

Phenomenology of Image and Desire in Adolescent Gender Dysphoria

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Abstract

The study of desire at Rorschach implicate the phenomenological study of images conveyed by responses, at least those in which a clear portrait can be considered as forms of consciousness and of Ego manifestation. The optic to involve the portraits of desire with the Rorschach practice proposes that the meeting point is the affectivity related to desire. It reorganizes the Ego and allows the comparison between different human conventions. The article presents some portraits of desire, thus the study consists in the attempt to highlight how these portraits can be identified through pareidolia. The clinical reality of adolescent Gender

Dysphoric patients appears as an area in which desire prevails over the symptom's symbology and becomes clear and explicit from the first contact. The study therefore proposes that the peculiarities of desire, may allow a study in depth about more complex intrapsychic representations such as those of the Self and the Body, whose articulation is provided as an outcome the bad endurance (dysphoria) of a physic not experienced as own.

Key words: Phenomenology of Image, Mental Image, Rorschach Method, Adolescent Gender Dysphoria, Phenomenology of Desire

Introduction

In the evolution of the study of Gender Dysphoria, a cross phenomenon to the temporality and to the variation of the nosographic systems is the desire. The work proposes to clinically investigate how desire is articulated in the dynamics of Gender Dysphoria adolescent patients, through the products provided by pareidolia (Jaspers, 1913) in the projective and phenomenological practice offered by the Rorschach method (Rorschach, 1921). We observe the manifestations of desire in the assisted subjects, who report strong cross-gender identifications, therefore perceptions and representations of the Self that do not conform to the primary and secondary sexual characteristics (Settineri et al., 2016).

As said, the variation of the systems of nosographic consideration presents variations that starting from the appearance of the generalizing term "transsexualism" (Hirschfeld, 1923), recently suggest greater attention for psychological aspects rather than for pathology. The variation in fact provides for the abandonment of the term Disorder (DSM IV-TR, 2000) to the advantage of the psychological aspect of Gender Dysphoria (DSM V, 2013). This fact suggests a direct attention to the study of the phenomena experienced and in this case on the across the board role of desire. The condition of distress and mental suffering that characterizes the Gender Dysphoria is reported by the patient and directs the diagnostic process accompanied by the psychodiagnostic analysis of personality.

Feelings of non-compliance with sexual physical condition include consideration of case history, childhood behavior, as well as family history and sexual orientation (Michel et al., 2002). The latter point provides several indications and suggests that they must consider the psychopathological eventuality. From a previous study (Settineri et al., 2016) emerges the absence of associated psychopathological indexes, detected through the psychodiagnostic analysis, in agreement with several authors (Hoenig & Kenna, 1974; Rosen, 1974; Ro-back, Strassberg, McKee, & Cunningham, 1977; Tsushirna & Wedding, 1979; Bodlund & Armelius, 1994; Caron & Archer, 1997; Miach, Berah, Butcher, & Rouse, 2000). Therefore the orientation is directed to the phenomenology, which involves the consideration of dynamics whose game allows the genesis of the dysphoric aspect.

The dysphoria, whose old Greek etymology predicts a bad endurance, therefore dys "bad" and "phèrein" to endure, suggests that it can be considered as the pathoplastic resultant of the discrepancy between the Sexual and Gender Identity representations, influenced by the Social Role (Brown, 1990).

These representations in fact provide a genesis inspired by biological sex at birth (Rogers, 2000) and by self-identifying dynamics with dynamics typical of masculinity and femininity (Simonelli, 2000). The third aspect is identified in the expectations and emotional-affective reactions typical of the society and the culture of origin of the subjects (Beemer, 1996), whose importance is strongly influenced by the more or less relevant binary conception of sexuality (Scandurra et al., 2016). The attention previously centered on the dynamics of an identity disorder, also provides that the conception suggested here, continue to treat the phenomena that will continue to accompany the clinic regardless of the widespread "disruptive" tendencies, whose presence refers to the human fact.

For this reason, the choice of clinical treatment refers to pareidolia, which as an across-a-board phenomenon both to health conditions (Riegler, 2007 Summerfield et al, 2006) and to psychopathology (Conrad, 1958, Gelder et al, 1989, Sims,

2002 Fontenelle, 2008), allows us to consider the central psychological-dynamic and existential aspect of desire.

Phenomenology of Desire

Through the consideration of dynamic psychology, the desire is available in all its forms considering the insatiability of the body, and for this reason it sinks its roots in every subject (Ravit, 2005). Precisely in terms of Gender Dysphoria, the representation of the body has a central value, so the psychodiagnostic practice is considered by patients as the key to access to hormonal treatments and surgical reassignment of sex. Such medical practices assume the resolute act to solve the experience of dysphoria; the desire that accompanies the patient as powerful and absolutely necessary. This question arises from clinical practice, with the purpose to consider the psychological aspects of desire with respect to the physical-corporal approach.

According to Recalcati (2012) in *Portraits of Desire*, the desire is not that which strengthens identity by rigidifying its boundaries, but rather it is that which disrupts and destabilizes identity. The dynamics of satisfaction to which the pleasure principle aspires (Freud 1924), and immediately manages the psychic apparatus, is absolutely unattainable due to its physiological nature. Transient states of pleasure derive therefore from a mostly sudden satisfaction, of strongly compressed needs and above all possibly only an episodic phenomenon. In our own development, we are witnessing the transition from primary narcissism to more mature narcissism and from partial object-relation to totality.

As Lacan (1964) will argue, the object of desire, by its lack of nature, recorded the presence of a "void" as any substitute element that will come later, since desire belongs to the order of loss. From the myth of Narcissus and the genesis of the considerations of the desire phenomenon, the impossibility of finding himself in illusively three-dimensional terms suggested by a reflex image, coincided with the impossibility of being able to desire beyond and therefore to die out (Didier, 2005).

Chabert (1998) states that normal narcissism ensures the coherence of the psychic apparatus by promoting a rearrangement of the driving forces. Thus, the narcissistic investment allows us to avoid confusion with each other, through the barriers that define "inside and outside". Narcissistic investment is linked to the protection of identity because it guarantees the maintenance of the boundaries of the Ego.

As Recalcati suggests in the same work that the experience of desire is the experience of an excess force, of a force that comes from me but that transcends the Ego. As the author suggests, it is known that in psychic development through what Freud called "psychic work", the ability to postpone satisfaction to the advantage of maturation, where the Es was, must arrive the Ego (*Wo es war, soll Ich werden*, Freud, *Introduzione alla psicanalisi*, Opere, vol 11, p. 190).

In his work, Massimo Recalcati, proposes a series of portraits of desire, mentioned here for comparison with the clinic of mental images that testify the desire, as invested with emotional charge. Here are the different portraits of the desire considered.

- 1) Envious desire; it is a desire in which envy and jealousy are present, in the child the desired object only because it is desired by each other. It is characterized by the presence of aggression and tendency of idealization, the trait is radically childish and envy is the pure expression of a feeling that does not reach a specific object.
- 2) The desire of each other; the object has the face of a father, in the play of the mother assumes a value of thirdness (Settineri et al., 2017) and as for a play, the desire of each other is not the desire for something, but the desire to be desired by each other, or the desire for symbolic satisfaction.
- 3) Desire and anguish; it is a portrait dominated by restlessness, dominated by the metaphor of the praying mantis, who as known kills the mate; it is the

expression of reducing each other to an object in her hands, the lack of separation and the impossibility to escape.

- 4) The desire for nothing; it disengages itself from every relationship, which does not foresee the need for a link with another, which suppresses any possible symbolic satisfaction or recognition, a sort of desire for nothing that ends up killing desire itself. Every object disappoints and is inadequate to embody the object of desire.
- 5) The desire to enjoy; as a search for useless and harmful enjoyment, suggested by Sartre (1943) as a useless passion .
- 6) The desire of the elsewhere; linked to the insufficiency and time of abandonment, to the time of absence, to a desire for nothing;
- 7) Sexual desire; with the cultural characteristic, polymorphic-perversive, with images that stimulate excitement and satisfaction.
- 8) The loving desire; which implies the consideration of the body of someone other, which is fragmented into many small objects, hence the consciousness of a fetishistic desire.

The clinic of desire's images

N. Rausch of Traubenberg et al., (1978) showed the value of Rorschach method in terms of Self-representation. This develops simultaneously that the object relation are established and developed. But any reference to narcissism implies the reference to the object relation: Kernberg (1975) insists in particular on the close bonds that unite narcissism and object relations: emphasizes the decisive influence of the quality of object relations and the future of normal or pathological narcissism.

This double orientation covers the two directions implicit in the Rorschach practice: Representations of the Self and representations of relationships, against which the dynamics with each other take on a founding value. The mental

representations presented to us through the products of the unconscious, whether expressed through the dream or through pareidolia, become the guarantors of subjective phenomenological and psychological comprehension (Husserl, 1911). The image can be considered as a form of consciousness (Sartre, 1940). The thing-representations then (Freud, 1891) make this form of consciousness accessible through the reaction to the ink-stains of the Herman Rorschach tables.

The practice of the Rorschach method involves the consideration of the representational phenomena in reference to the phenomena proper to the response, as well as in respect of the diagnostic meaning and the connotative semantics (Dahan, Gosnier, 1971) aroused by the tables. We can speak therefore of a theme (Morali-Danionos, Cerf, 1972) as one or several ideas that occupy the mind of the subject and which express more or less symbolically, in its watchful or dreamlike productions, and therefore projective. The first two tables describe the vast world in which the subject is accessing. It is possible to argue that in the first two tables the mother does not appear except for pathological cases in which the awareness of a maternal lack takes the value of a symptom. The tables IV, V, VI and VII therefore constitute the parental appearance with a representational tutelative function. The next appearance of parental representations will take place at the table IX and X. Rosen (1951) studied the symbolic meanings of each table, suggesting that the parenting themes belong respectively to table IV for paternal representation and table VII for maternal representation, a clinic consideration supported by various authors including Richards (1958). The following possibility to find a point of contact between the Rorschach clinic and the Portraits of desire, starting from an example protocol of reality of Gender Dysphoria of a patient in adolescence, involves the consideration of the portraits as typical images that can be translated into phenomena included in Rorschach's clinical practice.

Table 1.

<i>Portraits of Desire</i>	<i>Rorschach Phenomena</i>
The envious desire	<i>Rejection</i>
The desire of each other	<i>The paternal symbolic thirdness of the IV Table</i>
Desire and anguish	<i>Cho-phenomena</i>
The desire for nothing	<i>Dbl- Phenomenology of the void</i>
The desire to enjoy	<i>Banal Response</i>
The desire of the elsewhere	<i>Scene response</i>
Sexual desire	<i>Sex Response</i>
The desire for love	<i>Partial-fragmentary answers</i>

The protocol

The subject is 18 years old, presents negative anamnesis for relevant biological diseases. He reports intense and persistent identification with the opposite gender that he has been manifesting since childhood through male to female cross dressing practices and the preference of female companionship. For years it has felt a conscious desire for physical change in sex.

There is no presence of psychopathology and maladjustment associated with the polarization of thought on the desire for personal success in the process that has just begun. The specific case of the reported protocol suggests that there are mainly three portraits of desire expressed by the subject.

1) Table I

The desire for nothing;

Answer: *A wolf* (GDbI);

The nose in the black, even the ears, but eyes in the white;

The dynamics of the consideration of intramacular white, reports to the studies of Orr (1958), in an overview of the Rorschach test and the maternal image, highlights the equivalents of maternal representation at table VII and emotional deprivation understood as Choc to the Void (au vide) .

2) Tav IV

The desire of the Other;

Answer: *A skull of a buffalo, of a cow* (Devitalization)

3) *Desire and anguish;*

Tav VII

Answer: *The imprint of a hand* (Cho)

The dynamics of emotional investment on representations

A more global approach to representations refers to the works of Nina Rausch de Traubenberg (1984, 1990).

The study of the representation of the Self and of the Affective Dynamics and Body Image (Nina Rausch de Traubenberg, 1984, 1990):

- The Grid of the Representation of the Self by Rausch de Traubenberg (1984), allows us, thanks to our specific use of the first column, to study the responses hierarchically with respect to their content.

In the specific case, the hierarchical order that follows in the Human World, Animal World and Inanimate World, allows us to gather information on how the subject is represented, since human representations are qualitatively better, require more affective energy and their major and massive investment in the act of producing a response to the stain, starting from their internal representations.

- The Grid of Affective Dynamics and Body Image, allows us an analysis referred to the representation of the body through the contents to the Rorschach, based on the quality of the images, which rests on integrity. The categories listed by the grid refer to the determining qualities of the response: Integrates, for images that are presented as total-object representations ; Reached, for those representations that, even starting from a partial tendency, reach a totality; Partial, whose expressiveness remains linked to the incompleteness and to the diagnostic implications that it witnesses; Fragmentary, understood not only not integral, but part of a whole whose operation or existential meaning cannot disregard the integrative contact between the parts, separated in a scissor optic like the *spaltung* phenomenon. The prevalence of partiality and fragmentation on the integrity of the image would be consistent with the phenomenon described so far. Following is the analysis of the global representations of the Self and the Body.

- Representation of the Self

Human world: 1

Animal world: 14

Inanimate world: 15

As can be seen from the number of responses assigned to each category, human representations, typically more mature and adaptive, are supplanted by representations pertaining to the inanimate, characterizing psychic suffering. The predominance of responses to inanimate content suggests, as also supported by

the studies of Rausch de Traubenberg, that the Self-Representation of the subject is currently undermined.

- Representation of the Body

Integrate: 12

Reached: 4

Partial: 9

Fragmentary: 4

The presence of fragmentation of the image and the concrete presence of partiality, suggests that the current state of the body image, interfere in the affective and representational dynamics of the patient. We mean that the role of partiality and fragmentation can be considered as intervening in the projection process of internal physical representations, in line with the dynamics of Gender Dysphoria. This can be considered as a guarantor of comprehension about the discrepancy between Sexual Identity and Gender Identity.

Discussion

The desire that runs through existence, provides a clinical point of view and its management is a guarantee to comprehend the underlying phenomena. In this sense in the Gender Dysphoria, we can witness the dynamics of desire that allow the phenomenon to deserve the dysphoric nomenclature of bad endurance, depending on the discrepancy discussed above.

The identification processes that mark the psycho-sexual and affective development, depending on the expression of desire as proven by the Rorschach and the Portraits of desire, suggest that the pre-oedipal dynamics of Gender Dysphoria can be the guarantor of a typical articulation of desire. As suggested by Morali-Daninos and Cerf, F. (1970), the predecessor of all thoughts and all knowledge is an object of desire, an object towards which a positive impulse is exerted, an object of love for childhood and subsequent relationships in the social

field. Not all objects can be preserved: they persist in this second form of existence which is the intrapsychic reality. This is the phenomenon of introjection and organized persistences at the base of memory.

They become the fundamental material of the Ego organization, that is the superior control of the actions. It is therefore evident that at the beginning of life, perception is the guarantor of the process of identification and that every perception, which is a stimulus, foresees an answer and therefore that the identification appears then, following introjection (D. Rappaport). In a view in which the identification processes are not followed by the possibility of introjection of the symbolic value of the Oedipus, the search for support is lacking, as well as the symptomatic symbology, since the discomfort and desire for sexual reassignment is always spontaneously reported.

Conclusion

The clinical outcome consists of the absolute need for divestment of the existing state of the body and the desire to reconnect the gender identity gap, through the physical transformation of the sexual-biological identity. The treatment of a transversal phenomenon such as desire, through a phenomenon that is also universal that is the pareidolia, has allowed us to understand the comprehensible movement to the plurality of meanings.

The aim is therefore articulated in subjective phenomenological terms, so that a reality so intrinsically powerful, to the point of foreseeing an invasive surgical reassignment of sex, can be studied, with particular reference to the dynamics of adolescence, where desire still prevails over work. psychic act to achieve maturity and consequently on what is instead will.

References

1. Alexander Riegler. Superstition in the machine. In Martin V. Butz, Olivier Sigaud, Giovanni Pezzulo, and Gianluca Baldassarre, editors, *Anticipatory Behavior in Adaptive Learning Systems (ABiALS 2006)*. From Brains to Individual and Social Behavior, volume 4520 of *Lecture Notes in Artificial Intelligence (LNAI)*, pages 57–72, Berlin/Heidelberg, 2007. *Springer*.
2. American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders DSM-IV-TR fourth edition (text revision)*.
3. American Psychiatric Association. (2013). *DSM 5*. American Psychiatric Association.
4. Beemer, B. R. (1996). Gender dysphoria update. *Journal of psychosocial nursing and mental health services*, 34(4), 12-19.
5. Bodlund, O., & Armelus, K. (1994) Self image and personality traits in gender identity disorders: an empirical study. *Journal of Sex and Marital Therapy*, 20, 303-317.
6. Brown, G. R. (1990). A review of clinical approaches to gender dysphoria. *Journal of Clinical Psychiatry*, 51, 57-64.
7. Caron, R. G., & Archer, R. P. (1997) MMPI and Rorschach characteristics of individuals approved for gender reassignment surgery. *Assessmen!*, 3, 229-241.
8. Chabert, C., 1998. *La psychopathologie à l'épreuve du Rorschach*. Dunod, Paris.
9. Christopher Summerfield, Tobias Egner, Jennifer Mangels, and Joy Hirsch. Mistaking a house for a face: Neural correlates of misperception in healthy humans. *Cerebral Cortex*, 16(4):500–508, April 2006

10. Didier, B. (2005). Les logiques du désir entre névrose et psychose. *Cahiers de psychologie clinique*, (1), 13-32
11. Gilbert Dahan, J. Gosnier (1971), Sémantique connotative des planches du test de Rorschach, *L'année psychologique*, vol 71, n°1 pp. 127-138
12. Hirschfeld M. (1923). Die intersexuelle Konstitution [The intersexual state]. *Jahrb sex Zwischenstufen* ;23:3–27.
13. Hoenig, J., & Kenna, J. (1974) The nosological position of transsexualism. *Archives of Sexual Behavior*, 3). 273-287.
14. Husserl Edmund. (1911). “Philosophie als strenge Wissenschaft”, in: Logos; trad. it.: La filosofia come scienza rigorosa, *Laterza*, Bari, 2005, 3-4
15. Jaspers k. (1959). Allgemeine Psychopathologie. Berlin : Springer (VII ed ;I ed 1913) (trad. it. Psicopatologia Generale, Roma: *Il pensiero scientifico*, 1964).
16. Kernberg O. Les troubles limites de la personnalité, (1975), Paris, Privat, 1979. La personnalité narcissique, (1975), Paris, *Privat*, 1980.
17. Klaus Conrad. Die beginnende Schizophrenie. Versuch einer Gestaltanalyse des Wahns. Thieme, *Stuttgart*, 1958.
18. Lacan, J. (1999). Les quatre concepts fondamentaux de la psychanalyse: séminaire 1964. *L'Association Freudienne Internationale*.
19. Leonardo F. Fontenelle. Pareidolias in obsessivecompulsive disorder: Neglected symptoms that may respond to serotonin reuptake inhibitors. *Neurocase: The Neural Basis of Cognition*, 14(5):414–418, October 2008.

20. M. Gelder, D. Gath, and R. Mayou. Signs and symptoms of mental disorder. In *Oxford textbook of psychiatry*, pages 1–36. *Oxford University Press*, Oxford, 3rd edition, 1989.
21. Massimo Recalcati (2012), *Ritratti del desiderio*, Raffaello Cortina Editore
22. Miach, P., Berah, E., Butcher, J., & Rouse, S. (2000) Utility of the MMPI-2 in assessing gender dysphoric patients. *Journal of Personality Assessment*, 75, 268-279.
23. Michel, A., Anseau, M., Legros, J. J., Pitchot, W., Cornet, J. P., & Mormont, C. (2002). Comparisons of two groups of sex-change applicants based on the MMPI. *Psychological reports*, 91(1), 233-240.
24. Morali-Daninos, A., & Cerf, F. (1970). Les phénomènes d'identification dans le Rorschach. *Bulletin de la Société française du Rorschach et des méthodes projectives*, 25(1), 13-27.
25. Morali-Daninos, A., & Cerf, F. (1972). Les thèmes dans le Rorschach. *Bulletin de la Société française du Rorschach et des méthodes projectives*, 27(1), 5-14.
26. Orr, M. (1958). Le test de Rorschach et l'imaginaire maternelle. *Bulletin du groupement français du Rorschach*, 1(1)
27. Rausch de Traubenberg N., Boizou M., F., Le Rorschach en clinique infantile, L'imaginaire et le réel chez l'enfant, Paris, *Dunod*, 1977, 350 p.
28. Rausch de Traubenberg, N., & Sanglade, A. (1984). Représentation de soi et relation d'objet au Rorschach: grille de représentation de soi: analyse comparée des résultats d'adolescents malades psychiques et malades somatiques. *Revue de psychologie appliquée*.
29. Rausch de Traubenberg, N., Bloch-Laine, F., Boizou, M. F., & Duplant, N. (1990). Modalités d'analyse de la dynamique affective au Rorschach. Grille d'analyse de la dynamique affective. *Revue de psychologie appliquée*.

30. Ravit, M. (2005). L'extrémité du désir: le désir d'être et l'espace du désir. *Cahiers de psychologie clinique*, (1), 33-48.
31. Richards, T. W. (1958). Personal significance of Rorschach figures. *Journal of projective techniques*, 22(1), 97-101.
32. Roback, H. B., Strassberg, D., Mckee, E., & Cunnigham, J. (1977) Self concept and psycho- logical adjustment diFferences between self-identified male transsexuals and male homo- sexuals. *Journal of Homosexuality*, 3, 15-20.
33. Rogers L., (2000). Sesso e cervello, *Enaudi*, Torino.
34. Rosen E., Symbolic meanings in the Rorschach cards : a statistical study. *J. clin. Psychol.*, 1951, 7, pages 239-244.
35. Rosen, A. (1974) Brief report of MMPI characteristics of sexual deviations. *Psychological Report*, 35,73-74.
36. S. Freud, Il disagio della civiltà, in *Opere 1924- 1929*, vol. X, Torino, Bollati Boringhieri, 1990, pp. 568-571
37. S. Freud, Zur Auffassung der Aphasien. Eine kritische Studie, tr. it. di L. Longato, *L'interpretazione delle afasie*, Sugarco, Milano 1989, p. 142
38. Sartre, J. P. (2017). L'imaginaire. Psychologie phénoménologique de l'imagination. Éditions Gallimard.
39. Sartre, J. P., & Del Bo, G. (1980). L'essere e il nulla: saggio di ontologia fenomenologica. Il saggiatore.
40. Scandurra, C., Amodeo, A. L., Bochicchio, V., Valerio, P., & Frost, D. M. (2016). Psychometric characteristics of the Transgender Identity Survey in an Italian sample: A measure to assess positive and negative feelings towards transgender identity. *International Journal of Transgenderism*, 1-13.
41. Settineri, S., Merlo, E. M., Bruno, A., & Mento, C. (2016). Personality Assessment in Gender Dysphoria: clinical observation in psychopathological evidence. *Mediterranean Journal of Clinical Psychology*, 4(3).

42. Signorelli, M. S. (2014). I disturbi sessuali nel DSM 5. Aspetti relazionali tra vecchie e nuove diagnosi. Quaderni di Gestalt.
43. Simonelli C. (a cura di) (2002). Psicologia dello sviluppo sessuale e affettivo nell'arco di vita, Carocci, Roma
44. Sims, Symptoms in the mind: An introduction to descriptive psychopathology. Saunders, London, 3rd edition, 2002
45. Tsushima, W. T., & Wedding, D. (1979) MMPI results of male candidates for transsexual surgery. *Journal of Personality Drivers*, 43, 385-387.