From Inclusivity to Decentralization:

An Interview with Jem Tosh on Imagining an Alternative Psychology in the Context of Othering, Transphobia, and Sexual Consent[1]

By Güler Cansu Ağören[2]

Jem Tosh is a nonbinary psychologist who specializes in gender and trauma. They are a member of several international psychological societies; the author of books entitled, _Perverse Psychology_ (Tosh, 2014), _Psychology and Gender Dysphoria: Feminist and Transgender Perspectives_ (Tosh, 2016a), and _The Body and Consent in Psychology, Psychiatry and Medicine: A Therapeutic Rape Culture_ (Tosh, 2020), as well as numerous articles and blog posts. In their work, they follow a critical approach that suggests that psychology and psychiatry can be understood as social institutions that function to normalize power hierarchies and social oppression, and they developed this critical approach in new and important directions by analyzing the definitions and explanations of these disciplines to sexual violence, femininity, sexual desire, and gender nonconformity. After practicing within the confines of academia for a period of time, Jem ventured beyond the established boundaries of mainstream psychology, even though their work had already transcended those confines. Thus they established the platform called Psygentra. Psygentra can be defined as an initiative with a different psychology claim, a psychotherapeutic understanding based on the interaction of experience and expertise, and a contextual research logic based on intersectionality in the fields of gender and trauma.

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[Güler Cansu Ağören] First of all, I am grateful for this interview Jem. I have been working in the field of history and philosophy of psychiatry for a decade and have been teaching psychology from a critical perspective for half a decade now and I find it very important that critical perspectives like yours are heard by a wide audience. Because regardless of the strong and pressing nature of the questions posed by critical psychology/critiques of psychiatry, it seems to me that the mainstream approaches tend to resist a radical transformation and preserve an individualistic, reductionistic core, depoliticized under the mask of objectivity. This eventually results in an authoritative tone over subjects' experience of oppression and social power. What is the relationship between critical and mainstream approaches in psy disciplines in your experience?

[Jem Tosh] In my experience there is a disjuncture between what people say and what they do, when it comes to incorporating critiques from critical psychology and other critical perspectives within psychology (such as feminist, queer, and trans psychologies). Stemming from the position that the individual is 'good' and therefore harmful or oppressive actions are incongruent with how they view themselves, there can be this disconnect between that self-perception and their engagement with problematic discourses, structures, and practices.

[GCA] Is this something like: "I'm a good person. Transphobia, homophobia, sexism etc. are bad. Therefore I cannot be transphobic, homophobic, sexist, etc."?

[JT] Yes. For example, when I was analysing and protesting psychiatric treatments for transgender youth that positioned cisgender conformity as the only psychologically 'healthy' outcome (Tosh, 2017a), I met psychologists and psychiatrists that passionately agreed with my critiques. However, when I spoke to them about their therapeutic practice, they were using the very approaches that I was describing as harmful. When trying to address this contradiction, the most frequent response I received was those individuals being adamant that they were 'not like that'. No matter how many examples of comparison I offered between their practice and that of reparative therapy[3], they would not alter their perception of themselves as 'good' and their practice as 'inclusive'. The consequence of this, is that if they already view their work as incorporating those critiques,

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[3] Types of therapy that see homosexuality or gender nonconformity as a disease and target the development of heterosexuality or gender conformity (Apaydın, 2022).

and are unwilling to reflect on how their practice may still be harmful, then there can be no change. For in their view, 'the work' (i.e. the critical, reflective, transformative, or revolutionary 'work') is either already done or was never needed in the first place.

[GCA] In other words, it could have been thought but not succeeded. I think there's also some kind of pressure for political correctness here. In a liberal political environment, where it is unacceptable to be "exclusionary", the key factor for individuals or experts to refer to definitions such as "inclusive" may be to declare that they exhibit the minimum necessary in political and ethical awareness. It's important to realize that this can act as a buffer that prevents the development of debates about what is needed for real transformation.

[JT] There is an interesting analysis here around multiple competing meanings applied to the terms 'affirmative' and 'inclusive', that include performative allyship (Kutlaca and Radke, 2022) and a redefining of reparative practice. In creating a binary of 'reparative' and 'affirmative' with the former being associated with negative connotations of being harmful and outdated, and the latter as inclusive and progressive, it can become desirable to be defined as 'affirmative'. To become 'affirmative', it can be easier to simply change the definition of the practice, rather than change the practice itself. This semantic loophole, then, replaces the dismantling of structures and discourses within psychology and psychiatry that support reparative approaches (such as cisheteronormativity).

Another example is from within feminist psychology. I often meet feminist psychologists who define themselves as 'trans inclusive'. At its core or most basic premise, being trans inclusive means *including* trans people. Yet, when I discuss their practice of trans inclusivity, I hear examples of feminists working on projects that address violence against women and girls that do not include trans women or trans girls. I listen to reports and projects on gender violence that do not include Two-Spirit, intersex, trans, or nonbinary people. I review papers that add a sentence or two about trans people, but frame the rest of the paper in gender binaries and/or pathologise gender nonconformity. I read the work of feminist psychology authors who reference my own critiques of trans and nonbinary exclusion and pathologisation, only to be told when I meet them in-person how frightened they are of sharing a public washroom with a trans person, because they have uncritically accepted the harmful 'trans predator' narrative from trans exclusionary discourses (Sanders & Stryker, 2016; Schilt & Westbrook, 2015).

[GCA] In Psychology and Gender Dysphoria *(Tosh, 2016a), your analysis of the history of this discourse was striking. Although the trans exclusionary discourse maintains that this is a determination that corresponds to a social reality based on people who pose a threat to women's spaces, you say that the narrative "trans people are predators" has existed in the history of trans exclusionary discourse and (ironically, considering its place in today's trans exclusionary feminist discourse) it also contains misogyny as well as transphobia. Because, historically, the display of masculinity by a person assigned as a woman or their declaration of being a man is not met with such hate. On the other hand, being a woman is so devalued that the possibility that "a man might want to be a woman" is considered astonishing, and it is thought to represent the situation of a man who only aims to access women's spaces for sexual gain. The same astonishment and effort is not experienced in the case of trans men.*

I think the issue here is also related to grievability. When such transphobic discourses somehow center the embodied experience of fear and discomfort experienced by ciswomen, it suddenly becomes "hard to oppose on a feminist ground" for some. However, trans women who are excluded from women's spaces also have an embodied trauma experience. Thus, this discourse cannot be articulated or sustained without positioning ciswomen as more grievable, more valuable, and more legitimate as the basis of public regulation than trans women, that is, without creating a new gender hierarchy. I don't want to bring the subject to a point like "whose feminism is more feminist", but for a radical social change potential, it seems important that feminism should look beyond the male-female dichotomy and aim to shake all possible gender hierarchies.

Have you ever offered your criticisms to feminists who were driven to uphold the claim of inclusivity but fell short? Criticism of feminism itself is a very important factor shaping the history of feminism.

[JT] When I address the exclusion of genders that are disproportionately impacted by violence from research on gender violence, or of the incoherence of work that briefly mentions trans people only to marginalise them elsewhere, I experience hostility. I note this disjuncture between their promotion of a narrative of trans inclusivity (such as 'I share my pronouns') but the explicit exclusion of trans and nonbinary people from their feminism. When these issues are raised, I have been removed from discussions and projects. So those attempts to be 'trans inclusive', when presented with the changes needed to move in that direction, most often I (as the only non-cisgender voice on the project) am removed. It is an act that literally excludes a nonbinary person and continues the status quo of the original (cisnormative) structure. Yet the attempt, despite its failure,

becomes another pillar that upholds a performative and illusory, 'we are trans-inclusive' narrative.

An example of this, is when I am invited to join a mainstream psychology space with the aim of 'making it more inclusive'. Here, the space is again framed as 'good' for making the effort to initiate necessary change, but the 'effort' becomes labour that is passed onto the marginalised group they are aiming to include (in this case, a bisexual and nonbinary psychologist). Rather than introducing change to the organisation or group (led by or in consultation with that marginalised community), what happens is that marginalised person enters an oppressive system that was designed to exclude them and may be hostile towards them, which can result in bullying, harassment, and violence, as well as trauma and distress (Tosh and Golightley, 2016; Tosh, 2023a). If we also consider the context of academia and the threat of violence to those teaching critical perspectives, particularly around gender and race, such as the recent stabbing of a professor and two students in a gender studies class at the University of Waterloo, or the 1989 mass shooting at the École Polytechnique de Montréal where the perpetrator claimed he was 'fighting feminism', then we can begin to appreciate the kind of hostility and violence marginalised individuals and groups can experience when trying to bring critical perspectives into the mainstream.

Individuals and groups who label themselves as 'good' or 'inclusive' should be dismantling oppressive structures, retiring harmful practices, and creating spaces that welcome everyone. Those are difficult and time-consuming tasks that can often require accepting negative feedback and investing in those marginalised communities. It is much easier to bring in an individual who is different in the hopes that they can make the organisation different, or to make small efforts that have more immediate visibility (such as sharing on social media on Trans Day of Visibility). However, those smaller actions won't change the oppressive systems if the people think they are already 'good' and that if any further work needs to be done, it needs to be done by someone else. Therefore, the starting point for trans-inclusive work should be the acceptance that there are aspects of transphobia and trans exclusion in mainstream psychological practice - because if individuals and organisations haven't taken the time to make those meaningful structural changes, then their practice is most likely based on the longstanding status quo, which is trans exclusion and pathologisation (Tosh, 2014; 2016a).

In these attempts to incorporate more critical perspectives, that cover only a brief selection of my own personal experience of the barriers to initiating change in psychology, there has been less focus on the dismantling of oppressive structures (such as the colonial gender binary and gender 'norms' produced by psychology) or the creation of alternative

therapeutic/healing systems that exist outside of these structures. This is because the default in psychology is the dominant discourses and oppressive structures, like cishetnormativity and white supremacy, which is due to the the long history of mainstream psychology being predominantly defined by cisgender, straight, white, men. A psychological revolution requires more than a self-defining as 'good' or 'inclusive' to change that. Like the rainbow-washing of organisations that change their logos for Pride while enacting anti-2SLGBTQAI+ policies, so too can declarations of inclusivity *without the action to back it up* be a way for people to feel like it is not their responsibility to change.

[GCA] The mainstream depoliticized approaches of psy disciplines are preferable for economic and political institutions, but I believe what renders these approaches as sustainable in psychology is the "normal science" being practiced based on politically charged concepts and theories that are neutralized through the objective science discourse. Do you think psychology requires a conceptual revolution for a fundamental transformation?

[JT] I agree that a lot of political concepts can become sanitised and individualised within psychology, as approaches that promote 'objectivity' (over transparency and reflexivity) attempt to single out the issue under study, such as to remove 'confounding variables' in positivistic discourse, but doing so can strip the phenomena from its social, historical, and cultural contexts and the complexity and interconnectedness of human experience and subjectivity.

Psychology has had conceptual shifts that have generated significant changes within (and outside of) the discipline, such as the crisis in social psychology (Parker, 1989) and the (arguably ongoing) depathologisation of queer people. Perhaps what is also needed, Cansu, is a revolution that incorporates not only a conceptual change but a structural one too. In my work I argue for a dismantling of oppressive structures (such as patriarchy, rape culture, and ableism) and a decentering of dominant discourses and groups. For instance, inviting trans people or people of colour into predominantly cisgender and white spaces keeps them on the periphery and whiteness and cisgenderism at the centre of the mainstream or the default position. To subvert that default requires a dismantling of longstanding structures that are at the very foundations of psychology, because marginalised perspectives were excluded from the creation of those ideas and practices for the majority of the discipline's existence. In other words, you can't fix a racist or transphobic structure by adding a little 'inclusion' in later on. For example, you can't 'add in' nonbinary genders to the psychology of gender (or feminist psychology) without also

addressing the colonial gender binary that underlies much of that work. The foundation is rooted in those problematic and harmful discourses and they need to be addressed for change to happen throughout the entire system. It requires a restructuring of the current hierarchies so that those who have been voicing critiques are heard because their perspective is *valued*, rather than critiques from marginalised groups being dismissed because of the very marginalisation that they are addressing.

Another example of this would be when mainstream psychology training tries to incorporate critical perspectives, such as introducing a course on the psychology of diversity, but leaves the rest of the degree program unchanged. So, there are harmful theories, concepts, and practices taught throughout the program (such as, in my own teaching experience, colleagues teaching that 'transsexualism' is a 'brain disease' and bisexuality is 'just a phase') being taught in parallel to critical perspectives (such as affirmative approaches, trans and queer psychology, and critical psychology perspectives on depathologisation).

[GCA] In other words, while criticisms or marginalized approaches introduce claims that will shake the entire discipline and the basic research process, what happens most often is that these approaches are kept at arm's length without touching the boundaries of the mainstream. Even when criticism seems to be covered, there is no real dialogue and interaction between the mainstream and criticism.

[JT] Yes. The result is that the critical perspective is positioned on the fringe, as an 'extra', or only relevant in specific settings and the main focus of the training and the mainstream concepts remain relatively unchanged. This doesn't mean that these critical interventions aren't important or worthwhile, or that no change occurs, but that there is a difference between an intervention in the short-term and the longer-term goal of dismantling structures. The work needed to create comprehensive and lasting change can't stop at changes to a problematic system, instead of dismantling the problematic system itself. For example, the long-term goal wouldn't be to have a 'nicer' form of patriarchy, transphobia, or white supremacy, but for these oppressive structures to be dismantled. Including critical race theory (as one currently highly targeted perspective that is being silenced through book bans and other attempts at erasure) in a discipline that promotes white supremacy elsewhere, or including trans psychology and then pathologising trans people, shows that more work needs to be done in those areas.

Here's a final example of this boundary between 'adding in' changes and dismantling the underlining oppressive structure. In one of my trainings on gender inclusivity in medicine, I was asked a question that often came up when talking about trans and nonbinary people - 'what do I call them?'. This started a discussion about name changes and pronouns differing from what was recorded on the medical forms and paperwork. It may sound like a basic and simple question, and my answer was a very simple, 'Ask them.' If you are not sure what pronouns a person is using or what their current name is, then asking for clarification can be the best way to get the most accurate and up-to-date information in most contexts. However, this seemingly simple question revealed a more fundamental problem that represented a greater structural hierarchy that needed addressing first - that the doctors felt the need to be the most knowledgeable person in the room. In their role they were positioned as as expert and admitting to a patient that they did not know something as basic as their name, gender, or pronoun, felt like a betrayal of the role required of them. It was a redistribution of power, from a medical system that has the power to 'assign' gender, to asking the 'patient' for that information was an inversion of a key foundation of the discipline and profession. For some doctors, being the expert was so core to their perception of the role that it felt like a failure - that they had failed their patient by not already knowing their name, gender, and pronouns. So, on the one hand we can ask people what their pronouns are in a tokenistic and 'check box' kind of way, or we can do the revolutionary and transformative work of addressing the power hierarchies and structures that made that intervention necessary in the first place.

[GCA] *Yes, while the doctor-patient hierarchy is maintained in the first, this hierarchy is challenged in the second.*

[JT] I talk about this more in my book *The Body and Consent in Psychology, Psychiatry and Medicine: A Therapeutic Rape Culture* (Tosh, 2020) with regards to consent and refusals. For marginalised groups, refusals can be ignored or dismissed because their voice and experience is not valued in psychology, due to their pathologisation and the normalisation of their mistreatment. Therefore, what is required for revolutionary change in psychology, is a dismantling of the 'norms' that position those as pathologised in the first place, so that those who have already been creating psychological theories that incorporate and explain social oppression and its impact, are acknowledged.

[GCA] *As you mentioned consent, we shall note that an important direction for your work is sexual violence and consent. I would like to articulate a bit on the contextual perspective you developed over these issues. Do you think consent can ever be valid in a context that involves any sort of power hierarchy?*

[JT] It depends on the context, power inequalities, and individuals involved. This combination can be very complex, in that rather than viewing a singular or linear power hierarchy as a kind of vertical distribution between those who 'have' power and those who do not, I draw on intersectionality theory from black feminist scholars that conceptualise power and oppression as a complex matrix of multiple intersections that includes representations (e.g. discourse) and structures (e.g. institutions), which impact individual, social, and societal levels (Crenshaw, 1991; Hill-Collins, 2000). Within this framework, individuals hold positions of relative power and oppression simultaneously, such as the privilege that comes from being a cisgender man in patriarchy, but also the marginalisation of being a black man existing in a racist white supremacy, and/or a working class man under capitalism. These positions shift and transform in fluid ways as the context and culture changes. When we also consider other axes of power and oppression, such as sexuality, disability, and sanism[4] (i.e. the oppression of people who have been 'psychiatrized' or have a psychiatric diagnosis, Perlin, 1992), it becomes even more complex again.

   I conceptualise consent as having the ability to participate in and to withdraw that participation, from any aspect of an encounter, at any time during an encounter, and for any reason (including no reason at all). For example, rather than talk about 'consent to sex', it is about questioning, 'what is sex'? What sexual acts or activities will be included at this time and do all participants consent to all of them? This can be more common in BDSM and kink communities, where discussions around sexual differences and preferences and consent are relatively more clearly-defined and transparent than in other sexual cultures (Barker, 2013). Using these kinds of discussions it becomes easier to see how a person could consent to some aspects of a sexual encounter but not all, and therefore some parts of a sexual activity could be consensual while others are not (such as, the form of sexual assault known as 'stealthing', where one partner consents to sex with a condom and the perpetrator covertly removes the condom during intercourse, Ebrahim, 2019). 'Sex', in this definition, can be both consensual and non-consensual at the same

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[4] The concept of sanism is used to describe "irrational prejudices against people with mental disorders".

time, because there is an appreciation that sex is not just one thing, and that something can begin consensually and become nonconsensual.

An interaction can have multiple instances of assent or consent, but only one instance of resistance or withdrawal of that consent is required to either stop the consensual encounter, or for it to become coercive. In my research on constructions of consent, in a rape culture, the opposite can be the dominant discourse. Many instances of resistance, such as saying 'no', trying to leave, crying, or physically fighting off a perpetrator, are disregarded for any instance of consent, which then becomes used as 'evidence' that the entire interaction was 'consensual'. This erasure of resistance draws on a contractual form of consent and assumes that once consent is given, it can be applied retroactively and cannot be retracted (Tosh, 2016b; 2023b). Part of dismantling rape culture, then, is subverting this discourse to recognise that as soon as consent is withdrawn, if the other person or people do not stop, then it is violence, regardless of their prior consent or parallel consent to other aspects of the interaction.

Having a fluid and multifaceted definition of consent, that can change moment to moment (due to a wide variety of factors including contextual, embodied, and subjective changes), and that exists simultaneously with nonconsent, allows for people to change their mind during sexual activity and for the confusion and conflicted feelings that can occur with sexual assault or domestic abuse - because it can often be the case that some elements of the sexual activity and/or relationship are consensual, while others are not. This replaces the binary of consent/nonconsent that can be used to discredit rape victims and survivors (e.g. in legal discourse), where perpetrators and rape apologists think that by showing *any* evidence of consent or assent they have provided 'evidence' that rape did not occur. In the definition that I have outlined, instances of consent do not erase instances of coercion.

It is at this intersection, where power can be fluid, multifaceted, and contradictory, and consent can also be fluid, multifaceted, and contradictory, that I believe valid forms of consent can occur in a power hierarchy. Consent occurs in the boundaries between bodies and selves. I draw on feminist theories that challenge individualistic perspectives, highlighting the interconnection and ever-changing boundaries of embodiment and self (Battersby, 1999; Braidotti, 2002; Haraway, 1999). That rather than self-contained selves in a solid boundaried body, relationships and communities are made up of interconnected selves, and boundaries of embodiment are constructed and reconstructed through intersections of organic and technological matter, as well as through experiences like sex and illness (Moss and Dyck, 2003). Rather than viewing consent as something that a

disconnected or independent person 'gives' or 'takes away', it becomes (1) a fluid dialogue between interconnected bodies and selves that also have (2) fluid and changing boundaries, in a context of (3) multiple and fluid power hierarchies. This space of potentiality is where consent is constantly being reaffirmed, negotiated, or challenged (Tosh, 2020). This level of complexity can be neglected in overly simplistic binaries of consent/nonconsent and powerful/oppressed.

In these complex and fluid interactions, power hierarchies can be subverted and they can be a key site where anti-oppression work occurs. It will depend on whether or not those in relative positions of power (such as affluent individuals, non-disabled people, or cisgender and straight men) choose to use the greater opportunities to abuse that power, or work to dismantle that oppressive structure (e.g. classism, ableism, and cishet-patriarchy) through their own gendered experience by taking action to equalise those relationships. Like in my other examples, this will include both elements of seemingly small changes, such as taking an active role in contraception as part of the patriarchal culture is to place this burden on the bodies of women and femmes. It will also include that larger task of dismantling the underlying structures that created that inequality in the first place, such as the patriarchal ideology of men's ownership and control over femme and women's bodies, and that men's bodies require no such oversight or intervention (Chesney-Lind, 2019). Other examples would be equalising sexual pleasure for partners, to counter dominant and longstanding psychological constructions of women's sexuality as passive or 'naturally' frigid and men's as active and 'aggressive' (Tosh, 2014; forthcoming). For marginalised people, or those at the intersections of multiple forms of oppression, these sites can offer opportunities for resistance. From defining their own sexual boundaries, structures (e.g. monogamy, polyamory), and sexualities (e.g. demisexuality, bisexuality), to subverting power dynamics in interpersonal and sexual relationships, these acts of resistance can contribute to interpersonal and social change. For instance, women initiating sexual relationships in cultures where this is predominantly positioned as a man's role, and decentering the role of 'penis-in-vagina' intercourse as the dominant definition of 'sex' to include a greater range of (queer and straight, partnered and solo) sexual activities, both contribute to the dismantling of cisheteronormativity.

The limits of consent in this context are where: (1) power imbalances are significant and/or unchangeable, (2) boundaries of bodies and selves are undefined/blurred and/or unequal, and (3) discussion and decision-making is one-sided. For example, in the case of childhood sexual abuse, discursive and structural power imbalances exist that make consent between adult and children impossible (Bell, 1993) - such as the child's complete

dependence on adults for survival, which results in a particularly harmful and extra level of betrayal trauma when abused in this way (Freyd, 1996). Childhood sexual abuse within families is one example of undefined/blurred boundaries, where the child can be framed as 'a physical part' or 'extension of' the abuser due to a biological connection (more so if the abuser gave birth to the child), making it difficult for the abuser to recognise the child as another person with their own embodied and subjective experiences. While the child's self and embodiment may be interconnected with others, it is not the same as their family members, nor is it inseparable from them (this is in addition to significant differences in neurological, social, and sexual development). Due to this dependence on adults, and an enmeshed sense of self and embodiment with family, dialogue is heavily weighted in favour of the adult family member. This is one example where childhood sexual abuse is a *lack* of consent in a power hierarchy.

I talk about the constructions and intersections of power, pleasure, and consent in definitions of sex and sexual coercion more in my paper 'Celebrity "Rape-Rape": An Analysis of Feminist and Media Definitions of Sexual Violence' (Tosh, 2016b), my chapter 'No Body, No Crime? (Representations of) Sexual Abuse Online' (Tosh, 2017b), and my third book, *The Body and Consent in Psychology, Psychiatry, and Medicine: A Therapeutic Rape Culture* (Tosh, 2020).

[GCA] Another context that may be understood better when viewed from a contextual perspective to sexual violence is the wedding night context. This is I think relevant to the experience of many in Turkey, regardless of their gender. It is common for men to experience a pressure to perform in this context whereas similarly saying no does not even occur as an option to many women. Furthermore, in some traditional settings there is an expectation to exhibit proof of intercourse and prior female virginity to family by displaying clothes covered with blood, introduced as vaginal blood caused by penetration. Of course, in some cases partners may have different experiences, but I expect it is not uncommon for both partners to experience sexual violence in this context, even when there is given sexual consent or "erection" which is incorrectly attributed to consent. How do you think focusing on the context can help us identifying the "perpetrator" and the survivor(s) or the extent of the act that is to be framed as violence?

[JT] Thank you for this question and the specific example from Turkey. I answer it drawing on my work on coercion and consent but without direct lived experience of Turkish culture (I do discuss my own relationship with traditional cultures and discourses around gender

and sex during 'The Troubles'[5] in Northern Ireland - see Tosh and Dempsey, 2020). This example, of the expectation of sex during the wedding night, is the kind of complexity I was referring to in the last question on consent. Here we have multiple structural and institutional influences, such as the institution of the family and/or religious institutions that can impact on both individuals' ability to consent. This will depend on a variety of factors, such as how important their family relationship is to them, how important traditional practices are to them and their family, and what potential consequences there are for dissenting from these expectations, such as social ostracism, family rejection, or violence. In addition to these structural and institutional influences, there is also the impact of gender and different gendered expectations within a context of cishet-patriarchy and the institution of marriage. These include discourses that conflate women's lack of sexual experience with 'innocence', 'purity', and 'honour' (but not mens) (Moslener, 2015; Ozyegin, 2009), psychological discourses that frame men's sexuality as 'naturally' violent or aggressive (Tosh, 2014; forthcoming), and in some contexts, where women are expected to 'obey' their husband or the expectation that part of the wife's role is to sexually satisfy their husband.

It is in this context that violence can occur against the wife, where there is an expectation of intercourse that has the potential to be physically damaging, and where instances of resistance (such as crying, bleeding, and so on) could be read as further 'evidence' of virginity - that their body is being forcibly changed through this 'new' experience. This coincides with more general discourses in a rape culture that frame first experiences of penetration as 'normally' painful (Thompson, 1990). These constructions are harmful and perpetuate the myth that sex 'should' be painful for ('virtuous') women, which can be tied to further problematic misinformation, such as the myth that the size of a vagina correlates to the number of sexual partners (Braun & Kitzinger, 2010).

For the husband, in this example, while there is not the same emphasis on bleeding, there is potential for violence. You are right to say that an erection can be incorrectly attributed to consent. There can be many reasons for that biological reaction, including fear (Fuchs, 2004). Sexual assault can also include what is known as 'compelled penetration' - where an individual is forced to penetrate someone else. This can be through threats of violence, emotional blackmail, manipulation, abuse of power, and so on

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[5] The period known as "The Troubles" covers the social events of violence and oppression in Northern Ireland between 1968 and 1998. The parties to this conflict are those who support Northern Ireland to remain part of the UK and those who support its separation from the UK and join the Republic of Ireland.

(Weare, 2018). Being forced to penetrate a wife on a wedding night, due to threats and/or pressure from others in this context of normalised compulsory intercourse, in addition to being forced to make that penetration result in bleeding, could result in sexual trauma for the husband and be an example of nonconsensual intercourse via compelled penetration.

Another important aspect here, that you mentioned, was that for some women they did not even think to refuse this sexual activity on a wedding night. This silence around the possibility of resisting the tradition, or of subverting it, is due to a lack of available subject positions in these discourses. Like 'don't say gay' laws[6], silence disempowers and perpetuates the status quo. Not knowing that sexual refusal is an option, is a feature of discourses that frame penetration and heterosexuality as compulsory, which are also tied to problematic ideas of sexual 'health' and 'normality' (Tosh and Carson, 2016). In terms of creating opportunities for valid consent in this context, and of subverting these oppressive structures and discourses, there are possible individual acts of resistance (such as using prior collected menstrual blood to be given as 'evidence', removing the pressure for potentially painful and/or damaging intercourse on the wedding night), as well as dismantling the oppressive structures that create this expectation in the first place, such as decentering heteronormativity and 'penis-in-vagina' sex that I mentioned before, as well as including the option to not have sex - in relationships in general *and* on a wedding night.

[GCA] *You are currently working on a second edition of* Perverse Psychology. *Do you have anything that you are doing significantly different in this edition? Queer activism, movements like #MeToo, or the unfortunate rise of trans-exclusionary feminist discourses… A lot happened since the first edition. Have any of these developments affected your approach or raised new questions to think about?*

[JT] You are right, a lot has happened since the first edition. It was written during 2013-14 and over the past decade there have been many significant developments related to both aspects of the book - sexual violence and gender nonconformity. The original argument of the book still stands, which is a result of a comparative and genealogical discursive analysis of psychological constructions of sexual violence (e.g. 'the paraphilias') and gender nonconformity (e.g. the diagnosis of gender dysphoria), but what the new edition

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[6] A bill introduced in the US state of Florida with the "purpose of prohibiting 'in-class discussions about sexual orientation and gender identity'".

offers is an expanded and updated analysis. The book will be much longer to accommodate updates based on key events over the last 10 years as well as new analyses. Yes you are correct, this includes the impact of the #MeToo movement on sexual violence discourses, particularly within psychology, trans-exclusionary discourses within feminism, as well as new constructions of gender nonconformity, such as the controversial (and highly criticised) 'Rapid Onset Gender Dysphoria'.[7]

The other difference, is that when I started writing *Perverse Psychology* I often had to explain to people what the word transgender meant whereas now there is a proliferation of polarising discourses around trans and nonbinary people. The language has changed and the way we talk about gender diversity and nonconformity has changed. There will be an update of the language throughout the book (including the removal of the contested term 'transgenderism', see Tosh, 2021 for my discussion on how that term became included in the book) as well as an updated version of analysis based on the developments within my own work, particularly a greater focus on intersectionality. The other big difference is that when the first edition was published, I wasn't 'out' as queer, nonbinary, or a survivor of sexual abuse. Having since written about my lived experience in my academic work, I feel that I can be more open in my research and reflect more on how that community and experiential knowledge extends and is interrelated with my academic and theoretical knowledge.

[GCA] Maybe we can talk about Psygentra at this point. What makes Psygentra a different practice of psychology?

[JT] Psygentra was set up after a conscious decision to step outside of mainstream academia and psychology to create something different. Rather than trying to break into mainstream spaces and take up tokenistic roles where significant time and energy can be spent existing in a structure designed to exclude you (Tosh and Golightley, 2016; Tosh, 2023), I decided to create a space where those typically on the periphery of academia and psychology are at its centre. The aim, then, is not to 'include', where people are invited into an already existing space that is oppressive or exclusionary for them, in the hope that they will change that space and make it more inclusive by their presence, but to build a community around them instead. So rather than have a psychology defined through the lens of a colonial gender binary, we have a space defined at its foundation as gender

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[7] A controversial approach that claims that gender dysphoria can develop through social contagion.

diverse. In doing so we dismantle and decentre that colonial gender binary and position marginalised genders at the forefront. We don't structure or plan things that assume marginalised experiences are in the minority (e.g. being queer, racialised, neurodivergent, disabled, and so on), we design the organisation around the lives and needs of those excluded by other systems. Psygentra is also an organisation that is founded and run by survivors of violence and abuse. This means that rather than have a constructed boundary between psychologists or psy professionals, and those who experience trauma and it's long-lasting effects, we position those who have experienced trauma as both survivors and experts (Tosh and Dempsey, 2020). This subverts the standard hierarchy in pathologising psychologies. We also include critical perspectives in our work around surviving and healing from sexual abuse (such as non-pathologising and feminist work), as well as keeping a critical lens on the profession itself, such as addressing sexual abuse that happens *within* psychology (Tosh, 2020).

[GCA] *I think areas like Psygentra are needed in many parts of the world. Congratulations to you and your team, Jem, for this initiative that I think is vital to many people. I hope your approach will be inspiring for those who practice psychology in Turkey. I would like to thank you once again for this interesting and important interview.*

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