



BETWEEN FREUD'S SECOND AND THIRD ESSAYS ON SEXUALITY: COMMENTARY ON HANSBURY

... this is the mark of a psychoanalysis that is alive: as in a true work of literature, the writing carries within itself some of the charge that provoked its composition and transmits this to the reader who, on the receiving end, must find a way to survive it.

—DOMINIQUE SCARFONE (2012, p. 5)

There is astonishing force in Hansbury's essay, making it one of the most innovative, if demanding, pieces of psychoanalytic writing on sexuality to have appeared in the past few decades. Hansbury is committed to theorizing and to helping us think about psychic spaces produced by bodies / fantasy assemblages that do not line up in orderly fashion. These assemblages do not follow the logics of binary gender or the expectation of gender coherence; neither do they answer to the notion that libidinal investments are ordained by bodily materiality. The world into which we are ushered is quintessentially psychoanalytic, a world in which the psyche does not bow to the body's veridical contours, thereby negating the totemic power of the fleshed body. Gender and sexuality, we are insistently reminded, are always already scrambled into each other—sometimes in startling and unanticipated ways.

Hansbury introduces in this paper his concept of masculine Vaginality as a somato-psychic space that offers a counterpart to the Phallic and that, he proposes, is useful in thinking about men, cisgender or not (in this paper his particular focus is on queer cisgender men). For Hansbury the Vaginal is not the proper territory of *any* gender, nor is it passivity's

Faculty, NYU Postdoctoral Program in Psychotherapy and Psychoanalysis.

metonymic equivalent. Rather, it is a liminal space that hovers between mental experience and fleshed embodiment permitting the subject to travel between the two, occupying either and/or dabbling in their dynamically determined, idiosyncratically inflected concoctions: “vagina,” “pussy,” “hole,” “cunt,” all words carrying different relative weights regarding passivity vs. activity, dignity vs. abjection. As a psychic experience underwritten by fantasies of an interiorized, cavernous bodily materiality, Vaginality offers a nearly-but-not-exactly somatic path to “interiority, receptivity, openness, and expressiveness” (p. 1010). In his resounding clinical illustration, Hansbury points to the substantial difficulties occasioned by the foreclosure of the Vaginal and shows us how his particular way of working with men’s Vaginality can propel analytic work. There are many ways to understand Hansbury’s formulations and many directions in which to take them. In this sense the essay itself has an interiority and openness that compels the reader to think harder and to think deeper. It is an essay, we might say, that makes a demand on us for work.

In this brief discussion I read Hansbury’s propositions with the help of Laplanchean metapsychology. I rely on his work with Kevin to be as clear as I can about how I understand his theoretical contribution and explore its generative implications. In short, I suggest the following: Kevin, a cisgender queer man whose psychosexuality tangles sexuality and sexual difference in the psycho-material location of his anus (which, we learn, he uses as a “cunt”), presents himself to his analyst with a narrative truth. This narrative truth is not conscious and is not immediately available to either analyst or patient; the pair must do some work over the course of six years to unearth it, and in that sense we might think of it as an organizing fantasy.¹ It goes like this: this gay man has had significant aspects of his femininity suppressed by his mother (no Betty Crocker oven, no baking, and no dolls for him) and likely some of his sexuality as well (he is not to have any Daddy kisses, ostensibly because these are for daughters, a seemingly gendered injunction that most likely belies homoerotic prohibition) and these suppressions are in some way linked to this patient’s unhappiness. Thinking with Laplanche, we might consider the patient’s theory that the range of his experience of having had his

¹I am not using fantasy here as a counter to reality and do not intend it as questioning the veridicality of Kevin’s report. My use of it is purposeful, for reasons I hope will become clear later in this essay.

effeminacy suppressed has something to do with his distress (a theory, I should note, that seems amply supported by the productive work he does with his analyst's help) as a translation of the infantile sexual. In other words, this translation is something the patient has brought to his treatment. Briefly, translations are the ego's attempts to create a representational frame, a fantasy so to speak, that helps the subject bind the excesses of the infantile sexual. The history reported by Kevin may well be true (I believe that in fact it is). But it is the particular use to which it is put that I describe as a translation: it is its explanatory function that accrues the psychic weight of fantasy.

For Laplanche, the work of analysis resides in the lytic dimensions of the process (1987). It is through the analyst's analyzing, not in her synthesizing through interpretation, that the treatment can produce an unbinding of previously bound translations to free up enigma that might then be translated anew by the patient. That is, of course, the aim and work of *all* good treatments, but Hansbury's work with Kevin differs from more conventional analytic work in one quite notable respect: the new translation that becomes available and eventually helpful to Kevin (that he is a man with a "cunt" and that that does not in and of itself compromise his masculinity) borrows not from widely cultural recognizable forms or templates, as would be, for instance, normative gender or homonormative² sexuality. Rather, Kevin's new translation revolves around a less common set of predicates (subculturally bound, I will propose), including having a "cunt" that needs to be kept open. These predicates become available for Kevin to use as materials for translation because of the person of this particular analyst and how he holds Kevin. You might ask: How is this different from the situation with any skilled analyst? I will address this important question in some detail and will conclude by proposing that Hansbury's work forces us to contend with three principles regarding analytic treatments with nonnormative subjects: (1) nonnormative patients need a set of translational frameworks different from those available and translationally useful to normative subjects; (2) subcultural communities have a crucial role to play in this process insofar as they provide the collective infrastructure for alternative discourses, mediated through the person of the analyst, that can trickle into the analytic space so that the nonnormative subject may

²*Homonormativity*, a term coined by Duggan (2003), denotes normative renditions of homosexuality that trade on the more widely respected versions of gay life and gay sex.

retranslate the sexual in ways that better fit the patient's being; and (3) while translations obtained from subcultural discourses may sometimes be better fits for our nonnormative patients, we should expect that they will, early on in the process, be accompanied by turmoil and that they will often be secured at considerable cost. The particular shape that that turmoil will take will depend on the patient's early history and psychic constitution: it can present in a variety of ways, diffuse anxiety, feelings of grandiosity, and fears of retribution among them.

Before I expand on these points, let me emphasize the following: Hansbury's clinical example reminds us how critical it is for the analyst to be steadfastly committed to the emergent possibilities in the analysis even when—or perhaps *especially* when—the analyst is tempted to turn toward more familiar, well-trodden paths. Rather than contain by seeking to “understand”—a task that presumes a “thereness” of unconscious life that seeks veridical decoding or at least a true-enough hermeneutic interpretation, a task Laplanche (2005) considers the work of binding that the ego busies itself with—the analyst has to resist the temptations and comforts of narrativizing in order to facilitate the more disquieting analytic work of *unbinding*. In this regard, it is the patient who is the hermeneut, not the analyst. The unbinding of previously bound enigmatic material and the patient's seeking of new translations can offer an opportunity for reworking the parent's secondary violence (Aulagnier 1975), in Kevin's case, the mother's gender policing, so that the patient may restore something to himself.

What Laplanche does not explicitly warn the analyst of, and for which we have to be prepared, is how anguishing the patient's unbinding can be *for the analyst*. Unbinding is not a state of quiet reflection and in many instances does not present smoothly. Its manifestations vary depending on the patient, but a nervous discomfort, feelings of agitation and unsettlement, are common. In response to countertransference difficulty in observing/sitting-with states of unbinding, the analyst can move to bind by interpreting and diagnosing. In cases like Kevin's, interpretations of acting out, self-destructiveness, or perversion are examples of the pathologizing snares that Hansbury masterfully evades. Despite his concern and worry for his patient's safety, Hansbury wisely does not become fixated on it (and shall I remind us that a patient's safety is for the most part beyond our analytic control?). Hansbury's is no easy task. Kevin's successive approximations to

creating new translations pass through several way stations by means of his sexual experimentation. His is by no means a smooth process. On the contrary, it courts death. Kevin perforates his colon. He ends up in the emergency room. He contracts HIV. For Hansbury, who has anticipated some of these risks and has alerted his patient to them, the process must have been worrisome, even frightening. We must give him credit for the fact that when Kevin insists that these are “risk[s] he was willing to take” (p. 1021), Hansbury stays the course through what would compromise most analysts’ capacity to think.³

READING THE *THREE ESSAYS* THROUGH LAPLANCHE AND AULAGNIER: THE CHRONICLING OF FORECLOSURE

In *Three Essays on the Theory of Sexuality* (1905), Freud’s thinking is brimming over with wildly innovative ideas, even as it teems with ambivalence and irreconcilable contradiction. His theorizing oscillates between seemingly antithetical positions. On the one hand, deviations in object and aim are understood not as the exception but as the ontological rule; on the other, he regularly and often gestures toward (in)appropriate objects and (im)proper aims. Throughout the first two essays we feel the rumble of this systematic wavering distributed between the main text and its footnotes (see Bersani 1986; Dimen 2003).

Freud appears to have started out with the intent of taking apart the notion of the normative in order to suggest that the sexual drive is by definition more varied, itinerant, and polymorphous than was previously thought (Van Haute and Westerink 2016). By the third essay, however, the force of this conflict loses its thunder. The third essay’s very first page announces developmental outcomes that tidy up the wildness of the preceding essays. If all goes well,⁴ Freud suggests, sexuality will eventually be streamlined into genitally organized, heterosexual, procreatively intended intercourse between—and this last part goes without saying, though it is most certainly assumed—a normatively gendered man and a normatively gendered woman. It is easy to feel discouraged at this

³Much more could be said about this technical decision, but I cannot in this brief commentary delve deeper into the complexities of this important choice.

⁴This “well” is, of course, saturated with unacknowledged ideological notions as to what constitutes psychic health and sexual normality, notions I haven’t the space to problematize here. The interested reader can consult Ahmed (2010) and Metzl and Kirkland (2010).

theoretical turn, for which the first two essays have not prepared us; we have anticipated more daring and audacious conclusions than a meager return to sexual normativity.

And yet what if we read the transition from the first two essays to the third not as a shift that indexes Freud's anxiety about the radical nature of his propositions, as many have proposed, but as Freud's telling us: *this* is how the multitudinous and tempestuous effervescence of gendered and sexual possibilities gets contorted into a singular outcome. This is how it takes binary gender's⁵ unimaginative shape and how it becomes formulated into the restrictive form of procreative genitality that Adrienne Rich (1980) called *compulsory* heterosexuality. We can indeed read the *Three Essays* as a kind of chronicling of a foreclosure, as an account of how the subject's sexual opulence gets constrictively funneled into the illusions of digital, coherent gender and into the imaginary solidity of heterogenital sexuality. The parts of the infantile sexual that do not get streamlined into these remain unrepresented, constituting, as Laplanche would say, the unconscious (2005).

You may wonder about this claim that some of the infantile sexual becomes normative gender and heterosexuality. A bit of background on Laplanche's thinking will help. For him, the infantile sexual becomes psychically represented by becoming formatted via the existing forms provided us by the social surround. Our prevailing myths, stories, and symbols offer us the frameworks through which the unelaborated state of the sexual gains representational traction (Laplanche 2005) so that processes like fantasy-building (Scarfone 2016) can begin to take root. From that angle, we might think of the third essay's prescriptiveness (if all goes well, we arrive at heterosexual insertive genitality) as a description of how some of the sexual makes it into identity, while other parts of it remain unelaborated; they, so to speak, go "missing." This "missing" is an ontological condition: not all of the infantile sexual can be translated; some of it remains unelaborated and unrepresented. Since this missing produces no psychic offshoots that might alert us that something has gone amiss, all we are able to know or experience about ourselves are the normative forms through and into which the infantile sexual has been translated. It is important to remember that for Laplanche translations feel

⁵Gender, sexuality's still undertheorized sidekick at the time, is a concept that Freud did not use. As a term, *gender* did not arrive to psychoanalysis until imported into it by Stoller in 1968.

authentic; they are, as Scarfone (1997) writes, inscribed not as construction but as memory. And yet, though they feel real, they are not a reflection of something true in oneself. They are but attempts on the part of the infant to respond to the impact of parental enigma.

It would be unfortunate, Scarfone (2014) cautions us, to read the third essay as merely returning us to the reigning supremacy of conventional heterogeneity. A more profitable read, he suggests, would be to see the *Three Essays* as having “created an irreversible change in our way of thinking about human sexuality” (p. 340). Why? Because by the time Freud arrives at the third essay, the more domesticated rendition of the sexual that we encounter is now known to have been preceded by infantile sexuality’s untranslatability. Its untranslated, undomesticated tendrils remain active forces in the unconscious pressing for translation and in making up the unconscious itself. Put differently, the unconscious for Laplanche is that portion of the infantile sexual that has not been able to hook itself onto the mythosymbolic narratives circulating in culture, and that remains in proto-form, unelaborated and unrepresented. The mythosymbolic, the specific and exacting templates through which the infantile sexual can become representable, is relayed to the child not through language per se but in the embodied relationship to the adult and through quotidian acts of relation and care offered by the caregiver to the infant.

In describing this process by which the infantile sexual/primal slouches towards representation, Aulagnier (1975) preferred referring to discourse—by which she meant not language per se but the aggregate effects of how the social is structured and structures us. Permeating all parental interactions at the most basic and primal level, discourse provides the only medium through which an infant could begin to represent the world. As such, we might say that the development of representations is, to a significant degree, a reproduction of the social: representations always have to stay within the contours of the discursive. To Aulagnier this amounted to the caregiver’s exerting on the infant an inevitable and necessary *primary violence*. This violence is inevitable because inescapably, and outside the parent’s awareness, it saturates the early child/parent relationship with the mandates of the social through which the parent inhabits and understands the world. The way in which the parent responds to the care of the child, to her cries and withdrawals, conveys highly condensed messages that are discursively organized. But, importantly, this primary violence is also necessary, constitutive, because it provides the

only materials the child could ever use to forge early representations. Translations arise from within this necessarily limited array of existing discursive frameworks that order the larger social surround. It is impossible to imagine a society without discourse and mythosymbolic forms. If for a moment, as a thought experiment, we tried to do so, we would have to conclude that a social realm of this kind would be catastrophic for the child. Not only would it not provide greater freedom in translating; it would, to the contrary, leave the child no tools whatsoever with which to translate the press of the infantile sexual.

Since procreative heterogeneity and binary gender are the most intelligible, socially sanctioned, and institutionally supported forms of sex and gender in Western culture (Butler 1990, 2004), it should come as no surprise that they are the most readily available translational frameworks. Viewed from this angle, the normative sexual described in the third essay can be understood as a translation of the sexual used to format unrepresented states. Borrowing heavily on hegemonic cultural structures of heteronormativity as its prototype, it also tends to reproduce it on the level of the subject. The infantile sexual of the first two essays retains the untranslated elements, that is, the unassimilated and unruly residue that has not been psychically represented. These are the less “civilized” iterations of the sexual that cannot be bound—or, we might say, disciplined—through recognizable discursive forms.

HANSBURY’S INTERVENTION

It is in this precise topos, between Freud’s second and third essays, that I locate Hansbury’s intervention. Hansbury demonstrates how translations of the sexual that accrue into fixed identities with their attendant illusions of coherence, constitutive and necessary though they may be, can also come with significant psychic costs. In Kevin’s analysis we encounter a patient whose cis gender has congealed out of the mother’s active suppression of his effeminacy. We might think of Hansbury’s treatment of Kevin as permitting the analysand to unbind previously bound translations (normative gender being, in some respects, the scar tissue of his mother’s suppression of his effeminacy) in order to recuperate and offer representational solidity to a range of genderosexual possibilities that could not have been accommodated earlier by a cis male gender (Kevin could not have the Betty Crocker oven without its assailing his

masculinity). For Kevin, the effort to translate anew the bits freed up by the analytic work of unbinding manifests in the sexed body: Kevin's anus is experienced as a "cunt." In sexual fantasy, Hansbury tells us, Kevin's being penetrated by increasingly larger objects ensures that he remains open, that his "cunt" does not close up.

I venture to propose that what is at play in this analytic dyad is not the notion that Vaginality captures something veridical about the patient but, rather, that the Vaginal is a new translational form the patient could use to retranslate enigma. (In this respect, I would argue that the Phallic too is a translational mode that comes to us from our theories, much as Laplanche [2015] argued with regard to the oedipus complex.) As a new translational possibility, of course, the Vaginal belongs neither to the patient nor to the analyst; it emerges in the shared space of what we might think of as Ogden's third (1994) or de M'Uzan's chimera (1974).⁶

In other words: it would be tempting to regard the patient's Vaginality and his sexual use of his anus as a "cunt" as unconscious fantasies that the work of analysis excavates and brings to the surface. But I do not believe that is the case. On the contrary, I propose that we need to be skeptical as to whether Kevin's thoughts, feelings, and anxieties around his "cunt" are as psychically congealed to begin with (that is, as psychically represented) as the clinical report can be read to suggest. Such a reading of the report may of course be an epiphenomenal effect of the writing process: in our professional communications we condense into a few pages, and with the advantage of retrospection, long and complex clinical progressions that are often recounted in ways that are more legible and psychically organized than they may have been in real time. Let us not forget that we meet this analytic pair a full six years into their work. I am insisting on this point because it has significant implications for our metapsychology: Kevin's relationship to his body does not, in my opinion, derive from a stable representational archive, nor is it a manifestation of "concrete entities in the patient's mind" (Abend 2008, p. 124). Kevin's "cunt" and his particular relationship to it are the end result of a new attempt at translation, an attempt preceded by the unbinding we see Kevin labor through in his many dangerous sexual escapades. Does Kevin have a

⁶Of course, the theorizing of the Vaginal as a category belongs to the intellectual work of the analyst. I am suggesting here only that Kevin's use of his anus as a "cunt" arises in the analytic field that Kevin and Hansbury live, breathe, and work in.

representation of a “cunt” before his analysis with Hansbury? I think not. Kevin’s “cunt,” in its interiority and receptivity, in its sexual allure and insistence on not being closed up, comes to be represented as such, becoming a new translation in the course of the clinical encounter.

For this queer cisgender man who has been refused the full range of his effeminate gender expression, sexual fantasy becomes instrumentalized in an effort to recuperate elements of the infantile sexual, which could not be incorporated through a translation of typical gender. Kevin’s erotic life—and especially, I would add, the sort of eroticism that might conventionally be thought of as sexual acting out—unsafe and endangering though it is, seems to be laboring to recover possibilities that never gained representational traction in the translational rendering of the infantile sexual into *sexuality* or gender. I read Hansbury’s paper and his clinical example in particular as suggesting to us that the elements of the sexual that have not been translated and that live in repression may push for translation by riding the wave of sexual fantasy and by rousing sexual behavior that might otherwise have been construed as pathologically perverse. Kevin’s dangerous sexual behaviors repeat and persist; they escalate in intensity and soar in degree of risk. Given the knowledge that the patient eventually perforated his colon and contracted HIV, it is tempting for the analyst who reads Hansbury’s account *après coup* to miss the complex work Kevin’s sexual behaviors are getting done. We would not be at our analytic best were we to judge, based on that outcome, the *psychic meanings and functions* of the patient’s behaviors. It is not only that hindsight is 20/20. It is also that the seriousness of the harm can blind us from being able to consider the more nuanced elements of Kevin’s sexual practices. We might then overlook how these repetitive embodied sexual scripts are being executed not as the acting out of self-destructive fantasy but as attempts to form new representations, to translate in novel ways an array of previously unrepresented sexual and gendered permutations.

NEW TRANSLATIONAL TOOLS

Where do these translational possibilities derive from? Might Kevin’s analyst, as an out trans man, be better equipped than a cisgendered analyst to offer “recognition” to the complexity of Kevin’s relationship to his body? It would be tempting to think so. But I would disagree with that idea. I would disagree because, as I have been suggesting, Kevin’s

relationship to his body is not a “sedimented fantasy” (Scarfone 2016) but rather a translation that arises out of the analysis. “Recognition” implies that what is being recognized has already been represented psychically by the patient; but in this case, what Kevin is laboring toward in his sexual insertions and unprotected sexual encounters is not having his “cunt” *accepted* but elaborating and *coming to have* a “cunt.” His “cunt,” the analysis shows, becomes a translational medium to flesh out not gender complexity but, primarily, his relationships to his parents and his imaginings about their sexual relationship. And yet it is hard to imagine that the analyst’s transness—which the dyad plays around with in several of the interactions Hansbury describes—plays no role. Hansbury assumes that his being a transgender man, especially in its embodied dimensions, must surely be a factor. But how? It is reasonable to assume that Hansbury has a wider range of options available to him in how to fit together body with gender, body with sexuality, gender with sexuality. Or, perhaps even more important, he may be especially adept in imagining how any of these three can become disaggregated from each other, thus offering different possibilities for translating the infantile sexual. None of this, however, becomes available to the patient through the analyst’s act of interpretation; that would be the work of binding. It gets communicated, rather, in the inchoate ways in which the analyst receives the patient, paralleling the process through which the parent, per Aulagnier and Laplanche, makes available translational tools to the child through their inter-embodied relation (Hartman 2010).

It is interesting in this context that Hansbury notes that his patients reveal their Vaginality to him when they learn their analyst is transgender (“the majority . . . [respond] with a sudden openness to the parts of themselves they think of as feminine” [p. 1012]). Even with patients who do not factually know their analyst’s gender, “transness,” Hansbury writes, “is certainly in the room, . . . embodied and psychically interlaced, integral to how [the analyst] think[s] and feel[s]. . . . [It] exerts a force on the transference, whether or not it reaches the patient’s consciousness” (p. 1012). Let’s think, for a moment, about how that may inflect Hansbury’s use of the word *cunt*. What he brings to this term is not just a thoughtful decision regarding what word to use with his patient. Critical to what enables his repeating his patient’s word, a word overflowing with idiosyncratic and cultural meaning, is also the analyst’s relationship to his own body. To put it differently, merely repeating the patient’s word, if executed as a mere

technicality, might not have been sufficient. One can imagine many different ways of enunciating this complex word: some shrouded in the analyst's own sexual or bodily shame; some coated with too much transgressive thrill; others enveloped in disbelief, or clouded in rigidity; or under the aegis of merciful acceptance and tolerance, signaling a forbearance that could mark the patient as abject to the analyst's professional propriety. Patients may not always be able to consciously identify it, but they often sense the affective lining subtending our words. When Hansbury returns the word *cunt* to his patient, he is not passing back a projection (*your cunt*, not mine); he is, rather, returning it to the patient inflected with the analyst's own affective lining, a lining that can imagine a cunt not attached to a female body; a lining that carries the possibility of a cunt that survives attempts at Vaginal castration; a lining, that is, that has different translational opportunities embedded in it.

What is at work here transpires less on the level of implicitly known/elaborated material. Hansbury seems to suggest so when he writes that the goal of analysis is for patients to be helped to "psychically represent aspects of their embodiment that are experienced as gender-dysphoric" (pp. 1028–1029). To be clear: I am not suggesting that a cisgender patient working with a transgender analyst is likely to translate enigma along lines that are more prone to lean in gender-atypical ways. I am saying that for this particular patient, the availability of a translational form that deviated from the expectable ways in which body/sexuality/gender order each other appears to have been crucial to the work.

One implication of this line of thinking pertains to our thinking about erogenous zones. For patients like Kevin, it may no longer be sufficient to ask what body parts/areas get zoned for the legitimately sexual as against being viewed as perverse—breasts vs. armpits, for example (Freud 1905); it may no longer be sufficient to inquire, as Laplanche's enlargement of these ideas does, how this zoning comes about (2005). We can now also reflect on the *hows* of the erogenous zone. Kevin's anus is not delimited by its anatomy; it is more poignantly defined by the particular ways in which it draws on the materials of gender (receptivity, activity, passivity, sucking—to refer to a few that Hansbury discusses). This borrowing does not transform the entire subject *into* gender; Kevin is a man with a vagina, not a man whose vagina makes him a woman. To heterosexual, binary-gendered erotogeneity and to the nowadays more widely accepted homo-normative homosexuality we must now add a gendering that borrows

more freely and assembles more softly body parts, psychic experience, erotic fantasy, and elements of gender representations (Harris 2005).

Hansbury's paper is not original in pointing out how sexual/gender pairings are made to be broken; we well know that transgression fuels passion. What is highly original is his proposition that this kind of line-crossing deserves more than our epistemological curiosity; that in it inhere possibilities for lives articulated more fully, for new translations that permit more freedom and creativity and that are better fits for our patients.

NEW TRANSLATIONAL FORMS, ENVY, AND THE FUNCTION OF COMMUNITY

But how does a subject try out a different translational form? I have suggested earlier that Hansbury's being able to disaggregate sex/body/gender made available to Kevin a new translational possibility. This, however, is an incomplete account. Both Laplanche and Aulagnier, as we have seen, argue that the infantile sexual and the primal become represented through the mediation of a parent who is a carrier and emitter of discursive forms of culture in the form of symbols, myths, and the like. The analyst, too, exists in such networks. Hansbury (and any analyst for that matter) does not exist in a vacuum. The new translational form of the Vaginal that he brings into Kevin's treatment is one he may have arrived at himself as a conceptual formulation, but on the level of lived experience it is one he has not created but of which he is but a conductor. Hansbury has not been able to delink these three intersecting spheres (gender/sex/body) all by himself; he is, rather, the creative recipient and imaginative beneficiary of subcultures and generations of others who have turned these disarticulations into discourses, into communities, and into ways of living, partnering, and dying.⁷ Cultural forces of collective meaning making that organize sexual and gendered life along lines different from those of the dominant culture are carried in and through the analyst. This is not unique to Hansbury: all analysts are subjects who are part of various collectives, and our translations and translational tools are enabled by and constrained by the particular social groups whose discourses we carry, embody, and radiate to our patients.

⁷This passing reference to the HIV epidemic deserves more unpacking than I can do justice to in this commentary.

Straying outside of widely shared cultural forms to try out⁸ translations that discursively exist only subculturally can be an exciting and promising process for some of our patients. New possibilities of stitching together what has been unbound by the analysis arise, and some of these permit the patient to come more into her own possession (Saketopoulou 2014). But we must be careful not to romanticize this important but also fraught process (González 2014). Retranslations that borrow on subcultural discourses may come with a pleasurable feeling of omnipotence; one can, for a moment, enjoy the fantasy that she has singlehandedly, and independently of the larger social frame, created her own translational forms. As omnipotent feelings tend to, this can in turn give rise to a fear of vengeful punishment for the hubris of wanting or even imagining such power and sovereignty. In its more narcissistic inflection, this can take the form of being afraid of being envied (as is the case with Kevin). Translating on the basis of forms that feel truer to the subject and that lie outside the dominant cultural imaginary may be liberating, but we would do well to remember that often it will also be frightening. A loosening of constraints can register as freedom, but constraints, even when restrictive, can serve a containing and grounding function. In the absence of grounding, degrees of freedom can feel like chaos. Clinically speaking, then, we should expect a certain kind of unsettlement in our patients that can span a range: from discomfort to a feeling of chaos, even severe turmoil, *even though these new translations may work better for them than the previous ones*. At such moments, the analyst has to resist voicing doubt in the new translation or interpreting (thus prematurely binding) but instead must tolerate the patient's anxiety. We must also remember that the particular manifestations of these reactions and how they will inflect the transference/countertransference relationship will vary depending on the particular history and relational template each patient brings to the treatment.

But as Hansbury's treatment of Kevin skillfully reminds us, a *feeling* of chaos is not isomorphic to chaos itself. In his work with Kevin, the analyst has helped his patient explore but has steadily refrained from undoing the new work of binding. Kevin becomes panicked and with Hansbury's help is able to locate that panic in the familial: Is mother envious of his cunt? Does his cunt now make Kevin more sexually desirable

⁸“Straying” and “trying out” suggest that this process is more intentional and deliberate than I believe it is; what I am proposing happens not consciously but as a result of the patient's reaction to a state of unbinding and in the effort to respond to enigma in a new way.

to the father than the mother had been? These dynamic formulations, Hansbury suggests, have to be considered contextually and by keeping in mind a larger cultural frame. It must be considered, for instance, whether Kevin's protracted and deliberate exposure to the risk of HIV might be a means of locating himself in a community of men that Tim Dean (2009) has described as banding together in the shadows of the AIDS crisis that decimated an entire generation of unmourned gay men (see also Leavitt 2013). This is Hansbury's closing insight to us: to have new translational forms at one's disposal is a significant reason why queer patients seek community. It is out of communities that have labored, fought, and survived to form their own discourses, myths, and symbols that new possibilities for life, for gender, and for sexuality arise.

REFERENCES

- ABEND, S.M. (2008). Unconscious fantasy and modern conflict theory. *Psychoanalytic Inquiry* 28:117–130.
- AHMED, S. (2010). *The Promise of Happiness*. Durham: Duke University Press.
- AULAGNIER, P. (1975). *The Violence of Interpretation: From Pictogram to Statement*, transl. A. Sheridan. Hove, East Sussex: Brunner-Routledge, 2011.
- BERSANI, L. (1986). *The Freudian Body: Psychoanalysis and Art*. New York: Columbia University Press.
- BUTLER, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.
- BUTLER, J. (2004). *Undoing Gender*. New York: Routledge.
- DEAN, T. (2009). *Unlimited Intimacy: Reflections on the Subculture of Barebacking*. Chicago: University of Chicago Press.
- DE M'UZAN, M. (1974). Invitation to frequent the shadows. In *Death and Identity: Being and the Psycho-Sexual Drama*, transl. A. Weller. London: Karnac Books, 2013, pp. 147–168.
- DIMEN, M. (2003). *Sexuality, Intimacy, Power*. Hillsdale, NJ: Analytic Press.
- DIMEN, M., ED. (2011). *With Culture in Mind: Psychoanalytic Stories*. New York: Routledge.
- DIMEN, M., & GOLDNER, V. (2005). Gender and sexuality. In *Textbook of Psychoanalysis*, ed. E.S. Person, A.M. Cooper, & G.O. Gabbard. Arlington, VA: American Psychiatric Publishing, pp. 93–102.
- DUGGAN, L. (2003). *The Twilight of Equality? Neoliberalism, Cultural Politics, and the Attack on Democracy*. Boston: Beacon Press.
- FREUD, S. (1905). Three essays on the theory of sexuality. *Standard Edition* 7:130–243.

- GONZÁLEZ, F. (2014). Pleasure principles: Reflections on Saketopoulou's "To suffer pleasure." *Studies in Gender & Sexuality* 15:278–284.
- HARTMAN, S. (2010). Ruined by pleasure. *Studies in Gender & Sexuality* 11:141–145.
- LAPLANCHE, J. (1987). *New Foundations for Psychoanalysis*, transl. J. House. New York: The Unconscious in Translation, 2016.
- LAPLANCHE, J. (2005). *Freud and the Sexual: Essays 2000–2006*, transl. J. Fletcher, J. House, & N. Ray. New York: International Psychoanalytic Books, 2011.
- LAPLANCHE, J. (2015). *The Temptation of Biology: Freud's Theories of Sexuality*, transl. D. Nicholson-Smith. New York: The Unconscious in Translation.
- LEAVITT, J. (2013). Lesbian desire in the age of AIDS: From the head of Medusa sprung. *Studies in Gender & Sexuality* 14:144–152.
- METZL, J., & KIRKLAND, A., EDs. (2010). *Against Health: How Health Became the New Morality*. New York: NYU Press.
- OGDEN, T.H. (1994). The analytic third: Working with intersubjective clinical facts. *International Journal of Psychoanalysis* 75:3–20.
- RICH, A. (1980). *Compulsory Heterosexuality and Lesbian Existence*. Bloomington: Indiana University Press.
- SAKETOPOULOU, A. (2014). To suffer pleasure: The shattering of the ego as the psychic labor of perverse sexuality. *Studies in Gender & Sexuality* 15:254–268.
- SCARFONE, D. (1997). *Laplanche*, transl. D. Bonnigal-Katz. New York: The Unconscious in Translation, 2015.
- SCARFONE, D. (2012). Winnicott: Early libido and the deep sexual. *Canadian Journal of Psychoanalysis* 20:3–16.
- SCARFONE, D. (2014). The *Three Essays* and the meaning of the infantile sexual in psychoanalysis. *Psychoanalytic Quarterly* 83:327–344.
- SCARFONE, D. (2016). Fantasma et processus de fantasmatisation. *Revue française de psychosomatique* 50(2):47–68.
- STOLLER, R. (1968). The sense of femaleness. *Psychoanalytic Quarterly* 37:42–55.
- VAN HAUTE, P., & WESTERINK, H. (2016). Sexuality and its object in Freud's 1905 edition of *Three Essays on the Theory of Sexuality*. *International Journal of Psychoanalysis* 97:563–589.

80 East 11th Street, Suite 407
New York, NY 10003
E-mail: avgisaketopoulou@gmail.com