

THE AMANDA CASE:

The real is without representation, even if it has representatives.

M. Czermak et al.

This work mobilized the energies of Claude Gavarry, Serge Gaudé, Philippe Mauduit, and Louis Sciara. My intern, Stéphanie Hergott, had just completed her thesis on the subject: "The clinical position of male transsexualism. Proposals based on a case study. Thesis for the DES in psychiatry, Académie de Paris. Faculty of Medicine, Kremlin Bicêtre. October 1995." The case caught the attention of my assistant, Claire Sotty, and my intern, Fean-Marc Berthomé.

The study days of the International Freudian Association on "Representation," held in Reims on May 20 and 21, 1995, allowed us, along with a few friends, to make some progress on the question of transsexualism, since it enabled us, based on a widely discussed case that had found its imaginary balance, to ask: what is this woman that the transsexual claims to be? Here you will find various additions to what we presented in our "Precisions on the Clinic of Transsexualism."

A. Some fundamental issues, among others.

We decided to hold this meeting on gender identity and transsexualism next year following a landmark legal decision by the European Court of Human Rights, upheld in December 1992 by our Court of Cassation: for the first time, our highest court agreed to a change of civil status for a transsexual who had undergone surgery, thereby overturning the fundamental principle of the unalterability of a person's status. Already, at the symposium organized by Benjamin in 1963, a lawyer had stated that since we were in a democracy, everyone was free to choose their gender!

Lacan had put it this way: "The clinic is the real as impossible to bear." There are various interpretations of this aphorism. Today we will offer you one possible interpretation: the clinic is the real as impossible to bear through representation. Or, as a variation: the real is without representation even if it has representatives—namely, the signifier and the structure—which can possibly make it presentable. And in the case we are going to present to you, you will see precisely this function identified by Lacan operating in the "at least one."

Many years ago, we were alerted by these subjects who wanted to be called "woman." This insistence inevitably led us to ask ourselves: What is a woman? What is this woman? What are her characteristics? Why do these subjects insist on being called woman, often dispensing with any surgical request? And more often than not, this raises a great deal of confusion.

We realized that this fact had not been noticed or recorded in our literature: when asked why they want to be called women, these individuals often respond—almost without exception—that women are more beautiful.

"Why do you dress up as a woman?"

"It's more beautiful."

Thus, the very question of beauty, an eminent question of aesthetics, arose immediately in these cases, and very selectively, at a clinical point that is the immediate precursor to a possible and irremediable fragmentation. The point of origin of the most raw horror and therefore of this intimate link between beauty and horror.

The case we are about to discuss did not particularly emphasize beauty: the word only came up very indirectly. Nevertheless, we received a series of postcards from the Canary Islands: a series of naked bodies, multiplied and rather obscene, which give an idea of what beauty means to these subjects: rather, the human flesh as such.

We welcomed him a few months ago in our service and the picture was quite sensational in its exemplarity.

That's when a group from our weekly seminar, interested in the case, took it up. We discussed it, and what we present to you here is the difference between the photographs we were sent and the reality of the clinic, a reality that cannot be represented, since these photographs are a representation. And we will see later how what is actually presentable for the clinician can be specified topologically in a way that has little to do with this type of representation.

What we will see—we anticipate—is how this type of case clearly asserts its tendency toward a sphericity that tends toward closure and is oriented toward a mono-orific drive aspect; how a drive deflection operates in it, gradually leading it toward a cloacal theory of its own orifices; how, if the world must be without holes, completely full, we find here an eminently modern congruence with our contemporary political ideal of a world in which nothing is lacking: a world without lack, and without lack of lack, from which we approach Cotard.

And even if our patient appears to be far removed from this, he has no shortage of negative expressions. These are in fact affirmative, indicating how the clinical cases of one and the other are merely two sides of the same coin.

We will also see how, if it is discourse that links the functioning organs, in such a case, there is no discourse in Lacan's sense, and therefore how this slope, which we call mono-orific, of functioning operates: all organs tend to reduce themselves to a single one that would perform all functions for itself...

This is also a way of returning to the question of the signifying of the phallus as an operator of functions, to which we must add that of representation. If this operator—this signifier to which Lacan assigned the function of copula—is missing, then we have precisely the case that we have just briefly outlined, and we would also like to draw your attention to its convergence with our social atmosphere, including in its dreams of a clean world and its hygienist ideals: for him,

there is nothing dirtier than the phallus and the objects associated with it. In short, morally speaking, there is nothing dirtier than desire. But then obscenity begins to prevail.

B. Clinical notes.

This presentation aims to summarize the main clinical themes emerging from the case of Mr. Marcel P., who called himself Amanda. We have based our work on the transcripts of interviews conducted during his hospitalization. This is a rich delusional elaboration centered on the certainty of being "a woman," where transsexualization is particularly remarkable for its fixity, its articulated and organized nature, the delusional fiction of the entire medical history, and finally by the peaceful atmosphere it creates in everyday social interactions.

Unlike cases of so-called "primary" transsexualism, there is no indignant demand for bodily rectification. He does not demand castration or a change of civil status: he has simply stuck a photograph of himself dressed as a woman, wearing a wig, on his identity card. This is therefore a case that would reassure defenders of an ethic of freedom for transsexuals to do as they please with their bodies, but above all it sheds light on the "push towards womanhood," his transsexualization being the culmination, imposed on him, of the strange feminization present at the onset of all psychosis.

What remains enigmatic is the representation that is at stake for our subject. We have no idea, as it is unimaginable to us. Its topological structure is spontaneously unrepresentable to us. Finally, the failure of the paternal metaphor did not allow him to establish the framework of fantasy, of the function of representation.

We have therefore endeavored to identify the structural logic of the case in order to shed light on the formula: *"the real is without representation, even if it has representatives."*

We will first present the clinical aspect of the case and then clarify the prevailing structural points.

Mr. P. had never been hospitalized in a psychiatric ward. He was admitted for the first time to the Henri-Rousselle Hospital at the Sainte-Anne Hospital Center, referred by a general hospital where he had consulted for somatic problems (mainly angina) and where "chronic delirium related to his transsexuality" was observed. Since his first stay at Sainte-Anne, he has been readmitted several times for the same somatic disorders.

In Henri-Rousselle, when asked his first name, Mr. P. replies, "Well, I have an official one and two others... In my neighborhood, they call me Madame Amanda, and at the police station, they call me Cécèle; my official name is Marcel, but I don't like it very much. And my dad, who was a "gray eminence," well, when I was born in 1929 in Port Royal... well, my dad, who was a "gray eminence," wanted me to have an operation because I wasn't a boy, I was a girl. Yes, Professor, and right now, my personal doctor... told me, "In a month or two, you won't have a penis anymore," and it's been two days, my penis is inside my stomach, I only have two centimeters of

skin left, so I pee from behind because I had surgery twenty-one years ago in London, because my husband is a billionaire. He's a count and I'm a countess. I have a little boy who turned sixteen on March 15 this year. So I took the Luftwaffe, which is like Air France in France, and it's a German airline."

A little further on: "Professor P. at the hospital did all the tests and everything and he told me: in all my life as a student, doctor, and professor, I have never seen anyone like you. He told me I was hermaphroditic, yes. And I'm telling you, I had surgery twenty-one years ago before I got married."

When we ask him to specify the nature of the operation: "Well, it means that inside, I have all the female organs, and it happened to me a little more often, well, I peed from behind because inside I have all the female organs with my anus. But I tell you, um... I've never been like everyone else." In addition to the delirium, note the conjunctions used: "because," "well," "yes."

Sturdy and rather plump, Mr. P. wears pajama pants, a dressing gown, a pointed woolen cap (which he knitted himself), earrings, and a few rings. He has a slight chest. His voice is neutral and his gestures are rather mannered and ambiguous.

This ambiguity is accentuated by comments in which the equivalence of first names (Marcel, Cécelle, Amanda) leaves the audience with some doubts as to his true sexual identity: He? She? This causes uncertainty among those listening.

His insistence on calling himself a woman, on mentioning an operation that supposedly made him a woman, on emphasizing his exceptional singularity as a "hermanophile" or "hermanocycle," according to the doctors he met at the general hospital, is disturbing. It raises the question of whether this might be a case of congenital hermaphroditism. In fact, the examination and somatic assessment reveal no sexual ambiguity, but he has only one testicle and gynecomastia, linked to a slight endocrine imbalance. He has never taken hormones.

Constantly referring to his female attributes, he never stops displaying his representatives of "La femme," the woman who is everything, in all registers (little girl, mistress, prostitute, mother, etc.), even going so far as to want to show off the imaginary scars of "the operation" as if they were caesarean sections. But despite all this feminine "presence," there is a certain lack of aesthetic sense in his clothing. Unconcerned about his inelegant attire, he cares little about being unshaven, wearing a pointed cap, or collecting baseball caps: he is a woman. Traces or signs of masculinity do not bother him. We see this caricature during an interview at the hospital.

The person examining her makes her undress and finds that "the elements" are all there:

- Dr. C.: You're damned like a man.

- Mr. P.: Well, yes, but I'm still a woman.

- Dr. C.: You know very well that you're damned like a man.

- Mr. P.: Yes, but that doesn't bother me at all.

- Dr. C.: You have... a woman's imagination.

- Mr. P.: No, it's not imagination, it's the truth.

So he is a woman, there's no doubt about it.

And, on the subject of beauty, calling herself a countess, we will have the opportunity to appreciate her lavish castle life in caricatured clichés.

Another aspect catches our attention, which we will be sensitive to as we listen to the case: a downward spiral towards death, towards annihilation, where he embodies himself as waste. A true woman, he gave birth to twins. And he recounts, bluntly, that he cut up the fetuses, crushed them, and threw them in the toilet. Or, evoking his birth as a sacrifice by his mother or the child:

"So we sacrificed the baby,"

"Yes?"

"And I kept the mother until she died."

Let us add two remarks about his manner of presentation: Mr. P. is neither pretending nor engaging in feminine masquerade. He is "mannerism without pretense," to use Henry Frignot's expression.

What reality is he dealing with? "The woman" is neither an image nor a representation. She is a "representative" who is reality itself, to the point where the imaginary and the real merge. The imaginary of such a subject is his very reality.

This helps us to better understand the major role played by the gaze: in another interview, Mr. P. provokes a veritable scopic and verbal duel with his interlocutor.

- Mr. P.: Why are you blinking all the time?

- Dr. M.: Is it my gaze that fascinates you?

- Mr. P.: I never looked down, even in front of the Gestapo.

- Dr. M.: You see, you don't hold my gaze.

The challenge is commensurate with what is at stake, namely a brutal fragmentation of the body: the gaze of the Other is reduced, on the one hand, to a real, somewhat persecutory evil eye, representing the persecutory Other, and, on the other hand, serves as a support and reinforcement, comforting her and giving her a certain presence. Hence his watchful eye, sensitive to the slightest detail, which cuts and dissects. The gaze of the Other cannot challenge his "womanhood" while protecting him from serious anxious manifestations of fragmentation.

To clarify this observation, let us return to some elements of the anamnesis: it proves to be completely delusional. There are no verifiable events, historicized by Mr. P. It is futile to seek factual coherence or explanatory causality. This story only makes sense in terms of its delusional structure. Let us simply note that he claims to be a countess, married to Helmut (pronounced "elle mute"), who lives in Germany and visits him every night. A wealthy owner of factories and a castle, his father, the "éminence grise" of his profession, had many possessions. Mr. P. works for the Judicial Police and Counter-Espionage. Dressed as a woman, he lures overly forward taxi drivers. A theater and film actor, he also poses "naked" for sculptors and painters at "his boss Véra's" house. In addition to Helmut, his lovers, including Herman, take him and make him come during nights of intense sensual pleasure.

Uncritical and unconcerned with plausibility, he is also ageless and timeless.

"How old are you?"

"It's my birthday today..."

It's his birthday every day.

His older brother added some details to Mr. P.'s comments: having lived with his mother until her death, he has been living alone for thirteen years. Marcel was the favorite of the siblings and the youngest. Mr. P. also recounted his absolute devotion to his mother, who was seriously ill with diabetes. This closeness and intimacy were strange to say the least, as he took care of his mother's body, even cleaning her "pussy" (sic).

His brother confirmed that he had indeed been a postman for the P.T.T. His parents separated when he was young and his mother remarried a violent alcoholic.

His older brother, Lucien, states that Mr. P. was never effeminate and that they fell out after their mother's death when Mr. P. called him a "faggot." Lucien adds that, as children, it was not Marcel but he, Lucien, who dressed up as a girl.

Finally, Mr. P., although he seems very isolated, is very well accepted in his neighborhood. Shopkeepers call him "Madame Amanda." He wears a wig and occasionally wears makeup. To summarize: Mr. P. has been caught up in a delusional fantasy about his entire family, his identity, his gender identity, and his physical appearance. His feminization is currently imposing itself on him in a peaceful manner. Being in an excellent relationship with others, his life in the

neighborhood, where he is also recognized as Madame Amanda, is serene. There is no vindictiveness, virulence, or demand to undergo actual castration. This is not a passionate psychosis; his madness is peaceful. Nothing upsets him, he has no sense of the ridiculous, and he does not complain about anything. Moreover, his penis is disappearing: it is a process that is underway and imminent.

He thus avoids the demands commonly made by transsexuals by relieving himself, getting rid of the phallic signifier on smaller ones erected for the occasion as symbols of virility: Herman: the lover, a doubling of virility through his Herr and his Man; Helmut: the husband, she mutates... These imaginary figures of men thus take possession of her "inner womanhood." There is no need to be castrated: delusional storytelling takes its place and brings about her "healing."

This delusion is remarkable both for its fixity and its imaginative and megalomaniacal nature. The delusional metaphor is essentially expressed by this conviction of being a "hermanocycle," of being a "woman," a hard core firmly in place with the reworking of the anamnesis and the pacified character that we have indicated.

Other aspects emerged during the interviews, though these were not significant or persistent: for example, a tendency to confabulate, reflecting a certain paraphrenic tendency. Similarly, there was a notable projective tendency: a few persecutory remarks, references to telepathic powers (he is a "thought transmitter" to the police), and allusions ("they say that..., he says that..., they call me...") suggestive of hearsay may indicate hallucinatory phenomena.

When he states: "I am a hermanocycle" or "hermanophile," "hermanocyte," "manophile," we are dealing with a series of neologisms with entirely personal meanings, where we glimpse, alongside the megalomaniacal dimension of an exceptional being, a descent into doubles, duplicates, and duplicates, multiplied ad infinitum. This is by no means a misunderstanding of the medical term "hermaphrodite," but rather representatives of "The Woman" who are just as much degraded Names-of-the-Father proliferating in reality. We will return to this later.

If Mr. P.'s imaginary deployment takes an extremely abundant form, it is in fact reduced to the line of force imposed by its structure, commanded by the signifier "La femme" (*The woman*).

Thus, transsexualism is established, with the fragmentation of imaginary identity caught up in a delusion of grandeur in the name of exception, of "hommoizune."

Furthermore, this imaginary is in continuity with a symbolic system fragmented in the sequence of proper names and Names-of-the-Father. Finally, in the last loop of the paranoid trefoil knot, Mr. P. is confronted, as we have pointed out, with the brutal reality of the fragmentation of the body, as reflected in the unexpected interruptions of the spoken chain.

C. Clinical and topological recovery through the imaginary, the symbolic, and the real.

1. Loop of the Imaginary

Through the feminine name Ms. Amanda, imagination has become prevalent in her social connections. But Ms. Amanda is a very special woman who strives for unity and total completeness: "*The*" woman that men are missing.

Mr. P. thus presents himself to others in different forms, in a kaleidoscope of images that aims to capture women in all their aspects: the woman-woman, the sexy woman, the mother, the wife... A protean figure and collage of representatives without representation. If there is passion, it is that of a signifier: that of "*The* woman."

The language he uses gives form to these images, but presents itself as an empty shell, a pure formal envelope.

He draws the eye to every detail that could represent women. "I wasn't a boy, I was a girl." He should have been operated on by order of his father, his "éminence grise," as soon as he was born, but the surgeons refused. He underwent surgery twenty-one years ago in London, then got married, etc.

Thus, a different logic is at work: as a woman, he was operated on or should have been. From childhood, he was "a pretty little girl" and that is what he was called. Dressed as a boy but with embroidered collars, his hair was long, fine, and curly, and he had bodyguards at school if anyone bothered him. At thirteen, he wore a skirt to herd cows (Lucien, his older brother, explained that Marcel, Hervé, their brother who was eighteen months older, and their sister Germaine were placed on farms during the war). His mother always considered him a girl, calling him "Cécille" or "mon bichou" (my sweetheart).

He states, "I had my period from the age of fifteen and a half until I was fifty-five, just like a woman." The word "like" does not imply a common identity, but rather a feminine "shell" that covers him. He knits, mends clothes, drinks milk, hates alcohol, detests homosexuals, and is committed to marriage: he is married to Helmut. "Living together, no way": marriage or nothing, a "real" woman! A "real" wife! He has a son, he is preparing to give birth, he feels the baby moving in his belly. He knows pleasure: "When Helmut makes love to me, well, I come. Yes. But he takes me, he takes me because I have the feminine inside me." He considers himself a virgin.

His nocturnal pleasures, already mentioned, testify to a different kind of pleasure. Beyond phallic pleasure, he offers his body to this unbarred Other that he himself is, this body taken, inscribed in *Te*, meaning "*The* woman."

Thus, Mr. P. would be a pure heterosexual insofar as he has a direct, immediate relationship with the Other sex that he embodies: a sexy woman, always solicited by men who grope her buttocks on the subway and court her at the beach, who appears in pornographic films. And: "Dressed as a woman, I have everything; I have black panties with lace trim and everything, and I use them to lure the cops." This "all-woman" provokes men, stronger than the police, to submit

them to the law. A woman who is not afraid of men or guns, who commands respect: "Oh well, to be brutal, they'd have to get up early."

He has no respect for male desire: "Herman would take me in his arms and he'd get a hard-on, yes! And Vera (his boss or brothel owner) would walk by and snap Herman's penis, and it would go limp."

Magnifying the image of "*The woman*," he does not declare himself homosexual or transvestite, but simply a woman: an exceptional woman who shines in all her feminine facets, with her magazine-worthy castle life, in a blatant fantasy. And yet, his imagination constitutes his reality, since it abolishes all factual events, as we have already indicated.

Here, in the psychotic trefoil knot, the imaginary coexists with the real and supplants symbolic castration, which is off-screen.

2. The symbolic loop

This second loop is continuous with the other two loops in the chain and presents a series of signifiers, all on the same level. Thus we can put her first names in series, those she gives to her son, her husband, her accomplices: they testify to the fragmentation of her identity as well as to the return of the Names-of-the-Father in the real. The names proliferate in an echoing game, without padding, without particular meaning, through assonance and alliteration, according to the lines of force of the structure of her psychosis.

Thus:

- his first name: Marcel (his official first name, which he does not like) → Marcelle (at school) → Cécèle (by her mother, at the police station...). Definitely to be understood as: that's the one;
- those of her son: Helmut (she changes the initial) → Louis (the mother's name is Louise) → Marc (cf. Marcel);
- her husband's: Helmut, repetition of father and son;
- the series of German first names (myth of German power, an Aryan husband, a series of clichés): Helmut, Herman (sir, man, lord), Vera, Karl...
- multiple assonances and alterations of the signifying chain, meaningless echoes: a friend, "Cortès de Costaljou," "who left the Waikiki hotel";
- an eighteen-year-old older brother: Hervé, to be placed with the series of Herman, hermanocycle, hermanophile, hermanocyte, manophile;

- women, with their multitude of representatives, their signifiers of the Names-of-the-Father: practically all of the above. And, of course, the one he gave himself: Amanda, an anagram of Madame, especially since, as a postman, it was his job to deliver the money orders (*mandats*.)

There is an equivalence in Mr. P.'s mind between being a hermanocycle and being a woman. The degradation of women into hermanocycle.

Lacking a symbolized Name-of-the-Father and unable to inscribe himself in a filiation, he develops a veritable filiation delusion in which he is his own referent, where the symbolic returns to the real in the form of a parade, an uninterrupted unfurling of Names-of-the-Father (which must include the "éminence grise," his father, whom he describes as "the one who is not spoken of and who acts," his own reference point from which he can count himself). He gives himself multiple names, none of which stop the unraveling.

3. Loop of the real

It is that of a brutal, fragmented reality that bursts into the spoken chain at times and questions us about what was missing at the mirror stage: thus the image of the soldier who died during the war—evocative of a Pietà: "and they brought me a German second lieutenant, they laid him on my lap and on my skirt, and the second lieutenant died in my arms." He weeps. Like his evocation of his birth (sacrifice of the mother or the baby, one included in the other, a way of being One with his mother, for lack of a separating third party), he forms a bond with the dying soldier. His imaginary mica consistency resolves itself into fragmentation.

These evocations of fragmentation are few but powerful: as a postman, he knew a surgeon who taught him how to cut up corpses: "And for two years, either in the morning or in the afternoon, I cut up corpses. So I know the human body inside out. Yes, professor!" He delivered twins: "Well, I cut up the first fetus. It was five months old. Well, I cut it into little pieces... I put it in the communal toilet on the stairs." Similarly, he is said to have performed abortions.

It is the "woman" representative who holds this fragmented body together and allows him, against all odds, to access a peaceful way of life. This pure signifier, "woman," attempts to suture where the Borromean montage has failed. It attempts to hold the three rings of the knot together.

Finally, regarding what likely triggered his psychosis: around the age of twenty, Marcel recounts having desired a woman named Jacqueline. Unable to fulfill his role as a man with this woman who sought him out, he was left with "the solution of being the woman that all men lack." It had been impossible to make love to her, even though she treated him like a man. "She said to me, 'But you're not completely a man... since you can't make love to me.'" It was probably at that moment that his psychosis decompensated.

We may also wonder about the effects of his mother's death, given their relationship and the importance attached to the gaze of the Other. But also about the effects of his retirement (as a postman, he kept in touch with the letter and thus participated in social ties).

Lucien and the attending physician report that he was not effeminate five years earlier. In fact, this feminization unfolded at a time that is impossible to pinpoint in this delusional history.

Finally, to conclude, we must say a few words about the question of representation in Mr. P., through his statements about his body, his enigmatic anatomy, which is not ordered by the phallic signifier and therefore not symbolized. He tells us that he knows the human body completely. The latter is comparable to a surface with a "front" and a "back" that have their own specific characteristics, according to a strange topology.

On the front: "In front, I have a very small penis, I have very little sex, no hair... no prostate or testicles," and when the doctor points to his testicle, he protests: "No, I don't have any. They're guts that go down into a little pouch." This negative aspect, focused on male attributes, is accompanied by transformational phenomena, in the manner of an irrevocable observation. Being a woman, then "it disappears little by little, my penis goes back into my belly; I'm losing it; before, I was long."

These negations and transformations reveal a tendency toward hypochondria in the form of early signs of Cotard's syndrome.

As for the rear end, it is the site of fertilization, childbirth, the receptacle for all forms of penetration, the place where waste is expelled: urine, menstrual blood, feces, etc. After surgery, they made an opening "like a vagina," "they cut me open between my thighs... I am split but close to the anus," and again, "I peed from the back, because inside I have the entire female apparatus with my anus." Strange plumbing where the urethra, slit, anus, and eye converge. His anatomy tends toward the creation of a single orifice that fulfills all functions, marking the drive specificity characteristic of psychosis.

A curious woman, then, the one he represents, who specifies that men "take her between their thighs." A curious mono-orific perspective that articulates with these various representatives of the exceptional "Woman" who would be complete, whole, and whose delirious envelope is spontaneously unimaginable to us, no more than to Mr. P., who has no representation of her: having realized her, he has become her.

Let us now move on to what concerns the phallicization of the body (from the disappearing penis to the pointed cap it wears) and our formulation "the real is without representation even if it has representatives."

D. In conclusion.

In such a case, we were able to see the continuity—trefoil knot—of R, S, and I and, simultaneously, the progressive spherification of this man's body, presented as a flat plate with an edge, a front, and a back. Front-back that was enigmatic in the modalities of his relationship to the Other, to his body and—more generally—to his spatiality. Plate that topologically equates to a sphere with a hole in it.

It is therefore in this formalization that we see what is presentable; and hence the great gap—if we may express it thus—between this presentation and the representation he addresses to us in the form of postcards from the islands of little birds: the Canaries. So much for clarifying this insistent question of front and back.

In such a subject, we can clearly see the gradual reintegration of objects *a* into the orifices, to the point where they coaptate with each other to fill what constitutes an authentic anatomical cloaca: a single orifice then performs all the functions of feeding, fertilization, excretion, etc.

This despecification is directly linked to what we have taken the liberty of calling, in the question of transsexualism, true phallic hypochondria—the point of origin of the more general hypochondria of all psychoses.

This term, phallic hypochondria, which is never used in clinical practice, certainly deserves to be used, especially since, if there is a parasite, a removable appendage, it is indeed the phallic signifier.

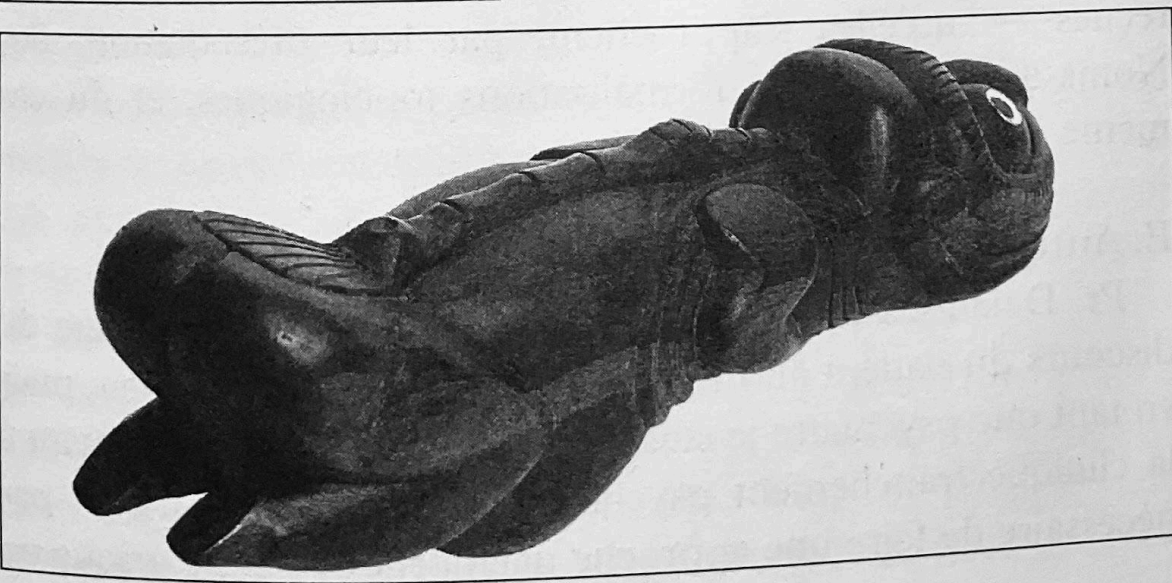
In these subjects, once they have been able to remove themselves from the phallic field as a result of their hypochondria, we automatically see the objects *a*, which the phallus had caused to fall, reintegrate into the primordial orifices. Then, through regression, they come together to form a single object. Finally, if I had to insist on the need, like the patient, to say "Helmut" and not "Helmout," it is because this is also the subject's reversal of himself into a glove, in the context of the nocturnal visits made by "she mute," which gave him his own pleasure. Auto-copulatory mode, by default of the signifier-copula. Auto-copulation by "she mute" turned inside out like a glove. Perfectly successful foreclosure of the relationship with the Other since, whatever our "point" towards him may have been, despite our deliberately joking and perhaps even unpleasant manner, he nevertheless sent us an extremely affectionate card.

He bears witness to this eminently accepted, socialized character of his person, both in his neighborhood and in the Canary Islands, in the writing of these postcards, where he considers himself *persona grata* among us.

As this is an *au-moins-un* who is unfamiliar with castration, we regret that we forgot to bring two statuettes from Easter Island, two Moai, primordial gods, totems that we often use as demonstration tools. One is that of the god Maké-Maké, the bird god, of which I have a copy that, due to its stylization, speaks more clearly than the other copies I have seen: at first glance, it is difficult to discern the reason for the anxiety it arouses with its face. Until you realize that the sculpture is made in such a way that, depending on the angle from which you look at it, the

opening that stares at you could be an eye, an ear, a mouth, or a nostril. The god basically has only one cephalic orifice, surmounted by a kind of vertical, phallic, horn-like protuberance that crowns it like a crest, which itself, depending on the angle from which it is viewed, can be alternately a bird's beak, a saurian jaw, or an elephant's trunk.

The other Moai, see page below, is a little more complex: viewed from the side, it is a phallus with two small eyes on the glans, the urethral opening enlarged into a small, smiling mouth, but it is also a woman in a genupectoral position, her buttocks exposed. Standing upright, with the upper surface of the phallus facing forward, this glans takes on the face of a moustached man without a mouth, and at its lower part, where a penis should be, there is a female genitalia. If you look behind the statuette left upright, with the anatomically proximal part of the phallus now becoming the rear, you see—at the bottom—a pregnant belly from which a penis hangs, while the upper end of the tapered body ends in a small cephalic glans. Thus, in this anatropism (woman on one side, man on the other) but double, depending on whether we examine the upper or lower half of the exposed face (female genitals for the supposed male side and male genitals for the supposed female side), we observe the entirely phallicized body of the castrated man and its reverse in one: "*The woman*" as one of the pinnacles of man, Woman as the future of man, Woman as one of the Names-of-the-Father.



In this all-in-one creation, where a Kabbalist might have seen contraction, the divine Tsimtsoum, we are presented—as the least of it—with this question, which is one of the mysteries of Easter Island: by what genius did the Easter Islanders make these statues of their ancestors, described as bizarre, strange, which give ethnologists so much trouble and which are only an indication—better than the postcards we have received—that they approach, in their presentation, the Names-of-the-Father of our topological formalizations, and even the case of our patient.

E. Other key issues in the discussion.

Prof. Delahousse: I was very interested in your transition from the patient's discourse to Lacanian psychoanalysis, but as a psychiatrist, I was left feeling a little unsatisfied in terms of purely psychiatric clinical practice. Wasn't it necessary to take the psychiatric diagnostic approach a little tighter, insofar as we seem to be dealing with an evolving situation. There have been many years of evolution and it is difficult to identify the initial phases of the picture, namely: did transsexualism appear as completely prevalent from the outset, or was it very quickly drowned out by other phenomena? Furthermore, were his transvestite practices significant, contemporary, or prior? On the other hand, what happened when his mother died? This was a crucial turning point for this subject. So we can also say: there is an element of delusion and an element of fabrication, as with all delusional people who derive a great deal of pleasure from expressing their delusions, and on the other hand, you say: it is pacified; or is it also because this patient is very dissociated and apragmatic that the picture appears to be pacified?

Mr. Czermak: Your questions are very welcome. We chose this case precisely because we had the following in mind: in our project to reexamine the whole question of transsexualism, *we start from the doctrine that what is called pure, typical, primary transsexualism is only a local case of the general question of transsexualism, which is present in all psychoses. This issue has been neglected and poorly addressed, yet it is essential to any current correct doctrine of psychosis.* It was therefore important for us to collect cases that would support our perspective by clearly highlighting their structural features. This case of overt psychosis, combining transsexualization and delusions of filiation, various confabulations, was also interesting because the importance of retrospective reworking and imaginary facts was such that it was practically impossible to find any sufficiently substantiated anamnestic elements. In many respects, however, this was a great advantage, as we were relieved of the psychological trap we easily fall into when we know too much about the patient's history: we were dealing with a raw structural picture that still needed to be shaped.

Thirdly, to answer your question about the trigger, it is likely that this man experienced two major turning points: his encounter with this woman, Jacqueline; he responded to it exactly in terms of what Lacan could identify: unable to be the phallus that his mother lacked and struggling to be a man for a woman, he was left with the solution of being the woman that all men lack. If we had the transcript of the interview here, you would see how astonishing it is. However, I hope that we

will be able to publish these dialogues because there is a technical problem with the dialogue itself: bringing things out without suggesting them, of course. It is extraordinarily eloquent.

The second turning point, as you rightly point out, is related to the death of his mother.

As for the rest, it is extremely difficult to substantiate anything. Our intern met with his brother, and what emerges is that it seems that, in their youth, it was the latter who was more feminized and who is no longer so, while our patient, who was not feminized, has become so. One last point, regarding the strictly nosographic question: such a case does indeed fall outside our usual taxonomy, unless we take a very broad view.

How, for example, would a diagnosis of paraphrenia advance our understanding of the condition? He is sixty-four years old and has never consulted a psychiatrist. He was referred to us by doctors at a nearby hospital where he had been admitted for a heart problem. When they heard him say, "I am a woman," they thought: "This is a case for psychiatrists." We provided medical care, but as for his delusions, we limited ourselves to educating ourselves, restraining him, and watching over him.

This patient had therefore never come into contact with a psychiatrist. He was not apragmatic: he always managed on his own and mingled and even associated very well, in his own way, with the life of the ward. The possible difficulty in nosographic classification stems from the fact that he had undoubtedly reconstructed a field of reality, allowing him to have a fairly calm, even friendly relationship with his interlocutors. Moreover, from our very first interview, I had said: this is the terminal state, the balancing state, the "healing" state of a psychosis.

One topological aspect that we could develop, but which Louis Sciarra emphasized, is the following: as the subject takes this path toward completeness, toward an obstructive repletion—including in pregnancy: "it moves within me" — it resolves itself into imaginary acts. Thus, iterative abortions, crushed fetuses, thrown into the toilet.

This is certainly a case that we will have to revisit. Our documents are abundant. It is undoubtedly a real contribution to the clinic of representation, as well as to transsexualism and the general doctrine of psychoses as what determines our ordinary embarrassments and captures based on our neurotic fantasies: for this patient has no fantasies. He is delusional.

J. Bergés: What really interested me was what you said, in summary, that the imaginary is reality itself. When, for the mother, the imaginary of her body and the reality of the child are thus in continuity, she puts him in a particular difficulty: how to allow the symbolic to enter the circuit, and as you said, it enters in a fragmented way, and how? By replacing the string of Names-of-the-Father with objects *a*. When the imaginary and the real are thus in continuity, the mother cannot symbolize, that is, phallicize the child, which translates into what you have described. Corollary: for the psychotic, the imaginary becomes the real itself through the service of the signifier "*The woman*."

Mr. Czermak: In any case, this signifier of "*The woman*" is, as we have seen, topologically specified. That is to say, it can be represented. It is not spontaneously representable to us; we have no representation of it other than our own imaginations, but we can draw it and write it on the board, and what we get has nothing to do with our usual imaginations. It offers itself, for example, through its names, to the establishment of a graph that you can try your hand at.

One of us, while working on this case, recalled Lacan's formula: "What does a hole spit out? It spits out the father as a name." In our case, the illustration is clear because as the objects reintegrate by filling the holes, what is spat out in the discourse are names: whether it be the "*éminence grise*" that is the father, who acts, who is there, who is present, whether it be Amanda, the name he gave himself, or Cécelle, whether it be Helmut and Herman, etc. Mr. P. has made himself the Name of all names, while the rejected, spat-out fathers begin to proliferate and the objects return to the place where they were produced, where they fell: there is therefore something very clear, distinct, and demonstrative here, eloquent on a clinical level, because it applies to the entire general doctrine of psychoses.

Thus, for example, we could take, in cursive form, the question raised yesterday by Cotard—who tells us, "I have no name"—from the same angle. With this nuance, we find it interesting to note that there is a women's clinic and a men's clinic: Cotard's syndrome mainly affects women, transsexualism mainly affects men, but ultimately, the topological formalization seems to be quite strikingly similar, if I may say so. Since it would be almost the same, formulated differently in discourse, and one would be merely the flip side of the other. The Areski case, which we published for its eloquence, was precisely at the point of reversal from one to the other.

Finally, I can only agree with your observation that the imaginary of the ascendant can—in psychosis—become the reality of the descendant: this is a situation that deserves further development in itself.

P. Arel: With regard to the stance you have taken in your clinic on the "undressed" examination, it seems to me that this raises the question of the referent, of denotation, namely what is used for civil status: what establishes our civil status, both our proper name and our gender, since our first name assigns us a gender, civil status specifies this, and how you used this reference to establish this delusion and at the same time... This has been clarified, but what seems important to me is that... what you bring up in relation to this decapitation of the proper name, that is to say, it raises the question of the referent, of denotation, and of the proper name.

Mr. Czermak: This is a fundamental question, and I would like to see it settled once and for all, at least in analytical circles.

Why? For a long time, and partly because of the mistaken assumptions of psychoanalysts, logicians, linguists, and philosophers, we would like the proper name to be a referent. However, the proper name, as one of the essential vehicles of the Name-of-the-Father and producer, when pronounced, of the operation of tracing S (A), is not a referent: it is that from which

reference can arise. In other words, one of the functions of the proper name is to count itself as less than one. In this respect, it is not a referent as such, because it allows the referent to be established: it is in this sense that the proper name is a quilting point. And it is precisely because such a subject—devoid of the duplicity that is constitutive of the neurotic—has no Name-of-the-Father from which it can count and count itself out that, in its delirium of filiation, it becomes that from which it is the reference point for all. It can only make ONE. This is a crucial point in the whole theory of psychoses.

Among neurotics, conniving people, we say, "My name is so-and-so." Well, that's his reference, we might say in a summary assessment. It is also the spontaneous position of logicians when they deal with questions of identity and reference, despite the sophistication of their logical reflections. However, the whole question of patronymics is an open book in psychoses, and especially clear in delusions of filiation: this subject has become the one who names all the others, who bears all the names, who has given their names to all, produced all the works of the universe, etc., etc. It is therefore the referent par excellence, whereby it is the others who count from it, since it could not count itself from that lack, from that patronymic that counts only as subtraction and lack.

Our patient is the one who gives names: he is the reference for names.

I believe that this is what we began to discuss during previous conferences on patronymics, and which remained unresolved. Today is an opportunity to pick up where we left off. As for the fact that we undressed him: this was not done to establish delirium. Delirium is established based on what we observe as positive architecture and coordination, without the need for anatomical verification. If we undressed him, it was not only because the hospital doctor would rightly be criticized for not performing a physical examination, but also because this examination allowed us to highlight his systematic denial of his physical conformation, which could be integrated into the articulation of clinical facts. If a patient suffering from a delusion of negation such as Cotard's syndrome tells me, "I don't have a heart" or "I don't have lungs," I am not going to put a stethoscope on him, except perhaps to point out to him that his real heart—I can hear it very well—even if he counters with the assertion, "I am full."

Furthermore, I would remind some of those here how, this year, we examined a patient with Cotard's syndrome (the lower half of his body was spherical in shape) who had a peculiarity—never noted, astonishingly, by his previous doctors—of a congenital malformation: a halt in his embryogenesis had left him with a micro-vagina, without the median raphe of his scrotum—which contained testicles—having completely symphysed, while this vagina was overhung by an equally micro-erectile penis. The abdominal ultrasound was normal, however, with no residual uterus. In this case, we would have been very happy to know what happened to his ancestors when they discovered this birth defect. Once again, the medical history was unclear, but we know how he responded later in life: with a delirious spherization of the abdomen and small pelvis, causing his external genitalia to disappear. These are therefore matters that relate to the reality of the body as misunderstood by the metabolism of negation

and affirmation; anatomy, therefore, that owes everything to language, and which the anatomy treatises of our youth, such as Rouvière, could not describe.

P. Mauduit: Just to illustrate the question of reference: this is a moment in the interview with Mr. Czermak at the hospital. The patient says, "I am a countess," and Mr. Czermak replies jokingly, "Then I am a count." The patient responds very seriously and without humor, "No, because you haven't made love to me."

I think this illustrates quite well the fact that he is his own reference.

REFERENCES:

1 - M. Czermak, "Précisons sur la clinique du transsexualisme" in *Passions de l'objet*, Éd. Clims/Association freudienne, Paris 1986. pp. 108-129 and 2nd edition Association freudienne internationale, 1996.

2 - On this point, for further discussion, see our remarks with Denise Sainte Fare Garnot in "L'oralité psychotique est-elle spécifique ?" ("Is psychotic orality specific?"), in *L'oralité, Le trimestre psychanalytique* n° 1, p.137, Association freudienne, Paris, 1990.

3 - Cotard's syndrome or "delusion of negation" is characterized by a singular form of melancholia in which the subject affirms an absence, which is grammaticalized in their speech by a negation: they have no heart, or no stomach, or no brain, or no feelings, or even: "I have no life, I am dead." This issue presents the most intimate aspect of what the death of the subject is in psychosis.

4 - J. Lacan, "On a preliminary question in any possible treatment of psychosis," *Écrits*, p.566, Seuil, Paris.

5 - See the cover of this book.

6 - It is interesting to note that, even though Pasquan writing has just been deciphered by a New Zealander, this Phallus, present in ideographic writing, plays the symbolic role par excellence: that of ensuring scansion, here between groups of two or three signs.

7 - M. Czermak, "A propos de l'impression d'être immortel" (On the impression of being immortal), in *Passions de l'objet (Passions of the object)*. Ed. Clims/Association freudienne, Paris 1986, pp. 255-272 and 2nd edition Association freudienne internationale, 1996.

8 - Lacan said that S (A) can only be "a trait that traces its circle without being able to be counted in it. Symbolizable by the inherent (-1) in the set of signifiers, it is as such unpronounceable, but not its operation, for it is what occurs each time a proper name is pronounced," in "Subversion of the Subject and Dialectic of Desire," *Écrits*, p.819, Seuil, Paris.

9 - Study Days of the International Freudian Association, *Patronym, Le trimestre psychanalytique* n° 1, Freudian Association, Paris, 1992.