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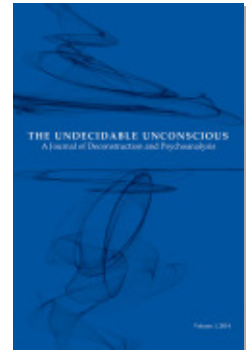
The Dignity of Belief

Gayle Salamon

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The Dignity of Belief

GAYLE SALAMON

I have for some time been working on an essay titled “Is There a Phenomenological Unconscious,” in which I ask whether or not the unconscious, psychoanalysis’s most generative concept, might be thinkable within a phenomenological framework. On the one hand, the answer must be no. After all, phenomenology is the story of how the world appears, how things give themselves to consciousness. In that regard, phenomenology is silent on the matter of those things that do not appear, that reside outside the reach of consciousness. Consider, too, that phenomenology is understood to be wedded indissolubly to the present, a commitment that Derrida critiqued trenchantly in *Voice and Phenomenon*. And yet, it is also true that the functions of the unconscious are retained in Merleau-Ponty’s philosophy even if the concept of the psyche is not; those capacities come to reside in the body rather than the psyche. So I have been pulled between the yes and the no on this question, and for this reason I am particularly happy about the title and occasion for this conference. Derridean undecidability, which is surely resonant with Merleau-Pontian ambiguity, may offer a way of addressing the question, if not answering it.

Merleau-Ponty, in what might be one of his moments of closest proximity to Freud, notes the complex connection that Freud articulates between psyche and soma when thinking about sexuality. In *Phenomenology of Perception*, he writes:

For Freud himself, the sexual is not the genital, sexual life is not a mere effect of processes situated in the genital organs, and the libido is not an instinct—that is, the libido is not an activity naturally oriented toward determinate ends—rather, it is the subject’s general power of adhering to different milieus, of determining himself through different experiences, and of acquiring structures of behavior: the libido is what ensures that a man has a history. If the sexual history of a man gives the key to his life, this is because his manner of being toward the world—that is, toward time and toward others—is projected in his sexuality. (2013, 161)

Sexuality is not primarily a genital matter, nor is its most important work the linkage made between the soma and the psyche. Rather, it is that the energetic push and pull that circuits between them has the effect of opening the subject out onto and pulling him into the world. We see here that libido is a “general power,” and that sexuality delivers not just a narrowly restricted variety of identity, but that all sorts of things hinge on it: structures of conduct, time, and history. We see, too, that we are strangely pulled into the realm of queerness with his quotation, that in Merleau-Ponty’s invocation of Freud’s theories of the drive, we are presented with a man, presumptively heterosexual and unmarked as such. And yet, his sexuality is suffused with his manner of being toward other men. Even if his sexuality is projected toward a woman, there is a prior, historical sedimentation projecting itself into his sexuality, and that projection includes the heterosexual man’s comportment toward other men.

Donald Moss also makes use of Freud’s theorization of the drive as the animated articulation of the connection between mind and body, turning to Freud’s theorization of the drive in a discussion of the workings of homophobia. In his book *Thirteen Ways of Looking at a Man*, he writes “I am conceptualizing drive here as did Freud, as ‘the demand made upon the mind for work as a result of its connection to the body.’ Often that de-

mand is experienced as same-sex desire, which, for a multitude of interdicting factors cannot be met. In such cases, homophobia and internalized homophobia are likely symptomatic outcomes" (2012, 67). Moss suggests that "internalized homophobia" might profitably be expanded as a category. Though it is traditionally used to refer to the feeling of unease and discomfort about homosexuality experienced by homosexuals, Moss suggests that it might have explanatory power when applied to men who do not identify as gay but who are experiencing some degree of tension arising from their relationships with other men, or some amount of conflict circling around or the perception, either internally or externally, that they might be gay.

As Moss notes, Freud pitches the drive in between the frequencies of the psychic and the somatic, and the "demand made upon the mind for work" results in its connection to the body. This seems an apposite description of the ways in which sexuality joins the felt sense of the body with the mind and, too, with the wider world. If we are considering not just sexuality but also gender, what might result from the different ways in which those interrelated but distinct vectors of the self engage the world or take hold of the body? Or do not take hold of the body? What might result if we rephrased the characterization of the drive with an eye toward non-normative genders, ones marked by dysphoria or that are characterized by some otherwise-inflected relation between mind and body? What might be said about "the demand made upon the mind for work" as a result of its *disconnection* to the body? That is, how ought we understand this drive in regards to trans people? Is it "a fierce and demanding drive" (in the words of Joanne Meyerowitz from *How Sex Changed*), or more simply a demand, and a coercive one, as Colette Chiland would have it? Or might we understand it in terms other than demand? I suggest that an ethical relation to the trans other demands that we see this as something other than a demand.

In a recent article in the *Journal of the American Psychoanalytic Association*, Avgi Saketopoulou describes her work with Jenny, a five-year-old assigned male at birth who identified, dressed as,

and understood herself to be a girl. Jenny's parents sought treatment because of Jenny's increasingly panicked reactions to being named and hailed and treated as a boy. In terms of gender in the clinical scene, there are two astonishing things in Saketopoulou's account that I want to mark in closing. The first is the entirely non-astonished matter-of-factness with which she understands Jenny to be a she. She lends Jenny's claim to gendered identity the *dignity of belief*.

When we talk about gender and belief, or gender belief, and its relation to trans, we can find it located in at least three places. First, there is my internal felt sense of my own gender, a kind of belief that is a matter of conviction. The felt sense that I have of my own gender can be characterized as irresistible, even when the answer it gives me about that gender might be ambiguous. The second location of gender belief is a broader one: What gender do others believe me to be? How is my gender perceived as I move through the world? This aspect of belief determines, in many cases, how I am received and treated as I go about my day. Gender belief, then, is composed of an internal component, what I have elsewhere called a "felt sense" of gender, and have argued is never truly or only internal. Gender belief is also simultaneously external, my gender as it is phenomenologically expressed, and as it is perceived by those around me. Within the analytic scene, there may be a third location of gender belief. How does the *analyst* make assessments about the patient's utterances about his or her gender, and how do the gender beliefs of the analyst, his or her convictions about gendered truth, shape the ways in which trans experience is understood? Does the analyst *believe* his patient when she externally expresses her internal conviction about her gender? If so, how might his own convictions about gender be shaped or changed as a result? And if an analyst withholds such belief, if he understands the patient to be in the grip of delusion or psychosis, or some more benign kind of fantasy, what are the ethical consequences of that withholding? In what ways does knowledge of gender circulate within this exchange?

Second, Saketopoulou understands Jenny to be suffering from

what she calls “massive gender trauma.” “Massive gender trauma” is a result of gender dysphoria, the painful mismatch between a felt sense of gender and the body’s anatomical sex. It is, in this way, a result of the psyche pushing against a lack of connection to the body, a body that stubbornly resists manifesting the psyche’s felt sense of gender. But Saketopoulou asserts that “massive gender trauma” is just as much an effect of Jenny’s being repeatedly mis-hailed by other people into a gender that is radically at odds with her own felt sense. Massive gender trauma results *from and not in* social misgendering. And the location of this trauma is not individual or internal, even though it comes to reside there. She writes: “I share this clinical story of having watched Jenny waver on the precipice of psychotic dysregulation because I want to underscore that when we fail to see that pathology follows from the mismanagement of body dysphoria, we can iatrogenically fence trans patients *into* the psychotic mechanisms they adopt to manage unbearable affect” (2014, 798).

In other words, what those patients may need is a shared horizon, in which the gender that exerts itself inexorably from the inside, a gender that is often legible from the outside, becomes thinkable and livable to those around her. Such a horizon may comprise only the space of the clinician’s office. It may, increasingly, be found in the home, as parents become more supportive of children who either want to transition, or seek to delay the onset of puberty until that connection between mind and body either resolves with more clarity. Or perhaps it doesn’t; it may be the case that what gender wants is to remain undecidable.

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