

## Lacan's Gender Trouble: Henri and Michel H.

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»All things considered, I am the perfect hysteric, that is, one without symptoms, aside from an occasional gender error.« (Jacques Lacan, 1976)<sup>1</sup>

Few people know about Jacques Lacan's clinical work with transgender patients. In fact, he was the first psychoanalyst in France to treat a gender-variant patient. Every week between 1952 and 1954, Lacan treated this patient, known as Henri, as part of the assessment process for one of the earliest medicalized interventions for what was called at the time »a change of sex.« Twenty years later, Lacan interviewed yet another patient who wanted to change gender. Though privacy is one of the tenets of psychoanalytic practice, in 1976 Lacan interviewed this particular patient, Michel H. in front of an audience; he was examined in an auditorium full of psychiatrists and psychoanalysts as part of the pedagogical tradition of magisterial semi-public hospital case presentations. Lacan's interventions although perhaps controversial, might give us indication of a shift towards a new ethics of sexual difference, an ethics of desire beyond normative ideologies of sexuality and the fear of trespassing on the limits of life and death.

In the first case, the treatment took place at the prestigious Sainte-Anne Hospital in Paris. Lacan's patient was being thoroughly examined as a potential candidate for one of the first sex reassignment surgeries to be performed in France. Lacan's psychotherapy was part of the then-new process for gender transition from male to female, which was to conclude with a surgery, »a castration with amputation of the penis, plastic surgery of the scrotum to make it into a vulva, creation of an artificial vagina, and treatment with feminizing hormones.«<sup>2</sup>

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<sup>1</sup> My translation. Lacan, Jacques: Le séminaire XXIV: *L'insu que sait de l'une bévue, s'aile a mourre* December 14, 1976, unpublished papers.

Henri was 40 years old at the time he requested this evaluation at the Sainte-Anne Hospital. He had been born with ambiguous genitalia (cryptorchidism or undescended testicles) and after some hesitation was declared female in the birth certificate, named Anne-Henriette, and raised as a girl until mid-adolescence. When she was 16, after the birth of a half-sister whose gender was also not easily determined, just when Anne-Henriette was entering a late puberty and started showing romantic interest in a man, the father who had been distant and uninvolved, made a sudden and somehow perplexing demand, declaring forcefully: »You can't help but make a choice.«<sup>3</sup> Anne-Henriette was forced to switch genders and become Henri, which raises the question of whether this is actually a strictly transgender case, or an intersex case.

Henri spent two years at the Sainte-Anne Hospital as part of an exhaustive multi-disciplinary assessment to determine whether or not he was a suitable candidate for gender transition. Besides his weekly treatment with Lacan, Henri went through numerous tests by a team of endocrinologists, had multiple visits with surgeons, and underwent evaluations by both psychologists and psychiatrists. Henri was treated in the ward of eminent French psychiatrist Jean Delay, who had been a pioneer in treating of patients who identified as transsexual. Even though Lacan did not write about this case, Delay, who is also known for his excellent psychobiography of André Gide, published a detailed description of Henri's case in which he drew general conclusions about the clinical management of transsexual patients. This text sums up Lacan's work by saying that Henri »found in him [Lacan] an »unrivaled understanding.« As with many of my analysands with this type of »gender trouble«, Henri had tried to commit suicide and was often navigating the treacherous liminal space between life and death.<sup>4</sup>

Twenty years after Henri's treatment, again at the Sainte-Anne Hospital, Lacan conducted an interview with another man back from the brink of suicide, a male

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2 Delay, Jean; Deniker, Pierre; Volmat, Robert; Alby, Jean-Marc: *Une demande de changement de sexe: Le trans-sexualisme*. In: *L'Encéphale. Journal de neurologie, de psychiatrie et de médecine psychosomatique*. 1956, 45(1), pp. 41–80, here S. 52. Note that one of co-authors of this text, Jean-Marc Alby, had completed a groundbreaking thesis on transsexualism in 1956. This article was both a case study of Henri and a review of the existing literature on transsexualism at the time.

3 Delay et al., *Une demande*, p. 45.

4 For a more detailed analysis of Henri's case, see my *Please Select Your Gender* (New York 2010: Routledge), pp. 154–166.

cross-dresser under psychiatric observation after a nervous breakdown. Like Henri, this patient was contemplating the option of gender reassignment and addressed this request to the team of medical experts.

On February 21, 1976, Michel H. was brought to a consultation with Lacan in the amphitheater of the hospital where he was receiving treatment. Since 1973, the Henri-Rouselle Hospital at Sainte-Anne was providing services to patients with »sexual ambiguities«, many of those patients identified as transsexual. Michel H. was trembling while he candidly explained to Lacan, along with the many psychoanalysts and psychiatrists in attendance, that since he was a young boy, he had enjoyed wearing his sisters' underwear: »I do not know how far it goes back because I was very little. I recall some facts, being very young, I would fondle feminine clothing, particularly camisole slips, nylon.« (Lacan, 1996, p. 312)<sup>5</sup>. Every morning and evening, while his sisters were changing clothes, Michel would hide in the bathroom and slip on some of his sisters' undergarments. Occasionally, he would fall asleep wearing them and was once caught by his parents in this state. They concluded that their son was a somnambulist. »I continued to cross-dress in hiding«, Michel recalled, which elicited Lacan's intervention: »Then, you acknowledge that this is cross-dressing [*travestissement*]« (p. 312). Michel confirmed this and went on to explain how much suffering this secret practice had caused him. Lacan insisted: »Therefore you acknowledge that this has ruined everything in your life, and you call that, yourself, cross-dressing. Therefore this implies that you know very well that you are a man.« Michel replied clearly to Lacan's forthright question: »Yes, that's something I'm very much aware of« (p. 313). By probing Michel H's gender identity, Lacan had a clear purpose in mind.

Lacan was carefully discerning a transsexual delusion from a demand for gender reassignment by testing Michel H.'s position, but never adopting any moralistic position. Lacan was in fact exploring the source of Michel H.'s *jouissance*. Let us recall that Lacan's notion of sexual difference (*sexuation*) is founded on the awareness that what matters fundamentally is not anatomy but modalities of *jouissance*.

Michel H. explained that when he had women's clothing on his body, he felt

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<sup>5</sup> Lacan, Jacques: *Entretien avec Michel H.* In Czermak, Marcel & Frignet, Henry (Eds.): *Sur l'identité sexuelle: A propos du transsexualisme* (pp. 311–353). Paris 1996: Editions de l'association Freudienne Internationale.

happiness. Michel H. described that the satisfaction granted by female clothing was not sexual: »It is not on the plane of sex. It's on the plane ... well, I call this the plane of the heart [*cœur*].« To further clarify, he added, »I have already the entire character of a woman, on the sentimental plane as well« (Lacan, 1996, p. 313).

Michel H. claimed to have had a happy childhood, but was haunted by a recurrent nightmare of a terrifying woman with a blonde wig who came to the house to hurt his family cutting off their limbs. Later in life he became a drug user and as a cross-dresser would wear a blonde wig. Once while high on drugs, he made an attempt at self-castration with a blunt razor blade but the pain stopped him, and he was hospitalized.

He had had sexual experiences with men and women alike and reported not having any deep pleasure with either. »I have not made any choice. My choice is that neither one nor the other attract me.« (Lacan, 1996, p. 314) It seemed that sex to have been a mechanical act that had to be accomplished because it was expected of him, but whose necessity he did not feel spontaneously. He said: »I was in the arms of a woman; I had a lot of trouble penetrating her; I was out of my depth. I never felt like a man.« Lacan interjected: »Nevertheless, you must have felt like a man, you are endowed with a male organ.« To which he answered: »Only at the moment when I felt pleasure during a sexual encounter. For me it was a pleasure one cannot refuse. One is obliged to take it« (p. 317). With this, Michel H. seemed to say that he felt that the only moment that he possessed a virile member was when he experienced pleasure, with the caveat that this pleasure was so perfunctory that, in consequence, his organ was perfunctory as well. His ideas about being obliged to take pleasure betrayed a relationship to the Other marked by a *jouissance* that made him the object of this same *jouissance* without allowing him to identify with his own enjoyment. This separation from his enjoyment during sex seems to account for the unhelpful prognosis given by Lacan at the conclusion of his assessment, as we will see.

Michel clearly identified as a cross-dresser (transvestite) and not as a transsexual. Cross-dressing gave him the assurance that he knew what his gender was and granted him access to a *jouissance* that he could own and that produced what he called »happiness.« Indeed, Michel H. was certain about his sexual identity. During the interview, he acknowledged several times that he was a man and that he was struggling with his effeminate tendencies. Lacan (1996) remarked: »And you say that

when you were drugged with morphine and cocaine you felt more at ease.« Michel responded: »More energy, yes, I forgot everything except that I was a woman because I was dressed as a woman.« Lacan added: »You forgot everything except ...« Michel interrupted: »Except myself dressed as a woman.« Lacan asked: »While you were under the influence of drugs you felt what?« Michel: »I forgot that I was a man« (p. 325).

The drugs regulated the painful enjoyment of the awareness of being a man who experienced happiness (*jouissance*) in feminine garments: »When I am dressed like a girl, I realize that I am a man, I realize that I am a transvestite. This is very hard« (Lacan, 1996, p. 326). He talked about feeling embarrassed and humiliated. And yet, this was the way Michel H. experienced *jouissance*.

Before he was hospitalized, he would lock himself up in his apartment and spend days dressed as a woman. He would be »drugged to better feel his character [*personnage*]« (Lacan, 1996, p. 326). Michel H. was addicted to drugs, felt suicidal, and thought that the only solution was to have an operation – gender reassignment. He had read about it and planned to travel to Morocco to undergo the surgery. He was mostly interested in changing his face, to make it become truly beautiful.

To achieve this end, he was even ready to become a sex worker. »I learnt many things: that one can get a castration; that one can have breasts with hormones; that one can really manage to metamorphose a man into a woman« (p. 332). All through the interview, Lacan (1996) paid heightened attention to the young man's mannerisms, to his errors, to his peculiar syntax, and above all, to a poem in which Michel had described his desire to be transformed into »the eternal, the blonde woman« (p. 336). The first three stanzas of the poem read as follows:

The eternal: The blonde woman

Pinet hospital

I tell a project of wanting to forget myself

in the perseverance

to find my most beautiful personality

adorable Corinne

Transvestite I hate

I am very embarrassed to know I am effeminate

and the suffering  
of ridicule  
wounds my sensibility  
Corinne is emptied  
Michel is born again  
I am secure because I think  
that I have a chance  
to kill myself one day if I am desperate  
Corinne executed. (p. 336)

The poem was signed three times: »Michel, Michelle, and Corinne.« Corinne, he explained, was his new name, a name he had chosen since his childhood; it was the name of a little girl who was then 6 years old, which was coincidentally the age at which he started cross-dressing (p. 338). In the facsimile reproduction of the handwritten poem, one can notice that the frilly C of Corinne is almost identical to the M of Michel, as the leftover letter of his male self. Also, it is hard not to hear *corps* (body) in Corinne. Lacan commented on the poem:

LACAN: »You are the one speaking, therefore you adore yourself?«

MICHEL: »That's it, yes.«

LACAN: »In short, do you speak to yourself?«

MICHEL: »Yes, that's it, I ask myself questions.«

LACAN: »Corinne, who is she?«

MICHEL: »It's me. I changed my name; it's better to receive my feminine state.« (p. 338)

It looked as though the persona of Corinne manifested the fact that the body can be changed by language; this was the body that Michel acquired via the Corinne/corps persona of his cross-dressing reveries. What remained was the indelible mark of his masculinity on his face, a face he felt was imperative to transform because it could not be hidden in feminine clothes. His face betrayed his maleness.

Why did Michel H. want to modify his face? Michel's preoccupation with his face may be due to the fact that the face plays the most important role as a body marker for gender attribution, as I have argued in *Please Select Your Gender*. In most

social interactions, we see each others' faces, not each others' genitalia. The philosopher Emmanuel Levinas suggested as much when he defined ethics as the rapport of two faces. Such a phenomenological approach conceptualizes the face as a structure. What distinguishes those who have changed genders, though, is that the almost infinite distance between one face and the other can be crossed within one single person.

Did Michel H. feel his body as fully his? Had his body fallen? Because a body can fall away like a fruit's soft, ripe peel, as was the case for Stephen in Joyce's *Portrait of the Artist as a Young Man* (1992)<sup>6</sup>. Lacan notes that this falling away of the body is imposed on Stephen, like the imposed speech of verbal hallucinations, resembling the voices heard by a psychotic person. Once the peel has slipped away, some sort of reparation takes place, and Stephen relates to his body as alien and disgusting (Harari, 2002, p. 338)<sup>7</sup>. For Michel, his body was reclaimed by an act of nomination when he renamed himself Corinne, in an effort to reunite his male body [*corps*] and his feminine heart [*coeur*]. Michel's predicament was not clearly related to the need for a transformation of the real of the body and may not have guaranteed the success of a gender reassignment surgery. Michel's demand for a surgical change appears to be a demand for a facial feminization rather than a genital change. Let us note that the key to his *jouissance* was predicated on possessing a female »quality« – being tender or sweet. In terms of his identity, he hesitated between the masculine [*je suis doux*] and the feminine [*je suis douce et gentille*] all along affirming that he knew that he was a man.

On the whole, Lacan sounded quite pessimistic about this case. Michel H. comes across as a tormented fetishist. Michel used drugs to diminish the awareness that he was a man and to better identify with the feminine role he was performing. Drugs helped him identify with the feminine persona he aspire to embody. In this case, a gender change would have meant the actual realization of the terrifying blonde woman of his childhood nightmares and thus would have been a dangerous solution.

Above all, the gender change would have jeopardized Michel's possibility of experiencing *jouissance*. Lacan (1996) was clear about the psychic cost of the surgery: »As he has said it himself clearly, he will not experience any *jouissance*, neither with

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<sup>6</sup> Joyce, James: *A portrait of the artist as a young man*. New York 1992: Penguin.

<sup>7</sup> Harari, Roberto: *How James Joyce made his name. A reading of the Final Lacan*. Trans.: Thurston, Luke. New York 2002: Other Press, p. 338

a man, nor with a woman. He will not have greater satisfaction, even less than he had had so far« (p. 348). The poem contained a warning: »I have a chance/to kill myself one day if I am desperate/Corinne executed.« The risk of suicide loomed large: a gender change could be the execution of Corinne, in both meanings of the word, both as an implementation and as a death sentence for corps/coeur/Corinne, who was himself – a man with a feminine heart, a woman with a penis.

In the end, Lacan did not recommend gender reassignment surgery for Michel H. Interestingly, this was the same outcome for Henri. Was Lacan prejudiced, or were there legitimate clinical reasons for his objections to a gender transition? Let us explore his reasoning. In the case of Henri, Henri and Lacan quickly »agreed on the uselessness of pursuing an attempt at changing his condition, a change to which the patient apparently never subscribed.« The use of the word »subscribe« is quite puzzling. One might speculate that it meant that despite the length of the hospital observation procedure, Henri accepted the refusal without much protest, a fact quoted by Delay's team to confirm that for Henri »the quest of his chimera was more important than its realization.« Did Henri not feel fully entitled to his own request? The fact that Henri evinced no haste to realize his gender realignment is quite revealing; it teaches us something crucial about Lacan's direction of this treatment and what I will identify as an ethics of sexual difference. For Henri, gender appeared as an injunction that was imposed by others and had been done and undone in capricious and sudden ways. Sexual identity was a destiny in which one had no say and that had to be accepted without protest. This dynamic was repeated during Henri's stay at Sainte-Anne where he spent a long time waiting for medical authorization and passively accepted a decision that perhaps contradicted his wishes. Did Lacan grant him a little bit of freedom by sending the decision back to Henri?

During the evaluation process at the Sainte-Anne, Henri was all along expecting the medical team to decide for him while he never seem to have fully »subscribed« to the decision of a change in his condition. For Lacan, Henri needed to make a decision by subscribing to it. It would have to be Henri/Anne Henriette's choice and not that of other people.

In the case of Michel H., however, Lacan seemed pessimistic about the benefits of gender reassignment surgery because Michel was a cross-dresser who would lose the source of his jouissance. Lacan speculated that a gender change would trap him further in the torments brought about by what he experienced as an imposed



transformation into a terrifying woman. Unlike Schreber, who was first tortured by the transsexual delusion but eventually came to terms with his feminization, we see in Michel H.'s poem that he experienced his forced feminization as a humiliating agony leading to his own death.

On the other hand, Henri's case was not too far from Schreber's since for both the transformation into a woman ultimately had a stabilizing effect independent of the need for an actual realization. Meanwhile, Henri's symptom was constructed around the pursuit of an imaginary feminization (there was, however, a real manifestation of *jouissance* in his body in the voluptuous bliss of his daydreaming fantasies) and as a symbolic reference. His pursuit had to be postponed to an ideal point in the future and projected in an aspiration of himself as the only woman, the exception, »the« woman who would be able to join someone of the opposite sex. Following Lacan's recommendation against surgery in this case, we may argue that Henri did not require an actual realization (that is, in the real of the body) for the transformation to be operative. Hence, this seems to suggest that to assess a request for a gender change it is essential to identify the therapeutic effectiveness of the existing symptoms – at times a symptom might be stabilizing.

Henri and Michel H. both possessed a penis, but the possession alone did not guarantee an inscription within the phallic order because the phallus functions as a signifier; it is in no way reducible to the anatomical penis. Despite the real presence of the organ, Michel and Henri render pathetic evidence of their non-inscription in the phallic order. Even their names functioned as false names requiring a supplementary act of self-nomination. Let us recall that in a striking turn of events, Henri was declared a girl at birth, Anne-Henriette. Until age 16, Henri's family treated him as a girl, disregarding that he had male genitalia. He was at ease living as a she until, without warning, his father forced Anne-Henriette to become a man. The father's violence compelled Henri to become what he felt he was not, whereas Michel was always aware that he was a man dressed like a woman and his *jouissance* seemed predicated on this fact. As we have seen, Michel H. name changes in a progression from Michel to the feminized version, Michelle, to finally, Corinne, the adored female persona that grants him a body and a heart, enabling a process of embodiment, a becoming of the body.

Henri presented a *jouissance* that was sustained by the chimera of one day becoming a woman. Michel H. seemed to disavow that he embodied a phallic

femininity and experienced *jouissance* with an organ veiled in feminine undergarments. Michel H. and Henri are cases that we can provisionally classify as perversion and psychosis, respectively. This would prove that trans manifestations are not necessarily or uniquely a psychotic phenomenon, and that »transgender« is not in itself a pathological category. Quite often trans expressions are more symptomatic for the clinicians dealing with them than for the persons experiencing them.

Following the interview of Michel H. a discussion about the case took place among the psychiatrists and psychoanalysts present in the amphitheatre. Marcel Czermak, who had invited Lacan and was one of the psychiatrists in charge at the Henri-Rousselle Hospital, admitted that this case made him feel »embarrassed«. Lacan instructed the audience to read Jean-Marc Alby's 1956 thesis on transsexualism while sharing his pessimism about the case, predicting that an »operation« would most likely not improve but rather worsen the patient's condition. Alain Didier-Weill intervened asking whether it was really unthinkable to hope that they could help Michel H. by carrying out an analytical »operation«. Lacan was unyielding in his reply: »We will arrive at nothing. We will arrive at nothing. This dates back to his early childhood. He is determined to undergo this metamorphosis. We will not modify anything.« To which Didier-Weill responded: »This sends us back to our own impotence which is almost as unbearable as the one that he experiences.« (Lacan 2006, p. 347)

Let us conclude taking inspiration in the potential of impotence since, as noted by Jean Allouch, analysts have a power, an ability that they must abstain from using. This is the »ability for inability« [*pouvoir ne pas pouvoir*] which was Lacan's definition of impotence. Allouch argues that the impotence or the fragility of the analyst takes the form of abstention and grants liberty to the analysand.<sup>8</sup> If sexual positioning is a choice, is it a forced choice? Let us recall that what Lacan calls in his grid of sexuation the »male side« and »female side« are positionings not determined by biology, but by the logic of unconscious investments, to the point that, for example, a cis-gendered male can nevertheless inscribe himself on the female side. Lacan proposed a division based on two forms of being, masculine and feminine, corresponding to two forms of enjoyment or *jouissance*: phallic and Other (i.e.,

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<sup>8</sup> Allouch, Jean: *Lacan's dismantling of his clinic*. In: *Recherches en psychanalyse*. 2010, 2(10), pp. 213a-219a. URL: <https://www.cairn.info/revue-recherches-en-psychanalyse-2010-2-page-213a.htm> [15.6.2019]

feminine jouissance, not fully subjected to the phallus) (1998, pp. 5–7; see also Lacan 1973)<sup>9</sup>. Freed from the shackles of anatomy, the choice that is made has to do with self-authorization in speech.

Here, the idea is that the authorization as a sexual being (man, woman, or anything else) originates in oneself; that in matters of sexual difference one proceeds from one's own authorization. To authorize oneself as a man, woman, or something else altogether, involves an ethical decision, as also happens when pondering the position that an analyst should adopt. These choices should not be dependent on the big Other (i.e., moral duty, law, institutional or social customs, and the like). The phrase is a variation of Lacan's better-known aphorism: »the analyst authorizes himself or herself.« The fact that Lacan proposes a variation of the radical and simple principle of self-authorization in the training of psychoanalysts in matters of sexual identity reveals that what is at stake in both cases is a new ethics of sexual difference.

The ethics of sexual difference provided by Lacan's formulas of sexuation should be considered in conjunction with his notion of »sinthome«, as I have argued elsewhere (2010, 2017)<sup>10</sup>. The »sinthome« refers to a type of symptom that is more like a creative invention than something to be rid of. It is not trying to »make up for« the disharmony between genders but instead makes do around the disjunction. For instance, what one often sees in gender transition is that the corporeal reconstruction will not suffice to »hold« the body. At times the material interventions on the body (hormonal or surgical) are not enough to achieve a full transformation of the body. The change that takes place at the level of the flesh is not enough, and thus an artifice, a creation, a re-naming, some sort of writing or inscription, will be necessary before a more livable embodiment is accomplished.

The »sinthome« – understood as a singular creation – is an invention that compensates for this lack and fulfills such a function. Through the »sinthome«, a final transition emerges as a type of (self-)creation. The »sinthome« is not, of course, limited to transgender or gender non-conforming people, because everyone has to grapple with sexual difference. Since sexual difference resists symbolization, it creates a symptom, but this symptom is something that cannot be rectified or cured; it

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<sup>9</sup> Lacan, Jacques: *The seminar of Jacques Lacan: Book XX. On the limits of love and knowledge*. J. A. Miller (ed.). Transl.: B. Fink. New York 1998: Norton, pp. 5–7. Lacan, Jacques: *L'etourdit*. In: *Scilicet*, 4, pp. 5–52

<sup>10</sup> Gherovici, Patricia: *Transgender Psychoanalyse: A Lacanian Perspective on Sexual Difference*. New York 2017: Routledge. Gherovici, Patricia: *Please Select Your gender: From the Invention of Hyteria to the Democratizing of Transgenderism*. New York 2010: Routledge

is nevertheless something with which every subject must come to terms with--Michel H., Henri, psychoanalysts, and everyone else. Let us keep in mind that gender transition is more about mortality, the limit between life and death, than about sexuality, the border between male and female.

The wish to cross the frontier between the sexes is often experienced as the desire to traverse a mortal threshold, a passage from an impending doom to a possible renaissance; above all what is at stake is the crossing of an ultimate frontier. Quite often the predicament of analysands identified as transgender hinges around existential issues. When an analysand says, as I have often heard, »I had no choice. I would be dead if I hadn't transitioned – I would have killed myself«, what is at stake is less gender fluidity than finding a more livable embodiment, a new way of being. To exercise the virtue of impotence is the responsibility of the psychoanalyst who offers an embodied ethics of desire capable of fundamentally rethinking sexuality by taking seriously the presence of death inscribed within sexuality.