional beliefs and those who challenge established power structures), while individuals who exhibit patterns of behaviour that would, if displayed by anyone else, attract immediate clinical concern are treated as rational actors deserving of engagement and accommodation.

Consider the evidence. **President Donald J. Trump has demonstrated, across decades of public behaviour and in office, a pattern of grandiose narcissism, self-aggrandisement, and a documented disconnection from factual reality (including the repeated assertion of claims known to be false and the persistent treatment of criticism as persecution rather than information).** His former director of national intelligence, among many others, has described his thinking as erratic and his relationship with factual reality as tenuous. Where, one must ask, is the clinical concern? Where are the calls for psychiatric evaluation? The answer is clear: **psychiatric language is not applied to Trump not because he is demonstrably sane but because the institutions that control the discourse of sanity have no appetite to pathologise power.**

Elon Musk has coordinated and amplified systematic disinformation across social media platforms (particularly 'X', aka Twitter), demonstrated contempt for democratic norms, and engaged in behaviour that his own employees have described as reckless and volatile. **Vladimir Putin** launched wars of aggression based on demonstrably delusional historical claims and paranoid geopolitical narratives that bear little relationship to observable reality. **Nigel Farage** has been a systematic promoter of conspiracy thinking (from the false claim that Brexit would produce immediate economic benefits to the repeated amplification of fringe theories about the European Union and immigration).

None of these figures has been subjected to demands for psychiatric evaluation. None has been described, by those who wield institutional power, as 'mentally ill'. They are engaged with as rational actors deserving of diplomatic respect, negotiation, and serious political engagement.

The question must therefore be posed in its most direct form: if sanity were genuinely the criterion by which one evaluated individuals for participation in rational discourse, who in contemporary politics would pass the test? The evidence from major research programmes on human cognition (including Daniel Kahneman's *Thinking, Fast and Slow* (2011), which documents the systematic cognitive biases, motivated reasoning, and distortion of evidence that characterise human judgement) suggests that the departure from rational norms is not an exception in political life but a rule.

Human cognition is predisposed to distortion, and the powerful, protected from consequence and surrounded by sycophants, are perhaps the most exposed to its worst effects.

Szasz's critique of the concept of mental illness as a tool of social control (1960) takes on renewed urgency in this context. Szasz argued that the labelling of certain individuals as mentally ill functions not to describe genuine psychopathology but to silence and control those whose behaviour challenges established social arrangements. By pathologising dissent, institutions avoid the need to engage with the content of the dissent. **The convenient thing about calling someone mentally ill is that it renders their arguments otiose: one need not address what they say, because their saying it is evidence of their disorder. This is, precisely, the function that the charge of mental illness serves when it is levelled at transgender people.**

The transgender person who has worked through their gender identity with care, reflection, and intellectual rigour (who has read widely, experienced the full range of social pressure and self-doubt, and arrived at a reasoned understanding of who they are) is demonstrating precisely the qualities of critical self-examination and rational engagement that are, in the individuals described above,

conspicuously absent. That transgender sanity is questioned while the sanity of the powerful is assumed is not a clinical fact. It is a political act of delegitimisation, and it should be *named* as such.

Why Transgender Identity Is a Marker of Rational Sanity

The argument thus far has been largely defensive: showing that the charge of insanity against transgender people fails on philosophical, psychoanalytic, and political grounds. It is now time to make the positive case (to argue not merely that the charge is unsound but that transgender identity, properly understood, represents a *model* of the rational, integrated, autonomous selfhood that any adequate account of sanity must recognise).

Consider the profile of the transgender person who has engaged seriously with their identity. They have, typically, undergone a sustained process of self-examination: questioning their experience, exploring the literature, discussing their feelings with others who share or understand their experience, and subjecting their intuitions to critical scrutiny.

This process (which may last months, years, or decades) involves the very qualities that philosophers from Socrates to Habermas have identified as the core of rational selfhood: the willingness to examine one's own beliefs and assumptions, the capacity to revise one's self-understanding in response to evidence and argument, and the courage to act on the conclusions of one's deliberations despite social pressure.

This is, on any defensible philosophical account, what rational sanity looks like. The person who says, *'I have examined my own experience carefully; I have read widely; I have reflected on the social and biological dimensions of my situation, and I have concluded that living as a woman / man / non-binary person / gender-nonconforming individual is the mode of existence most congruent with my sense of who I am'* (this person) is performing the most fundamental act of **rational** agency: the capacity to constitute oneself through reflective practice.

The irony of the charge is that those who are asked to prove their sanity most forcefully are those who have most carefully examined it. The person making the accusation (often, as noted at the outset, without clinical qualification, without engagement with the content of the transgender person's self-understanding, and without any process of careful self-examination whatsoever) asserts their own sanity as though it were self-evident. But sanity is not asserted; it is demonstrated through the quality of engagement with one's own existence. And the transgender person who has subjected their identity to sustained critical examination has demonstrated more commitment to that quality than most.

The argument from the manifesto is also relevant here. *Identity and Liberation* (Groves-McDaniel, 2026) argued that identity is not a pre-existing essence waiting to be discovered but a constituted practice enacted through reflective engagement. If identity is constituted through practice, then the transgender person's deliberate, reflective engagement with the constitution of their own gender identity is, by definition, a form of critical appropriation. It is the individual exercising the very capacity that constitutes rational subjectivity. Far from being disqualified by pathology, the transgender person who consciously and reflectively navigates their gender identity is enacting, at its highest level, the constitutive process that all subjectivity involves.

The integration argument deserves separate attention. A recurring theme in psychoanalytic and humanistic psychology is that psychological health involves the integration of disparate psychological materials (the bringing together of conscious and unconscious, the reconciliation of conflicting aspects of the self, and the capacity to live congruently rather than in a state of chronic self-

alienation). The decision to transition, for the person who has determined that their gender identity is incongruent with the social role their body and birth assignment would assign them, is an act of psychological integration: the decision to bring one's outer life into alignment with one's phenomenal experience rather than to persist in a condition of fragmentation and self-alienation. This is, on Freud's account and on Rogers' account alike, precisely the work of psychological health.

Finally, the argument from resilience must be acknowledged. The transgender person who navigates their identity in the face of social hostility, who endures the loss of relationships, professional consequences, legal battles, family estrangement, and daily microaggressions, and who maintains their grip on their own experience and their commitment to living authentically, is demonstrating a quality of psychological resilience that is, by any measure, extraordinary. **The capacity to survive adversity without losing one's grip on one's own sense of self is not a symptom of fragility or pathology. It is evidence of a psychological strength that most people, fortunately, are never required to demonstrate.**

Sanity and the Conditions of Becoming

This paper has argued, through sustained engagement with major traditions in psychoanalytic and humanistic psychology, that the charge of insanity against transgender people is philosophically unsound, clinically unwarranted, and politically motivated. It has further argued that the very qualities that transgender identity involves (critical self-examination, reflective self-constitution, the courage to live authentically in the face of social adversity, the commitment to integration over self-alienation) are precisely the qualities that the strongest available accounts of psychological health identify as constitutive of genuine sanity.

No one proves their sanity by asserting it. No one proves their sanity by pointing to the absence of conflict in their self-understanding, since conflict is (as Lacan shows) constitutive of all subjectivity; or by pointing to conformity with social expectations, since (as Fromm shows) conformity is itself a form of pathological escape from the burden of authentic selfhood; or by pointing to the absence of psychological struggle, since (as Freud shows) the work of the reality principle is precisely the work of engaging honestly with the difficult materials of one's own inner life.

Sanity is demonstrated through the quality of engagement with one's own existence. It is shown in the willingness to examine oneself honestly, to acknowledge uncomfortable truths, to revise one's self-understanding in response to genuine experience, and to live in accordance with the conclusions of that process (even when the social cost is high). **The transgender person who reads, reflects, questions, chooses, and lives with integrity is doing precisely what every genuinely sane person does, and what most people, thankfully insulated from the pressures that force such work into visibility, are rarely required to do with equal rigour.**

The liberation this paper argues for is not only for transgender people. It is for everyone who has ever been made to doubt themselves by those who had no right to judge (everyone who has been told that their experience of themselves is a symptom rather than a truth, that their self-understanding requires external validation, that their sanity must be proven to the satisfaction of those who have no clinical qualification and no genuine engagement with their experience). The political weaponisation of psychiatric language has always been used most forcefully against the marginalised. Its exposure serves not only the interests of transgender people but also the interests of everyone who values the integrity of their own selfhood against the encroachments of institutional power.

Identity and Liberation concluded that there is no Little Man within. There never was. All there ever was was the process of becoming. This paper has extended that argument into the domain of sanity,

and the conclusion is the same: sanity is not the possession of a stable inner self. Sanity is the quality of engagement with one's own becoming. And the transgender person who has committed to that engagement (who has looked honestly at their experience, engaged critically with the social and psychological materials of their existence, and chosen a mode of life that is congruent with their genuine selfhood) is not making a claim to a sanity they do not possess. They are demonstrating a sanity that those who would deny it have, in most cases, never been required to examine.

On Paradoxes and Contradictions

The most significant tension lies in the relationship between Lacan's account and the Marxian/Marcusean analysis. Lacan is a structuralist; his account of the subject as constituted through the Symbolic order tends toward a view in which the speaking subject is always already determined by structures of language and law that precede and exceed them.

Marx and Marcuse, by contrast, operate within a historical materialist framework in which those very structures are understood as historically specific formations (the product of class societies, capitalist relations of production, and the ideological state apparatuses that sustain them) and in which the possibility of critical distance from those structures is not merely an illusion but a real (if threatened and constrained) human capacity.

This is a genuine philosophical tension, not a flat contradiction. One resolution available within the text is to read Lacan as offering a phenomenological description of the *structure* of subjectivity (how it is that any of us comes to be a self at all), while Marx and Marcuse offer a *political* analysis of the specific content that those structures carry under capitalism and of the interests served by treating that content as natural. The two frameworks are operating at different levels of analysis: Lacan asks *how* the subject is constituted; Marx and Marcuse ask *in whose interest* a particular mode of constitution is maintained. Neither question cancels the other.

A second tension, more apparent than real, arises between the Rogersian emphasis on the *actualising tendency* (an innate drive toward authenticity that moves naturally toward self-realisation) and the Marcusean analysis of false needs (in which the capitalist system manufactures desires that displace and distort genuine selfhood). The tension dissolves once one recognises that Rogers is describing a capacity (what human beings are capable of when conditions permit) while Marcuse is describing an obstacle (what happens to that capacity when conditions are systematically distorted by capitalist ideology). Both are making true claims about different aspects of the same situation.

A third point: the paper argues, in its closing sections, that sanity is demonstrated through the quality of engagement with one's own becoming. But earlier, in the section on Lacan, the paper argues that the self is constituted through misrecognition and that no one possesses a unified, transparent sense of their own identity. This is not a contradiction. **The paper's argument is not that the transgender person has achieved some special access to their own true self; it is that they have engaged more honestly and more reflectively with the constitutive process that is common to all human selfhood.** The sanity being argued for is not the sanity of self-transparency but the sanity of critical engagement with one's own becoming. That is a different and more defensible claim.

Finally, it should be noted that the paper's critique of the sanity/insanity binary (drawing on Foucault and Szasz) sits alongside a positive account of what sanity involves. This is methodologically coherent: one can reject a binary while still making substantive claims about what psychological health and rational agency actually look like. **The paper's argument is not that the binary is meaningless (which would make the defence incoherent) but that it has been deployed in the service of power rather than truth**, and that a philosophically defensible account of sanity points, if anything, in the opposite direction from the one its critics assume.

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