

Transsexualism: Nature or Counter-nature?

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"If social norms could be seen as clearly as organic ones, men would be fools not to conform to them. As men are not fools, and as there are no wise men, this means that social norms are to be invented and not observed"(1).

Introduction :

Transsexualism challenges psychoanalysis from both a theoretical and a clinical point of view. The wish for transsexualisation is commonly regarded as an aberration, sometimes even, as monstrously unnatural. The demand that transsexuals address to those from whom they seek help - whether doctor or psychoanalyst - has only one aim, that of confirming a pre-existing conviction. Every transsexual hopes to attain from the consultant an objective judgement to the effect that he actually is a woman (or she, a man). At the same time this points up a specific aspect of transsexualism: those who seek sexual reassignment are far more concerned with obtaining social confirmation of their sexual identity than with their eventual sexual relations. (Incidentally, this is in marked contrast to the majority of transvestites.) Since the transsexual has already made a self-diagnosis of biological gender error, he or she have usually already begun to treat what they feel to be a pathological condition, for example by taking hormones and wearing garments of the opposite sex. This ambiguity adds to the consultant's confusion in trying to judge the exact nature of the individual's request for help.

However, even if the transsexual's request appears to be monotonously the same: the insistence on sexual reassignment, it has become increasingly obvious ever since the first sexual reassignment operation was performed in 1952, that there is no such thing as a "typical" transsexual (any more than we could claim to define a "typical" homosexual or a "typical" heterosexual). Such terminology has no meaning. The striking thing about human individuals is in fact their uniqueness!

Furthermore, I do not believe that transsexualism can be accounted for as though it arose from only one original source. In the same vein, I myself do not wish to give the impression that the hypotheses I shall propose are exhaustive.

We owe to Robert Stoller(2) the longest on-going research into the understanding of transsexualism. Stoller defined this phenomenon as arising from what he called "sexual dysphoria". Other researchers have proposed different terms. It has sometimes been described as "a psychosis" [Alby(3), Socarides(4)], or as "a narcissistic disorder" [Chiland(5), Oppenheimer(6)], or again as "an archaic form of homosexuality" [Limentani(7)]. In the Lacanian school the transsexual choice has been attributed to "the foreclosure of the Name of the father" [Safouan(8), Millot(9), Czermak(10)]. Even socio-cultural factors have been invoked in which the media of communication are thought to have played an important role. [Raymond(11)].

I do not intend to review here the theoretical positions of the above authors. Instead I shall confine my remarks to a certain approach that has been rarely explored with regard to the complexity of transsexual phenomena. My central question concerns the dawn of the identificatory processes and particularly the earliest psychic representation of what comes to be called "masculine" and "feminine".

With children who are, so to speak, "destined" to become transsexuals in adulthood, what are the effects of the earliest relationship established between the first caretaking objects and the new born infant, specifically in regard to the significance that will be attached to

gender and sexual identity? What factors may contribute to the eventual conviction that one has, as it is traditionally expressed, "a woman's soul in a man's body"?

"Masculine" and "Feminine" : nature or culture?

First of all, how are we to define the terms masculinity and femininity? Are they notions? concepts? categories? classifications? Is there any relationship between the biological sex and the social role attributed to each sex? If so, is it a universal relationship that can be taken for granted? Or, on the contrary (as I am inclined to think), would it not be more pertinent to set aside any attempt to find a common basis for defining the categories of gender and gender role?

In seeking clarification to these questions Freud's writings are of somewhat confusing. Freud refers to these terms as "concepts", as "notions", and sometimes, as "psychic qualities". Although he approaches the categories of masculine and feminine in different ways, these are mainly expressed in terms of activity and passivity. On closer exploration this approach appears to have little pertinence as regards libidinal investments and sexual role behaviour. Then again we find the following statement in Freud's paper on "Femininity", "Even in the sphere of human sexual life you soon see how inadequate it is to make masculine behaviour coincide with activity and feminine with passivity"(12). Freud became more and more reticent around these definitions, to the point that, in his 1920 paper on female homosexuality, he writes, "... psycho-analysis cannot elucidate the intrinsic nature of what, in conventional or in biological phraseology, is termed "masculine" and "feminine": it simply takes over the two concepts and makes them the foundation of its work"(13). In 1925 he adds that "...all human individuals, as a result of their bisexual disposition and of cross-inheritance, combine in themselves both masculine and feminine characteristics, so that pure masculinity and femininity remain theoretical constructions of uncertain content"(14). Then coming back to his famous 1933 paper on Femininity he says, "We are accustomed to employ "masculine" and "feminine" as mental qualities ... and have in the same way transferred the notion of bisexuality to mental life. Thus we speak of a person, whether male or female, as behaving in a masculine way in one connection and in a feminine way in another. But you will soon perceive that this is only giving way to anatomy or to convention. You cannot give the concepts of "masculine" and "feminine" any new connotation. The distinction is not a psychological one"(12:153). However this may be, Freud's emphases on the difficulty in defining masculine and feminine is quite revolutionary, in the sense that from this perspective he refuses to accept that these terms are anchored in anatomic reality. Thus the signification to be attributed to these notions must result from processes that are considerably more complex than drive determinance.

Thus we might say that the question of characterizing masculinity and femininity, linked as these notions are to the social concepts of gender roles, cannot avoid the never-ending epistemological debate of nature versus culture. In fact this question conceals an even older one, that of mankind's very origins. The works of anthropologists such as Claude Lévi-Strauss(15), Stéphane Breton(16), and Margaret Mead(17) (to name but a few), lead us to recognize that there are no parameters capable of defining, once and for all, the essence of masculinity and femininity.

In this context Breton writes, "Since nature itself is unable to organize the sense of sexual identity, the sense of one's sexuality can only truly be attributed to social artifices, which is to say that the problem of "two coinciding thoughts" has been arrived at by making that which is continuous (the species) dependent on nature, whereas the discontinuous (sexual commerce) is derived from the culture"(15:145). Breton's research in New-Guinea demonstrates the importance of rituals in such societies, as a means of regulating the balance of femininity and virility in each individual in order to maintain sexual identity. Thus, in the same way, we find there are certain rituals to compensate for man's impossibility to procreate, and other rituals to rid them of their feminine heritage. We might therefore propose that it is in the discontinuity of culture, in the subversion that culture imposes upon nature, that symbolic thinking is required to explain, or perhaps even create, the categories of masculine and feminine. This process is by no means simple and must always attempt to

come to terms with the problems surrounding the difference between the sexes. Breton concludes that, "symbolically speaking, while the characteristic differences between the sexes are so obvious, they represent at the same time the most impenetrable of mysteries"(15:143).

Some theoretical references

Let us take as a starting point Lacan's metaphor of what he calls "The mirror stage"(18). in the early organization of the sense of subjective identity. It was from this paper that Winnicott eventually derived his own important research into this question, but considerably enlarged this metaphor to include his concept of the mother mirroring to her infant what he or she represents in the mother's eyes. Based on my own clinical observation I would like to formulate the following question: "What might have occurred in the exchange between mother and baby, at this fundamental moment in the construction of the sense of subjective identity, to those individuals who, in adulthood, will insistently demand a transformation of their biological sex to bring it into conformity with their psychic representation of their sexual identity?"

Before developing further my own queries and hypotheses I would like to review certain theoretical points raised by other psychoanalytic writers, which have contributed to my own research.

Piera Aulagnier, speaking of the origins of psychotic structures, remarks that most women carry in their minds, from the beginning of their pregnancies, what she refers to as the "imagined body" of the child to be, "already envisaged as complete and unified" and endowed with all the attributes that accompany the fantasied body-image"(19). The unborn child, as Freud(20) pointed out, will be the object of a series of projections from the parents, seeking either to fulfill and/or conceal their own unfulfilled wishes and narcissistic failings. The sex of the child is sometimes one of the most invested aspects in the parents imaginary. After birth, the confrontation between this "imagined body" and the body that the child actually has, will be among others, an important factor in child's identificatory vicissitudes.

"The mother-child relationship does not wait till birth in order to exist", continues Aulagnier(19:269). Indeed, the place that the child occupies as an object of desire in the unconscious minds of both parents is, to a large extent, already established long before the parents have even met. That is to say, all human beings nourish the fantasy of becoming a parent, whether they are aware of it or not. And when the adult actually is about to become a mother or a father, the child already encounters a fundamental fantasy which will have a marked effect upon its birth and its life course. An individual's history, as Aulagnier pertinently emphasizes, does not begin with his birth; it "precedes him and this advance will be a strongly determining factor for his future"(19:268).

Nowadays however, due to medical ingenuity, most women know the sex of their babies long before their birth. We might wonder what change this knowledge may bring about in the mother-child relationship. Perhaps we need to wait a few years before its repercussions can be discerned. However, if the psychic existence of the "imagined body" as defined by Aulagnier is the result of the mother's wishes, dreams, and unaccomplished mourning processes, we might then suppose, since we dealing with a fantasmatic universe, that the question of knowing in advance the anatomical sex of the child is not of primary importance. For we must not forget that the "imagined body" cannot be reduced to the anatomical-biological body with which the infant comes into the world: it is automatically affected by the narcissistic perspectives of the parents. It is my belief that the consequences of the parents' psychic mobilization from the time the child is conceived are less affected by the infant's biological sex than the place the child is destined to occupy in the psychic universe of the parents and their entourage. Joyce McDougall, in a paper titled "Identifications, neoneeds and neosexualities"(21) dealing with the unconscious significance of sexual aberrations, observes that certain individuals are obliged to invent complicated scenarios in order to have access to some modified form of sexual and love relationship. She remarks that should the individual feel compelled to give up this erotic invention this would be the equivalent of

castration. The author states that these scenarios, which she calls "neosexualities", "represent the best available explanation or sexual theory that the child was able to find in order to deal with overwhelming conflicts and contradictions. The parental dialogue concerning sexuality, along with the model of a sexual couple that the parents formed in the child's eyes, are of major etiological importance"(22). She claims that these sexual creations are "techniques of psychic survival" in the sense that they preserve not only some access to a sexual relationship but also frequently are necessary in order to maintain the feeling of subjective identity itself. The concept of "psychic survival" is regarded by the author as a fundamental striving in human beings, and one which applies therefore to all psychic organizations. This enables us to better understand the most inventive and complex sexual solutions that an individual may be forced to construct in order to preserve his or her feelings of both subjective and sexual identity.

Clinical Illustrations :

André R, 5 years of age.

First of all, I would like to make it clear that we can not talk about a genuine "wish for transsexualism" in reference to a 5 year-old child. The interest of this clinical case lies in the fact that André was followed in therapy for 3 years and a half. In addition I was able to see his parents regularly, which enabled me to collect precious data concerning the parents' problems.

Mr. and Mrs. R brought André to therapy because he displayed behavior that seemed strange for a little boy. André openly declared his wish to be a girl and asked whether it would be possible to remove his "pipi". His three years older sister was his identificatory model and he tried to imitate her in every possible way. During the interviews his parents constantly compared André to his sister, whom they presented as being a "very wise little girl".

In my notes I had written, "the mother dominates the interviews while giving the information. The father creates the impression that he is there only as part of the decoration. He openly recognizes that he is at a loss to know how to deal with his son's difficulties, while giving the impression that his wife has all the answers. Whether valid or invalid, Mr R's opinions are never taken into consideration by his wife. In addition, she makes remarks such as: "you men are all the same and we can well get on without you. And besides, you're never there when we really need you". About her son she adds "Like father like son!. He's just like R family (ie the husband). He's afraid of everything. The opposite of his sister. I always have to tell him what to do, and how to do it. He depends so much on me..." Hatred and contempt appeared to invade the mother's discourse about men, particularly when talking about her father and husband.

When I asked Mr R what, in his opinion, was the cause of his son's behavior, he gave me the following answer: "I don't know. Maybe because he's all the time with girls". After a moment's silence he added, "but I don't really think that is the reason. I myself was brought up by my mother and one of my aunts. My father died when I was 2 years old. My mother was very strict. One glance was enough for me to understand what she wanted. I was very obedient."

Mr R went on to quote his own mother's comments about men; as he was growing up he often heard her say, "men are useless; men are nothing! Women carry all the burdens of life even if the men don't recognize it. I got married because I had to, only to have my husband die shortly afterwards, leaving me with a little boy..."and so forth. One wonders how this man could have psychically survived in such a context where hatred, contempt and disqualification of men was so dominant. Also we ask ourselves what he must have repressed and denied to keep his mother's love. We can understand that Mr R may well have chosen a wife who reminded him of his mother and found himself unable to transmit the least feeling of reassurance to his son because of his own mother's contempt and depreciation for him.

Mrs R, when questioned about her father said that "he was very strict. My two sisters and I never dared disobey him. When we wanted something from him we would always use our mother as an intermediary. I've always been and I am still very much afraid of him. I do not have any recollection of tenderness. He was a very distant figure. I remember that I would try my best to get him to say something nice to me. He never told me, for instance, that I was his little girl or that I was pretty. I also remember how much I envied a neighborhood friend whose father kissed and embraced her. My father never once did this to me".

The lack of a clear definition between the maternal and paternal roles was a source of anguish to André. Mr R has never been an identificatory figure for his son. Men and everything else that meant masculinity was so despised by his mother that the only safe attributes for André to identify with were feminine traits from his surroundings. He clung to these as though to a lifeline.

Soon after the beginning of André's psychotherapy, his parents also entered treatment. This work, among other consequences, allowed the emergence of a series of conflicts which until then had been denied by the couple. Mrs R, on her side, talked about her inhibitions and fantasies related to her difficulties when nursing little André. She was then able to express how unbearable and disgusting it had been for her to touch her baby's genitals and take physical care of him.

Mrs C.

Mrs C., born a man, was operated on in 1988 at the age of 58. He was an only son born after 5 miscarriages (all of them girls). Mrs. C is a highly cultivated person. Before being operated on she conducted lengthy research concerning the diagnosis of transsexualism "to be sure that this was her case". She came to the conclusion that the only solution for her suffering was surgery.

Mrs C., who was then still a man, undertook psychotherapy on three different occasions, with analysts of different orientation, in particular a Jungian analyst toward whom she felt grateful. "That analysis helped me a great deal, though I twice I fell prey to a very strange fantasy during periods of regression. It was thanks to my analyst that I came out of it. The fantasy that filled my mind was the following: I was a ten day-old baby and I was in a bag full of cotton, from which I could extricate myself only by becoming a girl. I understood through my analysis that that bag was my mother's uterus. I believe, psychically, I've been a girl since my conception. But I still had a male body. It's as simple as that."

Mrs C. describes her mother as "a very dominating and castrating woman": "it was always my mother who has the last word. No decision was final, nor was anything carried out before she had given her opinion".

Mrs. C. doesn't remember her father very well since he died when she was four years old. Later on, her mother remarried with a friend of the family, after asking me what my feelings were about this man. After the marriage, my feelings and love towards him never ceased to grow. He knew how to make me happy. Shortly after their marriage I came to consider him, not as a step-father, but as my own father, with all the affection that this term carries. He was very kind and would never quarrel about anything, or with anybody. I have so many happy memories of our relationship. He always agreed with my mother.

At home, he only did what my mother wanted him to do. I cannot remember that they even had a single argument. He and I were very close, but it was always my mother from whom I had to obtain permission for whatever I wanted to do. I think he was afraid of her too. She controlled him completely, but I don't think it disturbed him much. On the contrary, I believe he liked having somebody to make all the decisions. Today I would even say that there was a kind of complicity between he and I concerning the behavior to adopt with regard to my mother. It was as though we had learned what to do in order to enhance her pleasure. For example, to avoid making her angry we somehow learned to "guess" what we were supposed to do before she told us to do it."

Furthermore, Mrs C. recalls how often her mother would say that men were good for nothing, and that they could live without them. Her close circle of friends was almost exclusively made up of women. According to Mrs C., her mother hardly ever mentioned her own father. On the other hand, her mother (Mrs C.'s grandmother), was often talked about as a marvelous woman with many qualities.

Mrs C. was married at the age of 24, while still a man, and had 4 children. The couple divorced 16 years later. He had his first sexual relationship when he was 22 : "I wanted to know what it was like to be with a woman. I've never had any homosexual relationships, because while living as a man I was not attracted to other men".

Discussion

The conclusions that may be drawn on the basis of these two cases do not, of course, cover all manifestations of transsexualism. Nevertheless, they present certain points in common, clarifying somewhat the phenomenon of the desire for transsexualisation. I shall only focus here on the points which are germane to my research, namely, the specific relationship that the transsexual establishes with the notions of "masculine" and "feminine".

My observation of these and similar cases led me to the hypothesis that the integration of symbolic attributes in respect to masculine and feminine were totally confused by the disturbed representations of the parental imagos. In consequence, both André and Mrs C. for example, found in their environment basic identifications with uniquely strong female characters. The overall contempt for masculine figures played an equally important role. In the case of André the evidence of parental prejudice was even more striking since the opportunity of meeting with his parents, enabled us to understand that the parental roles were both confused and misleading.

For Mr R the paternal image was just a despicable shadow, totally overshadowed by an omnipotent maternal imago. Meanwhile, for Mrs R., who lost her father in infancy, the representation of the father figure was not only idealized but also ambiguous and persecutory.

André, on the other hand, had to face the ambivalence he inherited from the bi-parental unconscious. What does he mean when he says he wants to be a girl? Does he really want to be a girl or does he dream of feminine strength and force?

Mrs C. outlined identical conflicts concerning her identificatory figures. She describes her mother in similar terms and reveals the complicity that he, as a male child, established with the step father. Finally, the fantasy she revealed during analysis rendered evident that the only way she could hope to exist was in becoming a girl.

It would appear that for both these patients any characteristic regarded as masculine was denigrated by the family environment, preventing the emergence of any attitudes or character traits perceived as purely masculine in both André and Mrs C. However, even though these individuals developed a strong contempt for all masculine attributes, it is necessary to emphasize that these attributes do exist. If the feminine and the masculine are not yet psychic representations for the child, one might suppose that their respective symbolic attributes can be presented as "negative" in certain cases. That is to say that these traits are regarded as completely devoid of value, quality or interest. When this occurs the child will regard these elements as being shameful and despicable.

This is a frequent pattern in the transsexual. We can clearly isolate two versions: on the one hand there's a surevaluation, almost a mythification of the attributes of the gender opposed to the anatomical sex, and on the other hand, a severe devaluation of the attributes of one's anatomical sex.

I would like to comment on the relationship that the transsexual makes with the image he or she sees in a mirror. The mirror is both persecutory and attractive; it reflects back to the

transsexual the image of everything he or she is not. But it is also in the mirror that the transsexual searches for his or her idealized. Many transsexuals recount the painful experience of looking at themselves, in general when they awake in the morning, (as though during the night their dream-image were strictly assimilated to their psychic sexual representation). Each time they look into the mirror it is as though they hope perennially to refind a long-lost image. The reflected image is regarded with horror. Even after the operation for sexual reassignment has been completed the confrontation with the mirror continues to have a traumatic quality. As one patient expressed it, "there is always the fear that something may not be right, that the horror might reappear". This fear of what the mirror may reveal, appears to refer to a double danger of discovering a superposition of images: the one which the transsexual has tried to mould reconstruct, and the other that is to be totally erased from memory, but remains like a haunting shadow that follows the individual eternally and is always ready to reappear.

Theoretical considerations

To return to Lacan's concept of the mirror stage which emphasizes "the transformation produced in the individual when he assumes this image"(18:94), we might ask what occurs to the transsexual at this stage of maturation? If it is true that the baby's caretaker (mother or mother-substitute), should reflect a good image with regard to his status as an individual, we might propose that the investment in this image by the mother of the future transsexual is, at best, ambiguous.

Our hypothesis, concerning both masculine and feminine transsexualism is as follows: at the crucial moment of this narcissistic experience, the moment when the mother should give to her child a reassuring image of his narcissistic value, she may well be experiencing what we might think of as "a moment's hesitation" when she is confronted with her impossibility of working through her grief of the loss of the "imaged child" - the child that embodied her most intense wishes. The mother of the future transsexual, even though recognizing the anatomical sex of her baby, does not accept it; instead she rejects and totally denies its significance. But hesitation implies recognition. Thus there is a split which, although it does not give rise to total foreclosure of the reality of the baby's anatomical sex, nevertheless produces a denial of reality in the sense in which Freud(23) developed this concepts in *The loss of reality in the neurosis and in the psychosis* .

This recognition of the anatomical sex of the baby, although divested of its significance, prevents the child from becoming psychotic. Because of the mother's split conception, and moment of hesitation, the baby is potentially able to this image although it will, immediately afterwards, be repressed as a true reflection of its sexual identity.

The image captured during the mirror stage will form the basis for the secondary identifications to come. With regard to the future transsexual - he or she - this fundamental image will coincide with the one he believed he had "seen" in his mother's eyes, that is to say, the image he - or she - has had to create to be recognized, to be loved and be allowed to exist psychically.

Here lies the origin of the apparent paradox that haunts these individuals, and which they express as an uncanny feeling (*das Umheimlich*), because of the profound conviction that in spite of their anatomical features, they "know" they belong to the opposite sex. In other words, even though transsexuals recognize the anatomical reality of their sex, their own identificatory processes have been submitted to the idealised image projected by their mother. In addition, the ideal-ego will be constituted accordingly; that is to say, it will become identified with the mother's idealized projection of what this infant's sexual identity should be. Our point of view here coincides with that of Lagache(24) for whom "(the ideal-ego) is conceived as an omnipotent narcissistic ideal (...) which comprises a primary identification to another being, invested as omnipotent, that is, the mother."

The future transsexual will not be able to eliminate this "primary narcissistic representative"(25), as Leclaire states it. He will remain attached to it, for the alternative

would be equivalent to no longer existing for the mother as an individual. The future transsexual cannot be a different child from the one the mother dreams about. Even before its birth this child already had a determined place in the family's libidinal economy and must therefore fit into this fantasmatic universe-or otherwise accept psychic death.

The transsexual and the body relationship

We know, from the research that has been conducted on hermaphrodites(26) that it is the assigned sex and not the biological one that assures the individual's assumption of being a girl or a boy, which underlines the capital importance of parental beliefs and projections. An individual without a penis will consider himself to be a man if he is brought up as a boy; a baby born without a vagina will see herself as a woman if she is brought up as a girl, even should the secondary characteristics of the opposite sex be discovered in adolescence.

If, at the child's birth, this infant does not fit the image which "generation after generation fulfills dreams and wishes from its parents"(30:11), if this baby does not correspond to the "imagined body" around which the mother has built innumerable fantasies, a profound disavowal of the body will tend to follow. The baby will be invested with the desired attributes and no others. In some cases this may mean that for this particular mother (often backed up by the father) this is the only way of admitting the existence of her baby. It would appear that the mothers of transsexuals remains rigidly fixed to this imaginary relationship, even though this requires a partial denial of reality and, in consequence, the body of the new-born infant will have to conform to the projected image and from which she is unable to detach herself. In other words the baby's sex has been determined before its birth, to the extent that the "imagined body" will acquire a dimension of reality that ignores anatomy. This leads to the construction of a "neo-reality" or what might be termed a "neo-anatomy".

From a psychoanalytic viewpoint the anatomical body is a fantasied one, created from the investments of the erogenous zones and mediated by projections stemming coming from the parental unconscious. Thus, one of the constraints that future transsexuals have to integrate is a specific form of investment of the mother, and frequently of the father too, towards its own genital organs, which will lead the individual to disavow them.

This specific form of investment shows up very clearly with most transsexuals: it is not a question of rejecting from consciousness their anatomical genitalia - which would be equivalent to saying that their existence had no psychic value whatsoever - but rather a form of "negative narcissistic" investment, leading to feelings of deep repugnance of their biological genitals. In other words, the transsexual reproduces in the psychic representation of his or her corporeal reality the image that his mother had already created.

For the future transsexual it is not a question of disavowing reality and creating a new one in its place, as in the case of his mother. At that period of maturation in which the psychic mechanisms are still governed by original and primary processes, reality testing is still latent. The child is exactly at the point where internal and external realities are being differentiated and established. It is this precise juxtaposition of the anatomical reality and the psychic reality of the sexual representation that the infant is trapped in a paradoxical situation from which there is little hope of escape. Reality does not exist *per se* ; it is created initially by the biparental unconscious, and subsequently reinforced by the family discourse. In my opinion the future transsexual has introjected, or perhaps has "incorporated" part of the mother's psychic reality : the split in the maternal psyche allows the future transsexual to identify with the "crazy" part of the mother.

If the child's anatomy, as well and the significance of masculinity or femininity are presented as representations to be rejected or repressed, the infant has no other choice than to accept this imposed "reality". The psychic sexual representation will then be created in accordance with the only versions that are offered.

Transsexuals are not deluded about about the distinctive features of their biological sex. Although these are recognized, they are also hated, are felt to be a cause for shame and

experienced as an unbearable burden. The genitals are therefore a disturbing appendix or reminder of abnormality and totally devoid of erotic appeal. Since they were not invested during the so-called auto-erotic period of primary narcissism, they remain a perpetual narcissistic wound. Nevertheless, the transsexual does not say that "he has the body of a woman" - or that "she has the body of a man. There is no delusion that the body is being or has been transformed (as in the case of Schreber).

It is possible then that the transsexual's choice, and also the certainty concerning his or her subjective identity, may be one way to assure "psychical survival", as described by Joyce McDougall: a "child's attempt at self healing". Perhaps this choice is the only available solution to "escape" psychosis. By rejecting the libidinisation of certain corporal zones or organs, and also by disavowing their signification, the individual "makes" a choice that ensures the preservation of both subjective and sexual identity.

It is, unquestionably, a radical solution, a last attempt to establish and maintain identity-feeling. A feeling of sexual identity in disagreement with one's sexual anatomy may be preferable to the threat of annihilation, or the anguish of living with a fragmented body image.

Conclusion

The transsexual's demand is witness to the fact that the relationship between the biological sex, gender and sexual identity are extremely complex and by no means self-evident.

Whereas the biological sex is predetermined and the sexual characteristics are immutable, (the male will never give birth, the female will never impregnate) social roles of men and women change accordingly to society's norms and beliefs.

For the human being, for whom the instinctual drives replace the natural, and the fantasmatic universe overrides the genetic program, we can not pretend to isolate an innate or "natural" form of what is to be considered psychologically as feminine or masculine. These categories are neither "natural" phenomena nor objective realities. These are terms completely dependent on the cultural environment from which they are derived. Lévi-Strauss(15:28) adds to this concept that what is universally specific to mankind is the prohibition of incest.

The construction of sexual identity is firmly bound to the manner in which "masculine" and "feminine" are presented and introjected by the growing child from birth onwards (if not before). In other words, the relationship of the infant's parents to the concepts of masculine and feminine are determining factors in the way the child will establish its own feeling of sexual identity. The conviction of one's masculine or feminine gender is the result of lengthy psychical work, and in a sense, this is never definitely established with certitude for many an individual.

Manifestations of human sexuality, deeply bounded as they are to the identificatory processes, and also indissociable from the oedipal constellation, lead us to propose that transsexualism may not be such an unnatural aspect of sexuality as it is generally thought to be.

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