

Anatomical and genetic charts do not localize jouissance in the body

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In his seminar *Encore*, dedicated to the problematic of jouissance, Lacan reverses the popular saying and proposes: ‘the habit makes the monk’, thus underlining the role of appearances in sexual difference. This is an extremely complex passage of the seminar in which Lacan refers to the fact that human sexuality is denatured by the trait. The trait effaces the traces of the sexual cells, leaving only remainders to which we become attached so as to forge, through the so-called secondary sexual characters, a few coordinates that indicate localizations in the body and give sense to sexual difference, which will always be nevertheless of the order of semblance.

It was the entry of the body into the discourse of science that led to the production of the first anatomical charts, which classified the different parts of the body according to their own cytological and functional criteria, later supported by the development of genetics. In the case of the body of the woman, for example, the clitoris was one of the great ‘discoveries’ of anatomy in its attempt to localize and limit its jouissance. It was necessary that the same discourse engendered its subversion by means of the listening that Freud offered to female hysterics, who through their symptoms and conversions contradicted anatomy and created their own paradoxical charts of paralysis and pain. The body of the hysteric is not the anatomical body, and the enjoying body is not the anatomical body either, as psychoanalysis verifies in its daily experience.

The formulas of sexuation enable the formalization of the open field of jouissance in the body, which resists its apprehension by anatomical charts, since it overflows the body cut out by the symbolic to situate itself in the hole between the imaginary and the real. Nevertheless, we usually find statements that confuse the so-called ‘real of sex’ with anatomy. We are told that in nature the real of sex are two, among the beings that do not inhabit language like us, who are speaking beings. Is that so? Should we assume, then, that Science (written with a capital S, as if it were unified and convergent) possesses the knowledge on the real of sex? As a product of the University Discourse, anatomical charts refer more to what Lacan called the symbolic body (the *corpse*, or cadaver) than to the real body. We might consider the hypothesis that the assumption of the two of sex is rather a construction of the imaginary, with a strong prevalence of the gaze which, as Freud had already postulated, tends to ‘close over’ –

on the basis of a huge variety of disperse elements – a *Gestalt* that divides the sexes into two, taking the phallus as the parameter of the difference.

In relation to this aspect of the matter, we can learn from listening to subjects regarded as intersex that they do not fit with the supposed male-female binary – be it because of genetic, hormonal or phenotypic variations. In the Website *Everyday Feminism*, issue of 16 April 2016, we find the following statement by the intersex activist Susannah Temko:

Intersex Is a Natural Variation – Sex Is Not Binary, It's a Spectrum. Like gender and sexuality, sex itself is a spectrum. Is your head spinning? Intersex is a natural variation. It is not ‘abnormal.’ It is not a ‘defect.’ As with everything else in the world, variation is beautiful and a great part of life.

These words by Susannah Temko are based on recent genetic research that has revealed that the famous binary XX/XY, with its correlative phenotypic consequences, is a myth. In her article ‘Sex redefined’, published in *Nature* No. 518, pp. 288-291(2015), Claire Ainsworth introduces these new discoveries and poses this question:

So if the law requires that a person is male or female, should that sex be assigned by anatomy, hormones, cells or chromosomes, and what should be done if they clash?

There is a new, updated scientific chart, with a new classification of the so-called ‘sexual spectrum’ [see below].

What is it that the listening to transsexual and intersexual subjects who have undergone or not hormonal treatment or surgical procedures for transgenitalization and the re-assignment of sex can teach the psychoanalyst about the relations between the anatomical charts and the charts of jouissance? On many occasions, those subjects are classified according to a medical diagnosis alien to psychoanalysis. If we take as an example a medical definition of the ‘identity disorder’, which implies the non-conformity between sex and gender, we notice a remarkable alliance between two traditionally rival orientations: one considers sex as a biological given that conditions certain normal behaviours, and the other regards sex as a social construction, or gender. The series of

inversions, paradoxes and contradictions that this unusual alliance presents to us is exceptional, and forces us to tune the rigour of the very original notion of the body and of *jouissance* with which psychoanalysis operates.

What would be, therefore, the need for anatomical conformity so that a subject felt identified with a certain sexual identity? What is interesting in this respect is precisely the fact that transgenitalization surgery may in some cases attempt to re-establish, in reverse, the old alliance between sex and anatomy. In an incredible inversion of the Freudian logic, it would no longer be a question of the psychical consequences of the anatomical difference, but rather of the anatomical consequences of the psychical difference. On the other hand, the desire for anatomical conformity continues to tell us something important about the weight of the genital imaginary in the formation of the human sexual semblant to which we have to listen.

It is clear that the only ethical position coherent with psychoanalysis is to approach each case as singular. But it is precisely the consistency of this *Gestalt* that the body of the intersex subject interrogates. The activism of intersex subjects seems to take the path of the support of diversity, both anatomical diversity and the diversity of sexual characters, and puts the emphasis on the singularity of the bodies. The complexity and multiplicity revealed by coming out of the closet is not only of the habits – namely, of the clothing that every culture or society determines for each gender – but also of the bodies of subjects that in other times were segregated and confined to the margins of the traditional bourgeois family. They help us to emphasize the importance of the contribution of psychoanalysis in this debate, in so far as the Discourse of the Analyst is oriented by *hétérité*, that is to say, by the support of the radically other and indetermined, beyond the anatomical sex, but not without a relation with the anatomical semblant and its social value.

There is something of ~~Woman~~ that always evades discourse, the phallus, science, classifications, the scalpel, the universals and – in an even more radical way – the proper name. Thus, beyond neuronal terminations, surgeries or anatomical charts, the *jouissance* in the body sometimes fills it with anxiety, but as the Brazilian poet Chico Buarque says, ‘it does not have and it will never have a government’.

References

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	Chromosomes	Gonads	Genitals	Other characteristics/ examples
Typical male	XY	Testes	Male internal and external genitals	Male secondary sexual characteristics
Subtle variations	XY	Testes	Male internal and external genitals	Subtle differences such as low sperm production. Some caused by variation in sex-development genes.
Moderate variations	XY	Testes	Male external genitals with anatomical variations such as urethral opening on underside of penis.	Affects 1 in 250–400 births.
46,XY DSD	XY	Testes	Often ambiguous	The hormonal disorder persistent Müllerian duct syndrome results in male external genitals and testes, but also a womb and Fallopian tubes.

Ovotesticular DSD	XX, XY or mix of both	Both ovarian and testicular tissue	Ambiguous	Rare reports of predominantly XY people conceiving and bearing a healthy child.
46,XX testicular DSD	XX	Small testes	Male external genitals	Usually caused by presence of male sex-determining gene SRY.
Moderate variations	XX	Ovaries	Female internal and external genitals	Variations in sex development such as premature shutdown of ovaries. Some caused by variation in sex-development genes.
Subtle variations	XX	Ovaries	Female internal and external genitals	Subtle differences such as excess male sex hormones or polycystic ovaries.
Typical female	XX	Ovaries	Female internal and external genitals	Female secondary sexual characteristics

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