

Stabilizing Anticipation in the Psychotic Delusions of some So-Called Transgendered Subjects

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Abstract

The subjective relation to the body is for every human being problematic. Especially at the point of sexuality. Because of the fact man speaks he doesn't coincide with his body. He has to invent. Contemporary scientific techniques make one able to change sex. For several people this is very good news. But are there people we should try not to realize their desire? We will contrast a patient from our private practice with the case of Daniel Paul Schreber. In the second case, no surgery was done, in the second there was. We will argue that in both cases the anticipation of becoming-woman was crucial.

Keywords: transgender, psychoanalysis, psychosis, preliminary questions.

1 Introduction

Some people express the wish to do a change of sex. Medical technics have progressed nowadays the point that it has become child's play to fulfill this wish. But, does science, only because it is possible, always has to answer that question? In what follows, we will try to raise some fundamental preliminary questions that are situated on the overloaded crossing of science, clinic and ethics. To do so we will start with a standard reference in psychiatric and psychoanalytic literature, namely the case of the paranoid Daniel Paul Schreber, who thought he was becoming the wife of God, that would be at the origin of a new race. We will contrast this case with the recent phenomenon of the so-called transgender problematic. We will point out the difference with Schreber, and starting from this difference we will formulate some clinical remarks concerning other stabilizing possibilities than the refined mutilations that these medical surgeries are, and some ethical remarks concerning the position of science in this debate. To conclude we will present a case in our private practice that illustrates the possible ravaging consequences of responding too easily the question to change sex.

2 The Becoming-Woman of Daniel Paul Schreber

One of the propelling questions in the autobiography of Daniel Paul Schreber (1903) is the question how jouissance can be localized. Every subject has to botch together a – per definition surrealistic – answer to that question. Neurotic and pervert subjects have, to give their jouissance a certain consistency, the fundamental fantasy to fall back on. Psychotic subjects do not have this luxury and must try to situate the register of jouissance amongst the registers of language and body in a different way. Now there are

different possibilities in psychosis. In schizophrenia jouissance returns in the body. In paranoia and erotomania it returns on the place of the Other. In autism it returns in a border, as for example in an object or a double the subject places between himself and the Other. In mania the object *a* has lost its function so that it can no longer load the chain of signifiers with a necessary weight, and in melancholia at last the subject identifies with the useless and wasted object of the Other. What all these variants of psychosis have in common, is that they reside under the signature of the foreclosure of Name-of-the-Father. The difference between them concerns the way the subject delineates a relation to jouissance.

What makes the case study of Schreber among other things so unique and fascinating to read, is that he explains very meticulously how he has constructed his singular relation to jouissance through time, and how he has localized jouissance in different manners during his life by difficult thinking labour. In other words we learn that psychosis is not a static fact, but dynamically evolving.

The “fertile moment of psychosis”, as Lacan names it (Lacan, 1938: 63), the moment thus that psychosis is triggered, can be situate in the case of Schreber in the thought that comes to his mind in a half sleeping state, that it should be nice to be a woman having intercourse. This thought is revolting to his virility, and requires an enormous effort to be assumed. Logically preceding Schreber will situate a soul murder that has distressed the descent of the Schrebers. Lacan calls this soul murder the death of the subject, because it has hit the subject “at the inmost juncture of the subject’s sense of life” (Lacan, 1957: 466, 476). Besides that we can detect lots of body events. For example, Schreber thinks he has swallowed his larynx and that he has no intestines. The delusion he constructs laboriously, that he has to become the woman of God, is an answer to this. It is an attempt to assume the thought that a woman can prove enjoyment having intercourse. For Schreber, who doesn’t have the phallic signifier at his disposal to answer the question concerning female jouissance, this leads to a genuine *pousse-à-la-femme*. He remarks how his body changes while looking in a mirror, and invites scientists who read his work to come for they could see with their own eyes.

In his dream – that it would be nice to be a woman having intercourse – no question is asked. It is a statement. Schreber does not answer the question what female jouissance is, but he immediately becoming *The* woman himself. Female jouissance is by that situated in his own body without questioning. And that’s not easy at all. He must endure the most dishonoring humiliations by God, and in exchange for this he occasionally receives some pleasure, something Lacan will call later on in his seminar, based on Marx, “plus-de-jouir” (Lacan, 1970-1971: 60). In this sense the becoming-woman can be seen as an interpretation of the answer he has got concerning female jouissance, an answer that gives at the same time a direction to his life. Because he, as one and only, has entrance to God, he can address himself to the Other to testimony about his experiences and place himself in the service of science. Yet, what is of utmost importance here, is that the whole becoming-woman is shifted to the future. The wish is never fully accomplished. The union between God and Schreber will take place *later*, and this process is called by Freud “asymptotic”, a term at which Lacan lays a lot of stress. Lacan already used the term in his theory on the mirror stage, by means of which

he points out the impossibility of man to fully identify with his body image. One can only conjugate his body image in an asymptotic way (see Lacan, 1949: 76). And also in *On a question prior to any possible treatment of psychosis* he uses the term (Lacan, 1957: 477). This term is thus borrowed from Freud, who says: "The struggle and the illness could cease. The patient's sense of reality, however, which had in the meantime become stronger, compelled him to postpone the solution from the present to the remote future, and to content himself with what might be described as an *asymptotic* wish-fulfillment. Some time or other, he anticipated, his transformation into a woman would come about; until then the personality of Dr. Schreber would remain indestructible" (Freud, 1911c: 48, own italicization).

3 Becoming-Woman Versus Transgender : the Sexuation is Always Ambiguous

In the case of Schreber, who didn't need a surgery for his transformation to a woman, no one shall dispute on the diagnostic of psychosis. In other cases the manifestation of a psychotic structure is more discrete. For example in the case of a subject who claims for certain that he is born in the wrong body, that his biological sex is an error of nature and that he has always know that. Or, in the case a subject who is convinced he has to change sex, and *then* will be attractive. In each of these cases, no overt delusional metaphor can be discerned. What funds the diagnostic of psychosis in these cases are two things: the subjective certitude and the attempt to force the real. They correct anatomy, and thus intervene directly upon the real of the body, on the basis of a certitude. And all this, while at the crossing of the symbolic and the real, of language and jouissance, the sexuation is always and for every speaking being ambiguous.

The similarity between Schreber and some so-called transgendered subjects, resides herein that for both the diagnostic of psychosis can be given. The difference is that Schreber accepts the discourse of the Other concerning his sexual identity, while the transgendered subject doesn't. Schreber accepts the fact that the discourse of the Other calls him a man. The transgendered subject however resists the sexual category in which he is pinned down, to avoid symbolic castration. He refuses the phallus as signifier, Lacan stresses in his seminar "... *ou pire*", he doesn't refuse it as an organ. This is the "mistake" of the transsexual, under which he is weighed down. His passion is fully concentrated on the disposal of this error, and that exactly is impossible. One cannot dispose of the phallus (Lacan, 1971-1972, lesson of December 8th). By getting round symbolic castration, in other words getting round the assumption of a lack in the symbolic order, an inevitable problem is involved. If one rejects symbolic castration, one can be certain that it will return in the real in a much more dramatic way. What is rejected from the symbolic, always returns in the real.¹ A surgery, having the same

¹ It cannot be stressed enough that this is Lacan's reading of the correction Freud brings at his own use of the term projection. "It was incorrect to say that the perception which was suppressed internally is projected outwards; the truth is rather, as we now see, that what was abolished internally returns from without" (1911c: 71).

statute as a mutilation, thus becomes a necessity for some subjects. It is however a special kind of “mutilation”, because it is one that is presented to the Other, in this case the medical Other, asked to fulfill the mutilation in name of the subject.

This is why Geneviève Morel can say, in her book *Sexual Ambiguities* (2000: 199; 2011), that answering the question of these psychotic subjects poses an ethical problem.² Medical discourse becomes the mutilation instrument of the psychotic. Given the awe-inspiring possibilities of contemporary science, we don’t have to be shocked that a subject applies it to intervene on a perfect functioning body and to change sex. This question seems to be very normal because it is formulated clearly and spoken out with certainty. That doesn’t take away the fact that it remains a mutilation, as we often meet them in the clinic of psychosis. Within the register of different forms of mutilations the demand to change sex is still a relatively successful solution, because of the fact that it is put as question to the Other. It doesn’t happen in a wild way detached from the Other. The surgical mutilation, by changing a bodily element, gives the subject a semblance of femininity or masculinity. “Femininity” or “masculinity” as such can never be reached,³ and therefore the intervention always remains literally a “*pousse-à-la-femme*” or a “*pousse-à-l’homme*”. Sometimes it can be poignant to remark that the intervention hasn’t changed anything. In these cases the questioning character of the sex change isn’t heard. Moreover, in some cases a psychotic structure is overtly triggered after surgery, when a subject has got, after years of battle, what he asked for.

Off course there are medical practitioners that are reserved enough before doing these kinds of interventions, and for some other subjects sex change is stabilizing. This is very important: a subject doesn’t have a natural relation to his body. This relation is always a construction. Nevertheless, we plead for prudence, and we think the analyst should consider in mind several things. Our opinion is that the analyst should let resonate before surgery that the intervention never solves “everything”. The analyst should affirm the impossibility to find the signifier of The Woman on the real of the body, or the impossibility to have The Phallus that is never where it is expected. The analyst must be in this sense a guarantee for the symbolic castration (Geldhof, 2010). In the work of Lacan we find more guidelines. In his study on Schreber he gives some short remarks on transsexualism and stresses that lots of these subjects somehow or other ask permission to an Other for their sex change, more specific their father, who is in this way – figuratively speaking – asked to give the subject a hand (Lacan, 1957:

² This book is, as much as her other book *La loi de la mère* (2008), very interesting for everyone who meets transgendered subjects in a professional context, but also, by extension, with subjects who question their sexual identity. The books of Geneviève Morel reach much further than only psychosis as structure, or transsexualism as phenomenon.

³ This is something, in our opinion, to which queer studies give too much belief. They lay all stress upon the identifications, while Freud had oriented us already long ago upon drives and their vicissitudes concerning the question of sexuality. There is no such thing as a fixed unchangeable core of identity. What is really “queer”, is not an identification, but jouissance. The identification of some subjects with the signifier “queer” is therefore nothing more than a shelter from castration. We have discussed this in Geldhof & Verhaeghe (2011).

474).⁴ This Other is thus given the position of an authority. Sometimes this can also be a discrete sign of a “pousse-à-la-femme”. The subject, namely, can indicate by this his intimate, for himself obscure conviction that he does it *for* an Other, and that he *has* to do it for an Other. By asking permission to the Other the subject betrays his conviction that the Other longs for his castration. At the end of the text we will give a short case study that illustrates all this, but first we will pause at an ethical problem.

4 Transsexualism and Science : a Meeting Between two Self-Destructive Entities

It should be clear that psychoanalysis doesn't share the capitalistic logic, which is often found in a fond embrace with medical discourse. The logic resulting from the entanglement of these two discourses consists in this that it authorizes its method by referring to a supposed freedom of the subject. The subject is declared free to ask what he wants, and most of the times also to get what he wants, as long as the techniques have advanced enough and the subject has got money enough at his disposal.

Geneviève Morel (2000: 197) demands herself: “Have these neurotic doctors who listen to them forgotten their own doubts about their sexual identity?” One of the problems in a medical-scientific discourse concerning these things, is that the subjects who are the support of this discourse do not have to risk their subjectivity, because they are only servants of this discourse. But, “science does not think”, Lacan said at a conference in Rome. “Science hasn't got the slightest idea of what it does” (1975: 11). It is an unstoppable machinery that continues its work unlimited and acephalous, and for that reason it virtually serves the death drive. Science is thus fundamentally destructive *because* it denies its destructivity. At this conference in Rome Lacan mentioned Heidegger's example of bionics that shall maybe one day be able to create a microbe that is so immune it could destroy all life on earth. Or think about nuclear world disasters that threaten our world (De Kesel, 2009). Because everything is possible for science, science has got problems, big problems. “Science has got no project,” concludes the contemporary philosopher Alain Badiou, and that is at the same time its grandiosity (Badiou, 2007).

Now, we think we can consider transsexualism as a place where the death drive of science and the death drive of a subject meet. Science, who hasn't got the faintest idea of the necessity to guard a particular distance towards what Heidegger and Lacan have called in the tradition of Kant ‘das Ding’, meets a subject that has rejected symbolic castration. There is so to speak a cross-pollination between two self-destructive entities, who are both in a real mess with Eros.

It cannot cause surprise anymore that often a psychotic structure is triggered in subjects that undergo a sex change. A good few psychotic subjects don't manage or

⁴ We give the complete quote because it is a very important one. It namely stresses the questioning character of mutilation. “Furthermore, I must point out how the structure I am isolating here may shed light on the highly unusual insistence displayed by the subjects of these case histories on obtaining their father's authorization for, one might even say his hands-on assistance with, their demands for the most radical rectifications” (Lacan, 1957: 474).

difficultly manage to assume the position of the subject of chain of signifiers, and relate them self – just as the scientist to his science – in an acephalous way to the chain of signifiers.

Lacan's concept of the "pousse-à-la-femme", already mentioned, is very useful in this issue. He introduced it rather lately in his work, namely in the text *L'Étourdit* (Lacan, 1972: 466). It points to the confrontation of a psychotic subject with an enjoying Other, in which the subject, because he cannot use the phallic signifier, is driven to become the complement of the Other. Feminization or transsexualism are only two specific ways to become the complement of the Other. All stress thus lays on this completion, rather than on the feminization.

By way of illustration of the concept "pousse-à-la-femme" and the relation to transsexualism we will expound a short case. When I (first author) meet this young man for the first time, he has just become a woman. Endlessly often he repeats during our meeting: "I am me. No one can change me!" He always had the feeling that he had to be a woman, and this seems to go together very strongly with the desire of his mother who wanted to have a daughter instead of a son. Meanwhile he has tried to drive over his father with his car in a kind of a pseudo-accident. Happily for both son and father this failed. He saves his urine in bottles, which he places in his wardrobe, what could be read as a sign of the non-extraction of the object *a*.⁵ The whole transformation to become a woman had taken place under the approving eye of his mother, who disdains her man, father of the subject, and who makes herself the nurse of the genital organ of her son who has become a woman. After the mother has seen his new genital organ of her son, she shouts full of proud: "This is the most beautiful pussy I've ever seen!" The incestuous intimacy from the mother towards her son is getting ever more unbearable, and finally the child is thrown out of the house by his father.

The whole operation turns out to be an attempt to regulate the jouissance of the mother. Striking in this case is that the subject, as Lacan indicates in *On a question prior to any possible treatment of psychosis*, indeed asks permission to change sex. However, it is not as Lacan says a permission asked of the father, but permission of the mother. The father in this case remains powerlessly off-side, not able to intervene just once, except in the final scene where he throws the son out of the house.

The repeated enunciation of the son, that no one can change him, can be read as a rejection of symbolic castration. It is a certitude: "I am me!" This, with all its consequences, because at the same time he has become the complement of his mother on the level of the real who always wanted a daughter. Transsexualism in this specific case thus has to be considered as a "pousse-à-la-femme". It is an attempt to find a position in the jouissance of the mother that is more bearable. That the surgery in this case is not a successful solution is proved by the fact that the only solution that remains is the full affirmation of the jouissance of the Other, and from the rest of the story, namely that he is thrown out by the father, "at least". By means of the surgery, nothing has changed for him, on the contrary, it has become even worse.

⁵ The psychotic person hasn't placed the cause of his desire in the place of the Other. He still has his object in his pocket, Lacan states, or in this case: he has the object in his wardrobe.

5 Conclusion

The importance of our discussion is not a diagnostical one. One could think now after the foregoing that we should detect subjects with a psychotic structure on the basis of elementary phenomenons as the certainty, the detachment of the body, a hallucination, and so on, to refuse them subsequently a surgery on the real of the body. This is not what is at stake in my argument. It would be far too stupid. What is at stake rather, is not to be seduced too quickly to respond the question of the subject. With that we think of Lacan's interpretation of the legend of Saint Martin, who met a naked beggar and therefore tore apart his coat to share it (Lacan, 1959-1960: 219). But why should we accept that the question of the beggar is a demand for the Good, and can thus be situated in the domain of the goods, a piece of coat for example? Doesn't there hide in this interpretation a flagrant misunderstanding of the question of the beggar, and doesn't there open up a horrifying abyss beyond that question? In the last resort, maybe there hides beyond that question an erotic desire for a lethal jouissance. Maybe he wants to be fucked, or worse... maybe he wants to be killed?

The analyst shall always take the question of the so-called transgendered subject seriously, but he will never answer it. His reticence to answer the question shall even orient him to help the subject *not* to realize what he desires, and shall affirm the subject as a desiring being, and if possible a desiring being with a project shifted to an asymptotic future.

References

- Badiou, A. (2007). *The century*. Polity Press.
- De Kesel, M. (2009). *Eros & Ethics. Reading Lacan's Seminar VII*. Albany, SUNY Press.
- Freud, S. (1958 [1911c]). Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides). *S.E. XII*, 1-82.
- Geldhof, A. (2010). Men kan niet Eén worden. Over het lichaam tussen taal en genot. *Psychoanalytische perspectieven 28/1-2*, 127-141.
- Geldhof, A. & Verhaeghe, P. (2013, in press). Queer as a new shelter from castration. In: Giffney, N. & Watson, E. (ed.). *Clinical Encounters: Psychoanalytic Practice and Queer Theory*. Karnac Press.
- Lacan, J. (2001 [1938]). Les complexes familiaux dans la formation de l'individu. *Autres Écrits*. Paris, Seuil, 23-84.
- Lacan, J. (2006 [1949]). The mirror stage as formative of the *I* function. *Écrits, The first complete edition in English*, New York, Norton, 75-81.
- Lacan, J. (2006 [1957]). On a question prior to any possible treatment of psychosis. *Écrits, The first complete edition in English*, New York, Norton, 445-488.
- Lacan, J. (2006 [1970-1971]). *Le Séminaire, Livre XVIII, D'un discours qui ne serait pas du semblant*. Texte établi par J.-A. Miller, Paris, Seuil.
- Lacan, J. (1971-1972). *Le Séminaire, Livre XIX, ... ou pire*. Non publié.
- Lacan, J. (2001 [1972]). L'Étourdit. *Autres Écrits*. Paris, Seuil, 449-495.

- Lacan, J. (1975). Conférence de presse du Dr. Lacan. *Lettres de l'école freudienne* 16, 6-26.
- Morel, G. (2000). *Ambiguïtés sexuelles. Sexuation et psychose*. Paris, Anthropos.
- Morel, G. (2011). *Sexual Ambiguities*. London, Karnac Books.
- Morel, G. (2008). *La loi de la mère. Essai sur le sinthome sexuel*. Paris, Anthropos.
- Schreber, D. P. (1975 [1903]). *Mémoires d'un névropathe*. Paris, Seuil.
- Schreber, D. P. (2003 [1903]). *Denkwürdigkeiten eines Nervenkranken*. Berlin, Kadmos.