When the Body Propositions Gender: Reply to Commentaries

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WHEN THE BODY PROPOSITIONS GENDER: REPLY TO COMMENTARIES

These insightful commentaries, one by Muriel Dimen, an enormously influential gender theorist, and the other, by Robert Galatzer-Levy, a significant contributor to the analytic study of sexuality, raise significant points regarding the nature of embodiment, issues around the nature and etiology of gender, and the role of mourning in clinical work with trans patients. I cannot in this brief reply delve into these many compelling points in ways that do justice to their sophistication and complexity; instead I am responding with some reflections best approached as departing points for ongoing conversations about gender and gender embodiment. Where I agree with how my discussants read my work, I raise further thoughts that draw on our mutual commitment to thinking gender expansively. Where I diverge, I try to clarify my positions, explain the set of reservations that inform my differences, and offer some questions their points bring up for me.

My hope is that readers will leave this exchange generatively perturbed, such that they may approach work with trans patients' gender and embodiment with renewed curiosity and interest.

Galatzer-Levy makes several vitally important points. The first draws on the importance of cultural factors, something he has noted in his own work on homosexual experience and identity (Galatzer-Levy and Cohler 2002; Cohler and Galatzer-Levy 2013). In his discussion here of Harris's approach to gender as softly assembled (2005), he usefully underscores the critical role of culture in recognizing gender attractors. The interplay between gender's fixity and its permutations with prevalent social attitudes is a vital ingredient in how gender figures in psychic life. This is an important topic on which there is no dearth of writing, though to my knowledge most of it is not analytic (for a general discussion, see Nanda 2008; for studies of specific cultures, see Bartlett and Vasey [2006] on the Samoan fa'afafine, Reddy [2005] on the hijras in India, and Najmabadi

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[2014] on transsexuality in Iran). Because writing that aims to synthesize such issues with psychodynamic factors is both sorely lacking and much needed, Galatzer-Levy's emphasis on the impact of dominant cultural attitudes on gender's constitution cannot be overdone.

Galatzer-Levy also helpfully reminds us of the notion, and indeed the empirical finding, that similar developmental end points often originate from distinct developmental routes. As he highlights in his reference to Thelen's work, even developmental processes that are much less psychically intricate than gender (e.g., walking) and that issue in common end points (the vast majority of children learn how to walk, and to walk in much the same way) show wildly heterogeneous progressions. This emphasis lends credence to the position that searching for unitary explanatory factors to account for gender's misalignment with the body is unwise.

At the same time, I want to clarify that when I write that gender aggregates polyvalently I am not suggesting that there may not be explanatory hypotheses that can tentatively but usefully narrate the course a particular patient's gender has taken. These kinds of etiological gestures—and I use the word *gestures* to describe them because they can never possibly follow a comprehensive narrative arc—have to take into account a wide range of early exchanges between child and parent, interactions between the child and the environment, and the child's somatic experience and observation of that of others, including noting sameness and difference (Corbett 2000). All these also take place against the backdrop of unconscious, enigmatic messages from parent to infant (Laplanche 1999) that convey experiences, beliefs, and attitudes about gender and embodiment that themselves do gender-constitutive work. While in writing about my patient Jenny I have chosen not to address gender's lineage (it is more urgent just now that analysts focus on how to work well with trans children and adults rather than becoming preoccupied with how to "account" for their gender per se), I do believe that there is a multifaceted genealogy to all gender development that in some cases can be productively mined. Where clinically relevant (not as routine practice),[1] and as long as the analyst keeps steadfastly in mind that such searches will yield

[1]It is worth repeating here that I consider attempts to change the patient's experienced gender an inappropriate and harmful treatment goal.

hypotheses applicable only to the specific patient under consideration, such work may be analytically useful.

The problem with retaining the space for etiological questions should be immediately obvious to the reader: whereas locating possible formative pathways regarding gender may at times, and depending on the particular analysand, be clinically fruitful, it should not be done with the idea that its explanatory force will "resolve" atypical genders. Historically speaking, the search for causative agents has derived from and been reflexively funneled into therapeutics, the aim being to "restore" gender as the body's signature. Further, inasmuch as normative genders are not routinely subjected to etiological inquiry, there is an inequity in unceremoniously asking etiological questions of nonnormative genders. This does not necessarily have to continue to be so. As Chodorow (1992) demonstrated more than twenty years ago with respect to heterosexuality, even the most normative and culturally expectable developmental outcomes can be understood as psychic products of unconscious defensive mechanisms—compromise formations—and as the end points of diverse developmental pathways. In that sense, gender—like sexuality—can be thought of as an inventive solution (Goldner 2003).

Taking Galatzer-Levy's comments as an opportunity to further elucidate some of my positions, I want to turn now to two points he raises about which I may have been somewhat unclear. More specifically, Galatzer-Levy writes, "Although she does not develop the idea in this paper, Saketopoulou . . . reject[s] binary gender . . ." (p. 818). While right in his estimation that I don't necessarily understand gender as binary—something I have not been explicit on in my paper, I now realize—I feel that a clarification is in order. I worry that in my choice to reserve the somewhat outdated term "transsexual" for individuals who identify their own gender as distinctly male or female and the term "transgender" for those who experience their gender as more fluid and continuous, I may have conveyed the erroneous impression that these are distinct and perhaps mutually exclusive ways of conceiving gender. This kind of taxonomy may perhaps reinstate, albeit in a mostly disavowed and subtle way, a binary of its own (gender as binary vs. gender as continuum). Not only would this unwittingly replicate the very bifurcated way of thinking about gender that it aims to complicate in the first place, but it would also undermine the importance of preserving binary gender as a viable experiential position for transsexual patients who do experience their gender as

distinctly male or female. It is also worth noting that even transgender individuals who understand and live their genders as fanning out into a range of different possibilities use "the material of gender" (Tey Meadow, personal communication, August 6, 2014) to compile their unique gendered experience and presentation.

Further, while Galatzer-Levy reads me correctly in that I most certainly believe that interpersonal factors contribute vastly to the distress experienced by trans patients, one of the main points I have raised in my paper is that an exclusive foregrounding of the interpersonal dimension creates the risk of not sufficiently tending to the complex and disjunctive feelings that arise out of the misalignment of body with gender. Atypical genders, I have proposed, *almost always* evoke gender pain, stirring up tremendous anxiety and activating defensive operations, because gender is by its very nature insufficiently secure, always unstable. Even normative gender, as Benjamin (1988) and Goldner (2011) have discussed, requires tedious psychic work for its maintenance, always contingent on a plethora of psychic amputations ("Boys don't cry," "Girls don't get angry") to achieve the seemingly natural appearance—and to safeguard a conscious experience—of cohesion, fixity, and immutability. That we are trained from early on to do that work so mechanically that gender's maintenance becomes fluid and nearly invisible does not minimize the fact that it always runs in our psyche's background. In that sense, I find Galatzer-Levy's observation that Jenny is able "to enter into a process of liberatory mourning for the perfect girl she should have been" (p. 819) especially poignant because I read his use of the qualifier "perfect" as elegantly drawing our attention to the fact that the acquisition and safeguarding of cohesive gender is the work not only of trans girls like Jenny but of all girls, natal or not, who must mourn to different degrees idealized femaleness. (Lemma's work [2010], for example, powerfully explores natal female patients' preoccupations with cosmetic surgeries as a reach for an idealized feminine embodiment—the kind of process that Goldner [2003] has aptly described as an embodied gender critique.)

The mourning I have in mind, though, which I see as critical in the treatment of trans patients pertains specifically to coming into contact with the psychic pain that is unique to trans embodiments without, at the same time, finding oneself at the doorstep of psychic annihilation. I differ somewhat, then, from Galatzer-Levy's read that Jenny was able to do the work of mourning because I "was able to communicate to the child that

exploring those [gendered] boundaries need not cause her overwhelming distress" (p. 821). To the contrary, I believe that what was of use to Jenny was precisely the fact that I was able to register, appreciate, and eventually mentalize the fact that for her, gendered boundaries were indeed the very site of a psychic near-catastrophe. Orienting the work toward helping my patient bear this pain was what may ultimately have made it possible for her to come into contact with this anguish in graduated, manageable doses, first through enactment (the bathroom trips), then through the attempt to form representations (her increasingly less disorganized drawings), and ultimately through her dreaming's alpha function (her brilliant condensation, the ostricken).

Dimen's "Both Given and Made" tackles embodiment, one of the most intricate issues as far as the lived experience and clinical treatment of trans patients is concerned. The body, Dimen writes in her customarily wonderful turn of phrase, "always constitutes a site of confusion" (p. 810), a position she has elaborated elsewhere (for an in-depth discussion, see Dimen 2000). Dimen explains through a deconstructivist lens one of postmodern theory's most valuable and complex arguments: embodiment is always already mediated through discursive practices. This way of understanding how we live into our bodies argues that the psychesoma is seized by and constructed through discourse from its very inception. There is no prior to this mediation, no standing outside of cultural inscription. Captive to language and categorical taxonomies, we are all subjected to gendered hailings that exceed us and that exercise their powerful effects on us in a fashion both insidious and pervasive, becoming lodged into our unconscious lives, woven into the very fabric of our somas.[2] These inscriptions are by definition unknown to us. Beyond our conscious reach, they are therefore impossible to articulate linguistically. One of the most significant implications in this narration of how we come to inhabit our bodies is, as Dimen emphasizes citing Butler and Vance, that although bodies are not bedrock, although they are given *to* us in a process over which we have almost no control, much less any awareness, they come to "*feel* like bedrock" (p. 810). This is a profound insight with far-reaching clinical implications. And yet Dimen wisely cautions us that cultural theory alone cannot address the "intricacies, overlayerings, and

[2]One way to understand these transmissions is that they are spread enigmatically (Laplanche 1999) through early attachment relations and parental care.

recursiveness of clinical work"[3] (p. 811–812), that it is unable to account for the personal meanings with which a child invests the body. Offering as a working alternative Merleau-Ponty's formulation of the body as both "an object for others and a subject for myself," Dimen sees the body and psychic life as hybridically stitching together inner and outer (p. 812), arriving at her position that our bodies are both given to us *and* made by us.

This approach to embodiment is consistent with my own understanding of how it is that our bodies may not be fully our possessions yet we experience them as ours and as incontrovertibly "real." Its capaciousness opens up space to think about the entanglements of both inner life/fantasy and the structuralizing influences of discourse. It also seems to me, however, that this nuanced conceptualization does not consider some important components of embodiment. Let us return for a moment to the title of Dimen's discussion to notice how within it lies a powerful, no doubt intentional, condensation. I can read "given" in at least two different ways. There's the postmodern interpretation—the body's given-ness as something that is inscribed from outside, bestowed on us from without, by the (m)other, culture, and the social. And then there's "given" as the preunderstood, fixed meaning of corporeal materiality, the kind of bedrock one would think that I have argued requires to be recognized, abdicated, and mourned if we are to work clinically against the psychic wounds of massive gender trauma. These two ways of understanding "given-ness" may be summarily thought of as the epistemological versus the ontological: the body as the product of cultural inscription (Butler 1993) and historical contingency (Foucault 1980) versus a body the brute and immutable materiality of which straightforwardly derives from its constitutive biology, organs, chromosomes, hormones, etc.

Until recently, the controversy and tension between these competing epistemological and ontological interpretations of "given-ness" (see

[3]An important ongoing project trying to bring together the academy and the clinic, two worlds that can breed productively but that require considerable interpretive skill to engage in genuine and generative dialogue, has been under way for several years now through a collaboration between the journal *Studies in Gender and Sexuality* and New York University's Center for the Study of Gender and Sexuality. Several events organized through an initiative that aims to bring clinicians and academics into conversation have highlighted the considerable rewards that interdisciplinary thinking can offer to clinical psychoanalysis. For more information see http://www.csgsnyu.org/

Butler 1993, 1999; Prosser 1998) appeared to have been fully and satisfactorily adjudicated. Postmodern gender theory's convincing argument that bodies and gender are prediscursively constituted seemed to have entirely settled that debate, rendering axiomatic that to speak of the body or biology is inherently conservative, anachronistically prescriptive (Kirby 2011). More recently, however, new materialist philosophers have exhumed this dispute to critique how an unqualified subscription to the cultural turn has tended to neglect the body's corporeal facticities. This has been enacted, these theorists propose, through an indiscriminate pronouncement that to approach matter on its own terms is always and necessarily essentialist (Coole and Frost 2010). The problems this poses is that when we construe bodies as blank slates that passively await a cultural imprint (Barad 2003), we end up having to completely jettison materiality in favor of social construction. In other words, what the new materialists are arguing is that in the attempt to divorce ourselves from essential and fixed meanings, essentialism has been seen as isomorphic with materialism.[4] An essentialist reading of matter, they counterpropose, is itself a social construction[5] (Chen 2012; Kirby 2011). This argument suggests that essentialism (i.e., treating the body and its biology as static and inert or understanding the body as gender's fingerprint) is not the only way to approach the body's materiality—that, in fact, adopting a recalcitrant distrust of the body is itself a product of cultural imprint. As Grosz (2004) cautions us, "without some reconfigured concept of the biological body, models of subject incription lack material force: paradoxically they lack corporeality" (p. 4).

To put it more simply, contemporary gender theory has given us the tools to think more complexly of gender's constitution through culture, but it has also moved us away from being able to think about the "thereness" of bodies and of matter. As such, questions that have to do with biology are discouraged, declared instantly antiquated. Take for instance trans persons' accounts of transitioning and the often cited observation that particular

[4]That it is so difficult to imagine alternatives, as Barad has argued (2003), is itself indexical of how alluring and self-evident the idea that nature's and biology's meanings are fixed has become.

[5]There is, of course, good reason why things had evolved that way: biological discourses have often been deployed to ground patriarchal, sexist, racist, and otherwise discriminatory practices. Embedded in this is the realistic concern that biology and its oppressive agendas would override concerns about how we live our lives, etc. (Frost 2011).

emotional changes seem to accompany the onset of hormonal treatments (see, e.g., Serano 2007, 2013). I have heard more than one trans female patient, for example, describe in eerily similar ways after starting female hormones that their access to their emotional world shifts dramatically. This kind of report could of course itself be a product of the patient's expectations drawing on cultural tropes, as is the fact that I have often myself observed significant shifts in these patients' ability to tap into their affective lives. If we treat all such reports as simply the fantastical elaboration of culturally encoded scripts though, might we be missing out on some important clinical information as to transitioning patients' experience? Is there a way to be genuinely curious about biology—in this instance, about the emotional impacts and effects of hormones—without collapsing such receptivity into an expectation of unassailable truths? It is perhaps more useful in clinical work to think of bodies and of biology as making overtures, as propositioning gender in ways that can then be taken up by the patient, run through the mesh of unconscious fantasy to produce or miscarry gender in its normative and numerous nonnormative iterations.

On page 809 of her commentary Dimen writes, "The body . . . is not bedrock. Yet, in [Saketopoulou's] text, 'body' sometimes seems to mean 'real' in the old-fashioned sense of 'material' and 'true.'" She is, in a sense, absolutely right. Insofar as the natal body can no longer be accepted as gender's guarantor, it can no longer be treated as bedrock. And yet the body's materiality matters enough in the process of gender-becoming that bodies are crucial, vital protagonists in gender's bid. The body altered through surgery, hormones, and other medical assistance becomes the calibrating force through which gender can better cohere for transsexual patients. As an exquisitely careful and deep reader of analytic and queer theory, Dimen is well aware of these complexities and has written extensively on them (2000, 2011; Dimen and Goldner 2005). I wonder whether her cautionary note here may not draw on this theoretical superimposition, until recently unnoticed, of essentialist notions of the body as material and true, with all the force, facticity, and potential for becoming that materiality can furnish. As she notes in regard to my work with Jenny, my patient and I labored toward creating a notion of her body as real and material that did not, however, have to acquiesce to the essentialist meanings that had been attributed to it, that spoke instead at a basic and ontological level to the very existence of its material surfaces (i.e., she had a penis before we could even engage what having a penis appeared to

mean / make possible / foreclose). The "knowing" that Jenny and I worked toward was not a knowing of her body as a thing-in-itself whose meanings were self-evident and incontrovertible. What we worked toward was to notice how Jenny had herself —though with considerable pressure from without—come to invest the material existence of her penis with essential meanings. The antidote to the particular form of disavowing psychosis that Jenny was falling into was not necessarily equivalent to conceding to her body's culturally inscribed materiality; rather, it amounted to recognizing that it was a hailing that she had absorbed but that she did not have to automatically accept. And yet, to be able to protest it without falling into madness, these discontinuities had to become representable so that they could be psychically registered. Borrowing from and revising Freud's famous phrase, Salamon (2014) has cogently described this kind of work as the demand made upon the mind for work as a result of its *disconnect* from the body.

The story Jenny's body told, as Dimen perceptively notes, is ultimately a story told by many others; my patient's body had "been spoken for by the time it began to speak" (p. 810). For Jenny, as for many trans patients like her, mental health hinges on being able to find her own embodied voice.

REFERENCES

Barad, K. (2003). Posthumanist performativity: Toward an understanding of how matter comes to matter. *Journal of Women in Culture & Society* 28:801–831.

Bartlett, N.H., & Vasey, P.L. (2006). A retrospective study of childhood gender-atypical behavior in Samoan fa'afafine. *Archives of Sexual Behavior* 35:659–666.

Benjamin, J. (1988). *The Bonds of Love: Psychoanalysis, Feminism, and the Problem of Domination*. New York: Pantheon Books.

Butler, J. (1993). *Bodies That Matter: On the Discursive Limits of "Sex."* New York: Routledge.

Butler, J. (1999). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

Chen, M.Y. (2012). *Animacies: Biopolitics, Racial Mattering, and Queer Affect*. Durham: Duke University Press.

Chodorow, N.J. (1992). Heterosexuality as compromise formation: Reflections on the psychoanalytic theory of sexual development. *Psychoanalysis & Contemporary Thought* 15:267–304.

Cohler, B.J., & Galatzer-Levy, R.M. (2013). The historical moment in the analysis of gay men. *Journal of the American Psychoanalytic Asssociation* 61:1139–1173.

Coole, D., & Frost, S. (2010). *New Materialisms: Ontology, Agency, and Politics*. Durham: Duke University Press.

Corbett, K. (2000). Toward the coexistence of effort and lack: Commentary on paper by Cynthia Dyess and Tim Dean. *Psychoanalytic Dialogues* 10:775–786.

Dimen, M. (2000). The body as Rorschach. *Studies in Gender & Sexuality* 1:9–39.

Dimen, M. (2011). Introduction. In *With Culture in Mind: Analytic Stories,* ed. M. Dimen. New York: Routledge, pp. 1–10.

Dimen, M., & Goldner, V. (2005). Gender and sexuality. In *The American Psychiatric Publishing Textbook of Psychoanalysis,* ed. G.O. Gabbard, A.M. Cooper, & E.S. Person. Washington, DC: American Psychiatric Publishing, pp. 93–114.

Foucault, M. (1980). *The History of Sexuality: Vol. I. An Introduction*. New York: Vintage Books.

Frost, S. (2011). The implications of the new materialisms for feminist epistemology. In *Feminist Epistemology and Philosophy of Science: Power in Knowledge,* ed. H.E. Grasswick. New York: Springer, pp. 69–83.

Galatzer-Levy, R.M., & Cohler, B.J. (2002). Making a gay identity: Coming out, social context, and psychodynamics. *Annual of Psychoanalysis* 30:255–286.

Goldner, V. (2003). Ironic gender / authentic sex. *Studies in Gender & Sexuality* 4:113–139.

Goldner, V. (2011). Introduction to transgender subjectivities. *Psychoanalytic Dialogues* 21:153–158.

Grosz, E. (2004). *The Nick of Time: Politics, Evolution, and the Untimely*. Durham: Duke University Press.

Harris, A. (2005). *Gender as Soft Assembly*. New York: Routledge.

Kirby, V. (2011). *Quantum Anthropologies: Life at Large*. Durham: Duke University Press.

Laplanche, J. (1999). *Essays on Otherness,* transl. J. Fletcher. New York: Routledge.

Lemma, A. (2010). *Under the Skin: A Psychoanalytic Study of Body Modification*. London: Routledge.

Najmabadi, A. (2014). *Professing Selves: Transsexuality and Same-Sex Desire in Contemporary Iran.* Durham: Duke University Press.

NANDA, S. (2008). Cross-cultural issues. In *Handbook of Sexual and Gender Identity Disorders*, ed. D.L. Rowland & L. Incrocci. Hoboken, NJ: Wiley, pp. 457–485.

PROSSER, J. (1998). *Second Skins: The Body Narratives of Transsexuality*. New York: Columbia University Press.

REDDY, G. (2005). *With Respect to Sex: Negotiating Hijra Identity in South India*. Chicago: University of Chicago Press.

SALAMON, G. (2014). The dignity of belief. Paper presented at the inaugural conference for *The Undecidable Unconscious: A Journal of Deconstruction & Psychoanalysis*, April 18–19.

SERANO, J. (2007). *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Emeryville, CA: Seal Press.

SERANO, J. (2013). *Excluded: Making Feminist and Queer Movements Inclusive*. Emeryville, CA: Seal Press.