



PSYCHOANALYSIS NEEDS A SEX CHANGE

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Abstract

This paper discusses the crucial part played by psychoanalysis in the history of transsexualism and assesses the controversial yet central role of sex-change theory for psychoanalysis. Indeed, the pioneer sexologist and activist Magnus Hirschfeld was among the founders of the Berlin Psychoanalytic Society. Hirschfeld was appreciated by Freud, although rejected by Jung. It is time both to historicise and theorise the loaded connection between sexologists and psychoanalysts. The author argues for the depathologisation of transgenderism. Lacan's theory of the *sinthome* offers an innovative framework for rethinking sexual difference. With the help of this theory, one can challenge the pathological approach too often adopted by psychoanalysis. This calls for a more fruitful dialogue between Lacanian psychoanalysis and the clinic of transsexualism.

Introduction

Psychoanalysis has a sex problem in more than one sense. Transgender activists and scholars have been wary of psychoanalysis, with good reasons. In both subtle and brutal ways, psychoanalysis has a history of coercive hetero-normatization and pathologization of non-normative sexualities and genders. Such a homophobic and transphobic history, however, is based on a selective reinterpretation of the Freudian texts. It is of course true that many normative theories about sex and gender claim to derive from Freudian psychoanalysis and classify and adjudicate individuals according to sexual behavior. Freud's Oedipal Complex, it is said, starts with the recognition of anatomical sexual differences, before pass-

ing through 'castration complexes' and 'penis envy', and culminating in the development of a mature, 'normal' genital choice. In this reading, proper gender identification produces masculinity for males, femininity for women, and creates an adapted heterosexual desire that is purported to result in satisfying sexual lives.

In fact, nothing could be farther from what Freud stated theoretically or observed in his practice. One can even say that the previous claims are all reductive distortions. Freud never condemned homosexuality and had a very tolerant attitude facing it. Furthermore, as Dean & Lane (2001) have shown, the founder of psychoanalysis never considered same sex desire pathological. Freud was not voicing liberal tolerance but rather making a radical move, because for the founder of psychoanalysis homosexuality was a sexual orientation as any other, and as contingent as heterosexuality. Freud observed "that all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious" (footnote added in 1915; Freud 1905, p. 145n). For Freud, human sexuality was essentially polymorphous and perverse because the erotic drive does not follow any 'natural' course. Contrary to the standard view of traditional psychoanalysis, Freud 'queered' human sexuality (Dean & Lane, 2001) when he proposed a sexuality that operates in a mysterious, capricious way, *contra natura*, veering off the reproductive aims. Freud 'perverted' sexuality when he separated the drive from any instinctual function and described its object as 'indifferent', that is, not determined by gender. As noted by Lacan (1981), Freud "posit[s] sexuality as essentially polymorphous, aberrant" (p. 176.) What irri-

tated people most in Freud's early sexual theories was not the scandalous claim that children were sexual beings, but rather his non-essentialism in the definition of sexuality. Freud's later notion of the drive is also non-gender specific; this was the real scandal that would clash with Victorian sensibility and it was thereafter repressed by post-Freudians.

How then could psychoanalysts after Freud talk about 'normal' sexuality assuming it means heterosexual genital function when Freud acknowledged that the mutual interest of men and women is "a problem that needs elucidating and is not a self-evident fact [...]" (footnote added in 1915; Freud 1905, p. 146n)? As Dean & Lane (2001) note, one of the greatest paradoxes of the history of psychoanalysis is that its institutions have developed normalizing moralistic and discriminatory practices that are antithetical to psychoanalytic concepts. This is sad because Freudian and Lacanian psychoanalysis could make a valuable contribution to the field. Their theories study sex, sexual identity and sexuality, articulating ideas about the complex relationship of the body to the psyche, the precariousness of gender, the instability of the opposition of male and female, the construction of sexual identity, the challenges of making a sexual choice, and the uncertainties of sexuality, that is, the conundrum of sexual difference. Such contributions could have important implications for transgender theorists and activists, transgender people, and professionals in the trans field by enriching current debates about gender and sexuality. Dean (2000) opened the ground for a fruitful engagement with the theoretical contribution of psychoanalysis, a development that has been obfuscated by the psychoanalytic institutions: "the institutional history of psychoanalysis, particularly in the United States, has forestalled any such alliance. As I've already suggested [...] such an alliance might require both parties to renounce some of their most cherished shibboleths" (p. 226).

To further contextualise our discussion, let us take a rapid look at some canonical definitions

of transsexualism, which are as revealing as they are exemplary. This brief history of the evolution of the nomenclature will be helpful to see how the terminology has been linked to the domain of the pathological. It also shows the central and complex role psychoanalysis has played in the history of transsexualism.

Psychoanalytic Beginnings

The philosopher Michel Foucault has made us aware that sexuality has a history, and that psychoanalysis has played a very important role in it as a theory of the intersections of law and desire. His *History of Sexuality* (Foucault, 1990) states that a history of the deployment of sexuality since the classical age "can serve as an archeology of psychoanalysis" (p. 130.) For Dean & Lane (2001) this characterisation, which makes it look "as if the book were really all about psychoanalysis" (p. 8), also highlights the fact that today we cannot think of sexuality without using psychoanalytic categories. In the case of transsexuality, then, the interrelatedness with psychoanalysis is not just referential, as we will see.

The term *transvestite* was coined by Magnus Hirschfeld in 1910 to describe those who occasionally wear clothes of the 'other' sex. Hirschfeld, a passionate sex reformer and an activist, struggled for the legalisation of homosexuality. He was also an occasional cross-dresser himself and a central political figure in Germany's incipient field of sexology. Hirschfeld developed a theory of sexual intermediaries, contending that the existence of two opposite sexes was an oversimplification and that one could observe many varieties of intermediates. A pioneer advocate for transgender people, he argued that transgenderism could not be reduced either to homosexuality, fetishism, or to any form of pathology. Hirschfeld's classic book *Die Transvestiten. Eine Untersuchung über den erotischen Verkleidungstrieb mit umfangreichem casuistischen und historischen material* (1910) was translated only eighty years later, in 1991, as *Transvestites: The Erotic Drive to Cross-Dress*. Notably, its title contains a word that belongs to basic psychoanalytic

nomenclature: *drive*. The choice of term reveals an engagement with psychoanalysis, even if the sense is different. In fact, Hirschfeld played a main role in the early days of psychoanalysis, publishing a number of analytic papers. Freud's own article 'Hysterical Fantasies and Their Relation to Bisexuality' (1908) appeared in the very first issue of Hirschfeld's new journal exclusively devoted to sexology as a science, *Zeitschrift für Sexualwissenschaft*. Subsequent issues published original work by Alfred Adler, Karl Abraham, and Wilhelm Stekel (Bullough, 1994, p. 68.)

Furthermore, Hirschfeld co-founded with Karl Abraham the Berlin Psychoanalytic Society in August, 1908 (Gay, 1998). In 1911, at the third international Weimar congress of psychoanalysts, Freud greeted Hirschfeld as an honored guest and a "Berlin authority on homosexuality" (Bullough, 1994, p. 64). Yet even with this recognition, Hirschfeld left the Berlin Psychoanalytic Society shortly after the Weimar meeting, despite Abraham's "attempts at persuasion" to stay (Falzeder, 2002, p. 139). Hirschfeld's departure had been precipitated by "an external cause" (p. 139) also described by Abraham as "a question of resistances" (p. 140). It seemed that Jung had objected to his homosexuality (p. 141.) Unlike Jung, Freud did not seem to mind Hirschfeld's political activism. Freud saw Hirschfeld's advocacy of homosexual rights as a positive development and from the beginning he had encouraged Abraham to work with him (Gay, 1998, p. 181.) After losing Hirschfeld, the Berlin Psychoanalytic Society decided, at Abraham's instigation, to work collectively on Freud's *Three Essays on the Theory of Sexuality*. The irony is that the *Three Essays* owe a lot to Hirschfeld's research (Freud, 1905, p. 1, credits in the opening page the "well known writings" of Hirschfeld along with other eight authors ranging from Krafft-Ebing to Havelock Ellis, all published in *Jahrbuch für sexuelle Zwischenstufen*, a journal under Hirschfeld's direction). Hirschfeld's empirical data revealed that transvestites included both men and women who were homosexual or bisexual as well as, contrary to popular belief, heterosexual. He ob-

served that some transvestites were asexual (*automonosexual* was his term); the asexual group eventually led to the 1950s classification of *transsexual*. Hirschfeld broke new ground proposing that transvestism was a separate sexual variation different from fetishism and homosexuality. Let us note, however, that as a clinician and researcher, Hirschfeld never wavered in his belief in a biological (endocrinological) basis for sexuality and thus was not opposed to Eugen Steinach's experimental testicular transplants to 'treat' male homosexuality.

Moving on from Hirschfeld, perhaps the most influential post Freudian psychoanalytic theory of transgenderism was put forward by Wilhelm Stekel (1930). He coined the term *paraphilia* for unusual sexual behaviors. Stekel's book *Sexual Aberrations: The Phenomenon of Fetishism in Relation to Sex* (1930) makes explicit in its title the wish to systematise the structure of all sexual deviations as a single entity under the model of fetishism. The book, however, included a chapter on transvestism written by Emil Gutheil. For Gutheil (1930), even though transvestism was not fetishism, it was a compulsion to create a phallic female: the attraction for the genitals of the 'other' sex was transferred onto the garments. Stekel is a good example of how a former devoted disciple modified Freudian theories and popularised them, and in so doing erased all nuances by bringing them closer to the dominating medical model. As Bullough (1994) puts it, "Freud cannot be blamed for the excesses of his disciples" (p. 90). During the first half of the twentieth century, in order to solve the problem of the mind, most post-Freudians inevitably relied upon the notion of the traumatic effect of childhood experiences. Castration anxiety accounted for a psychobiological etiology of transgenderism often confused with homosexuality (Bullough, 2000). Cross-dressing continued to be understood according to Gutheil's theories as an attempt to overcome the fear of castration, creating a phallic woman and identifying with her (Lukianowicz, 1959).

Psychoanalytic vs Biological Accounts

The word *Transsexualis* was first used in the popular journal *Sexology* in a 1949 article by David Cauldwell titled, in Latin, *Psychopathia Transexualis*. Despite the spelling with only one 's', the term echoed Krafft-Ebing's book *Psychopathia Sexualis* ([1886] 1965), the monumental catalog of the 'aberrations' of sexual behavior (when it deviates from the sacred aim of procreation.) Cauldwell, not so much a scientific writer but rather a hyperbolic populariser and sex educator, believed in a biological etiology for transsexualism, which he considered pathological. He just added the biological component to the old psychoanalytic formula of childhood trauma: when a genetic predisposition was combined with a dysfunctional childhood, the result was the immaturity that produced a "pathologic-morbid desire to be a full member of the opposite sex" (Cauldwell, 2006, p. 40.) It is often noted that in 1923, Hirschfeld had used the German term *seelischer Transsexualismus* (psychological transsexualism), attributing transgenderism to the psyche. By 1949, Cauldwell described 'transsexuals' as "individuals who wish to be members of the sex to which they do not properly belong" (p. 275). Cauldwell also coined the term *sex transmutationist* (1947; 1951, pp. 12–16) and used both the spellings *trans-sexual* and *transsexual* interchangeably (1950).

Cauldwell's ([1949] 2006) initial position was at best problematic since he described transsexualism as a hereditary condition of individuals who are "mentally unhealthy" (p. 275). By 1950, Cauldwell had obviously turned a corner: "Are transsexuals crazy? One may as well ask whether heterosexuals are crazy. Some are and some are not. Some transsexuals are brilliant. Now and then one may be a borderline genius. Transsexuals are eccentric. Some of them are not of sound mind, but this is true of heterosexuals" (p. 4). But still he strongly advised against 'sex change surgery' on account of ethical and practical reasons, claiming that surgery could not make a 'real'

member of the opposite sex (Cauldwell, 1955.) Cauldwell is usually mistakenly credited as the first person to use the word transsexual but rarely quoted in the academic literature (except for Meyerowitz, 1998, p. 168-170, and Stryker & Whittle, 2006, p. 40-52, who nevertheless caution the reader against his excessive pathologizing, p. 40; see also Elkins & King 2001b).

Cauldwell's role as populist column writer of tabloid sex advice warrants a comment. As Stryker & Whittle (2006) observe, Cauldwell's quasi scientific work is worthy of note because it reflects the earlier positions of Krafft-Ebing, Hirschfeld, and Havelock Ellis while it anticipates the contributions of future transsexualism experts like Robert Stoller, Richard Green, John Money and Leslie Lothstein (p. 40). Most of Cauldwell's popular booklets were published by E. Hadelman-Julius, an American publisher who reached a substantial readership with a sure formula—"sex, self improvement, and attacks on respectability and religion" (Elkins & King, 2001a). Cauldwell's position as a populariser serves also as a cultural barometer—being a medical practitioner, he developed a substantial second career explaining transgenderism to the masses, a prurient matter at the time, but also a subject which according to Hadelman-Julius' winning recipe was seen as transgressing but also as self improvement. Cauldwell's post second world war switch to a somewhat more liberal attitude towards sexual matters, then, perhaps reflected a new climate of more honest public discussion over sex (as exemplified by the Kinsey studies).

The word *transsexualism* then became a popular term in the 1950s thanks to sex-change pioneer Harry Benjamin. Benjamin was a Berlin endocrinologist who relocated to New York in 1915. He had worked closely with Eugen Steinach, the gland specialist innovator who performed the first sex change surgeries by gland transplants in the late 19th century and isolated the 'sex hormones', and knew Hirschfeld, the sex reformer, from before the war. Benjamin relied on a biological concept to

account for the etiology of transsexualism, despite the fact that he could not find any bodily confirmation for this claim. Notably, Benjamin advocated against psychotherapy. Benjamin borrowed Ulrich's formula of a female soul trapped in a male body, all the while looking for answers in the body, not in the soul: "the soma, that is to say the genetic and/or endocrine constitution ... has to provide a 'fertile soil' in which the 'basic conflict' must grow in order to become the respective neurosis" (Hausman, 1995, p. 122). Despite the use of the term *neurosis*, Benjamin (1954) discouraged any psychoanalytic or psychotherapeutic intervention, seeing these as "a waste of time" (p. 228). Benjamin argued that psychoanalysis did not lessen the wish to change sex but rather forced patients to hide this desire and therefore live miserable lives. As his close collaborator Hamburger (1953) put it, "it is impossible to make a genuine transvestite [transsexual] wish to have his mentality altered by means of psychotherapy" (pp. 392–393).

Following the significant media impact of Christine Jorgensen's 1952 successful sex change, Benjamin chose to share publically his opposition to the psychoanalytic treatment of transsexuality at a symposium of the US Association for the Advancement of Psychotherapy, a professional organisation created for the development of psychotherapy in the medical field. This was a symposium that Benjamin himself organised and was attended by an audience mostly composed of professionals in the "psy" field (Meyerowitz, 2002/2004, pp.106-107). The landmark 1954 paper that came from this, published in the *American Journal of Psychotherapy*, became one of transgender studies' touchstones, as it spelled out the distinction Benjamin was establishing between the transvestite (psycho-somatic) and transsexual (somato-psychic) phenomena. Physical bisexuality was the point of departure. Benjamin (1954) wrote: "Organically, sex is always a mixture of male and female components", but he suggested that mild cases (transvestism) could be "principally psychogenic", while for true "transsexualists" "a still

greater degree of constitutional femininity, perhaps due to a chromosomal sex disturbance, must be assumed" (pp. 228–229).

Following British sexologist Havelock Ellis' contentions that *travestism* (which Ellis renamed *eonism*) was not an erotic impulse but an expression of the real self, Benjamin proposed a continuum of transgender behavior with cross-dressing on one end, and transsexualism on the other. For transsexuals, Benjamin (1954) reiterated that therapy was of no use. He was also not naïve, admitting that for a male-to-female transsexual surgery "may not always solve [the transsexual's] problem. His feminization craving may never end" (pp. 228–229). He also warned against performing sex reassignment on patients with psychosis or who were in danger of suicide or self-mutilation. The conclusion to this paper is quite revealing for its contradictions: "Transsexualism is inaccessible by any curative methods at present at our disposal. Nevertheless the condition requires psychiatric help, reinforced by hormone treatment and, in some cases, by surgery. In this way a reasonably contented existence may be worked out for these patients" (Benjamin, 2006, p. 52)

According to Benjamin, then, transsexualism is both "inaccessible by any curative methods" and yet requires specific treatments like psychiatry combined with hormone treatment and surgery. Did this mean that although incurable it was still considered a pathology? In any case, Benjamin considered that if psychoanalysis and psychotherapy could not cure transsexualism, they could not explain it either. Meyerowitz (2002/2004) observes that Benjamin emphasised the biological aspect of transsexualism, which explained for him the failure of psychotherapy in treating the condition and justified a surgical intervention. Benjamin maintained a very negative bias against psychotherapy and psychoanalysis but created a protocol for sex change in which psychiatrists were given the power to determine who the potential candidates for surgery were; psychiatrists had the final word on the treatment decision but no say on the diagnosis. As

Hausman (1995) observed, "this illustrates the ambivalent relation between the mental health specialist and the clinical endocrinologist in the treatment of transsexualism" (p. 124). The fact that Benjamin's choice of treatments affected and transformed the body (surgery, hormones), foreclosed a consideration of what may not be fully anatomical, as if the seeming efficacy of the interventions on the organism would preclude any consideration of other issues involved in the transition of sex.

Another collaborator of Benjamin, the American psychoanalyst Robert Stoller, helped establish a pioneer sex change clinic in the early 1960s, the Gender Identity Center at UCLA, which developed an influential notion derived from John Money's 1950s new vocabulary of gender by introducing the idea of an 'environmental' psychological sex separated from the biological sex, and which took pains to offer a distinct transsexual psychic structure. (Meyerowitz, 2002/2004, p. 114, Millot, 1990, pp. 49-59). Money in fact further developed Kinsey's explanation of sexual behavior as the result of "learning and conditioning" (Kinsey et al., 1953, pp. 643-644) and proposed also a behaviorist model for what he called 'gender roles' (Money, 1955). Stoller further refined the notion of a separation of sex and gender with the idea of 'core gender identity', which corresponded to the internalised idea of the individual's belonging to a particular sex. Stoller initially supported the idea of a biological force, a drive determining gender. 'Gender identity' stressed more the subjective experience of gender and separated gender from sexuality. Based on the conviction of a distinct identity and the importance of the penis, Stoller systematised a distinction between the transsexual, the transvestite (cross-dresser), and the effeminate homosexual. He noted that in contrast with transsexuals, transvestites and male homosexuals identify as men; transsexuals abhor the penis, which for transvestites and homosexuals is an insignia of maleness and a source of pleasure (Stoller, 1975, pp. 142-181).

Who's To Blame?

By 1968, Stoller, always a believer in bisexuality, had completely moved away from a biological model to a psychological one and emphasised the psychological forces that resulted in transsexualism. Stoller was mainly interested in male transsexualism, which he considered a "natural experiment" (Stoller, 1975, p. 281) to measure variables in the development of masculinity and femininity, but also a pathology of psychosexual development caused in early childhood by "excess merging with the mother" (p. 296). He recommended "'sex-change' surgery" for patients properly diagnosed as transsexual, requesting from his colleagues that "everything should be done to assist them in passing" (p. 279) and was quite humble about the goals of his treatment. Stoller opposed any attempt at "converting" male transsexuals into masculine, heterosexual or even less feminine people, because "the treatment of the adult transsexual is palliative; we must bear this and not, in our frustration, impatience, or commitment to theoretical positions, fail even to provide that much comfort to our patients" (p. 280).

Yet despite his efforts at contributing to psychoanalytic theories of sexuality, and perhaps because of the fact that he believed that transsexualism was a petri-dish for human sexuality - a "key test, in fact the paradigm for Freud's theories of sexual development in both males and females" (Stoller, 1975, p. 297) - Stoller developed a simplistic explanation with psychological overtones that he summed up in the formula: "dominant mother, father pushed to the side, infant cuddly and lovable, mother-son too close" (p. 193). In cases of male-to-female transsexualism, the key was an essential femininity passed from mother to son: "What his mother feels is femininity; what he feels is femininity" (p. 204). The model was one of mimetic imitation: The son copied the mother; the mother's excessive closeness to the son was considered to be a negative influence. Stoller also talked about a bisexual mother, who might have had a period of extreme tomboyishness, and of a distant

father. These were factors contributing to the creation of transsexuality, especially male to female. For female-to-male transsexuals, Stoller's speculations can be rendered as "too much father and too little mother masculinizes girls" (pp. 223–244). Importantly, Stoller stated explicitly that female transsexualism is not the same condition as male transsexualism, stressing that female and male transsexualism are clinically, dynamically, and etiologically different (pp. 223–244.)

After Stoller, many psychoanalytic theories of gender identity development blamed gender trouble on identifications with the 'wrong' parent (Coates, Friedman & Wolfe, 1991; Stoller, 1975; Lothstein, 1992.) And most psychoanalysts proceeded to view transgender expressions as an indicator of underlying pathology — be it a precursor of transvestism or homosexuality (Limentani, 1979), borderline disorders (Green, 1986), narcissistic disorders (Oppenheimer, 1991, Chiland, 2003) or psychosis (Socarides, 1970, 1978–1979). Understandably, feeling relegated to the realm of pathology and abjection, transpeople rejected psychoanalysis. Ethel Spector Person & Lionel Oversey ([1974] 1999) have discussed in their now classic text the reasons behind the unwillingness of transsexual patients to participate in treatment. They concluded that it was in great part created by the judgmental stance of those conducting the treatment. Nearly all of the patients they interviewed described their experiences of therapy in terms ranging "from useless to catastrophic" (p. 143). In most cases, the intense negativism resulted from the clinician's propensity to judge the patients as psychotic and to dismiss the transsexual wish as delusional.

Transsexualism and Castration

Taking up recent theorisations in the transgender and transsexual fields, Gayle Salamon (2010) has eloquently called for a reappraisal of psychoanalytic discourse, putting forward a sophisticated approximation of psychoanalysis, phenomenology, and transgender studies in her book *Assuming a Body: Transgender and*

the Rhetorics of Materiality. Similarly, Shanna Carlson (2010) has proposed a collaboration between discourses, observing that Lacanian psychoanalysis can offer "a richly malleable framework for thinking through matters of sex, subjectivity, desire, and sexuality" and that "integration of the two domains can only ever be a scene of fruitful contestation" (p. 69). I too have argued elsewhere (Gherovici, 2010; 2011) for a productive confrontation between psychoanalysis and transgender discourses and have shown how transgender people are actually changing the clinical praxis, advancing new ideas for the clinic that can be expanded to social and intellectual contexts.

One wishes that psychoanalysts would have by now abandoned the moralistic and stigmatising attitudes of previous generations of clinicians who, puzzled by the transgender phenomenon, could barely disguise in their disparaging comments their fear and contempt. Candidly, Leslie Lothstein (1977) wrote a paper advising analysts on how to manage the negative counter-transference he anticipated they would experience with transsexual patients. This situation seems to confirm Lacan's (2006) observation that "there is no other resistance to psychoanalysis than the analyst's" (p. 497). Nonetheless, several psychoanalysts have worked with transgender patients raising interesting clinical questions, such as Collete Chiland (2000), Danielle Quinodoz (1998), Michael Eigen (1996), and Ruth Stein (1995). The number of people raising such questions is quite small, which is quite remarkable since transgender people appear increasingly visible in today's society. According to Stephen Whittle (2006) "trans identities were one of the most written about subjects in the late twentieth century" (p. xi). As a result, psychoanalysts have a lot of catching up to do.

In 2005, Shari Thurer, a psychoanalytically trained psychologist practicing in Boston, tried to wake up her colleagues whom she described as "arrested in moth-eaten bias—the conviction that there are two, and only two,

normal versions of gender..." announcing that "sexuality has changed—all sorts of deviations have been 'outed'—but theories haven't caught up" (p. xi). While she accuses psychological theorists and practitioners of displaying archaic prejudices, Thurer (2005) praises theorists of sexuality - especially French cultural theorists "who leapfrog 180 degrees away from hierarchical thinking, who view sexuality as okay" - but suggests that despite all their political correctness seem to "lack common sense and are insensitive to people in pain" (p. xi). Maybe an example of the cross-pollination she hopes for may come from the other side of the Atlantic, where Giovanna Ambrosio (2009), an Italian classically trained psychoanalyst, assumes that analysts already work with gender nonconformist analysands but may not write about it. She acknowledges that "we are behind the times compared with the growing amount of medical, political-sociological, cultural, and mass media attention paid to this theme" (p.xvi) and invites her colleagues to pay more attention to the links between psychoanalytic theory and clinical experience even when that implies looking at "shaded areas" of sexuality (by which she meant transgenderism) (p.xiii).

Casting light into the dusty corners of our assumptions about sex, gender and identity, one would hope that psychoanalysts will increasingly refuse to buy into sweeping generalisations and negative stereotypes. Perhaps we can break out of pointless debate between the foundations of sex and gender, the age-old debate of nature versus nurture, of biological essentialism versus social constructivism. Charles Sheperdson (2000) relies on the work of Lacanian psychoanalyst Catherine Millot to contend that the body cannot be reduced to neither "a natural fact nor a cultural construction" (p. 94). Of course Sheperdson's choice of author to support this claim may elicit a cry of alarm because Kate Bornstein considers Catherine Millot a gender terrorist:

Gender terrorists are not the leather daddies or back-seat Betties. Gender terrorists are not the married men, shivering in the dark as

they slip on their wives' panties. Gender terrorists are those who, like Ms. Millot, bang their heads against a gender system which is real and natural; and who then use gender to terrorize the rest of us. These are the real terrorists: the Gender Defenders (Bornstein, 1994, p, 236).

Is Bornstein's accusation of gender terrorism justified? Millot's interpretation of transsexuality is classic: her essay *Horsexe* mainly focuses on the motivations behind the demand for a sex change to determine which subjects may benefit from sex reassignment surgery and which may not. She contends that the demand for surgery needs to be interpreted before being actualised. No predetermined norm, she suggests, could generalise the particulars of a subjective motivation:

The feeling of being a woman trapped inside a man's body (or vice-versa) admits radically different interpretations, depending on the context. In the same way the demand for sex-change ... may also emanate from a woman hypochondriac (this has been encountered) who claims to be a transsexual in order to have her breasts removed because she is afraid she may be affected with cancer, or from a hysteric who sacrifices herself to the power drive of the doctor willing to perform the operation (Millot 1990, p. 26).

Millot argues that sex change discourse has promised cross-gender identifications that were motivated by something that could not be seen or imagined - a place beyond sexual difference where gender would not be simply questioned or subverted but completely transcended. She claimed that those subjects identify with an 'outside sex', and that any genital change due to sex reassignment surgery was likely to fail since no anatomical transformation can grant a fantasized position beyond lack and desire. Yet, as Dean (2000) notes, if reassignment surgery involves a fantasy about escaping sexual division altogether, "[t]here is a fundamental paradox, not to mention considerable pathos, in a male-to-female transsexual's undergoing orchidectomy—surgical removal of the testes—in order to elude castration" (p. 82). Millot contended

that the identification 'outsideseX' was in fact an imaginary identification with the phallus, an identification that can be reflected in the preoccupation of transsexuals with their genitals. I agree with Patrick Califia's (1997/2003) objection that "Milot seems obsessed with castration" and that she "sees sex-reassignment surgery in simplistic Freudian terms, as castration. She focuses on the loss of the penis, without taking into consideration what is gained in the process" (p.109). Indeed, Milot's contribution is centered around the transsexual's appeal to medical practitioners for hormonal and surgical modifications of the body. She analyses the sex-reassignment demand in order to address the clinical challenges of distinguishing which candidates may benefit from the surgery and which will not.

With the problems associated with Milot's thesis in mind, it is worth examining *Transamerica* (Tucker, 2005), one of the many recent films devoted to transsexualism, and perhaps the most successful in that it offers a mainstream version of 'cases' relatively invisible before. Bree Osbourne is a preoperative, conservative-looking, male-to-female transsexual who is about to obtain the recommendation letter for sex reassignment surgery from her supportive therapist when she learns that, unbeknownst to her, when she was still Stanley, she had fathered a son, now a teenage runaway addict hustling on the streets of New York. The plot is full of twists and impossible to synopsis. The road movie across the United States makes the unlikely pair of travelers connect until Bree's son, Toby, is shocked to discover that the biological father he idealised is none other than his traveling companion, this trans woman for whom he was developing a crush, a woman claiming to be hailing from a Christian religious sect 'of the potential father'. Bree fails to reunite the young man with her own past and biological family as Toby runs away on discovering the truth. Bree has her surgery at the end, and thinks that she has failed with her son. The film's ending, however, reconciles them as they accept each other's differences: She is now a woman, and he is a gay-porn actor.

The plot of *Transamerica* (Tucker, 2005) confirms the supposition that transsexualism is bound up with symbolic issues hinged around paternity. Bree can only truly become a woman after she has faced the impossible task of being a father and honestly grappled with it. That she fails does not contradict this idea, for being a father is to fail, but her ordeal has been experienced and not avoided. The happy ending places both characters in a comfortable marginality, sharing a beer; it is only a matter of years before they both will be fully accepted by society. Here, the function of the transsexual demand is crucial. Bree needs to undergo symbolic castration before being able to qualify for sex reassignment surgery. After she has gone through the symbolic hurdles, with all the uncertainties and limitations they entail, Bree's demand appears not as addressed to an absolute Other who would complete her or reducible to hysterical avoidance of her sexuality. With these qualifications, she does, indeed, make an ethical choice. Of course let us keep in mind that castration is, as Verhaeghe (2009) observes, "a secondary and even a defensive elaboration of another, primary anxiety" (p. 41) and that anxiety refers to being reduced to the object of enjoyment of the (m)Other. Notably, Freud observed that castration threats come more often from the mother than from the father (Freud, 1924, p.174.) In Lacan's theory castration is the limited structure that permits subjects to cope with the anxiety caused by the drives and especially with the jouissance stemming from their own bodies. This solution is imperfect and it always causes symptoms. This leads Lacan to affirm that there is no subject without a symptom.

There is of course a paradoxical literalisation of what psychoanalysis calls castration in some sex change practices. This is illustrated in a gripping passage of Martino's (1977) memoir of a "painful life to live, a painful life to write" (p. xi). Martino describes a second phalloplasty that seemed to fail; the first one was unsuccessful, and the neopenis had to be surgically excised. As the tip of his new penis became black, rotted away, and necrotised, he

had to sit in water every night to slowly cut away dead tissue. He comments ironically: "Talk about castration complex! Psychologically this cutting was almost impossible for me, yet it has to be done" (p. 262). Mario broke away from the increasing distress about the inadequate results of surgery when he came to the realisation that even if he wanted "a perfect phallus" he had to accept the impossibility of the wish. "So today I'm happy with what I have: a respectable phallus—three fourths perfect" (p. 263). The phallus is a prosthesis, even then an incomplete one, three fourths perfect. This demonstrates that which psychoanalysis calls "phallus" is not an object but an instance to symbolise the drives, or fundamentally a signifier. Dealing with sexual difference is a process that Lacan calls *sexuation* and would be defined by a logic that is condensed in Lacan's dictum that "there's no such thing as a sexual relationship" (Lacan, 1998, p. 57), meaning that feminine and masculine are not mirroring opposites but two uncomplimentary ways of failing to the questions of sexual difference. Something has been irretrievably lost. As Renata Sauced (2000) states in her introduction to *Sexuation*, for psychoanalysis sexual difference "is first and above all the name for a certain fundamental deadlock inherent in the symbolic order" (p. 2). Furthermore, human sexuality is marked by a logic of discordance in which the phallus serves as "an empty signifier" (Barnard, 2002, p. 10), a stand in for the impossibility to signify sexual difference in the unconscious.

Beyond Castration

To return to Millot, then, it is in the inevitability yet variety of symptoms that I mainly disagree with Millot's generalised assumption that most transsexuals are psychotic. Instead, I argue for a depathologisation of transgenderism and thus differ from the position taken by nearly all analysts. What I propose is an alternative to the usual psychoanalytic treatment of transgenderism. That is to say, transgenderism should not be systematically defined as pathology. If transgenderism is not pathological, then a sex change should not be

considered either a treatment or a cure. My perspective follows Lacan's later theory of the *sinthome* to rethink sexual difference. This theory is a departure from the classical Freudian theory of the Oedipus complex and even from Lacan's first formulations that insisted on the symbolic and the father. It departs as well from a second period in Lacan's work when he would put the emphasis on the theory of fantasy and the object cause of desire. Lacan modified his whole position a last time in the mid-1970s when he elaborated a new conception of sexuality, just before discussing Joyce's writings.

Lacan gave a new twist to Freud's Oedipus complex when he reformulated it as evincing the domination of the Name-of-the-Father. Later, Lacan (2005) went beyond the Oedipus complex and finally proposed the *sinthome* as a way of reknitting in the psychic structure what had been left unknotted because of the father's failure. This applied above all to Joyce's case but could be generalised somewhat. Since the *sinthome* is not a complement but a supplement, it is a vehicle for creative unbalance, capable of disrupting the symmetry. The *sinthome* is what helps one tolerate the absence of the sexual relation/proportion (Lacan, 1975, p. 45). Instead of grief and reproaches for broken promises addressed to the Other as demands, the *sinthome* employs the Name-of-the-Father as a way of naming, as a path in the invention of new signifiers (Lacan, 1977). Lacan's notion of the *sinthome* thus connected fantasy, demand, the system of the symbolic, and the place of the real with the infinite possibilities that it allows for jouissance.

With Lacan's points in mind, I will mention two of my analysands. At the age of 4, Lou was made aware by her father that she was not a boy as she had believed so far, but a girl. First, she thought that her father was mistaken, and that even if he was right and she was now a girl, she would grow up and become a boy later. Eventually, she accepted that she might be a girl and remain one; thus, she acknowledged that there were anatomical

differences between males and females. She elaborated that she had to be a girl because she was missing an organ, an organ that she hoped she would eventually grow. Lou took the phallus as a real object, not just as speculation, but as something directly linked to anatomy. As a child, she thought that one day the 'error' was going to be corrected. Challenged by her father's adamant disagreement on gender issues, she concluded that even if she was not yet a boy, she would become one, unlike her mother, who had chosen to become a woman.

Lou's wish to defer her difference took the unexpected turn of sending back to her mother her own maternity: She decided to wait a little before the 'top' surgery that she fixed at a certain date, but it happened that it would take place just 9 months later. Lou's hysteria apparently worked in relation to the mother. This time, it was to give birth to her own body via an imaginary transformation that could put the father at some distance since her surgery was something that the mother openly supported and of which her father quietly disapproved. Lou's hatred of her body's female characteristics suggests a renunciation of her femininity, a renunciation that we can interpret as acting out the mother's own hatred of femininity. Indeed, Lou's mother had had a first child while still a teenager, a boy who was born prematurely and died a few days after the delivery. Lou had identified with this dead child by becoming the boy that was but could not be.

The wish to correct the 'error of nature' is often observed in transsexual practices; it is the refusal to accept a sexual discourse that is built on an error, that of taking the phallus for a signifier of sexual difference. As we have ascertained, the phallic criterion only accounts for one sex. And, when this sexual discourse is foreclosed, the error is no longer symbolic, it becomes nature's error and has then to be repaired in the real. Often, the demand for a sex change is meant to rectify this error in the symbolic register by correcting the error in the real of the body. The paradox is that human

sexuality is always defective, always erroneous because it is a classification system based on an organ taken for a signifying instrument.

The second example is from another of my analysands, I shall call Ari. Ari is a biological female who has had 'top' surgery (breasts removed) and takes testosterone. Ari is manipulating his/her body to transform it into a surface with an undecided readability: What s/he wants is to pass as neither male nor female, thus rejecting altogether the phallus as a signifier of difference. If, according to phallic signification, we write two sexes with one signifier, Lou denounces the aporia of sex by refusing to be seen as either. If the phallus is just a parasite, if it is just the conjunction of an organ and the function of language (speech). Ari elevates "the limp little piece of prick" (Lacan, 2005, p. 15) to the status of art and supplements it, transforming physical appearance into the art of divination.

It is true that the phallus, often confused with the limp little prick, is not much more than a signified of jouissance that sexual discourse transforms into a signifier. Lacan's dictum that 'there is no sexual relation' is another way of saying that for the unconscious there is no representation of the female sex, that the unconscious is monosexual or homosexual; there is only one signifier for both sexes, the phallus. The phallus refers only to phallic jouissance; other forms of nonphallic jouissance exist and can be experienced, although they remain outside signification. Sexual positioning is predicated on an 'error' that consists of taking the real organ for a signifier of sexual difference. The error is to take the phallus as a signifier of sexual difference. This common error can be what the rectification proposed by some transsexuals is all about: "If you think that because I have a penis I am a man, that is an error; I can be a woman who has a penis." Or conversely, "If you think that not having a penis makes me a woman, this is an error because I am a man without a penis" (Morel, 2000, p. 186). And, they are absolutely right, because for the unconscious somebody with a penis can be a woman or

someone without a penis can be a man. Sexual positioning is not based on organ attribution. The transgender phenomenon proves that there is nothing natural that would direct us to the opposite sex. Sexual identity is a secondary nature. Since the unconscious has no representation of masculinity or femininity, we cannot speak with certainty in terms of sexual identity of being a man or a woman, but only of an assurance, a happy uncertainty.

Similarly, Dean (2000) observes that "it is not so important that the phallus may be a penis, or in Judith Butler's reading, a dildo, as it is a giant red herring" (p. 14). As such, the phallus is clearly a misleading clue comparable to the use of smoked herrings to mislead hounds following a trail. To pun somewhat on the phrase, I would like to suggest that the phallus is less a red herring than a 'read' herring—in fact, like gender, it is subject to interpretation, and it will always be read like a text. Certainly in some cases, writing about one's transsexual transformation is of the order of the sinthome; there are many cases when the transformation is reported as achieving a re-knotting of the three registers of the real, symbolic, and imaginary. Then, the sinthome shapes the singularity of an 'art', a techne that reknits a workable consistency for the subject; this movement can best be evoked by saying that it moves the subject from a certain contingency to absolute necessity. This can be clearly observed in Jan Morris memoir *Conundrum* (1974/1986). Morris describes her trajectory as inevitable, predestined, as if the sex change had always been bound to happen:

I do not for a moment regret the act of change. I could see no other way, and it has made me happy. ... Sex has its reasons too, but I suspect the only transsexuals who can achieve happiness are those ... to whom it is not primarily a sexual dilemma at all—who offer no rational purpose to their compulsions, even to themselves, but are simply driven blindly and helplessly. ... We are the most resolute. Nothing will stop us, no fear of ridicule or poverty, no threat of isolation, not even the prospect of death itself (pp. 168–169).

One can see why her sinthome was necessary: It was necessity itself. In Morris' case, the sinthome has produced less a 'woman' than a 'woman of letters'. Sex may have its reasons but they remain unknown since sexual difference obstinately resists symbolization. This impossibility can produce a sinthome. This sinthome is something that cannot be rectified or cured. The sinthome is a purified symptom, it remains beyond symbolic representation and exists outside the unconscious structured as language. In this sense, the sinthome is closer to the real. Lacan reached the final conclusion that there is no subject without a sinthome. Lacan's contention that there is no sexual relation entails that there is no normal relation, and therefore that the relationship between partners is a sinthomatic one.

Here we can see, then, that Lacan, who was the first psychoanalyst in France to work with a patient in gender transition, clearly distances himself from a traditional reading of Freud in which sexuality would lead to an object of the opposite sex. He remains close to Freud's (1905) 'queer' early claims in *Three Essays on the Theory of Sexuality* that we, as human animals, are all bisexual (p.141) and perverts (p.160), a contention that been seen as a promising meeting ground for the discourses of gender studies and psychoanalysis (Carlson, 2010, p. 48). It is precisely in this decisive text where Freud discusses at length and in detail the then experimental first sex-change surgeries by removal of sex-glands in animals and where he shares a piece of information one imagines quite shocking for readers in 1905: "It has become experimentally possible (E. Steinach) to transform a male into a female and conversely a male into a female" (parenthesis in the original, Freud, 1905, p. 81) The discovery of sex-hormones soon after was something on which Freud himself had been working as early as 1896, as it can be seen in his letters to Fliess (Freud, letters 42 and 44, March 1 & April 2, 1896; Moussaieff-Masson, 1985).

The technologies of gender modification have

of course evolved in one century, even when many of them were launched by pioneers like Steinach, but they are now grafted onto a discourse of essentialist identity. For many transsexuals, starting as they do from a perceived problem presented as a birth defect, the issue is simply how to change their bodies to reach the ideal of being just the other sex. The apparently infinite progress of surgery and hormonal treatments has lent credence to an ideal of bodily reassignment collapsed with a new psychic holism. It is now possible to change one's gender on demand by specific interventions on the biology of sexuality. However, developing sex change technologies that allow people to move more easily from one sex to another have highlighted a question that often remains unanswered: What makes a man a man and a woman a woman?

Conclusion

What makes a man a man and a woman a woman is a question that has come to psychoanalysis from hysteric patients. The position on bisexuality held by Steinach and Benjamin seems closer to a queer notion of sexuality in which genders are placed in a continuum beyond a strict binary. Paradoxically, the liberal discourses of gender identity support a sort of essentialism about gender identification. A collaboration between psychoanalysis and transgender discourse would thus open the way for an alternative.

In one visit to Vienna by Harry Benjamin, a meeting with Freud was arranged. According to Pfaefflin (1997), Benjamin wanted to meet Freud to consult him because of problems with sexual potency. Freud suggested Benjamin's erectile dysfunction was due to his latent homosexuality. Pfaefflin claims that this short interaction between the two men resulted in Benjamin's permanent skepticism against psychoanalysis, if not a thorough dislike, which since then has been claimed to be a marker of many encounters of transsexuals and their clinicians.

Benjamin's own recollection of the encounter,

however, seems quite different. He describes Freud as very serious, but says that they laughed briefly when Benjamin jokingly declared that a disharmony of souls might perhaps be explained by a disharmony of endocrine glands. Freud spoke of Eugen Steinach, fully recognising the great value of his biological experiments. He told Benjamin that he himself had undergone a Steinach 'rejuvenation' operation. The 'rejuvenation' was, in fact, a vasoligation, and it had been performed by a close collaborator of Steinach, Professor Kun, a chief urologist. In Benjamin's view, Freud was very much biologically oriented, and, in this sense, he [Freud] was not a Freudian: "... Freud asked me not to tell anyone about his operation until after his death, and I have kept that promise. He also asked me if I had been analyzed. I mentioned my relative short analysis by Arthur Kronfeld in Berlin. Freud warned me that Kronfeld had 'a very bad character'" (Haeberle, 1985).

Thus, the sex change doctor and the psychoanalyst met and had a friendly exchange that started with a lighthearted admission of psychic and endocrinal disharmony. Now here in 2011 might be a good time to continue a debate that was cut short by the widening distance between the two discourses, psychoanalysis and the clinic of transsexualism.

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