**The intimacies of trans-lives**

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Under the sad and dark shadow of Felix de Mendelssohn’s death, it is difficult for me not to read the title of the conference *The Dislocated Subject* retrospectively , in a very literal sense, as the subject who is truly located in another place, so out of reach and beyond , that we cannot grasp him anymore. Death does this in a very real way, leaving friends, family and colleagues behind with their share of memories , feelings and thoughts , invoking a melancholic longing for what and who once was , but no longer sadly is.

Felix’s sudden and all too premature death made me think that the kinds of subjectivities , I will be addressing, are inherently and intimately very much connected with death, namely the death of the subject and its location as a mere functional other in the Other. In the kinds of practices I will be discussing, subjectivity is ultimately located so far outside of a self, that the self can only survive as an object, an instrument and a mere function both in the eyes of the Other and subsequently of the subject himself. The kinds of trans-bodied intimacies I will be looking at, all started as helpful technological innovations in response to real human suffering, but in the rampant age of globalization- and I would say, dehumanization-, these bio-technological advances have turned into human nightmares and tragedies.

Let us look first at the history of organ transplants.

“Love you to death “ has become a literal thing in the 20th and 21th century. A great deal of love can be involved when one person decides to give his/her healthy organ to a fellow human being. Since kidneys are the only human organ of which there are two, and the only ones where one can survive with a single one, most live organ transplants pertain to kidneys. Many brothers and sisters , parents and children are tied by this additional bond when they give their ailing sibling or child one of their own healthy kidneys to enable the survival of their kin. Intrinsically linked by a similar genetic make-up, they constitute the best and most appropriate “donors” for their relatives. However, complex family dynamics can evolve as one sibling may only begrudgingly and forcibly donate their kidney, while others experience this donation as an act of love and celebrate the date of donation as their second mutually-held birthday. As one donor described these birthdays to me, “My brother has now a wonderful life with his family and my kidney”. (A. Sampson, 2016) The lives of the donor and recipient tend to have different destinations, with the recipient typically improving right away, while the donor generally undergoes a more painful and lengthy recuperation due to the removal of a perfectly healthy organ. A dearth of literature exists about the experience of organ transplants in the field of psychoanalysis , but what does exist, primarily focuses on the emotional disturbances accompanying the transplant operations. It is by now, for instance, a well-established fact that many heart-transplant patients experience short-term psychotic episodes after they have received the heart of another human being. For most transplant patients, it takes a while until they adapt to their internal foreign organs and accept them as their own. As Castelnuovo-Tedesco (1973) wrote,

During regressed mental states, guilt about having ‘stolen’ the organ may occur together with the feeling that his essential characteristics have been altered as a result of possessing, inside, a part from another human being. Thus some patients are euphoric and feel they have gained special strength as a result of this acquisition, while others, in a more regressed state, feel persecuted by the transplanted organ which they regard as a malignant foreign body. (p. 362)

We are also familiar with the common myth that people receiving a donated organ often adopt, through this transplantation, characteristics of the person from whom they received the organ. In a radio interview, a wife , who had donated one of her kidneys to her ailing husband, spoke of the uncanny fact that her husband had “transitioned” more into his wife, becoming more domestic and homebound, discovering an all too new desire to bake cakes and performing house duties, something he was rather disinclined to do before the spousal transplant operation.

We also know that the acquisition of a foreign organ into one’s own body is accompanied by a gradual language development, where the recipient of the organ gradually — at first reluctantly — incorporates the organ into his or her own language. Once the initial euphoria of surviving the transplant operation has passed and the recipient is assured of an extension of his/her life, the recipient tends to become more differentiated, more aware of his/her dependence upon the Other. In a more recent study of a kidney-transplant couple (2008), where a husband had received a kidney from his wife, researchers set out to study the progressive changes within the mind of the recipient through tracking the thoughts, he had written down in his diary:

On a day like this, I think about the question, “What would have happened if I didn’t get a new kidney? It would have certainly been worse, and with no perspective of getting better, it really puts a lot of stress on the family. That’s why I am so thankful for my wife, and I know how to treat this gift. Every day I am careful that the amount I drink is enough and that I don’t stress and damage it. The kidney. Decker, 2008, p. 245)

The initial reference to “it” and the subsequent correction to “kidney” and later on to the “wife’s kidney” at the very end, reveals the recipient’s initial reluctance and denial that this organ that has expanded his life and had come from another human being. By calling the kidney “it,” the recipient is compelled to deny the humanness of the transaction and the immense dependency and gratitude he may have had experienced towards his wife for giving up her kidney to him.

Specialists in the transplant field have often remarked that recipients’ “compliance” rate greatly depends upon their ability to receive and surrender to an Other. Those who can, tend to be far more compliant with the subsequent treatments (medications, etc) while those who are more narcissistically structured and wounded in their sense of omnipotence, cannot tolerate this dependence, and subsequently treat their new organ with as little care and consideration as they had treated their own before. According to Decker, Lehmann,etc..

The donor organ offers protection and serves as an idealized self-object, but also takes on very threatening, destructive traits. The donor organ moves as a transitional object in an area between one’s own and something foreign. As a result, the potential of inner psychological conflicts to become a symbol is destroyed. The actually introduced object is burdened with archaic feelings of guilt in a highly ambivalent experience. The wife as a donor is linked in the inner imagination of the recipient to the vision of a damaged deprived mother image, whose revenge for this seizure is to be feared. Ambivalences towards the caring mother object can then lead to a qualitative change in the experience off the donor organ. (2008, p. 250)

In a 2012 article in the International Journal of Psycho-analysis (Goetzman, Boothe,

 remark that, in an initial phase of psychic processing, the recipient identifies with the unknown, simply fantasized donor, during which the patient experiences the transplanted organ **as foreign.** The identification with the donor rests on incorporation, i.e., the self-image blends with unconscious fantasies about the donor. In contrast the transplant is simply introjected while it is certainly incorporated into the recipient’s psychic world, the transplant remains an independent, demarcated object. In this way, the unconscious identification with the donor (via incorporation) appears to ease the assimilation (via introjection) of the transplanted organ…. The representation of the donor at first reflects the self-representation of the recipient, then detaches itself gradually, and eventually moves from the core of the self to the external world. The transplant moves into the opposite direction, from the periphery to the core of the self, and ultimately integrates into the recipient’s self-image. (p.119, 120)

But what happens to the process of identification with the donor on the part of the recipient if the donor gives up his kidney to make simply some money to survive, as was the case with a young Chinese boy , who, in 2012, came home with a new I-Pad that he had bought with the money he had earned from donating one of his kidneys in make-shift hospital ? Or what about countries where kidneys and other organs are “harvested” as a means of meeting the growing demand for organ transplants. When organ transplants are taken out of hospital settings and become primarily a money-making business , all bets are off as the organ transplant underground shows that developed in Albania , Serbia and China, to name just a few countries. In these countries, prisoners were killed in order to harvest their organs. The grizzly practice of an Albanian gang executing Serbian prisoners in order to extract their kidneys, converting detention facilities into make-shift hospitals came to light in 2010. Some of the guards, interviewed by the NY Times admitted that a few prisoners had figured out their fate and “pleaded with their captors to be spared the fate of being chopped up into pieces.” (2010, p.3)

It is worth think about the word “ organ harvesting” for a moment , or “organ legging” for that matter, to realize the degree to which the body, or its individual parts, have come to exist outside of the law in the human mind and are being traded as pure commodities world-wide . Goggle dictionary defines “organ harvesting” as follows:

Organ harvesting refers to the removal, preservation and use of human organs and tissue from the bodies of the recently deceased to be used in surgical transplants on the living. Though mired in an ethical debate and heavily regulated, organ donation in the United States has largely become an accepted medical practice.

 “Harvesting” thus implies that crops and seeds can be garnered in one body, only to bear fruit in another, and it can also be equated with the idea of scrounging for leftover “goodies” in an already dead body, as the Israeli practice of removing corneas, skin grafts and heart valves reveals from one body and implanting them in another one. Here the image of an internal bazaar comes to mind where medical technicians –much like Victor Frankenstein- browse through dead bodies to see what they can remove and quickly put to use. Since a kidney may be bid nowadays for as high as $ 160.000 on the black-trade organ market, the scrounging for left-over bodily parts, brings in a plentiful harvest. “Harvesting” becomes closely aligned with the word “hoarding” , implying greed and ruthlessness where the most desperate and poorest human beings are used-abused and often killed to save and serve the richer and more educated ones. A quick look at some of the countries’ laws pertaining to organ trade practices also reveals another unsettling practice with regard to how politically motivated some of these organ transplants have become. In India, for instance, “harvested” kidneys from poor Indian laborers are onlyto be transplanted intobodies of foreign, non –Indian people**.** The reason for such a firm native/foreign policy was strictly economical since the native was paid $ 1000.00 and the foreigner, was asked to pay $37.500. The native/inlander/ foreign dimension becomes even more complex in countries like Iran or Israel. After the 1979 Iranian revolution, Iran had faced a donor crisis since there was no cadaveric donation. People either quickly died or travelled abroad to get a new kidney. The government stepped in , deciding to allow transpants from biologically related- then emotionally related- and finally from “altruistic” donors. Despite such an emotionally constructed donor system, 76% of donations came from the “altruistic” donors and only 12 % from the 2 other groups. Why this gap? Iran paid, compensating unrelated donors $1200 in addition to the medical costs involved in the after-care of kidney removal and a year of free health insurance. While this appears to be a very generous organ transplant policy, it also had its nationalistic limits, since Iranians can only donate to fellow Iranians and refugees living within Iran, can only donate to fellow refugees, i.e. an Afghan national can only donate to an Afghan refuge. (see Griffin, 2007, for a more detailed discussion).This national protectionism has played no role , interestingly enough, in one of the most divisive conflicts in the world, ie. Israel and Palestine. Although Israel initially called these allegations false and anti-semitic, it did eventually admit in 2009, that pathologists at the Abu Kabir Forensic Institute near Tel Aviv had “harvested” organs from dead Palestinians without acquiring the prior consent of their families and without legislating against the possibility that Palestinian hearts could beat in Israeli bodies. (Black, The Guardian, December 20, 2009)

What do these national and individual practices tell us about the location of the subject, subjects who are deeply divided and fragmented, ready to sell their own organs in a progressively deteriorating social and economic structure? And, what does the economic and political trade of these part-objects say about the “organ brokers” –the middlemen- who organize and negotiate these bids?

It is true that bodies have always been for sale, for instance, in the slave trades or in prostitution or in human trafficking, and bodies have always been used as weapons and instruments for making political or religious statements as we can see in the suicide bombers or in the freedom fighters who set their own bodies on fire to protest their countries’ political demise and religious persecution. (See Tunisia). I want to argue that there is a difference between using one’s own body , destroying it or selling it , or trading it as a simple piece of flesh that can bargained for all over the world because this practice no longer sees the human body as a whole, but instead privileges “the body in pieces” , valuing those pieces over the whole body. When economic conditions are such that the individual can no longer sustain himself , a regression takes place to a primordial level of experience of being a body in pieces, where pieces of a body are put on the black market to maintain a highly impoverished sense of going- on- being. What I am suggesting is that there is a crisis of the imaginary where the poorest people in the world are propelled to live on the edge of the Real where they are confronted daily with the fright of survival. The register of the imaginary no longer holds them together and their decision to allow themselves to be cut up and then to be stitched together is a move back towards the Real where no illusions and no laws protect the human subject from the cruelties of the world. Francisco Gonzales, in response to an earlier version of this paper, (JW Bernstein, 2013) characterized the practice of “organ harvesting” as “ a slasher-film version of Foucault’s concept of biopower, which is driven by ideologies of power and national proliferating technqiues for the subjugation of bodies and the control of populations. Ironically, he writes, this political technology is rooted in nineteenth century notions of public health: census taking, regimes of hygenie, birth controls, the regulation of sexuality through so-called sex education, mental health sanitation.” (2013, Page 7)

The practice of surrogacy comes closest to the practice of organ donation, since only one part of the body is used to enable, and in this case, create, not prolong, the life of another human being. Surrogacy has also a long and complex history and is a practice that is allowed in some countries and others, like Germany and Austria, not at all. Like organ transplants, surrogacy is also divided into separate categories, gestational surrogacy (known as host and full surrogacy) and partial, genetic or straight surrogacy. In gestational surrogacy, the result form the transfer of an embryo created by in vitro fertilization (IVF) , results in a manner so that the child is genetically unrelated to the surrogate. Gestational surrogates are also referred to as gestational carriers. In traditional surrogacy, the surrogate is impregnated naturally or artificially, but the resulting child is genetically related to the surrogate. If the surrogate receives money for the surrogacy, the arrangement is considered a commercial surrogacy, if she receives no compensation, it is referred to –as in organ transplants- as analtruistic practice**.**  In a similar fashion to organ transplant practices , the technique of commercial surrogacies has gained the upper hand and in conjunction with the sale of “fresh, young” eggs that are harvested and frozen and sperm that can preserved and frozen, wombs are also put up for sale with babies gestating in maternal wombs with whom they have no genetic or in many cases, no emotional connection. India, for instance, has remained a main destination for surrogacy, because of the relatively low costs. Entire villages have been created in India where young women come together for the period of their pregnancies, under the care of maternity clinics. They live with another until they bear the child for their destined foreign couple. After having been paid a substantial sum for their surrogacy, they leave this “birthing” community for their home until they are called back again for another nine months of a surrogacy pregnancy. One might say that pregnancy is nowadays outsourced to poor countries like India for wealthy, infertile couples from Western countries.

Wombs have also been used- much like the transplanted organs- for political purposes, in other words, for settling scores among enemies. The most recent use of a politically motivated pregnancy was made public when it became known that a number of Palestinian women had successfully smuggled out the sperms of their husbands serving life sentences in an Israeli prison. Defying the strict Israeli security measures, these women were pleased to bear young new “freedom fighters” in Ramalla. In contrast to the Palestinian women who elected to be impregnated by their jailed husbands , the young women , kidnapped by Boko Haram, were forcibly impregnated with the sperm of the imprisoners in order to proliferate their home countries with little warriors produced by soldiers faithful to Boko Haram. “They turned me into a sex machine” reported one woman, repeatedly raped by adherents to Boko Harem. (NYTimes, May, 2015) One interesting exception exists though among ISIS fighters in Iraq who rape the women they imprison and buy, yet “enforce birth control on their sex slaves” as the NY Times reports. (NYTimes, March 21, 2016)  According to an obscure ruling in Islamic law, a man must ensure that the woman he enslaves is free of a child before having intercourse with her. ISLAMIC State leaders have made sexual slavery as they believe it was practiced during the Prophet Muhammad’s time, integral to the groups’ operations, preying on the women and girls the group captured from the Yazidid religious minority. To keep the sex trade running, the fighters have pushed for birth control.” . (NYTimes, March 21, 2016)For the young women under this ISIS control, pregnancy thus becomes an act of liberation, because no ISIS soldier will touch her if she is pregnant.

We can see throughout all these examples I have presented that the new technological means with which an organ failure could be repaired or an infertility could be cured, constituted procedures which were designed to address human suffering and loss. Through organ transplants millions of lives are nowadays saved who would have simply died some 50 years ago. What had once perhaps been a mere phantasy, cutting out the organ out of one body and placing it into another one to save or prolong that body’s life , has become a reality, an affordable and even profitable one. I would like to argue that the modern practice of organ transplants have concretized Karl Abraham’s and Freud’s concept of incorporation , which Laplanche defines as follows:

 Process whereby the subject, more or less on the level of phantasy, has an object penetrate his body and keeps it inside his body. Incorporation constitutes an instinctual aim and a mode of relationship which are characteristic of the oral stage, although it has a special relationship with the mouth and with the ingestion of food, it may also be lived out in relation with other erotogenic zones and other functions. Incorporation provide the corporal mode for introjection and identification… During the oral stage ,… the act of obtaining erotic mastery over an object coincides with that object’s destruction. (211-212)

After Freud’s *Mourning and Melancholia*  (1915/1917), Abraham elaborated upon the cannibalistic and possessive tendencies of both the oral and anal drive, suggesting that “Psychoanalytic experience has shown beyond a doubt that in the middle stage of his libidinal development, the individual regards the person who is the object of his desire as something over which he exercises ownership, and that he consequently treats that person in the same way as he does his earliest piece of private property, i.e. the contents of his body, his faeces. Whereas on the genital level, love means the transference of his positive feeling on to the object and involves a psych-sexual adaptation to that object, on the level below it means that he treats his object as though it belonged to him.” (1924, 426)

In a much later paper, Maria Torok and Nicolas Abraham separate out more clearly the narcissistic aspects of the process of introjection versus the process of internalization by explaining that incorporation is the result of a failed mourning process, where no gradual mourning has taken place, but where the process is fast, unmediated, magical and sometimes hallucinatory. They write , (1972/1994) The phantasy of incorporation betrays a hole in the soul, a lack at precisely the location, where an introjection should have taken place.” (p.131)

Introjection takes place where internalization has failed. We are living in a world where mourning is increasingly and rapidly becoming a process of the past since technology has always aimed at stuffing and speeding up the holes left behind by human misery and loss. Confronted with a potentially fatal disease or years at a dialysis machine, or faced with the prospect of a childless relationship, we have now mastered the techniques of filling up these losses and making them available to millions of people. However, once these losses are turned into economic profits, once the law has stepped aside and made room for the global market to become **the** world-wide regulator, the anal, greedy and ruthless aspects of this loving gesture of “gifting” shows its ugly, sadistic and profiteering underside. Love and hate, as Freud so often noted, have to wrestle with one another, and in this age of perversion where human beings are functioning more and more like machines and where machines become more human, we need to become increasingly watchful of the degradation and inhumanity we are facing in the all too human desire to create and expand lives beyond the expectable barriers. Ever since Prometheus, whose name means *Foreknowledge,* was punished by Zeus for his thrust to provide fire as a source of light and warmth for human mortals, fellow scientists have always dared to trespass the given laws to provide new comforts to the world. A promethean push towards the future cannot be stopped, and once the fire is stolen, it cannot be returned, no matter what the human consequences may be. However, psychoanalysis cannot afford to be a silent bystander to this rapidly shifting world of transplanted organs, shifting wombs and the dispension of fertile eggs and sperms. Psychoanalysis has to stay tuned to these technological changes and re-situate the subjects into newly-created constellations, reminding the human subjects time and again that the new technological devices of and for the bodies, forebode both a sense of hope and exhilaration but also bear a terrifying potential for tragedy. And yet, as Maureen Murphy in her paper (2010) *Assisted Reproduction and the Fate of Desire* writes, “ We , (psychoanalysts)are challenged to stay in the game- to abandon the body to the scientists would be to irrevocably splinter our work. It is our job to preserve the libidinization of the body in the midst of medical advance.” (p.8)

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