

## **Transference-love and the treatment of a pre-surgical male transvestite**

### **Abstract**

This paper concerns the outpatient, hospital-based clinic treatment of a pre-surgical male transvestite who initially positioned the therapist, in the transference, as an impotent partner, unworthy of love, an indistinguishable link in the chain of therapists whom he had seen in the course of several years of treatment. From an object relations perspective, the author uses this clinical case to expand the Lacanian concept of the analyst being worthy of love into the idea of being worthy of genital love in order to highlight a shift that took place in the transference from the position of total interchangeability to the position as a love-object conceived of as both interchangeable and unique. The author names this movement from the either/or position to the either/and position and argues that it is precisely this contradiction of either/and (of being in the transference both the interchangeable and the unique object) that must remain unresolved. This particular case required that the therapist pay a great deal of attention in the countertransference to the unique ways in which she was pulled to defend against being the impotent, ridiculous partner (the interchangeable) in order for this paradox to remain unresolved and potential. By preserving this attention in the countertransference, a minimal distance was achieved from both positions, the transferential position of the ridiculous/slave on one hand and the sublime/master on the other. The author presents the way in which this minimal distance in the handling of the transference opened 'a gap' between the interchangeable object and the unique one, between the ridiculous and the sublime, and at what stage in treatment it was the opening of this gap that made possible the movement from either/or to the either/and. In the particular case of this pre-surgical transvestite, the opening of this gap had special importance because difference had been assimilated at a bodily level. In treatment, this difference began to transform from a concrete/bodily assimilation to a symbolic differentiation between the two positions, the interchangeability of the object (transference) on one hand and the singularity of the other person (in the identifications with the therapist) on the other.

“I had this dream last night... I was in a house that was deserted, totally empty and I was wandering around the barren rooms, looking at the damaged walls, the dirty wooden floors... I soon found myself in a room that had a dresser and on top of the dresser, there was a jewelry box. I ran for it and reached to open it. Quickly I removed everything from it, put the jewels in my pockets just as my mother peeked through the door and caught me in the act. She looked at me with so much contempt...Oh! God! I knew this was the end of me. From the window I saw children playing in the backyard. I became concerned for the children's well being if I were to fall. I woke up with my heart pounding.” Leslie continued with associations to the dream; “**I love my mother**, you

know ... but how could I know that I was not supposed to be there? ... The house was deserted. I remember looking around and wondering about how empty it was ... How could I know that this room was her bedroom and that the jewelry box<sup>1</sup> was hers?”

Leslie is a 50 year old pre-surgical male transvestite who came to the hospital outpatient clinic suffering from panic attacks in enclosed spaces, social anxiety about people who would greet him with a perplexed look of disapproval, and violent outbursts in public places provoked by such a look. His relations with people were extremely aggressive and competitive, filled with power struggles and rageful attacks, and he felt constantly insulted. He had no work and led an isolative life. Leslie attributed his anxiety and panic to the potential discovery that he was a man in camouflage. Initially he appeared convinced that his suffering would be cured when he was finally able to “do the surgery, to cut it off.” “All my life I dreamt of the moment that I wouldn’t have anything to hide... that I could walk to women’s restrooms and not have to feel that something is wrong with me being there, to feel that I belong there ... that I could even take my clothes off in a public shower with other women.”

What was Leslie asking for by coming to therapy? Was he visiting the wrong doctor or was I being asked to ‘perform’ symbolic castration through the transference love? What took place in his life to force him to foreclose the anxiety of losing his penis in the first place? These were questions I often pondered, sitting during endless session-hours, which Leslie filled with didactic pronouncements and proud announcements, such as “I am going to teach you what it is like to be *me*, on the border without belonging

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<sup>1</sup> Of course, Leslie had no conscious knowledge that over 100 years earlier, Freud (1905) had said to Dora: “Perhaps you do not know that ‘jewel-case’ is a favourite expression for the same thing that you alluded to not long ago by means of the reticule you were wearing - for the female genitals, I mean.” (p. 69)

anywhere. I am a good study for you. I am sure you have not seen anything like me before and you won't see anything like me afterwards." What was the question Leslie *was asking* in presenting himself as the One? But, more importantly, what was Leslie's sexuality and source of pleasure in the present, behind his desire to lure the eye of the other to discover the shock of a body that 'has it all,' that can tantalize and satisfy without limits? And who was I in the transference? An idealized/degraded female? A pure voyeur? An impotent therapist, easy prey to lure into detailed descriptions of passionate nights?

"Reduced to the role of pure spectator, of pure auditor, of a pervert whose discourse has no other end than to affirm the total gratuitousness of its content, the analyst – no matter what he says about the fact that the aim to be pursued should properly come from the analysand – finds himself reduced to impotence" (J. Clavreul, 1980, p. 231).

This paper presents an anecdotal case example of a pre-surgical male transvestite to suggest that, in this particular case, it was precisely the positioning of the therapist as the impotent partner that served as the transitional phase to the partner worthy of genital love. The questions posed above will be used to approach a more difficult one. What was love in the transference that facilitated the transition described above? How do we define transference love and what do we mean by *positioning of the transference to 'the partner worthy of genital love'*?

### **Transference love and the Partner worthy of genital love:**

Freud (1926) comments that, despite whom the analyst might be as a person and despite his efforts to remain professional and neutral, there is an unexpected complication

that takes place in the transference when the patient falls in love with his/her doctor. However, according to Freud, regardless of its pathological/irrational and compulsive nature, this love is a vital part of the transference. “The patient is repeating in the form of falling in love...mental experiences which he has already been through once before... he is showing us...the kernel of his intimate life history: he is reproducing it tangibly... instead of remembering it” (Freud 1926, p. 226). This lapse in memory, and its replacement by the act of falling in love in the transference, carried its own difficulties for Freud and in his papers on technique (1914), he spoke extensively about the ways in which the analyst had to handle the transference in order to reverse the act back to the memory.

According to Lacan, what makes the analyst worthy of love is that he occupies the position of the one who is supposed to know what causes the analysand the suffering she/he is reporting. This positioning of analyst is very similar to the role of the hypnotist. “There is the same humble subjection, the same compliance, the same absence of criticism, towards the hypnotist as towards the loved object,” Freud (1921, p. 114) comments as he draws a close parallel between the state of being in love and being under hypnosis. This is not surprising, Freud argues, because in both cases ‘the object is put in the place of the ego or of the ego ideal.’ (p. 114). Commenting on Freud, Lacan (1973) refers to the historical relationship of hypnosis to psychoanalysis: “Now, as everyone knows, it was by distinguishing itself from hypnosis that analysis became established. For the fundamental mainspring of the analytic operation is the maintenance of the distance between the I – identification - and the *a* [what Lacan defines here as a correlative to Freud’s external object].” (p. 273).

Moreover, according to Lacan, the analyst will be placed by the analysand in the position of the ideal ego to provide narcissistic gratification (admiration, love, hate); or in the position of the ego ideal to impart a (positive or negative) judgment; or in the position of the Real Other, to whom the subject poses the question ‘what do you want from me’ in order to obtain jouissance. The analyst needs to maintain distance from all these transferential positions and to preserve an empty space, so that his desire will remain enigmatic for the analysand. “This is precisely the point at which the analyst can respond to the analysand's love with knowledge about love that the analyst obtains through giving an empty space, ‘nothing.’” According to Lacan (1966), ‘love is to give what you don't have.’ (p. 255)

How is this relevant to the case in question? Leslie presented initially with an inability to make the therapist worthy of love, having invested this ideal love in the phantasm of a surgeon who was too ‘pricy’ to perform the act of removing his penis and granting him entrance into the world of real women. During treatment, a transference shift took place in which the therapist became worthy of love and moreover worthy of genital love. How do we define genital love and distinguish it from love in general?

Laplanche and Pontalis (1973) point out that Michael Balint defines genital love in negation, ‘just as Abraham's post-ambivalent stage’ is defined essentially by the absence of the characteristics of earlier stages. Attempts to define genital love positively have difficulty avoiding a normative approach and even fall into the moralistic language of “comprehension of and respect for the other person, of devotion, of the ideal of marriage, etc.” (p. 185) Thus, in contemporary psycho-analytical literature, ‘genital

love<sup>2</sup> designates “that form of love achieved by the subject at the term of his psychosexual development, an achievement implying not only the accession to the genital stage but also the overcoming of the Oedipus complex.” (p. 186) But is the definition of genital love as love beyond Oedipus, roughly speaking, sufficient as a definition? “It is a striking fact, moreover, that those authors who invoke genital love never fail to fall into the following contradiction: the love-object is conceived of as both interchangeable (since the ‘genital’ must of necessity find an object) and unique (since the ‘genital’ takes the singularity of the other person into account)” (p. 186).

I argue that it is precisely this contradiction that needs to remain unresolved in the transference and I call this paradoxical positioning the *‘partner worthy of genital love.’* In our case, the precursor to this paradox was the positioning of the therapist as the impotent partner, the ridiculous partner we could say, while at the same time paying attention in the countertransference to the unique ways in which she was pulled to defend against impotency. By preserving this attention, a minimal distance was maintained from both positions, the position of the ridiculous/slave on one hand and the sublime/master on the other. I suggest that maintaining this distance in the handling of the transference opened ‘a gap’ between the interchangeable object and the unique one, between the ridiculous and the sublime, and it is the opening of this ‘gap’ that made the therapist worthy of genital love.

This specific movement cannot be generalized beyond this particular case. However, I suggest that we consider the *‘partner worthy of genital love’* to be a positioning in the transference where the patient begins to recognize the minimal distance between the interchangeable object and the unique object, and it is this minimal distance

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<sup>2</sup> a term never used by Freud directly

that takes the form of a loved object. In other words, within the cycle of the repetition of the same in the transference on one hand (interchangeability), and identifications with the analyst on the other (uniqueness), the patient begins to catch glimpses of a distance between these two positions and this glimpse sets the stage for the individual encounter.

### **Clinical Case:**

I saw Leslie in a hospital setting for a year. He was a training case who had already changed therapists several times. A large-framed, tall female appeared at my door as I was waiting for the supposedly gender-disordered male patient, Leslie. I was greeted by a soft ‘girlish’ tone and blond luxurious long-straight hair, a provocatively seductive outfit of a mini skirt and an open blouse, which revealed the shape of full size breasts. “Are you my new therapist” Leslie asked coquettishly as he raised his well shaped eyebrows.

Leslie told me he was not in need of therapy; hospital medication management mandated therapy and he needed his Xanax. However, since he was used to being a ‘training case,’ he wished to teach me (as he had taught all his previous therapists) about people’s right to chose their own gender. This education would disabuse me of the misimpression that transsexuals are women trapped in a man’s body. “I hate when I hear that ... I am ME! People have to understand this. Like white, blacks, etc., there are also people like me who have the right to be respected as human beings. Why do they have to fit people into categories ... men, women? Why does society see me as a threat?”

During this initial treatment phase, Leslie used sessions to pontificate about gender liberation and translated my curiosity about him into a proof of my ‘ignorance’.

He spoke, demanding that I say nothing nor ask any questions in response. If I forgot this rule, he responded with contempt and anger about my being so foolish and ridiculous to comment on something I had no idea about and so inappreciative of his earnest attempts to educate me. Leslie treated my every sentence as proof of my impotency, waiting impatiently for me to finish. This positioning in the transference as the impotent/ridiculous partner corresponds to Kernberg's (1974) idea of the analyst being tolerated in a 'satellite existence.'

In the transference, one main function of the narcissistic resistances of narcissistic personalities is to deny the existence of the analyst as an independent, autonomous human being, without a simultaneous fusion in the transference such as can be observed with more regressed patients.... over many months and years there are likely to be frequent role reversals in the transference relationship, without any basic change in the total transference constellation. The grandiose self permits the denial of dependency on the analyst .... Throughout this entire process, switches occur during which the otherwise ideal analyst is supposedly lucky to have such an unusual patient, and the patient can be reassured of the analyst's exclusive interest because no other patient of any other analyst could match such a gratifying analytic experience, etc. (Kernberg, 1974, p. 220)

Ideal status is maintained by remaining within the envelope of the One, the exceptional. Every time I commented or asked a question, Leslie protested against the assault on the narcissistic envelope in which he and I were mirror images of the Same, of the immaculate and otherless One. My participation disturbed this perfect equilibrium, revealing my impotence to remain silent and divine, and this rupture made Leslie angry and paranoid in response: "Let's say you have a neighbor who is just different than you. He goes in, he goes out... he is not bothering you. He is just minding his own business. He does not talk to you. But you cannot stand it. You have to talk to him. He just wants to be left in peace. Who is having the problem here?"

Leslie was born in the D.R., the youngest sibling of five (a much older sister and brother, and two year older twin sisters). His mother gave up the twin sisters for adoption prior to becoming pregnant with Leslie, a year later. Leslie attributed the adoption to the family going through financial hardship at the time the twin sisters were born. However, this explanation fails to justify why the mother kept him instead, since he was born just two years later and the family had similar financial problems.

Leslie could not remember much of his childhood, other than the event of his rape when he was 8. He spoke about this screen memory in the much the same affectless tone of voice he spoke of other stories, such as, the recent fight with a female neighbor/friend who took his jewelry and did not return it. In this screen memory, Leslie spoke of his father for the only time. His father had sent him to fetch tools he needed to fix something. Leslie went, but every time he had errands he would go the roof of the building first. This time he was approached by a stranger and was subsequently raped. He recalled that he did not experience it as rape; he enjoyed the penetration, but instead he located his terror elsewhere. He was terrified that the man, after reaching an orgasm, might push him off the edge of the roof. Terrified, he remembered looking down in space and pushing against the man during the rape to avoid the fall. He also recalled that when he returned home, his parents became extremely upset about his dirty clothes; but they did not ask him what had caused the dirt on his clothes and the visible wounds on his exposed arms and legs. His mother threw him in the bathtub. He recalled the pain of the hot water on his wounds and how he bit his lips to cancel out the urge to scream as he silently cried. The father hit him with a belt as punishment for being late and not bringing the tools and then sent him to bed. This was the little Leslie remembered of his

father. Leslie described his mother, on the other hand, as overly controlling and overbearing.

Coltart (1992), in her description of the treatment of a transvestite, writes “much of our dialogue of that time... would sound quite mad; sometimes he was a man, and I was his female self, sometimes he was a man and I was a separate woman, and sometimes I was a phallic woman, or it was not clear where the penis was, sometimes we were both women.” (p. 38). Up to the point of the treatment that I have described, this was not my experience with Leslie. From the beginning, I referred to Leslie with the pronoun ‘he.’ However, I was not sure about my own transference sex assignment. More accurately, during this ‘satellite’ or ‘impotent’ phase in treatment, I had no sex assignment. Leslie’s ‘he’ was not the he of the masculine either, and might be defined in a way similar to Kristeva’s (1987) Androgynous.

“Androgynous is not bisexual. Bisexual would imply that each sex is not without some of the characteristics of the other and would lead to a nonsymmetrical doubling on both sides of sexualization ... he is unisexual, he is two of himself, conversant onanist, bounded totality. Heaven and earth jammed together... the *androgynous* does not love, he admires himself in another androgynous and sees only himself, rounded, faultless, otherless .... Absorption of the feminine by man, veiling the feminine in woman, androgynous settles its accounts with femininity - the androgynous is a phallus disguised as a woman; not knowing the difference...” (p. 70-71)

Crucial in the initial transference phase was ‘not knowing the difference,’ the difference between the interchangeable One and the unique Other, between the one who is supposed to have it and the one who does not, and this ‘not knowing’ revealed itself in the countertransference as a prevailing sense of impotence and suffocation. This sense of suffocation and claustrophobia made me think of Leslie’s presenting symptom, of panic

attacks and fear of enclosed spaces, as a fear of engulfment due to the lack of a difference in the same.

Restricted by fears of engulfment, the transvestite child establishes his connection with his mother through identification. The transvestite's attempt to 'solve' these problems of his core complex is to make use of a process Glasser refers to as simulation: the subject models his behaviour or attitudes on that of the object without changing his self-representation (cf. 'as-if' characters of Deutsch, 'impostor' of Greenacre, and the 'false self' of Winnicott). The transvestite carries out this simulation on a bodily level. He knows and needs to know he is not his mother, that is the defensive function of simulation. (Chiland, 1998, p. 156).

Safouan (1980) comments that in the case of transvestism, the subject attributes an exigency of the phallus to all creatures without exception, 'since he would not know how to tolerate its absence in any case.' (p. 197) Leslie said that he found himself attractive to boys from a very young age and that God wanted him to be a boy; otherwise, He would not have assigned him the masculine sex. Leslie was a physically attractive youth, with blond hair, blue eyes and light skin color; he looked like 'a little angel.' Girls were attracted to Leslie, but he could not find any interest in them. Leslie recalls that he had been attracted to males prior to the rape. "It has always been the same," Leslie said. "I was always attracted to boys; the macho man is what I like, the clear cut heterosexual, just like women do."

Leslie immigrated to the USA during his early teens. He lived with his mother for a brief time and then ran away to actualize his attraction to men, which he thought his mother could not tolerate knowing. On the streets, Leslie met a transvestite who initiated him into the world of cross dressing.

After undergoing hormonal treatment during late adolescence, Leslie transformed into a beautiful, blond, tall 'woman.' He did not have to change his name since it worked

equally well for both genders. In his mid-twenties, after living with other transvestites and various partners, Leslie returned to his mother. He was surprised that the mother accepted him easily as a daughter. He retains the fantasy that every time his mother kisses him, she still waits for her son to come back.

Leslie said that this is why he still avoids tenderness and physical contact with his mother. He has devoted himself to caring for the mother, since his love for her is in question after the transforming himself into a girl. Therefore, he takes care of all of his mother's accounting and financial matters; he is her bookkeeper. Moreover, throughout the years he has become the one sibling who has the final word in everything that has to do with the mother.

Leslie has lived alone on welfare for the past 20 years. He lives close to his mother, in an apartment filled with pets, mostly birds. He has a special bond with his pets and has devoted himself to taking care of them as well. Leslie collects angels with enthusiasm and pleasure; his apartment, which he worships as his sanctuary, is filled with birds and angel statuettes of all different sizes. He reacted with intense anger to my comment that angels are asexual creatures that inhabit the world in between heaven and earth; and it is precisely because they are asexual that they live forever. He responded that he does not see himself as asexual, but rather, scorning the common classification between sexes, he regards himself to be a heterosexual woman.

In the transference, Leslie continued to insist that, like the world in general, I had nothing to offer. He minimized contact with others as a way of avoiding having to deal with 'stupidity.' "How many times have I had to put up with idiots asking me questions about this [penis]? Ok! You are coming with me. You know what the deal is. Why do

you have to become nosy? Did I ever ask you questions about *your* thing?” He had to minimize sexual contact for this reason. In these sessions Leslie spoke minimally about sex.

Later, Leslie spoke about meeting his sexual partners on the train or the street primarily. The encounters were brief; he usually seduced by looking at a man he was attracted to and communicating his interest by seductive body language that led quickly to the exchange of phone numbers. In the past, he said he had forgotten on several occasions to communicate his gender until it was too late; his partner was to be shocked at the sight of a penis during the sexual act and these interactions were not without quarrels and ragefully violent attacks on him. Leslie said this rarely happened now that he was less needy of sexual conquests.

During the second treatment phase, Leslie reported losing interest in one night stands and being willing to wait for something longer term, perfectly content with the possibility that this good fortune might never occur. He said this as he announced that “after we terminate, I would like to stop treatment. You are my last therapist. I don’t think I would like to go to a next one after you.” He continued saying that he’d had these feelings since the first moment we met; he knew that my interest differed greatly from all the others. It was genuine. He saw it in my eyes, and “this gut feeling he had about me was real ...”

Leslie was saying that I had become worthy of love, that I was invested in the transference with ‘real’ qualities of an exceptional object. Chance had turned into contingency, the unexpected into the anticipated, the past that was never present became, after the fact, the embodiment of the highest sense, similarly to what Murdoch describes:

... Her whole life had been traveling towards it, as she played and read her schoolbooks and grew and looked in the mirror at her breasts. This was a predestined collision. But it had not only just happened, it had happened aeons ago, it was of the stuff of the original formation of earth and sky. When God said 'Let there be light' this love was made. It had no history. (Murdoch 1975, p. 206)

During this session, Leslie spoke about past significant losses, the piercing pain of experiencing loss over and over every time he allowed himself to become attached. It was because of this pain that he had convinced himself that he was destined to be a loner and that this was his life style. This solution was invented precisely to hide his profound sense of alienation and extreme vulnerability. Leslie spoke as he trembled with a red face; and I did not know if this was because of anger, pain, or a sense of unfathomable loss. He cried uncontrollably during this session without being able to shed a single tear.

"My tears have been frozen, I wish I could just let go," Leslie said at the beginning of the next session.

After his declaration of love and acute awareness of the possibility of more loss, Leslie continued to narrate his past sexual encounters in more detail, as if he had to entice me by placing me in the position of the voyeur, a position between the interchangeable object and the unique one. The sessions retained the same quality of 'training;' this time about 'what women of his kind do sexually and why men prefer them over their wives despite the fact that men feel obligated to return to their wives in the end.' However, the positioning in the transference had a slightly different tone now: I became more present, perhaps more intimate and more differentiated as the one who could respond with disgust or love, with hate or simply with a judgment or enigmatic desire.

Leslie spoke of rewarding men who treated him like a virgin woman with sex driven by his masculine uninhibited sexual appetite. He preferred oral sex and was invested in driving his partners ‘crazy’ by the best, most arousing handlings of the penis. He fantasized that I had a husband who would also be enticed by Leslie if he were to encounter him in a bar. On his way out, he joked about inviting both of us to join him next week in a gay bar for Valentine’s Day to introduce us to real pleasures.

In the following session, Leslie handed me a red rose for Valentine’s Day. He commented on my telling my husband that the rose was from a patient and not from a lover and he left me sitting there in my chair as he stormed out, embarrassed at observing that he could pass for my lover, completely confused in a dizzy mishmash of emotions, momentarily feeling in love, but not knowing how and with whom and as what; as a woman, a man, or both?

Now, the question “Am I a man or a woman” became a new consideration in the positioning of the transference, which more closely approximates what Coltart described above. This new element came hand in hand with mixed, undifferentiated emotions, which evoked intense countertransference anxiety that led me to think that the transference invitation had been actualized already. I could now hear from inside the fuzziness of the line that stands in between; the masculine and the feminine, the sublime and the ridiculous, like the unbearable sound of a radio when you travel in the wilderness and you are unable to get a station. For Leslie, I thought it was this fuzziness, the inability to differentiate that held stagnant the possibility of making the therapist in the transference worthy of genital love. This new awareness was leading toward the second

shift in the transference, which took place just as I had made the decision to keep Leslie as a long term case.

Leslie responded favorably to my decision to keep him, as if I was offering him quack medicine and he wished to repay me by giving me what he thought I wanted from him; a sentimental patient, a potent man, a desiring and desired lover. Was I repeating in the countertransference the maternal solution to lack and deprivation by keeping him in order to enjoy the fantasy of having it all to myself, the phallus disguised as a woman, the un-castrated? It was the first time since his mother that somebody wished to keep him, Leslie said jokingly. ‘And at what price?’ I asked in response.

His narcissistic defenses rigidified during this phase to protect him from fears evoked in the transference; as Kernberg (1974) comments, to be protected

“not only against the intensity of his narcissistic rage, but also against his deep convictions of unworthiness, his frightening image of the world as being devoid of food and love, and his self-concept of the hungry wolf out to kill, eat and survive. All these fears are activated in the transference at the time when the patient begins to be able to depend upon the analyst. The patient now fears his destructive envy of the analyst, and he is uncertain whether his need for love will survive or be stronger than his aggressive onslaughts on the analyst.” (p. 221)

The transference began to present with more distinctly eroticized features and revealed his aggression as problematic, as he chose to enact it outside the sessions in order not to spoil our bond. For example, when he got into a verbal fight with a lady on the street, the police had to intervene to end the mutual verbal assaults. Leslie got a ticket for using inappropriate language in public and had to present himself in court. He came to session enraged. “Can you believe in a free country you get a ticket for speaking in public! What kind of democracy is this?” He relapsed momentarily into the mode of

focusing on social justice until he could say, “I need our sessions more now; I have to go to court in three weeks. I am scared.” He feared the judge’s shock upon discovery that the woman in question, Leslie, was a man on paper. “But it is not only the judge; then the lady also has to find out. If she only knew that I am a man...” He seemed at once excited, resistant and frightened at this thought. His aggression and sexuality are masculine, he notified me, “I am a man up here [pointing at his head] no surgery can change that.” He needed the hormones to tame his masculine side before it took the upper hand.

Subsequently, his mood started to change. He appeared more depressive, less anxious and had no panic attacks for a while. He began to experiment with forgetting his Xanax at home when he took long walks in the city and had to take the trains. He noticed that people liked him and his romantic life had more companionship and talking than sex. He felt safe enough with his partner to walk around the house completely naked and the sight of his penis did not bother him as much. He described his visit to the urologist who asked Leslie questions about his menstrual period and Leslie responded “I am sorry. But can you see on the paper you are holding that my gender is male?” He reported with excitement that the doctor seemed quite lost in asking to examine him. In the transference, Leslie let me know about what his penis could do; excite, mortify, threaten. His associations had the quality of a child who has just discovered his penis. “I am sexually enjoying myself more now. Perhaps, that is what you want. You want me to surpass my resistance, to see that deep inside I am a closet homosexual.”

He went back and forth between being a woman like me and like me, he wished to have a ‘normal’ relationship with a man with whom he could exchange love and

respect, or, unlike me, being a man who could just enjoy sex, or even a gay man who feared that having too much good sex might lead to promiscuity. On the train Leslie had met a man whom he liked a lot because he was very different. He was sensitive and kind and calm, some of my qualities, he said. He considered the possibility that this man could be a woman changed into a man, just like him, his 'identical twin,' but in reverse. He found these thoughts both exciting and amusing. He developed fantasies of what might happen if his hypothesis were true and they were both to undress. The embarrassment was to be shared; they could laugh at how good both were in deceiving. And then Leslie stopped. "What will I do with a vagina then?" He appeared very confused and the excitement of mutual discovery seemed to vanish at the thought of sexual difference.

"Oh! You know the guy I told you about last week? Well, I found out that he is a man. I called his house and heard his sister calling him with a male name. How foolish was I? But he never called me back. Meanwhile I met this other guy who knows my status and likes me. That is what happens... one goes, a new one comes. That is life isn't it?"

"This is as good as it gets," Leslie reminded me as we were approaching the end. He wondered if I could give him a handshake at the departure point. "I am too dirty. I am afraid that you won't want to touch me," Leslie said, but agreed with me when I said that, paradoxically, I had touched him already long ago. He said that he never forgets people who have touched him. They stay in his mind forever. He brought me a clock as a gift, with the time stopped at the beginning of our session, because he was not sure if he would have a place in my mind after we parted.

## **Discussion:**

Gherovici (2006) explains that "... today...*trans* is widely used to include everyone who challenges the conventional boundaries of sex and gender ... *Transgender* is also employed to distinguish between those who change the sex they were assigned at birth from those who express their gender in ways that do not correspond to their anatomical sex." (Verbal presentation) Transgenderist, however, is a term of empowerment 'to designate an individual who adopts the role of the opposite gender without undergoing a sex change.' Despite gender politics, and the various new definitions in literature, Gherovici asserts that "psychoanalysis casts light on the fact that the assumption of a sexual position is problematic for human beings ... While anatomy plays a decisive part, it is not an absolute determinant ... Masculinity and femininity are not 'genetically' determined: they are symbolic positions to be assumed."

The psychoanalytic literature debates whether transsexualism challenges Freud's notion of the primacy of masculinity for both sexes . "Stoller's theory, which postulates a 'primary' femininity and a failure to transcend mother's core gender assignment, fails to take into account complex psychodynamic considerations. It rests content with a simplified picture of transsexualism as a failure, because of maternal symbiotic overindulgence, to hatch out of this femininity... Findings and newer theories speak of both boys' and girls' gender awareness being undifferentiated and over-inclusive from the start." (Stein, 1995, p. 260)

The debate extends to whether transvestism is based on instinctual conflict or whether the disturbances in libidinal processes are secondary or induced from disturbances in ego development (Person and Ovesey, 1978). "In our opinion, the

concept of splitting is essential to the understanding of transvestism, as well as other perversions, as disorders of the sense of self.” (p. 304).

Transvestism is one of three interrelated gender disorders in men. The other two are transsexualism and cross-dressing effeminate homosexuality. These disorders have their psychodynamic roots in the preoedipal period ... All three disorders are related to unresolved separation anxiety during the separation-individuation phase of infantile development (p. 308).

According to Person and Ovesey (1978), different ways of dealing with separation anxiety at progressive levels of maturation determine the symptomatic distortions of gender and sex. While transsexuals unconsciously resort to the fantasy of symbiotic fusion with the mother to sooth separation anxiety, and get rid of this anxiety through sex reassignment, which has its final goal surgically and symbolically to become their own mothers, the effeminate homosexuals and transvestites resort to less drastic measures, such as the incorporation of part objects and transitional objects. “In the effeminate homosexual, the boy fears engulfment and annihilation by the mother. He, therefore, transfers his dependency and sexual needs to a male object. His partner's penis is equated with the mother's breast and incorporated orally or anally as a part object.” (p. 308)

However, the psychoanalytic based debates on the etiology of transvestism are beyond the scope of this paper. Rather, our focus has been to examine the clinical material of this particular case and to make hypotheses about the evolution of the transference.

To speak of progress in this case is to look closely at the progression to various positionings in the transference. In the initial phase, the therapist was positioned in what I term the *either/or position*, either non-existing and sublime or present and ridiculous. In the countertransference, feelings of suffocation and deadness accompanied this position.

Grotstein (1997) calls this particular form of either/or position ‘the autochthonous ‘thought’; developmentally first presenting itself to the psyche ‘as a ‘definitory hypothesis’ corresponding to:

...the spontaneous instinctual irruption into the ego that is accompanied by peremptoriness and especially omnipotence. Subjects who cannot delay its discharge do not possess a thinking apparatus that can tolerate “thinking” about it on balance with other thoughts (ratiocination). The impulse then becomes an absolute thought, like the apodictic word of God, one that is not to be questioned. The infant in the paranoid - schizoid position dwells in the domain of the first dimension of absolute either/or (Grotstein, 1997, p. 426).

Grotstein (1997) borrows the word ‘autochthonous’ from Greek mythology to speak about infants’ first theory of creation, which he calls ‘the autochthonous birth’ and draws a parallel to the form of somatic cellular proliferation, mitosis or binary fission in which “cells divide and produce clones of themselves”(p. 421). The psychic topography of the ‘autochthonous’ corresponds to what we have already described, in Kristeva’s (1987) terms, as the androgynous. In this particular case, I argue that this topography is activated in the positioning of the transference in the either/or position, either excluded and sublime or present and ridiculous. In the here and now of the transference, the self was giving birth to the self and sexual assignment was irrelevant.

The second shift in the transference took place when the *either/or* was transformed into and worked through as *either/and*. In other words, passing through the impotent partner and maintaining the awareness of both positions, the ridiculous and the sublime, opened ‘a fracture’ in the transference and this fracture was invested as the ‘subject supposed to know’ and was, in turn, loved. Returning to Grotstein’s metaphor of creation, this transferential positioning is analogous to an awareness of meiosis, sexual cellular division and reproduction. “Omnipotent creative fantasies are subordinated to

the newly accepted realistic basis for being an ordinary, needy human mortal whose own “mitotic” world- view must now respectfully encounter and acknowledge the presence of the “meiotic” world which is beyond the infant's power to create or to control.” (1997, p. 421) Therefore, the infant can now depend on love and hate or be jealous of a world that is larger than he, since he himself is lacking. This dim awareness of lack allowed Leslie to be doomed by the loved object in the transference and to fall in love with his therapist.

Being worthy of love in the dual mirroring exchange of goodness led to the second phase in the treatment; identifications and dis-identifications with the Other. During this period, Leslie shifted position on the idea of sex change through surgical procedure and reached the decision that it was no longer the solution for him. “I can cut this [penis] but up here [head] I will remain a man,” and at a different point, “I am a man up here [pointing at his head] no surgery can change that.”

Leslie speaks here about what Lacan pointed out when he emphasized that gender is not a construct to be changed at will. From an object relations perspective, we might say that, even though Leslie’s defense against separation anxiety was left within the defensive constellation in the use of penis as a transitional object, he was also able now to tolerate this anxiety without resorting to sex assignment as the only solution to the fear of engulfment. This addition became possible when Leslie positioned me in the transference as the partner worthy of genital love.

I am in no position to assert that Leslie was able to progress from the pre-Oedipal to the Oedipal in this abbreviated clinical interaction. However, I suggest that in the transference a shift took place from the impotent partner to the partner worthy of genital love. This shift, I argue, emerged as a result of maintaining a distance in the

countertransference from all positions assigned; the ridiculous object, the divine, the lover, the assaulted lady, the judge, the urologist, the woman-to-man transvestite on the train. This distance led to the hazy awareness of the ‘gap,’ of the minimal difference, in the fantasy of the vagina being revealed after the removal of the masculine disguise. It was this encounter that Freud identified as the deadlock for which the unconscious had no signifier, around which human sexuality attempts, but fails, to find an answer.

“The first of these theories starts out from the neglect of the differences between the sexes on which I laid stress at the beginning of this paper as being characteristic of children. It consists in attributing to everyone, including females, the possession of a penis, such as the boy knows his own body.” (Freud, 1908, p. 215) The sexual difference (which above I referred to just as *gap*), Shepherdson suggests is, according to Gherovici, neither sex nor gender; neither is a biological account of sexual difference, nor a symbolic construction of gender. If we put it this way, it is pure difference that drives life. In this case, within the cycle of the repetition of the same in the transference of the master/slave, Leslie begins to show us that, despite having attempted to assimilate difference on a bodily level, difference (*gap*) persisted. In treatment, this difference began to transform from a concrete/bodily assimilation to a symbolic differentiation between the interchangeability of the object (transference) and the singularity of the other person (individuality of the therapist) in the context of our individual encounter. I suggest that this minimal difference makes the object worthy of genital love, drives our pursuit for meaning, and enables the story to go on.

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