



The Colonized Mind: Gender, Trauma, and Mentalization

Sandra Silverman L.C.S.W.

To cite this article: Sandra Silverman L.C.S.W. (2015) The Colonized Mind: Gender, Trauma, and Mentalization, *Psychoanalytic Dialogues*, 25:1, 51-66, DOI: [10.1080/10481885.2015.991246](https://doi.org/10.1080/10481885.2015.991246)

To link to this article: <http://dx.doi.org/10.1080/10481885.2015.991246>



Published online: 09 Feb 2015.



Submit your article to this journal [↗](#)



Article views: 1445



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 2 View citing articles [↗](#)

The Colonized Mind: Gender, Trauma, and Mentalization

Sandra Silverman, L.C.S.W.

Institute for Contemporary Psychotherapy and the Mitchell Center for Relational Studies

The question of how gender and trauma may impact one another is explored through detailed clinical material from the author's work with a patient contemplating, and then beginning, a transition from female to male. The author explores what happens when a mind is colonized rather than mentalized. The term *colonize* is used to describe the unconscious use of a child's mind to store unprocessed trauma from an earlier generation. The author describes destabilizing feelings of uncertainty, shame, and anxiety in both patient and analyst at various points in the treatment.

My patient Ava tells me that when she was an adolescent she sometimes blindfolded herself. "I would imagine I was blind because then I wouldn't see anyone looking at me, staring, wondering if I was a boy or a girl." As I listen to Ava I am unnerved by the idea of blindness as comfort, but what I find most striking is that she blindfolded herself when she was alone. She was not trying to avoid seeing others see her but to avoid seeing her self, her skin, her body and all of its parts. I have come to think of the blindfold as a shield protecting her from the intrusion of the outside world, from the penetration of other people's minds into her mind, from the demand to be what others want her to be, and from the feeling that what is coming in from the outside can destroy who she is on the inside, or perhaps more accurately, can destroy any chance she has of discovering who she is on the inside.

Not long into treatment Ava began to live in my mind, the boundary between us feeling thin and permeable. It was unclear whether Ava wanted me to help her to feel free to make changes to her body or whether she wanted me to help her to live in her body as it is, female. In this paper I explore what happens when a child's mind is not reflected back but is instead taken over by a parent or caretaker. I look at the intersection of body and mind, and I describe a treatment that is, in one sense, about being transgender, in another about trauma, and in yet another about the interaction of gender and trauma and how it is lived in the mind as well as the body. This is not every trans person's story; it is the story of this patient, this analyst and this treatment.

In our first session Ava, who is 24, sits across from me wearing jeans, black oxford shoes, and a sheer white shirt through which I can easily see a black bra. She has long dark hair and an intense gaze. She exudes femininity and masculinity at once. She tells me she is beginning treatment as a last resort, one that she calls "desperate." She feels hopeless, alone, and unable to imagine a future. Since she can remember she has felt that she was "born in the wrong body." She

describes growing up feeling “deceived” because she was born a girl when she should have been born a boy. She tells me that she has fallen in love with many women but has never had a relationship. She attributes this to her feeling that she is male, “I don’t want anyone to know.” Her shame is palpable.

Ava makes it clear to me that what she does not want is to be transgender, a word that she utters with disgust. She fears that by coming to therapy that is what she will become, that it is her only option. I am aware of feeling that through our work we will come to understand the meaning of her feelings about her body and that hopefully she will be able to find comfort in the body that she is in. What I do not know and what Ava does not tell me until the second year of treatment is that her decision to begin therapy was a decision to seriously consider transitioning, “I knew when I came in here it was to talk about a transition but it was too terrifying for me to say it out loud to you or to myself.” Ava was in treatment many times during childhood but it never helped: “They didn’t want to talk about the gender stuff,” she says. This is the first time that she is coming to therapy of her own volition.

Shortly after beginning treatment Ava tells me she had a dream. “I birthed a brain into the toilet. I took out the pieces and brought them to a lab. I handed them to a woman in a white coat, a scientist.” I ask her what she means by “birthed” and she says, “Actually, I shit it out.” In Ava’s dream there is a brain broken in parts, a mind in pieces. Her dream tells of a mind that is toxic and riddled with “shit.” Ava is trying to find her self in what is deemed repulsive, in what she longs to be rid of. Ava gives me, the scientist, her mind to hold and to repair (Bion, 1962; Fonagy & Target, 1996).

I have come to understand Ava’s dream through the lens of mentalization, its development and its collapse. Mentalization, also referred to as reflective capacity, (Bion, 1962; Fonagy & Target, 1996) describes the child’s development of a sense of her own mind and of its separateness from the mind of an other. Mentalizing happens in the mind and the body (Harris, 2009). It is about being fully taken in, thought about, and reflected on by a parent or caregiver. The parent who is able to hold the child’s mind in mind (Coates, 1998) helps the child to develop a sense of herself as an individual with her own thoughts and feelings.

A parent carrying a history of unprocessed trauma will find it difficult to reflect on her child’s mind, particularly when the child is experiencing states of fear or despair. These parents are likely to evacuate their traumatic experiences into their child’s mind, to “write over” (Lyons-Ruth, 2006) the child’s experience providing “little support for the child’s elaboration of her own subjectivity and initiative” (Lyons-Ruth, 2006, p. 611). These are children whose minds are, in some instances, colonized rather than mentalized by the parent. These children often become comforters to their parents, acutely sensing their parent’s needs, and taking on what Lyons-Ruth calls a tend/befriend role. There is then a confused sense of who is carrying whose trauma, hence one’s needs, wishes, and desires become difficult to decipher from those of an other.

Ava’s dream illustrates this process. In her dream her mind is filled with toxic contents that come out of her body and go into the toilet. Ava’s maternal grandmother was violent with her children. One story Ava’s mother recounted was that her own mother, Ava’s grandmother, pushed Ava’s mother’s head into the toilet when she was angry. And here, a generation later, we have a dream of a brain in the toilet. Whose brain is whose in this dream? Whose mind is whose? Ava’s dream is, perhaps, indicative of her unconscious awareness that someone else’s mind is lodged inside her own mind, of the intergenerational transmission of trauma. Williams (2004) wrote about the developmental consequences of carrying a “foreign body” inside the mind, describing something similar to Ava’s experience: “The individual who has incorporated an invasive object

is likely to feel unstable, depleted of personal meaning and occupied or haunted by unidentifiable bodily perceptions” (p. 1345).

My project in this paper is to explore what happens when a mind is not mentalized but colonized. By colonized I am referring to the lodging of another’s mind, another’s evacuated fears and traumatic history, in the developing mind of a child. I have chosen to use the word *colonize* because the colonized are not just invaded but occupied. The colonizer seeks to own and control in the unconscious hope of preventing the colonized from developing an independent and separate identity. Mentalizing is about making space, about creating room for thought and reflection, about “thinking together in relationships” (Seligman, 2007, p. 11). It is about the reflective space between one’s own mind and that of an other, between one’s intent and one’s impact, the creation of the space *between* being crucial. Colonization is about destroying space, about crowding an other’s mind with the unprocessed contents of one’s own mind, about restricting the freedom to think. To colonize is to invade, inhabit, and alter. It does not feel as if Ava’s mother just needed to get into her daughter’s mind but that she wanted and needed Ava’s mind as a *place*, a colony, to locate unbearable pieces of her own mind.

I am interested in what it means if colonization happens in one particular area, in this case, gender and sexuality. Do some children have a greater inherent receptivity to a particular colonizing parent? How does a child, and later an adult, resist the feeling of colonization? What are the mechanisms for survival? In my work with Ava I came to know her unboundaried experience with her mother and how a lack of mentalization left Ava in a flooded, frightened, and incoherent state. Ava’s attempts at expressing psychic pain were not recognized, and she experienced both her body and her mind as sites of danger.

As Ava’s use of the blindfold suggests, I have felt that Ava needed to blind herself to incompatible aspects of those around her, particularly her mother. I too have struggled with my sense of Ava’s mother. This mother felt loving, warm, and attached. At the same time, this mother felt traumatized and traumatizing, penetrating and yet impenetrable. Her own unprocessed trauma, which was, at least in part, a trauma of what it meant to be feminine, was projected into her daughter, creating a colony in her daughter’s mind where the mother could store her unresolved experiences, particularly with regard to gender and sexuality. While projective identification, a term with many definitions, may be related to colonization, it is not the same concept. Unlike colonization, projective identification is often described as a form of communication and as the wish to place something in the other person so that it can be processed and returned. In contrast, colonization is about the storage of unbearable and unprocessed psychic experience without any interest in it being transformed and then returned. Projective identification is certainly at work in the relationship between this mother and daughter, but what I am discussing in this paper is not that aspect of their relationship but the ways in which the mother colonized her daughter’s mind, disavowing her own trauma and depriving her child of her own psychic space (Faimberg, 2014).

Ava describes her mother as her ally. She tells me that she should have been more separate from her mother but she needed her too much. Early on Ava’s mother becomes central to our work where her father barely exists. “He’s irrelevant,” Ava says, closing the subject. It feels to me as if a single mother raised Ava, as if her father was a periodic intruder on the intimacy of their relationship. I tell her as much and she agrees. She has nothing more to add about her father other than that he is a powerful and successful man. “I hate him,” she says, “I always have.” Over time bits of information comes out about her father. He grew up wealthy, lived a wild and drug-addicted life in his twenties, and was once psychiatrically hospitalized for months, the reasons for

the hospitalization remaining unclear. He is now a high-powered businessman who is absorbed with his work. "He was jealous of my relationship with my mother," Ava tells me.

When Ava was an infant her father's 16-year-old nephew lived in the family home. He had a history of mental illness and expressed jealousy of the new baby, and so Ava's parents had Ava sleep in their bed, between them. Her mother stacked dishes against the bedroom door so that if he opened the door the crash would awaken them. The nephew moved out of the house during Ava's first year and then visited periodically, often getting into violent fights with Ava's father. Ava remembers her mother taking her into the bathroom during one of those fights and then, after it was over, seeing broken glass strewn throughout the living room.

I am struck by how many words Ava has to describe her mother and how few for her father. Ava's mother is "beautiful," "loving," and "sexy." She grew up in a poor family, the oldest of five children, each of whom were born to different fathers. There was sexual and physical abuse in the mother's home, but Ava knows only fragments of information that her mother dropped from time to time. "Her mother's boyfriends used to touch her," Ava tells me in one session. "Her father called her a little whore when she was in kindergarten," she tells me in another. Ava's mother dropped out of high school and began working as a waitress when she was 16. Her looks helped her to survive. "I opened my legs for many men," she told her preteen daughter. This mother's femininity was in keeping with the culturally accepted views of female sexuality, making it easy to overlook how much trauma was embedded in her expression of her gender and of her sexuality both of which she used to survive. As Saketopoulou (2011) wrote, "Gender in *both* its normative and non-normative iterations can become an expression of psychic pain" (p. 193).

Ava's mother communicated her traumatic experiences to her daughter in a casual manner and without any explanation. This is one way that trauma is unconsciously passed from generation to generation. In this instance, it feels as if Ava's mind became a place for her mother to store her traumatic experiences, a colony, stirring up anxiety in Ava who said she "knew better than to ask any questions" when her mother mentioned her early sexual experiences. The mother's colonizing communication of sexual trauma was accompanied by something else, eroticism. Her mother's communications felt exciting and erotic while they were violent and scary. There was the sense of both danger and excitement as Ava became the carrier of her mother's history in what Harris (2005) called "the haunting of gender" (p. 199).

A picture begins to form of her parents, a glamorous couple dripping with sexuality. "They cleared the dance floor," Ava tells me after watching videos of a relative's wedding that she attended with her parents when she was a child. Sex is the lens through which identities are formed in this family, and in all likelihood Ava was sexualized by her parents' gaze as well. The idea that her family has shaped her experience of her self is foreign to Ava. In her view she was born "a freak of nature" and that is why she has suffered. There is little room for reflection. One cannot help but think of Ava's use of the blindfold, this time metaphorically, to avoid seeing the impact her family history has had on the development of her sense of self.

Integral to the development of mentalization is the development of a sense of personal history, of time (Seligman, 2007). Ava's family does not live "in time." Loss is disavowed, the past is not acknowledged, and generational differences are blurred. If the past is not granted meaning, then losses, including the loss of what one may never have, in this case a biologically male body, cannot be mourned. Instead, Ava turned to fantasy and for much of her childhood she believed that eventually a penis would grow from her vagina. At night, when she was unable to sleep, Ava felt soothed by picturing herself in the future, as a man in a suit, walking through a park.

Accompanying the sense of timelessness is Ava's difficulty remembering what happened and when in her life. **It's as if no one was there to reflect on her experiences, helping her to develop a sense of continuity or going on being** (Winnicott, 1960). "How old are you when you still need your mother to take you to the bathroom?" Ava asks me in an early session. She describes being in the bathroom when her mother sees that she had stuffed toilet paper into her pants as a pretend penis. Reacting with alarm, her mother knelt down, looked Ava in the eye, and said, "You are a girl" while holding the toilet paper up. "That's when I knew what I wanted was bad," Ava said in session.

For this mother, gender was a site/sight of something that felt threatening and of something that could not be thought or seen. The blindfold might be considered a second-generation expression of the mother's fear of seeing. What did it mean to this mother for Ava to be a girl? What did it mean for her daughter to be a girl who wanted to be a boy? **As the treatment unfolded what would emerge is the mother's feeling that boys could protect themselves while girls were in danger**, that girls and women were sexually vulnerable but their sexuality was also an instrument of power. When Ava was in preschool she insisted that she wear the boy's uniform instead of the girl's. That school, unlike the elementary school she attended, was flexible and she wore the boy's uniform, including its clip-on tie, every day. "My parents thought I looked adorable," she said. Much later in treatment Ava learned that her mother was hoping for a boy because "they are stronger, tougher and better able to survive." It seems possible that at times this mother, and perhaps the father as well, recognized Ava's boy self and treated her as a boy and at other times as a girl, depending upon the parents' needs or wishes.

Any capacity Ava's mother had to mentalize was not available to her in the moment in the bathroom. She was unable to hold together the pretend and the real (Fonagy & Target, 2000, p. 855). **Something about her daughter pretending that she had a penis was threatening to this mother making her unable to engage in playful interaction, to be curious about her daughter's inner world while connecting it to the outer world.** She was in a state of psychic equivalence (Fonagy, 1996).

Early in treatment Ava tells me that she was afraid of seeing a therapist who "looked like a lesbian." She had not asked about my sexual orientation, and I was unsure if she was aware that I am a lesbian. She recounts a story of a meeting with a college professor who was "obviously a lesbian" and remembers feeling that she could not get out of the room fast enough because the woman was so masculine. As I listen to her I realize I am feeling grateful that I decided to wear a skirt that day, not to mention the lipstick. I realize that I too am hiding, that when I am with this patient I am glad that I don't "look like a lesbian" and that this is reflective of the intense regulatory anxiety that this patient lives with and the ways in which this has stirred up my own anxieties about living in a culture that still attaches stigma to those who are not heterosexual. I feel anxiety clawing at my insides as I ask her if she is wondering about my sexual orientation. She tells me that she assumes I am straight and is relieved by that. Does she want to know? "No," she responds firmly.

What was I to do with her clear statement that she did not want a lesbian therapist followed by her statement that she did not want to know about me? This was one of many mixed messages I have received from Ava. I think again of the blindfold, of her capacity for deep *insight* and her wish to be blind to what she sees around her. I knew that the disparagement Ava felt toward lesbians was reflective of her own self-hatred, but I still felt its impact and feared the consequences of her "finding out" about me in a way similar to her fear of rejection if others found out about her

boy self. This was another moment of enactment, of Ava's history of trauma and shame playing out between us.

Ava hides all pictures of herself as a child because she dressed as a boy, insisted that her hair be cut short, and was often mistaken for a boy causing her mother visible shame. After the preschool where she was allowed to wear the boys' uniform her parents sent her to an elite all-girls school where she was forced to wear a uniform that made her look "like a boy in a dress." There was a contradiction in the way Ava's parents communicated with her. They sometimes allowed her to choose her clothes from the boys department and they let her attend a boys' baseball day camp, registering her for camp as a boy and participating in this lie. On the other hand, they painted her room pink without her permission and expressed shame about her presentation saying things like, "Don't sit like a dyke."

In school Ava was taunted by the children and humiliated by the teachers. She tells me stories of the other girls calling her names, of their exclusion of her when, in fifth grade, they found a book about the developing female body. She recounts stories of girls blocking the doorway and calling her "faggot," as if even they sensed something about her gender as well as her sexuality. I wonder aloud where her parents were when this happened and why the school allowed it. She is conflicted about her parents, protecting them at first, claiming there was nothing they could have done, and then wondering, tearfully, why they didn't help her. She can tolerate her conflicted feelings for only a few moments.

At 15 Ava grew her hair long and transferred to a new high school where she was not only accepted but was envied for her attractiveness. She was in love with her best friend but never let her know. The most popular boy in the school wanted to date her. "It was all an act," she says when she describes the change in her presentation. "It still is." I ask what makes her so certain that being a man would not be an act. "What's not an act? I just know that it would feel more real."

Three months into treatment Ava arrives in my office carrying an old shoebox filled with the pictures she doesn't want anyone to see. She hands me the first photo. Two little boys stand in front of an attractive woman. The boys are wearing shorts and T-shirts. She tells me the picture is of her mother and her cousin John. I ask who the other child is and she says, "That's me." In picture after picture Ava is a little boy, her stance, her expression, her short hair, all say "boy." I feel disoriented and unable to think. The "boy" in the pictures is in complete contrast to the woman sitting in front of me. Ava cries and tells me she fears something is terribly wrong with her. "I knew I was a girl but I felt like I was a boy."

Ava's mother was "thrilled" that she left "that boy stuff" behind. "I don't know what it would do to my parents if I told them how I really feel," she says. Ava is surprised at what she "blossomed into," how she went from an awkward girl who looked like a boy to such a beautiful woman. She enjoys the power her looks grant her, and she uses that power to gain attention and to intimidate. She fears giving it up. Strangely, her feminine appearance would be another loss. Again, it feels as if her identity happens to her, as if she has had no role in shaping who she is in the world. Her parents, after years of shame, are proud of their attractive daughter, a daughter who has followed in her mother's footsteps. According to Ava no one ever talked about "the boy stuff" when it was happening and no one talked about her change to a more feminine presentation. It is as if something true or real or dangerous in this family has now been covered by something more palatable, acceptable, and appealing.

Ava is clear that her attraction is to women. In spite of this clarity and her presentation of sexual confidence, her sexuality causes her considerable anxiety. Ava prefers to think of herself as heterosexual and male but in the wrong body. At various points during our work together I wonder how homophobia impacts her belief that she is supposed to be male. I have wondered if Ava feels she is “sick” not only because of her feeling that she should be male but because of her desire for others who are female. I ask questions with these thoughts in mind. She tells me I am on a campaign to get her to like the idea of being gay. “You don’t get it. You don’t understand how it has felt to be called gay, to be bullied for it, when that is not really what I am.”

Ava returns from a trip to Italy with her mother and her aunt. She tells me that at one point a handsome man around Ava’s age gave them directions. When he walked away her mother talked about how sexy he was, making it clear she was attracted to him. Ava looks both embarrassed and curious when she says, “I was jealous. I wanted her to feel that way about me.” Our exploration of how sexuality was lived in Ava’s home begins to deepen. What did it mean to hold her mother’s attention? What was it like when her father was home? She describes one of two dynamics: “He was jealous of me or my mother ignored me for him.”

Ava continues to tell me that she cannot bear the thought of transition, nor can she bear the thought of living her life as a woman. I feel stuck with her in an intractable place of pain. She cannot imagine a body that is a livable option unless it is what she cannot have, a biologically male body. She sees her body in a purely physical way, as concrete and static. While this may help her to feel she is not at fault for her experience of her body, that she was just “born this way,” it leaves her at the mercy of her biology. We come to know our bodies largely through a psychic representation that is constructed over time (Salamon, 2010; Schilder, 1950; Salamon & Corbett, 2011). Our body image is multiple and flexible. It develops out of our relationships with other people. Not only is it true for those who are transgender but for all of us that the body image we carry in our minds is rarely identical to how our bodies are perceived from the outside. When Ava tells me that she doesn’t feel “real” or “complete,” and I try to explore those feelings she insists that it is because she is supposed to be a man, that is what would make her feel “real.” Helping Ava to reflect on her experience of her body, to mentalize her body, while recognizing that there are biological limitations to it, feels essential to helping her move forward and make crucial decisions about her life.

The relational aspect of Ava’s bodily experience is apparent when she tells me that she has felt “deceived” because she was born a girl. “Deceived by whom?” I ask. Ava looks surprised by my question. “By nature,” she tells me, “by luck, by fate, by God, even though I no longer believe.” As treatment progresses her dreams tell us more about “deception.” She dreams of secret places in her parents home and hidden compartments under her parents’ bed where mysterious blueprints are stored. She makes statements that come from a part of her that she seems only partially aware of: “My parents will never tell me what I need to know.” I tell her that she is implying that they know something and have kept it from her. “I feel that way,” she says. When I link this more directly to her feeling of deception about her body she becomes anxious and her mind goes blank.

The feeling I’ve had from early in our work is that on one level a transition was unthinkable and on another a transition had to happen. It’s not unusual for Ava to tell me that “it’s sick to want to be a man,” that she has to find a way to feel comfortable as a woman, and then, in the following session, that she has to transition because she is “in the wrong body and cannot live this way any longer.” She has begun to talk about articles and blogs she has been reading about those who are transgender. After describing what she has read she tells me she cannot bear to

think about transitioning, but it is also clear to me that she cannot bear *not* to think about it. Reflecting on how unsettled I feel when I think about Ava transitioning, I begin to question why I have needed to believe that she can remain female, that these issues are largely psychic and that it is a matter of working them through. I fear that I am thinking about Ava with the same bias that the psychoanalytic world has historically thought about those of us who are gay or lesbian (Mitchell, 1981). I do not want to be so grandiose as to assume that I know what is best for Ava. I realize that the irreversibility of a transition makes me anxious. I fear that Ava will move too quickly and regret her decision. I am concerned that she believes she can escape into another life, another identity. At the same time I feel that just as we must explore what it means to her to live in her female body, we must also explore what it would mean to her to transition.

When I try to explore Ava's feelings about a transition, she is adamant. In her view, there are masculine men and feminine women and nothing in between. Those who transition, particularly from female to male, are "sick," "gross," and "disturbed." "They all look like freaks," she says. She tells me that she has slept with many women, usually straight or bisexual women who reject her for men, but she continues to be uncomfortable around lesbians. In spite of this, she spends a considerable amount of time in a bar in her neighborhood that caters to gay men and lesbians. She tries to feel a part of things and flirts with the women there. She describes sex as a site of anxiety and confusion. She is confused by the intense desire she elicits in others while her own desire is most powerful for those she cannot have. When she does have sex she is disappointed that she cannot allow others to touch her genitals, leaving her envious of the other's pleasure and unable to experience pleasure of her own. She tells me that if she were in "the right body" she would be able to have sex without anxiety. We talk about the possibility of changing her female presentation to one that is a bit more masculine, truer to who she is. She is adamantly opposed. "I'm not going to be that kind of woman." I suggest that she get to know some people who are transgender. With a friend, she attends an event for the transgender community but returns home feeling so sick with fear and disgust that she throws up.

There seems to be no viable body for her. She speaks of suicidal thoughts, saying that one of the reasons she won't kill herself is because "if this could happen to me in this life, what could happen in the next life?" She fears that if there is a heaven and a hell she would go to hell, that she is bad, sick, and dangerous. It's unclear where these thoughts originate. They are, perhaps, indications of the colonization of her mind, of her mother's unthinkable thoughts and experiences having been lodged in her daughter's mind.

We return to a frequent topic: her hair. Ava wants to cut her hair but cannot imagine doing so. She fears what she will look like, how others will react, and she fears giving up the positive attention and envy that others feel toward her because of her hair. Most of all, she fears her mother's disapproval. She tells her mother that she is thinking of cutting her hair and wants her "blessing." I try to explore why she needs her mother's blessing to make this change, and she tells me that she fears upsetting or hurting her. "She is my lifeline." She receives a phone message that she plays for me in session. Her mother is troubled. She sounds sad when she says, "You're going back to that?" Ava tells me she feels she is doing something bad. We talk about how difficult it is to make her own choices without feeling she will hurt someone else. During the session another call comes in from her mother. She doesn't answer but plays the message and we listen together. Her mother tells her that she does not need her blessing, that if this is what she wants then she should do it, and then her mother sounds tearful and hangs up. Ava begins to cry. She tells me that it is rare for her mother to cry, that she must have hurt her and that she cannot go forward

her decision to cut her hair short. It is a moment when she is aware of the conflict between her wishes and those of her mother and of her fear that she will lose her mother if she pursues her own wants and needs. I tell her that what I heard in the message was not just her mother's pain but her mother's love for her, that their relationship will survive her decision to cut her hair. There is nothing permanent about cutting her hair. It will give her, and us, an opportunity to see what it feels like for her to live differently in the world, still as a woman but hopefully a woman that feels more like who she is on the inside. Her response: I feel like a man on the inside.

Once her hair is cut short she is initially relieved and says she is beginning to feel more like herself. After a week she becomes self-conscious. She is upset that she looks "too much like a lesbian." I hear disgust in her voice when she tells me this. She is now in a relationship with a woman whom she describes as feminine, sexy, and smart, the kind of woman men would want, making Ava feel good that this woman has chosen her over men. Sex, however, is a challenge. "It doesn't feel right, two women's bodies, two vaginas." She tries to joke about this, but I can feel that it is serious. She tells me that she cannot have sex in this body because it is her mother's body. "I tried to be my mother and I succeeded but it isn't me," she says. Her tone is more confident than usual. Her wish to transition begins to take root. She finds one transman whom she is willing to talk with about transitioning.

Suddenly, everything is moving quickly. I wonder aloud how Ava has moved to seriously considering transitioning when prior to this it was hard to get her to think about what it might mean to her. She tells me that when she cut her hair several months earlier she knew inside that this was a first step, that although I saw it as a move toward a more expansive sense of herself as female she saw it as the beginning of seriously considering a transition. I want more time to talk about what it feels like to be a woman who is not her mother. Ava wants to talk about transitioning.

Although I did not realize it at the time, I believe that throughout the early period in our work, the part of Ava that was seeking a way to feel comfortable to begin the process of transition was listening in to our sessions. I am thinking of Davies's (2004) description of her work on multiple self-states, that there are "other aspects of self that were at least potentially available, seated around the sidelines" (p. 758) of our sessions, and I am thinking of Fischer's description of doubling, of holding two realities at once, in this instance those two realities are the wish to transition and the wish to remain in a female body. As Harris (2005) wrote, "It is precisely this doubleness that creates the conditions of reorganization and movement" (p. 93). Indicative of the beginnings of internal reorganization, of Ava gaining greater access to self-states that were previously out of reach, was a dream Ava brought in. "I was standing on the beach with my parents and my girlfriend. A wave rose out of the water and wouldn't break. The earth was going to come off its axis. Everyone was going to die." Ava said she knew the dream was about transitioning. This dream spoke of her fear of what it might mean to unearth her feelings about her self, her parents, and her history, not just transitioning from female to male but from colonized to mentalized, from someone who was crowded in by the needs and desires of others to someone who could know and pursue her own needs and desires. The dream reflected her fears of who might be hurt or destroyed in the process.

Ava believes the most important part of being male is having a penis, something she can never have, as "bottom" surgery is far from adequate. She is in a perpetual state of longing for what she cannot have and of self-loathing for what she does have. She hates her vagina and says she would rather have nothing between her legs, "like Barbie." For Ava, gender and sexual desire

are inseparable and so getting pleasure from her female body is experienced as a defeat. “I don’t want to feel like a lesbian or like a woman who has desire for other women because that’s not who I am.” She tells me that to experience pleasure in the body she has would feel like a betrayal. “It would be like those women who have orgasms when they get raped.”

Ava tells me that if she gets pleasure from her body *as a woman* then she is not a man and cannot transition. She remembers having had sex with a woman in college and having an orgasm. She recalls feeling disgust soon afterward. There is the part of Ava that cannot bear to experience sexual pleasure in the body she has and there is another part that despairs about this and longs to feel sexual pleasure with her girlfriend. “I want that so badly but it feels impossible,” she tells me. I ask her what it means to her that she is in a female body and has desire for others in a female body. Her anxiety skyrockets. “That can’t be. Then who am I? This is so confusing.” She tries to close the subject.

I tell her that her confusion is not something bad but instead a sign of movement. Allowing the experience of uncertainty will help open more possibilities, increasing the likelihood that she will find access to the different parts of her self, different self states that have been dissociated because they felt threatening. For Ava, strictly defined gender categories help her to feel as if she has a sturdy sense of self but, as Ava has said, it’s all an act. These separate and highly gendered categories are reflective of separate self states including the self that wants to be male, the self that is disgusted by her sense of herself as male, and the self that does not want to give up the power of being a beautiful woman. Ava steps into and out of these separate states without any communication between them (Bromberg, 1998; Davies, 2004).

“Does your body feel unsafe?” I ask her. “Only in the sense that someone can get in,” is her response. It seems clear that someone did “get in”; what is less clear is whether they violated her physically as well as psychologically. I am thinking of Ava’s mother, of the intrusion of her sexuality into Ava’s mind, of her mother’s words to her young daughter, “I’ve opened my legs for many men.” I wonder what these words communicate about gender and trauma, about the power of men and the submission of women. What Ava wants is to have an impact on an other, to have what Elise (2008) described as a healthy part of male as well as female psychology: “Healthy exhibitionistic expression of phallic intention takes the form of wanting to make a positive impression on another person and includes the bodily component of wanting to ‘press in’—to penetrate” (p. 79).

In my work with Ava I have often felt a flood of feeling, perhaps similar to what Ava has felt with her mother. It feels to me as if what Ava cannot bear is given over. I have had the image of an IV, delivering her feelings into my body. The image is notable because of her fear of having her blood drawn. Ava cannot bear the thought of a needle inside her vein. When, in the second year of treatment, she has a blood test she responds by covering her face with her hand, crying, sweating, and repeatedly saying, “Please stop” even after the test is over. Ava and I begin to talk about the possibility of trauma in her history. She is newly able to recognize that her fear of a needle staying in her vein may be linked to sexual terror. She tells me she cannot remember anything but feels that “something must have happened.” In one session she wonders aloud, “How come no one ever did anything to help me?” She is referring to everyone knowing and seeing that she felt like a boy but refusing to talk about it. Her words, however, could refer to other types of trauma as well.

Ava and I have talked about the possibility of abuse, of some type of sexual violation, but it has felt to me more likely that the trauma was at the level of colonization, a way in which this mother took up residence in her daughter’s mind. Ava’s sense of her body, of its boundaries, her

use of the blindfold, all relate to a feeling that one's mind is not one's own, nor is one's body. My sense is that Ava frequently had the feeling of intrusion or invasion of her body and mind and that this is part of the reason why she frequently feels her mind is crowded as well as why she often loses her train of thought, dissociating in the midst of talking about what she feels. The blindfold is an attempt, albeit a failed one, to create a boundary, to keep things from entering so that she can discover and experience her mind and her body as her own.

Early in our work I am aware of feeling drawn in. She is half my age and yet a frequent feeling for me is that we are peers in some way. Later in the treatment she would describe her relationship with her mother saying, "I feel like her twin. I always have." I feel a strange mix of maternal, protective feelings and a more mutual, adult engagement during our sessions. There are moments when I feel a seduction from her but then I wonder whether that is really what is happening. I wonder whether it is *wrong* (a word Ava has used to describe her own feelings) that everything feels so intense, that there is some sort of sexual element in the room that I can't quite pin down. Later in treatment she describes her shame regarding the feeling that she is male. "I feel like I am as sick as a pedophile," Ava says to me through tears. I am stunned by her use of the word *pedophile*. What would become clear is how "sick" and "wrong" Ava feels for wanting to be a man. Her inability to rid herself of her feeling that she is male feels to her like a sign of illness and depravity, similar to a pedophile who cannot contain his or her sexual desire for children. Her use of the word *pedophile* indicates that Ava's feelings about her gender are related to her feelings about her sexuality and that both her gender and her sexuality are bound together in a sick and shameful package.

Ava has begun having conversations with her parents and they have said they will support her if she has to transition. One day Ava has lunch with her mother and tries to express the pain she has felt. Her mother tells her that she tried to "shame" Ava out of her wish to be a boy. Ava is horrified. Her mother tells her that she wants to help her now. "Let's get this done and move on," she says, as if it is now a group project. There is a sudden and strange turnaround. Her mother is more than on board. I wonder if there is something hidden, something that no one wants known. I think of the "deceived" feeling Ava described when she told me about feeling like a boy. Ava is relieved by her mother's support but also fears that she is disappointing her.

At around this same time Ava begins to wonder about my life. She wants to know my sexual orientation. After considerable exploration I tell her that I am a lesbian. She looks shocked. Her eyes fill with tears. "I don't know why I'm crying," she says, and then, "I wish I was a lesbian." She is stunned by her feelings. It is as if a dissociated self just emerged (Davies, 1998). We talk about the wish that her journey could end here, that she wouldn't need to transition to feel she could live in her body. She tells me in a subsequent session that she was also crying because she felt for me, for the difficult road that I too must have traveled. "I feel closer to you now," she says.

Ava begins considering going on hormones. She considers this sometimes defiantly, sometimes with anxiety, and sometimes with longing. She makes the decision to start with hormones because her breasts are very small and she feels she can wait on surgery. I let Ava know that I am uneasy with her plan to start hormones. I wonder if she is willing to wait longer. "No, I have to get on with my life, I have to try this," she says. I want to leave her the space to make her own decision, not to push my needs into her mind, not to colonize her. I tell her that I understand that the hormones are her decision but that I am going to continue to explore her feelings about her body, her hatred of it, and that it is my hope that regardless of whether she transitions or not she can have positive feelings about her self and her body.

Several days before Ava is to start hormones she brings me a photo album her mother made for her when she turned 21. It has pictures of her from birth until her 21st birthday. We look at it together and then she requests that I keep it in my office until after the weekend. She is to see the doctor on Monday and possibly get her first injection. After she leaves my office I look through the book again. There are pictures of her looking like a boy and then gradually looking more like a young woman. I feel incredible pain. She looks happy and vibrant in many of the pictures, sad and alone in others. I can see and feel her struggle. Over the weekend I feel sad and mournful. I well with tears at one point. I wonder if the transition will achieve what Ava hopes and I wonder whether I have done everything I can to help her come to this decision.

At our Monday session, just prior to her doctor's appointment, Ava tells me that she feels terribly depressed. Her mother spent much of the weekend insisting that Ava had a happy childhood, leaving Ava feeling alone and unrecognized. This feels like a colonizing moment indicative of a history in which there was only one reality, a reality that Ava was coerced into believing. "I am going on hormones because I feel I have no other choice. I can't live this way anymore," she tells me. I ask her if she feels we should try harder to help her live comfortably as a woman and she responds with a definitive no. "I don't want to transition but feel I have to. What kind of life is this?" An hour later I get an e-mail from her: "I just got my first shot and can't stop grinning from ear to ear! Just wanted you to know!" When I read the e-mail I can feel the contradiction, the doubling in the way that Ava lives, the different selves, out of view of one another.

After Ava begins testosterone her body shifts, her shoulders become broader, her hips disappear, and her voice deepens. She begins to struggle with the feeling that she is again a preadolescent whom people cannot figure out, *Is that a boy or a girl?* When I suggest changing pronouns she refuses. "Not until I pass." I continue to push for exploration of what is happening, for what this change means to her, for what it will mean to be a transgender man. She tells me she just wants to be further along in the process, that she wants her inner sense of herself to match her outer self.

Ava has always been confused by the reaction she gets from others. She is aware that she elicits an intense response, one that is frequently sexual. In our third year of work I tell her what it felt like to sit with her in the early months, explaining that I felt an intensity from her that seemed to contain both an invitation and a challenge. I tell her that it also had a sexual feeling. She does not seem surprised. "That's how I feel all the time," she says. I tell her that her mother probably gave something off too, something similar to what I felt from Ava, a charisma laced with sexuality. "My mother?" she says, "My mother has been flirting with me since I was really little." What Ava describes in her family home is an overflow of sexuality, particularly from her mother but from her father too. There is what Ruth Stein (2008, p. 67) would describe as "excess," that which is "uncontainable . . . by the adult-child pair, or by culture and society." Something in Ava's history has overwhelmed her and made her sexuality as well as her body, in any form, difficult for her to bear.

Two months after Ava begins hormones I experience a countertransferential shift. I begin to feel that I am complicit in the violation of her body. I wonder if I have been irresponsible by not questioning more intently her decision to begin testosterone. I feel puzzled by the intensity of this shift in my feelings, and I come to realize that this is about a history of trauma being enacted between us, trauma that has become more accessible to both of us. It is about assaults or violations of Ava's mind and body as well as violations of her mother's body that have been unconsciously transmitted to her and are now a part of our work together.

What is notable is that as the transition has progressed, as “she” has become “he,” it has become more possible to explore the question of abuse or violation. Something has been freed, opened, making it possible to explore aspects of self that were inaccessible prior to the transition. Suchet (2011) noted something similar in her work with a transitioning patient when she wrote that she has come to recognize that “something fundamental cannot shift until he alters his body” (p. 182). A more male body has provided Ava a greater sense of safety. There is less rigidity and the beginning of more fluidity, of a more softly assembled gender (Harris, 2005).



Six months after Ava began hormones and 1 month before she changed her name and began using a male pronoun, Ava continues to struggle with feelings of sexual desire. She is now living with her girlfriend, who has been supportive of her transition. At times Ava experiences her girlfriend’s touch as “a violation,” even when it is arousing. Ava arrives for a session in a distressed and confused state, having been at her parents’ home the night before while her mother was dressing to go out to dinner with the family. She describes how her mother walked around in a “see-through bra,” playfully holding a towel in front of her. I wonder aloud what that was like for Ava, whether she felt aroused by her mother. She looks down and says, “Yes.” I ask her if she remembers feeling arousal with her mother when she was a child. “Yes,” she answers, and then tells me that she remembers being in her mother’s bed, laying on top of her, her head on her mother’s chest, able to feel her mother’s breasts and then experiencing intolerable anxiety, along with arousal.

“How old were you?”

“It was my whole life,” she says in a soft voice. “Until just a few years ago.”

I feel stunned. Ava looks at the floor and shakes her head.

“How did it happen?” I ask. “Did you crawl over? Did she ask you?”

“She asked me.”

There is a heaviness in the room, a mixture of sadness and relief, of horror and shame.

In our next session we revisit the powerful material from the day before. Now the story is different. When I try to explore her mother’s seductiveness, its impact on her, she minimizes it. She tells me she “didn’t exactly” lie on top of her mother, just from her torso up. She wonders whether it was really her mother who always initiated it. There are parts of the session that she does not remember at all. I feel as if I have made up the disturbing details. I think of her comment that she feels “like a pedophile” and I understand how she can feel perverse and distorted inside. I tell her that I feel uncomfortable, as if I have made up something that I experienced. She tells me she has often felt that way. What is different about this statement is Ava’s recognition of how she feels, her ability to think about the confusion and distortion in her family and in her life.

After Ava legally changed her name to David and announced to her coworkers that she was now going by a male name and a male pronoun, she, now he, began to feel a sense of recognition that had always been elusive. It was at this time that David had a dream that a man had damaged his back. “There was a slash down my back from being whipped. I couldn’t see it but I knew what it looked like. I needed to get to you to show you the damage.” The blindfold was beginning to come off. David had begun to allow more to come into view since beginning to transition than he ever had allowed himself to look at before. Feeling more secure in his body gave him more access to his mind.

Nearly 9 months after starting hormones David describes a dream in which he returned to his childhood home to babysit for his child self.

She was sitting on the couch playing with her cars. She had no idea that I was her but grown up. She looked so happy. I knelt down beside her. I started to cry and she said, ‘don’t cry. I only cry when my mama cries.’ I was so sad for her because she didn’t know what was ahead. I wanted to get her out of there but I couldn’t find my keys.

As this dream indicates, David is mourning all that has been lost. When the little girl in the dream says, “Don’t cry. I only cry when my mama cries,” one can hear the colonization of her mind, the redirection of the child’s wants and needs to comply with the mother rather than with what Ava, now David, may have felt. In the dream David cries but his child self does not understand why he would express a feeling of his own, a feeling that is not connected to the mother’s feelings. Again, there is the **question of trauma and gender and how they interact**. This dream speaks to the possibility of something terrible that lay ahead for David’s child self, **the trauma of feeling unrecognized (Benjamin, 1988), of living in a body that feels alien, and the trauma of psychic or perhaps physical violation**. There is something that David cannot find the key to and that, quite possibly, is about his own history of trauma.

Shortly after starting hormones, but while still going by a female pronoun, Ava had the following dream. “I was with my mother. These guys started beating me up. My mother couldn’t help me because she was holding something and she couldn’t put it down.” This dream reflects the ways in which what the patient’s mother held in her mind kept her from being able to hold or help her child. **In my work with Ava and now David I have struggled to let go of what I was holding, my wish that Ava would not have to transition, my investment in the belief that we could resolve her feelings about her body through analytic work and my fear that life as a transman would leave this patient feeling more dissatisfied rather than less. I believe that Ava, and later David, felt my struggle as well as the subtle changes, the microshifts, in the ways I began to hold in my mind the potential selves that were emerging in our work together.** As Davies (2003) described in her writing on emergent selves, **“It is who the patient discovers residing in his analyst’s mind, as well as the transformation of that who—the multiple and emergent who’s—that determine the breadth and scope of therapeutic potential”** (p. 25). I believe Ava/David sensed these shifts and experienced them as mentalizing rather than colonizing moments, openings to different selves that were previously buried in shame.

As David begins to feel more comfort and safety in his body, he is able to entertain thoughts that would not have been thinkable before the transition including thoughts and feelings about his father. He is able to talk more deeply about his experiences with his mother, about feelings of violation and conflicting feelings of love and anger. He has also begun to think of his body in a different and more playful way. The vagina that he once hated now has a new name that he invented, one that encompasses both words, penis and vagina, and that he and his girlfriend refer to in a playful way. His sense of sexual freedom and exploration has expanded and his genitals are no longer off limits during sex but are now part of what brings him pleasure with his girlfriend. This is not to say that everything has been resolved. The struggle continues, and there are times when David is overwhelmed with feelings of inadequacy because he is a transman and will never be a biological man. **Recently, he has been haunted by what he calls “Ava dreams.” He is negotiating loss and integration, building bridges between the different parts of himself. Mourning continues to be central to our work, and it is unclear what kind of challenges lay ahead in regard to his trans identity.**

I will never know what would have happened if David did not transition, if he still would have found the freedom to reflect on the thoughts and feelings he was able to access after beginning



the transition. What I do know and what has been meaningful is experiencing together what this patient has for so long experienced alone and that is the feeling of shame, isolation, and incoherence. In this way David can mourn what has been lost and make room for what can be found. Our work continues, and I feel honored to be a part of this journey.

ACKNOWLEDGEMENTS

I thank Robin Alvarado, Michelle Fine, Adrienne Harris, and Deborah Sherman for their thoughtful comments on earlier versions of this paper.

REFERENCES

- Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism and the problem of domination*. New York, NY: Pantheon.
- Bion, W. R. (1962). A theory of thinking. *International Journal of Psycho-Analysis*, 43, 306–310.
- Bromberg, P. (1998). *Standing in the spaces*. Hillsdale, NJ: The Analytic Press.
- Coates, S. W. (1998). Having a mind of one's own and holding the other in mind: Commentary on paper by peter fonagy and mary target. *Psychoanalytic Dialogues*, 8, 115–148. doi:10.1080/10481889809539236
- Davies, J. M. (1998). Multiple perspectives on multiplicity. *Psychoanalytic Dialogues*, 8, 195–206. doi:10.1080/10481889809539241
- Davies, J. M. (2003). Falling in love with love. *Psychoanalytic Dialogues*, 13, 1–27. doi:10.1080/10481881309348718
- Davies, J. M. (2004). Whose bad objects are we anyway?. *Psychoanalytic Dialogues*, 14, 711–732. doi:10.1080/10481881409348802
- Elise, D. (2008). Sex and shame: The inhibition of female desires. *Journal of the American Psychoanalytic Association*, 56, 73–98. doi:10.1177/0003065108315685
- Faimberg, H. (2014). The right to our own history: Paradoxical transference and the “friendly foreigner”: Commentary on Orna Guralnick paper. *Psychoanalytic Dialogues*, 24, 154–162.
- Fonagy, P., & Target, M. (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *International Journal of Psycho-Analysis*, 77, 217–234.
- Fonagy, P., & Target, M. (2000). Playing with reality. *International Journal of Psycho-Analysis*, 81, 853–873. doi:10.1516/0020757001600165
- Harris, A. (2005). *Gender as soft assembly*. Hillsdale, NJ: The Analytic Press.
- Harris, A. (2009). You must remember this. *Psychoanalytic Dialogues*, 19, 2–21. doi:10.1080/10481880802634537
- Lyons-Ruth, K. (2006). The interface between attachment and intersubjectivity: Perspective from the longitudinal study of disorganized attachment. *Psychological Inquiry*, 26, 596–616.
- Mitchell, S. A. (1981). The psychoanalytic treatment of homosexuality: Some technical considerations. *International Review of Psycho-Analysis*, 8, 63–80.
- Saketopoulou, A. (2011). Minding the gap: Intersections between gender, race, and class in work with gender variant children. *Psychoanalytic Dialogues*, 21, 192–209. doi:10.1080/10481885.2011.562845
- Salamon, G. (2010). *Assuming a body: Transgender and rhetorics of materiality*. New York, NY: Columbia University Press.
- Salamon, G., & Corbett, K. (2011). “Speaking of the body/mind juncture: An interview with Gayle Saloman *Assuming a body: Transgender and Rhetorics of Materiality* (New York, NY: Columbia University Press, 2010). *Psychoanalytic Dialogues*, 21, 221–229. doi:10.1080/10481885.2011.562847
- Schilder, P. (1950). *The image and appearance of the human body: Studies in the constructive energies of the psyche*. New York, NY: International Universities Press.
- Seligman, S. (2007). Mentalization and metaphor, acknowledgment and grief: Forms of transformation in the reflective space. *Psychoanalytic Dialogues*, 17, 321–344. doi:10.1080/10481880701413538

- Stein, R. (2008). The otherness of sexuality: Excess. *Journal of the American Psychoanalytic Association*, 56, 43–71. doi:[10.1177/0003065108315540](https://doi.org/10.1177/0003065108315540)
- Suchet, M. (2011). Crossing over. *Psychoanalytic Dialogues*, 21, 172–191. doi:[10.1080/10481885.2011.562842](https://doi.org/10.1080/10481885.2011.562842)
- Williams, P. (2004). Incorporation of an invasive object. *International Journal of Psychoanalysis*, 85, 1333–1348. doi:[10.1516/NNC9-U2GM-X229-TA94](https://doi.org/10.1516/NNC9-U2GM-X229-TA94)
- Winnicott, D. W. (1960). The theory of the parent–child relationship. *International Journal of Psycho-Analysis*, 41, 585–595.

CONTRIBUTOR

Sandra Silverman, L.C.S.W., is a faculty member at the Institute for Contemporary Psychotherapy and the Mitchell Center for Relational Studies. She is in private practice in New York City.