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Interview with Avgi Saketopoulou

Entrevista con Avgi Saketopoulou

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Sociedad Forum de Psicoterapia Psicoanalítica

Avgi Saketopoulou is a psychoanalyst of Greek Cypriot origin who lives and works in New York. In her practice she addresses a wide range of issues with children as young as 3, adults and couples and has extensive experience with queer sexualities and variant genders.

She trained at New York University Postdoctoral Program in Psychotherapy and Psychoanalysis, where she is now a faculty member, as well as at the William Alanson White Institute and the New York Psychoanalytic Institute. She is on the Editorial Boards of several journals, such as *Psychoanalytic Dialogues*, *The Psychoanalytic Quarterly*, and *Studies in Gender and Sexuality*. She has received several awards for her writings, including the Ruth Stein Prize, the Ralph Roughton Award, the JAPA Annual Essay Prize, and the Symonds Prize.

Together with Jonathan House, she co-chaired the first conference devoted to Laplanche's work in the US "Laplanche in the States: The Sexual and the Cultural". She is about to publish a book with the title *Sexuality Beyond Consent: Risk, Race, Traumatophilia*. To learn more about her curriculum and her practice, you can consult her website https://www.avgisaketopoulou.com

As an important figure in the current international psychoanalytic panorama, specializing in sexuality in its various dimensions, with a vision that draws on both classical and the most current theories, European and American psychoanalysis, it is a privilege for *Aperturas Psicoanalíticas* to offer our readers this extensive interview in which the author elaborates her answers, illuminating and deepening the most current and controversial points of the sexual.

- In your paper, "Risking sexuality beyond consent: Overwhelm and traumatisms that incite", you propose to modify the psychoanalytical attitude towards trauma.

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As analysts, we are concerned with working on trauma, in the belief that we can free the patients from their wounds, as if it were possible to return them to a state prior to trauma. But, since this is not possible, you pose that we be more interested about what to do with trauma, going from an attitude that you call traumatophobic to another that would be traumatophilic. Using sadomasochism as an example, you talk about how people can become to desire physical harm for themselves, turning the position of "subject trapped in the past" into that of "subject with a past". In this sense, you believe that the goal would be achieving greater degrees of freedom. Could you give an example that illustrates this proposition from the clinical practice? And, above all, what would this change of perspective imply to us as analysts?

Let me start by saying how honored I am for the careful attention you, Lola J. Díaz- Benjumea and Mónica de Celis, have given to my writing and to thank you for the opportunity to share more of my thinking. Because your questions are so substantive, each of them could generate an essay of their own! What I will try to do is offer somewhat contracted responses that touch on your main points in the hopes that this engagement generates more thought and engagement.

Indeed, I am making a plea for psychoanalysts to allow our clinical attention to become less preoccupied with healing, which has almost become a disciplinary fixation in our field. As psychoanalysts, we are easily magnetized by the notion of cure, even though we know that psychic wounds never fully close. The idea that cure is an illusion has already been raised by others, like Adam Phillips and Muriel Dimen, better than I ever could. My particular focus in my own writing is to bring into psychoanalysis an aspect of Laplanche's thinking which is underdeveloped in his writings, and which I develop further: the notion of traumatophilia.

As analysts we tend to regard trauma as disruptive and this starts from Freud's theorization of trauma; we see it in *Studies in Hysteria*, it continues through *The Project*, and is principal in *Beyond the Pleasure Principle*. But Laplanche's notion of implantation - which, I will say very briefly, alludes to the fact that enigma inevitably becomes implanted on the infant's psychophysiological skin-, helps us think about trauma differently: not as something that disrupts us but as having a constitutive role in psychic life. Implantation, for him, sets in motion the very process of our subjectivation and the formation of our ego-and, thus, also of our identity and our self-understandings. What this means is that the human subject is laboring from the getgo with how to live in the aftermath of a trauma that comes from what Laplanche calls, "the intervention of the other." For him this trauma (of implantation) is universal, which is why he describes it as part of "the fundamental anthropological situation." Of course, many patients will be additionally traumatized in other ways: by their primary objects, interpersonal relations, or by virtue of their social positionality as is the case, for example, for people of color, or individuals whose genders or sexualities depart from the normative.

Today, psychoanalysis is predominantly interested in working towards making these traumata dis-appear, an approach I call traumatophobic, rather than become interested in the different permutations in which trauma appears, which is what I mean by traumatophilia. To be traumatophilically inclined, though, we do not need to "be more interested in what to do with trauma" as your question formulates it, but with what *our*

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patients do with their trauma. The difference may seem small and it may also be a matter of a translation from Spanish to English, which is the language in which I read your question. But I take it as an opportunity to clarify that it is not the analyst but the patient who "does" things with trauma. For the most part, we have been trained to regard these "doings" as either repetition compulsion (a patient repeats in a pathetic effort to escape the past trauma), or as creative endeavors (e.g. as in creating art). I have proposed a third possibility as far as the analyst's stance is concerned: a sustained curiosity about how the re-kindling of trauma may be not re-traumatizing but produce traumatisms that, when repeated, can produce generative ruptures of the ego that can have enlivening effects. Traumatisms, in that sense, do not traumatize: repeating traumatophilically they can act likes muses, inspiring new drive movements and novel experiences.

In the paper you referenced, I illustrate the working of traumatophilia through the example of race play, a controversial BDSM practice. I chose this very difficult example purposefully: it is not hard for psychoanalysts to think they are being traumatophilic in their approach when, for example, a traumatized patient produces a beautiful painting, or evocative poetry. Not just art, I wanted to emphasize, deserves our attention in this respect: the human psyche can secrete a range of different configurations of the infantile sexual, including some that would on surface appear to be mere traumatic repetitions, as in BDSM. I use the word "secrete" to highlight that these are not conscious, or intentional productions, but, rather, that they come about as a result of the working of forces beyond our control, forces which are not under the ego's jurisdiction which is, as Laplanche, ""perched," on a mount that it does not command."

Unfortunately, space does not permit me to share a clinical example here in a way that does justice to these ideas, but interested readers can find an extended clinical discussion in my paper "The Draw to Overwhelm: Consent, Risk, and the Retranslation of Enigma". It is important to note that it's not just BDSM and a desire for pain or humiliation that can attract these kinds of forces. In some ways I would say that even becoming a psychoanalyst may be, depending on the individual analyst and how she approaches her work, a traumatophilic choice: many of us have been drawn to our strange profession, which exposes us to a lot of human pain and suffering in a way that can also rekindle also our own traumas in small and unexpected ways. This does not necessarily make the choice masochistic; in fact, it's not unusual for the analyst to also feel enlivened by her work, however difficult it may also be.

- In a paper from 2020, "The Infantile Erotic Countertransference: The Analyst's Infantile Sexual, Ethics, and the Role of the Psychoanalytic Collective" you pointed out that, with the development of the relational movement in psychoanalysis, there has been an intersubjectivization of sexuality, in the sense of an understanding of sexuality that refers to object relations, considered to be of a deeper nature. The infantile sexuality, developed by Freud in his early writings is, therefore, disregarded. That is why you turn to Laplanche and other authors of French psychoanalysis, because they have not given in to this tendency. Taking into account the provocative title used by Green (1995): "Has Sexuality Anything

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To Do With Psychoanalysis? in your opinion, which are the contributions and also the negative consequences of this intersubjectivization of sexuality?

Most certainly, thinking about sexuality alongside object relations, but also attachment theory, has enriched psychoanalytic ideas about the psychosexual. We have to remember that for Freud sexuality was not object related, but that, rather, it attached to objects only opportunistically, leaning on the nutritive function and becoming autonomous thereafter in large part due to the "tenderness" that suffused the early dyadic relationship. As such, the sexual drive did not encompass relation, bond, intimacy, and connection: it was, to the contrary, a more mechanical concept that drew heavily on ideas around excitation and the circulation of psychic energy. Object relations theory, with its insistence that the child is first and foremost object seeking, introduced to our metapsychology the important consideration of the parent-infant relationship and its complex vicissitudes. Attachment theory added further layers of nuance, resulting in a richer tapestry of concepts with which to think about the relationship between the caretaker and the infant. The more psychoanalysis was able to think about the quality of the early bond between infant and caretaker, the more it moved away from notions of the sexual drive as paramount to sexual life. Similarly, the idea of a body that is wired through poignancy and excess -and I am referencing here Ruth Stein's work- also waned. As for attachment theory, the focus on the well-documented processes of mutual regulation and of the reciprocal influence that the parent and the infant have on each other, overlooked the fundamental asymmetry that characterizes the infant/adult relationship. These are all points that have been made by the paper you mentioned by Andre Green, and also by Muriel Dimen (1999) and Peter Fonagy (2008). All these analysts lament, and try to recuperate, what is lost as the arc of psychoanalytic theorizing moved away from the more heated properties of an irreverent sexual drive and towards the more relational, intersubjective elements of sexuality which are much more contained and reserved.

For Laplanche, the asymmetry between the infant and the caretaker is fundamental. But the asymmetry that concerns him is not the maturational one or the vast difference between the adult's and the infant's cognitive or emotional capacities: it has to do with the fact that the parent has a sexual unconscious, whereas the infant does not. This makes the infant the recipient of enigmatic surcharges, which is a strain for the infant that she has to figure out how to cope with. A lot happens in the course of the infant trying to cope with the strain of enigma that is quite consequential for her psychic life - and which I can't go into here in depth, except to say that the child's sexual unconscious arises out of this process. The implication of this process is that Laplanche gives us a way to think about the sexual drive, in both its effervescent energetic charge and its polymorphousness-and which returns the excitable, sexual body back into psychoanalytic theorizing. But this time, the sexual body is also rooted in the early relationship with the parent, though this relationship is not -as in attachment theory- symmetrical or "intersubjective" in the sense of proceeding between two fully formed subjects.

- Continuing with Laplanche, an author you rescue for American psychoanalysis and on whose works, as well as on Scarfone's, you base your theoretical and clinical proposals, you make a distinction between the infantile sexual and adult sexuality. You argue that the former- defined by intensity, overflow, potential

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destructiveness - may appear in countertransference but it is not something analysts use to talk or write about, leading to a blind spot in the treatments. It would be a repressed residue of the impact on infants of the enigmatic messages received from significant adults, charged with the adult's own unconscious, that is, something unsymbolized and which remains outside the object relations. That is to say, a remainder of sexuality that is unintegrated in the psyche. Apart from when this occurs in the analyst, how would this infantile sexuality manifest itself in ordinary life, outside the analysis?

I am flattered to be thought of as having rescued Laplanche for American psychoanalysis, but I should say that Dominique Scarfone, who I am lucky to have had as a teacher for many years, is another analyst we should also consider responsible for the surging interest in Laplanche in North America. And, I would be remiss to not mention Jonathan House, because without his translating Laplanche in English, many of us who now employ Laplanchean concepts would not be able to do our work.

In regards to your question, what I wanted to do in the essay you mention I wanted was to draw attention to how the infantile sexual may underwrite some erotic countertransferences in particular making them much less inert and dignified as our literature describes them to be. I wanted us to see excess in erotic countertransference too.

You ask me how the infantile sexual manifests extra-analytically and the first thought that comes to mind is a quote from Laplanche's essay on psychic conflict, where he memorably says that sexuality is not everything but it is everywhere. What he means by that is not that everything is sexual per se, but that infantile sexuality can inflect all kinds of human encounters, activities, or pursuits. As such we may encounter it in phenomena as diverse as art; addiction; sports; one's relationship to one's work; how one appreciates literature and poetry; oftentimes in sexual encounters; and so on. Literally every human interest and engagement can become infiltrated, even commandeered, by the infantile sexual. I have just given a wide array of examples and one may be struck with how different each are from each other, but the important thing they share is this element of overflow, of an energetic charge that defies containment and which cannot be fully encompassed through symbolization. The fact that symbolization cannot fully encompass it, I want to be clear, is not a symptom but part of the infantile sexual's very ontology.

The question of how the infantile manifests in everyday life, also has to do with how passible one makes oneself to it, how porous to its energies; that too, not only where we encounter it, can be important. For example, I mentioned art: but one can "consume" art, visiting museums as if collecting notches on one's belt so that she can say she was at the Prado last week, and at the Louvre the week before. This is not what I have in mind when I talk about how the infantile can show up in art: I am thinking rather of how this arises in one's *relationship* to art, how one may become taken over by it.

For example, I have been writing recently about my viewing of a play called *Slave Play,* by Jeremy O. Harris, a Black queer American playwright. This play derailed me: I was stunned by it. I couldn't stop thinking about it. I couldn't stop attending different performances of it. I couldn't stop talking and writing about it. In other words, there was an intensity to my relationship to it, that I could not fully explain, and which I also found depleting. I have theories of course about what that was about for me- and I just finished

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a book that includes two chapters where I discuss the play (and my relationship to it) at length. So I have lots of words to talk *about* it. But the words are never satisfying; they always leave something out, a residue they can't quite capture, and as such they can't fully explicate why I was so powerfully drawn to it. This gap between my reach for words and what the words can never quite grasp approximates the enigmatic domain of the sexual. By sexual, of course, I am not referring to arousal per se or to sexual experiences. Others have experiences like this with a piece of music, or a book, or with a person, or with one's work, and so on. There is no way of telling ahead of time what objects, or people, or circumstances will draw us closer to experience this way; one enters an experience unprepared for how it will act upon us. Or, to say it differently, sometimes we prepare for one thing and get another—and that, by the way, has very powerful implications in thinking about consent, a matter to which we will turn shortly. But for now, let me also say that to be disarmed this way, to become swept away by the oddity of such desires, is one way to think about how the exigency of the sexual unconscious manifests in the every day.

- In this same 2020 paper in the Psychoanalytic Quarterly, you argue that "the mandate to be ethical is a perversion of ethics, which collapses them into an act of submission". By this you refer to what Loewald (1979) once argued, that a superego that submits to external dictates is a superego against which the ego will rebel. It also makes reference to Erikson (1976), when he states that a superego built as a delibinized force that "lords over us" is destined to provoke reactive actings. What you are suggesting then, is that the analysts' ethics must be included in their personal sense of morality and commitment to their practice. Later in this same work, regarding the cases of couples whose relationship started as that of analyst and patient, you establish a principle, with no possible exception: the analyst must mourn the impossibility of the love connection with the patient, not even considering its viability. You state that "it is never permissible to start a sexual or romantic relationship with a patient". As if when we defend the absolute validity of this principle in all cases, we are implying the existence of a specific nature of the analytic enterprise from which this impossibility would derive. In your own words: "Renouncing the possibility of actualizing a sexual relationship with a patient is the very condition under which an analysis can gather its working density, but this renunciation has to be differentiated from the disavowal of the fact that there is something to be renounced in the first place". With regards to this, we would like a further explanation on you understand the idea of a personalized ethics when it comes to principles that imply conditions of possibility of the psychoanalytic practice.

What you are asking me to explain is very important and harder to do in writing, so I will do my best in the short space here. In the paper you cite, I say that rules and morality are not powerful enough to counter the intense pull and force of infantile sexuality. I say that not to excuse anyone who crosses sexual boundaries with a patient, which, to me, is always unacceptable. What I want to do is underscore that for many of us, certainly that is true for myself, our relationship to psychoanalysis is an erotic one: erotic in the

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sense of it being inspiring, of seducing us in ways that lead us to choose to endure really difficult situations with our patients, again and again, over many years. I spoke about this earlier when I referenced the well-known fact among psychoanalysts that psychoanalysis is an impossible profession. What I would like to add here is that it is also an exciting profession. This excitement is also the lure of the work, it is part of what sustains us, and it is this that I also see as related to the personal ethics of the analyst.

All of these forces-and the many and varied personal dynamic factors of each individual analyst- oftentimes converge in the analyst's work, which can make the work both pleasurable and hard, at times almost unbearable. But what they also mean is that our commitment to being an analyst is not only to the patient but also, and very importantly, to ourselves: it has to do with an internal relation, to our having signed ourselves up for the range of unexpected experiences that arise in the consulting room. In saying that we have made a commitment to ourselves, I am not referring to the analyst's narcissism, which is another, important and unavoidable matter to pay attention to. Rather, I am mostly speaking about the analyst's particular way of engaging with herself as part of doing her work: what she commits to is not only to track the exigency of the patient's unconscious but, also, to some degree to be exposed to her own unconscious. I have just finished a book where I speak about how analytic work brings us into encounters with our own opacity as analysts, and that is, for me, where the question of personal ethics also resides: encountering our own alterity in both its thrilling and terrible dimensions. While ethical mandates and moral codes are, no doubt, important, they are not what ultimately keeps us ethical: psychoanalytic ethics are always related to our own alienness to ourselves, to the irruption of the foreign in us that arises in the contact with the patient.

- In different works, you advocate the use of the term perversion instead of more neutral expressions such as "non-normative sexuality" or "sexual play". You use it in a non- pathologizing way, and with its original meaning in relation to polymorphous infantile sexuality, non-objectual and not organized around heterosexuality. The sexuality to which you refer when you speak of perverse encounters cannot be submitted to the logic of affirmative consent, since this needs subjects totally transparent to themselves, capable of anticipating the consequences of their decisions, so you develop the concept of limit consent, which incorporates the idea of the transgression of the limits typical of perverse experience. In the current context of concern about abuses of power in the sexual sphere, how do you understand the interaction between both concepts, that of affirmative consent and that of limit consent?

Your question is very timely because, especially nowadays, it's become clear in the social arena as well that we cannot disentangle consent from abuses of power. At the current cultural moment, women's sexual harassment, sexual assault, and sexual abuse is being taken more seriously, and consent has become the concept that (we are told) will help us adjudicate sexual justice. I am far from being the only one critiquing consent for being inadequate to do this work -cultural theorists like Joe Fischel have offered very nuanced arguments about this. Further, affirmative consent cannot withstand psychoanalytic scrutiny; for example, affirmative consent issues from a coherent subject

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without an unconscious life and it does not allow for the fact that our desires are oftentimes conflicted. Moreover, while affirmative consent is a concept with some important political aspirations (and sometimes, utility), it's a fundamentally conservative one. I don't mean conservative in the sense that it's traditionalist or conventional, but in the sense that it is aligned with the ego's efforts to conserve itself, to stay safe and protected. For some subjects that's primary: one needs to be able to say: no, I don't want this done to me, I don't want to be engaged in this particular way, I refuse your offer or your advance.

But when we step off the domain of ensuring safety and enter into the domain of experience, of exploring what can become possible in a dyad, be it clinical or in an otherwise intimate exchange with an other, affirmative consent will not take us very far. It will keep us safe but it will also resist encounters with the new, and it will not expose the ego to something that may feel edgy but which may, ultimately, prove important or rewarding or transformational. Here is where limit consent comes in because limit consent aspires to much more nuanced interpersonal negotiations that have to do not with how to remain protected, but with what happens when one steps into encounters with the other's opacity, which also requires the risking of coming into contact with the alien in oneself. These kinds of encounters require a fundamental backdrop of secure connection, of some preestablished safety with the other. The analytic encounter is a good example, because if patients take risks, it is usually because the environment feels safe enough and the relationship is established and trusting. As analysts we put in place the conditions that enable the patient to make herself vulnerable -not only to the analyst, but also to encountering some novel and unexpected in herself. Do things go wrong sometimes? Yes. Limit consent is no guarantee-though, I should say, the same applies for affirmative consent. Limit consent, however, can open up a path to inventing an elsewhere and to transformative possibilities, neither of which are as easily in the province of affirmative consent.

- In your work on transgenderism, "'Mourning the Body as Bedrock: Developmental Considerations in Treating Transsexual Patients Analytically" (2014), for example, you try to move away from two approaches you find unsatisfactory: the one that understands the inconsistency between the gender the person identifies with and the biological sex as a symptom that should be "healed"; and, on the other hand, what might be called "affirmative" approach where the main goal is to support the patients in their transition, be it social or medical-surgical. You insist on the need to address problematic aspects such as what you refer to as massive gender trauma, the need to mourn the rejected body and explore conflicts in this realm or others that could be influencing the patient's experience of gender. One important aspect you always point out, and that we believe is never emphasized enough, is the problem of generalization: There is no such thing as "the transsexual/transgender". The experience of trans people cannot be reduced to a unitary phenomenon, since gender identity, whether or not it conforms with the natal sex, is the result of biography and idiosyncratic compromise formations. You think it is 'how' the gender experience happens that should be further explored, and not so much the reason 'why' it happens. Do you

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really think that, as analysts, we cannot ask 'why' without pathologizing the patient's experience? For example, wouldn't you find legitimate asking why a man experiences his gender in a way that makes his homosexuality and his masculinity incompatible? Why does it seem appropriate in this case to focus on the origin of the subject's restrictive vision of masculinity? Wouldn't we be questioning his gender identity, too?

Indeed, I have argued that, from a clinical perspective, treating a patient's gender as symptom is unhelpful and potentially traumatizing and that mere affirmation is also an overly simplistic way of relating to a patient's gender experience. For example, we don't ask cis women "why" they are women; but we might, in fact, explore quite a bit with a patient what her experience of womanhood is; how and if that links up with femininity or masculinity; what the array of feelings and fantasies she may have about her being a woman may be; what words describe her experience and which don't resonate, and so on. When working with a cis woman, we don't hear any of this material to assess whether this patient is or is not a woman, or whether she does womanliness right: we just accept that she is and ask not why she is a woman but how she inhabits her womanliness. I propose that we do no less with patients with variant genders: that we ask not why someone is trans or nonbinary but how they live and experience their gender; how they relate to their body; what words resonate for them and what arises in them when words fail; how their gender tracks with their everyday life, and so on.

That may seem like a simple ask but it's not because as analysts, we are trained to think about the cis body as normal and the trans body as violating normality, as deviating. A small example is when you said earlier that my concept of massive gender trauma pertains to the need to mourn the rejected body: you are correct that I believe that a certain mourning process is helpful for trans patients, and that that may help a trans patient inhabit their new body. But, for me, what is mourned is not a "rejected body" but a body which, while theirs physically, is not theirs psychically. The body, in other words, is not rejected: it's not invested along the lines cis bodies become psychosexually invested. I would say that the idea that trans subjects "reject" their bodies inadvertently smuggles into the formulation of their embodiment, the notion of a healthy habitation of the body (acceptance) as opposed to a non-healthy one (rejection). The sexual body, however, has to be invested with energy, it has to be psychically inhabited for it to come to feel "ours"; from a psychoanalytic angle this is not a process to be taken for granted or that is secured by biology, but an unfurling psychic process with no predetermined end. What trans and non-binary individuals teach us is that this unfurling can proceed in a variety of different ways.

As for the question you pose as to whether I would ask "why a man experiences his gender in a way that makes his homosexuality and his masculinity incompatible", this is not really a question I would ask. I generally tend to find "why" questions to invite the patient to organize their material, to theorize about themselves, as opposed to associating. So I am less likely to ask a gay man who thinks that his homosexuality makes him less of a man why that is, and more inclined to invite him to speak about (and for me to listen for) where this experience shows up in his life; what effects it has on his relationships; how it inflects his experience of his body; what it enables him to do and what it forecloses; and

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so on. Usually much emerges in the course of this open-ended explorations that I find clinically useful and which can then be put in the service of the therapeutic work.

- Still on the topic, it is unusual to question gender identities that conform to what is expected from the assignment at birth, and it should be reflected on this blind spot. However, the possibility of a medical-surgical procedure that enables a significant transformation of the person's anatomy and physiology and that involves lifelong treatments is relatively recent in historical terms, so it should be taken into account that this fact makes the ethical aspects not easy to avoid when it comes to reflecting on transgenderism if bodily intervention is present. In this sense, the need you point out to mourn the body that is going to be transformed, highlights the extent to which what we call "informed consent" may often be a superficial acquiescence to what current medical technology offers to these subjects as a "solution". We do not really find adequate the comparison you make in some of your writings between this kind of medical intervention and a "high-risk back surgery", for example. The transformations of surgical and hormonal interventions have consequences of a unique depth, because they are performed on a body that we can call "healthy" and alter some of its functions in ways whose subjective impact is difficult to foresee. This issue is especially important when we are talking about minors, since the process of hormonal blocking and subsequent cross-hormonalization, whether or not it ends in surgery, entails a project of intervention on a body that is not yet fully developed. Therefore, the person may not even know what the mourning they would have to do consists on. In this regard, we are concerned about the impact on sexuality, an issue that is rarely talked about in relation to minors. We are very interested in how you understand this problem, as your approach is always attentive to the erotic an sexual dimensions.

Your question about sexuality in relation to trans children is very astute; it's a matter that I have been think about a lot recently but which I have never been asked before, so I am delighted to delve into it.

Let me start with a few observations first before responding to it briefly, due to space constraints. Transness is not as new of a phenomenon as we may think-and I will mention two things about that here. First, different cultures, many of them non-Western, have had room for diverse gender identities (like the hijras in India, etc.) that colonization then tried to compress into binary gender. We see that gender and racialization are not disconnected but, in fact, linked through social histories of oppression. Secondly, even in Western cultures, gender diversity has existed for far longer than is formally documented. Because gender diversity was seen as pathology it was not recorded as gender variation per se and data oftentimes went missing or was suppressed etc. Archival work by Jules Gill-Peterson's on trans children, for example, and Chase Joynt's and Kristen Schilt's research on trans adults reveal that the historical archive is much deeper and longer than many analysts -and, in fact, most people- are aware.

But leaving this aside for now, let us think for a moment about the point you raise about how surgeries for trans people are performed on "healthy" bodies. You put the word

in quotation marks, which I would agree with because the question of what we mean by a healthy body needs to be qualified. From a medical perspective, the body of an able-bodied trans person would be considered "healthy" in the sense that its organs are functional, its biological processes are intact, and so on. But let us remember that, as analysts, our concern is not so much with biology and what is functional from a physiological perspective only but also, and I would say mostly, with how the body becomes libidinized, how it comes to feel to be ours, how it becomes invested with a sense of personal autonomy, and so on. The body, trans experience shows us, does not always feels ours from the getgo. Said differently, some people feels that their body is theirs and accords with their gender assignment (we call this being cis), while for others it does not (this is what we call trans, or nonbinary, or atypical gender). When Laplanche said that gender cannot be assumed to proceed from biology, as if it were a non-conflictual process the final destination of which may be presumed from the start, he was obviously not thinking about trans experience per se. But his ideas can help us elaborate how, for trans and nonbinary individuals, gender and the body's relationship to gender is a psychic development; we begin to see, therefore, that the category of "health", when it comes to psychic life, differs from what we mean in the everyday or medical sense.

And indeed, as you note, these matters get infinitely more complex when it comes to children.

Let me first note a basic premise of Laplanchean theory, which is the idea that when the sexual instinct arrives in puberty, it finds "its seat already occupied" by the sexual drive, which had been there all along. Once the two meet, Laplanche offers, they become inseparable and will always, from thereon out, partake of each other. This henceforth inseparable blend between the sexual instinct (puberty) and the sexual drive (the infantile sexual that is there from the beginning of our subjectivation) is what we call psychosexuality. I would say that this process, as described by Laplanche, very much applies to children whose gender experience does not conflict with their gender assignment at birth and/or their sense of their body, that is for cis children. . But for children whose bodies feel to be at odds with their gender, that is for children who may be trans or otherwise non-normatively gendered, puberty does not sexualize the body: instead, it produces a crisis. These crises have many layers and manifestations, but I will focus here on the sexual aspect of your question, to say that not infrequently these crises result in the shutting down of sexual development in ways that can have profound, long-term effects. These, I can tell you from clinical experience, can be very hard to work through in analysis when these patients come into treatments as adults. I think that part of what is often missed in discussions about trans childhood, is how much can get lost in the child's potential to develop into a sexual adult when they are made to go through a puberty that could have been medically averted-that is, when, for example, a child assigned male at birth is made to go through a male puberty even as she experiences herself as a girl. Body alienation is not infrequent; a body that feels alien to the patient will be a body that will not be as easily libidinized. For children who go on blockers and whose families and medical teams then assess that cross-sex hormones are a good choice, a gender-concordant puberty will more readily align with a body that feels theirs. Such children, therefore, have the potential to develop psychosexually and, as they grow, to come into a sexual body whose erotogenicity is not shut down and which can feel alive and vibrant.

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These matters of course are very complex, and require much more discussion to explain beyond the basic points I mention here. But I offer them, even if epigramatically, in response to your question because I think that analysts often don't realize that what is thought of as a "natural" puberty, can have real detrimental effects on the domain of the psychosexual development for trans children.

- In your work "Queer Children, New Objects, the Place of Futurity in Loewald's Thinking" (2011) you talk about the process of being able to imagine a future for the other and to transmit it in a way that "makes possible the introjection of a new object that is benign and restorative rather than threatening and persecutory" (Loewald, 1960). In this sense, you stress the need of helping the parents who try to maintain an open attitude towards non-normative aspects of their children's sexuality or gender, and at the same time, worry about their children not being happy. When we imagine a future for those children, we wonder if there would be a moment in future when the option of body modification does not occupy such a central place. In your article "How the world becomes bigger; implantation, intromission and the après-coup: discussion of House" (2020), relying on Laplanche's theory, you point out how, in the après-coup, cultural changes, by denaturalizing certain experiences and opening new possibilities, retroactively reinscribe what was originally registered as implantation and is now experienced as intromission. For instance, sexual binarism can be now experienced as traumatogenic, as the subject perceives there are possibilities, such as being transgender, which in the past were not available. We wonder if, in fact, the medical solution that is being offered to many trans children is nothing more than a new "template" to maintain gender as something binary and fixed. Wouldn't this medical protocol, sometimes presented as an omnipotent solution, be a kind of intromision that interferes in the search for the unique solution that each person has to give to the problem that gender poses? Why can't we imagine a better future for our children rather than subduing them to the tyranny of passing? Are we not giving up on a more complex way of addressing the issue, that is, truly broadening the categories of our world, in your own words "making the world bigger"?

This is a really fascinating question, because in asking it, you are taking very seriously what I am saying not only about futurity but also about the operations of the après-coup. I want to be sure, though, to make some clarifications.

I would absolutely agree with you, as you already know, that the sexual binary can be experienced as traumatogenic. And indeed, perhaps you already are aware of this, there is a lot of criticism from within trans studies about how transitioning can be its own form of maintaining and preserving a fixed binary gender system. Some psychoanalytic authors, and I am thinking of Ann Pellegrini here, have proposed that non-binary gender may, in fact, be one particular way in which some individuals stretch gender beyond the gender binary -though not the only one.

I am not sure I would agree, however, that the template of binary gender is offered by medicine and health care services. The template of binary gender is very deeply rooted

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in social and relational life: it is in our institutions, in our structures, in our language, in our clothes, in the products we use every day (there is no question, for example, that binary gender favors capitalism), it even determines what bathroom we use. My guess is that if we lived in a society where everyone was able to be themselves without having to convince anyone of who they are (because no one doubted them or demanded to be convinced), fewer trans individuals might transition medically as a way of laying a claim on their gender experience. Of course, this is a hypothetical and I have no way of knowing if that's true-and, to be clear, I think that a lot of people might still feel the need for a medical transition. But what I would like to emphasize is that is that the constriction of binary gender does not come from the fact that there exist nowadays medical technologies for people to transition: it comes from the fact that subjects who exist outside the binary will oftentimes only be recognized for their humanity and complexity if they compress themselves into a binary structure which is why some end up seeking these out. And then, there are others, who feel that they do belong to the binary system, just like many cis people do, and psychoanalytic thinking should be making room for those possibilities as well. It seems to me that analysts oftentimes imagine that the ideal solution for trans patients would be for them to stay in their assigned gender and just perform it more expansively; e.g. to be a more feminine man but not "have" to see oneself as a woman. This, however, does not recognize that while this might put the analyst at ease, it oftentimes does not work for the patient who needs to live, relate and be related to, in their felt gender-not in the analyst's fantasy of what the patient's gender should or could be.

You ask why we don't imagine a better future for our children rather than subduing them to the tyranny of *passing*. I think better imaginings would be wonderful and expansive and should very much be part of our theorizing and our clinical work as well. It is indeed, the adults' responsibilities to dream bigger worlds and to expand the world for generations to come-and I include analysts in this in the sense that our theories need to be able to envision broader worlds too. But, as I already said, the binary is not tyrannical for everyone: for some people, cis and trans, it may be where they feel they belong, and when that is the case, the clinical work needs to be oriented towards their own psychic solutions and compromise formations rather than the one that the parent would wish for them. Loewald's expansive form of imagining for the child (or the patient) is not about imagining a final outcome on someone else behalf; it is about imagining possibilities, holding them in mind, and then offering the child (or the patient) a measure of support so that those offerings may become, to switch to Laplanchean language, their own translational tools. Eventually it is the child (or the patient), however, who makes the "choice" of how translations happen, what they borrow on, and what they reject-even as this "choice" as I mentioned earlier, is not a conscious, deliberate, calculated choice but, always, a compromise formation underwritten by unconscious processes and which occurs in the après-coup. Last, and I want to say this crisply, imagining broader worlds cannot be thought of as a path to eradicating transness overall.

In closing I want to thank you again for the very deep reading of my writings and for your skillfully assembled questions. I hope that I have been able to offer some clarity and, perhaps, to have even generated some new questions in you.

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