The Therapist's Transition

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Eager to distance himself from the clinical mistreatment and theoretical arrogance shown toward a gender-variant population, a self-identified cis-gendered male clinician-researcher narrates his experiences, difficulties, and doubts from a psychoanalytic standpoint in his interactions with a transgender adult in an institutional setting. He thus addresses from a pluralistic perspective the intrapsychic concerns and sociocultural norms that contribute to the patient's suffering, as well as the therapist's own vulnerability and countertransference challenges in this situation. By reflecting on the very traps that he fell into when writing a previous version of this article, the author proposes a focused narrative, cosigned by his supervisor, to provide the reader with a cautionary tale of how easily a clinician's efforts to understand may devolve into objectifications embedded in the history of analytic thinking.

This paper aims to optimize the psychodynamic treatment of gender-variant adults. Contrary to numerous analytically oriented clinicians (Castel, 2003; Chiland, 2011; Czermak & Frignet, 1996; Lothstein, 1983; Stoller, 1968), I avoid considering atypically gendered people to be a predefined clinical entity, instead conceiving them as a fluctuating and diversified social group. The unexpressed aggressiveness and "regulatory anxiety" (Corbett, 2009) that transpires in numerous metapsychological studies on this vulnerable population through the hegemony of norms (Castel, 2003; Chiland, 2011; Czermak & Frignet, 1996; Mercader, 1994; Oppenheimer, 1991), not to mention the woeful attitude of certain mental health professionals as reported by my patients, persuaded me to embark on this path in the hope of enhancing the critical reflexivity of the analytic stance.

Let me stress from the outset that an unmentalized impact of clinical countertransference is often perpetuated through what may be called "a violent theoretical countertransference" (Ayouch, 2005, p. 310), namely, injurious concepts prone to generate suffering subjects and subjectivities through the performative power

of discourse (Butler, 1997). In my view, the colonization of the transgender population by practitioners who not only "insert interpretations laced with unprocessed anxieties" (Hunsbury, 2017, p. 398), but also apply pathologizing labels is not a mere metaphor; it is also a political act that can lead to social ostracism and amplify distress.

My standpoint (Haraway, 1988; Harding, 1993) throughout the article is that of a cis-gendered male clinician-researcher conducting individual therapy sessions with trans identified adults in an institutional setting. This work, oriented by analytical transference, was regularly overseen by an external supervisor, while the clinical material was occasionally discussed with peers in an intervision setting. More concretely, the current contribution, which primarily draws on metapsychological concepts and is additionally informed by feminist, cultural, and gender studies, shares my experiences, difficulties, and doubts in the framework of individual face-to-face clinical interviews with a young trans man who prematurely ended our transferential relationship. These sessions were conceived as a possible commitment to psychotherapy, similar to the therapeutic consultations practiced by Winnicott (1971) or the preliminary sessions considered by Freud (1913) to be an integral part of analytic treatment.

The history of this contribution is inextricably linked to its aim of emphasizing the insidious risks of countertransference. Three years ago, I wrote an article in French based on my analytic experience with an adult referred to here as Cal, who was actually my first transgender patient. My goal was to show that despite a theoretically progressive orientation regarding gender and sexuality, the clinical reality with atypically gendered subjects might be a far more complex affair, because, as André (2018) reminds us, the unconscious is neither democratic nor politically correct. As the first version of my manuscript had been published in French in a peer-reviewed Belgian Freudian psychoanalytic journal (Evzonas, 2018b) and in Portuguese in a Brazilian Lacanian journal (Evzonas, 2018a), I considered that my theses had been translinguistically and trans-metapsychologically endorsed, and hence my goal fully achieved. Notwithstanding, a few doubts crept in when I presented a shortened version of my original contribution at a conference, and a colleague from the audience observed that my statements were appealing but distant from the patient's ex-

perience. I then started wondering whether my conclusions were anchored in sophisticated assumptions instead of the actual clinical material. In the meantime, I analytically treated some other transgender patients, with my work being supervised, and continued to extensively read on trans identities.

Bearing in mind the above elements, I decided to rewrite my transferential relationship with Cal in a new language—both literally and metaphorically—namely, in English and in more experience-near and self-reflecting terms. Therefore, I try to reflect on the very traps that I fell into when writing the previous version of this article. Such a focused narrative might provide the reader with a cautionary tale of how easily a clinician's efforts to understand may devolve into objectifications embedded in the history of analytic thinking. From this perspective, my updated contribution, which is co-signed by my supervisor, constitutes a meta-analysis and *mise-en-abîme* of my countertransference.

Another clarification is needed here: Because I fully reconceived the narrative thrust of my original manuscript, I also modified its title. Instead of a convoluted headline centered around Cal's subjectivity, "L'Enfant Donneur ou le Sublimateur du Genre: Un Transfert Prématurément Interrompu" [The Designer Baby or Sublimator of Gender: When the Transferential Relationship Prematurely Ends], I chose a more evocative one: "The Therapist's Transition"—pun intended. By moving the cursor from the patient to the clinician, the reader may observe how unresolved countertransferential challenges may contribute to the premature termination of therapy.

Let me complete these preliminary remarks by quoting Aulagnier (1984): "The account of a clinical case exposes the analyst, his theory and practice much more than any theoretical text can do" (p. 13). Accordingly, is focusing on countertransference not a paramount means of exposing oneself? I am nevertheless willing to take this risk, because I wish to retreat from the more comfortable position of criticizing the stance of other analysts. I also desire to distance myself from the heroic and idealized clinician, free of conflict, withdrawn in his or her arrogant knowledge and infallible posture. However, my foremost intention is to highlight my own contradictions regarding trans identities so that other therapists might benefit from my process of internal transformation.

AT THE MERCY OF THE "COMBINED PARENTS"

Cal, in his twenties, was referred to me by the institutional psychiatrist for psychological accompaniment in view of his female-to-male transition. Listening to him, the predominant place occupied by his mother in his remarks immediately became apparent. The patient began his narrative by recounting his experience with therapists in the past. He mentioned that his *génitrice* (see my later comment, p. 391, on my using the word *génitrice* [genitrix] instead of the appropriate term *mère* [mother]), after learning that her son had consulted the school psychologist, was quick to intervene but, irritated by her inability to convince the latter to divulge the contents of the session, she strictly forbade Cal to see a shrink unless she had chosen the specialist herself.

In the following session, he confided that he did not want his mother to learn about his visits to me, because she hated "shrinks" as they "prescribe anxiety drugs excessively and invent illnesses that don't exist"; she nevertheless approved of the psychiatric treatment of her schizophrenic sister, Cal's aunt. This led me to believe that *Mme Mère*'s (see my comment, p. 391, on my using the expression *Mme Mère* instead of *mère* [mother]) bias against mental health professionals was selective, as the real issue was her difficulty in accepting her son's autonomy and the presence of a defusioning other. Does her reaction to the school psychologist not reveal such a fear concealed behind the veil of intrusiveness? Notwithstanding, I was content to highlight the importance for Cal to create his own space and protect himself from any interference.

During our third session, Cal, after returning from a visit to the family home overseas, revealed that his mother, "who always knows what's running through [my] mind," made him confess that he was seeing a therapist. After telling her about the contents of our sessions, his mother thus reacted: "Well then, finally a shrink who doesn't believe all your lies about your so-called transsexualism and who analyzes them critically." This response naïvely flattered me at the time, but the endorsement of *Mme Mère* was a bad omen for the continuation of our meetings.

Other elements emerged throughout the sessions to indicate that the patient was completely overwhelmed by his mother and

dependent on whatever she said. The end of the hour-long first session concluded with Cal in tears after he broached the subject of his financial dependence on her, assuredly a façade for his psychological dependence. For this reason, at the beginning of the second session, he stated that thirty minutes would be ample time for "therapy," adding: "I don't want to take up too much of your time, as there are certainly other people with much more serious problems than my own." I recognized here that Cal transferentially reproduced the discourse of his *génitrice* from the previous session: "This nonsense about your transsexualism is a luxury for someone with no worries and too much time to think." I pointed out this link, which led Cal to confide that he was "submerged by problems with his mother"—inundated by the Mother, might we understand—which explained his desire to cut the session short.

I invited him to summarize his transgenderism in his own words, a theme that he subsequently introduced into every session, yet it was complicated for him to perceive himself without echoing his *génitrice*. Indeed, he suggested variations in the following response: "My mother amalgamates different ideas, as she believes that my self-persuasion that I'm a man is based on my general sense of malaise; I was precocious, I had a close friendship with a girl, I was antisocial and depressed, so I was unable to find my place in society. . . ." When I encouraged him to break up this lattice and tell me what he himself thought of his mother's "amalgamation" to interpret his transgenderism, he cited examples of his social awkwardness and reiterated his conviction about being a man. On another occasion, mentioning God who had erroneously accorded him the body of a woman, he discussed the religious education provided by his mother, which, founded on the principle of the futility of terrestrial life, had driven him to the brink of suicide in his teenage years, as if to corroborate the sanctified discourse of his *génitrice*. In one session, he stated that his mother had always repeated that "there was no distinction between man and woman," admitting that he had taken this literally when he was young. As a consequence, whenever he had taken a bath with his brothers, he did not see any difference between their genitals, which resembled "a variation like hair color" in his view.

Referring to a list of potential male names to complete his transition, he cited a foreign name that he would have been given had he been born a boy. Significantly, Cal had access to this information when his mother was pregnant with his younger sister, and she even voiced her regret about not being able to baptize her with this name. Could we not imagine that this woman expressed her desire for a son instead of a daughter and that Cal, by pondering this name for his second baptism and, more generally, by choosing to "transition" to a man, fulfilled the maternal wish? In other words, could his transgenderism not signify his incorporation of the maternal discourse, which demystified "the dissimilarities of the sexes" (Prokhoris, 2000)?

It is worth noting here that the signifier "father" only emerged in the fourth session, alternated amidst undifferentiated syntagms such as "my parents said" and "my parents will think." Up until that point, I had the impression that Cal's father was dead or simply absent, but I now discovered that he lived in the marital home, though, discursively speaking, he was confounded with his spouse. I often tried to differentiate them by inviting Cal to individualize their remarks, but this "combined parental figure" proved to be recalcitrant. By the same token, when he spoke of his sick aunt, I asked him which aunt he meant, only to receive a dry rebuttal: "When I speak of my parents, I always mean my mother's side, as I don't have any relationship with the paternal side of my family." A maternal imperialism absorbed any references to the father, and whenever he did show his face, it was only to glorify the supremacy of *Mme Mère*: "You should listen to your mother"; "Your mother is always right"; "I'll speak with your mother, as she knows more about the subject than I do."

Through this indistinguishable "my parents say," I could point out that Cal's father endorsed the views of his wife without challenging them or playing his expected role of defusioner. Cal reacted by admitting that his *géniteur* was always absent, even when he was physically present, "leaving him alone in the lion's den, as it were," abandoned in an "infernal dungeon" with a mother, whom he had viscerally feared since childhood. The Kleinian fantasy of the devouring mother could not be more explicitly described here. Cal also told me that when he recently returned home on vacation, he underwent a trying ordeal: sharing a bedroom with his mother, as she "was fond of the complicity between mother

and 'daughter'," between "'women' sharing the secrets of their naked bodies," implying that his father had no place in this homoerotic interaction awash with anguish. Albeit this exclusion, the paternal figure sketched in Cal's remarks—dull, inconsistent, and exiled from the bedchamber—appeared to be wholly consumed by the mother and even incorporated in her.[1] In Kleinian terms, one could speak of a denial of parental intercourse with the two parents being squeezed and reduced into a single figure, all the more monstrous as it is the custodian of aggressive projections.

Post-Hoc Reading

Looking back to my analysis, what strikes me most is my strongly negative view of the parental couple, especially the domineering and engulfing mother with no respect for Cal's need for differentiation and autonomy. This attitude is understandable to a degree, given his relationship with his mother, although it seems problematic to the extent that it is rather unidimensional without any attempt to understand her perspective or background. I discover here what Stoller (1968) calls "an over-identification with the patient," which seems to conceal my own anger toward Cal's mother. Hence, my tone resonates unmodulated, referring to her alternatively as "*génitrice*" or "*Mme Mère*." When my intervision peers who reviewed the original manuscript in French asked me why I insisted on keeping these terms, which were inappropriate in their view, I argued that I was looking to vary my vocabulary and give a playful tone to my narrative. Yet the accompanying text leaves a different impression, which I am now able to grasp. For example, the sentence, "A maternal imperialism absorbed any references to the father, and whenever he did show his face, it was only to glorify the supremacy of *Mme Mère*," with its flippant but powerful language, betrays my unexamined negative countertransference toward Cal's mother. I also find it a bit surprising that up to the fourth session I had assumed that Cal's father, as the uninvolved and subordinated spouse, might be dead, especially since it is common clinical practice to inquire about such fundamental familial matters during the course on an initial consultation. Did my lack of experience at the time justify this statement? In addition, the title "*géniteur*" as a designation of father, along with "*Mme Mère*" and "*génitrice*," resound in an odd and

condescending manner, thus foreshadowing the eventual countertransferential crisis and premature termination of therapy.

THE PERSONAL MYTH OF THE MONSTROUS BIRTH

Let us now turn to a motif that surfaced in several sessions and proved to be the cornerstone of Cal's fantasmatic organization. During the first interview, the patient mentioned that whenever his mother commented on his transgender identity, she did not cease to repeat that he wanted to become a monster, which seemed to me like an iatrogenic (Chiland, 2011) and mediagenic (Espineira, 2015) cliché of androgyny from a bygone era (Foucault, 1974-1975). An interesting variation, however, emerged in the fourth session: "My parents tell me that I'm mentally deranged and I'm a monster." The patient then corrected himself: "They mean that I will become a monster if I have surgery." This led me to formulate the hypothesis (not shared with Cal) regarding the "preconception" of a monstrous offspring, masked by a secondary monstrosity attributed to transgenitalization. In other words, this fantasy of a hideous conception was conveyed to the patient by his "combined parents." The session ended with a reference to same-sex marriage, strongly repudiated by *Mme Mère*. When asked to respond to this opinion, Cal thus explained: "What I really wonder about is adoption by gays, as parenthood is an important and painful issue."

It is interesting that Cal began the following session by telling me about his last meeting with his psychiatrist who, before giving him the green light for his physical transformation (hormone therapy, mastectomy, and hysterectomy), advised him to think about the possibility of undergoing an oocyte retrieval. The resurgence of the signifier "parenthood" caused Cal to reminisce about a theatrical adaptation of *Frankenstein*, describing "the fabrication of baby-monsters who escape from the creator's control and fail to meet his expectations." I pointed out that his depiction of the play resumed his own issues regarding his transgender identity and his concerns about exasperating his parents through his recourse to medical interventions. I also affirmed that "all children aspire to be autonomous and break away from the parental stranglehold," thus alluding to his desire to become a man in or-

der to defusion from his mother-father. His instant reaction was to recall Dr. Frankenstein's wife, who condemned the abnormal fabrication of his creatures and reminded her husband that children should always emerge from a uterus. While Cal cited both parental figures here, the asexual reproduction echoed the "separate bedrooms" of his parents and the fantasy of a monstrously potent "combined" mother.

The recollection of the play clearly evokes the problem of origins. Let us recall the linguistic slip "My parents say that I'm a monster," which betrays his parents' view of him, namely, what he imagines that they think of him. Did Frankenstein not look at his hideous creature with abomination as soon it was "brought into the world"?

These elements are suggestive of "a personal birth myth" (Le Poulichet, 2018), which differs from the typical sexual infantile theories. According to Freud (1908), the latter attempt to explain the origin of children, and their function would be to try to deny sexual difference and castration, as well as control the threat posed by the potential birth of a fraternal rival. However, with the personal birth myth, "the issue is all the more fundamental, because it is above all a question of being able to envisage oneself in the world of the living through a form of filiation" (Le Poulichet, 2018, p. 38). We can also distinguish the personal birth myth from the fantasy of the primal scene in which the child's witnesses or imagines parental mating. By contrast, in the former case, the subjects use more mythical elements, and the dimension of sexuality between the parents seems to be denied.

> When subjects, whose progenitors often present a form of disunion, partially refuse to acknowledge their lineage with their parents, with this refusal being associated with their rejection or condemnation, their composition of a primary scene is accompanied by specific defenses. . . .. A mythical dimension can partially replace the representation of filiation when it is difficult to invest, but this does not give rise to a delirium that would indicate a real disconnection from reality" (Le Poulichet, 2018, pp. 40-41).

The material offered by Cal pointed me in the direction of a personal birth myth. Through his associations, I discerned the idea of a para-human conception and its teratological signification as

originally instilled by his parents: an abject creature composed of dead flesh, as narrated by the myth of Frankenstein.

The following session provided additional support to this hypothesis. Going back over the list of names for his future status as a man, Cal cited the given name "Caliban," only to immediately reject it. In hindsight after the session, I thought of the eponymous bestial man of *The Tempest*, born deformed after being aborted by an omnipotent witch. In this context, the transgender experience appeared to be interlaced with the fantasy of a monstrous birth and the identification with the dead.

Returning to the issue of his surgical transformation in the next session, Cal made an interesting contribution, which I transcribe below:

> "In the mirror, I see a man's body with defects. A deformed mirror."
>
> "That reminds me of Caliban from *The Tempest*, whom you mentioned last time. He's a deformed figure."
>
> "And asexual in the production that I saw. I also heard that Caliban is the anagram of cannibal."
>
> "Ah, cannibal: What does that bring to mind?"
>
> "Hannibal Lecter."
>
> "You mean the film *The Silence of the Lambs*, in which a trans woman makes clothes from the skin of murdered women?"
>
> "I was rather thinking of the psychiatrist Hannibal Lecter in the TV series. So there you go! You've ticked the psychological box of 'cannibal'!"

At the time, I did not suspect that the cannibal psychiatrist alluded to me, as I probably "cannibalized" him with my questions and my undeniably excessive or hasty curiosity in order to confirm my hypothesis about the link between his transgender identity, the fantasy of his monstrous birth, and his identification with the dead. Irrespective of my blunder, I still thought that the associative thread of the sessions inexorably led to Cal's perception of himself as a deformed creature, asexually stemming from a terrifying mythical figure: the combined parents, the matriarchal witch of *The Tempest* (Caliban's mother), and perhaps the transgender serial killer in *The Silence of the Lambs*. This image of the self is what Cal desired to repair through surgery. In his own words: "There's a discrepancy between what others see and what

I am. This needs to be aligned." Does this disparity between the feeling of being and the regard of others not mimic a past specular experience?

Here I will draw from certain analytical theories to elucidate the aforementioned hypotheses. Expanding on Lacan's (1949) interpretation of specularity, which pointed to the difference between the organic body and the perceived body in the mirror or the regard of the other, Winnicott (1967) postulated the existence of a primary mirror, incarnated by the maternal face, which is able to reflect the baby's internal states and create the feeling of existing. If the *infans* is not reflected in this mirror, then he or she experiences the menace of chaos. From this perspective, Lemma (2013, p. 279) argued that some transgender individuals had been taken visually and mentally by primary attachment figures in a state of incongruity, hence their difficulty to dwell in their bodies: "The plight of the transsexual exposes in perhaps the most extreme manner the developmental challenge that we have to negotiate and to which we must find compromising solutions, namely how to transform the body one *has* into the body that one *is*" (p.279). Le Poulichet (2003) extensively theorized these "experiences of de-staring" in adults and connected them with infantile anxiety regarding the loss of form, termed the "terrors of formlessness": "In parallel to the impaired recognition of the image by a primordial other, it is indeed the images of death, falling, or decomposition of a parental other that prove to be decisive in the clinical presentation of formlessness. . . . At the heart of this terror, the child unconsciously identifies with this mortified or decomposed part of the parental other" (p. 36). Going further, Linhares (2004) conceived "transsexual surgery" as a strategy aimed to counter these threats of specular eclipse and identification with nothingness by delineating a contour around the formlessness: "In these circumstances, it is often one part of the body that appears ugly or alien to the self. It is as if this very experience of deformity in the meantime served to protect the subject from the complete loss of form, to circumscribe it as it were" (p. 73). According to Linhares (2004), the representation of castration, emphasized in certain transgender cases, "refers more to an experience of staring than to the anxiety of castration linked to the difference of the sexes. This would thus involve a top-to-bottom shift" (p. 80). Linhares (2005) also stressed the animate/inanimate opposition

that prevails in some transgender discourses, with the masculine/feminine polarity being only a secondary substitution (p. 47).

In light of these metapsychological premises, we can argue that the Cal's vacillating image of the self in the mirror resulted from the interiorization of the mortifying regard of his "combined parents," as revealed by their condemnation ("you're a monster") concealed behind the criticism of his transgenderism ("you'll become a monster"), which can be interpreted as a screen memory. It can also be argued that the current violence of the parental discourse masks its primal violence and creates the effect of a "cumulative trauma" (Khan, 1963). Taking into consideration the ambivalence of Cal's mother with regard to the sex of her "female" children—let us not forget the boy's name with which she was "obsessed" during her pregnancies and her regretful relinquishment of it after she gave birth to a girl—I believe that the initial monstrous regard for Cal was precisely linked to his gender. The asexuality of the deformed Caliban—a detail recalled by the patient—would enhance this connection between (a)sexuation and malformation.

Pursuing this analysis to its logical conclusion, the surgical changes envisaged by Cal would be motivated by an unconscious desire to rectify this specularly absorbed monstrosity impregnated with death or, if one prefers, to make a form disappear (breasts, reproductive system) so as not to vanish in the terror of formlessness (as the identification with nothingness is driven by the parental regard). Simultaneously, he would endeavour to escape from the stranglehold of an overpowering maternal agent—mother-father—while paradoxically conforming to her unconscious expectations: changing gender, "donating organs," and thus conforming to the fantasy of the "designer baby" doomed to sacrifice parts of his body to make his parents exist. Here, I borrow the metaphor of the "designer baby" from Le Poulichet (2010), who was inspired by the conception of children using *in vitro* genetic screening in order to donate stem cells to an older sibling affected by a hereditary disease. Le Poulichet considered the fantasmatic representation of the "designer baby" to be "the threat of the living" ("*la menace du vivant*"), which defines the anguish that compels the parents to reduce the child to a control-

lable object who could not direct his or her own life and desire. This angst causes them to not fully recognize the expression of life in a child who is undeniably separate from them, as this would unconsciously put them in danger. By consequence, the designer baby, in order to repair or compensate the parent(s) and deal with this threat of the living, is constrained to remain partially inanimate, have multiple zones of inhibition, occupy only part of his or her body, and exist merely as an "organ donor." In my view, the medical transformations envisaged by Cal were underpinned by this unconscious logic.

Post-Hoc Reading

Today I am not so sure that what I seamlessly considered to be a "logical conclusion" in the preceding paragraph necessarily corresponded to the subjective truth of the patient. While logic can be so brilliantly clever, does it necessarily lead to the verities? In fact, the premature termination of therapy did not allow Cal to "confirm" the aforementioned construction, in the Freudian sense of the production of new material and inducement of psychic change (Freud 1937). Nonetheless, in other transgender patients, I have been able to note a personal myth of monstrous, divine, or virginal filiation accompanied by a persistent denial of parental sexuality, as in the case of Cal. Occasionally, it is the founding myth of self-genesis that seems more salient. Having said this, when I composed the original version of my article, I hinted that the developmental failure of the mirror described in the preceding section was consubstantial with transgender identity. I tend to believe now that this musing was the by-product of a normative cis-oriented logic and one-person metapsychology. My new analytic experiences with non-trans patients (anorexic adolescents, drug users, and surgery addicts) make me realize that the representation of the "designer baby" as well as the "personal birth myth" can emerge in various clinical configurations that do not necessarily abide by the transgender/cis-gender binary. Foremostly, these fantastical constructions should be recomposed within a two-person metapsychology and not be interpreted by the therapist if the patient does not make any associations. Accordingly, I am inclined to reconsider "trans exceptionalism"[2] by avoiding the radical distinction between trans surgeries and cosmetic surgeries that enhance cis people's gender.

FROM AGENDER DESIRE TO THE IDEAL OF THE MAN

Before discovering the term "transgender" on a website, Cal defined himself as agender. This gendered neutrality translated his "uneasiness about the Manichean logic of one or the other sex that is imposed by society." The condemnation of this binarism quickly shifted to a criticism of heterosexuality and a negationist view of the gender assigned at his birth: "Before wanting to be a man, I didn't feel like a woman. I didn't see myself as a woman. And when I was young, I saw couples, but it was always boys with girls or girls with boys. I never saw two boys or two girls together." This sequence made me think that Cal could not imagine himself as woman because he felt deviant in relation to his peers who were heterosexually "regulated" in their desires, and that his transgender identity instead camouflaged his unaccepted homosexuality. The après-coup of a session with my analyst made me understand that this stance had been insidiously dictated to me by the reduction of transgenderism to repressed homosexuality, an idea that had prevailed in some dogmatic psychoanalytical studies (Castel, 2003, Chiland, 2011; Oppenheimer, 1991) associated with the Freudian approach to the Schreber case.

After leaving behind this "pre-countertransferential knowledge" (Guillaumin, 1998), I could listen to Cal's sincere questioning of his sexual orientation, which was by no means defensive. During a later session, he confessed: "I thought about homosexuality, but I couldn't see myself as a girl with another girl, and likewise with heterosexuality, I couldn't imagine myself as a girl with a boy. It's always been my place as a woman that has posed a problem." And then the rejection of his "femaleness" came back in force: "My unwavering sense of identity is that I'm not a woman." In the next session, a recollection came to light: "When I was twelve, I was waiting in line at the school canteen. I said to my friends that God created the soul of a boy, but that there were no boy's bodies left. So after this administrative error, He gave me a girl's body until the time when He will take it back again."

It is interesting to discern in the cited sequences the shift from gender indifferentiation to the rejection of femininity followed by the conviction about possessing a male psyche. Only one step remains in order to remedy the inadvertence of the Demiurge by according his body with his soul and becoming a man.

When discussing his medical plans, Cal mentioned the ideal that he hoped to attain by the ablation of his breasts and uterus. Speaking of the image that he sought to reconfigure by surgical means, he once again dwelled on his femicidal desire: "I want to distance myself as much as possible from where I am now, from my point of departure." This repulsion toward his femaleness can be linked to the following memory, which emerged in the third session: "When I was twelve, I thought I was ugly, so I tried to detach myself from my external appearance, because I could never be a real woman." As Cal failed to perfectly incarnate the prototype of an ideal norm based on parental projections and a socially and culturally determined discursive practice, can we not imagine that he had chosen to deconstruct this model through an excess of ideality—pushed to paroxysm by the onset of adolescence? Let us recall that he was also twelve when he realized that God had given him a female body and a male soul. Does not the temporal coincidence of these two memories, reinforced by the contiguity of the sessions, suggest that it was the anguish of not being able to become a real woman, "The Woman," which drove him to the opposite pole of "The Man"?

Interestingly, this quest for ideality was reflected in some culturally marked male names that he envisaged for his new identity card, obviously blending "private and public fantasies" (De Lauretis, 1999). Cal thus said that his English teacher's use of the model of courtly love as the critical framework for *Romeo and Juliet* made him repudiate the name Romeo. Is it not intriguing that this implicit reference to the cult of "The Dame" emerged only to be instantly negated? Cal also thought of being renamed "Allen," saying "as it so happens, it's the name of Allen Ginsberg, the founder of the hippie movement." We can easily see what attracted him to this poetic figure of American counterculture, though he did not end up choosing this name. He finally referred to the image of the British gentleman only to immediately discredit it, mentioning that he had read somewhere that "gentlemen used sexist language in the nineteenth century," and again his ideal crumbled. This series of sublimated individuals whom Cal introduced only to surreptitiously attack confirmed his idealist logic and its sadomasochist antithesis.

Before setting forth my hypotheses based on these observations, I would like to cite an extract from the research of Linhares

(2005): "Some transsexual journeys are more suggestive of a feeling of sexual indetermination than a variation around the difference of the sexes. Some experiences appear to confront the subject not just with the issue of bisexuality, but more radically with sexual formlessness. These junctions thus allow us to conceive the difference of the sexes as a secondary organization of sexuality" (p. 43). And indeed it is Cal's yearning for sexual formlessness and agenderism that surfaced during our sessions, and he even admitted to defining himself as agender, as illustrated in his drawings. Let me cite his words: "The figures that I draw represent neither men nor women, which really bothers my art teacher. The individuals wear long clothes and cloaks, which hide their forms. So you can't guess their gender." Cal manifestly gave his sketches the gender formlessness that he could not express in his daily life, since his parents forced him "to wear clothes that flaunted his feminine attributes and enhanced his forms." Barred from adopting the coveted agender look, he was thus constrained to "dress up as a cis-gender person."

Can we connect this gender formlessness that defied superegoic intrusions (warnings from his parents, art instructor, and school teachers) with what Freud defined as the first characteristic of psychosexual development—its polymorphous potential? In this case, the agender aspirations that animated Cal, as the repercussion of an infantile sexuality "regulated around diversity" (Allouch, 2014), had been compromised by the cruel and seemingly unattainable ideal of the "real woman," hence his virulent attacks of this model. The result was the erection of a new paragon, Man, favored by a socially predominant gender binarism and imbued with violence. This dynamic is similar to any polarized thought rooted in the most archaic stage of human beings, as shown by Klein (1946) in her vivid description of the split world of breasts. In this respect, let us cite an extract from the words of the activist trans man Califia (1997, p. 357) who speaks of the temptation of hyperbolic ideality among his peers:

> Most people attribute their feelings of discrepancy about their appearance, sexual experiences, or intimate relationships to a personal failure to attain masculine or feminine ideals, among others. A failure in any one of these domains will probably be experienced as *a need to be more than a masculine man or more*

> *than a feminine woman* rather than a general malaise with the gender role or biological sex." (p. 357, emphasis added)

Post-Hoc Reading

I no longer believe that the aforementioned assumptions are implausible, but I am struck by the fact that I imposed my own associations and copious musings on the case due to a solipsistic use of metapsychology. I read the preceding section as a wholehearted application of theory and a comprehensive exercise in interpretation. My every idea and clinical step seem to be justified by references to the literature. The effect, I can now acknowledge, is the loss of the very project announced from the outset (dissuading analysts from their reliance on pathologizing developmental, etiological, and sociocultural normative thinking), as well as the emergence of entrapment in the "predefining" bias that I sought to rectify. Was I not treating my anxiety regarding my own gender by speculating so much about the source of Cal's trans identity?

What about my current ideas about gender idealities? I consider the latter to be largely defined by sociocultural norms that reach the child's psyche through the mediation of their primary caregivers' unconscious. I believe that the more rigid and the crueler these regulatory ideals are, the harder it is for the child to "perform" them. The transition from one gender to another would constitute one possible destiny of the difficulty that we all face when situating ourselves in the male/female binary. The transgender experience, like every unconscious choice of gender, could thus never be delinked from the associated culture or from the parents' unconscious wishes communicated to the child through enigmatic messages.

Having said this, the mention of the sexed body is essential, and I think in Cal's case I missed the reference to puberty when he recalled that at the age of twelve he had thought that "God created the soul of a boy, but that there were no boy's bodies left. So after this administrative error, He gave me a girl's body until the time when He will take it back again." Can we not consider that Cal's primarily agender desire and aspiration for sexual formlessness were reinterpreted through the lens of pubertal bodily transformations and then retranslated into a wish for an anti-female self?

Finally, let me add that the patient told me about a minor malformation of his genital organs. This prompted his gynecologist to "adamantly insist" that Cal surgically rectify "this unsightly protrusion that is unacceptable for a woman" (!), even though he clearly had no desire to undergo such a procedure. Based on this viewpoint, gender must be confirmed in a singular and normative manner through anatomy. Have we really come that far from the therapeutic persecution endured by the intersex victim, Herculine Barbin, in the nineteenth century, with the noble objective of exposing his "true sex" and making him conform to the ideal of the norm (Foucault, 1980)? Or the medical violence still exerted today on children whose genitals present developmental variations, with the aim to align them with the sexual—or rather social—model? Indeed, as Lacan (1974) reminds us, "in the absence of any sexual norm, there are social norms instead" (p. 6).

Rethinking Cal's revelation about his genital organs, I wonder again whether I missed something due to my infatuation with the psychic factors that determine gender. Could the "unsightly protrusion" be an underdeveloped penis and imply a biologically determined intersex body? Is gender identity not a complicated weave of anatomical, psychological, and sociocultural factors? I tend to believe now that my insidiously deterministic and psychogenetic quest regarding transgenderism, not to mention my dogmatic attachment to metapsychology that pacified my fears of falling out of my own gender, rendered me deaf and thus incapable of elaborating some of my patient's confessions. These arguments regarding my copious interpretations as a defense against anxiety also apply to the following sections.

FROM IDEALIZATION TO SUBLIMATION

Cal was exultant when he spoke about art, and more specifically, his love of Shakespeare. In one session, I reminded him that in the Elizabethan theater, male actors played the female characters. Cal reacted with enthusiasm, stating "What's more, it was the young men who played the women's parts," implying that he identified with these actors "of his age group" who echoed his own comedy of gender. On numerous occasions, he denounced the traps of

social disguise in which he felt ensnared before daring to reveal his trans identity.

It is worth mentioning here the masquerade theme introduced into psychoanalysis by Riviere (1929), who argued based on a clinical case that femininity is always masked, as it constitutes women's complicated arrangement with their own primal phallicity, which persists in concealed penis envy. Lacan (1958, 1971) later extrapolated Riviere's theory while arguing for a generalized comedy of genders in which each "side" plays "the role of the man" or "that of the woman." This role play "has the effect of projecting in their entirety the ideal or typical manifestations of the behavior of each sex, including the act of copulation itself, into the comedy" (Lacan, 1958, p. 172). Aside from the dimension of "appearances" and "pretenses" in this display of seduction (Lacan, 1971), the notion of ideality should be considered, as "ideals take on new vigor from the demand . . . for love" (Lacan, 1958, p. 172), the "regulatory ideal" founded on a socially and historically circumscribed norm, hence a "construction" and "fiction" disguised as ontology according to Butler (1990). The gender masquerade thus appears consubstantial with an "incorporated" normative ideality. Bearing this in mind, queer theater as exemplified in the drag show, which imitates the ideal of the Woman and/or Man through hyperbole, would in Butler's (1990) view reveal the inner truth of gender by unmasking its performativity by means of the mask.

Applying these elements to the framework of Cal's transgender experiences, it could be argued that his futile attempts to "perform" the Woman ("the real woman") in order to comply with the incorporated ideal of the norm led to the anguish of failure, driving him to spurn this unattainable femininity and ferociously attack it, thus conforming to the sadomasochist logic that underlies any idealizing fiction. Trapped in the snare of the social polarization of genders, he turned to the opposite pole, Man (Romeo, Allen Ginsberg, the British gentleman), only to be confronted once again with the cruelty of the quest of "performance."[3] Given this impasse resulting from the passionate appropriation of the ordinary comedy of genders, Cal resorted to art with its dissolution of forms, shattering of binarisms, and multiplicity of masks. "Acting

means diversity. There's no choice, because genders simply don't exist, which is why I want to become a director," he once admitted to me in an exalted tone. Idealization yielded way to sublimation, which, unlike the former, has the advantage of giving the subject both drive satisfaction and "self-esteem" (*Selbstachtung*) without which this experience is perceived as alienating (Freud, 1914a).

I could quite clearly discern the sublimation process at work during the session in which Cal told me about his intention to have a hysterectomy and forgo ovocyte retrieval. The first part of the session was dominated by his fustigation of family, his aggressiveness toward his parents, his hatred of his female organs, and his obsession with his origins. These issues were progressively superseded by the exaltation of art and his ambition to become a director in order to create a world open to multiplicity. I observed that the initial upsurge of drive, no doubt facilitated by the metabolizing virtues of the transferential link, gave way to the pleasure of reflection and satisfaction with the prospects of artistic creation, being the sublime form of procreation as first voiced by Plato (c. 385-370 B.C.E., *Symposium*, 208e-209e) in the Western literary tradition.

FROM "THERAPEUTIC INTOLERABILITY" TO THE SOLUTION OF THE MASK

In the fifth session Cal spoke of his meeting with the institution's psychiatrist, who was prepared to sign the authorization for his hysterectomy. Yet, despite my theoretically progressive attitude toward trans surgery, I could not help but think that he should perhaps abandon his transition. At the time, I believed that he wanted to become a man to break away from his mother, which bothered me: Continuing the sessions would allow him to progressively construct his own inner space, which was so cruelly lacking, and cut the umbilical cord that suffocated him without "butchering" him. Irritated by this "illegitimate" irruption of the medical domain into my work, I began to criticize the psychiatrist's intervention as well as the establishment's general mode of functioning. I refused to be complicit to this "violence" and entertained the idea of "saving" the patient from an error that he

would later regret. To this end, I tried to point out the contradictions of some of his claims and was even tempted to tell him that his transgender project was not genuine but instead conformed to a "default" solution, because it was socially complicated for him to remain agender.

Seizing the opportunity when he expressed his concerns about the medical success of his transition, I thus proffered: "If you lived in an ideal world, free of social norms and male/female binarism, what would you choose to be?" In the vein of Bornstein (1994), Cal answered that he would "create a world that was not based on gender, a world that was free of the choice of man or woman." I was glad to finally hear the truth come out without considering the influence of my question on his response. Had I encouraged the patient's free speech or surreptitiously imposed my expectations by violating the Freudian precept "We refuse . . . to decide his fate for him, to force our own ideals upon him, and with the pride of a Creator to form him in our own image" (Freud, 1913, p. 164)?

Only later did I understand, thanks to the work with my analyst, that some of my reserves stemmed from my own reluctance to inject foreign substances into my body and accept invasive medical procedures. In short, my own limitations cast doubt on my "therapeutic tolerance," to borrow the term of Porchat (2017) who rightly stated that "what we do or do not tolerate depends on our own psychological background" (p. 148). To guard against any personal interferences, Porchat (2017) invokes the mythological figure of Hermes, for whom "no strangeness is strange," and recommends the use of a neutral mask, inspired by the theatrical technique, to intensify the internal movements, gain self-knowledge, and reinforce psychological availability: "Norms lie on the face, so the mask-donning analyst who is without norms seems less likely to mislead himself and his patients" (p. 149).

In turn, I implored Hermes, also the god of boundaries and the transgression of boundaries, and "put on" the theatrical mask in order to exert control over my internal movements. As soon as I identified what was distressing me and could work on it, I was able to revive my evenly suspended attention without focusing on the "deviant" details that might have uncovered a certain truth of the patient, which I would arrogantly interpret by pointing out that I

knew better than he did what was best for him. I thus accepted to raise him to "the status of expert," following Sironi's (2011) sound recommendation, and allowed him to affirm that his transgender identity did not reflect an original malaise—as his mother had repeated, thus unwittingly reiterating a *topos* of the psychoanalytical literature on transgenderism—but rather constituted the original source of his discontent.[4]

I could likewise discard the antiquated metapsychological cliché that conceived trans identity as a defense against homosexuality, and tackle the inverse hypothesis of homosexuality as a defense against transgenderism. My inexorable conclusion was that the insidious work of norms is not only of a social or cultural nature, but also disciplinary.

Post-Hoc Reading

I now tend to consider that compared to what I thought when I wrote the previous version of my article, my transition from a rather outmoded way of understanding trans identification to an acknowledgment of the primacy of recognizing the patient's experience was a much more complex process. Hence, my enlightened decision to raise Cal to the status of expert who knew better than me was more intellectual than psychological and too optimistic to be clinically genuine given the short amount of time—a mere ten sessions—spent with him. The awareness that my opposition to Cal's surgically completing his transition stemmed from my own bodily fears did not automatically remove my unease, since the acknowledgment of countertransference does not necessarily imply its eradication. Pontalis (1975) points out that the "resistance to countertransference is just as present in the 'I know where I stand' as it is in the analysand describing his transfer as 'maternal,' for example, in order to confine unspeakable emotions" (p. 75). This warning suggests the need to apply to countertransference what Freud (1914b) recommended to analysands: the translaboration of their resistances, which is not an expeditious or magical procedure. Accordingly, after considering the insufficient work done on my anxiety, despite claiming that I had accepted Cal as a final authority of his reality, I returned to my previous musings.

FROM THE CLINICIAN'S CANNIBALISM TO THE PATIENT'S SUBLIMATORY CHOICE

Cal surprised me when he did not turn up for our tenth session, only to inform me that he would not come back to see me. Most striking of all was that his decision came only a day after an anxiety attack following a fight with his parents, who had expressed their strong opposition to his transition and called him mentally ill. In retrospect, I understood the dynamic that probably contributed to his termination of the sessions. I remembered Cal's admission: "When I was brought up, seeing a shrink was not a trivial matter." In light of this bias and his mother's brutalization of him when she asserted that he suffered from a psychiatric disorder, ending our sessions probably articulated his refusal to be labelled mentally ill. In other words, the pathologization of his condition had defensively driven him to discontinue therapy.

As it so happened, during the last fifteen minutes of our final session, Cal shared a dream with me for the first time: "I was a little boy with green hair trying to flee from my mother in a maze-like area with the Eiffel Tower. My mother was on the run, because she was a thief or a criminal, I don't really remember; she was trying to break in everywhere." I interpreted this dream-like fragment as Cal's desire to escape from his mother's meddling, as she sought to sneak into his life, his head, and even his therapy. I nevertheless avoided conveying another idea that came to mind: He was striving to free himself from the "sameness" that he shared with his mother (both individuals are on the run) by imagining himself (or turning himself into) a boy. I did not immediately perceive the phallic dimension of the Eiffel Tower and the plausible signification of this scene of persecution by a preoedipal mother-with-a-penis who was guilty of an infraction, theft (the dreamer's life?), and murder ("criminal").

Cal noted that he had told this recurring childhood dream in his final session with a psychologist consulted when Cal was eight, when an assessment was completed. Only as I consulted my notes after the session did I suspect the transferential dimension of this dream: I represented the mother guilty of an infraction whom Cal tried to flee, fearing my attempts to grasp the meaning of his transgenderism. Let me recall here that his mother supported the fact that I did not believe "his lies" about his aspiration to be-

come a man. In my defense, I can say that he had already narrated this dream to his child psychologist, likewise in the final session, which suggests a long-term anxiety about being intruded upon. For Lothstein (1983), this fear is a *topos* with trans men. Nevertheless, the fear of being penetrated and even cannibalized by the therapist is commonly observed in numerous clinical patterns. According to Devereux's (1967) premise, resistance is a typical means to protect the real identity of analysands. For this reason, "the objective is not to understand the patient, because as soon as the psychoanalyst understands, the former feels vulnerable; the aim should rather be to allow him to express himself without fear of an explanatory and reductionist intrusion." (p. 17). In a similar vein, Fink (2010) argues that understanding should not be viewed as an essential aim of psychoanalytic treatment; the change of deleterious fantasies should instead aim to bring them not to consciousness but into "speech that must be heard by someone" (p. 259). To achieve this, long-term therapy is necessary, and I regret my impatience with Cal, as I precipitated breaking through his psychological functioning and showed an excessive curiosity about his transgender experience, which earned me the notable identification with the cannibal psychiatrist, Hannibal Lecter.

Post-Hoc Reading

Now I also suspect that what may have contributed to Cal's abrupt departure is my inadvertent demonization of "*Mme Mère*" that began very early, before the development of a therapeutic alliance. My well-meaning intention was to align myself with my patient, but my unexamined negative countertransference toward the devouring maternal figure might have made me less careful when interpreting Cal's material. How else can I explain the fact that I became oblivious of what my adolescent patients had taught me: They alone are entitled to disqualify their apparently hated but secretly idealized parents. Whereas Cal's mother was likely a very difficult person and unaccepting of his gender identity (as I was), destructive as she may have been, she was probably all that Cal had, and he could not afford to lose her before he managed to populate his psyche with more benign objects.

As a final point, my difficulty "to experience loss" with Cal, to borrow the words of Searles[5] — had I not become the intru-

sive mother who refused to let go of her son?—prevented me from hearing what he said before his departure: "I want to do other things instead of coming here." I could connect with his new project, announced to me a fortnight earlier, to perform his own scripts with a group of young actors, the schedule of which was likely to coincide with our meetings. It is also significant that the only time when he cancelled a session was because he had an interview for an internship in a theater. In short, art and creation were destined to supersede therapy. Adopting Guillaumin's (1998) proposed definition of sublimation as a blissful "combination of narcissism, self-eroticism, and objectalization" (p. 123), should we not conceive this path as the most appropriate choice for Cal? His fear of being cannibalized by the other, his suffering caused by his atypical gender identity, and his desire for self-genesis could perhaps now find an optimal outcome.

CONCLUSION

Throughout this article, I have tried to re-elaborate my transferential relationship with my first transgender patient, which I had originally described in a French publication. The premature termination of therapy had forced me to consider my own ideas about the trans experience, including several aspects of my troubling countertransference that led me to search aggressively and hastily for the etiology of his gender identity. Despite my intention to dissuade therapists from relying on pathologizing and hegemonically categorical thinking about their trans-identified patients, I nonetheless remained trapped in my own contradictions and normative cis-gender logic, recklessly sticking to theoretical performativity rather than clinical processuality. I also failed to acknowledge my negative countertransference toward the patient's parents, especially his mother, whose rejecting attitude of Cal's gender I reiterated transferentially. I hope that in this updated version of the article, enhanced with greater personal experience and self-awareness, I have managed to elaborate my internal transformation in a more meaningful way to the reader.

I will now share a few general conclusions drawn not only from my inaugural experience with Cal but also from my therapies with other transgender adults.

As clinicians, it is crucial to understand the violence of norms, which contribute not only to the malaise of our patients but also to the subjectivization of all individuals. As Ayouch (2005) justly states in the manner of Butler, "gender is a practice of improvisation within a scene of constraint" (p. 310). By considering these coercive sociogenic forces, which can enlighten but by no means completely exhaust the complexity of transgender desires, we can broaden our attention, all too often focused on intrafamilial issues. Therapists' deafness to the discontent that ensues from their inclusion of normative idealities is precisely the source of the misunderstanding that assimilates transgender identities with pathological disorders through an astounding inversion of cause and effect. Although the fundamental violence of the family environment is a frequent theme with transgender subjects, as was the case with Cal, this should be addressed from an interactionist perspective by taking into account the cruelty of gendered injunctions as well as the multitude of other idiosyncratic parameters and extrinsic events.

This article highlights the necessity for any therapist who takes on the challenge of transgender patients to have a multi-referential perspective, or in Allouch's (2014) words, to be "regulated around diversity" (p. 25) on both psychological and disciplinary levels; in short, we should be hybrid, like our patients, with their hybrid blend of genders, cultures, and desires. This experience convinced me to continually struggle against binarisms, dualisms, and monolithisms as well as against the "will to knowledge" (Foucault, 1976), which surreptitiously espouses the deterministic quest of the transgender logic.

The major change for me was my renunciation of an etiological approach in order to support the mentalization of the bodily transformations desired by my patients. Needless to say, this new objective requires the mastery of the therapist's impatience and respect for patients' irreducibly singular temporality. Only patients can decide if they wish to discuss their trans identity so as to situate it within an archaeological reconstitution of the self or if they prefer to be merely accompanied to better contend with the vicissitudes of the transformational path. While I was able to make connections between the patient's relationship with his parents, the dynamics of norms, and the emergence of transgender desires, I now share the vigilance of Sironi (2011) for whom

"a correlation is not a link of causality" (p. 31). My clinical approach will henceforth seek to establish "correlations that could constitute a therapeutic lever" (Sironi, 2011, p. 180) and create a real "becoming" in Deleuze's sense of the term: the unfolding of difference and multiplicity over time, as fluid movements of creativity that subvert the dominant and majoritarian identities bestowed on us by current norms.

To move in this direction, the *sine qua non* condition is patients' decentering of their symptoms coupled with clinicians' decentering of their ideological, ethnic, racial, disciplinary, nosographic, and many other prejudices. To this end, therapists should continually strive to de-territorialize themselves from majoritarian discourses and guard against "normosis" in the words of Vignes (1993), who recommends "detaching" from the native culture and opening ecumenically. The systematic analysis of countertransference is the primordial requisite in this respect, since the consciously pursued goals of neutrality and abstention do not magically appear. This should include the elaboration of fantasies and perlaboration of resistances relative to the patients' issues and the institutional meta-framework. While this meta-framework functions through a rigorous analysis of the therapeutic team's clinical practices and countertransference, the context of individual sessions should be optimized.

Furthermore, the therapist who theorizes from his or her clinic must be careful not to use stigmatizing diagnostic labels and disqualifying terms, since abusive speech has a perfomative power. Increased vigilance is required in the field of trans identities because pathologizing premises, as evidenced by the history of medical transsexualism, have been actively involved in the implementation of abusive devices. Ayouch's (2005) tempting proposal to deconstruct certain aspects of hegemonic knowledge that do not match transgender logics and reinterpret them from the perspective of the concerned parties presupposes the "positioning of expertise" of the subjects in question. A deconstruction of the positions of "woman" and "man," "mother" and "father," "female" and "male," presented as immutable and ahistorical psychic categories, would broaden our listening and make our stance more flexible, perhaps encouraging us to conceive trans surgeries similarly to any other bodily transformation and helping us deal

with new issues arising from a societal context in full cultural and bioethical mutation.

While a contemporary and progressive approach to trans identities is essential, we should not overlook the risks of dogmatic minoritarian speech disguised as liberal thinking. Goldner admits this feeling of constraint, since "any take on gender non-conformity that complicates a pure transpositive narrative is forbidden by gender activists" (Corbett, Dimen, Goldner, & Harris, 2014, p. 317). I must confess that I am similarly troubled in both the clinical and theoretical setting, including during the writing of this article. I therefore raise the following question: In the context of political correctness and activism that has transformed the stigma of transgenderism into empowerment and agency, does the analytical clinician have the right to question trans identities without being accused of normativity? Is it possible today to explore the unconscious forces that overdetermine transgender identifications in the same way as any typical or atypical identification? By avoiding this investigation in the name of the "naturalness" of this gender choice—often promoted by progressive discourse—are we not falling into the same trap as a certain majoritarian norm that tends to prohibit any questioning of the cis-gender heterosexual identity? Let us recall that Chodorov (1992) showed that the "naturalization" of heterosexuality as a dominant orientation has long hindered its exploration, causing the obliviousness of the conflict inherent in all human subjectivities. What I would like to emphasize here is that any essentializing claim and any form of discourse policing may lead to blindness and thought coercion. In my view, the analytical challenge consists of finding a balance between the processes of subjectivation (trans, cis, gay, straight, bi, etc.) and the emancipation from heterocentric or queercentric normativity. I quote Lemma (2018), who, in her latest article on transgender experience, argues that "the challenge is to tread the fine line between a dialogue based on an equidistant curiosity about meaning and function that is core to an analytic approach, and a posture of implicit skepticism" (p. 1089).I will let the reader judge if I have managed to tread this fine line in my current contribution.

As a final thought, I paraphrase Winnicott's (1965) aphorism, "A baby alone doesn't exist": Just so, a clinician alone doesn't exist. Indeed, my "didactic" encounter with Cal showed me the vital need to use various means of clinical meta-reflection in order to minimize countertransferential interferences: supervision by experienced colleagues (vertical meta-transference), intervision with peers (horizontal meta-transference), disciplinary and transdisciplinary readings, multi-transference conferences and feedback from peer-reviewed journals, personal analytic treatment, and self-analysis through writing, as occurred in the drafting of this article.

NOTES

1. These clinical remarks are diametrically opposed to Stoller's (1968) simplistic interpretation of "feminine transsexualism" as the "excessive presence of the father and excessive absence of the mother" (p. 240).
2. I borrow this expression from Cressida and Latham (2018), who politically challenge the sharp distinction between trans surgeries, presumably associated with suffering, and cis cosmetic surgeries, supposedly without suffering (p. 174).
3. Berger (2013) specifies that the term "performance" used by Butler "also conveys the tension toward perfection, toward the perfecting of 'doing' (as if)" (p. 44).
4. Delcourt (2016) is one of the rare psychoanalysts to speak of "a psychological disorder, not as a factor that contributes to identity fluctuations, but rather as a consequence of the 'trans' that turns into 'dys' conditions" (p. 90). In a similar vein, Saketopoulou (2014) stated that trans patients' psychological problems "often result from the traumatic and unmentalized impact of being trans rather than from its originary cause" (p. 780). Let me state here that the current stigmatization of transgenderism, classed as a preexisting psychological disorder, repeats the history of homosexuality. This bias was denounced at the time by Roughton (2002).
5. Searles (1979) makes a detailed analysis of his confusion when one of his patients relocated, notably writing: "Any realistic hope—as contrasted to the unconscious-denial-based, unrealistic hopefulness—must be grounded in the ability to experience loss" (pp. 483-484).

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The Psychoanalytic Review
Vol. 106, No. 5, October 2019