



God of the hinge: treating LGBTQIA patients

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Abstract: This paper looks at systems of gender within the context of analysis. It explores the unique challenges of individuation faced by transsexual, transgender, gender queer, gender non-conforming, cross-dressing and intersex patients. To receive patients generously we need to learn how a binary culture produces profound and chronic trauma. These patients wrestle with being who they are whilst simultaneously receiving negative projections and feeling invisible. While often presenting with the struggles of gender conforming individuals, understanding the specifically gendered aspect of their identity is imperative. An analyst's unconscious bias may lead to iatrogenic shaming.

The author argues that rigorous, humble inquiry into the analyst's transphobia can be transformative for patient, analyst, and the work itself. Analysis may, then, provide gender-variant patients with their first remembered and numinous experience of authentic connection to self. Conjuring the image of a hinge, securely placed in the neutral region of a third space, creates a transpositive analytic temenos. Invoking the spirit of the Trickster in the construction of this matrix supports the full inclusion of gender-variant patients. Nuanced attunement scaffolds mirroring and the possibility of play. Being mindful that gender is sturdy and delicate as well as mercurial and defined enriches the analyst's listening.

Keywords: binary, gender-variant, hinge, iatrogenic shaming, transphobia, transpositive, Trickster

This paper will discuss how the Trickster figure infuses the treatment I do with my LGBTQIA patients. I'll introduce this disorganizer first, then describe how his presence is felt in session. In almost every culture you will find the Trickster – Loki, Hermes, Mercurius, Eshu, Coyote, Raven, Monkey.

He (and he's almost always a 'he') crosses boundaries, ignores societal norms and blurs definitions. Tricksters *can* create and destroy but primarily they rearrange what is already there. Clever, impulsive, amoral, immaturely mischievous. We witness a flexibility of mind and spirit and a willingness to ignore authority that is, heretofore, unimaginable. In the analytic hour, the spirit of the Trickster meets us in the transferential field.

As a shape-shifter, the Trickster shows us the degree to which things in the world can be seen differently. His presence promotes psychic rearrangement.

While as a boundary runner, we are made aware that he's a pore seeker. He deftly scans barriers for any natural breaks. If none are found, he'll create one.

He nimbly crosses a border, moves it or erases it when greater individuation is needed. He revitalizes the world by disturbing boundaries. With his cunning, he clears the way for a spiritual realignment.

Trickster is the living symbol for the necessity of transgressions. There are always the two worlds: the real one of the theft and the imaginary one of the lie. Stealing is interpersonal while imagining is intrapsychic.

To individuate, one experiments with the solidity of the world one has been born into. The particulars of the lie are dictated by the ways one most wants to reconfigure a world with new linkages. The lie buys time. For the Trickster, theft is reappropriation. He facilitates the less powerful taking a share away from the more powerful. This is born of a particular hunger for progression. There are those for whom the prescribed path does not work. Trickster empowers them to become more elastic.

Gods need to be fed by humans. Those who have no contact with mortals may starve without it – even as their perfection increases. Confounded by a replacement of the line or a shift in the content, we concede that a life without risk is not a human life. To follow Hermes, the psychopomp, is to reveal one's desire to find an emergent source of creativity. In so doing, we agree to study the topography of the land between the sacred and the profane. Initially, we believe that we must be digging for artifacts in the middle of nowhere. In time, we become like geologists who translate the terrain itself.

Inversely, at times, one needs to work 'outside the laws of nature'. After the task is completed, nothing may look different at all. Yet, two crucial changes have occurred: the *way* in which one sees and the knowledge that amplification can guide one to a revelation. Trickster reminds us to learn how traps are made. Envision a fisherman and a fish. Trickster comes in and steals the bait to eliminate the expected trickery at the boundary between predator and prey. The universe is disturbed. Rather than engaging in the conflict itself, Trickster directs us to a 'third thing'.

The trickster is neither the god of the door leading in nor the god of the door leading out. He resides within the hinge.

Introduction to transgender

An analytic attitude, infused with Trickster energy, helps to provide a fuller experience of being understood for the transsexuals, transgendered, queer, intersex and cross-dressing patients in our practices. This is a paper of clinical experience rather than the theories which underpin it.

I remember a text I received from a 12-year-old patient in the second year of a 10-year analysis. Immediately after a session, during which she had deeply explored an image related to her gender identity, she felt frightened, elated and confused. In her longing to be understood, she feared that I could not 'take it (her) all in'. From the sidewalk, she wrote 'I'm sorry that it's so complicated but it's complicated'.

We will be looking at just a few of the issues we face with our transsexual, transgender, queer, intersex and cross-dressing patients. Throughout, you will notice Trickster's appearance in the consulting room. Lastly, how aspects of a Jungian approach are helpful with this patient population.

In the service of keeping the complexity of the transsexual, transgender, queer and intersex experience in mind, we are invited to listen to our patients differently. Gender can be, at once, definite and incorporeal.

Exploring gender is an aspect of every phase of development throughout the lifespan. We are charged to try to comprehend, as fully as possible, what it takes for a patient to live most consciously while exploring their internal experience of being gender variant.

It's not that I have so many transgender patients at any given time – it's that I've been seeing people who are actively exploring gender for 35 years. I am not an expert. I am experienced. In general, patients don't present with this as the first suffering. They come with a desire to understand better the deep impact of the many painful and complicated experiences embedded in a lifetime.

LGBTQIA

This acronym attempts to include those who have not experienced full membership in our culture because of their gender variance. I find the acronym's expansion to be a meaningful and exciting step in the process of individuation. There has been a move to self-identify with a specificity that is far more nuanced than we were able to make three decades ago. Then, as now, descriptors lag behind experience.

To define three basic concepts about gender, employed in contemporary culture now, will be useful. They are sexual assignment, gender identity and gender expression.

Sexual assignment occurs at the time of birth and is anatomically based. Traditionally, it has been designated strictly within the binary as male or female. Gender identity is the inner sense of one's relationship to being male, female, both, neither or other. Gender expression is the manifestation of feeling feminine or masculine through clothing, behaviour, grooming, etc. In other words, this is how I want *you* to see *me*. From a Jungian perspective it is akin to 'persona'.

Sexual assignment is physical. Gender identity is intrapsychic. Gender expression is interpersonal. Clinically, I spend time exploring the felt connection between gender expression and one's intrapsychic experience of 'self' and 'multiple selves'.

On a cellular level, the physiology of the psyche is organized to survive. Within the context of this paper, 'passing' is the act of appearing in the world as a gender to which one does not belong. Usually, 'disappearing oneself' is a response to the cultural imperative to be one gender or another. For many,

passing is no longer a viable existence. One can feel exhausted, inauthentic and isolated in a way that makes living soulless. Yet, the ravaging consequences of not passing (imagined and concretized) can lead one to self-harm, substance misuse, and suicide.

The cycle that Trickster reveals may help us better understand the emotional consequences of passing. Shame, capitulation, silence, invisibility, lies and self-denial threatened to collapse any true exploration of one's gender. Each of these can be a point of entry into analysis. The centripetal force of analysis, revealing the subtle body of a centre, can serve to ripen one's ability to find the internal resources to live in the world.

When we consider gender, we have to address the significance of a binary system. Binaries are the black holes of knowledge. Nothing can ever get out and nothing new can get in to replace it. What to keep in mind here is the difference between *being* an identity and *having* an identity. The former serves as an artery for greater individuation.

However, some of my patients reject a clear-cut distinction between a boy and a girl or a man and a woman. In the same day there may be periods during which they, decidedly, feel feminine or at other times they feel more masculine. Terms of the past, such as 'tomboy' or 'sissy' were unfortunate attempts to describe some of these seemingly contradictory presentations. It would have been, and still is in many societies, far too threatening to live overtly through these shifting states.

Turning more specifically to transsexuals now, we can see that tremendous motivation and fortitude is required to go through the radical vicissitudes of hormone therapy, let alone years of complicated, expensive, and painful surgeries with long recovery times. Others have top or bottom surgeries. There are those 'non-operative' transgenders, who believe that genital surgery is unnecessary for living an other-gendered life. As a result of this great perseverance, many have found a place for themselves within the binary. In spite of this, their residual shame is reinforced when they encounter the dominant culture's aggressive disgust and rage.

Equally perplexing to cisgendered people, some transsexuals *may still question* their gender identity, post-operatively. The author and theatre actor, Kate Bornstein described herself as a male to female transsexual for most of her adult life until very recently. She says 'I never did feel like a girl or a woman; rather, it was my unshakeable conviction that I was not a boy or a man' (1995, p. 24).

Transsexual and transgender people often have no-one to witness the through thread in their own narrative. Their lives often bifurcate into pre- and post-transition. Some transgender people do long to go home again when they finally feel authentic. It is the necessary reunion that so many dread. They can appear to their family of origin, simultaneously, as the one they have always loved *and* a repelling stranger. If welcomed, a sometimes awkward reconfiguration of the family can begin. Once this happens, genuine interest

about their loved one who lives in a 'new' way can more naturally evolve. They recognize that love eclipses incomprehension. If disowned again, the psychic abscess of dead-naming continues to collect.

Being gender queer is different from the other categories that we're looking at. It addresses both gender and sexual orientation at once. Since we have the right *to be* men and women, it would follow that we have the right *not only to be* men and women.

We know that people have the experience of being more than one gender, for different lengths of time and at variable rates of change. For one to be gender queer suggests that we can remove the sense of a permanent sexuality and gender as contributions to identity. Unlike the straight and gay worlds with their specific interpersonal expectations, those who are gender queer may be very different because identity, when expressed, can be so shifting. Many in a younger generation no longer think of a woman or a man as a noun. They regard male and female as states of being. Considering this through the lens of intersectionality underscores an analytic imperative to try to envision it.

About 20 years ago, I became increasingly aware of how much I relied on knowing a patient's gender in order to orient myself in the transference field. Without that, I felt de-skilled navigating sessions with someone who had regularly irregular shifts in their gender identity and expression. Looking back, I'm quite sure this descended into a disavowal of the unspoken irritation and rejection in the countertransference because it was 'just too complicated'.

What attitude will help us manage these multiple variables simultaneously? That is, sexual assignment, sexual orientation and gender as independent of one another. The notions of consistency and continuity are deconstructed. We are called to conceptualize intimate relationships in which both people have shifting gender identities and sexual orientations.

Turning our attention to those who are intersexed, we find a completely different set of considerations. To imagine that body parts aren't necessarily or only what we have known them to be requires that we expand our visual field.

Heretofore, the medical community has been tasked with determining natal sexual assignment while wedded to a binary outcome. Hence, the term 'ambiguous genitalia'. Surgeons are routinely confronted with unexpected anomalies. In keeping with their role, we rely on their ability to act quickly and decisively. In most medical centres, when there is uncertainty about the gender of the newborn, the doctor determines the sexual assignment. The conclusion is based on long-standing norms of anatomy found within the binary. Protocols are discussed for whatever further procedures and treatments may be needed to promote that decision.

Historically, the parents are urged not to discuss this decision with their children. With the best of intentions, it was believed that this would undermine the sense of a child's emergent gender identity. Psyche is

challenged to hold what has been created by way of secrecy and surgeries of deception. It is the Trickster in our midst who pokes fun at our reliance on knowledge.

We find ourselves at the crossroads of 'intersex is the sex that doesn't exist' and 'intersex is a sex'. For the Western mind, prolonged ambiguity can be an untenable void. For us, inconclusiveness has not been a fertile place. We are here again: the lie and the silence in an attempt to avoid shame. If intersex *is* a sex, then any reassignment would be a mis-assignment.

Being a child, adolescent and adult psychiatrist allows me to see people through many stages of development. I'm grateful for the clinical opportunities to unpack gender considerations in 'the here and now'.

I am working with the parents of an intersex infant. The child archetype constellated a mood of possibility and grace when their three-year-old was an infant. However, now it is so complicated when family members and total strangers alike, ask with enthusiasm 'is it a boy or girl'? Is there a gracious way to say 'we don't know. Our baby hasn't told us yet'? Even though this is their second child, they are only relaxed at home. There, they don't think about the binary. There, they freely love one another, feel joy in and gratitude for the family they are becoming. Yet, they initially must mourn the loss of the child who they thought they were going to welcome. Often, they are afraid of what may come next: for their baby, their three-year-old and their family. This defines the tension between being different *and* wanting to belong.

We may think that to be 'transgressively gendered' is easier when children are younger. Maybe, but not for long. Around four or five years of age, many parents begin to bristle if their children are insistent about their gender variances when the child approaches the initiation ritual of kindergarten. As the play therapy opens and deepens a child's sense of self, my recommendation to the parents is to love and trust in the child they know.

It's not unusual for me to see such a child around the age of four or five for a couple of years. I may well see this same child for a couple of years at a time in various developmental phases until they go to college and, often, beyond. When starting in early childhood, seeing an individual intermittently for 30 years is a very particular kind of analytic engagement.

We know about psychological rescue by fairy tale, myth and one's own reverie – for children *and adults*. We have the privilege of affirming these images in shared attention. Our understanding of the necessity for researching the archetypal themes, cultural contexts and intrapsychic experiences is of utmost importance here. When their internal and external worlds are unfamiliar to us, both the rate of our learning and the arc described by our vertical and horizontal inquiry is different. We draw upon similar themes we have encountered and methods we are experienced with to help us know *how* to approach the deep.

What I learn from working with people in the arts helps me to understand better some of the dilemmas facing gender variant patients. My own

valence for marginality opens me to these individuals. I don't think that artists have a choice about their need to express themselves in particular ways. For highly creative people, this degree of passion cannot be extinguished. To an observer, the creative process can appear as a strange attractor. It is their own telos that involves novelty because puncturing boundaries is part of being creative. Contradictory as it may seem, creative people also need to meander. Like those exploring gender, there is little cultural support, let alone tolerance, for that.

When we approach the bridge to the unconscious with gender-variant patients, we may not find 'the other' or 'the opposite'. We engage with '*an* other', only to find that it may not be considered contrasexual at all. Some have fantasies of 'another' or multiple 'others'. Such socially constructed options are not now, nor have they ever been, adequate.

Analysis

Border outlaws, in general, transgendered patients, specifically, find passage ways that had been sealed off long ago. Hermes provides roads born of necessity. These paths are dangerous, thrilling and fated. Walking together, knowingly towards a forbidden boundary, is a move towards spiritual awareness.

A shaman remains in some third space, living where the binary is, at once, contained, deconstructed and expanded. Here, our consulting rooms describe a 'temenos' of transcendent possibility. Guided by this spirit, we are on the look-out for traps in the transferential field. I regularly find unconscious pockets of 'us vs them' in the countertransference. These blind pouches give rise to moments of analytic carelessness. As with every relationship of this intensity, betrayal is inevitable.

An essential tool of the Trickster is paradox: a presence which is absent or, equally, an absence which is present. A 14-year-old presented as a sad, sweet and somewhat desiccated boy. Unbeknownst to me, he kept a skirt in his backpack for the first month of our sessions. He was too afraid to wear it in the waiting room. When he was six, he and his parents agreed that he would wear his 'other clothes' as often as he wished in his room but not in any public spaces.

As our conversations deepened, we talked about the meaning of a wardrobe which connected him to his 'other real'. It was the soothing of that which was hidden and the imagined that he shared. He began to feel 'blasted apart' and orphaned by his intrapsychic terror of abandonment. Then, one day, unannounced, he changed his clothes in the bathroom before coming into my office. Initially he was reluctant and anxious but then felt triumphant with accomplishing what he never thought he could do as a young teen. This began a four-year treatment of adventurous self-discovery rooted in archetypal play.

As our work held his narrative, there were many Monday sessions that began with a sort of 'fashion show'. Clothing, as a portal to the unconscious, became our ritual point of entry. It was my great fortune to share in the fun as he reclaimed his natural dazzle. In a victory of individuation over dominance, this teenage boy physically played his way into fantasies. We both knew he would continue to experience the 'eternal now'. While still not psychologically or physically safe for such expression in his lived life, he found a way to build and maintain trails to his nourishing soul in our work. In a temenos of such depth, he touched the revitalizing ancestral energy of the fool.

The younger the gender non-conforming patient is, the more ferocious my maternal countertransference seems to be. I am afraid *for* them. This reflexive desire to protect threatens to reduce my understanding of fate to an intellectual one. In analysis, this kind of worrying can be devouring and acquiring. Even in such moments of containment, a transphobic countertransference is still moving just under the surface. Fifteen years ago, many more of the sad and anxious middle and high schoolers who felt panicked, fraudulent and lonesome were the closeted gay kids. This symptom cluster is now replicated with those struggling with gender identity. That gender expression is so varied is a mixed blessing.

While I remain uncertain about most things transgender, what I do know is that it is nearly, or truly, unbearable to go through this without the support of one's family or a loving community. Having a therapist with whom one can search and rest creates psychic space for a patient to develop a relationship with one's own gender identity during this metamorphosis.

Clinical cases

To see a prolonged and inexplicably deep sadness in one's child generates terrible feelings of helplessness in a parent. It may be that by the time we grasp the relationship between the unconscious suffering and gender identity, puberty may be around the corner. To allow the child and parents more time to live toward a decision, administering hormone blockers to pre-teens provides the gift of reflective space. Revisiting my own understanding of latency age development, I was humbled to see the extent to which these ideas had calcified within societal norms and had become impenetrable to various forms of light.

Not long ago, a 25-year-old undocumented immigrant called, specifically requesting active imagination and sand play. Already feeling endangered, he was paralyzed by the anxious press of gender regulation. He had been increasingly distressed about the hormonal changes he initiated when he was living as a desperate 15-year-old girl. Seven years later, he no longer felt *only* male. While growing up, he had been largely responsible for his

own strength and wisdom, he now needed someone to bear witness to his discoveries.

Subsequently, we did a long series of active imaginations. Throughout, he encountered numerous gender variant people with his skin tone (he describes himself as a white black Mexican American). This began an investigation of images from diverse cultures in an illuminating circumambulation, as only the archetypal can.

By way of the collective, he found his ancestral tribe by understanding gender within the Navajo cosmology. Beyond that, he found cultures that simply accepted these gender variant individuals without question: he/she, he more than she, she more than he.

As his psychic inflammation continued to calm down, he began to internalize the ways in which they were often revered for their essential and specific roles in their communities. This patient found 'two spirit', hegiras, gallae or mukhannathun figures that he treasured. With this patient, there were periods of numbing despair as well as frightening implosions into a molten centre. Well into 'solutio', he experienced many cycles of homecoming.

Jungian tools

As Jungians, we privilege images by bringing them into a higher degree of resolution by way of circumambulation. This is an invaluable approach to treating transgendered people. When looking at legends and ancient practices, I was deeply touched to find high regard for those *we* would deem 'gender variant'. In such social systems, there was no inherent value in confining self-identification within the binary. We are inextricably woven into a complex geography of gender expansion reflecting a rich diversity of human expression.

When such images are in play clinically, space is created for contemplating the deeper meaning of the trajectory a patient may be on. Fluidity itself may serve as 'a third'. Paradoxically, this becomes a touchstone in the analytic hour.

Conclusion

We may notice an exquisitely subtle shift, like a scintilla, in a patient. This alerts us to yet another axis of the countertransference. As analysts, we need to discern how much surprise we can each hold within the analytic frame. For me, it's a matter of paying attention to what happens at the margins and trying to follow it deep into the field.

Some patients envision a society that promotes 'consensual gender'. Others can imagine the ease of a cultural climate that is without gendering at all. To

choose one's gender is the first step. We are called to allow for the possibility that one's sexual assignment and gender do not need to match.

That the boundaries are not where we last saw them allows us all to unlink confusion and shame. How we engage with gender is another analytic boundary that we negotiate over time. With this in mind, there is probably a universal shamanic attitude that can be seen as 'gender transcendent'. Touching this archetypal way of seeing allows us to hold onto that which is distinct as well as that which is intangible.

Once we think about the *meaning* of losing what we knew to be reason, truth, and language, we are changed clinical instruments. If we are humble, fortunate and persistent, I believe that the Trickster will continue to grace our consulting rooms. These mercurial moments of dislocation and irrationality allow for other ways of knowing to emerge and flourish. To remain present to this beautiful and unruly energy, I invite you to invoke the God of the Hinge.

Reference

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TRANSLATIONS OF ABSTRACT

Cet article s'intéresse aux systèmes de genre dans le contexte de l'analyse. Il explore les défis que rencontrent les patients transsexuels, transgenres, homosexuels, travestis et intersexués dans l'individuation. Afin de recevoir les patients avec générosité nous devons apprendre comment une culture binaire produit des traumatismes chroniques et profonds. Ces patients se débattent pour être qui ils sont et en même temps, ils reçoivent des projections négatives et ils se sentent invisibles. Alors qu'ils montrent souvent les mêmes difficultés que les personnes qui se conforment à leur genre, il est impératif de comprendre l'aspect de leur identité qui est spécifiquement liée au genre. Un préjugé inconscient de l'analyste pourrait résulter en une honte iatrogène chez son patient.

L'auteur soutient qu'une investigation humble et rigoureuse de la transphobie de l'analyste peut constituer un processus de transformation pour le patient, l'analyste, et le travail lui-même. Il se peut alors que l'analyse offre à de tels patients leur première expérience – numineuse et re-mémorée – d'une authentique connexion au soi. Si l'on conjure l'image d'une charnière, positionnée de manière fiable dans la région neutre d'un espace tiers, on crée un téménos analytique transpositif. Si l'on invoque l'esprit du Fripon dans la construction de cette matrice, on soutient l'inclusion complète des patients transgenres et ceux dont le genre est flou. Un accordage nuancé établit la possibilité de faire miroir et de jeu. Garder en tête que le genre est quelque chose d'à la fois robuste et délicat, de mercurien et de défini, permet d'enrichir l'écoute de l'analyste.

Mots clés: binaire, transgenre, Fripon, charnière, honte iatrogénique, transphobie, transpositif

Dieser Beitrag beschäftigt sich mit Systemen des Geschlechtlichen im Kontext von Analyse.

Untersucht werden die einzigartigen Herausforderungen für die Individuation, die sich bei transsexuellen, transgender, schwulen, sexuell nichtkonformen, crossdressing und intersexuellen Patienten stellen. Um Patienten wohlwollend gegenüberzutreten müssen wir lernen, wie eine binäre Kultur tiefe und chronische Traumata erzeugt. Diese Patienten ringen mit der Frage, wer sie sind, während sie gleichzeitig unsichtbare negative Projektionen und Gefühle empfangen. Da sie sich oft mit den Kämpfen von geschlechtskonformen Individuen präsentieren, ist das Verständnis des spezifisch geschlechtsbezogenen Aspektes ihrer Identität zwingend erforderlich. Unbewußte Verzerrungen auf Seiten eines Analytikers können zu iatrogenem Schämien führen.

Der Autor argumentiert dahingehend, daß rigorose und demütige Erkundung der eigenen Transphobie des Analytikers auf den Patienten, den Analytiker und die Arbeit selbst verändernd wirken kann. Die Analyse kann dann geschlechtsvariante Patienten mit ihrer ersten erinnerten und numinosen Erfahrung der authentischen Verbindung zum eigenen Selbst in Kontakt bringen. Das Beschwören des Bildes eines Scharniers, sicher plaziert im neutralen Bereich eines dritten Raumes, erzeugt ein transpositives analytisches Temenos.

Der Anruf des Geistes des Tricksters in der Konstruktion dieser Matrix unterstützt die volle Einbeziehung von geschlechtsvarianten Patienten. Nuancierte Einstiegserüste spiegeln und zeigen die Möglichkeit des Spiels. Die Erinnerung daran, daß das Geschlecht robust und gleichzeitig zart ist wie auch merkurial und definiert bereichert das Zuhören des Analytikers.

Schlüsselwörter: binär, geschlechtsvariant, Trickster, Scharnier, iatrogenes Schämien, Transphobie, transpositiv

Questo lavoro prende in considerazione i sistemi legati agli generi sessuali nell'ambito dell'analisi. Esplora le particolari sfide che sono poste all'individuazione dai pazienti transessuali, transgender, ambigui nella scelta sessuale, non adeguati al genere ed and intersessuali. Per accogliere questi pazienti con generosità, noi dobbiamo capire che una cultura basata su un codice binario produce un trauma cronico profondo. Questi pazienti lottano per essere chi sono mentre, contemporaneamente, ricevono proiezioni negative oppure si sentono invisibili. Sebbene spesso ci offriamo di comprendere le battaglie di genere per gli individui che cercano conferme, è imperativo per noi riconoscere gli aspetti dell'identità specificamente legati al genere. Un pregiudizio inconscio nell'analista può portare alla vergogna iatrogena.

L'autrice suggerisce che una indagine rigorosa e onesta nella transfobia dell'analista può essere trasformativa per il paziente, per l'analista e per il lavoro analitico stesso. L'analisi può, quindi, fornire ai pazienti che cambiano sesso la loro prima esperienza di una autentica connessione con il Sè. Fare riferimento all'immagine del cardine, posto con sicurezza in una zona neutrale di uno spazio "terzo", crea un terreno analitico positivo. Invocare lo spirito del Trickster nella costruzione di questa matrice facilita l'inclusione dei pazienti che cambiano genere sessuale. Accenni di armonizzazione offrono un rispecchiamento e la possibilità di mettersi in gioco. La consapevolezza che il genere sessuale è solido e delicato al tempo stesso così come

mercuriale e definito arricchisce l'ascolto dell'analista.

Parole chiave: binario, variante di genere, Trickster, cardine, vergogna iatrogena, transfobia, transpositivo

Эта статья рассматривает системы гендера в контексте анализа. Она исследует те уникальные вызовы индивидуации, с которыми встречаются транссексуалы, гомосексуалисты, транссвеститы, люди с гендерными отклонениями и интерсексуальные пациенты (гермафродиты). Чтобы быть способными великодушно принимать пациентов, мы должны понять то, что бинарная культура порождает глубокую и хроническую травму. Эти пациенты ведут постоянную борьбу – между тем, кто они есть и одновременным получением негативных проекций и ощущения себя невидимыми. Меж тем, при столкновении с темой гендера по отношению к индивидуумам, понимание специфично гендерного аспекта их идентичности крайне необходимо. Бессознательная предвзятость аналитика может привести к ятрогенному стыду.

Автор доказывает, что тщательное, смиренное изучение трансфобии аналитика может стать трансформирующим для пациента, аналитика и работы как таковой. В таком случае анализ может обеспечить пациентам с различными гендерными вариациями их первое и нуминозное переживание аутентичной связи с собой. Вызванный в воображении образ шарнира, безопасно расположенного в нейтральной области третьего пространства, создает транспозитивный аналитический теменос. Призыв духа Трикстера в построении этой матрицы поддерживает полную включенность всех гендерных вариантов наших пациентов. Настройка на нюансы подпирает лесами отзеркаливание и возможность игры. Вдумчивое отношение к тому, что гендер неуступчив и деликатен, а также изменчив и определен, обогащает умение аналитика слышать.

Ключевые слова: бинарный, гендерная вариантность, Трикстер, шарнир, ятрогенный стыд, трансфобия, транспозитивный

El presente ensayo considera los sistemas de género en el contexto analítico. Se explora los desafíos de la individuación que confrontan los pacientes trans-sexuales, trans-género, género queer, género no – conformista, intersex, y cross-dressing. Para poder recibir generosamente a los pacientes necesitamos aprender sobre cómo una cultura binaria produce trauma profundo y crónico. Estos pacientes luchan por ser aquello que son y al mismo tiempo contra el recibir proyecciones negativas y el sentirse invisibles. Si bien a menudo se presentan con los conflictos de los individuos de género conforme a la norma, resulta imperativo comprender el aspecto específico de su identidad de género. El prejuicio inconsciente del analista puede conducir a un sentimiento de vergüenza iatrogénica.

La autora propone que una indagación rigurosa y humilde en la transfobia del analista puede ser transformador para el paciente, el analista y el trabajo mismo. El análisis puede entonces proveer a los pacientes con diversidad de género, de su primera experiencia numinosa de conexión auténtica con el self. Conjurando la imagen de una cruz o eje,

ubicada de forma segura en la región neutral de un tercer espacio, crea un temenos analítico transpositivo. Invocando el espíritu del Trickster en la construcción de esta matrix sostiene la inclusión plena de pacientes con diversidad de género. Un sutil entonamiento da sostén al espejamiento y a la posibilidad del juego. Ser conscientes de que el género es robusto y delicado, tanto como mercurial y definido enriquece la escucha analítica.

Palabras clave: binario, diversidad de género, Trickster, cruz, iatrogénico, vergüenza, transfobia, transpositivo

铰链之神

这篇文章在心理分析的背景下审视性别的系统。它探索了跨越性别、性别转换、同性恋、性别非一致性、异装、两性人在其自性化中所面对的特殊挑战。为了要宽大地接纳病人,我们需要了解一个二元的文化如何产出了深远和慢性的创伤。这些病人不仅仅要挣扎于自己是谁,还同时忍受消极的投射和不可见的感受。当我们需要经常面对那些挣扎于性别一致性问题的个体时,我们能够理解他们身份中那些与性别特别相关的方面就十分必要。分析师无意识的偏见会引发医源性的羞耻。

作者认为,应该对分析师的跨性别恐惧进行严格和谦卑的探寻,这对于病人、分析师和分析工作本身都是具有转化性的。分析于是就可以为那些性别混乱的病人提供首次被接纳的、神圣的经验,这一经验联系了其关于自身的真实。想象一个铰链的意象,它被安全地至于一个处于中立的第三区域,创造了一个可以进行位置互换的分析性的忒墨诺斯。在这一模型结构中唤起愚人者的灵魂,可以帮助性别混乱的病人获得完整的包容。这一微妙的协调为镜像过程和游戏的可能性搭起了脚手架。觉察到性别是健全和纤弱的,同时也是反复无常和确定的,则可以充实分析师的倾听。

关键词: 二元, 性别混乱, 愚人者, 铰链, 医源性羞耻, 跨性别恐惧, 位置互换的

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