

Transsexuality and Lacanian Psychoanalysis

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This paper is written in the spirit of depathologizing transsexuality in Lacanian psychoanalysis and to call for more progressive theorizing using Lacan's later works on sexuation alongside Bracha Lithenberg Ettinger's work on the matrixial borderspace.¹ Ettinger is an artist, theorist, and feminist psychoanalyst who has critiqued and offered a supplement to Lacan's writing on feminine sexuality. While most Lacanian writing on transsexuality has followed Catherine Millot who contends in her book *Horsexe* that male to female transsexuality is psychotic, this paper contends that transsexuality should be understood as a subset of neurosis and in the terms of Ettinger's notion of the matrixial substratum. Ettinger's work on the Other (feminine) sexual difference presents us with a means to think about the subject as "becoming," "transitioning," and as "borderlinking" without recourse to psychosis. As she puts it, the Other (feminine) sexual difference "produces for men and women a different, non-Oedipal sublimation where, in the search for non-I(s), the *jouissance* is of the borderlinking itself."² The *jouissant* borderlinking in the matrixial substratum enables us to understand transsexuality in terms of neurosis.

Ettinger conceives of the transsubjective metamorphosis in relation to Lacan's analytic of sexuation. I use her conceptualization to understand how the sinthome of transsexuality can be read in relation to feminine sexual difference. More specifically, I contend that transsexuality isn't caused by a failure of the paternal function as in psychosis, but that it indexes an Other (feminine) sexual difference that predates phallic sexuation as theorized by Lacan. Ettinger's notion of the transsubjective does not refer to transsexual people per se, but rather to a modality

of experience in the matrixial borderspace predicated on becomings and co-fadings, severality, and interlinkings between I and non-I. In this substratum, Ettinger posits an originary feminine sexual difference before the phallic order of sexual difference theorized by Lacan. This feminine sexual difference is predicated on a sexuating co-emergence between an I and a non-I that isn't sexed and/or gendered; a becoming and co-fading that is subjectivizing and life-generating rather than psychotic. As I suggest below, the transsexual trajectory may be understood as a metamorphical becoming and co-fading in a transsubjective space of feminine difference that reconfigures and reinscribes the traces of a primordial m/Other. For Ettinger, metamorphosis involves a process of "joining-in-separating with/from the other" ("Gaze and Screen" 104). Regardless of the gender identity of any given transgender subject, there is an entry into what has been designated a *feminine* space of difference in Lacanian theory. We must understand the feminine not as a gender identity, but rather as a complicated border-linking with the not-all (the non-universal) or, alternatively, with that which creatively animates a place of difference within the self.

To develop my argument, I first delineate what I call the psychotic thesis as it pertains to transsexuality. Next, I provide an overview of Lacan's work on sexuation to further illustrate how Millot's theory of transsexuality negates the way transsexuality enables a productive and creative engagement with the question of sexual difference. Transsexuality is not about a fantasy of phallic totality but, rather, a means to reconfigure the body such that one can signify sexual difference and thereby a traumatic bodily jouissance. In the third section, I introduce Ettinger's work on the Other (feminine) sexual difference in the matrixial along with the Lacanian concept of the sinthome. As I suggest, for those with neurotic structures, transsexuality can be a sinthome, a creative fiction harnessed to knot what Lacan calls the Imaginary, the Symbolic, and

the Real. This sinthome must be distinguished from what Lacan calls the push-toward-Woman in psychosis. Where there is foreclosure in psychosis, in neurosis there is repression and hence the possibility of working analytically with a signifier that has been negated. It is thus important to make a distinction between the push-toward-woman in male psychosis, as evident in the Schreber case for example, and transsexuality as found in male and female neurotics. I propose that transsexuality can be understood in relation to both the matrixial substratum and in relation to the Lacanian conception of the sinthome.

The Psychotic Thesis

Lacanian clinicians too often understand transsexuality to be a failure on the part of the paternal function to enable a cut between the subject-to-be and the m/Other, thereby reducing transsexuality to psychosis. This thesis is based on Lacan's commentary of the now-infamous Schreber case. Lacan first wrote about Daniel Paul Schreber in his doctoral dissertation and continued to reflect upon this case of psychosis in his seminars up to the 1970s.³ Schreber experienced a psychotic break midway through a successful career as a judge in Germany. Sigmund Freud focused on this case in-depth and used it to develop his theories of paranoia and dementia praecox. Along with other psychoanalysts, Freud was interested in what Lacan later called the push-toward-woman in the psychotic break: the feminizing impulse characteristic of the Schreber case. It must be stressed that most of Millot's theorizing is anchored in Lacan's writing on this case which is, by all accounts, one of psychosis, not neurosis. Lacan didn't focus his teaching on other cases of transsexuality involving neurotic structures. Had he done so, it may have been commonplace to understand transsexuality in relation to neurosis and not as a telltale sign of psychosis.

The psychotic thesis was set in motion by Catherine Millot. In *Horsexe*, she claims that the transsexual symptom was analogous to the act of writing for James Joyce, in the sense that both offset psychosis. Millot argues that the “transsexual symptom ... corresponds to an attempt to palliate the absence of the Name-Of-The-Father, that is, to define an outer limit, a point of arrest, and to achieve a suspension of the phallic function.”⁴ In his seminar *The Psychoses*, Lacan explained that the name of the Father, or rather the paternal function, introduces a third symbolic position in the imaginary dyad between the mother (or maternal position) and child.⁵ In other words, the paternal function introduces the law and regulates desire between the mother and child. The introduction of the paternal metaphor, which is independent of an actual father because it is a symbolic position, enables intersubjectivity as well as conventional and formal language development. When identification with the Symbolic fails to occur, the subject doesn’t establish a place in the network of signifiers and psychosis ensues. In Lacanian parlance, psychosis is characterized by an inability to abide by metaphoric substitution in language because there is no paternal metaphor (or function) at play.

Millot follows this Lacanian logic and applies it to the case of transsexuality without considering that many transsexuals, like non-trans individuals, may be neurotic. She contends that all transsexuals, in line with the paradigm of psychosis, are unable to substitute “one signifier, the Name-of-the-Father, for another, the desire of the mother” (32). In other words, the child’s relation to the mother (or to the maternal position) is unmediated by a third position that would introduce a gap in the primary dyad. Geneviève Morel follows the same logic, suggesting with reference to Robert Stoller’s work that transsexuals have typically been the “privileged objects” (object *a*) of their mothers, and thus interpret *jouissance* as feminine.⁶ Morel contends that maternal *jouissance* invades the subject and, without a paternal (or third party) interdiction,

the *jouissance* is felt phenomenologically as a “forced feminization [that] can be experienced as a bodily transformation” (60). She later notes that bodily *jouissance* needs to be subordinated by the signifier, which performs a unifying function. When significations fail to delimit sexual *jouissance* and genital activity more specifically, the “*jouissance* breaks out in the body: the organs of the body speak” (100), as in schizophrenia for example. Transsexuals, it follows, attempt to palliate the lack of a paternal, or signifying, function by identifying with the signifier of the Woman: what Lacan calls the push-toward-woman (*pousse-à-la-femme*). The more successful a transsexual symptom is, the less likely a patient will be identifiable as psychotic. Morel concedes that many transsexuals do not exhibit psychotic symptoms. She does, however, insist that this doesn’t mean that transsexuals don’t have a psychotic structure. They are, she writes, susceptible to a “florid outbreak of delusion, triggered by a contingent encounter with some aspect of real life” (184).

Our understanding of transsexuality is further complicated by the fact that the desire of the mother and the paternal (or phallic) function is structured by the problem of sexual difference and thereby impacts upon sexuation. According to Lacan, how one resolves the question of the mother’s desire in relation to paternal law is a determining factor in whether one is sexuated into the masculine or feminine position. “The subject’s capacity to situate himself as man or woman relative to the phallus depends on the symbolization of the paternal function,” writes Millot (35). If there is no paternal function in the subject’s unconscious, there is an inability to establish a sexuated position. Millot further suggests that for those who are psychotic, “difference of sex is reduced to empty clothing draped on the body, and is purely a question of conformity to an image” (35). A psychotic identification with the mother’s desire, or rather the phallic signifier she lacks, is associated with a drive toward feminization. The male subject views himself as a

woman. As Lacan argued in relation to the Schreber case, the psychotic patient is “incapable of being the phallus that the mother lacks, [so] he is left with the solution of being the woman that men lack” (36). The woman-phallus is not a symbol, but an image; it “occupies the place of the lack in order to eclipse it” (37). According to Millot, the narcissistic mirror image of the male-to-female transsexual excludes all lack in an attempt to make up for the (phallic) lack in the mother.

While Millot notes that there may be no psychotic symptoms in transsexuality and that what she calls the transsexual symptom can also be of the hysterical type, she doesn’t mine what I interpret to be the creative, *sinthomatic* elements of the transsexual transition. She correctly observes that transsexuality may be a way to “escape the requirement of being the object of the Other’s *jouissance*” (140). But she concludes that sexual reassignment surgery (SRS) is doomed to fail because it is presented as a solution to the *aporia* sexual difference. Millot does focus on the invasive *jouissance* of the Other which is unbarred and experienced by the subject as unlivable. However, she doesn’t recognize the subjectifying effects of trans surgeries, which I will elaborate upon in what follows. She notes, correctly in my view, that transsexuality issues a demand to the Other and as such involves the Other’s desire. “As a symptom [the demand] is completed with the help of this Other dimension – more especially, with that of the function of the Other’s desire,” she writes (141). The Lacanian analyst seeks to assume the place of the Other and to make the desire of this Other a question, as opposed to a certainty, for the patient. Millot worries, however, that this position is countered by a larger Other, that of Science, which can answer the question of the Other’s desire in the form of a deliverance: sex reassignment surgery, which Millot calls castration. She writes that when one calls oneself transsexual, the question is closed: the transsexual “has chosen not to leave open the question of his desire. To a certain extent,” she continues, “he also renounces his desire, in order to devote himself to the

jouissance of the Other and the greater glory of Science” (142). Alluding to a trans acquaintance she calls Gabriel, Millot claims that to be transsexual is to “refuse to ask oneself questions” (143). She concludes that the availability of surgeries and hormones answers desire and fails to generate new questions and signifiers that can produce a *sinthome*. By contrast, my contention is that trans surgeries can, and very often do, enable the subject to animate the question of sexual difference. This animation is necessary for sexuation in the phallic stratum which exists alongside, yet diverges from, the matrixial substratum, as I elaborate in the following section.

Transsexuality and the Feminine

The trend in Lacanian psychoanalysis to reduce transsexuality to psychosis is linked to a concordant tendency to view the feminine position in close proximity to psychosis. In other words, the reduction of transsexuality to psychosis is wrapped up in the way Lacan theorized the feminine position and its supposed proximity to psychosis. Millot’s work is a case in point. She doesn’t fully distinguish between what Lacan calls the feminine position in neurosis and the push-toward-woman in psychosis, or transsexuality in neurotics more generally. The Other *jouissance* (experienced by those sexuated into the feminine position) lacks inscription and phallic individuation for Millot, and her theorizing here follows Lacan’s. This Other *jouissance* is not restricted by the Father and, unlike phallic *jouissance* (which is characterized by the masculine position) it is uniquely animated by, and attuned to, the desire of the Other. The feminine-Other is not fully prohibited by the phallic Symbolic. Not-all of the woman is subject to the phallic prohibition. For Millot, women occupy a curious position in so far as they are “both related and unrelated to the phallic function; their relation to the phallic function is of an indeterminate, contingent order” (40).

Consequently, there is the ever-present risk of reducing the feminine position, usually assumed by cisgender females, to psychosis. Indeed Millot posits a relation between the feminine position and the psychotic position. She writes,

the absence of a limit to the phallic function, together with the absence of prohibition on incest, two terms that are to be interpreted as expressing the lack of what might deprive the subject of the possibility of identifying with the imaginary phallus – the lack of what would thus prohibit absolute *jouissance* – relate the feminine position to that of the psychotic. (41)

The “feminine drive” in psychosis, for Millot, is caused by a foreclosure of the Name-of-the-Father. She does, however, distinguish between a transsexual position and a transsexual symptom. As Millot contends, the transsexual symptom, manifest in the push-toward-woman, is a means to compensate for the absence of the paternal function and thus to establish a bodily limit at the level of the signifier. The patient, in this instance, typically wants to be the unbarred Woman – the one not subject to paternal prohibition. For Millot, this Woman becomes another Name-of-the-Father because she serves a paternal function. Like the father of the primal horde, she is unrestrained, and thus mythological.

This is the point where there is a meeting between the feminine position and transsexuality which, according to Millot (and later Morel), rejects the Name-of-the-Father and thus the Symbolic. As the prototypical feminine neurotic, the hysteric is always questioning sexual difference; she (or he) never fails to underscore the inability of the phallus to signify sexual difference and, through her questioning alone, is not a woman or man in any simple way because she refuses to be a symptom of man. While Millot’s analysis of transsexuality is based on trans women, she does note that the transsexual symptom in trans men ranges from psychotic episodes to hysterical neurosis. For example, Millot writes that trans men, like hysterics, may cultivate imaginary identifications with maleness. The male position is chosen “for want of

knowing how to place oneself on the women's side" (117). She notes, however, that she has never observed psychotic symptoms in trans men. The wish to transition is represented as either a "delusion of bodily transformation" (115) indicative of psychosis, or as a hysterical demand caused by indecision about one's sexed position. "For transsexuals," she writes, "a book may be read by its cover, and the bodily frame is thought of as another article of clothing, to be retouched at will" (116). The characterization of a patient's wish for surgery as whimsical is at odds with Millot's earlier statements about the pressing need to palliate the lack of a paternal metaphor through transsexuality as a means to inaugurate the subject into the Symbolic.

In his discussion of the Schreber case, Thomas Dalzell elaborates upon what he views to be a structural difference between the feminine position and transsexuality. "While it might be legitimate for femininity to question the exception [of the father's function]," he writes, "we would argue that it is another thing for psychosis to foreclose the exception so that neither it nor the limiting phallic function exist at all."⁷ In other words, feminine questioning, for him, is neurotic because it asks a question of sexuality, while transsexual foreclosure of sexual difference is indicative of a separate structure, that of psychosis. The difference can also be understood as the difference between repression (in the hysteric) and foreclosure (in the psychotic) of the paternal function that produces the exception.

While a comprehensive discussion of feminine sexuation is beyond the scope of this paper, I suggest that both the feminine subject (trans or cisgender) and the transsexual subject may be comparatively animated by an Other (feminine) sexual difference that is improperly or incompletely registered in the phallic stratum. Of course, the hysteric's engagement with the enigma of sexual difference is not somatized in the same way as it is for the transsexual. The somatization of sexual difference is a distinguishing feature of transsexuality. In the case of

transsexuality, the identification with the other sex is more likely to be total, whereas the hysteric identifies with the lack in the other as real. While the hysteric wrestles with the question of sexual difference and must come to terms with the impossibility of finding an answer to the question, the transsexual posits an answer in the form of an affirmation: I am the other sex. As Patricia Gherovici notes in her clinical work, “hysterical identifications are always partial, whereas the identification with the sinthome [in the case of transsexuality] is total.”⁸

Despite these contrasting solutions, I contend that both positions are animated by both the subterranean knowledge of one’s matrixial border-linkages in the Real and the inability of the Symbolic to symbolize feminine sexual difference. I also maintain that both the hysteric and the transsexual have a neurotic structure, the hysteric because she or he is unhappy with the phallus, and the transsexual because he or she is committed to a sinthomatic re-knotting of the three psychic registers, which taps into the matrixial substratum. In actual fact, there is overlap between the hysteric and the transsexual. There is no analytic need to treat the positions as mutually exclusive. Both challenge the primacy of the phallus as it tries to underwrite two sexes with one signifier. The signs and symbols of the matrixial substratum are foreclosed in the phallic economy; and both the hysteric and the transsexual attempt to signify the barred feminine in the Symbolic.

The two groups do, however, arrive at different solutions to what Griselda Pollock refers to as the “effects of the non-acknowledgment of the meaning-creating dimension of feminine sexual difference for subjectivity in general.”⁹ For transsexuals, a transition is often required at the level of the flesh, whereas the hysteric is usually content to keep the question of sexual difference as an epistemological inquiry. Just as the feminine position doesn’t exist wholly in the phallic stratum, the transsexual position must also be understood from within the matrixial

substratum. It is thus vital to develop transgenerative language to give voice to what is matrixial and thus coded as other, psychotic, or non-existent in the phallic paradigm. For psychoanalysts, the clinic offers an important arena for talk about symptoms. As a Lacanian psychoanalyst, Morel believes that through analysis the patient is invited to articulate a symptom that will ultimately lead to an ongoing exploration of sexual difference, desire, and the limits of the Other.

According to Morel, the availability of the surgical solution to the symptom of transsexuality offers the client an unhelpful and, in fact, detrimental means to bypass the psychoanalytic process. In Lacanian psychoanalysis, one should never respond to client demand but rather answer only to the subject's desire. Morel is concerned that a total identification with the other sex in the case of transsexuality will come at the cost of the client's unconscious desire as distinct from conscious demand. As Morel writes, "madness here lies in choosing the wrong target: the organ instead of the signifier" (187). In this view, SRS responds to the demand of the Other, whose *jouissance* is all-encompassing. Charles Shepherdson similarly claims that this demand is one "in which desire is lost, a demand that the subject appears to make, but which has come from the Other, and with which the subject has complied."¹⁰

While I support the psychoanalytic attempt to engage patient desire, I don't believe trans surgeries are ultimately, or even often, at odds with the psychoanalytic cure as theorized by Lacan. Transsexuality is not about a fantasy of phallic totality or, conversely, an attempt to override the question of sexual difference. Rather, transsexuality enables the subject to explore the sexual impasse. This exploration operates through the phallic *and* matrixial stratum, both of which must come into analytic play. As I will explain in what follows, a surgically or hormonally induced transition will ideally leave the patient in a position to generate new significations and

fantasies about his or her bodily morphology such that the impossibility of sexual difference can be lived creatively, that is sinthomatically.

The Other (feminine) Sexual Difference and the Sinthome

Lacan's sexualization formulas are relevant to what Ettinger refers to as the phallic stratum. In this stratum, subjects are sexualized as men or women depending on their relations to the Other and to jouissance. There are no men and women in the matrixial because there are no castrating cuts, but rather being-in-relation and co-emergence. Ettinger posits a matrixial substratum in which it isn't possible to speak of subjects, but rather subjective grains, partial encounters, becomings and existence(s) in relation. The matrixial functions at the levels of the Real and the unconscious. It offers a way to theorize the not-all in the realm of the feminine position and in transsexual neurotics. What may distinguish cisgender (non-trans) neurotics from transsexuals is an acute sensitivity to what Ettinger calls a "traumatic *jouissant* corpo-Real of the late uterine/late pregnancy severality" that interferes with phallic sexualization (quoted in Pollock 47). Feminine jouissance in the matrixial produces a kind of sub-knowledge of "feminine difference *between* trauma and phantasy ... impregnating an-Other-desire in subjectivity-as-encounter."¹¹ If we imagine the transsexual transition to be a kind of metamorphosis, this metamorphosis would thus allow "what is lost to one to be inscribed-in-difference in the other, and the passages of these traces, transformed, back to I" ("Prenatal" 402). This speaks to the intergenerational transmission of trauma that leaves a mark, remainder, or excess on the body which, in the case of transsexuality, complicates sexualization.

For Judith Butler, Ettinger's work concerns the "problem of the trace, or what she sometimes calls the 'grain' of another's suffering, what has registered traumatically for

another.”¹² For the parent, this trauma has not been introjected and so, as Butler further notes, we are dealing with “what remains an alien and dead trace of someone else’s lost mourning” (153). Neither shared nor foreclosed, this intergenerational transmission, according to Butler, is transitive; it functions like a phantom in the visual field. Bits and pieces of the m/Other’s unrecognized trauma live on in the subject, who isolates these traces on the body. For transsexuals, these traces impact on sexualization; it follows that surgery is focused on the genital and/or sexualized regions of the body. In the case of transsexuality, the relevant traumatic traces are aestheticized, but not introjected, because they are experienced as foreign. This accounts for the feeling of acute discomfort arising for the transsexual from the discrepancy between the body image and the sensate body.

In what follows, I argue that the *sinthome* of transsexuality taps into a matrixial domain where the subject attempts to reinscribe a relation to a primordial feminine sexual difference. Lacan modified the word ‘symptom’ to ‘*sinthome*’ in an effort to underscore the centrality of the signifier in one’s ailment or complaint. He understood the *sinthome* as a critical fiction that allows the subject to knot the Imaginary, the Symbolic and the Real. A *sinthome* can be understood as an ongoing story, a changing narrative through which one can live with the sexual impasse: the impossibility of a sexual relationship. By identifying with one’s symptom, one ideally creates a *sinthome* which one may use to manage, or rather to create, a supplement to the nonexistent sexual relation. In the case of transsexuality, the *sinthome* may be somatized and understood as a corporeal appendage. The auxiliary part may, in this case, be incorporated into the Imaginary and require symbolic ratification by, for example, the use of gender pronouns consistent with one’s gender identity. As Lacan noted, the *sinthome* is the other sex, “a *sinthome*-she or a *sinthome*-he” (Gherovici 185).

The sinthome is highly individual and can involve what Lacan calls transsexual jouissance. Oren Gozlan writes that “we create a sinthome when we identify with our symptom, that is, when we no longer believe in the truth of the symptoms but see it as a creative product of the self and hence take ownership of it.”¹³ In the clinical treatment of transsexuality, a sinthome can be orchestrated by a change in gender pronoun, a name-change, hormone treatments, sex-reassignment surgery, or an autobiographical account of one’s gender journey. In this case, the sinthome involves the formation of a language – a story of one’s oedipalization and associated medical interventions, for example – that enables a transition. It must be noted, however, that the memory-traces of the matrixial substratum underpinning both the autobiographical narrative and the wish to transition can’t be fully represented by any one linear story. Rather, they must be continually remade and rearticulated.

For Lacan, the other sex can be a sinthome and, while the woman is a sinthome of man, she may also be a sinthome for another woman. In both instances, the sinthome is the other sex. Viewed from the perspective of the feminine matrixial, Ettinger suggests, the sinthome may be seen as an “intersection that creates/invents/reveals/ releases a potential desire from its dangerous ... archaic zone.”¹⁴ In other words, it involves a swerve and a borderlinking “from/with-in and in contact with a Real ‘touched’ by the feminine Thing.”¹⁵ For Ettinger, the sinthome is indicative of a failure on the part of the phallic economy to knot the Imaginary and the Symbolic with the Real in a way that engages the feminine (non-phallic) sexual difference.

Regardless of the particular form the sinthomatic stitch may take for any given individual, it can be an active and creative reworking of a symptom that involves what Lacan calls a passage to the act. The passage to the act enables the patient to loosen his or her identification with the Other’s desire and to forge an identification with his symptom – hence

Slavoj Žižek's injunction to "Enjoy your symptom!" If we are to understand the transsexual trajectory as a creative sinthome, it must function at the level of the Real, and not only at the level of the Imaginary and the Symbolic where most Lacanians apprehend sex embodiment and gender identity. Ettinger suggests that Lacan's notion of the sinthome gestures to a new phase in his theorizing, however incomplete, in which he signals to the possibility of a feminine rapport, an Other (feminine) sexual difference. For Ettinger, this sinthome is a non-phallic sublimation ("Gaze and Screen" 120). The sinthome knots the three psychic registers of the Imaginary, the Symbolic, and the Real. It provides a supplementary feminine sexual rapport, sexual and life-generating, which is unthinkable in the phallic stratum.

Ettinger hypothesizes that the feminine symbolic, occluded by the phallic Symbolic stratum, touches upon the Real and forges a link in the phallic Symbolic stratum to a female bodily schema. Elements of this schema that remain unsymbolized are, I suggest, libidinally cathected and acutely somatized by transsexuals. This is not to say that transsexuals are women, but that they are attuned to the matrixial substratum predicated upon a feminine otherness or, rather, an axis of difference yet to be cognized. The Other sexual difference in the matrixial is important for understanding a transsexual bodily schema which not only departs from its mirror image, but conjures up the other sex, recognizing this otherness as a property of the self. This attunement isn't reducible to, or delimited by, gender identity. For example, trans women may recognize female bodily specificity as a component of their own bodily schema while trans men may wish to extract elements of that same female bodily specificity. Indeed Ettinger supplants Lacan's equation Phallus = Symbol with "Phallus + Matrixial (+ possibly other concepts) = Symbol."¹⁶

Matrixial awareness is uneven, as is our need to trace, cut, and/or reinscribe it on the body. Surgical transitions can etch and reinscribe affected events, traces, and tactile imprints of the primordial relation to the m/Other in the pre-birth encounter. Just as Ettinger finds traces of the matrixial substratum in art, I suggest that the transsexual transition is an act of artistry which renegotiates a borderspace between self and m/Other, thereby enabling subjectification. It may also be the case, as Gozlan suggests, that the sinthomatic knotting of surgery and autobiography enables the subject to be released from a “phantasized hold of the Other’s determinations” (4). In other words, transitions, surgical and otherwise, may enable a patient to cut out a limit to the jouissance of the Other as it envelops the subject. The common trope that one is trapped in or confined to a body at odds with one’s gender identity, or bodily imago, suggests an excess jouissance which is experienced by the subject as unlivable. SRS is less often experienced by the subject as a choice and more often as a solution to an acute crisis. Surgery can enable patients to disidentify with a parental image and establish subjective limits literally on the body.

While Millot, like Shephardson, contends that for transsexuals the “Other takes the form of science for which there is no limit” (103), scar tissue, an unavoidable mark of surgery, enables new limits and bodily border spaces which can be signified. Scar tissue may function here as such a border or, as Bracha Ettinger might say, as a border-linking that enables separation and metamorphosis, but with a difference. A mark left on the skin post-surgery delimits a point of contact and a surgical cut. Scar tissue becomes a surface inscription where the m/Other was, but is no longer present. The scar may also function on the matrixial substratum to the extent that it signals what Pollock calls “a psychic event encounter” (32) when a prior borderlink with, for example, a parental image is changed. Metamorphosis involves the “process of change in borderlines and thresholds, Ettinger writes. “Limits, borderlines, and thresholds ... are constantly

transgressed or dissolved, thus allowing the creation of new ones” (“Metramorphosis” 201). Ettinger further notes that metramorphosis is trans-psychic in that it generates unthought knowledge that is independent of the signifier. In other words, it occurs in a “sexual rapport from a feminine beyond-the-phallus prism” (“Weaving” 401).

A borderline can't be stabilized by an isolated cut, split, or division because, as Pollock argues, it is “subject to a perpetual retuning and rehoning” (32). This is why surgery alone is not enough to complete a transsexual transition. SRS must enable the client to produce new signifiers and to desire. A sinthomatic knotting between the Real (the flesh), the Imaginary (embodiment), and the Symbolic (gender pronoun) is needed. A transition demands a corporeal and/or linguistic reinscription of the m/Other's traces on one's body such that the subject can forge a new, and ideally more livable, relation to the desire of the m/Other. Like art, the grafting that takes place in double incision bilateral mastectomy, for example, is a creation; a means of reconfiguring an alienating identification with an external image in the mirror stage. While one must rely upon medical and often psychiatric personnel for sex reassignment surgery, there is also an active, authorial component to the procedure on the part of the patient. Ideally, the surgery inaugurates a sinthomatic knotting that enables the body to materialize through new signifiers.

This knotting is what is overlooked by Geneviève Morel who, like Millot, insists that the transsexual mistakes the organ for the signifier. More specifically, the transsexual is thought to mistake the organ for the phallus which “lies at the juncture of the real and the symbolic, where language and jouissance are articulated” (186). But as Patricia Gherovici concludes that the “demand of the extraction of an organ can be the demand of the extraction of a signifier that has become all too real” (194). Surgery enables the subject to address the signifier through the

organ. Transition is a means of negotiating, or perhaps making visible, the enigma of sexual difference in the phallic stratum while simultaneously stabilizing an unlivable bodily jouissance with matrixial underpinnings.

Transsexual surgery ideally enables the subject to revisit the question of sexual difference with the added benefit of stabilizing a bodily jouissance which, prior to surgery, was unsymbolizable. Morel is correct to suggest that the problem lies at the place where the Real and the Symbolic are knotted. But she is wrong, in my view, to conclude that SRS can't enable the subject to re-knot these registers. Clinical, cultural, and anecdotal evidence suggests that post-surgery transsexuals in fact do not, as Morel suggests, experience the re-emergence of traumatic jouissance in the form of hypochondria, schizophrenia, paranoia, or melancholia, for example. Rather, North American patients in analysis, post-surgery, focus upon scar tissue, new phenomenological experiences of sexed embodiment, as well as genital and erotic zones. All of these explorations localize, rather than unmoor and disperse, bodily jouissance. In other words, sex changes can function *sinthomatically*. It is reasonable to suggest that the benefits of surgery in the case of transsexuality are accentuated by the availability of trans-positive language, community, and supports which together enable exploration of the question of sexual difference.

Due to an over-reliance on the Schreber case, the only case of transsexuality analyzed by Lacan, there is an unfortunate tendency to generalize its specifics to all instances of transsexuality. A universal transsexual (and thus psychotic) structure is created that makes it difficult to understand transsexuality as a productive means to negotiate the sexual impasse for subjects with neurotic structures. In other words, transsexuality can be a therapeutically viable way to assume a relation to the Other's desire that does not nullify to the subject.

Conclusion

Transgender subjectivity indexes another matrixial order of sexual difference that can't be understood at the level of phallic difference (Lacan's castration, *being* or *having* the phallus) alone. It must include severality, intro- or trans-subjectivity (a sexual or other difference) that attends to the corpo-real. The feminine in Ettinger's matrixial borderspace is trans-subjective. The transsexual transition is, I suggest, a metramorphosis that refolds and reinscribes a matrixial trace by which one is unhappily linked to a parental image such that one's gender can signify as difference in the phallic stratum. Transsexual scar tissue, for example, might materialize nonconscious traces of an originary border-linking in the matrixial. Ettinger notes that these archaic traces are "remembered without being recollected and are revealed in a phantasm saturated with imprints of the trauma of a partial and shared subjectivity" ("Gaze and Screen" 109). The matrixial reinscription and refolding of primordial traces is thus unconscious, operating at the level of the Real but also at the levels of the Symbolic and the Imaginary. The jouissance here is to be found in the borderlinking enabled by the scar as a trace connection to the matrixial. For Ettinger, this borderlinking puts into operation a "joining-in separating with/from the other" ("Gaze and Screen" 104), in other words a metramorphosis. The transsexual transition in this sense can be understood as a metramorphical becoming, a border-linking enabling separation and distance in proximity. It is not, as Millot contends, an attempt to abolish the 'nature' of the Real. Transsexual transitions work to achieve a sinthomatic re-knotting of the three registers such that one's relation to a parental image and to the Other's primordial traces can be reconfigured.

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Notes

¹ See Lacan, *The Seminar of Jacques Lacan Book XX*, ed. Jacques-Alain Miller (New York: W. W. Norton & Company, 1998) and Ettinger, *The Matrixial Borderspace* (Minneapolis: University of Minnesota Press, 2006).

² Bracha Ettinger, “Matrixial Gaze and Screen: Other Than Phallic and Beyond the Late Lacan,” *Bodies of Resistance: New Phenomenologies of Politics, Agency, and Culture*, ed. Laura Doyle (Evanston, IL: Northwestern University Press, 2001), p. 110. Further references are incorporated into the text.

³ See Sigmund Freud, “Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)” (1911), *The Standard Edition of the Complete Psychological Worlds of Sigmund Freud (SE)*, trans. James and Alix Strachey (London: The Hogarth Press and the Institute for Psycho-Analysis, 1953-74), vol. 12, pp. 3-84; and for a sample of Lacan’s contribution to the discourse, see “On a Question Prior to Any Possible Treatment of Psychosis,” *Écrits*, trans. Bruce Fink (New York: Norton, 2006), pp. 445-88.

⁴ Catherine Millot, *Horsexe* (New York: Autonomedia, 1990), p. 42. Further references are incorporated into the text.

⁵ See Lacan, *The Seminar of Jacques Lacan, Book III, The Psychoses (1955-56)*, ed. Jacques-Alain Miller (London: Routledge, 1993).

⁶ Geneviève Morel, *Sexual Ambiguities* (London: Karnac, 2011), p. 60. Further references are incorporated into the text.

⁷ Thomas Dalzell, *Freud’s Schreber between Psychiatry and Psychoanalysis* (London: Karnac Books), p. 328.

⁸ Patricia Gherovici, *Please Select Your Gender: From the Invention of Hysteria to the Democratization of Transgenderism* (New York: Routledge, 2010), p. 212. Further references are incorporated into the text.

⁹ Griselda Pollock, “Thinking the Feminine: Aesthetic Practic as Introduction to Bracha Ettinger and the Concepts of Matrix and Metamorphosis,” *Theory, Culture & Society* 21.1 (2004), p. 35. Further references are incorporated into the text.

¹⁰ Charles Shepherdson, *Vital Signs: Nature, Culture, Psychoanalysis* (New York: Routledge, 2000), p. 104.

¹¹ Ettinger, "The Feminine/Prenatal Weaving in Matrixial Subjectivity-as-Encounter." *Psychoanalytic Dialogues* 7.3 (1997), p. 401. Further references are incorporated into the text.

¹² Judith Butler, "Disturbance and Dispersal in the Visual Field," *Art as Compassion: Bracha L. Ettinger*, ed. Catherine de Zegher and Griselda Pollock (Brussels: ASA Publishers, 2011), p. 151. Further references are incorporated into the text.

¹³ Oren Gozlan, "Transsexual surgery: A novel reminder and a navel remainder," *International Forum of Psychoanalysis* 25.1 (2011), p. 2. Further references are incorporated into the text.

¹⁴ Ettinger, "Trans-Subjective Transferential Borderspace," *A Shock to Thought: Expression After Deleuze and Guattari*, ed. Brian Massumi (New York: Routledge, 2002), p. 225.

¹⁵ Ettinger, "Weaving a Woman Artist With-in the Matrixial Encounter-Event," *Theory, Culture & Society* 21.1 (2004), p. 86.

¹⁶ Ettinger, "Matrix and Metramorphosis," *differences: A Journal of Feminist Cultural Studies* 4.3 (1992), p. 190.