Association du Syndrome de Benjamin:
ASB c/o CGL
3, rue Keller
75011 Paris / France • tel. (33) 1 43 57 21 25
http://www.asbfrance.org

Autor's website: http://syndromedebenjamin.free.fr

WHEN "SHRINKS[1]" ARE FRIGHTENED BY TRANSSEXUALS...

Abstact:

It is as a man, a former transsexual[2], a clinical psychologist (graduate of the University of Paris 8), co-founder of the "Association du Syndrome de Benjamin" and a "VigiTrans" activist, that I speak out.

This text was written in response to remarks made by Colette CHILAND in an article about transsexuality published in the magazine "RES PUBLICA" in september 2001; my goal is to make heard the too often ignored voice of the transsexual. Originally, this article was accepted for publication by the same magazine; then, at the time of publication, the management of the magazine changed its mind. At a seminar on "transsexualism and identity" at the Saint Anne Hospital on Wednesday, December 18th 2002, I asked Collette CHILAND what therapeutic solution she had offered "Victor". Her answer, and above all her reaction, made me suspect she had read my article, which would explain the sudden turn-around of "RES PUBLICA" which had obligingly published Colette CHILAND's.
To illustrate my arguments, the following article includes excerpts of works by various mental health professionals with a negative stance towards transsexuals. They are insultingly moralistic, even sexist, homophobic and transphobic. These works reveal their authors' fear and extreme ignorance of transsexual issues, as they remain wedded to obsolete and maladapted theories.

Speaking out by transsexual or transgender individuals in order to counter the professionals who speak in their place is a novelty in France. This goes hand in hand with reclaiming their identity by the act of self-naming, as well as with the founding of organizations to protect their rights.

Medical and surgical procedures can result in the violation of transsexuals' and transgenders' human rights. Protocol for transsexual patient care is far from ideal, not having taken into account scientific and social progress. Transgenders are entirely excluded from the medical system.

1. Psychoanalists, Psychiatrist, clinical psychologist, psychotherapeutists.
2. Having acheived my transition, I no longer consider myself a transsexual, but a man.

Why the psychoanalytic theory is a dead end for the comprehension of transsexuality?

Psychoanalysis and psychiatry disrepute us totally, and is even offensive toward us. The prevailing and conformist theories conveyed by this two disciplines regard transsexuality as a mental desease. We don't forget they did the same with gays and lesbians, making themselves responsible for many secondary psychological torments due to "constraint to normality". Thanks to a vigorous counterblast from the people concerned to put an end to this "theoric mistreatment", as Françoise SIRONI puts it — she's a psychologist and a lecturer in psychology and is responsible for a non-discrediting research group dedicated to transsexual persons at the University Paris VIII — that homosexuality has got out psychiatric nosolography.

The psychoanalytic theory supports that the exterior world is only the projection of interior psychic world. The transsexual issue is therefore an individual and internal question, and this is why psychoanalysts disregard transsexual groups. Thus, if you asked some "shrinks" about us, they would answer we have a "*narcissic problem*" or "*a problem of fantasy transmission of our parents*"[3] unconsious wishes one needs to solve by psychotherapy or the psychoanalysis, that means to treat all transsexuals by changing what they have in their heads in order not to act on their bodies. For other "shrinks", we are "*psychotic*"[4] and for a few others we are "*border line*"[5].
By looking for an outlet to our sufferings, we frequently submited like good boys and girls to various kinds of psychotherapies wich, for most of them, fall under coercion. But no psychotherapy has "helped" us. And for a very good reason! The psychoanalitic theory — on which these psychotherapies rely on — come from heterofocussed and heteronormative minds. The *psychologic sex*[6] and *gender identity*[7], the *gender*[8], and *sexual and loving attraction* are all mixed up while they are separate from each other. Moreover, none of the authors reveal in what category they are when they take the right to speak. Are they transsexuals, transgenders, intersex, homosexuals, bisexuals, heterosexuals?

The transsexual issue often is a violation of the individual, violation wich leads to fright. The violation is perceptible in an interlocutor when he changes of behaviour at the anouncement of the problem, move back on his chair, his face changes of expression, shut itself or remains motionless, he stammers or laughs, his eyes round off or looks elsewhere... What violates him

3. CHILAND Colette, (1997), *Changer de sexe*, Paris, Odile Jacob, 282 p.
4. CZERMAK Marcel, FRIGNET Henry et coll., (1996a), *Sur l'identité sexuelle: à propos du transsexualisme*, (Le discours psychanalytique), Paris, Association Freudienne Internationale (International Freudian Association), 582 p.
5. FAUTRAT Pascal, (2001), *De quoi souffrent les transsexuels?*, (une pensée d'avance), Paris, Editions des archives contemporaines, 142 p. This last concluded to our "psychopathology" without having met only one of us!
6. Feeling to be girl/woman or to be boy/man.
7. Féminity and masculinity.
8. Social representation of female and male values.

is the idea of sex change itself, that a personne could ask a "mutilation"[9]. Because it is about this if you ask the interlocutor, whom in order to understand, tries to identify himself to the transsexual person. What's mentioned above is what shouldn't be done. When authors are "violated", they don't realize their outlook is distorted by the fright, and it is not about transsexual reality. That brings some of our interlocutor to wonder in return about their own identity. This question can make them fragile and lead to violent rejection and rigid position when the risk of "contagion" is too much invading. The movements of fascination/repulsion always are bad advisers.

> «*My interviews with men and transsexual women have allowed me to experiment to what extent the movement by which one must adjust the identificatory distance is uneasy with them. During the first stage of my work, I met for exemple women in "demand of sex change", and consequently a mastectomy first, I have noticed I fell asleep with my hands laid on my breast, as to protect it, for a time. My curiosity had been triggered since: what happens to other researchers, physicians, judges, and those who meet transsexuals?*»[10]

Patricia MERCADER testifies here of the effects of her own violation when facing the transsexual issue.

These "shrinks" believe to find the origin of transsexuality in the early childood. Most of the psychoanalists who theorize on the transsexual issue do it in reaction or in discredit of the patient.

To illustrate my point, I will state only a few authors, time running short for a more exhaustive paper. They are insultingly moralistic, even sexist, homophobic and transphobic.

> «Regarding hormonal and surgical transformation, she[11] goes on to think *it is a "crazy" answer to a "crazy" claim.*»
>
> «*At a deeper level, I would find hard to consider a man the person whom wouldn't — virtually — be able to penetrate me, and I am not afraid to be trapped in my private life with a Female To Male transsexual because the outside criterion in birthday suit is talkative. It is not the same for my male colleagues in front of a Male to Female transsexual...*
> *But I get a grip on myself and the intersexual's paradigm presents to me. I can have a man without penis from birth in front of me, and I am not affected and neither are a lot of people, just like when a man who gets his penis cut. We regard him more naturally as belonging to his sex of assignment than a transsexual to his sex of reassignment. Why?*»[12]

Is it fear or fantasy to be trapped by a transsexual? I could present to Colette Chiland several new women she coultn't feel other than women.

---

9. What is considere as mutilation by certains is for us a repair. For them, this would be a mutilation because they aren't transsexual. It isn't about their body but our.

10. MERCADER Patricia, (1994), *L'illusion transsexuelle*, Paris, L'Harmattan, 297 p., p. 271.

11. Colette CHILAND, quoted by CORDIER B., CHILAND C., GALLARDA T., (2001), *Le transsexualisme, proposition d'un protocole malgré quelques divergences*, in Ann. Méd. Psycol., n° 159, pp. 190-195, p. 191.

12. CHILAND C., (1997), *op. cit.*, p. 80.

«*There is no way a biologic male transsexual will be feminist, he can only comply in a distorted way to social stereotypes to be recognized as women (and vice versa).*»[13]

I know dozens of transsexuals of the two sexes who are feminist. They are far from being few. Due to "shrink" practice, we adapt our adress to "shrink" theory in order to obtain the cares we wish for.

«*So, Victor has undergone a mastectomy abroad and has obtained there his civil status change. But after the mastectomy, he entered in psychosis. He married in France, but must follow a neuroleptic treatment, what he does irregularly; so he gets into delirious instalments. The first time I get to know his wife, I'm very surprised at seeing a very beautiful woman, we ask oneself how she could marry this man who doesn't look neither a man nor a woman, is obese, and has no charm. At a time, she talks about difficult periods with her husband and says: "My husband is specifically demanding when he is menstruating*[14]*." Victor had neither ovariectomy nor hysterectomy, indeed...*»[15]

He doesn't have the hormonal treatment that should suppress periods and give him a manly look and that would maybe stabilize him either. Why shouldn't a very beautiful woman find attractiveness in Victor? Why couldn't she love him? What other medication did Colette Chiland offer to Victor beside neuroleptics?

«*Then, it is enough to see transsexuals in their biologic sex, all in all like everybody does, without converting oneself to what I named above their heresy, in order to see their claim from a entirely different perspective and contemplate therapeutic approaches quite different from "sex change" [...].*»[16]

«*The dairywoman you buy from is perhaps a family man. Clergymen, physicians, nurses, employees, minor officials "change" sex. [...] These men become women can marry, adopt children, the women transformed into men get their wives artificially inseminated and are the fully legal father of this progeny.*»[17]

The written works of these experts follow from their fright, a deep lack of knowledge of the transsexual issue and heterocentrated theories which turned into "norms" regardless of human rights. By enouncing the idea of a psychopathology, these talks of experts generate social and political consequences for transsexual peoples, such as rejection by their family, their friends and society in general. Furthermore, these written works show an inability to learn from patients. The positions are more dogmatic than clinical or scientific.

13. CHILAND C., (1997), *op. cit.*, pp. 66-67.
14. Who wouldn't be! I don't know of any new man who would bear that.
15. CHILAND C., (1997), *op. cit.*, p. 139
16. MERCADER P., (1994), *op. cit.*, p. 270.
17. MILLOT Catherine, (1983), *Horsexe. Essai sur le transsexualisme*, Paris, Point hors ligne, 141 p., pp. 10-11.

In spite of evolution of mentalities, homosexuals still sustain the effect of similar stands held towards them. How long will we need to demonstrate we are no more psychopathologic than the left-handed? Stigmatizing a social group on any pretext doesn't answer a question at all.

Because of our physical appearance known as "normal", we are denied in our existence itself and in what we feel. To theextent we get to the point we believe we are raving. So, all our childood and part of our adult life are wasted. And we need several years, after having tried to adapt, to accept our nature and have the courage to undergo our methamorphosis.

It is due to attitude of these experts that transsexual associations which call into question the erroneous "Knowledge" and its diffusion. We are the expert in what we are. Whom can tell better than us what we are living? In what way can they tell better than we what is good for us? They claim their view of the world is the only one to be true. In what way are their views of the world more correct than ours?

Fonctioning of medical teams with surgeon.

French medical teams with surgeon have problematic functioning we have witnessed through statements. Here is a summary.

• All hormonal treatment begun before estimation must be broken off. It is only after care taking agreement by medical team, the hormonal treatment could be taken back. All person who begin (back) a treatment, (hormones, aesthetic surgery…), without medical team's agreement is excluded of protocol.

• It needs to allow at least 18 month, (the most often from 2 years and half to 3 years or sometime more), of psychiatric follow up without hormonal treatment neither surgery. During this follow up, the individuals take a psychologic check-up (projective tests, feminity/masculinity scale, intellectual efficiency) with a clinician psychologist, a complete (endocrine, blood, hepatic and hormonal) check-up at endocrinologist's and surgical check-up at surgeon's before all treatment decision making. They regard the transsexuals must go until surgery (except medical team of Lyons).

• Appointments with psychiatrist are unsettled, from monthly to each six month. The consultations last from 30 to 60 minutes. A parallel psychologic support out of the team is often necessary in order to have accompaniment during the path.

• Generally, surgery is aestheticly and above all fonctionnaly shoddy for the two sex, that's means 50% of failure. Surgeons operate on only their medical team's patients. All patient coming from a other medical team must start again from zero the path. Moreover, these teams often prevent the possibility of taking care for surgery out of France by Social Security.

• Each of these teams has a care taking protocol[18] which is sometime written. These protocols have somme common features.

The psychiatrist's stiffness and their unability to challenge their theory is the reason of their stagnation in the transsexual issue understanding. For obtain the treatment they come seek, the patients lie to sem, they comply with the idea of transsexuals these psychiatrists have.

Solely a minority of transsexuals officialy have acces to medicare in France, (For exemple the Parisian medical team says having treated 200 patients in 20 years, that average 10 patients a year![19]), where the quality of these care is appalling, specially what regards surgery and the way these souls are treated at the human level.

Protocol for transsexual patient care taking are unsuited.

Protocols for transsexual patient care are not suited, because they don't take into account of scientific and social progress. Transgenders are excluded from the medicare system.

For these medical teams, the "*syndrome of transsexualism*" is a mental pathology and the diagnosis is psychiatrist's business. The self diagnosis is therefore totally excluded and the patient's word is ignored since he suffers from a mental pathology. His request is senseless, it's a "crasy" demand.

Protocol criteria:
1. being at least 23 old and at the most 55 old;
2. do not having important family obligations,
3. do not being HIV or hepatisis C positive;
4. do not having actual prostitution practise;
5. to be heterosexual after transitioning.

1. Being at least 23 old and at the most 55 old.
Do we know better who one is at 23 than at 18? Are-we less insane at 23 than at 18? All souls I have recepted at the association known who they were and a wait was'nt or they questioned themselves on their identity and were seeker of a help to self diagnosis in order to know if they were transsexual or not.

2. Do not having important family obligations.
That's means, you should'nt be married or have under age child. This a late onset transsexualism therefore "secondary" or "false". Only early onset transsexualism (childoud or

18. CORDIER B., CHILAND C., GALLARDA T., (2001), *Le transsexualisme, proposition d'un protocole malgré quelques divergences*, in Ann. Méd. Psycol., n° 159, pp. 190-195.

19. CORDIER B., CHILAND C., GALLARDA T., (2001), *op. cit*. Well, only at ASB, every year, we have a lot of person (many dozens) to ask informations and orientations to a doctors.

teens) is "primary" or "true". This typically French is unsuited and false.
This is forgetting there was not always information youngs peoples find thanks to associations and internet. Before years 1980-1990, only individuals who had enough money could expect to finance their transition. Most of the MtF hand no other way out but prostitution and FtM did'nt exist.

3. Do not being HIV or hepatisis C positive.
They pretend this a contraindication to genital surgery. Even so in Europe others surgeons do accept to operate on these souls. That's the case in Ghent University Hospital.

4. Do not having actual prostitution practise.
That's here a moralistic outlook. This activity (chosen or suffered) has nothing to do with transsexuality. That which interest transsexual's and transgender's clients, it is their penis. Furthermore in france, transsexuals take anti male hormone which limit or prevent erections. A prostitute trans who wish to attracts clients don't need to lose her time with a psychiatrist. She can get easily female hormones (physician, internet, black market), she can also finance some aesthetic arrangements.
Prostitution remain the sole way of survey for some of us, those who have unsufficiant income or no income, those who in irregular situation.

5. To be heterosexual after transitioning.
That's means you should be homosexual at the moment of the request (The MtF must love men and FtM must love women). Here also, that's here a moralistic outlook, wich furthermore is hetero-normative and heterocentred.

For the items 4 and 5, that's well here a constraint to "normality".

Self-naming or seizing back of our identity.

Our set of problems has been trapped and named by the "shrinks". They categorize us to a sex that neither represent us and nor we desire to keep. We find this way of acting to be direspectful. So we seized back our naming by describing ourselves by our psychologic sex. We talk about female transsexual when it is about a person with physical conversion from male to female (female psychologic sex) and male transsexual when it is about person with physical conversion from female to male (male psychologic sex). If they did so, they wouln't deny us and they wouldn't discredit us. They would take our deep nature in account.

Human rights breach by the "shrinks".

Our psychologic sex is not in appropriatness with our anatomic sex. It is. Is this a crime? The medical and surgical ways to put right to that (hormones, reassignment surgery...) exist today. We, transsexuals, have managed to transform our body for the past fifty years, finding back our uniqueness and the feeling to be in harmony with ourselves at last. Besides, if many of us

chose to undergo surgery out of France, it is first because of bad surgical results obtained in France and the numerous complications we seldom find elsewhere[20]. I can testify what I put forward but this would need more time than I have here.

The surgery allows to repair a harelip, a nose, an ear, which their owners don't bear. Some people get liposucked, rectify a part of their anatomy they regard as unattractive and they feel better after. Here also the technical ways exist and people use them because they can improve their life.
Indeed, change of sex is not meaningless, it's why it is necessary to be able to make a enlightened decision. For this, we need good information, an appropriate psychologic acompaniment and, if necessary, a help to self-diagnosis.
Contrary to physicians, surgeons, endocrinologists... we mix with regularly, the "shrinks" are against the transformation of bodies. The conventional aspect of their theory, based on professional and moral ideology, prevents them from taking people's comments into account, and of today human reality.

These "shrinks" disregard human rights. Human right safeguard organisations such as Amnesty International are relentless in denouncing discriminatory practise practice towards transsexual people, whom, in most cases still face death penalty througout the world[21].

The stage of civilization of a society is measured by its capacity to integrate fringes, to stand for diversity and complexity of humans. It has always been people defined beyond conventionalist models who get the social "norms" changed. We have to learn a lot from these populations.

To conclude, I would like to quote an African adage:

«*As lions won't have their own historians,*
the hunting stories will go on glorify the hunter.»

Tom REUCHER, psychologist,
(tom.reucher@free.fr, http://syndromedebenjamin.free.fr),
Centre Georges Devereux, Paris 8 University,
Association du Syndrome de Benjamin.
Translation French => english: Marlène Riwkeh MEGES.

20. For us, a succesful surgery is necessary because when a person became more or less disabled as a consequence of a spoilt surgery, he couldn't be fullfilled or happy.

21. Amnesty International, (2001), *Identité sexuelle et persécutions*, Paris, Ed. francophones d'Amnesty International, 80 p., original edition: (2000), *Crime of hate, conspiracy of silence. Torture and ill-treatment based on sexual identity*.