

TRAN IN APRIL: THE ANALYSIS OF A TRANSGENDER ADOLESCENT WITH NOTES ON THE METAPSYCHOLOGY OF GENDER TRANSITION

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The aim of this article is twofold: firstly, to describe the seven-year analytic treatment of a TG adolescent (F “April” to M “Tran”) and, secondly, based on the clinical observations, to propose a reflection on the intrapsychic events linked to gender transition. We could witness during this analysis that the dissonant anatomical sex, which is at the heart of the gender dysphoria, resists mentalization and consequently its psychological integration. The psychic events of transition, understood here on the model of a mourning process, could denote the various strategies necessary to the TG individual to negotiate the obstacle of mentalization.

Keywords: Transgender, transsexual, adolescent psychoanalysis, gender transition, gender dysphoria, transgender metapsychology.

INTRODUCTION

The new transgender (TG) phenomenon questions known metapsychology and our given *categories of existence* (Bollas 2015). Whereas the analytic literature on sex/gender diversity has grown exponentially in the

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past thirty years, the large heterogeneous group of LGBTQ2IA+¹ is treated in block and put in relation to other social issues like race and power (Morgan 2019, 2020) or else to psychiatric conditions (Seeman 1995; Vianello & Caramazza 2005; Eckers & Trautner 2000; Notman & Nadelson 1995). Patricia Gherovici (2017) wonders if the neglect of sexuality in recent psychoanalytic practice has not been replaced by an obsession with gender. Transgenderism as a social and clinical phenomenon did not exist at the time of Freud. Analysts in search of an explanation question “What Freud would think of our times?” (Lieberman 2019, p. 15).

Analysts are invited to think about gender and sexualities in ways never envisioned before and must be aware of the limitations imposed upon by their own theoretical traditions (Drescher 2007). The TG phenomenon is part of the *unmapped mental life* (Bergstein 2019) and even more when it comes to understanding childhood gender variance (Saketopoulou 2020). Decisively, psychoanalysis should be approached from a position of not knowing (Knafo & Bosco 2020); new knowledge will hopefully derive from the analysis of TG patients.

Avgi Saketopoulou writes (2020): “[My] clinical experience leads me to regard with caution statements made by colleagues who have not analyzed trans patients. I urge my fellow analysts to be similarly discerning” (p. 1031). David Bell (2020) warns analysts against “The peculiar form of thinking or, more precisely non-thinking, that seems to have come to dominate the discourse in this area” (p. 1031). Despite these cautions, clinical analytic reports on transgender patients are very scarce, particularly on adolescents, the most concerned age group.

This paper relates the seven years analytic journey that guided the gender transition from female to male (FtM) of an adolescent from the age of twelve to nineteen years old. It offers a rare opportunity to witness the advent, intensity, and fate of gender dysphoria (GD) and the related unconscious phantasies as observed through dreams and free associations. It hopes to contribute to the understanding of the TG phenomenon and more specifically of the psychic events involved in gender transition as derived from analytic observations. It describes the

¹ Q is for queer or questioning, two spirits, I for Intersex/intergender, A for anonymous/ally/asexual

meanders of the transition and transformation as experienced by both of us. Even though “gender difference [is] regarded as foundational to an organizing worldview: (Galatzer-Levy 2014, p. 818), it is also likely that “gender is recruited to manage other dynamics or feelings” (Saketopoulou 2020, p. 1027). The sex/gender role identities and conflicts were in fact observed to be both *distinct* and *intertwined* with the ongoing developmental tasks of adolescence.

TRANSITION: A CENTRAL HYPOTHETICAL CONSTRUCT

Transition has often been confused with its end point resulting in the neglect of the psychic events proper to transformation. Seen as a hypothetical construct to describe the psychic phenomenon of developmental change, it designates a particular type of movement in which the link between the changing elements is the operative part (Derrick & Miller 1992).

In the Kleinian (1923, 1946) perspective, transition is a mental *state*, a psychic posture of change understood as a process of grief and mourning. It aims the establishment of a good internal object and is developmentally linked to the formation of the symbolic system.²

In TG literature, transition is viewed varyingly: as driven by dysphoria (Ehrensaft 2014); in function of its expectation for self and social reconciliation (Gherovici 2017; Lemma 2013, 2018); as an ethical question (Gozlan 2014) for example, around hormonal suppressant treatment for TG children (Bell 2020; Gozlan 2018; Saketopoulou 2020); or simply as a transit, a passage towards the chosen gender.

For Gozlan (2014), transition is a posture that permits a *transitional* space for phantasy, imagination, and creativity; it is a mental disposition to unfold the psychic space. From this perspective, mental plasticity depends on openness to the unknown. The unknown question for the analytic couple is not the *why* of the desired gender but the *how*³; the

² I have described elsewhere the *developmental* transition from a Kleinian perspective in a small child (Samy 1998) and in adolescence (Samy 1992a, b).

³ This is the Bionian question that represents a shift in contemporary analysis (Bion 1957).

heterogeneous and polymorphous way of *being* a transgender (Heenen-Wolff 2021; Saketopoulou 2020). Transition is therefore a *posture of readiness*, with no presumption of outcome in identity building of which gender is only a part. With every bodily modification—e.g., TG transitioning—the mind undergoes a psychic reorganization (Brady 2016) and attempts to mentalize the change (Gozlan 2014). Gender transition, as observed in this analysis, seemed to serve a more fundamental need of *psychic integration* toward which the gender change is felt as a necessary pathway.

THE CATEGORIES OF SEX AND GENDER

Freud used the terms sex and gender not always as distinct from each other (Drescher 2007). The distinction came much later (Stroller 1968). Our prevalent culture is shaped by a definite and fixed binary construction of gender. Oren Gozlan (2018) writes:

The very archaic nature of gender pushes for settlement, forcing a choice (to be a man or a woman) as a way to settle the traumatic nature of the self for which desire is not finite and where nothing can be set-tied once and for all. Gender in that way is a site of trauma in which an identification with what satisfies the Other (the phallic answer) is all one could hope for, making it extremely difficult to talk about gender outside of this split. [p. 541]

The trauma Gozlan talks about is that of uncertainty, of the very unknown that is hidden within drives and desires. As a defense, gender is “always already radicalized” (Saketopoulou 2020, p. 1028).

Heenen-Wolff (2021) writes that “adult human beings are almost completely obsessed by gender difference” (p. 468). Knafo (2020) warns about the obsession of therapists about the *true* sex of their patients, rather than trauma and other issues. These authors equally caution about the risk of reducing the *total identity* of the individual to its gender component. These considerations highlight the importance of resisting the obsession about gender outcome in favor of understanding *the individual’s* TG journey. In face of the obsession with sex/gender, some authors question the pertinence of gender categories as pure sociocultural

constructs (see Vianello & Caramazza 2005). We may need to *transcend* rather than eliminate gender differences. In reaction to the earlier pathologizing by psychiatry and psychoanalysis of all that deviated from heteronormativity and confronted with the large sexual and gender diversities, some authors prone a freedom of choice and invoke the liberation of the child's creativity about his sexual/gender identity (e.g., Ehrensaft 2011, 2014). It would be difficult to conceive the resolution of the Oedipus complex without the internalization of sex/gender differentiation (Saketopoulou 2020). However, it is not necessary to *gender* our differing components, to project on male and female internal and external elements the social and cultural meanings and values gender convey. Gherovici (2017) reminds us that of the three prototypes of libidinal objects detected by Freud, the oral and anal objects are not gendered. Bion's (1970) representation of the container (♀), the contained (♂) and the container-contained (♀♂) signs is unrelated to sex or gender. One thing that seems certain is that the unconscious, as a projection of the *total* body, is necessarily both one and dual at the image of a single brain with two hemispheres. Terms like *pre-gendered*, and *proto-gendered* are sometimes used to describe those pre-objectal psychic elements in interaction.

TRANSGENDERISM: THEORETICAL CONSIDERATIONS

Freud's (1905) polymorphism accounts for the psychological fluidity of gender within a strong binary, hetero-normative conceptualization. Any diversion from it belonged to the study of perversions. The recent TG phenomenon calls for new insights to understand what happened at the border between the *psychic* reality of polymorphism and the *social* reality of transgenderism.

Patricia Gherovici (2010, 2017) and Oren Gozlan (2015) approach TG phenomenon from a Lacanian perspective. Under that lens, the phallus as an instrument is conceptually delinked from the phallus as an organ, and *sexuation*—signifying sex differences—is delinked from sexuality. Hysteria has traditionally been paired to sex and the TG question is essentially seen as a hysterical one. Transgenderism, perceived at the intersection of the self with the world, is hence studied as a hysterical phenomenon, defined as a depathologized form of social discourse.

Whenever GD is reduced to a psychological dimension, it presumes that the individual has a choice if treated properly (Chasseguet-Smirgel 1985) or, contrariwise, cuts the problem to *being born in the wrong body*. This later position is decried by clinicians like Avgi Saketopoulou (2014a, b; 2020). For *true* TG people, the freedom to transit is not a question of choice but that of life or death (Gherovici 2017), which distinguishes them from those who are gender fluid. Since they experience dysphoria and want to be recognized in the other gender, Knafo remarks that they are not fluid (Knafo & Bosco 2020) and notes that dysphoria betrays a binary thinking.

The transgender phenomenon has challenged psychoanalytic theories perceived as timeless and fixed in the phylogensis of human beings (Lieberman 2019; Saketopoulou 2020; Knafo & Bosco 2020). In her book, Janice Lieberman (2019) challenges cultural stereotypes of sexual identities, evoking the return of greed and envy and a new SE less inclined to guilt and more to self-destruction and self-defeat, thus explaining recent psychological conditions. Knafo and Bosco (2020) shed a Winnicottian view about the true gender self. In their reflections, they draw from social, artistic, and analytic sources and point out that in treatment it is important to attend to the loss TG people suffer during their gradual acceptance of the native body (Butler 1995). For some authors, the resolution of gender dysphoria (GD) is a question of social affirmation (Ehrensaft 2011, 2014). The acknowledgement of primary objects is emphasized by authors like Alessandra Lemma (2013, 2018), who points to the primary object's failure to mirror the incongruity between the given body and the subjective experience of gender.

Susann Heenen-Wolff (2021) offers a comprehensible metapsychology to the origin of gender dysphoria. Leaning on Freud (1923), she distinguishes between, on one hand, a *primary ego*—a body ego or the nucleus of the ego—pre-objectal, and at the root of a primary gender identification; and on the other hand, a *sexual ego*, as elaborated by Laplanche, that results from the interaction with the object and is anatomically defined. A biological determinant is inferred to the Ego primary identification. The inevitably sexualized, erotized, enigmatic, and possibly contradictory messages of the mother enter into the construction of secondary identifications. “Identical and trans-identical orientation could arise against the background of how, when gender difference

is discovered, the primary identification is processed, ‘translated,’ in an ‘après-coup’ movement” (Heenen-Wolff 2021, p. 464). The après-coup resurgence of primary identification occurs around puberty. Heenen-Wolff suggests a metapsychology to conceptualize the origins of GD, which is seen as the motivational force behind gender transition. We need a similar outline for the psychic events inherent to the transition process *as such*. A conceptual framework may help analysts to sort amongst TG people—the ones for whom hormono-surgical reassignment is indicated—from the larger group of gender fluid individuals for whom that would perhaps be a mistake.

ON TRUE TRANSGENDERS: FURTHER CONSIDERATIONS

It is necessary to isolate the unconscious phantasies and psychic movements specific to TG individuals from the large polymorphic sex and gender diversity group. The recent literature may fail to make that difference (Knight 2016). Furthermore, in the face of the social TG phenomenon, it is wise to consider *a spectrum* of gender dysphoria. Clinically, transgenders consist of a heterogeneous group of individuals (Saketopoulou 2020, 1019), and we need to distinguish between *true TGs*, also known as transsexuals, in whom we suspect an intrapsychic identity conflict, from the wider *gender fluid* population for whom the identity conflict is played out against established sociocultural norms and are likely to become desisters.

True transgender individuals are not gender-fluid. The conventional description of gender dysphoria as a dissonance between a psychologically felt gender and a mis-assigned anatomical body may apply to *gender fluid* individuals but not to true TGs. Gender fluid patients often present with various developmental problems found in adolescents having identity concerns and other symptoms of body dysmorphia. There is no evidence in true TGs, that the issue is exclusively a socio/cultural construct.

True TG—also called Transexuals or primary TG (Chiland 2005)—refer to those who manifest a primary identification, biologically determined, linked to their brain anatomy, and discordant with their sexual anatomy. The dysphoria in true TG is experienced as endogenous, tenacious, and intense. They are identified as persisters, in contrast to

desisters. If unattended, they face serious psychological problems and even suicide. They seek social affirmation as part of their social integration but do not perceive gender as purely defined by culture. Rather than *feeling* that they belong to the opposite gender; they *know* they do at a *deeper* conscious and unconscious subjective level of perception. Finally, it is now acknowledged that true TG patients may have common neurotic defenses and do not share the psychic organization of perversions or borderline personality (Knafo & Bosco 2020). They can be highly functional which is not always the case for gender fluid patients who may have multiple comorbidities like relational problems, self-mutilation, eating disorders, or other developmental identity issues.

Avgi Saketopoulou's excellent clinical paper (2014) and Susann Heenen-Wolff's comprehensive theoretical insight (2021) infer an endogenous ground to the dissonance in transsexual patients that we view as embedded in biology. Saketopoulou (2014) writes: "The last decades, however, have ushered in new ways of thinking about the body that are reconfiguring our understanding of corporeal reality... the body material surfaces can at times be disjunctive to a somatic 'felt' sense" (p. 791). The assumption of an *intra-biological* discordance leads us to conclude that anatomy cannot be synonymous to biology. The surface of the body—at least in these conditions—could not represent the total biology of the individual. Of note, none of the authors reviewed nor analytic dictionaries describe anatomy as distinct from biology. The one exception is perhaps when Susan Bradley and Kenneth Zucker (1997) aptly ask, "which anatomy are we talking about, that of the brain or that of the genitals?" (p. 875). Furthermore, if the incongruity is biological, it means that a combination of hormono-surgical interventions and social affirmation would not be sufficient to resolve it since they do not *realign* the brain anatomy. Following these thoughts, we may want to revisit our view of the psyche as the projection of the surface of the body (Freud 1923) and attempt the inclusion of the *total* living organism.

ON THE EVIDENCE AND ROLE OF A BIOLOGICAL DETERMINANT IN GD

As mentioned above, my hypothesis of the existence of an intra-biological discordance is clinically based and in line with the conclusion

that anatomy and biology should not be conflated. Analysts who take for granted that sexual anatomy equates with biology are more inclined to believe that gender dysphoria, thus a *purely psychological* issue, should yield with the aid of proper analysis. They go on the premise that these individuals need help to accept their natal body with possible negative consequences in the case of true TGs.

A review of the biology of transsexuality is out of the scope of this paper. Some medical conditions like the Androgen Insensitivity Syndrome are well known to present clinically with symptomatic transgenderism. There is abundant research in multiple fields including endocrinology (e.g., prenatal androgen levels), genetics, studies of the brain (e.g., neuroimaging), and postmortem studies (Levin et al. 2023). A special attention is given by researchers to the high rate of transgenderism in non-neurotypical individuals (Gilden, Bowman, Jones & Arcelus 2016; Warriar et al. 2020). One research describes the absence of a phantom penis syndrome in TGs (Ramachandran 2008).

It is significant to mention that from an analytic perspective, a biological determinant should not be understood as *etiological*. It does not foreclose or contradict intrapsychic dynamics. On the contrary, it invites the analyst to consider the *endogenous* gender identity struggle of true transgenders as the consequence of an intra-biological conflict. The new learning from this clinical work is to view the psyche as the projection of the *total biology* of the individual and not only of the surface anatomy.

April searched that primary truth about herself, and *knew*, even though first *without knowing* (Bollas 2018), that she is a boy. Her male gendered body ego could only come from a male body that she couldn't reduce to its surface anatomy.

To locate the discordance away from the sexual anatomy and *within* the biological system infers several theoretical and clinical implications: *First*, that gender dysphoria in true TG could be understood mostly as an intra-psychic conflict reflecting an intra-biological dissonance that impacts from the beginning, on identity formation. *Second*, that a metapsychology of gender transition could be outlined as an attempt toward mentalization and defined by the events operating *at the border* of the soma-psyche.⁴

⁴ In this model of body-mind relation, the psyche is conceived in continuity and as an extension of the soma (W.C. Scott 1948).

Third, that the tension is internal; *transphobia* is an equally important component of the transition towards a new identity and should not be treated as exclusively defensive or regressive. *Fourth*, that the gender dysphoria that results from the discordance between sexual anatomy at birth and sociocultural defined gender categories is understood as *secondary* to the internal conflict, even though equally vital to a successful transition. *Fifth* and last, that the acknowledgement of primary objects—and by extension social affirmation—even though essential to the construction of identity at every step of development, may not in themselves be sufficient for psychic integration in TG patients. April's analysis will attempt to illustrate these clinical issues.

On the critical side, we can argue that the innatism (Bradley & Zucker 1997) or gender essentialism (Owen-Blakemore, Berenbaum & Liben 2014) implied to an intra-biological determinant could lead us to conclude that “gender has nothing to do with psychic life” (Saketopoulou 2020, p. 1024) or, conversely, that it “raises significant questions about the primacy we have accorded to biology in psychic life” (p. 1025), and the drawback of biologism. When it comes to understanding gender transition, these arguments call for a non-dogmatic posture open to clinical observations.

We run the risk of disserving our patients if their condition is trivialized in the course of de-pathologizing gender diversity. TG patients present with an emotional suffering that puts the analyst in front of an important ethical issue:

The concern over the transitioning adolescent's future involves, on the one hand, a worry over regret, and on the other, the fear that the child's agony over gender may lead to suicide. Both concerns present a challenge to the analyst's neutrality. How does the analyst meet the ruthlessness of the adolescent patient's demand? Can the analyst be ruthless in his thinking and reorienting of his work? [Gozlan 2021]

This later statement highlights once more the importance to have a discerning outline for true TG.

GENDER TRANSITION: A HYPOTHESIS

In view of the above discussion, and to capture the systematic sequence of actions underlying the different psychic postures that signal transition

in transgenders, I would like to suggest a hypothesis, in lieu of learnings, to be tentatively unfolded and verified in the analysis of Tran.

1. True TGs suffer an identity conflict resulting from the projection into the psyche of an *intra-biological dissension* between their brain anatomy⁵ and their sexual anatomy. The genetic material is the basis of a primary, pre-objectal identification, at the core of *body ego* (Freud 1923), whereas sexual anatomy is at the root of secondary sex/gender identifications that result from interactions with primary objects and are largely influenced by social and cultural considerations (Heenen-Wolf 2021). TG dysphoria arises at the point of conflict between these two discordant identities, usually around puberty, due to the ascendance of the primary identification, viewed by Heenen-Wolff as an *après-coup* (475).
2. Gender Transition is more than just a transit from one sex/gender to another. It is not a linear teleological process but rather one of *differentiation and integration*. Hence, transition tracks a grief process aiming at the renunciation of an external and/or internal object, its metaphorization through the symbolic system and its internalization as a good internal object integrated into the construction of identity. Even though transformative, this process seeks the *continuity* of the self. First conceptualized by Freud (1917, 1923) as a grief process leading to identification and introjection (Ferenczi 1909), psychic movements are described by Melanie Klein (1937) as fluctuating positions progressing from a projective to an introjective identification aiming the introjection of the good object. Psychic transformation in Bion is akin a metabolic function of transforming undigestible/inert sensual information (β -elements) into digestible elements (∞ Alpha function) through a transformative containing function (Bion 1967, 1992; Bergstein 2019).

Psychic transition is therefore similar to a spiral movement of loss, followed by *psychic restoration* at a different level of psychic organization. For TG individuals this takes the course of sex/gender differentiation and integration. The differentiation is a prerequisite to the loss aspect and integration to the successful introjection of the dissonant operative identity. Stated clinically, Tran had to dissociate himself from April and at the same time learn how to live with her, both as his past psychological narrative (that of the little girl) and his present corporeality (a man with a vagina). Transgender transition, to be more accurate, was not from F to M but from Fm to Mf.

⁵ Probably linked to genetic factors according to recent medical research (see Foreman et al. 2019)

3. The renunciation of the object infers its differentiation from the self.⁶ I suggest that in gender transition, this work meets a major obstacle since what needs to be relinquished (the dissonant part of the body) resists metaphORIZATION.⁷
4. This infers an *additional grief*, unique to Gender transition and that was at the heart of the analytic work with April: it is the grief of not having been born in the chosen gender. April was able to work through that extra grief as her gender transition did not consist in the passage from female to male but from a female to a coherent and proud *transgender* male. A possible reparation of that same sorrow is *the wish to have been loved and desired by his parents as he is, a beautiful transgender baby boy*.⁸ This was in fact the trial of the transference work. The clinical implication of the above requires a bi-focal perspective: Tran will be a man in the social sphere and a transgender enjoying a transsexuality in his private world.

In conclusion, the primary stake in the dynamic of transition for TG patients is possibly the negotiation of the *boundaries* between soma and psyche—the site of dissonance and resistance to mentalization—to which the question of *passage* is secondary. *We could say that the meta-psychology of gender transition is more a fight at the border than a triumphal passage*. It is defined by the very specific way the TG patient has to negotiate the limitations of the symbolic system to mentalize their dissonant anatomy. This hints at the question of trauma (Saketopoulou 2014a) and is at the heart of the countertransference to transgenderism. It is our hope to illustrate this tentative hypothesis by the following detailed case material.

⁶ The loss of the object is structural in the sense of defining *the me* from the *not me* that has to be let go of. If contingent, the loss of the object would equate with the loss of the self (Gozlan 2015).

⁷ By contrast, the work of differentiation/integration related to sex/gender identities in homo or hetero-normative individuals does not require body realignment and is made possible by the inherent polymorphism described by Freud (Freud 1905), and, from an object-relation perspective, from the play of identifications to parental figures.

⁸ André Lussier describes a similar wish in a severely handicapped boy to be accepted with pride by his mother as he actually was (1960).

THE ANALYSIS OF TRAN IN APRIL

April⁹ was referred to me by her previous therapist for persistent symptoms of anxiety and depression that did not yield after a year of treatment. A psychoanalytically informed therapy was started and advanced uninterrupted for the total duration of the treatment. I'm unfolding in this paper, rather freely, a mixture of themes and phases of April's analysis to discern psychic movements and fluctuations within what is otherwise a living monolithic psychoanalytic body made out of the seven-years process of conscious and *unconscious dialogue* (Ferenczi 1933) between us. The emotional validity of the changes, even when transformative, was rooted in an inner sense of self-continuity: *At the end, it is the gender that changed, not the personality of my patient.*

The clinically observed psychic events associated to gender transition were mixed with the larger adolescent developmental stakes of a becoming Tran. Psychic movements were not a straight line; akin any living entity, they trailed fluctuations, oscillations, mutations, waves, and cycles with characteristic repetitiveness. Dominic Scarfone (2011) writes, "the act of reporting is a 'live wire' ... linked to the living experience of the analysis" (p. 759). This is rendered in this paper with the organic disorderliness of our interactions. In return, it brings it closer to the nature of the analytic experience of Tran and I. For veiled in the gender journey, is the rare detailed account of the psychoanalysis of a TG adolescent, from puberty to early adulthood.

In an attempt to reconstitute a coherent psychic narrative through this long process, I will begin each theme or phase with the dynamic reflections that were prompted by the material that follows.

April: A Trauma Child

The first seven months of April's treatment were occupied dealing with a trauma-like state of emotional suffering. Her parents divorced a couple of years earlier and both were in a new relation with partners that were estranged from her. Her mother was chronically depressed and emotionally fragile and her father had a history of bad temper and physical

⁹ The referring gendered surname in this paper corresponds to the *experienced* or presented analytic object of care.

violence. Her parents were not on speaking terms. Even though she was never hit, contrary to her siblings, April was scared of her father and had decided to cut all contact with him. Her childhood was haunted by general unhappiness punctuated by traumatic events during which she feared total loss and abandonment. In addition, she felt uncontained and psychologically parentless due to her reversed role in relation to parents whom she felt she could outsmart.

In my office there was a delicate, well-developed, twelve-year-old girl with straight long brownish hair and beautiful features that revealed her mixed ethnic origins. She was a top student and a gifted artist. Menarche coincided with the divorce of the parents. April struggled with a persistent high level of anxiety and sadness, which, on the first session, she said would be the one thing to change in her life. She had moments of disconnectedness and a sense of un-reality. She picked on her skin habitually, causing scars all along her limbs. As a child, she had a hypersensitivity to touch and had an aversion to physical contact. She had suicidal ideas but was not self-destructive. April was clearly an old soul who worries about everybody around her, a very *wise baby* (Ferenczi 1923). I like to call these children, the grandmother.

She sought a sense of safety by being the perfect child and now she feels stuck and helpless. The operating unconscious phantasy is something like: "I've taken the world inside and as long as I'm perfect, nothing bad can happen to me or my family."¹⁰ Behind the screen of her achievements, she felt she didn't exist or *could not* exist. "If I was *myself* as a child, it would have been the end of the world," she said a year later. A world (and self) that she felt she had the responsibility to protect from collapse.

I felt that April's development at the start of her adolescence was compromised because of a missing childhood experience. She couldn't have a childhood in the same way she now doesn't have a father. She dealt with loss through massive disavowal which equated with the eclipse of the self.

April wanted to be invisible. We called it wearing Harry Potter's *invisibility cap*, which she had to trade off in favor of a *transparency cap* (i.e., *being myself*). "Every change is a trauma," she said, "I wish I could be

¹⁰ See Samy (2020)

set outside time changes.” Perfection is stillness, a component of the death instinct, a manner to suspend time to protect self and objects from being *alive*. A means, says Freud (1923), “to lead organic life back into inanimate state” (p. 40), and consequently protect psychic life from the experience of loss.

The psychic split between an external self that caters to the world and is not perceived as *real* and an inner self not yet mentalized and appropriated, could be an attack on subjecthood. This could be related to a yet unthought (Bollas 2018) gender identity conflict. “A secret kept unknown to *myself*,” she said seven months into treatment, when for the first-time gender dysphoria emerged.

I had to bring April out of her traumatic state and help her create an inner space where she could grieve and mourn her many losses. She had to reconcile with her father so as to be able to internalize a loving father and become unstuck, less scared, and go on with her adolescence. In our seventh month together, she was now ready to re-establish contact with her father.

The Rise of Gender Dysphoria/Transphobia

Only then, gradually, did gender dysphoria make its first appearance in sessions. Her primary male identification was maybe split off, combined, and mixed with father’s image and both together, denied existence. Now she was gaining a new sense of her body through her father’s eyes. This co-occurrence was followed by a steady differentiation process, between her primary and secondary identifications (Heenen-Wolf 2021), that could be observed during the weeks that followed.

“What I see in the mirror is a person frowning and smiling in the same time that is not me. People tell me what I should be and it does not sit well. The new cloths (bought at her first visit with her father), tossed around, are for somebody else, even the words don’t belong to me. What is this about?” she asked.

Later, she described this episode of depersonalization as a “self-dysphoria,” not yet organized around gender and muddled with other self issues linked to the fact that she was not neurotypical. A remote cousin is autistic but she knows she does not have it, she says. Seemingly, April’s dysphoria was not all limited to gender. Conversely, gender dysphoria (GD) had a thousand faces that visited our sessions: Nominal-dysphoria,

body-dysphoria, cloths-dysphoria, facial-dysphoria, social-dysphoria, and emotional dysphoria if we imagine the simultaneous frown and the smile, as male and female emotional elements. A generalized dysphoria, partly expressed as a dysmorphia. She kept a vital part of the self hidden and protected as if behind an exoskeleton, akin some living organisms.

However, this marked the beginning of a *distinct* concern linked to gender identity. She admitted that she goes on TG blogs since she turned thirteen. She could “fit,” she tells me, but cannot be sure. A routine medical checkup early in treatment showed a high level of testosterone that was ignored by the pediatrician since she appeared to be a well-developed young girl.

The gradual rise of gender dysphoria was associated at each step with an equal amount of gender transphobia (GT), adopting waves of self-awareness alternating with self-repression. The GT may originate from more than one source: it reflects in the psyche the intra-biological dissonance, but it could also represent her identification with the object’s gender choice (the secondary Ego identification). Transphobia in sessions was manifested by April’s ambivalence, her terrifying fear of not being understood if she changed gender, and the consequent isolation and abandonment as well as the fear of the unknown that is inherent to gender transition.

Dysphoria thus, clinically *followed* the beginning of a psychological transition and *preceded* a gender specific transition. In other words, not clearly gendered at the start, and intertwined with developmental changes, dysphoria proceeded toward a gender intensification.

Both GD and GT are multifactored with biological, psychological, and socio-cultural determinants. Nevertheless, dysphoria seemed to express mostly an *inner* grief whereas transphobia possibly expressed as well the internalization of the object’s choice. We can understand these mental events in terms of progressive changes in projective-identification in which—and in a special way for TG patients—social affirmation has a crucial role. But I would like to add another reading of the transition work of the Ego brought up in this analysis: the quest of an Ego Ideal distinct from an Ideal Ego, maybe in replacement of the *unreal* perfect April and the *true* imperfect Tran. The unreachable Ideal Ego, bound to the unconscious phantasies of infantile primary narcissism (Freud 1914), was to be born a boy; the realistic Ego Ideal, linked to a sense of a

coherent self integration (Loewald 2000), is to become a proud good-enough transgender man. We will come back to this point later.

Beside the perceived wish of the external object and the intrapsychic conflict resulting from the biological discordance, GT also conveyed the *dread of the unknown* and the terrifying fear of not being understood, with a consequent emotional isolation (Brady 2016) perceived as total abandonment. A fear of the unknown that was shared in the countertransference by the analyst.

The Fight at the Border

April's gender identity was poorly differentiated from the rest, and even more from her sexual identity. A boy in school asked her out. She is scared that if she gets to know him, she'll get to know herself. "I'm homosexual, she says, and this won't be accepted. I'm also worrying about my gender. I can't decide." A girl she befriended said that she had a crush on her but it wasn't reciprocal for April.¹¹ She resolved this impossible dilemma by deciding that she is "asexual grey." In the following months, her look started to change. She cut her hair short, decided to buy a binder for her breasts and was aversive to clothing designed for women. Her menses were not regular, probably on account of the high blood level of testosterone. "A shock when I see myself. Whose body, is it? Whose life, is it?" Her solution was to take the mirror out of her room. "All my friends are settled in their identity and I do not even know if the name April, belongs to me," she added.

April feared the truth about herself. She tells me that she reads about transphobia and has joined chat groups. She feels like an imposture, a fraud. She cannot talk to her family, "I don't feel my mother as a parent. I'm the one taking care of her," she said. "To have a mother is to *be* her," I added, "and you feel you can't switch roles." Disclosure of her GD would destroy both of them. Seven more months had elapsed before April could reveal to her mother her GD, and a full year before she felt comfortable to speak to her father. Evidently, they both suspected it. April requested a joint session with her father to disclose to him her GD. "I somehow knew," he said, "I see a lot of me in her" was his explanation. However, between the intellectual knowledge—for father, mother, and

¹¹ I will learn soon how difficult it is to grasp the trans-sexuality of a TG individual.

myself—and the *emotional insight* transformative of mental representations of self and objects, is a long and sinuous journey of grief and rebirth.

Her coming out was an indication that she was not any longer defined by how others wanted her to be and a sign that the fear of object-loss had subsided. However, the fact that she started to have a mind of her own, did not necessarily mean that she knew what she wanted: “I know what I’m uncomfortable with, but I do not know what I’m comfortable with.” She remembered a dream; the first reported dream since April started treatment two years prior.

She is on a speed boat with friends. They are sailing on her property. Suddenly, she feels that they were riding on grass and not water and it was cold outside. On a second part of the dream, her father says that she is the cause of the separation. She was on a balcony, looking down from it and watching family members. She cries that she cannot be blamed for the separation; that it was not her fault, that this doesn't make sense. She leaves the balcony and returns to her room.

The dream evokes the speed of changes, and maybe transformations, with resulting changes in identity and role positions in relation to her family. Changes that could be linked to gender. I suggested that the balcony represented her breast, which symbolized both her femininity and her mothering role. That she seemed tired being the grandmother in the family. “I am fed up taking care of everybody else, she replied, but I would still do it, even if I was a boy. Being a grandmother, is not a gendered function.” The separation that in the dream sought exoneration, I thought, was not only her parent’s, but that of *herself* from her parents.

Her dysphoria was gaining in intensity, but she still doubted her gender: “It is like an abstract voice in my head.” The fate of the dysphoria could be observed in connection with, and yet distinct from, the fate of her gender identifications. She did not experience the issue of gender in terms of black and white. To be acknowledged as a boy or a girl is a social matter; it belonged to the taxonomy of the *external* world. The *inner* workings behind the building of a gender identity were better represented like an interlaced gender spectrum: “The piano has eighty-eight keys,” said April, “fifty-two white and thirty-six black. I play very well only the middle forty.” I thought that this analogy described well the observed

complexity of her identity search. The solution is not binary (Wechsler 2021).

A Bi-focal Transitioning Process

The resolution of the dysphoria resulting from the *anatomical* discordance depended on the social affirmation of the opposite gender and therefore could fall into a binary logic. The resolution of the *intra-biological* discordance—brain/body surface—seems, from what I learned from this analysis, to follow a different path entailing a process of differentiation *and* integration of identities. Therefore, a distinction between inner and outer tasks of adaptation became necessary. Irrespective of any reassignment surgery, the best Tran could aim at is to be a happy transgender man and give up the wish to have been born a man. Being a TG, is a difference, and should not be an injustice. The alternative resolution, which consists in the wish to have a life *fully* identical to a born man, could only be possible at the cost of a massive internal splitting. Gender transition in April meant an important shift in the structure of the ego. From an Ideal Ego bound to the unconscious phantasies of infantile primary narcissism (Freud 1914) to an Ego Ideal defined for Tran as an accomplished FtM TG.

I was getting hints at the end of the first year-and-a-half of treatment that the reduction of the splitting and projection was perhaps allowing the beginning of a depressive position with an improved reality testing. She was more *in* the world rather than being *behind a glass window*. The more she talks to people, the more she sees *their* sadness (fears to hurt them). She worries about the financial cost of her therapy (guilt). “Anger is another form of sadness,” she said, as she turned fourteen years old. “I feel sad, but it is not the same sadness as when I was depressed.” We could observe that the developmental transformation proper to adolescence, was tangled with the rise and fate of April’s GD.

From Body Incoherence to Self-Coherence

Gender dysphoria expresses a sense of inner dissonance that ultimately seeks psychic integration via sex/gender change. The transition towards self-coherence, as discussed earlier, follows the path of a grief process. The question is how to apply these concepts of mental change when the object to be grieved and introjected is part of one’s own body? *How to*

mentalize and introject the discordant element of the body? Said differently, even if differentiated from April, Tran will still need to integrate the fact that he is a man with a vagina as mentioned earlier.

The year that followed was marked by an intense dysphoria that was affecting every facet of life. April *knew* that she was a man but was not “100%” sure, “My whole life is on hold. *Everybody should change gender for one day,*” she said.

By the age of sixteen, he looked totally masculine. I learned with great difficulty, almost painfully, to properly gender and name my patient. It took me many months during which Tran was always forgiving. I was challenged to investigate my countertransference to comprehend the trouble I was having. I was taken by April and did not want her to stop existing. In retrospect, unconsciously, I was probably doubting my capacity to understand her as a boy. In fact, I was sharing with April the same dread of the unknown. The choice of a name and the start of the medical and surgical procedures for gender realignment mark the end of this period of analysis. April was now a young man, a becoming emergent trans-male adult. His *social* test was adaptation; his *psychic* trial was one of integration. A man was coming out, but needed to be named to acquire a sense of existence. We were entering into a new chapter of his inner narrative.

A Name for Himself

The long and tedious path for a name for himself seemed to propel April back to her past. Naming had deep and multiple meanings for her, one of them is being reborn as a desired boy by his parents. The dynamics of change, described as actions toward differentiation and integration of identity components within a mourning process, were repeated at each progressive step and at a different level of psychic organization. It follows the renunciation of an identificatory system based on projection and splitting and its replacement by an introjective identificatory system. This is what was replayed in her search for a name.

It is as if the surname April represented half a life, the girl's half. Having a name for the chosen gender, signified a form of coming out, simultaneously from the invisibility of perfectionism (the vertical split) and the lifting of repressed parts of childhood (the horizontal split). The girl outside is perfect but the boy will carry an imperfection inside.

The anatomical imperfection (the female genitalia) translated into an emotional wound: that of not having been born and desired as a baby boy.¹² “Parents named me and I want now my parents to re-name me.” A reparative wish probably linked to her return to the past. She wanted to remember everything about her childhood. The grief of not being born a boy cannot be resolved by social affirmation. It implies the wish to be an OK *transgender* boy. “I will never be a boy, I will never be *just* a boy I mean, and I do not know how to be a happy transgender boy,” she added.

She explored names and wrote short stories for each one of them. Tiger lives in the jungle, Lucas lives in the village, and Thomas lives in the mountain. I interpreted that they corresponded to psychic postures in relation to each other, representing various degrees of internalized identifications.¹³ She liked Thomas, because climbing the mountain allows him to see things differently. In that session, she talked about the war trauma of her paternal grand-parents, the refugee camps and the boat people, poverty, not being allowed to speak their native tongue, exile and immigration, and the hardship of starting a new life in a foreign country. “How can I contribute to the world if I can’t say my name?” she asked during that session.

At the model of her transgenderism, she saw her bi-ethnic identity as an imperfection. Maybe both dysphoria and bi-ethnicity constituted a trial for her need of psychic coherence. The issue of perfectionism was less related to gender than to the wish to feel authentic. “It is a wish for realness and not being robotized,” she said. Changing gender did not mean changing personality. She remembered a dream she had when she was four years old, “*I was walking naked, and people said, oh look she has male genitals; I have been an impostor,*” she added.

We wondered about the commencement of dysphoria, maybe originally undifferentiated from sexual and other identity issues. “I’m neither neuro-typic¹⁴ nor gender-typic” she said in association. She has been

¹² Later in treatment, it will evolve to the wish of having been desired as a TG baby.

¹³ Maybe alongside the jungle-Id, village-Ego, and mountain-Super-Ego

¹⁴ This is a reference to her doubt of being on the autism spectrum, albeit at the very highly functional end.

scripted and exists mostly in the eyes of the others. “Dysphoria is a state, not a symptom. The only one I know,” she said. She has dreams of hitting a man and then fearing his death and attempting to save his life. In a variation of this repetitive dream, the man is me. She feels numb, anhedonic, indifferent. She is confused about her career choice.

Gradually, I thought, she was trading perfection with self-assertion and maybe for the first time she was confronted with choices in her life, including a gender of her own as part of a coherent and integrated sense of self. She was revisiting her childhood to better shed it off and be reborn with a new name. She started to speak about her parents as *people*: adults with a childhood of their own and with a personal sexual life. “I haven’t learned to see my mother as a person rather than as my mother”; and at a different occasion she said, “I wonder if my mother didn’t have an affair while she was still married.” This grieving process occupied almost a year of analysis during which the whole world was trans. Here are some examples.

Is Rome a Greek City?

The measured integration of a new trans-self went through a pathway of generalization that I understood as a process of differentiation aiming the internalization of a coherent integrated sense of self that could be hopefully mentalized. This was also the path in search of the resolution of the quasi-impossible grief mentioned earlier: Not being born and desired in his felt gender. Gender is not everything about one’s identity, but a patient who is stalled developmentally and because of social contingencies may unconsciously procure to gender the answer of all the problems—and believe that by changing one’s gender the rest will also change (Evans, S. & Evans, M. 2021¹⁵). Alternatively, it is possible that in a Freudian unconscious, gender, conflated with sex, permeates the totality of mental life. I needed to be cautious in forestalling any outcome and remain as close as possible to clinical observations. April’s life was in perpetual movement and the entire world was trans, mirroring her internal state. Things were in the same time *mixed and separate* and in continual transformation.

¹⁵ This could be the case for many gender-fluid individuals.

The question of having an anatomical body not aligned with gender is more complex than the commonly heard “being born in the wrong body” according to Saketopoulou (2020). The brain seemed to have a psychic ascendance over surface anatomy toward a resolution of the biological dissonance. Why then could the unconscious representation of the vagina not be masculine (Hansbury 2018)? Or gender variable? Is there “an unconscious gender encoding” or is it all “labeling” (Beall 1993, p. 135)? We know that the pre-gendered embryo is anatomically female (Wizemann & Pardue 2001). Tran tackled this question in an attempt for an answer as we will see later. Near the end of analysis, Tran will conclude, following a moment of reflective silence, “I’m a man, and therefore, my body is the body of a man *and this includes my vagina*. Why should it be gendered differently?” He asked.

The Return of a Childhood Trauma

Three and a half years into treatment, April disclosed a childhood sexual trauma. Dysphoria, or maybe its genesis, acquired—hence an additional meaning: April could not be comfortable with her body, not only because it was not a male body, but because it was also a *sexual* body. We may wonder how was this early sexual trauma knotted with GD. I do not know if April held back that memory all that time until she felt she could talk about it, or whether this is an *après-coup* of an encapsulated event. I did not ask. It seemed from the subsequent clinical material that it acted as an additional complication to his sexual and gender identity issues rather than a primary determinant of his GD.

In parallel to the reorganization of the gender dysphoria, we can observe the same changes in the nature of the transphobia. April was not attempting to escape her conflicted identities; she was facing them and scared of the transformations she knew would happen. This was externally reflected by the distress (and maybe resistance) of being unable to choose a name and a career for himself as he was starting college. Both decisions equated with the psychological loss of the mother who, coincidentally, was considering getting married to her partner.

Everything happens at the same time: the end of childhood fantasies and return of childhood trauma; the emergence of an adult self; the beginning of gender transition; the end of high school; the choice of a college program; registering under a new name; and starting a public

life as a man in the uncertain world of relationships. He now feels much closer to his father, a closeness that was easier to achieve in the absence of any expectation for understanding. Indeed, for his graduation his father brought a traditional ceremony garb down from Vietnam. Tran decided to wear a man's suit.

Re-naming: The Name as a Gift

"I asked my parents how they would have called me if I was born a boy." We called it "nominal dysphoria." His middle-given name is "perfect child" in Vietnamese; he does not want its male version because this is the name of the neighbor who abused her. "He stole my name," said April, adding "A name is a gift and a gift is a mirror. It means *I am being seen*." He wished he could be born again desired as a boy. "The name carries the wish of what kind of boy the world now wants," he said. Naming is an accumulation of meanings; it defines, individuates, and assigns a mission in life. "How can I contribute to the world if I cannot say my name?" He suddenly remembers being selectively mute at eight years old when the sexual abuse stopped. An *auditory* invisibility cap. Unconsciously, any speech would reveal her shameful secret. Was he expressing the wish and fear of a *combined* coming out, all mixed together? He was in search of a new subjecthood experienced as more real and authentic. I suggested that this was part of a long process that consisted of the tradeoff of the invisibility cap for a transparency cap.

He was waiting for the world to name him or for *me* perhaps to do it. I interpreted this resistance as a reluctance to take responsibility for his new life. A few weeks later, he announced that he found a name. In the transference, he feared my reaction. He has chosen "Tran," a name he had given to a horse figurine in early childhood. It meant wise, or old, in Vietnamese, which suited him very well. He thought Tran linked him to his paternal ancestors. He was almost eighteen years old, re-named for his coming into adulthood. I discovered, as I was reviewing my notes, that naming took nine months of gestational brewing. I did not pick it up at the time. This is when a referral was made by his family doctor to a specialized clinic for medical and surgical reassignment. A new journey was beginning for him with the objective to find *his* place in the world, not as a born man but a good-enough transgender man.

From the Ideal Ego to the Ego Ideal: Facets of Gender Transition

This theme occupied the last few years and took a special place around the search for a name. The Ideal Ego is molded after and comes as a substitute of the infant's lost primary narcissism (Freud 1914, p. 94). In Tran, it took the form of a tireless attempt to regain a lost state of perfection, poorly undifferentiating—or hiding—a crushing super-ego. The progressive change toward the establishment of an attainable Ego Ideal engaged a heavy process of disillusionment (Chasseguet-Smirguel 1985; Heenen-Wolff 2021).

The search for an external model that could inspire and feed the ego ideal is a measure of adolescent development and of oedipal resolution. This task met important obstacles for Tran. He complained that he could not find any French-Canadian Vietnamese trans-people to talk to, let alone the fact that there are no transgenders in Vietnam. "I do not have any model to follow," he said; adding at a different time, that the trans celebrities he finds online are "fake and empty." Once more, and at different levels of psychic reality, transition meant going from a point of still certainty anchored to childhood defenses toward the moving sands of uncertainty.

More specifically, the super-ego, defined as "Mother Theresa" needed to give place to a more appropriate ego ideal and be further extricated from infantile omnipotent phantasies. This is when the absence of a positive male figure became most painful.¹⁶ I felt that he urgently wished to have had a male figure in his life to help him detach from mother and tag the pathway towards a male identity. He needed to forgive father—and me in the transference—for his limitations. He sublimated that search by immersing himself in father's language, culture, history, and religion; in addition to choosing for himself a name that emphasized his paternal filiation. Ultimately, it seemed to matter for him to be his father's son.

Unconsciously, the question of consolidating and ego ideal, was thornier than for a normal adolescent. As stipulated in my hypothesis, a coherent sense of self, defined as psychic integration, is confronted to the difficulty to mentalize and integrate a trans-self.

¹⁶ Observed in the transference by the not so unconscious wish that I take responsibility for naming him.

Tran in April: Gender Transition is not a Gender Trans-scission

I started the treatment of a young girl suffering from anxiety and depression, and I was now having a young man trying to come out of the shadow and fly in daylight. Tran was feeling solid in his fragility. We were entering into a new phase of formative and transformative psychic activities. The question was how to endorse a comfortable male identity that could acknowledge his past, as being the same person, and yet different. He knew that Tran will always live somehow in April's body¹⁷ as well as with her past conscious and unconscious narrative. To conflate April with Tran, or split her off, in order to avoid inner tension and ignore the grief of not having been born a boy, meant to externalize the conflict into an exclusively sociopolitical question of social affirmation. This would represent for the patient a regressive, though powerful, exercise of splitting and projection and for the therapist, a restricted view on advocacy.

I came to appreciate that the inner and outer experience of the female self could not be denied existence and that to do so would not be psychologically desirable. April could not be sacrificed in the hope that Tran could feel that he is identical to any other man. He is certainly identical when it comes to human rights and public life, but not in terms of a trans-identity building or personal relations. I learned that social and psychic realities do not share the same registry. We can say after Winnicott (1953, 1971) that April too needed to be named *by* Tran as a mean to differentiate her from him. Naming is the beginning of mourning; a way to say April is *not* me. The normal child may use his body as a transitional object to achieve separateness from primary objects. Since the object of separateness for the TG individual is his own body, the question then arises whether GD could not be understood in terms of a failed mediation of transition. This speculation relates to the problem of metaphorization in gender transition. We can wonder if the tendency to over-externalize TG conflicts could not be a way to avoid the psychological aspects of this quandary. Tran met that obstacle and searched for strategies to transcend the apparent impasse through an attempt to *incorporate* his female elements into his TG male identity.

¹⁷ Noticeably, re-alignment surgery does not modify secondary gender characteristics like the breadth of shoulders and hips and many others.

As mentioned earlier, the psychic changes that accompany the course of development (from infancy to adulthood) or the course specific to TG individuals, follow the same metabolic path of transformation described in the process of grief and mourning. Loss translates into a psychological gain.¹⁸ Similarly, the transition process of the TG individual does not imply the elimination of the birth sex/gender traces but their integration into a newly mentalized body/self, perceived as different and yet complete. *Transgender*, concluded Tran, is a misnomer, it should be called *Intergender*.

The Physical Transformation

The protocol was explained to Tran, now 18 years old, at his first visit at the specialized clinic. It follows a line of irreversibility and degree of invasiveness. It starts with the official name change, followed by a hormonal treatment that will modify the body irrevocably, and then a double mastectomy (also called top surgery), and lastly, the option of a reconstructive surgery of the sex organs. The top surgery relays his social self, whereas the reconstructive surgery, as we found later, is about his private sexual self. The physical changes were gradual and drastic. Faithful to himself, Tran approached every maturational and progressive step of his life with a great deal of mixed fear and desire.

I was already familiar with the boyish look; however, the voice change was so sudden and radical that it triggered some moments of laughter for both of us. Having a *voice*¹⁹ had far reaching social and unconscious meanings related to be seen and known at last. During the last year, Tran vicariously enjoyed arriving in shorts and T-shirts that exhibited copiously hairy limbs.

The opportunity to be able to appropriate a new body/self seems to have triggered new intrapsychic activity in relation to his mother and, secondarily, his sexuality—all interwoven with the working through of losses and gender transition. We could observe a clear shift in predominant psychic activities from the preservation of childhood defenses to the

¹⁸ The adolescent passage for example, is about the successful internalization of childhood identifications in the same time as childhood libidinal relations are being relinquished.

¹⁹ The voice is the *body* of the words and as such possibly linked to the embodiment of mother's tongue as mentioned above (Analia Wald 2021).

need for emancipation and autonomy, in concurrence with the pursuit of a social, sexual, and career identities. Normal developmental tasks seemed to be intermingled with transgender transitioning.

Mourning the Good Imperfect Mother

Once Tran gave up on being understood by father, he became much closer to him and to his paternal heritage, maybe in search of a higher model as mentioned earlier. The object from his childhood that he now needed to extricate himself from, is mother. April kept mother alive via a role reversal as the only way to *have* a mother. April and her mother were joined by a similar history, as he will learn during that phase. Like April, mother had also been abused in her childhood. They shared a predisposition to anxiety/depression and lived similar traumatic experiences with father. In addition, the child April was—almost fusionally—identified with mother. The physical changes in Tran have probably accelerated the need to let go of mother. Unconsciously, this stood as a matricidal act fraught with guilt (Loewald 1979). It was time for Tran to see his mother through different eyes, as a total person and a sexual woman in the world.

He questioned if he had ever been *seen* and *heard* by his mother. “She missed the cue,” he said. I replied, “and you submitted yourself to this perception by making yourself invisible so as to protect her from your anger.” To give up childhood is to give up on the wish for perfection and to settle with the best that can be done of an imperfect world. He has a dream:

He is notified by the city that there will be a flood, that the houses will be gone and to pack immediately. They end up on the street together with his siblings holding mother’s hand, but mother has only two hands. He goes and sits under a lamppost, and a dog comes to him and sits on his lap. The dog is wearing the same collar as the family dog but it is not their dog, and he wants to find the owner. After a while, he gives up and decides that it must be his dog. He wakes up feeling helpless at stopping the flood.

Of the multiple and rich metaphors and unconscious events that this dream suggests, all telling of his efforts to contain the inner flood of his emotions, I would like to draw out a single item for a biopsy: *mother*

has only two hands. He cannot count on her for the continuation of his trans journey because she is binary. I had already sensed in my counter-transference that he wished *me* to be gender fluid, maybe as a promise to feel understood. Mother's sexual/gender cathexis of the female baby and the ensuing physical and emotional care, constituted perhaps an empathic failure that Tran can now confront. While part of GD, I wonder if this mother-infant dissensus shouldn't be seen as secondary rather than at the origin of the dysphoria as suggested by some (Lemma 2018).

The systematic disillusionment of mother's image borrowed several scenarios that led to her perception as people, marking in a way the end of adolescence. The thought that maybe she had started to date her boyfriend prior to the divorce, a treason of father, symbolically equated with his own treason of father that consisted in denying him the daughter he cherished.

Social Affirmation and the Realness of the Self

The way the matter of social affirmation was handled by Tran illustrates the distinction between the public male and the personal TG in corollary with the visible and the invisible parts of the genital self. He made a public comment during a class-forum on line. "It is strange," he continued in a manner of association, "there is a tree house in front of the house in my neighborhood. Usually, a tree house is behind. With confinement, the outside of houses is a way to communicate; people put posters and rainbow drawings. This family," he added, "demonstrated how a tree house is more important than the perfect lawn." I thought of genitality and the discordant anatomy at the front of his body, but I chose not to be graphic. I said, "you wish to be seen for who you are, and not for what you need to hide by way of perfection." He said he is not comfortable telling people he is a TG; it's too personal. If there is a talk in class about transgenderism, he remains silent. Nobody knows. "I fear that if I were to say it, people won't see me as a *real* guy. I'm not an advocate, not an activist of any cause. It is OK for other people to do it." Interestingly, he feels more pressure to speak up if the question is racism since his mixed ethnicity cannot be hidden from public eyes. It is as if his trans identity had to be kept hidden from the social sphere to as to protect the *realness* of his male self in the public eye.

Trans-sexuality or the Problem with Desire: "You Will Start a New Series"

In step with the other progressive changes in his life, active sexuality started to rise as an option in Tran's dreams and phantasies. It took little time for me to conclude that it was impossible for me to make sense of a TG romantic scenario in binary terms. Once more, I was confronted with an unknown that could not be thought. To abolish all categories as an answer reminds me of Trump's suggestion to cut all trees to prevent forest fires. What I needed, as I learned from Tran, was an open mind and a new vocabulary that could *transcend* binary thinking as a condition to relate to the trans-sexuality of my patient. I needed a serious brain washing to attempt a new creative thinking that is still missing: a meta-psychology for the *third sex*. I concluded that Tran will start a new series and with others like him will hopefully clear the way for us.

He has several dreams about Robert, a school friend who had a crush on April. April was touched and flattered but never really reciprocated. Later, Robert and his family rejected Tran as if he had leprosy. Another school girl, Milena, was attracted to April and remained a close friend of Tran. Tran had a preference for boys and Robert represented what needed to be emotionally negotiated in terms of a relation. The backdrop of the sexual trauma, combined with a hazy separation between love and anger, caused Tran to believe that his feelings were dangerously destructive. His first sexual dream was about Milena. He started the session by saying that his sexual abuse as a child is bothering him. It is playing "hide and seek" with his mind. He had a dream:

I was with my best friend Milena but it did not look like her. She was like a mix of a boy and a girl. We ended up in bed. Milena kissed me and I was passive, empty. It became more sexual but I cannot remember. I woke up very ashamed of myself.

I suggested that he was making little difference in his mind between what April experienced as a child and the present needs of a seventeen-year-old young man. Unexpectedly, he started to talk about his twin sibling, described earlier as an impulsive extravert that seemed to have no inhibitions—his opposite.

She terrorized me, she hated me, and used to tear my things.
She threatened to burn my stuffed animals because, as a kid,

my father favored me. I remember her holding me and spitting on my face and me thinking that she will kill me. I love her very much. I still feel powerless, angry, and unable to do anything about it. It feels as if my brain is tricking me all the time. I shame myself for any feeling I do have. I do not understand desire normally, I understand it as something *happening* to me rather than *coming* from me.

His twin sister was his terrifying double, and he probably envied her ability to have it all out. I connected his passivity in the dream to the disavowal of his feelings. He felt empty, disembodied—no sex and no anger—as a way to encrypt the memory of the trauma. He was very confused about desire because he could not forgive himself for the excitement April may have felt. “Lust is one of the seven sins,” he said as the session was ending.

Tran was neither splitting love and hate as we see in borderline patients, nor confusing both as I could observe in sadomasochistic personality organization. I had to find a different explanation for this apparent mix of libidinal and aggressive drives. I thought of the impact of sexual trauma combined with an unresolved oedipal situation. Was his twin expressing mother’s rivalry towards April? Was April feeling responsible for his parent’s divorce? Did she unconsciously wish to be beaten by father (Freud 1919)? A sexual wish that carried its own punishment? I also thought that the explanation was maybe blended with deeper identity issues, namely the transitioning parts seeking a sense of integration. He maybe was fearing a greater permeability of feelings and emotions as he doubted his ability to either love or hate safely. Afterall, April played the empathic, disembodied, asexual, constrained, and passive-scripted self, deflated from any personal drives. This was the only self that was felt to be safe to show the world. Tran on the other hand, enjoyed an active inner world with emerging drives of love and hate, and an energetic sexual body seeking agency. Becoming a subject unconsciously felt like crossing an imaginary boundary that had protected him all his life and that so far had secured his love objects. Emancipation was possibly equated with abandonment, causing him to be terrified. Nevertheless, the perfect empathic April was becoming emotionally claustrophobic as presented in one of his dreams: *I am on a ship. I feel very claustrophobic. It is a*

tight circular place with padded doors and I had to crawl to get where I wanted to be. He woke himself up because he was so nervous.

It was a cruise ship but, in his brain, it was a spaceship. I could detect the sexual symbolic meanings behind circularity, padded doors, and the *cruise ship* that is experienced as a spaceship. This discussion came after. Initially, I followed his free associations and commented on his wish to exit mother's uterus and be born-out free. He revealed to me that his mother had a health scare, a pregnancy, a tumor, a cyst? "I would rather know than not know: it is happening anyway," he said. He worries about her, while "she continues to treat me like a child."

Playing in the traffic of social relationships activated a fear of the unknown that seemed to be of a *different kind* from that of normal adolescence: "I am going towards unpredictability," said Tran, "straight people can assume a certain predictability: getting married and having children. My future is made of uncertainties that does not fit any category." I said, "You will start a new series," adding that his transsexuality gave expression to his personal choices and should not necessarily constitute a handicap.

A Relationship: A Sign of Danger

Tran had made substantial progress and now felt the pressure to widen his social circle, make new friends, find a summer job, and consider the possibility of a romantic relation. He had started higher education under his new identity and in the eyes of the world was unrecognizable from any other man. Teachers and peers respected him because of his modest attitude and high performance. He was going to trips downtown with friends, went to concerts, and even skipped school for an escapade with friends. These were remarkable victories over past social and separation anxieties. He wore a chest binder at all time, which caused physical discomfort and self-consciousness and was eagerly waiting for his top surgery.

He was experiencing a new sense of self. A way of existing without performing was still alien to him. "You speak as if a relationship was an audit," I once said to him. For Tran, it was much worse than an audit: a leap of trust, mostly in himself. He still dreaded the harm that his feelings would cause to others. I was maybe undervaluing how love and anger where contingent positions in him as described above. Part of this

contingency, as I have mentioned, could be due to childhood trauma, or an identification with father's love, or due to his acute dependency on mother and by extension, his family. Anger is the silver lining of dependence. An alternative explanation is found in his distrust of the functionality, and healthy permeability, of the boundary between external and internal, as also mentioned before. The negotiation of a dynamic point of equilibrium at the frontier between the outside and the inside takes, as I learned from this analysis, a specific meaning in TG individuals and is the thesis of this paper. Rather than a structural deficit, as we see in borderline personalities, the unsettled permeability is an *adaptive* question for the true TG. Unconsciously, this quandary in the case of Tran was projected on the skin. The danger that he thought would accompany a romantic relationship could be seen as a *fear of intimacy* belonging to the same mental category as the aversion to touch. His phobia of needles, the severe panic attacks triggered by hormonal self-injections in the stomach, and his pervasive self-picking are the more concrete somatic manifestations of the battle on this frontier. We are six-and-one-half years into analysis and six months from termination. He has a dream:

I'm trying to run away from someone, I was with my friend neighbor. I find myself in my paternal grandmother's apartment but the reception area was different. I escaped to a new section of the room. It felt like a game to run away. My twin sister was walking past me, and I was going to sit on the couch. Sister tickled my stomach and I went into panic. The same panic as when I tried to self-inject. It felt the same. I cannot touch my stomach. She touched my stomach. (Twin sister in real life taunts him, tickles him and teases him and can be mean, but he always found her excuses). I felt I had to tear my skin off (Skin picking got worse), I cannot have that skin because it was touched.

In association, Tran wondered why wasn't he bothered when his mother hugs him. I suggested that when sister touches his skin and even more his stomach, she reveals to him the existence of his body. In the transference, I may be doing the same thing. There are things about his body that he does not understand along with desires that he feels are dangerous. He keeps them inside and tries to live outside of his body. Tran replied that he never knew what to do with his body, that he does

not live *inside* his body. He fears to hurt himself by not being aware of his body, like to stop breathing when playing or if he is nervous. “There is no panic when I pick my skin but I panic when I have an injection, why?”

The Surgery

A double mastectomy was anticipated like a promise of deliverance, but also feared as the ultimate invasion of his body. The surgery was postponed several times because of the pandemic, causing a mixture of emotional reactions, mostly frustration. He finally had his operation a year later, a few months prior to termination.

There is no question that top surgery ascertained Tran in his gender identity and social affirmation, but not substantially in my opinion. For a long time, Tran was wearing chest binders and to the public’s eye, nothing had changed to his appearance. The emotional effect of the top surgery didn’t seem to relate to the advance of gender realignment, as much as to a sense of control over his life. The surgery seems to have acted symbolically as a test of parental love and a point of no return to their final approval. Being liberated from the discomfort of a binder, being able to move and breath freely and fully, paralleled for him a similar expansion of his psychological space. Tran was more at liberty. Shortly after his surgery, and for the first time, he unloaded to his mother his childhood sexual trauma.

A week before the intervention, childhood traumata came up, possibly activated by surgery as representing a combined sexual and physical aggression. I suggested that his sexual trauma was kept in the same registry as his father’s violence, and that this is why he could not talk about it to his parents. This made sense to Tran: “I can afford losing my neighbor but not my father,” he said.

His whole family—and myself—was alarmed by the surgery. On his first session back, Tran reported with a granted smile, that when he came out of surgery, his father asked anxiously “How is *she*?” Father’s love was a given and he could now laugh at his father’s emotional sclerosis (Alvarez 2005). He told his mother about what happened when she was young and she cried and revealed a similar trauma in her childhood. A symbolic self-body reconciliation seems to be projected on his objects. But the fact was that Tran had not yet fully integrated April.

Overall, Tran was experiencing a new sense of control over his life: "I was limited before by my mind set, now I'm limited by my life choices." Mastectomy was a step closer to a body that can be appropriated, but he was still a man with a vagina. He had a dream too long to report, where he is endlessly looking for a room of his own; assigned to a "broken down building," he searches elsewhere, finding himself on a top floor in a room with spaceships and kid bunk beds. He woke up confused as to how his life should look and lost as to a place that he can call his. Later, the surgical wound represented his dysphoric female genitals. He was looking at his new body with open scars and had an anxiety attack. He asked mother to rebandage it. "*How can I be a proud man with a vagina?*" he wondered. He will resolve this question, by de-coupling his sex organ from fixed genderization. *Instead of the repudiation of his anatomy, he chose to repudiate what it conventionally signified.*

Termination: or How to Play Between the Notes

Termination, instigated by my retirement for health reasons, was an unintended opportunity to observe similarities and differences in the reaction to loss in the transference-countertransference reactions of several patients at the same time. This could be the topic of a separate study. Relevant to this paper, the most noticeable observation is that the termination process provoked in most patients a return of their central transference reactions with a difference. This could be described as a *contained regression*, during which the ego revisits its ghosts to put to test the strength and stability of the ego identifications with the analytic function of the analyst.

Tran was not an exception. How to deal with loss was the conscious and unconscious theme that threaded a total of eight years in therapy. And even though he was now doing well and ready to be on his own, termination coincided, in addition to the top surgery, with major social, academic, and personal life changes as he was approaching his twentieth birthday.

His external reaction to loss was not very original: He got himself a puppy. Tran became quasi obsessed by the care, safety, and training of his puppy. The puppy seemed to mediate the accumulation of changes in his life, each of them tinted with the fear of total loss and abandonment. The session before the arrival of his puppy, we talked about

termination that was planned many months ahead. "I know I will be sad; I deal with events when they happen," he said. In this and the following sessions, he revisited his childhood traumata and his relation with his parents with better-checked feelings of guilt and anxiety.

He experienced termination as "a fading away and not an immediate closure." A process and not an event. "You saw me best," he said a month prior to our last session, "gender is what people see, but *you saw me as a whole person.*" But at times, like his father, I failed to acknowledge his proper gender, and he never got angry at me. "The misunderstanding of my gender was not mean," he said, "it was not a *total* misunderstanding of me. I am less angry." Not expressing his anger is perhaps a way not to engage the world. A memory rushed up: Father hitting his twin sibling but not him. Expressing any anger was the equivalent to the unleashing of the world's anger. He can now engage a safer world. In real life, COVID-19 was the perfect figure of a murderous danger. He remembered a dream:

Back to his High School. Walking in the lobby. Nobody had a mask and he didn't have one. He feared COVID, so he puts his shirt over his head. As he walked to his class, his legs froze, "They wouldn't work." The teacher said that not walking and muscle freezing is a sign of COVID-19 and to go back home. He knew that but still had to be in class and was late. All his friends were sitting at various desks. He sits at a desk, but it is in his home room. It is the first day in school. He looks at the clock and he is a half-hour late and fears he won't catch up on the material. He woke up very anxious.

He worried that if he goes to public places, he will contaminate his family. His leg paralysis could be a dramatization of his anger issues and a retreat from the world. The paralysis may also represent the feeling of being stuck between the wish for transparency (the shirt over his head reveals his upper half) and that of self-protection. The urgency to be ready, symbolized by the clock, could be related to the impending termination. He announces that he got accepted with a scholarship to a prestigious university outside of the country.

Closer to termination, he complained that his father still needs to parent him by giving him advice on his career choice. I interpreted the transference: "You are telling me not to overprotect you. To stop

worrying.” Termination was also a graduation and I thought he had passed all the tests. He now faces new challenges related to his performance in the world. I gave him the name of colleague analysts. The dog occupies him all day long and he will not have time for another analysis; besides, he will be studying abroad. I told him that the dog represented a sort of a psychoanalytic baby, a way to show me that he is now a responsible person.

He arrived overwhelmed at the following session. He told me that he had a breakdown and cried for two hours. The dog, school, surgery, the pandemic, is too much. He feels alone. Close friends are leaving town. His family tried to say things to help him but it made him feel worse. “I do not know what to do,” concluded Tran. I saw this mini-relapse as an unconscious way to compare past and present reactions to loss, and I attempted an interpretation about the imminent termination.

Akin to some other patients, it was the session *before last* that carried the emotional weight of the goodbye, perhaps as an unconscious attempt to dedramatize the last moments. Tran arrived with a termination gift that symbolized, in a combined way, his cultural heritage and his career choice. A condensation of identities that subtly evoked his trans condition. He was happy and relaxed. “In the past, life was a chore, now things are flowing,” he said. He talked about the importance in life for things to be “organic.” Using a music metaphor, he said, “You have to play what is between the notes.” We had a long therapeutic relationship during which we both played *between* sessions, and now, with termination, the composition must go on.

The last session was nevertheless emotional. He was frightened that his puppy could accidentally die and was feeling alone being responsible of it. But it was OK to be alone and I needed not to worry about him. He felt that after all these years in treatment, termination occurred at a good time for him. We talked about meaningful relations in his life. “I’ll be OK, he said, “It is something that happens naturally if I’m at my best self. It is not by working hard on it.” He was applying for summer jobs and for the first time taking responsibility for himself.

“I must see the beauty of my own work,” said Tran near the end of the session.

We said goodbye to each other with a strong (gloved) hand shake as the pandemic was still limiting our lives.

NOTES ON COUNTER-TRANSFERENCE/ TRANSFERENCE

I will start by commenting on my countertransference as an organ of observation (Slakter 1987) and the personal filter through which I perceived the transference. I also thought to address the generic transference/countertransference question related to transgenderism separately from my reflections on April-Tran clinical observations of the transference/countertransference.

I was truly challenged to be helpful to a patient who was unquestionably much smarter and talented than I am. My reaction in the first couple of years wavered between doubt about my helpfulness and the certainty that April needed my assistance to alleviate her suffering and make sense of the tumult of her inner world. Since April was always on time and never missed a session, I resolved to trust her judgement about the therapy without trying to understand. It was for me an experience of faith (Civitaresse 2018) and true humility.

I was aware, and equally bothered, by my idealization of April in the first couple of years. This waned when I was able to relate more meaningfully to the weight of the negative feelings that she held inside. I had to put in check my overprotectiveness—particularly through hormonal-surgical interventions. I was too impatient to see her emancipate and see Tran in a romantic relation and was reminded to respect his tempo and to trust him with his decisions. I hammered over April's inability to show any direct anger in the face of my imperfections. It took me an inordinate time to make the transition *within* me and to resign myself to change the name on his file. *What I had conceptualized as a task of differentiation and integration for April, had to occur correspondingly within myself.* Tran knew however that my mistakes were not denying him acknowledgement. In this analytic journey, we were undoubtedly *both* undergoing transformation in a deep, meaningful, and reciprocal way.

April's Transference

April possibly used the analytic space unconsciously as a living laboratory in which she felt me as a parental figure, in the hope perhaps to give her primary objects a second chance at being seen and understood. From the start of the treatment, she experienced me as *bigger*

than her fears. I was the object that could be *used* to survive the destructiveness of her anxiety and depression (Winnicott 1969). She saw from the start that I would not collude with her splitting defenses and that I could grasp her inner need to internalize a good father. I was equally at times a “stupid object” (Alvarez 2005) in the face of her gender dysphoria.

April’s inhibition of any expression of anger, to the point of paralysis, was at the center of a developmental arrest. A depressed mother needed to be kept alive and a “stupid” father had to be protected from his own violence. Neither parent could be safely murdered (Loewald 1979) and adequately internalized so as she could go on securely with life. This is what needed practice in her recurrent killing nightmares and through repetition in the transference.

The first explicit transference dream occurred three-and-one-half years into treatment and followed a session where sex was discussed.

She was in my office. There was a group of people of different ages and genders and she didn't recognize any of them. I was explaining what problem they all had. I said that she was the one that couldn't be seen. At night, I wasn't there and they all slept in the same room on bunk beds. She figured that one of the people wanted to murder another person. She didn't understand what was going on: she was herself and wasn't at the same time. She was in the situation and at the same time watching it. She tried to stop the potential murderer, a blond man in his twenties. The one to be murdered is a red-haired, eighteen-year-old girl. She ended up in her neighborhood, in the backyard, chasing him. She attacked him and someone said it was me she attacked and was confused. Therefore, she rewinded the narrative, as if nothing changed. She woke up terrified.

She has never been in her life as scared as in her dreams she said. This dream, too long to discuss here, was a turning point in the transference. Tran was finally *in touch* with her transference feelings and feared my destruction. Unconsciously, I had become the abuser who first made her feel sexually alive. (I was also the parent that had to be murdered and in the same time stay alive for her). I could not say that, since at the time of this dream, I was not yet aware of the childhood trauma. I related the dream to our discussion about her sexual urges that she mentioned

in the previous session and intuitively added that maybe the dream represented her wish to be more open with me but that she feared what I would then think of her. What immediately followed this intervention was the disclosure of her long-hidden childhood trauma.

Transference and Transgenderism

“Everybody should change gender for a day.” I heard this as an unconscious transference plea: You and my parents must be gender fluid to understand me; at least for a day or for a session. The request is not for me to be a TG like her but to be her while being myself. *The emphasis is on the trial of transition and not that of a final state.* Adolescents typically sense the uniqueness of their personal experience. They feel they are misunderstood by the entire adult world. The TG adolescent, I believe, experiences an emotional isolation (Brady 2016) of a different order because the gap is *qualitative* and not quantitative. On the first session, April said that her greatest fear in life was not to be understood. During analysis, it revealed the dread of not being seen and known, of not existing as a subject. In the case of a TG, the separation anxiety of the growing child likely turns into a fear of an existential nature.

Did I receive her request? Was I sufficiently gender fluid? Was I able to free my mind and soul from long decades of built-in binary foundations? Did I *surrender* to the transference attacks and needs without submitting (Molinari 2017, p. 57)? I cannot answer these questions with any objectivity. However, I believe that at the end Tran knew that I cared. He was able to see me as a reparative *third parent*, the one who could possibly survive the grief of the hurt child and welcome a trans-baby as an object of love and desire.

Countertransference and Transgenderism

Transgenderism has lost the shocking effect it had a few decades ago. Today, we need to look more deeply for its unconscious resonance. In my opinion, the countertransference to transgenderism is made of *a mixture of intense envy and horror*. The envy is that of the TG patient’s ability to choose, to change gender and/or to enjoy the experience of many genders. It is the envy of the freedom to transgress or transcend set categories. This reaction is relatively accessible to the conscious awareness of the analyst.

The horror it provokes, however, is more unconscious and finds its explanation in Freud's (1930) psychology of small differences.²⁰ Remember the horrifying scene in *The Exorcist*,²¹ when Regan, the possessed twelve-year-old girl, starts speaking *backwards*, impersonating the voice of the exorcist's late mother. The mind is stunned by its loss of natural referencing. It is as if the human psyche could manage large differences via surgical defense mechanisms, that if applied to small differences, would destroy the self at the same time.

The terrifying horror, I would like to suggest, is not due to perceptual confusion of categories but to *the elimination of the structural boundary between inner and outer realities*. In the absence of such a boundary, anxiety is unmanageable and human existence impossible. Freud (1915) refers to what he calls the *reality ego* to secure that boundary and Klein (1946) to an innate boundary between the two realities. This fear hides an equal wish—maybe driven by Eros (Lear 1998)—to live at the edge of our dreams and creativity. Applied to transgenderism, it is as if Freud's polymorphism—akin to the murder of the father—should stay strictly a matter of the psyche; that if taken to external reality it would cause mayhem. The correct response for the analyst is to accept to be taken to uncharted territories. Alternatively, the analyst is tempted to rigidify categories and to become obsessed with a defined sex and gender (Knafo 2020; Gozlan 2018) or else request the disbanding of all labeling. The latter may explain, in terms of a reaction formation, the over-empathic or activistic posture therapists may be tempted to take, and that deviates the focus away from the analytic stakes of the inner world.

CONCLUDING COMMENTS

When Freud (1912) declared, “anatomy is destiny” (p. 189), he probably did not suspect that he was right for the wrong reason. Anatomy is destiny, not because sex/gender are phylogenetically fixed in humans, but

²⁰ Several authors make a link between gender and race: both are signifying object to the so-called *normative self*: objects that, because of small differences, have the power to deeply shake inherited foundational beliefs about the self.

²¹ Film, USA, 1973 by William Friedkin.

because the human mind may possibly be an extension of the total body (Scott 1948) rather than merely the projection of its surface anatomy.

The detailed report of the terminated analysis of a TG adolescent informs us on the nature of the intrapsychic events in progress during gender transitioning over a prolonged period. The observations gathered during the analysis of April may guide our understanding of the process of gender transition as mental events in operation at the border between soma and psyche. We learn that gender dysphoria/transphobia in a true transgender individual may represent the psychic correlates of an intra-biological discordance. At its source, April's dysphoria did not primarily aim at a change of sex/gender but, more essentially, it sought an inner coherence which had to pass—mostly but not completely—via a sex/gender change. Gender transition was thus conceived as a transition from a state of confusion, dissonance, and discordance, to a hoped state of cohesion, integration, and psychic unity (Freud 1920; Loewald 2000; Lear 2014).

We could understand the mental course of transition, including her gender transition, within the well-known adolescent developmental grief and mourning process that includes the actions of differentiation and introjection. A successful mourning process is constitutive to Ego unity (Lear 2014).

We witnessed through the many dreams, associations, and transference observations how difficult it was for April-Tran to complete a mourning process. An element of what needed to be given up (his female anatomy) resisted mentalization. Tran's response was to *transcend* sex/gender categories as a strategy that preserves psychic coherence, rather than attempt their elimination and suffer psychic splitting. "My vagina will be part of who I am as a trans man." This action took place at the *transitional space* between what is mentalized (being a man) and what is difficult to represent (having a vagina).

Consequently, the resolution of Tran's gender dysphoria had to be worked through on two separate registries: He will be a man with equal rights in the public domain, conforming to the cultural gender codes conveyed by society; whereas in his private life, he will be a trans man with a transsexuality that does not submit to binary thinking and that remains to be discovered or invented.

Grounded on clinical observation, we are tempted to define the metapsychology proper to gender transition by the psychic strategies necessary to get around the obstacle of mentalization represented by the discordant body surface. Awaiting further clinical analytic studies on true transgender patients, we are inclined to expand cautiously our view on the role of biology in the psychic determinants of these patients and to invite new perspectives on a metapsychology of body-mind relation.

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