

## FROM CONTINUITY TO CONTIGUITY: A Response to the Fraught Temporality of Gender

Oren Gozlan

This paper examines current psychoanalytic engagements with the use of hormone blockers in transsexual children and the underlying premises concerning our understanding of the child's process of coming into his or her gendered self. Rather than taking sides in the debate, I explore how the "hormones question" becomes entangled in a series of misreadings and displacements through which the child's request could potentially be missed. In examining psychoanalytic conceptualizations of the trans child's agency, autonomy, and future and the relation between the natal body and gender, I ask, how is psychoanalytic discourse implicated in the very dilemmas it attempts to elucidate? Specifically, the essay examines critically the psychoanalytic use of continuity, authenticity, and alignment as implicit ideals, interrogates the focus on mourning as therapeutic horizon, and proposes that we conceive of gender as a good-enough placeholder with the potential to carry us from the ideal of continuity to an ethos of contiguity.

The transsexual child presents us with a new situation which, like all new situations, requires new modes of thinking. Advances in technology and medicine have made available an array of medical and surgical options for transitioning, and new representations of gender variance and emerging forms of community accompaniment provide children with emancipatory potential. These developments, however, also bring into view cultural anxieties and fantasy formations emerging from challenges to traditional understandings of sexual identity. As a theory of subject formation that scrutinizes the mysteries and paradoxes of being sexed creatures, psychoanalytic discourse offers us a privileged space to rethink sexuality and sexual difference outside and beyond the politics of identity, and, specifically, to engage questions of gender identification, normativity, and clinical practice in addressing the diffi-

cult query of the transsexual child. While recent developments in psychoanalytic theory have taken up these challenging issues, the sedimented mythologies of psychoanalysis often interfere with the process of thinking new gender formations, and more importantly, with how such formations implicate the taken-for-granted premises of psychoanalysis. In this paper, I turn to psychoanalytic engagements with the use of hormone blockers in transsexual children in order to map out their underlying premises concerning our understanding of the child's process of coming into a gendered self. Rather than taking sides in the debate, I am interested in delineating its unthought assumptions (Felman, 1982), which may, in fact, be shared by those who endorse and those who reject hormonal intervention in children and adolescents. In doing so, I follow Felman's (1982) notion of "symptomatic reading" as I relate these assumptions to myriad anxieties regarding gender, the self, the child, and the nature of identification as they emerge in the attempt to make meaning of the child's desire to transition. As we trace the engagement of psychoanalysis with the riddle of the transsexual child's agency, autonomy, and future; with the relation between nature and socialization; and particularly with what is conceived as naturally occurring versus medically induced in the transitioning body, a question demands attention: What is it that the debate cannot metabolize?

## ALIGNMENT AS AUTHENTICITY

I begin by examining the idealization of continuity and alignment, a formulation that takes many shapes in psychoanalytically informed discourse on gender formation.

In her article "Listening and Learning from Gender Nonconforming Children," Ehrensaft (2015) reassesses psychoanalytic thinking around "gender non-conformity,"<sup>1</sup> a term that is commonly used to describe individuals whose gender is not in harmony with cisnormative gender designations. Ehrensaft's support for hormone blockers is informed by her belief in a "true gender self." Hormone blockers will relieve the child from the burden of a body felt to be "false" and allow a "true self" to emerge.

Declaring herself as "neither an essentialist nor a social constructivist" (p. 30), Ehrensaft nonetheless refers to a "core gender

identity” which she equates with Winnicott’s “true self” (p. 36) and which she interprets to mean “authentic” (p. 28). Children, Ehrensaft argues, are “experts of their own gender identity” (p. 39). Therefore, the task of the analyst is framed as one of excavation and affirmation: to promote the child’s unfolding of a “true gender self” and “to facilitate the child’s acquisition of a psychological toolkit, so to speak, one that will allow the child to internalize a positive self-identity,” thus “allowing the child’s “true gender self” narrative to unfold with specific attention to defenses of repression and denial that bury the True Gender Self deeply underground and create a crusty, protective layer” (p. 39).

In understanding gender as an “identity,” as an original truth assumed to be buried under “false layers,” Ehrensaft reveals a desire for a stable, original core-self that can be uncovered and recovered, but she does so at the cost of disavowing the complex processes involved in *making* the self. The “true self” is a fantasy that serves as defense against the contradictory, conflictual, and partial nature of identification, one that misses Winnicott’s (1960) understanding of the term “true self,” where “truth” refers to something inaccessible that starts as “little more than the summation of sensi-motor aliveness” (p. 149). Indeed, for Winnicott the term “truth of the self” does not refer to the illusory coherence and sense of mastery that characterizes the ego, but to an inchoate kernel that, like the navel of a dream, is out of reach and unsignifiable. It can only be “as a *potential* and is allowed a secret life” (Winnicott, 1960, p. 143). Ehrensaft’s notion of the true self—understood as a fixed identity that falls into either a biological or a social script—serves as a defensive and stabilizing construct that privileges authenticity as that which guarantees that the child always was and always *will have been* gender-coherent.

The child, in Ehrensaft’s mind, has developed an awareness of the future of his or her gender, which is viewed as an “accomplishment” (2015, p. 37) and which, through Ehrensaft’s therapeutic model, requires “mirroring.” Ehrensaft privileges mirroring as a therapeutic technique by assuming a timeless gender self-continuity in the child. She further assumes that the intersubjective entanglements from which our sense of self emerges are both transparent and univocal. Ehrensaft forgets that the act of mirroring, understood as an unmediated reflection of the child’s “true self,” is a fiction that actually obscures the constitutive role of the

gaze of the Other in the process of identification. The evasion of the question of the Other is most striking in the absence of the adult's voice in the dilemma. How does the question of hormones come to the awareness of the child? Who is requesting the hormones? Whose letter are we reading? The lack of attention to the parent's and the expert's constitutive role in the way in which these questions are formulated leads us to treat the child as a self-enclosed totality who holds the key to her or his own gender dilemmas and whose presumably unmediated and unambiguous demands must be "mirrored" authentically. Like the therapist who "mirrors" some presumed authentic gender, adults/parents are equally presumed to have "mirrored" the child's request for hormones, without interference, mediation, or (mis)translation. We may ask, though, what is the nature of this "true self"? Is it self-determined? Is it transparent? Is it a self that coincides with the limits of one's individual body? There is an imagined alignment between the self and its image that causes us to forget that the existence of the unconscious precludes self-sameness and that identity is always already caught in the workings of the imaginary and the determinations of the symbolic order.

All acts of mirroring, if we follow Lacan's theorization of subject formation, contain a retroactive fantasy of origin, an anticipation of an unknown future, and the mediation of an adult, whose gaze is simultaneously introjected and erased in the fiction of self-coincidence. This insight suggests that in debating clinical approaches to questions of gender transitioning and hormone therapy, we need to consider that the adult's mediating gaze—and *his or her* own anticipatory fantasy of the child's self—play a constitutive role in all attempts to mirror back the child's "authentic self." We may ask, then, how does the adult's encounter with the child's anxiety resonate with and reenact the parents' and expert's own long-forgotten beginnings in childhood? Who is anxious of the child's "true gender," if the anxiety over said truth must first pass through the adult? And what is the danger for the analyst/practitioner who is unaware of his or her countertransference?

It is difficult for clinicians to admit that they do not truly know why a very small child would insist, despite or against the reality of his or her natal sex, on being a boy or a girl. But one thing is certain: The child's enigmatic claim and/or her or his expressed desire to transition do not occur in a vacuum. Who is involved in

this claim? To whom is it being addressed? The parties involved include the child, the clinic, the parents, the school, the physician, the psychologist, the psychoanalyst, the Internet, the hormones, the body, the genitals, the people who stare or ignore, the school-mates who tease or bully, the unconscious, and finally the Greek chorus, which comes in the guise of the helping professional. How do these parties, with their specific demands, interests, and anxieties interact around the child's question? And what exactly is the therapist "mirroring" in this complex scenario, when the clinician him- or herself is entangled in the medical apparatus's own discursive and institutional investments?

To be clear, I am turning our attention to what seems absent in the debate about whether "to give or not to give hormones": the transference between the adult and the child. There is a relational geometry that requires exploration: Is the child's demand a form of internalization of the adult's injunction to be a girl or a boy? Could we approach the desire to transition in relation to good and bad objects in the child's emotional world? Could the child's demand express a desire to (dis)identify with a parent and therefore figure as a compromise formation, attempt at revolt, or identification with the aggressor? In the seeming clarity of a debate whose terms have been reduced to the question "to give or not to give," what is missed is an acknowledgment of the unconscious dimension of the child's demand as well as the various and conflictual ways in which such a demand may be interpreted, metabolized, and (mis)translated by an adult who will ultimately decide whether her or his child will undergo hormonal treatment.

For the adult, "the child" is an enigmatic object and, as such, an object onto which desires, expectations, fears, and anxieties are projected. The transsexual child's demand cannot be properly understood outside of the complex web of relations that frames this demand as an "enigmatic message" (Laplanche, 1999, p. 91) in need of interpretation. However, the enigmatic message is not the child's own, but the one passed on by the adult to the child as formative of the first nucleus of the unconscious.

Neither the clinic nor any other child-oriented institution has definitive answers to the gender dilemmas that the transsexual child poses; this is where hormone blockers may come to function as a container and a receptacle for the adult's anxieties over absence, intelligibility, cohesion, and recognition. In either case,

whether hormone therapy is understood as a solution to the transsexual child's dilemma or as a disruption of "natural development," it serves as a "screen fantasy" that hides from view all that is unpredictable and contingent in the process of coming to one's gender. Coming to one's gender is an aesthetic dilemma (Gozlan, 2015) that involves holding in tension pleasure and pain. In failing to consider the intra- and intersubjective meaning of the child's demand, both the child's history of absence/loss as well as his or her absent/lost history—that is, the history the child never wanted, the history he or she had, and the history he or she will never have—are disavowed. Everyone is duped by gender's apparent obviousness.

### THE CONTINUITY OF "THE NATURAL BODY"

While Ehrensaft (2015) supports the use of hormones as a means to arrive at the child's "true gender self," others regard hormone therapy as a drastic intervention that interrupts the natural course of the body's development and, it is implied, its "natural" destination. Those who, in response to Ehrensaft's article, articulate a concern over the impact of hormone blockers worry that what is imagined to be a "fluid and unfurling" process of development (Knight, 2014, p. 39) would be hindered or artificially intruded upon, thus depriving the child of an "age appropriate experience" (Knight, 2014, p. 65). These concerns reflect the underlying assumption that the child would have a "normal" experience if the body were allowed to undergo its own *natural* development. What is left unexamined, however, is the assumed naturalness of child development.

Debates about *trans* identities, particularly when concerning the child, are often entangled in misconceptions about the relation between gender and biology that give rise to anxieties over the impact of hormone blockers on the child's "natural development." What is forgotten is that biology is itself a shifting and unstable foundation, that nature is itself plastic, and that the body is always already agonized by hormones. In other words, the body is already other to itself, and the question of gender is not one of addition and subtraction, of this or that substance, these genitals or others, but one that concerns the subjective and intersubjective

construction of meaning. We need to remember that most medical procedures require a chemical intervention on the body and that hormones are given to children not only in cases of gender transitioning but also for conditions of delayed growth. Why is it that the concern over the impact of chemicals on the body does not transfer to decisions over medicating children diagnosed with attention deficit disorder? Aren't children customarily medicated with antidepressants? And what of the hormones and antibiotics used to grow the poultry, pork, and meat that we consume? Anxieties over chemical and hormonal intervention expressed exclusively over issues of gender transitioning reveal that there is something else at stake here, and that the fear of potentially producing uncanny and monstrous bodily transformation is really less about the risks of medical intervention, and more about gender and its mysteries. These same anxieties also reveal that the presumed "natural development" of the gendered body is a fantasy, one that is grounded in an artificial collapse of bodily, imaginary, and symbolic registers of gender formation.

On the other side of the spectrum we find those who argue that hormone-blocking therapy poses no risks, given that once the child discontinues the medication that delays the onset of puberty, the physical effects are fully reversible. They seem to understand development as a purely mechanical process governed by a linear temporality which presumes that once the child stops taking hormones, she or he can return intact—as if frozen in a time capsule—to the moment before taking them. Psychic development, however, cannot be engineered or suspended in time. Those who argue that hormone-blockers "buy the child some time" to make a choice about gender forget that the child is, with or without hormone-blockers, already choosing what he or she "will have been, given what [they] are in the process of becoming"<sup>2</sup> (Lacan, 1977, pp. 94-95): An anticipated gender future shapes the choice in the present (to take or not to take) as retroactive cause of that same gender future.

There is a catastrophic aspect inherent to every development (Bion, 1961), and the unpredictability of the future makes any intervention (taking or not taking hormones) a gamble. Those who fear the potential of hormones to wreck the body's natural development and those who, on the contrary, see no risk in stopping the "natural" course of maturation rely on fantasies of gender

that are playing out in the debate and lean upon different declensions of what is understood as “natural” development. But the body is always already a psychically invested and socioculturally embedded object, a moving body that stands in relation to other bodies, a desiring body, and, as such, its assumed continuity as the stable and natural bedrock of gender is a fiction.

## BORN IN THE WRONG BODY

The idea that one has been born into the wrong body is a common narrative among transsexual and gender nonconforming people, a premise that has been deemed oppressive or liberating depending on who uses it, in what context, or for what purpose. In her essay “Mourning the Body as Bedrock: Developmental Considerations in Treating Transsexual Patients Analytically,” Saketopoulou (2014) examines this fantasy’s function in navigating the conflict between the transsexual subject’s gender experience and “their heavily defended against attachment to the notion that the body spells gender’s reality” (p. 781). Saketopoulou continues:

To resolve this conundrum, some transsexual patients resort to the unconscious fantasy that one’s natal sex is not real and has never been. This permits them to hold on to their own sense of their gender without having to confront the material reality of their sex. On a conscious level this can manifest as the belief that one was born in the wrong body. For example, persons born male who have been unable to process the discrepancy between their corporeality and their gender may come to believe that they were mistakenly born in a male body when in fact they *should* have been born female. (p. 781)

The fantasy of having been born in the wrong body corresponds, in Saketopoulou’s view, to an erasure of the agonized body through which the transsexual subject symptomatically resolves the painful misalignment experienced between her or his corporeality and gender experience. This leads to the author’s main argument that “mourning the fact that their natal body does not fluidly map onto their gender is a crucial part of the therapeutic process” (p. 781).



While I agree with Saketopoulou's nuanced suggestion that it is the misalignment between the natal body and gender experience, rather than the natal body itself, that needs to be analytically worked through, I take issue with the presentation of such discontinuity between body and gender as an exclusively "transsexual problem." I also take issue with the notion that mourning such discontinuity should frame the therapeutic endeavor. I later elaborate at length on these two points; for now, I want to focus on how the transsexual narrative of being born in the wrong body is mirrored in the psychological and medical discourse for which the discontinuity between gender and body morphology characterizes the gender dysphoria diagnosis.

The statement "I was born in the wrong body" implicitly articulates the need to silence and overpower a body that stands in the way of the transsexual subject's demand for total recognition of his or her gender experience, one that relies on positing a mythical body that exists before and outside the constitution of the self. When one's "true self" is felt to precede the particular history of one's embodiment, hormones emerge as both explanatory factor and magical solution. However, the transsexual recourse to a story of origin involving an error is constitutively bound to the prevalent narrative of those on which the desired transitioning depends. Indeed, the search for an original or authentic gender buried under the gender one was mistakenly assigned is echoed in the psychological or medical clinic's request for a letter verifying the "authenticity" of one's gender experience. The clinic's approval—for hormonal treatment or surgery—often depends on the transsexual subject's ability to prove a "solid" history of identification with the desired gender and a conflict between such identification and the natal body. Transsexual discourses that insist on authenticity, in other words, are mirrored in the psychological or medical clinic, whose discourse is grounded in an ideality of gender that assumes the alignment between gender and sexed body. This ideality of gender—present on both sides of the analytic couch—rests on the reassuring yet fantasized certitude that gender *euphoria* is a matter of coherence, wholeness, and authenticity.

## THE GIVEN BODY AND THE PARENTAL COUPLE

In her book, *Minding the Body: The Body in Psychoanalysis and Beyond*, Lemma (2015) joins the debate over hormone suppressants, articulating a number of concerns regarding transitioning and, in particular, a worry over the impact of hormones or hormone suppressants on the preadolescent or adolescent body. Her concerns focus on the question of time, the acceptance of difference, the potential disruption of development and the creation of “psychical and physical hibernation” through hormonal intervention (Lemma, 2015, p. 3). Lemma’s main argument is that modifying the body “impairs [the transsexual subject’s] orientation to time” (p. 3) as it undermines the link to the self that is anchored in the “given body,” which is said to “provide the crucial link between past and present” (p. 3) and hence, to the parental couple. Hormonal intervention, in Lemma’s view, is in danger of leading to a “triumphant display of how the past was redundant” (p. 78).

Lemma’s argument that “the continuity of the body overrides any actual changes the body may undergo over time” (p. 75), and that even with physical transitioning “we can never delete the imprint of the other on the body” (p. 75) relies on an idealization of continuity that transcends the previously discussed alignment between natal body and gender, and which concerns the capacity to integrate one’s history and transgenerational legacy. Presenting the case of an M to F subject named Paula, a prepubescent adolescent requesting hormonal suppressants, Lemma cautions that in some cases early interventions may foreclose the capacity to integrate the given body, rendering irrelevant the “remainder of the parental couple that excludes us and creates us” (Campbell, quoted in Lemma, 2015, p. xxiii)—a defensive strategy that leaves the transsexual child suspended in time. In Lemma’s view, adolescence entails mourning the “given body,” a process that, she believes, would be foreclosed through early hormonal intervention.

I would suggest that underlying the assertion that hormone suppressants may “warp the relationship to time, fuelling an omnipotent state of mind characterized by a severance with the reality of *before-me-ness*” (Lemma, 2015, p. 76, emphasis in original) lies a confusion between continuity and contiguity. Lemma’s argument, however carefully staged, risks literalizing the body and the parental couple and stripping them of their psychical mean-

ings. In other words, the idea that prescribing hormone suppressants may disrupt the child's relation to time and contribute to an omnipotent denial of the link to biological inheritance does not address the fact that we not only inherit the actual body/parents but the fantasized ones as well, and, further, that the inherited body is always already a body coded by parental meanings and psychic investment. At the level of fantasy, the transsexual child is already hooked into discourse: There is the parental worry over the child's refusal to be a girl or a boy and a discourse upon which the parents may rely for meaning. All this to suggest that gender embodiment is always already enveloped by transgenerational meanings and investments, and that this inheritance, which is also unconscious, makes the body something more and other than a natural, given thing. What the child reads is the parents' unconscious desire, and, as such, the link to the parental couple—itself an omnipotent fantasy in the mind of the child—remains enigmatic. Indeed, we are always linked to our parents, and the fact of having parents cannot be denied. However, this only means that the question of inheritance, that is, of one's oedipal vicissitudes, and of the need to overcome one's parents remain to be worked through by the child.

Lemma's concern that hormonal intervention may undermine the transsexual child's capacity to integrate the given body and the link to the parental couple also presupposes that such integration is an encumbered process only for the transsexual subject rather than a universal predicament that all subjects negotiate through a myriad of unconscious positions, mechanisms, and fantasies. Everybody is beholden to their parents, but this fact does not determine the content, quality, or density of such attachment. We are all indebted to the parental couple, but we *construct* that indebtedness through psychic work, not through an unsigned transgenerational link between natural bodies.<sup>3</sup> Why should we assume that the transsexual subject has broken her or his link to the parental couple? Why is their idiosyncratic refashioning of the body necessarily a severance—the disruption of Lemma's fantasized continuity—rather than an other, contiguous reclaiming?

In her case study of Paula, an M to F transsexual who had undergone puberty suppression therapy, cross-sex hormone therapy, and sex reassignment surgery throughout her adolescence, Lemma (2015) argues that Paula struggles with integrating the

past before transitioning, a claim that she generalizes to all transitioning, or at least to those who transition while young. She cautions that “those involved in the care of the young person need to be mindful that such hormonal manipulations have psychic implications that may impact on the young person’s adjustment to transitioning via a disruption of the temporal link” (p. 86), and adds that “how this treacherous internal course is negotiated, and the extent to which the temporal link can be maintained between the given body that once was and the hormonally-suspended/post-surgery body that replaces it, makes a significant difference to post-operative adjustment” (p. 87).

Consistent with her view that transitioning *de facto* ruptures the psyche’s temporal continuity, Lemma’s (2015) analysis privileges transitioning as the explanation for Paula’s difficulties in integrating the past, the given body, and the parental couple, despite the fact that the case study makes mention of Paula’s estranged relationship with her father, who left the family home, started a new family, and moved abroad when Paula was still an infant, and who “was not supportive of her sex change and struggled to accept what she had done” (p. 77). Lemma also mentions that after her sex reassignment surgery Paula moved out of the city where she had lived her whole life, and that this geographical dislocation “appeared to have contributed to a profound sense of dislocation and triggered a breakdown” (p. 77). Even if we were to agree that Paula struggles with integrating her past, her particular history suggests that other discontinuities may be as important as the process of transitioning itself. In fact, one could even speculate that her experience of transitioning and subsequent geographical move symptomatically mirror her father’s own “life reset,” and if this is the case, Paula is not actually denying but rather compulsorily engaging with her past through repetition (aren’t we all?). In this light, Lemma’s focus on Paula’s hormonal and surgical transitioning as the key factor responsible for her patient’s “disruption of temporal integration” (p. 74) can only be explained through the problematic notion of continuity as “rooted in the given body” (p. 75), and through recourse to an archaic myth that understands “normal” development as a seamless and continuous process that, ideally, should not be disrupted by any passing through alterity.

## FROM CONTINUITY TO CONTIGUITY

Whether we understand continuity as an authentic alignment with one's true gender self (Ehrensaft), as the presumed natural unfolding of development, as a desired alignment between the natal body and gender experience (Saketopoulou), or as a seamless tie that links us to our given body and the parental couple (Lemma), we seem to rely on an understanding of selfhood as grounded in a stable and unbroken thread of self-experience, one that privileges sameness over difference, homeostasis over tension (Eros), continuity over contiguity. Nevertheless, grounding the notion of self in the idea of continuity constitutes both an idealization and a problematic theoretical premise. Perhaps we should ask whether such self-continuity is at all possible or desirable, what may ground such continuity, and what the implications are of privileging continuity in our understanding of the constitution of the (gendered) self. While I agree with Lemma and Saketopoulou that significant psychic work needs to be done in and through transitioning, I believe that without a shift from the principle of continuity to an ethos of contiguity, the question of hormonal therapy for children will remain trapped in the logic of alignment that assumes psychic development to be a continuous, linear, and causally determined process. Based on this premise, transitioning can only be seen as a "treacherous course," to quote Lemma, both a risky attempt at reaching an idealized self-sameness and an abrupt severance of ties to body, past, and heritage.

Contiguity, on the other hand, moves us into the process of meaning making by finding and creating an interrelationship between elements not through causal ordering, but through proximity. For Winnicott (1971), the experience of contiguity constitutes the single most important aspect of the passage from "immediacy to mediated relationships," that is, from the mother-child specular dyad to the acceptance of separateness between "I and you," "now and then," "here and there." It is, in Winnicott's view, through the use of transitional objects that "continuity gives way to contiguity" (p. 136). In the interstitial space between "originality" and "acceptance of tradition" (p. 134) there is room for play and creativity, a "potential space" (p. xiv) where events or outcomes are not determined or prefixed.

The task of psychic integration is a universal challenge, but it does not emerge from brute biological facts the given body, the naturalness of development, or one's biological parents; rather, it emerges out of psychic processes of remembering, recombining, interpreting, and working through, processes that are not only iterative and recursive but also creative, playful, and transformative. We have seen how the debates over hormone suppressant therapy for pre-pubescent children exhibit a heightened concern over questions of continuity and temporality, in particular, a worry about the transsexual child's capacity to integrate the past, mourn "the natal body," and honor the continuity between generations. These preoccupations with continuity are compounded by anxieties over the capacity of children to project themselves into their future gendered selves, the irreversibility of some of the changes brought about by hormones, and the potential for regret. Under the logic of continuity, the debate about hormone suppressants necessarily focuses on whether hormone therapy can safely carry the child from a fantasized stable origin to a known gender destination. Following this logic, hormones begin to function as a privileged signifier connoting certitude, stability of meaning, and guarantee of readability—an object, in short, that promises to dispel conflict and self-dissonance while concealing the lack constitutive of all gender embodiments.

I have argued that the debate about hormone suppressant therapy for pre-pubescent children is entangled in the desire for certitude and intelligibility, and in fantasies of continuity and alignment—fantasies that reveal the transferential implication of psychoanalysis in the very dilemmas it attempts to elucidate. Attention to how these implicit narratives become activated in addressing the enigmatic questions posed by the transsexual child and his or her family allows us to understand how the hormones question gets caught in a series of misreadings and displacements through which the child's demand could potentially go unseen, get lost, or be misread.

I would like to suggest that the worry over the child's future development—a preoccupation that grounds some of the claims against hormone blockers—does not belong to the child. Hormones have no bearing on the child's question at the particular moment of the analytic encounter, and the child's question is likely to change as the child grows and gender continues to be

made *with or without* hormone therapy. The attitude toward the transsexual child reveals a certain moral outlook, which nonetheless remains unspoken: Can we tolerate our patient's regret? Or to be more precise, can we preemptively eliminate all sources of regret in the future? Shouldn't we be paying more attention to the inherent conflicts at work in the processes of self-gendering? And shouldn't we seriously heed the psychoanalytic insight that fantasy traverses and is embedded in social injunctions about gender?

The worry over the child's future happiness quickly turns into a desire for control of what is impossible to understand or predict, given the messy temporality of psychic experience. What is disavowed in the process is the clinician's own entrapment in a normative discourse that clings to a fantasy of origin, a desire for intelligibility, and the manic wish to cure suffering or to prevent an imagined suffering in the future. There is a desire to secure meaning that circumvents the child's motive for consultation, which, like a letter misplaced at the post office, is dead on arrival.

The debates reflect the analyst's anxiety over the question "What does the transsexual subject want?" The analyst's anxiety is not yet metabolized, and creates a false dichotomy between what is natural and what is medically induced. Nevertheless, the transsexual query compels us to think anew the myriad processes that intertwine in becoming gendered: that is, the series of social procedures and injunctions which, while we are undergoing the vicissitudes of childhood and adolescent sexuality, locate us in gender and which become tied to identity through the desire to be loved, recognized, and apprehended by the Other. Indeed, the transsexual insistence is an enticement to discourse, giving occasion to a series of questions that exceed the predicament of the *trans* body—for the transitioning body signifies the body in unrest, the body burning with desire, distress, and alienation experienced as lack. Hormones allow for the idealization of the natural, immanent, conflict-free body—a fantasy that shields us from the fact that identity is fundamentally unstable and out-of-joint because it is tied to the Other and its inscrutable desire. But the transitioning body that is always in transit and always amiss of its destination also reveals that there is no such thing as a body without embodiment, that is, a body prior or outside the imaginary and symbolic investments that give it its concrete shape. The body,



that is, is a missive riddled with excess, for its meaning can be neither determined nor exhausted by origin or intention.

The child's questions persist in spite of, and beyond hormones. As in Melville's short story "Bartleby, the Scrivener" (Melville, 2013), in which Bartleby's insistent response to every request is "I would prefer not to," there is an aporia of gender that cannot be resolved through recourse to origin or essence. Yet it is tempting for both the clinic and the transsexual subject to find in hormones a "snug retreat," particularly when they are seen as containing the key to true selfhood. The clinic's promise of arrival at an authentic, coherent, or reconciled self may in fact betray the anxiety-filled request of the child when such an "enigmatic message" (Laplanche, 1999, p. 91) is not read for what it is, a relaying of unconscious triggers bound up within the adult's unconscious. It is deceiving indeed when the expert's gaze refuses to mirror back the doubt and anxiety inherent in the anticipation of something that is no longer there, already there, and never there.

Becoming unhinged by the enigmatic message of the child is a necessary step in developing the clinician's ability to confront the unknown, sustain a gap between demand and desire, and propose an ethics of care that can tolerate conflict and ambivalence. If, as I have argued elsewhere (Gozlan, 2015), psychoanalysis approaches symptoms as attempts at "working through," why should the predicament of becoming engendered not be similarly investigated, that is, as a question through which we glimpse how subjects mediate between inner and outer reality, separation and reparation, integration and de-centeredness? Can we de-literalize gender and read it instead as a placeholder through which subjects negotiate the conundrum of self-difference? In psychoanalytic thinking, continuity *must give way* to contiguity (Winnicott, 1971, p. 136), and the worry over arriving at gender must give way to an understanding of coming into one's gender as an aesthetic experience that is simultaneously inherited and made, found and created. Winnicott's (1971) conceptualization of the developmental journey of the infant as a process of increased tolerance of the tension of difference—the experience of having been one with the breast but also having the capacity to repel the breast—grounds subjectivity in the experience of being in suspense, where masculinity and femininity are thought of as attempts at representation of an internal struggle between unity and separation, identification and



its excess. In this transitional place, gender is a placeholder that, through the capacity to tolerate the impossibility of integrating difference within the self, allows for creative potential through compromise formations. The transitional phenomena do not aim at the integration of instincts and environment. Rather, it is a space that tolerates the impossibility of integrating difference within the self that allows for creative potential through compromise formations. In using contiguity as a spatial construct of proximity, I am seeking to articulate a relation to temporality that is grounded in the space between what has not happened and what is yet to become.

## MOURNING AND OMNIPOTENCE

In their respective case studies, both Saketopoulou (2014) and Lemma (2015) privilege alignment and continuity, which translates into a preoccupation over their patients' refusal to mourn. The patients' inability to come to terms with the disjunction between given body and their gender ideal compromises their ability either to give up the desired alignment or to integrate the natal body and the parental couple. For both authors, in short, their patients' dilemmas circle around disavowed mourning.

Saketopoulou (2014) follows Steiner's (1992) understanding of mourning, which Saketopoulou defines as "the feeling of loss often accompanying the relinquishment of omnipotent control" (p. 782), in order to articulate her patient's seeming refusal to acknowledge the existence of her natal body. Her patient, Jenny, is a five-year-old male-born, female-identified girl. She is described by her parents as "anguished" about her body and in denial of her past. Very early on in her description of the case, Saketopoulou notes that the parents struggle to remember the trajectory of their child's gender development, a forgetting that the analyst interprets as the parents' hidden ambivalence over Jenny's insistence on being a girl. She also notes the parents' anxieties over "colluding with a near magical transformation that could be neither acknowledged or mourned" (p. 785) and, in particular, the father's more explicit difficulties in coming to terms with Jenny's gender choice.

Jenny's magical solution consisted in attempting to construct a reality "in which her penis didn't exist and never had" (p. 788). Therefore, the question of Jenny's failure to integrate her past very soon translates into a therapeutic endeavor aimed at helping Jenny come to terms with the physical fact of her male genitalia. Saketopoulou is very careful in resisting "any pressure to become recruited into policing what she did or did not tell me about herself and her body" (p. 788) and waits until the child feels comfortable enough to "come out" (p. 794) to her, which in this case means revealing the existence of her male genitalia. While Saketopoulou follows Jenny's cues in terms of her growing ability to acknowledge the reality of her penis, I am left wondering what this penis can possibly signify for Jenny, and how, in Jenny's mind, her masculine genitalia are related to her gender definition. In other words, Saketopoulou's case analysis fails to address the fantasy that grounds the child's wish for gender. For what is gender for the child? Is it a preference for certain gendered clothing or toys? For hanging out with kids of the "opposite gender"? And how will the child's understanding of the complexities of gender change over time? The child, I would argue, cannot fully know her- or himself or have a sense of his or her growing body outside of the imaginary and symbolic web of significations that constitute gender as such, the same web of signification that frames their insistent demand.

In Saketopoulou's analysis, Jenny's penis is an unambiguously distressing object that can only signify her rejected gender identity. But the case study reveals that Jenny has a much more complex and ambivalent relationship with her male genitalia: for instance, Jenny is very aware of her father's distress over her gender choice and tells the analyst, "Dad thinks I'm a boy. Sometimes I wear boy clothes so his heart doesn't keep breaking" (p. 796). While Saketopoulou notes that her paper does not take up the important issue of "mourning one's own fantasy of one's child" (p. 784) and acknowledges that the parent's loss seems bound up with Jenny's refusal to acknowledge the existence of her natal body, I would argue that her father's investment in her maleness, and therefore in her male genitalia, is inextricably bound with Jenny's own unconscious investment in and rejection of her penis. To what extent is Jenny's seemingly absolute refusal of her penis related to her father's inability to let go of her maleness? Could we conjecture that

the father's eventual acceptance of Jenny's gender choice could ease Jenny's recognition of her ambivalence?

Another potential indication of Jenny's ambivalence can be surmised from Saketopoulou's description of their ritualized bathroom play: a pattern that emerged early in the treatment where Jenny would have a "pressing need" to go to the bathroom as the sessions began. What is enacted in the bathroom resembles the game of hide-and-seek: "I would walk with her to the ladies' room and from inside the stall she would issue her instructions: 'Don't come in; I don't want you to see my private parts.' Sometimes while urinating she would anxiously yell out, 'You can't see anything, right?'" (p. 790). The analyst interprets the bathroom game as an "enactment" (p. 790) in the transitional space afforded by the restroom, a place where Jenny could "work out her omnipotent grip over reality" (Winnicott, quoted in Saketopoulou, 2014, p. 790). In assessing this ritual, I would argue that the term "enactment" obscures the dimension of symbolic play present in this hide-and-seek scene that so palpably features infantile eroticism and sexuality, magical thinking, enticement, and excitement. The term "enactment" also hides from view any potential meanings or libidinal investments, and—why not—any possible *jouissance* that Jenny may derive from playing with her genitals, or from hiding or exposing them. What this comment gestures toward is, possibly, the question of compatibility between Winnicottian and Lacanian analytical frameworks.

The preceding examples suggest that Saketopoulou's focus on Jenny's suffering over the misalignment between her body and her gender seems to have saturated all signifying space, leaving little room for an exploration of Jenny's necessarily infantile understanding of gender, her genitals, and her sexuality. Even if we were to agree that the body/gender misalignment constitutes a deeply unsettling experience for Jenny, the meaning of her insistent demand is neither transparent nor static. We must not literalize her demand by assuming that her penis means only or above all a categorical gender marker. To whom does it signify? How does it differentially signify to her father, mother, therapist, schoolmates? How will its meaning change as Jenny grows older? The child lives in a kind of timeless present, and his or her insistence has an emotional logic that does not coincide with the adult's. This emotional logic constitutes the grounds for the

child's own potentiality of being, which may be in danger of a premature foreclosure. In facing the deceptive certainty of the child's "I know this," "Why can't I be that?" the adult's dilemma consists in listening to the child's insistent demand without literalizing it and without forgetting that whichever shape the adult's answer takes, it will always be an incomplete translation of the child's necessarily "enigmatic message" (Laplanche, 1999, p. 91), which is itself an "incomplete translation" of the adult's own enigmatic message. Conversely, the adult's answer, compromised as well by his or her own unconscious wishes and anxieties, will have to be deciphered by the child, for the adult's enigmatic message is a constitutive aspect of the process of coming to gender.

There is a rich fantasy play in the hide-and-seek of Jenny's bathroom scenes, where objects—the penis, the analyst—are sent away and brought back, where things protrude and retract, where boundaries between self and other, male and female, are ruptured—the cracks between the bathroom door and the wall seemingly connoting these necessary fractures—where the child practices her seductive charm as a girl while simultaneously shocking the analyst, as a boy would, with her protruding penis. It is a time when, in the polymorphously perverse way of infantile sexuality, the child can imagine her- or himself to be triumphant and omnipotent. There is titillation in the child's hiding and exposing of genitalia, a gesture that simultaneously entices and rejects the analyst: "She explained to me with considerable delight that she had discovered how to tuck and wondered if her penis did in fact disappear when she could not see it. Would I take a look and tell her if she took her clothes off?" (Saketopoulou, 2014, p. 796). Jenny's infantile sexuality, its pleasures and inescapable anxieties, are clearly at play here. The child may be articulating, through repetitive play, a yet unanswerable question: "How can I tell the difference between mother and father?" For the child, the penis is a murky object of desire, anxiety, and intense curiosity, and an object that—as Little Hans shows us—can belong to both mother and father. The penis is also a representative of unconscious parental desire, whose meaning continues to be made and remade.

Saketopoulou's (2014) therapeutic compass in treating transsexual patients privileges mourning, and, more specifically, mourning "the body as bedrock" (p. 773). But what is this body, and specifically Jenny's penis, without the fantasy that animates

it? Can we approach Jenny's singular embodiment and embodied suffering without attending to how her body is unconsciously signified by her parents' desire? And is it possible to mourn, once and for all, a body whose meanings will inevitably change, becoming more layered and complex as Jenny continues to grow? These questions highlight the fact that mourning is a symbolic operation, rather than "a feeling of loss," as Saketopoulou (p. 782) claims, through which we work through the loss of objects cathected with meaning. The human subject is susceptible to loss, and, no doubt, transitioning involves a series of mourning, but the transsexual subject is not grieving a vagina, a penis, or breasts, that is, the raw facticity of body parts, but rather the way in which the body becomes painfully implicated in a secretive history, one needed to construct an integrated sense of self. Mourning, moreover, is not an event that is accomplished once and for all. Transitioning involves a series of recurrent and recursive experiences, both of loss and gain, that will allow the transitioning person to claim a particular kind of history. While Jenny may have denied her past for the moment, that is not, I believe, a sign of disaster—it may be something that the future adolescent will come to understand differently.

Saketopoulou's (2014) understanding of mourning as the process of relinquishing omnipotent control (p. 782) underplays the fact that omnipotence is crucial in the developmental process through which the child progressively comes to differentiate between the self and the world of external objects. Winnicott (1971) claims that through careful attunement to the needs of the child, the "good enough mother" bestows the "gift" of omnipotence onto a child who, as he or she grows in autonomy, will gradually become disillusioned and realize that the object of gratification was not created by his or her need. The experience of illusion that emerges from omnipotence feeds, according to Winnicott, on our capacity to play, to "live creatively," and to "feel real" (Abram, 2007, p. 200). Can Jenny or Paula experience gender in ways that destabilize their defensive omnipotent certainty, while simultaneously leaning on the illusion of gender as both found and created? In other words, isn't there a necessarily omnipotent component to creative re-illusionment, one that is structurally linked to our capacity to live creatively and to experience desire? Indeed, Saketopoulou's (2014) case illustrates the child's arrival at a moment

of creative illusionment, when, in a “Eureka moment,” Jenny “exclaimed with excitement: it was not an ostrich or a chicken: it was an ostricken!” (p. 798). In contrast to Saketopoulou’s interpretation of Jenny’s important insight as being “able to move away from her omnipotently concocted fantasies” (p. 798), I would argue that this is not primarily a moment of mourning or relinquishment, but rather a profoundly creative experience through which Jenny has perhaps, for the first time, lived her gender as a good-enough transitional space, simultaneously found and created.

## NORMATIVITIES

A particularly interesting argument against hormonal intervention locates the issue of nonconformity within the sphere of socially constructed gender expectations. In an article published in the *New York Times* titled “How Changeable Is Gender?” Dr. Richard A. Friedman (2015), a New York-based psychiatrist, suggests that “gender identity has a neural basis and that it exists in a spectrum, like so much of human behaviour.” Friedman wonders: “If we were a more tolerant society that welcomes all types of gender identity . . . how many transgender individuals would feel the need to physically change their gender, if they truly felt accepted with whatever gender role they choose?” He implies that gender malleability, when supported by culture, would dissolve the transgender subject’s perceived conflict between body and gender. This possibility, says Friedman, is particularly relevant for the transgender child. Friedman asserts that studies of children diagnosed with gender dysphoria indicate that “gender dysphoria in young children is highly unstable and likely to change,” thus suggesting that the child’s experience of his or her gender is subject to flux and experimentation: “Why, then, would one subject a child to hormones and gender reassignment if there is a high likelihood that the gender dysphoria will resolve?”

We must further examine the assumption that superseding a dichotomous gender system and relaxing social roles would resolve the transsexual child’s conflict and eradicate her or his desire to present as one gender or the other. What are the ethics of idealizing gender fluidity? Is gender really a fluid experience? For whom?

When gender fluidity is understood as a desirable achievement, it is assumed that the child's capacity to tolerate his or her body depends fully on social acceptance of flexible gender roles, and that such acceptance will permit the child to experience "who they *really* are," without the necessity of hormones or transitioning. While it is true that moving past a dichotomous and essentialist gender arrangement would mitigate the pain of misrecognition and protect the child from the violence routinely inflicted upon nonconforming bodies, this perspective still assumes that one's self-experience is fully determined by socio-symbolic arrangements and, therefore, that psychic conflict can be avoided through more benevolent social orderings that would decouple natal sex from gender experience. In addition, Friedman's loaded use of the idea of "resolving" gender dysphoria is problematic. The call for the experience of gender as "fluid," which supports "progressive" understandings of gender nonconformance, carries the implicit moral belief that the transsexual child requesting transitioning is unable to hold onto the fluidity of gender. This assumption grounds the claim that the child's or adolescent's insistence on "crossing over" to the other gender constitutes a refusal to mourn (Knight, 2014) or a concretization that forecloses the fluidity of gender.

We seem to be witnessing a shift from the old psychoanalytic normativity, one that expected subjects to outgrow polymorphous perversity and infantile bisexuality in order to become "normal" cisgender heteronormative adults, to a new injunction that compels us to tolerate "the psychic experience of bisexuality" (Campbell, quoted in Lemma, 2015, p. xvii) and welcome gender fluidity. However, there is a double bind in this injunction: To the extent that cisgender and heteronormative gender formations and sexual choices continue to be hegemonic, the new prescription only applies to nonconforming gender expressions. As Sake-topoulou (2014) argues:

While both normative and nonnormative iterations of gender are idiosyncratically and complexly assembled (Corbett, 2011a; Goldner, 2011; Harris, 2005a), questions around etiology arise only when gender experience does not align with the body's material surfaces. The implication is that patients' normative



gender is accepted at face value, whereas nonnormative gender must account for itself and argue for its legitimacy. (p. 776)

This double standard produces strange argumentative maneuvers—unsuccessful compromise formations, really—that attempt to retain the privileged status of normative gender iterations while simultaneously embracing the new ethos of gender fluidity.

Ehrensaft's argument is a case in point. Based on her understanding of the gender nonconforming child, Ehrensaft argues that children who do not conform, at least consciously, to environmental demands remain "suspended in a state of ambiguity and not-knowing" (2015, p. 28). In Ehrensaft's view, this state of ambiguity is ideal. Transgender children are "gender inclusive" because they "have come to realize that gender is not simply dictated by the body but influenced by our psychic construction. We could say that they are the ultimate anti-essentialists, who challenge us to reconsider that gender can be all-and-any, rather than either-or" (p. 37). Nevertheless, progression in treatment is envisioned as a process of moving the child toward "solidifying a True Gender Self." The "true self" of the child, Ehrensaft suggests, is "evident at birth but then immediately interwoven in the social" (p. 36). It is from this premise that a therapeutic intervention grounded in "mirroring," understood as a technique of "reflecting back to the child in word and action what the therapist sees there" (p. 39), becomes "the crux of the therapeutic endeavour" (p. 44). In Ehrensaft's theorization, there appears to be a simultaneous registration of the child's—and for that matter, the adult's—limited self-sufficiency and self-determination in working through the vicissitudes of gender identity formation, and a disavowal of the inherently constructed and intersubjective nature of this process—hence of the impossibility of posing an originary "true self." Despite her celebration of the nonessentialist gender positioning of the nonconforming child, Ehrensaft's understanding of the "authentic gender self" (p. 36) seems to replace "deterministic biological materiality" (p. 37) with the equally essentialist postulate of an innate, pre-social, and pre-linguistic "kernel of gender identity" (p. 36).

If, as Ehrensaft (2015) claims, "for the new gender-nonconforming generation of children, their body never was their destiny—and never will be, as long as they remain in a state of gender



inclusivity with the opportunity to paint their own canvas” (p. 577), one wonders how to reconcile this new ideality with the cisgender subject’s perception of gender as fixed and stable, or with Ehrensaft’s recommendation of hormone therapy once the child’s “true self” is fully mirrored. Does this mean that normative gender embodiments will be challenged, or that the fictional coherence between body and gender will be interrogated in the analytic room? If not, what are we to make of the transsexual subject’s predicament of not being essentialist enough, according to the old normativity, or gender-fluid enough, according to the new one? Will cisgender patients be called to mourn “the body as bedrock” (Saketopoulou, 2014, p. 773)?

As I mentioned earlier, Saketopoulou (2014) is well aware of the fallacy that “patients’ normative gender is accepted at face value, whereas nonnormative gender must account for itself and argue for its legitimacy” (p. 776). However, Saketopoulou reinstates the double standard in her therapeutic proposal to assist gender non-conforming patients in “mourn[ing] the body as bedrock,” specifically through the assumption that alignment between body and gender is a possibility from which *only* the transsexual is excluded:

After the most sophisticated and successful hormonal and surgical interventions, however, the difference is one of degree.

The body does not come to fully align with gender experience; it only aligns much better than it had before. Multiple markers of the natal body and biology (chromosomes, internal sexual organs, breadth of shoulders, size of hands and feet, voice) remain firmly in place. (p. 793)

Is Saketopoulou arguing that, should future advancements in medical technology allow, such alignment could become a reality? Is the prescription to “mourn the body as bedrock” necessary for transsexual patients because, at best, they can only approximate the body/gender alignment enjoyed in cisgender subjectivity? Isn’t her point instead that “the analytic task is to help the patient delink gender and body, to disturb the fixed relationship between the materiality of the flesh and gendered experience in order to allow language and symbolism to enter these knotted psychic spaces,” (p. 782) and if this is the case, why is the task of mourning the fantasy of alignment exclusive to the transsexual patient? Is it because psychoanalysis as therapeutic practice is caught in

the normalizing trends its theory seeks to dislodge? Shouldn't this prescription be universalized, given that "the body must ultimately be accepted as an imperfect project"? (Langer, quoted in Saketopoulou, 2014, p. 793). From this perspective, transsexuality can only be seen as a state of loss that demands mourning, not a mourning of the universal and transhistorical *lack* of body/gender alignment, but mourning of a contingent *absence* of the experience of "the body as bedrock" that others are perceived to have.

No doubt there are some things, as we are reminded by Saketopoulou and Lemma, that transitioning cannot transform. There is indeed a universal dilemma of having a body. However, while we cannot escape our bodies, transitioning is not about embarking on the impossible project of bringing the body into alignment. Rather, it is an attempt to form a new relationship to the self, which necessitates mourning of *the universal fantasy of alignment*, which is soldered to symbolic injunction. Furthermore, while biology is the "stuff" from which we are made, aren't we verging on madness when we suppose that our embodiment, our becoming gendered, has meaning outside culture?

## CONCLUSION

In this essay I have argued that through the idealization of authenticity, continuity, and alignment, and their ensuing normativities, transsexuality can only be conceived as a space of loss or lack of a fullness of being that, we fantasize, is socially granted to the cisgender subject. This position fails to consider transsexuality as a potential third space, both found and created, that could open possibilities of desire and love beyond having or being (Gozlan, 2008). Transsexuality, I argue, holds the potential to shape gender as a "good enough" (Winnicott, 1971) placeholder through which sexuality ceases to be conceived as natural or predetermined but rather, and in this sense more aligned with psychoanalytic understandings, as a disorienting and disruptive force, without prefixed origin or destiny, that both exceeds and reshapes the orderings of culture.

As Winnicott (1971) reminds us, we can observe the vicissitudes of transitional phenomena but we can never predict or control them. The human is subject to loss, and, no doubt, transition-

ing involves a series of losses, defenses, and attempts—sometimes failed, sometimes successful—at working through. And while having an original body is a fact, the particular and ever-changing psychic meanings attached to the given body are contiguously formed through relations of proximity and concurrence, displacement and condensation and retroactively sedimented. It is only in psychoanalysis that we can start to grapple with the part objects that do not exactly map onto the psychological body. The penis, as a part object, may represent loss, ambivalence, or a yearning that will need to be worked through “bit by bit, memory by memory” (Freud, 1917, p. 256). Old investments in the body may be abandoned, unceremoniously, perhaps, like the childhood blanket or teddy bear when their transitional function is no longer needed, while other investments will be re-illusioned in the process of creating new ties to one’s self and others.

Even if we agree with Saketopoulou and Lemma that working through loss is involved in the process of transitioning, mourning is not an event that is accomplished once and for all. On the contrary, mourning is a recursive experience through which older losses resonate through new ones, and through which newer losses resignify older ones. Therefore, in order to take seriously Saketopoulou’s (2014) claim that transsexuality involves “mourning the pain brought by the natal body” (p. 793), we would need to interrogate the ever-changing and unique meanings and investments that the natal body carries for a singular subject, at a particular stage of his or her life, and within a particular intersubjective situatedness. Any child learns to contend with the enigma of her or his body through a never-ceasing process of translation and symbolization of the equivocal interpellations that ground our psychic life. Those interpellations include the adult’s “enigmatic messages” that ground the very production of the unconscious in the infant. Psychoanalysis must also allow itself to be decentered by the challenges that transsexuality poses to its naturalized understanding of development, to the presumed alignment between body and psyche, and to the primacy of the heterosexual couple, in order to receive anew the transsexual child’s enigmatic and necessarily incomplete and transitory narrative: an embodiment in the making.

Gender, I suggest, shares the structure of a dream. Pointalis describes the structure of a dream as always in search of an ob-

ject, as always already lost and found, absent and present, as never completely reached by signs and yet as pointed out by them. Like a dream, gender is made from things that, “with no rhyme nor reason, ... come to rest on the body” (Pointalis, 1977, p. 28), giving it shape. We cannot give an account of the origin of our gender.

## NOTES

1. Although “gender nonconformity” is a widely used term among academics, clinicians, and social and advocacy institutions, I consider this term problematic from a psychoanalytic standpoint, not least because it is implicitly grounded in the notion that gender is a matter of adaptation or conformity to social roles and expectations. Moreover, and given the psychoanalytic premise that identification is an unconscious, multiple, unceasing, and conflicted process, it is problematic to assume that normative gender formations are actually congruent with the “real of the body” and with the injunctions of the symbolic order, the implication being that coming into one’s own gender is an encumbered process only for those who are “nonconforming.”
2. I am alluding here to Lacan’s (1977) use of the future anterior grammatical tense in explaining psychic causality: “What is realized in my history is neither the past definite as what was, since it is no more, nor even the perfect as what has been in what I am, but the future anterior as what I will have been, given what I am in the process of becoming” (pp. 94-95).
3. Lemma’s (2015) idea that early administration of hormones may interrupt the child’s capacity to integrate the “trace of the parental couple” (p. 76) leans upon an idealization of heterosexuality where the notion of “origins” is steeped in naturalistic understandings of sexual difference, conception, and transgenerational inheritance, stripped of all psychic meaning.

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507 Davenport Ave.  
 Toronto, ON M4V 1B8  
 Canada  
 E-mail: ogozlan@gozlanpsych.com

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