

Concerning Cures, Transgenderalities, and Misconceptions

Maria Inês Neuenschwander Escosteguy Carneiro*

Full Member, Training Analyst, and Child and Adolescent Psychoanalyst, Brazilian Psychoanalytic Society of Rio de Janeiro, Brazil

***Corresponding Author:** Maria Inês Neuenschwander Escosteguy Carneiro, Full Member, Training Analyst, and Child and Adolescent Psychoanalyst, Brazilian Psychoanalytic Society of Rio de Janeiro, Brazil.

Received: June 04, 2018; **Published:** July 30, 2018

Abstract

The ideological and the so-called politically correct aspects of the present moment in expressing ideas and processing facts have, according to the author's point of view, brought lack of clarity and uncommitted attitudes, on some professionals' part, as regards important matters such as the ones dealt with in this paper. According to the author, it seems that the mental illnesses that are sponsoring such practices are being disconsidered.

Keywords: *Thinking; Transgenderalities; Ideological; Delusional; Psychoanalysis*

Psychoanalysts are professionals who, after several years of training, duties, and life-long study, specialize in understanding the human mind. Psychoanalysis's theoretic outlooks are myriad, and psychoanalytic writing is vast and beautiful. And it is within this diversity that we make our choices as to how we express ourselves as professionals: Which approach is closest to our way of being? And which one provides us with the best answers to our inquiries?

Within our diversity, however, there should be an area where we can operate objectively, using our particular professional attributes. To my mind, this can take place in our specific way of thinking.

These days I am surprised, intensely surprised, at how some so-called "current" matters have caused psychoanalysts to avoid thinking.

I am referring to transgender matters and to "cures" for gays. What people are saying about these matters is ideological rather than psychoanalytic or psychiatric. That is, it seems that the professionals on mental diseases have not thought the issue through. Rather they have almost thoughtlessly adhered to an ideology that seeks to impose a generic, indeed pasteurized, point of view. Psychoanalysts have even assumed somehow impulsive points of view and mustered "psychoanalytic thinking" to justify their impulsivity.

To begin with, let us not forget one small detail: we are human beings and we have two sexes. Thus, what is behind the notion of transgender? Are we becoming something other than human beings? If so, we base our thinking on an etymological misconception.

What the dominant ideology seeks to impose is that vicissitudes in human sexuality (whatever that is) do not exist. What does exist is each person's ability to choose whether to be a man or a woman. The systematic attempt to abolish differences is hardly creative since it appears not to acknowledge the generative role of relationships between males and females, which, after all, are responsible for our existence. Still, by coming to terms with our differences we can improve our relationships, especially when we have the opportunity to consider the Other's reality and think it through. A homosexual couple can have legal status and this fact should not be considered at the light of moral judgment. It is a civil right. But the idea that such a union is comparable or even equal to a heterosexual marriage is mistaken.

I want to make it clear that I am not referring to people's individual ways of being or to their freedom of choice and association. As a psychoanalyst, I am referring to the ideological aspect of this matter, which aims to annul the differences between the two sexes and to transform reality into something it seems to be, but is not.

It would be stupid for us to fight over facts. As psychoanalysts we should be thinking beyond the facts, i.e. thinking about what is being said about the transgender phenomenon. My title contains the neologism transgenderalities so as to evoke the different prisms through which the matter is viewed. It can be summed up in the following manner: Some psychoanalysts assert that whoever bothers to think deeply about the matter is a retrograde, a homophobe, or a fool. Take, for example, the current polemic concerning cures for gays.

Medical doctors and psychoanalysts treat people who seek them out. We psychoanalysts do not offer cures since we are not magicians or miracle workers. Doctors deal with physical ailments. If those physical ailments have emotional consequences, then, and in the event patients come to us, we have something to offer.

We should not be treating gays as gays and straights as straights but as people. Whether we like it or not, all of us harbor fantasies that can be called homosexual, psychotic, and perverse—none of which is, in principle, an illness. This is part of all of us and it need not concern us beyond its existence.

However, if these aspects of our personality get out of hand, and in the event a person experiences sufficient conflict about them and goes to see a psychoanalyst and wants to deal with them, it concerns us. Without providing a cure, patients and analysts can consider the matters in their consulting rooms. How is it that homosexual activity can occasion dangerous violence and promiscuity? What are patients expressing by engaging in these activities? How is it that perverse components can lead to mockery, deceit, and betrayal? How is it that psychotic aspects of one's personality can lead to breaks with reality, to hallucinations? As psychoanalysts, we are required to deal with our patients' particular life stories whatever they may be. And who knows, we may be able to help them accept everything they are, whether they like it or not.

It is indeed cruel to use ideology to simplify something as important as a person's identity. It is likewise cruel to rescind a politically correct position in the face of confusing facts. It would be as if the amputation of one's penis or breasts were in line with the notion (this is the great misconception) that a delusional emotional vicissitude can be modified in a man who does not identify with his own penis or in a woman who cannot bear looking at her own breasts except to get rid of them. No one gets transFORMed, gets transFIGURED, or gets transGENDERed. A simple genetic test would prove what one might want to deny: the XY or the XX chromosomes are indelible and cannot be changed by ingesting hormones or undergoing surgery.

Our decisive reality is that we are men and women. What can change is our capacity to integrate and harmonize our conflicts—and even this we cannot guarantee. I do not believe that any human "structure" could be so rigid that it cannot become more integrated by means of psychoanalytic treatment. Psychoanalysts should deal with the deliriums that lead to people mutilating their own bodies. They should help sort out the fantasies that engender the suffering that these conditions and mental developments entail. They should acknowledge the difficulties their patients have in integrating the various facets of their personalities. And ABOVE ALL they should not propose to "cure" gays, non-gays or anybody else.

It is foolish to try to "cure" gays because the human condition, whatever it may be, is never totally happy—especially when one addresses matters as relevant as these without due consideration. To be alive is painful. And, given the pain of existence, we should consider our human condition independent of ideology.

My view is that in general psychoanalysts have been remiss in matters of homosexuality and transsexuality. When they take a position, it is half-way and committed to what they consider the "politically correct psychoanalytic position according to the current market." This is far from what our goal should be: understanding the mind and the possible changes that might arise through psychoanalytic treatment

That is our job. We do, indeed, need to put our training and experience to work when it is requested. Let us do as we were taught and trained for—let us use our minds.

Volume 7 Issue 8 August 2018

©All rights reserved by Maria Inês Neuenschwander Escosteguy Carneiro.