

**FEMALE HOMOSEXUALITY:
PSYCHOANALYSIS AND QUEER THEORY**

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ABSTRACT

My thesis is that psychoanalytic discourse always characterises homosexual women as masculine. I evidence this through an examination of published psychoanalytic case histories of female homosexuals from 1920 to the present day. Informed by Foucault's genealogical methodology, I propose that this characterisation constitutes an "unconscious rule", which transcends the differences between the various schools of psychoanalysis, and which has remained constant throughout its history and impervious to the challenges and critiques of its theory and practice. Since the late 1980s, the most recent critical engagement with psychoanalysis has come from queer theory. I argue that, despite the apparent promise of this engagement, queer theory, like psychoanalysis, is subjected to the same "rule": lesbians are masculine.

Some have claimed that the topic of female homosexuality has been neglected by psychoanalysts. I dispute this idea, and through an examination of published clinical case histories I provide evidence of its sustained engagement with the topic.

Feminist commentators have pointed to the elision of the feminine in psychoanalytic discourse. Queer theory has challenged feminism, which, it claims, neglected the specificity of the experience of homosexual women. Again through an examination of published clinical material, I investigate the specificity of female homosexuality as conceptualised by psychoanalytic practitioners.

I re-read the debate of 1920s-30s within psychoanalysis, commonly referred to as the debate on feminine sexuality, proposing that it would be more accurate to describe this as a debate on the question of female (homo)sexuality. While it is claimed in the literature that the debate concluded with the outbreak of WW2, my investigation of published case histories demonstrates that this was not the case. My pursuit of the debate through a reading of published case histories follows a particular trajectory of the revisions and departures from Freud, which I characterise as the Anglo-American school.

The literature on the topic identifies only one conceptualisation of female homosexuality in Freud's work, informed by Freud's only published case history of a female homosexual (1920). It is my contention that Freud theorized female homosexuality in three ways, all of which represent an Oedipal solution.

I examine queer theory's engagement with psychoanalysis and identify two strands to that engagement. Firstly, queer theory restores psychoanalysis as a radical project, which proffers an analysis of sex and sexed subjectivity that is not complementary and biologically explained, and not in the service of (re)production. Secondly, I identify a queer mirroring of psychoanalyses' elision of the specificities of feminine (homo)sexualities, which logically cannot exist within queer discourse.

Finally, I examine the effects of queer theory on the psychoanalytic clinic of female homosexuality. Two contradictory effects are proposed. On the one hand, a greater interest in the topic of female homosexuality can be detected, countering what is deemed to be the prevailing pathologising view of psychoanalytic thinking about female homosexuality. On the other, female homosexuality is marginalized, by less privilege being given to the object choice and the unconscious fantasies of the patients discussed by

comparison with the work published by Freud and his contemporaries. Nonetheless, although less explicit in some published work, the “unconscious rule” remains in place.

OBJECTIVES

The objectives of this thesis are as follows:

- To investigate how psychoanalysis has conceptualised female homosexuality.
- To evaluate the impact that queer theory has had on the clinic of female homosexuality.
- To make a contribution to the developing literature on this topic and thus inform future clinical practice.

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INTRODUCTION

Are lesbians, really, men?

This thesis investigates the effects of the engagement between psychoanalysis and queer theory on the conceptualisation and clinic of female homosexuality, proposing that both disciplines are underpinned by an “unconscious rule” which elides femininity and designates lesbians and their predecessors — female homosexuals — as masculine.

An engagement between psychoanalysis and queer theory would seem to offer a certain promise. Through a consideration of the work of queer theorists, psychoanalysts may come to think differently about their clinical practice, sex, sexuality, love, the body, ethics and identity. And the project of queer theory may be advanced by a reading of psychoanalysis, which gives emphasis to the inherent instability of sexed subjectivity and proposes a theory of sexual difference not based on anatomical difference. Albeit from different standpoints, both disciplines foreground subjectivity, desire and sexuality. Therefore, it would seem fruitful to investigate the intersection of both fields, exploring what might be produced from the encounter between the two groups of specialists. Psychoanalysis and queer theory share a concern with homosexuality that was evident from the inception of each discipline, although to claim that psychoanalysis took homosexuality as its starting point appears counter-intuitive. Yet, at the basis of my argument is the fact that, indeed, Freud (1905) began his enquiry into the nature of human suffering by questioning the normality of heterosexuality, and as early as 1924(a) situated female homosexuality at the centre of its “cornerstone”: the Oedipus complex. Further, I shall argue that he deployed his analysis of feminine (homo)sexuality to advance his project of ensuring that psychoanalysis should constitute a distinct discipline. The different schools of psychoanalysis had their roots in this debate, during which contributors cited evidence from their analysis of their female homosexual patients. Queer theory and queer politics arose in a late-twentieth century context, partly as a result of those now termed “lesbians” refusing their marginalization within feminism and to have the specificity of their experience subsumed by a politics based on an assumption of the heterogeneity of women. Thus, since its beginnings, queer theory has been concerned with same-sex relations between women.

However, despite the similarities between queer theory and psychoanalysis, the two are distinct disciplines, with different aims and deploying different methodologies. Psychoanalysis takes up the questions of subjectivity, desire and sexuality via the

transference and the clinical interaction with each individual patient; queer theory takes them up via ‘sustained intellectual, political and practical engagement’ (Watson 2009, p.118). And although the questions — or, more accurately, the topics — are shared, there is a crucial difference in their projects. The definitions of the psychoanalytic project are numerous, and these will inevitably reflect the different schools of psychoanalysis, giving particular weight to preferred theoretical constructions. Nevertheless, all schools would agree that psychoanalysis is a clinical practice and a method of investigation that addresses individual human suffering through an analysis of the ‘words, actions and products of the imagination (dreams, phantasies, delusions)’ (Laplanche and Pontalis 1973, p.367) as manifestations of the unconscious, however this may be conceptualised. While queer theory resists and undermines the very notion of definition, its project could be said to aim instead at transgressing, transcending and opposing a hetero-normalising hegemony.

It is these similarities and radical differences that hold out that certain promise, and numerous examples in the literature signal the desire of both, queer and psychoanalytic commentators, for the realization of what that promise may produce. Watson (2009, p.114) suggests that the mutual interrogation of these disciplines may lead to an extension of both; Dean (2001, pp.120-143) advocates that queer theorists should investigate psychoanalytic notions of the unconscious and that psychoanalysis needs to be alert to its heterosexism by engaging with its queer critics; Ryan (2005, p.40) examines the clinical implications of queer theory, indicating its different conclusions from psychoanalysis. Stack (1999, p.87) argues that queer theory would bring new possibilities to psychoanalysis that would undermine ‘compulsory heterosexuality’ (ibid.) Indeed, despite being alert to the Foucauldian critique of psychoanalysis’ role in the very construction of homosexuality, almost since its inception, queer theory has found in the conceptual tools of psychoanalysis a certain promise, pertinent to its project. As early as 1990, Judith Butler investigated psychoanalysis from Freud to Kristeva to produce a new formulation of homosexuality (Butler, 1990). And psychoanalysts, too, saw the promise of queer theory. For example, Adam Phillips responds to Butler’s formulations in *The Psychic Life of Power: Theories in Subjection* (Phillips 1997, pp.132-60). Dean and Lane (2001), Eeva-Jalas (2002) and Layton (2004) all seek to bring queer theory into clinical practice. And more recently, Bersani and again Phillips engage in a debate attempting to work out ‘a new story about intimacy’ (Bersani & Phillips 2008, p.viii).

The following chapters will explore these and other commentators, showing how, notwithstanding these developments, the potentialities of such promise remain unrealised, at least for the female homosexual.

Through the examination of published psychoanalytic case histories, I have identified a predominant association of female homosexuality with the notions of masculinity, which persists throughout the different schools of psychoanalysis and remains consistent from 1920 to the present day. Further, the analysis of these case histories also shows that — notwithstanding the introduction by post-Freudians, and particularly those informed by queer theory, of new ways of thinking about psychoanalytic treatment, diagnosis and symptoms — psychoanalysis and queer theory too retain this same congruence, and the association of masculinity with female homosexuality remains unchanged. How might this be understood? Davidson (1987, p.255) suggests that a proper reading of the history of psychoanalysis needs to show how new systems of concepts are related by sets of rules. He is informed by Foucault’s notion of the ‘positive unconscious of knowledge’ (Foucault 1966, p.ix), constituted by rules that, whilst making different kinds of statements possible, are ‘never formulated by the participants in the discursive practice; they are not available to their consciousness’ (Davidson 1987, p.254). It might be thought that both — psychoanalysts who are concerned with the analysis of the unconscious, and queer theorists whose work is underpinned by Foucauldian methodology — would be alert to such ‘sets of rules’ (ibid.). However, the consistency and persistency with which the female homosexual is deemed masculine suggests otherwise. Thus I suggest the term “unconscious rule”, proposing that such a “rule” governs the psychoanalytic discourse of female homosexuality.

Terminology/Definitions

This thesis is an analysis of the different conceptualizations of female homosexuality in psychoanalysis and queer theory; thus, it is an analysis of two distinct discourses’ terminology and definitions. The title of the thesis introduces three conceptually slippery, equivocal, concepts: “female homosexuality”, “psychoanalysis” and “queer theory”. The definition of these concepts indicates a theoretical allegiance, or has associations to, particular political or theoretical antecedents. Indeed, none of the terms have an unvarying meaning beyond time and history.

Thus, each chapter elaborates the changing meanings and changing terms that may or may not gesture towards the same phenomena. To this end, and for the purpose of this work, I shall first highlight the inherent difficulties with addressing each of these concepts proposing, also, some working definitions.

Female Homosexuality

The study of sexuality is a relatively new discipline that has its origins in the work of the sexologists of the nineteenth century. Sexuality is properly the concern of sociology, medicine, anthropology, history, ethnology, feminism and queer theory; it is also central to psychoanalysis. In psychoanalytic theory and its clinical practice, it ‘does not mean only the activities and pleasure which depend on the functioning of the genital apparatus: it also embraces a whole range of excitations and activities which may be observed from infancy onwards and which procure a pleasure that cannot be adequately explained in terms of the satisfaction of a basic physiological need’ (Laplanche & Pontalis 1973, p.418). Psychoanalytic theory acknowledges that sexuality is not fixed and certain for any human subject; and, evidently, this is also true for society and the academy. Sexuality’s position within a society — by which I mean its founding myths and taboos, as well as how it is thought about, practiced, controlled and regulated — is also not fixed or certain, being determined by culture, history and politics. Foucault’s engagement with psychoanalysis is a complex one¹; nevertheless, he argued that homosexuals were constructed as a designated category through the repressive discourses of the eighteenth and nineteenth centuries. For him the very concept of sexuality is an ideological construction — a construction that implicates psychoanalysis.

“Female homosexuality” is a term not current in 21st century discourse. Today, for sure, there may be only a few women who would describe themselves by this term. More commonly in contemporary life, the word “lesbian” has been adopted along with the word “gay”. In the queer or post-queer milieu, there has been a proliferation of terms that signify sexual behaviours and identifications, which reflect a shift in consciousness and awareness and seek to resist what some consider the restriction of the binaries “straight”/“gay”, “heterosexual”/“homosexual”. And, as Weeks (1977) points out, such terms are not ‘new

¹ For further discussion of Foucault and psychoanalysis, see for example Halperin, D. (1995) and Eribon, D. (2004).

labels for old realities: they point to a changing reality, both in the ways a hostile society labelled homosexuality, and in the way those stigmatized saw themselves' (ibid, p.3).

“Homosexuality” is a relatively modern invention. It entered English currency in the 1890s (ibid.) and is generally understood as indicating a sexual attraction for a person of the same sex². Thus, the “female homosexual” could be defined as “a woman who is sexually attracted to another woman”. However, this minimal definition raises a number of problems for this thesis, since it examines the notion of “female homosexuality” within psychoanalysis and queer theory. Put briefly, psychoanalysis is concerned with unconscious processes, motivations and wishes; and queer theory could be said to be characterized by its investigation and deconstruction of the very terms of minimal definitions such as “woman”, “sexual”, and “attraction”. From both perspectives, then, could the term “female homosexual” be ascribed to someone attracted to both women and men? Could it apply to women who do not have sexual relations with other women; or to those who do not acknowledge their “passionate friendships” as sexual; or to those who have no conscious knowledge of their sexual attraction to another woman, and for whom that unconscious desire may be made conscious in the course of an analysis? Is there a distinction between “female homosexual” identity and “female homosexual” behaviour? Could a “woman” identify herself as a “lesbian” and, yet, have no lover? Could a “woman” who is sexually attracted to another “woman” be described, still, as “heterosexual”? Indeed, could a “man” identify himself as a “lesbian”, and describe his sexual relations with a woman as “homosexual”? Albeit from quite different theoretical standpoints, such questions have been a concern for both, psychoanalysis and queer theory. Thus, this thesis investigates how the questions have been formulated and answered.

Throughout my work, I adopt the terms as used by the analysts who published their case histories in order to investigate, illustrate and elaborate not only their theoretical frameworks, but also the various conceptualizations of the changed socio-political reality of the historical times in which they are writing. Thus, I do not seek to claim, for example, that Freud’s female homosexual analysand (Freud, 1920) is a “lesbian”, nor that Brunswick’s (1928) ostensibly heterosexual patient is not unconsciously a “homosexual”.

² For the history of homosexuality and commentary on terminology, see for example Plummer, K. (1981), Califia, P. (1983), Jeffreys, S. (1985), Blasius, M. and Phelan, S. (eds., 1997), Lewes, K. (1995) and Tamagne, F. (2006).

Rather, my investigation of case histories aims at exposing the analysts' understanding of these concepts. Similarly, I do not deem the "gay" and "lesbian" patients discussed by later clinicians as "female homosexuals". Instead, these are discussed in relation to revisions within psychoanalytic theory and practice, which still faithfully apply the "unconscious rule" that associates women's same-sex love with masculinity. Nevertheless, I do propose the terms "female (homo)sexual" and "feminine (homo)sexuality"³ to act as currency across the two discourses. These terms are intended to reflect the centrality of the "female homosexual" in the history and project of psychoanalysis, and to re-instate the specificity of "feminine" and "same-sex" sexual love — a specificity that is lost in queer theory, since it designates as "queer" all sexual identities and behaviours deemed as transgressive or opposed to the dominant socio-political order.

Psychoanalysis

Although the psychoanalytic project could be said to aim at the relief of human suffering, psychoanalysis also seeks to research and arrive at an explanation or understanding of human phenomena through the analysis of unconscious psychic processes, predicated on a number of basic tenets. In this pursuit, terms are constantly defined and re-defined, the psychoanalysis of female homosexuals being but one example of this. The contributions of psychoanalytic commentators on the topic, explicitly and implicitly address the question: what is female homosexuality? Their answers are influenced by their conceptualisation of the psyche, the nature of the symptom and the aim of the treatment, as well as by the socio-political contexts in which they are working, and their allegiances and transferences to psychoanalytic theory and other psychoanalysts. Their differences signal another problem with terminology for this thesis. Psychoanalysis is not uniform and homogeneous. Indeed, given its multiplicity, it would be more correct to refer to "psychoanalyses". Its different schools can be differentiated by a multitude of conceptual indicators, a few examples being the theorisations of the psyche and subjectivity, the nature of the drives and fantasy, and what constitutes a symptom, a treatment and a cure.

³ Throughout this thesis I use the terms "female" and "feminine" interchangeably, reflecting how they are used by the early analysts.

Psychoanalytic theory is derived from the analysis of the unconscious of its subjects — case by case — and its methodology is transference⁴. Thus, I investigate the conceptualization of “feminine (homo)sexuality” through an examination of case histories published by psy-practitioners. Recently, the term “psy-practitioner” has been increasingly deployed to refer to those clinicians whose practice is informed by psychoanalytic theory. It reflects the contestation about the nature and practice of psychoanalysis, in a field in which the claim to the title “psychoanalyst” is disputed by adherents of different schools. And just as I do not seek to re-designate the descriptors of the patients or clients discussed in the published case histories, so, too, I do not seek to re-designate the titles assumed by their authors⁵.

The case histories are all published in English and exclude the contributions from psychoanalysis outside the English-speaking world. And although the differences between the Anglo-American schools of psychoanalysis are briefly elaborated, emphasis is given to the “unconscious rule” that remains congruent across these schools in their elaboration of feminine (homo)sexuality. The selection of the case histories discussed follows a trajectory within psychoanalysis that began with an important debate, which took place in the 1920s and 30s and marked a departure from Freud. This was a departure that gave weight to anatomical difference — that is, to a biological and physical, rather than psychical, difference between men and women. And it was a departure that cited as evidence the analysis of women who loved women, placing female (homo)sexuality at the centre of the debate. Further, it was, and still is, a departure that has dominance in the English-speaking psychoanalytic world. What is more, queer theory has now extended its reach; but, as I discuss in Chapter 3, its origins were in the United States and England, and, arguably, its impact on social attitudes and the academy is still greater in these countries. Thus, in this work, I investigate the impact that queer theory has had on psychoanalytic theory and clinical practice in these countries.

⁴Transference can simply be defined as ‘a process of actualization of unconscious wishes’ (Laplanche & Pontalis 1973, p.455).

⁵ See Blass, R.B. (2010).

Queer Theory

Queer theory, too, cannot be considered a homogeneous discourse. Indeed, all its commentators agree on the difficulties of defining it. Further, its lack of definition is a foundational principle: ‘part of queer theory’s semantic clout, part of its political efficacy, depends on its resistance to definition’ (Jagose 1966, p.1). Nevertheless, the theory can be defined through an examination of its theoretical antecedents, methodology, proponents and subject, and by contextualising it historically, theoretically, and politically.

Outline of Chapters

The first chapter of my thesis examines Freud’s conceptualisation of female homosexuality. Famously, throughout his work, Freud comments on his ignorance about the topic of female sexuality. Yet, on the basis of his own clinical work and that of his contemporaries, over his entire lifetime he publishes findings and theories precisely on this topic. Further, uncharacteristically, in his last published case history — a case of female homosexuality — he claims that it was ‘possible to trace its [female homosexuality] origin and development in the mind with complete certainty and almost without a gap’ (Freud 1920, p.147). My search of the literature suggests that commentators from both, psychoanalysis and queer theory, take Freud’s statement at face value, either explicitly by reading *Psychogenesis* (ibid.) as his definitive theory of female homosexuality, or implicitly by making no reference to his later writings on the topic⁶. My reading of Freud, however, identifies three theories of female homosexuality that do not replace each other but are the result of “case by case” analyses of different women. These are as follows:

1. The female homosexual is a girl who changes into a man, exemplified by Freud’s clinical report *Psychogenesis* (ibid.).
2. Female homosexuality is the consequence of the disavowal of castration, illustrated through a reading of Brunswick’s (1928) *The Analysis of a Case of Paranoia (Delusion of Jealousy)* — a clinical case cited by Freud in his 1931 and 1933 papers on female sexuality.
3. The female homosexual identifies with the phallic mother/woman, thus avoiding

⁶ Fuss, D. (1999, p.54); De Lauretis, T (1999, p.39); O’Connor, N. & Ryan, J. (1993, pp.30-47); McDougall, J. (1964, pp.171-212); Chisholm, D. (1992, p.215).

passivity. The theoretical framework for this analysis is also found in Freud's later papers: *Female Sexuality* (1931) and *Femininity* (1933). Again, there is no clinical example written by Freud to illustrate this theory; thus, the example will draw on H.D.'s account of her analysis with him in 1933⁷ and her correspondence of that time.

Although Gherovici (2008) has already drawn attention to the biography of Freud's homosexual patient for the English speaking reader, my own reading of Freud's case history against the biography draws out the contradictions and discrepancies in the two accounts, suggesting a new interpretation of the transference in this case.

I trace the similarities between Freud's first and last case studies⁸ — “Dora” (1901) and *Psychogenesis* (1920) — already pointed out by many commentators, and propose a further similarity. That is, Freud acknowledged that his case history of “Dora” was ‘a continuation of the dream book’ (cited in Bernheimer 1985, p.17). And I read the case history of the female homosexual as a continuation of the *Three Essays* (1905), in which Freud provides the clinical evidence for his theories of infantile sexuality as well as for “inversion”.

In the second chapter, through an exploration of the debate of the 1920s and 30s, I examine the emergence of psychoanalysis as a distinct discipline, arguing that the female homosexual was the site of this emergence. The debate took place at a time when, in Europe, there was increasing interest in homosexuality. Previously, homosexuality had been defined by homosexual “acts” in the judicial system. However, I comment on its medicalisation at this time and on the part that psychoanalysis played in this shift.

The debate on feminine (homo)sexuality — more commonly termed as the debate on female sexuality⁹ — developed theories of sexual difference that either followed Freud, explaining it as an effect of the unconscious, or proffered anatomically and biologically informed explanations. While acknowledging areas of agreement between the different sides of the debate, much commentary draws attention to this division within

⁷ H.D. (1956).

⁸ Jones, E. (1935); Merck, M. (1986); Roof, J. (1991).

⁹ See for example Grigg, R., Hecq, D., & Smith, C. (1999).

psychoanalysis — a division still identifiable today. Nevertheless, what has not been acknowledged so far, is how the continual return to the figure of the female homosexual has resulted in an unspoken agreement, which exemplifies Foucault's notion of the 'positive unconscious of knowledge' (Foucault 1970, p.ix). Thus, the different schools of psychoanalysis can be said to have their origins in a debate that has feminine (homo)sexuality at its heart. But, despite the radical differences that emerged from it, the "unconscious rule" that associated feminine (homo)sexuality with masculinity remained consistent.

Chapter three argues that, contrary to claims in the literature¹⁰, the psychoanalytic debate on feminine (homo)sexuality did not come to an end with the outbreak of the Second World War. The chapter examines published clinical case histories from the Anglo-American tradition since World War Two. The debate within contemporary psychoanalysis has similarities with the early debate. If nothing else, the clinical case histories can be read as a reflection of, and commentary on, the changing social and political attitudes of their times. Arguably, however, these may also evidence how some post-Freudian psych-practitioners have sought to deploy psychoanalysis to the service of a discourse that results in the pathologisation and exclusion of homosexuals. Others argue that homosexuality is only one outcome of the Oedipus complex. Others still, give emphasis to the view that human suffering is primarily a response to social, environmental and political conditions.

On the one hand, my investigation of published clinical case histories demonstrates a surprising congruence with earlier published work. On the other, it evidences an apparent decrease of analytic curiosity on the question of why some women love women instead of men. Despite the important social, cultural and political changes and the liberalization of attitudes to homosexuality in some parts of the world that have occurred throughout the course of the twentieth century, an "unconscious rule" governing the discourse of psychoanalysis and feminine (homo)sexuality has persisted.

The fourth chapter seeks to define queer theory through an examination of the literature, the historical context of its emergence, and its theoretical antecedents. Recently,

¹⁰ Commentaries include Appignanesi, L. & Forester, J. (1992), Grigg, R. et al. (1999), Hamon, M.-C. (2000), Leader, D. (2000) and Mitchell, J. (1974; 1982).

commentators from psychoanalysis have advocated a dialogue with queer theory¹¹, variously suggesting the promise of such an engagement for a non-pathologising and non-normative practice. Queer theorists have engaged with psychoanalysis in different ways. Some, like Butler (1999), followed Foucault in their examination of psychoanalytic theory to demonstrate how it functions as a prohibitive discourse that creates homosexuality. Others, for example de Lauretis (1994; 1999), found within psychoanalytic theory the conceptual tools which allowed a new theorisation of desire between women. Edelman (2004), on the other hand, shows how psychoanalytic concepts can be deployed in a critique of a capitalist ideology that demonizes and outlaws the homosexual. These last two approaches are not without their critics from other queer theorists, who argue either that queer theory has been co-opted by the academy and is no longer politically effective (Halperin, 1995), or that its engagement with psychoanalysis has been pivotal in ensuring its neglect of the political economy of labour's role in the shaping of sexed identities (Hennessy, 2000). This chapter examines two sites of queer theory's engagement with psychoanalysis, detectable in the literature:

1. a queer theory that re-reads psychoanalysis to posit new theorisations of subjectivity, identity and desire; and
2. a queer theory that posits a notion of "queer" set in opposition to a dominant socio-political culture.

Through an analysis of these two sites, I propose some consequences for psychoanalysis. I argue that, paradoxically, queer theory mirrors earlier psychoanalytic conceptualisations of feminine (homo)sexuality, eliding its specificity and seeking psychoanalysis as a radical project that proffers an analysis of sex and sexed subjectivity which is not complementary and biologically explained, and not at the service of (re)production. But what of the effects of queer theory on the psychoanalytic clinic? The chapter examines a number of clinical case histories published since the inception of queer theory seeking to evidence its effects on clinical practice. The published clinical work by practitioners of the "talking cure" who have engaged with queer theory's challenge to psychoanalysis, attempting to incorporate its ideas into their clinical practice, have not proposed a new psychogenesis of female homosexuality. Instead, they have followed a trajectory from the work of Freud or his

¹¹ See for example Watson, E. (2009) and Dean, T. (2000).

contemporary opponents. The early analysts did not pathologise¹² their female homosexual patients. The investigation of homosexuality was on a par with their investigation with heterosexuality. However, some gave weight to anatomical difference, whereas others preferred a social and cultural explanation. The twentieth century colleagues of the latter group also follow Freud in so far as he too did not conceptualized female homosexuality as necessarily pathological. But they seem less interested in problematising psychic development; and, paradoxically, conclude that female homosexuality is “a problem” located in the external world.

Freud defines psychoanalysis as ‘a procedure for the investigation of mental processes which are almost inaccessible in any other way’ (Freud 1922c, p.235). His method of investigation is the analysis of the unconscious of his patients — case per case. Clinical case history provides psychoanalysis with its main source of evidence. In *A Note on the Unconscious in Psycho-Analysis* (1912) Freud writes that ‘an unconscious conception is one of which we are not aware’ (ibid., p.260), and it is this conceptualization of the unconscious that informs my notion of an “unconscious rule”. However, Freud further elaborates his definition of an unconscious conception by writing: ‘we are nevertheless ready to admit [its existence] on account of other proofs and signs’ (ibid).

Starting with Freud, the following chapters elaborate the “proofs and signs” that demonstrate an unconscious conception that associates female homosexuality with masculinity, which insists across the revisions and critiques of Freud’s project and may signal the eventual disappointment of that certain promise held out by the engagement between psychoanalysis and queer theory.

¹² In the contemporary usage of the word.

CHAPTER ONE

FREUD'S THREE THEORIES OF FEMALE HOMOSEXUALITY

Introduction

Freud's analysis of the psychogenesis of feminine homosexuality is generally thought to be found in his last published case study: *The Psychogenesis of a Case of Homosexuality in a Woman* (1920). In this, Freud claimed that it was 'possible to trace its [female homosexuality] origin and development in the mind with complete certainty and almost without a gap' (ibid., p.147). As I will discuss, from the 1920s until today, commentators from within the psychoanalytic, feminist and queer perspective seem to have taken Freud at his word and to have read *Psychogenesis* as his definitive theory of female homosexuality — either positively, or, implicitly, by making no reference to his later writings on the topic. Instead, through a re-reading of key texts, I have identified three theories of female homosexuality in Freud's 1920-33 work, all of which stem from his position in the *Three Essays* (1905), that is, that homosexuality is on a par with heterosexuality. The three theories do not replace each other, and are demonstrably the outcome of clinical work — the analysis of patients "case-by-case". Freud demonstrates that there is not one 'female homosexuality', and that female homosexualities are amongst many outcomes of the Oedipus complex and also evident where there is no Oedipal resolution.

Thus, the chapter is divided into three sections, each elaborating one of the three theories I have identified as well as illustrating it through a clinical example.

The three theories are as follows:

1. The female homosexual is a girl who changes into a man. Although Freud does not replace this analysis in his later theoretical developments, this is his only theory prior to 1924, exemplified by his clinical report *Psychogenesis* (1920). In this chapter, it will be suggested that this case history functions as a clinical exemplar of the *Three Essays* (1905), and Freud's account of the treatment will be compared with that reported by his patient to her biographers.
2. The female homosexual disavows castration. The key texts that evidence this theory are *Infantile Genital Organization* (1923b), *Some Psychological Consequences of the Anatomical Distinction between the Sexes* (1925) and *Fetishism* (1927). This second theory will be illustrated through a reading of Brunswick's case *The*

Analysis of a Case of Paranoia - Delusion of Jealousy (1928), a clinical case cited by Freud in his later (1931 to 1933) papers on female sexuality.

3. The female homosexual identifies with the phallic mother/woman, and, thus, avoids passivity. The theoretical framework for this analysis is found in Freud's later papers: *Female Sexuality* (1931) and *Femininity* (1933). Again, there is no clinical case history in Freud's work that illustrates his third theory. Thus, my clinical discussion will draw on H.D.'s account of her 1933 analysis with Freud, in *Tribute to Freud* (1956) and in her correspondence.

Freud is often reported as having written five major case studies (Gay, 1988; Grigg et al., 1999), and many have not regarded *The Psychogenesis of a Case of Homosexuality in a Woman* (1920) as being among them. Several authors (e.g. Fuss 1999; Lesser 1999) suggest that the case history has been neglected by both commentators and analysts, and, indeed, commentary on the case is surprisingly absent in otherwise notable published works on Freud¹³. However, the insistence that the case has not received attention creates a discourse that has the effect of confining the female homosexual to the margins. This thesis, on the contrary, will demonstrate that *Psychogenesis* has been manifestly central in the history of psychoanalysis, despite Freud's formulation of two further theories about the psychogenesis of female homosexuality.

However, if Freud's earlier case history of "Dora" (1901) is excluded¹⁴, this remains the only account available to us of his treatment of a female homosexual, which renders problematic drawing on it to provide evidence for his second and third theory. Hence, as previously indicated, Freud's second theory is instead illustrated through Brunswick's clinical example. And although one should exercise caution in attributing to Freud himself the ideas contained within this paper, the case history has been chosen because Freud himself cites it in both his penultimate and final papers on the topic of female sexuality, explicitly agreeing with Brunswick's conclusions. Again, in relation to his third theory, he himself advised his readers to 'turn to the poets' (1933, p.135). Nevertheless, in itself, this does not validate HD's — his poet patient — account of her analysis. Inevitably, any two versions of the same event are bound to contain discrepancies, and in any report of an

¹³ See for example Gay (1988), who, despite referencing the hysterics of 1893-95, writes of Freud's "five published case histories" excluding *Psychogenesis*.

¹⁴ For a discussion of the similarities and differences between the two case studies, see pp. 25-27 below.

analysis there is also the additional complication of the transference. Famously, Freud himself acknowledges his own difficulties with his unconscious attitudes and opinions — which act as resistances in the treatment — and any account by an analysand has to be read also with this in mind. Nevertheless, this case is Freud’s only clinical history available to us. Psychoanalysis is the analysis of the unconscious, however this may be formulated — the unconscious of the individual analysand as revealed through speech. It is through such an analysis that psychoanalytic theory is derived and developed, and it is my contention that Freud theorized female homosexuality from and beyond his first account of 1920. The centrality of *Psychogenesis* in psychoanalysis and its problematics will be further discussed in the third chapter.

Although positioning Freud as an early queer theorist¹⁵ could not be theoretically sustained, in part, his work was concerned with the same topics: the analysis of subjectivity, sexuality and sexual difference. His writings on homosexuality and female homosexuality demonstrate his efforts to separate the psychic and the physical, and to establish the independence of psychoanalysis from biology. Freud is writing at a time when homosexuality is outlawed, at a time of social and economic upheaval in which, arguably, homosexuality increases in visibility in some parts of the world. His emphasis is on the particularity of clinical work, rather than on the explanation of social phenomena. Nevertheless, as early as 1905, he positions himself against those who take the view that homosexuality is either a social evil or an incurable disease (Freud 1905, pp.136-148). However, the female homosexual posed a particular enigma for the psychoanalysis of the early twentieth century. The woman who takes another woman as her love object embodies the tensions and impasses embedded within a psychoanalytic theoretical position that was being formulated in the early part of the twentieth century — a position that privileged sex and sexual impulses as the source of human suffering, and that sought to divorce sexuality from anatomy. How to conceptualise the penis envy, castration complex and feminised Oedipus complex of those girls who do not come to love men? By turning such girls into men? The notion that the female homosexual is a man pre-dates Freud. Indeed, the sexologists¹⁶ had conceived the female homosexual either as a man (Krafft-Ebing, Vienna

¹⁵ Freud’s insistence on the centrality of a sexual current with its roots in infancy, which sought to extend and augment the conceptualisation of sexuality, challenged and revolutionised the accepted notions of his day — much as the later queer theorists attempted to do in the late twentieth century. However, his intent and methodology is at odds with queer theory, an argument developed in chapter 3.

¹⁶ See further discussion of the sexologists in chapter 2.

1885, cited by Tamagne 2006, p.153) or as having a degree of masculinity (Havelock Ellis, London 1897, p.87). Curiously, despite the revolutionary nature of his theory of a universal infantile bisexuality and a sexed subjectivity that is the outcome of psychic processes — that is, divorced from anatomical difference — throughout his work, Freud insists on his association of female homosexuality with masculinity. What does this continual return to the figure of the female homosexual signify? Freud’s conscious dissatisfaction with his conceptualisation? Or his subjection to the “unconscious rule” that perpetuates up to the 21st century, withstanding the revisions of psychoanalytic theory and practice, as well as interventions from psychoanalysis’ allies and critics from queer theory?

Commentary on *Psychogenesis*

The case history of ‘the girl’ (Freud 1920, p.147), as referred to by Freud, received much commentary from the analysts engaged in the debate on female (homo)sexuality. This debate, which will be discussed in Chapter 2, divided Freud’s followers and arguably began with the case publication in 1920 and was interrupted by the European war 1939-45. The case history received further attention from analysts from both the Anglo-American traditions (e.g. McDougall, 1964) and the Latin schools, exemplified by Lacan’s Seminar IV (*Object Relations*, 1956-7) and Seminar X (*Anxiety*, 1962-3)¹⁷. And it received much critical attention from literary and political theorists, from feminists in the 1980s and 1990s (e.g. Merck 1986; Harris 1991), and from queer theorists in the 1990s (e.g. de Lauretis, 1999). Since they evidence the similarities and tensions between psychoanalysis and queer theory, these commentaries will be discussed in later chapters.

Although many take issue with Freud’s conceptualization of female homosexuality, *Psychogenesis* is consistently taken as the only reference point. In his analysis of his female homosexual patients, for example, Jones (1927) notably turns away from the Freudian theorization of sexuality implicitly referencing Freud’s clinical evidence of 1920¹⁸. And while not departing from Freud’s insistence on the centrality of castration, Lampl de Groot (1928) is one of the analysts who take up *Psychogenesis* to explore the importance for the psychic development of girls of the early attachment to the mother. As I

¹⁷ Lacan’s commentary on Freud’s 1920 case does not aim at the elaboration of the psychogenesis of female homosexuality. Rather, Lacan uses the text to reflect on “technique”, and more particularly on transference (1956), anxiety, acting-out and the ‘passage a la acte’ (1962-3).

¹⁸ Discussed in Chapter 2, pp.107-110

will discuss in the second chapter, the development of Freud's second and third theories owes much to the contributions made to the debate of 1920s and 30s, notably by Deutsch (1924; 1932) and Brunswick (1928). Nevertheless, analysts on both sides of the debate continually return to *Psychogenesis*, reading it as Freud's only conceptualization of feminine homosexuality.

More recent commentaries also follow this path. O'Connor and Ryan (1993) comment on how *Psychogenesis* has come to dominate all subsequent debate about female homosexuality within psychoanalysis. In their summary of the psychoanalytic accounts of the aetiology of female homosexuality (ibid., pp.63-68), Magee and Miller (1997) too reference only Freud's 1920 account. Prosser (1998) argues that there is a discursive shift from transgendered to homosexual which corresponds to a shift from sexology to psychoanalysis, from the body to the unconscious (ibid., p.151); but he still locates this 'moment' (ibid.) in the 1920 case history, making no reference to Freud's later formulations. Fuss (1999) also claims that Freud 'bases an entire theory of female sexual inversion on a single case history' (ibid., p.57). In a published interview in which she defends Freud and Lacan against a charge of homophobia, Roudinesco (2002)¹⁹ too refers only to Freud's 1920 case to illustrate his liberal attitude to female homosexuality. Again, in a volume of commentaries dedicated to a re-analysis of the case (Lesser & Schoenberg, 1999), not one of the authors comment on the development of Freud's views as a consequence of his later clinical work. And, indeed, to date, there are no published studies of how theories about the psychogenesis of female homosexuality may have developed in Freud's later work. This would seem to indicate that other scholars have not identified his later ideas.

Freud's First Theory

The Female Homosexual of 1920

Freud's last published case history is an account of the analysis of a young woman whose parents were concerned about her love for a woman. It is an account in which, most uncharacteristically, Freud claims it was 'possible to trace its [female homosexuality] origin and development in the mind with complete certainty and almost without a gap'

¹⁹Internet paper [Homosexualities Today: A Challenge for Psychoanalysis?](http://www.psychomedia.it/jep/pages/number15.htm) at <http://www.psychomedia.it/jep/pages/number15.htm>

(Freud 1920, p.147). Freud was originally consulted by his patient's parents some months after her first suicide attempt. He reports that the patient was in love with a 'lady' (ibid.), an older woman — although, by his own account, she was twenty-eight years old — well known to be homosexual and a '*demi-mondaine*' (Freud 1920, p.153), a term that refers to a woman who is outside the respectable world due to her sexual promiscuity. She 'was nothing but a "*cocotte*"' (ibid., p.147) — a prostitute, who today could certainly be claimed as queer. Freud describes his patient as suffering from a 'marked masculinity complex' (ibid., p.169) and as being, in fact, 'a feminist' (ibid.). He tells us that she liked to take walks with her lady friend (he is convinced that they are not lovers) in the neighbourhood in which her father worked. In his account, one day her father sees them in the street, casts his daughter a furious look, and she makes the first (and the only one known to Freud) attempt on her life. She throws herself on the railway line and is badly injured.

In brief, his analysis is as follows. At the age of 16, experiencing a revival of her 'infantile Oedipus complex' (ibid., p.157), she became conscious of a wish to have a male child — although she was not conscious of her desire for her father's child, 'an image of him' (ibid.). At the same time, her mother — 'her unconsciously hated rival' (ibid.) — gave birth to a son. The resentment the patient experienced towards her father resulted in her turning away from all men. Further, her passionate attachment to her lady is analysed as being an attachment to a mother substitute. Her earlier infantile love for her mother had been revived, and this revival had helped to bring about an over-compensation for the patient's current hostility towards her. There is a third strand to the analysis. The lady was not only a mother substitute but also 'corresponded to her masculine ideal' (ibid., p.160), since her appearance and manner reminded the young female homosexual of her older brother.

Further, Freud's analysis of the 'spirited girl' (1920, p.169) was that she 'had suffered from a strongly marked "masculinity complex"' (ibid.). The term was first used by Van Ophuijsen (1917) and was first taken up by Freud in his 1919 paper *A Child is Being Beaten*. In 1920, the masculinity complex is the outcome of 'a pronounced envy of the penis' (p.169) — demonstrating one of the clinical consequences of the primacy of the phallus that will be further elaborated in 1923(b) and 1925, and that will come to explain sexual difference psychoanalytically. Thus, in 1920, the patient's masculinity complex is the outcome of her genital disappointment — that is, not having a penis — and her

homosexuality is the outcome of her disappointment by her father — that is, not having his child. This symbolic equation of penis = child will not be made explicit until 1924 (a).

Freud brought the analysis to an end because of a difficulty he experienced with the transference. He interpreted that his patient had transferred her infantile disappointment with her father to him, and recommended that she should continue her analysis, but this time with a female analyst. He comments on the problems of the differential aspects of the transference — being both, necessary for the continuation of the analysis and at the same time the strongest weapon of resistance. It is a clinical puzzle that Lacan will address in the 50s and 60s, commenting directly in Seminar IV (1956-7) on Freud's interpretation of transference in the case of the young female homosexual.

Similarities with "Dora"

The *Psychogenesis of a Case of Homosexuality in a Woman* is Freud's last published case history. Arguably, there is an earlier clinical example of female homosexuality — that of "Dora" (1901) — and the similarities between the two cases was noted by Jones (1955, p.314). Jones comments that the case 'resembled the first one, in that the patient was a girl of eighteen and the analysis a short one' (ibid, p.314). However, Freud famously overlooked "Dora"'s homosexuality as a consequence of the transference (1901, p.120). The similarities between the two cases have not been lost on later commentators (e.g. Merck 1986, and Roof 1991) and include not only the issue of resistance or failed transference, but also the attempted suicides and Freud's counter-transference. For Jones, the significant difference in the two reports was that in 1920 it was Freud who brought to an end the treatment of the "Female Homosexual", whereas in 1901 — when Freud was 'less alive to the significance of resistance' (ibid.) — it was Dora who left the analysis. But it is also significant that, although both the first and last of Freud's analyses were of an eleven-week duration, by Freud's own accounts Dora is but a "fragment" and a failure, whereas the analysis of the homosexual woman is one in which 'it was possible to trace [the] history of the psychological development [of female homosexuality] with complete certainty and almost without a gap' (Freud 1920, p.147). Lacan is alert to Freud's difficulties in treating young women — suggesting that, like Dora, his homosexual patient 'must have been truly ravishing for Freud' (Fink 2004, p.16). Nevertheless, he points out that, on the one hand, in the treatment of Dora Freud believed that his patient was

unconsciously but honestly reliving her love for Mr K in her relationship with him, which led him to ignore the imaginary element of deceit. On the other hand, in the analysis of the “Female Homosexual” he failed to acknowledge the truthful symbolic articulation of the unconscious wish for a happily married life (Lacan, Seminar IV, 1956-7).

There is a further marked difference between *Psychogenesis* and the case history of Dora, in that in the former neither his homosexual patient nor her beloved are named. O’Connor and Ryan (1993) have commented that this failure to name has ‘the effect of creating distance, impersonality and reification, and is perhaps the first indication of the widespread difficulty psychoanalysts have had in approaching this subject’ (ibid., pp.30-1) — “this subject” being female homosexuality. A recent “slip” at the biennial English Speaking Seminar (Paris, 2007) may evidence that such difficulty is still widespread. Dublin based psychoanalyst Eve Watson found that the title she had given to her as yet unpublished paper on Freud’s *Psychogenesis* was changed from “Love Denied and Being Decried” to “*Beauty Denied...*”, indicating that perhaps to name homosexual love is still daring within psychoanalytic circles. The failure to name “the girl” may also signify Freud’s notion of her transsexualism. Freud (1920, p.158) famously claims that his patient changed into a man, and this, as it will be argued, is in fact the crux of his first theory of female homosexuality. If, as Mark Reiss commented in an unpublished paper in 1998²⁰, transsexuals are commonly referred to as “he/she/it”, what name could be given to one who is neither he, she nor it? Thus the first Freudian female homosexual remained nameless until the publication of her biography in 2004 (Rieder & Voight).

There is much commentary on the delay in publishing the case history of Dora and on Freud’s repeated misdating of the analysis, assigned to 1899 instead of 1900 (e.g. edited collection by Bernheimer & Kahane, 1985; Strachey’s introduction to the English translation, 1905). In the *Three Essays* Freud credits Fliess with drawing his attention to the association between neurosis and ‘inversion’ (ibid., footnote 1, p.143). Perhaps it is his 1905 work on inversion that leads him to re-evaluate his earlier clinical work, adding a footnote before publication of the case (Freud 1901, p.120). Freud explicitly acknowledges the case of Dora as ‘a continuation of the dream book’ (cited in Bernheimer 1985, p.17). And, surely, the case history of the female homosexual is a continuation of the *Three*

²⁰ THERIP, London conference, 25 April 1998.

Essays, in which he provides the clinical evidence for his theories of infantile sexuality and “inversion”.

*Clinical Exemplar of the Three Essays (1905)*²¹

Freud’s first theory of female homosexuality is consequent to a theorisation of sexual difference rooted in anatomical difference. His ‘ambiguous biologism’ (Merck 1986, p.334) is paramount prior to 1925. As evidenced by his prefaces to both the third and fourth editions, in the *Three Essays* (1905) Freud is in part concerned with elaborating psychoanalysis as distinct from biology. In the preface to the third edition (1914) he writes: ‘the present work is characterized not only by being completely based upon psychoanalytic research, but also by being deliberately independent of the findings of biology’ (ibid., p.131). However, in the *Preface* to the fourth edition, published in 1920 — the same year as *Psychogenesis* — Freud is alert to the current within psychoanalysis, which aimed at ensuring that less emphasis was given to the importance of sexuality in ‘normal and pathological mental life’ (ibid., p.133). Further, in this *Preface*, Freud comments on how it was becoming frequently impossible to undertake an analysis, ‘since medical treatment demands that an illness should, at least in appearance, be dealt with more rapidly’ (ibid.) — a comment that has particular resonance for those of us who despair at the current developments seeking to shape the future of psychoanalysis. Again, in this *Preface*, he insists on the clinical validity of his thesis, arguing that only ‘investigators with enough patience and technical skill to trace back an analysis to the first years of a patient’s childhood’ (ibid.) can provide such evidence. Surely the evidence published that year is the case of the female homosexual. And although in 1905 Freud had not fully elaborated the theory of the Oedipus complex, throughout the *Three Essays* he makes reference to the unconscious love the infant experiences towards its parents.

Freud’s conceptualisation of female homosexuality in 1905 sets out a framework within which the topic will be developed and modified — particularly by his students and contemporaries during the debate of the 1920s and 30s, but also by his later critics and by later generations of analysts. In 1905 Freud frequently cautions the reader that there is little clinical material from cases of female homosexuality (e.g. Freud 1905, p.145); and, indeed,

²¹ See also Worthington, A. (2008).

until 1920 he himself did not elaborate his first theory of female homosexuality with clinical material.

There is an interesting similarity in the language Freud uses in his discussion of a universal infantile bisexuality in the *Three Essays* and *Psychogenesis*. In both texts, the drives are metaphorically described with reference to streams and currents flowing in different directions. For example, ‘it cannot be a matter of indifference whether a given current makes its appearance earlier or later than a current flowing in opposition’ (1905, p.241); and perverse tendencies in psychoneurotics can be explained ‘... as a collateral fillings of subsidiary channels when the main current of the instinctual stream has been blocked ...’ (ibid., p.232). Similarly, in *Psychogenesis* he writes: ‘from her very early years, her libido had flowed in two currents, the one of the surface being one we may unhesitatingly designate as homosexual ... the deeper heterosexual current of libido was deflected into the manifest homosexual one’ (1920, p.168).

In both texts, there are references to the work of the physiologist Eugen Steinach. Freud first cites his work in *Psychogenesis*, and in 1920 returns to the *Three Essays* to add a footnote, concluding that his experiments do nothing to invalidate the theory of a ‘general bisexual disposition’ (1905, p.147).

Steinach had undertaken experiments on guinea pigs to establish the impact of the sex glands on behaviour. Freud acknowledges Steinach’s apparent “cure” of a ‘passive homosexual’ man (ibid.) through the grafting of the male sex gland, but is sceptical about the possibility of the use of the technique for a woman who ‘has felt herself to be a man, and has loved in masculine fashion’ (1920, p.172) — not so much because of the pleasure intimated, but because, to follow Steinach’s theory, the surgery would compromise the female homosexual’s fertility since her hermaphroditic ovaries would need to be removed.

There is also a discussion in both papers of ‘psychical hermaphroditism’ (1905, p.142; 1920, p.154). In 1905, Freud is critical of the view that homosexuals are psychic hermaphrodites — homosexual men, in Freud’s view, are not psychic women. However, he is unsure about homosexual women — particularly, he writes: ‘the active inverts who exhibit masculine characteristics, both physical and mental’, adding that: ‘a closer knowledge of the facts might reveal greater variety’ (1905, p.145). Freud reiterates this

view in the 1920 case, and while he acknowledges that to a great extent physical hermaphroditism is independent of psychological hermaphroditism, this is not so evident in women ‘where bodily and mental traits belonging to the opposite sex are apt to coincide’ (1920, p.154). Nevertheless, in his analysis of his female homosexual he concludes that this is not an important question and the distinctions — of facial features, intellect, ‘lucid objectivity’ (ibid.) — between men and women are more conventional than scientific. What is important, however, is the position taken up in relation to the beloved. Freud’s young patient loves like a man, albeit in a fashion that may not be obvious to a modern reader. Freud describes this masculine way of loving as one in which humility is displayed alongside the sublime overvaluation of the sexual object and the renunciation of all narcissistic satisfaction. Perhaps to us, today, this position is more readily recognisable as that which characterises “courtly love”, rather than the male lover.

But these are asides. The central point Freud makes is the decisive factor of bi-sexuality. It is bisexuality that explains the possibility to see masculine and feminine characteristics in both men and women. Without a universal bisexuality it would not be ‘possible to arrive at an understanding of the sexual manifestations in men and women’ (1905, p.220). Sexual difference is precarious for Freud. In the case of the young female homosexual, the universal bi-sexuality of human beings explains how it is possible — and, indeed, necessary — for her beloved to signify both, loved/hated mother and her masculine ideal.

Psychogenesis (1920) illustrates Freud’s first theory of female homosexuality, and, as in the *Three Essays*, here too Freud is concerned with the distinction between biological and psychoanalytic explanations. Nevertheless, the project is undermined by the first conceptualisation of the Oedipus complex, which is linked to biological sexual difference and in which the child takes the parent of the opposite sex as the first love object. And it is the fundamental heterosexuality of Oedipus, the alignment in infantile love relations of biological sex and love object, which characterises Freud’s first theory. That is, since it is only possible to love a woman as a man there can be no female homosexuality nor true bisexuality, but only heterosexuality.

In the *Three Essays*, however, Freud is concerned with the nature and position of the first love object: the mother. Prior to the first elaboration of the Oedipus complex, Freud theorises that both boys and girls have an initial attachment/love for their mother, or at

least her breast. There is no sexual difference in terms of libido or object. Yet, referring to the *Interpretation of Dreams* (1900), Freud, contradictorily, proposes a sexually differentiated drive that presupposes heterosexuality. With reference to the ‘maturing youth’ (ibid., pp.225-6), he writes: ‘the infantile tendencies invariably emerge once more, but this time with intensified pressure from somatic sources. Among these tendencies the first place is taken with uniform frequency by the child’s sexual impulses towards his parents, which are as a rule already differentiated owing to the attraction of the opposite sex — the son being drawn towards his mother and the daughter towards her father’ (ibid., p.227). In his analysis of a woman, the female homosexual, where the normal outcome had not been achieved, he is able to construct the clinical evidence to illustrate the hetero-oedipal love for the father and the pre-oedipal attachment to the part-object mother/breast.

Freud seeks to explain the tendency to heterosexuality with an analysis of the girl’s relation to the mother. In the *Three Essays*, Freud was already addressing a problem that will preoccupy him and the first generation analysts: why do girls come to love men? What prompts the change of love object? What is the task ‘implicit in object-choice ... that it should find its way to the opposite sex’ (Freud 1905, p.229). The explanation in both 1905 and in the clinical history of 1920 gives weight to the hostility the girl experiences in relation to her mother. In the *Three Essays*, Freud’s explanation for heterosexuality differed for boys and girls. Men, he claimed, chose women because of their childhood memories of being looked after by women and because their fathers deterred them from sexual activity. In the first and second edition, published in 1910, the explanation for both boys and girls centred on the question of rivalry — albeit differently for each sex. Boys’ ‘competitive relation’ (ibid., footnote 3, p.229) with their fathers deterred them from loving their own sex, whereas the ‘prevention of inversion’ (ibid.) in girls is the result of ‘impulses of rivalry [which] discouraged them from loving members of their own sex’ (ibid). Here, Freud is referring to girls’ rivalry with their mothers. By 1915, while maintaining the symmetry of the explanation for both boys and girls, Freud had revised this explanation. Rather than the rivalry with the mother/other women, he now argues that it is the mother who is instrumental in deterring the girl’s sexual activity, in the same way that the father functions for boys. The girls’ ‘sexual activity is particularly subject to the watchful guardianship of their mother. They thus acquire a hostile relation to their own sex which influences their object-choice decisively in what is regarded as the normal [heterosexual] direction’ (1905, pp.229-30). However, in his analysis of his female

homosexual patient (Freud, 1920), the rivalry experienced by the girl in relation to her mother was a significant factor in her choice of a female lover.

Freud offers some evidence that this process had taken place in the case of his young female homosexual. The mother, reportedly, was ‘decidedly harsh’ (1920, p.157) towards her daughter — an attitude that, according to the biography, continued until the mother’s death. There was no evidence of infantile masturbation — although this might have been because, as he puts it, the analysis ‘did not go far enough’ (ibid.) — and the mother limited her independence and ‘kept an especially strict watch against any close relationship between the girl and her father’ (ibid.). In puberty, however, the mother was tolerant of her daughter’s interest in women, appreciating her withdrawal from the competition to attract men.

But while in Freud’s case history there is some evidence of the maternal prevention of sexual enjoyment, he first theorises female homosexuality as a response to a disappointment in heterosexual oedipal love. The 1920 female homosexual ‘changed into a man’ (ibid., p.158) when her infantile oedipal wishes to have a son from her father were revived by the ‘unconsciously hated rival’ (ibid., p.157) — her mother — giving birth to this man’s son. The hostility towards the mother is converted to love through a revival of the earlier, pre-Oedipal, love. Further, changing into a man has a ‘secondary gain’ (ibid., p.158) for her relationship with her mother, as she is no longer a rival for the attentions of men, other than the father (ibid., pp.158-9). It is not until 1925, in *Some Psychological Consequences of the Anatomical Difference Between The Sexes*, that the mother will be firmly positioned as the original oedipal object. For the girl to turn to femininity, the transfer will need to be made from mother to father, and will need to be more than a mere transfer of erotogenic zones.

Freud’s commentary on inversion in women in the *Three Essays* is frequently phrased as a sort of “afterword” to a longer discussion about men (e.g. p.145, including the footnote), but his interests here are the specific characteristics of female homosexuality. Paradoxically, these characteristics are always masculine: ‘... for among them [women] the active inverts exhibit masculine characteristics, both physical and mental, with peculiar frequency and look for femininity in their sexual objects’ (ibid., p.145). Yet, Freud is aware of the problematics of the terms “masculine” and “feminine”, and translates his use

of the terms as ‘active’ and ‘passive’ (ibid., footnote n.1, p.219). Thus, to say ‘the sexuality of little girls is of a wholly masculine character’ (ibid., p 219) is to assert the instinctual aspect of sexuality, of the drives: ‘... libido is invariably and necessarily of a masculine nature, whether it occurs in men or in women and irrespectively of whether its object is a man or a woman’ (ibid.). But if the sex drive is masculine, is there a feminine sexuality? What is feminine sexuality? What is female homosexuality?

Although the 1905 paper does not phrase the questions in this way, these are questions that will continuously preoccupy psychoanalysis and its critics. For Freud, in 1905 ‘[t]he essence of femininity’ (ibid., p.221) is a repression of this masculine/active drive, a repression which is necessary for the little girl to ‘turn into a woman’ (ibid., p.220) through a transfer of erotogenic zone from clitoris to vagina. Or, to put it another way, to be feminine is not to be masculine and to love women is to be a man.

Throughout the text and in the footnotes added later, Freud’s turns of phrase — for example, ‘what is regarded as the normal’ (ibid., footnote p.145, added in 1915) — situates homosexuality, male and female, within the range of “normal” human sexuality and on a par with heterosexuality, emphasising that inversion does not indicate ‘degeneracy or disease’ (ibid., p.160). Importantly, he concludes that the connection between the drive and its object is ‘merely soldered together’ (ibid., p.148). Indeed, all neurotics are homosexual in their ‘unconscious mental life’ (ibid., p.166) — a notion that will be both seized upon by future commentators and subjected to amnesia by others. In the case of the Female Homosexual, Freud is quite specific that she was not ill, and did not suffer nor complain. There was no neurotic conflict. He is repeating his assertion that ‘inversion is found in people who exhibit no other serious deviations from the normal’ (1905, p.139). He tells us that, although it is possible to restore ‘full bisexual functions’ (1920, p.151), the homosexual subject — like the heterosexual subject — is then left to chose.

In the 1920 case Freud restates his views of the *Three Essays*.

In 1905 he writes:

‘By studying sexual excitations other than those that are manifestly displayed, it [psycho-analytic research] has found that all human beings are capable of making a homosexual

object-choice and have in fact made one in their unconscious' (footnote added in 1915, p.145).

And in 1920:

'[A] very considerable measure of latent or unconscious homosexuality can be detected in all normal people' (p.171).

In 1905 he says:

'[I]t can be argued that if the cases of allegedly innate inversion were more closely examined, some experience of their early childhood would probably come to light which had a determining effect upon the direction taken by their libido' (p.140).

And in 1920:

'It was established beyond all doubt that this change [from an interest in boys to an interest in young women] occurred simultaneously with a certain event in the family' (p.156).

In 1905 he tells us:

'[P]sychoanalytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of special character' (footnote added in 1915, p.145).

And in 1920:

'[I]t is not for psychoanalysis to solve the problem of homosexuality' (p.171).

The publication of a biography of Freud's female homosexual patient offers a further argument that the published case functioned as a clinical exemplar of the *Three Essays*. In 2000 a biography of his young female homosexual was published, in which Sidonie Csillag, as she is now named by her biographers, remembers her analysis with him quite differently (Rieder & Voight, 2004). Obviously, biographies have to be read critically, and perhaps it is not surprising that there are discrepancies between Sidonie's account of her analysis to the biographers and the account given by Freud. Through an analysis of one of the discrepancies between the two accounts — the account of the first suicide attempt — it can be argued that Freud's version of events served to confirm his theory of 1905, that is, the presumption of infantile heterosexual attraction to the parent.

Freud writes: ‘one day it happened, indeed, as was sooner or later inevitable in the circumstances, that the father met his daughter in the company of the lady, about whom he had come to know. He passed them by with an angry glance which boded no good. Immediately afterwards the girl rushed off and flung herself over a wall down the side of a cutting onto the suburban railway line’ (1920, p.148). While Sidonie was quite badly but not permanently injured, Freud tells us that this attempt to kill herself resulted in two changes in her life. Firstly, the parents became more lenient with her, afraid to oppose her; secondly, the lady — the object of Sidonie’s love — became much more friendly interpreting the gesture as an ‘unmistakable proof of serious passion’ (ibid.).

Now, this account is quite different from Sidonie’s. In her account, there is no angry glance from her father — indeed Sidonie did not think that her father had seen her at all. She and the lady were indeed out walking when Sidonie saw her father in the distance. She ran, ran away in order to avoid him. Later, she saw him get on the tram. This outburst was interpreted by the lady as being indicative of Sidonie’s lack of commitment — as not being true love — as a result of which she ended the relationship. And it was this rejection by the lady that precipitated her suicide attempt.

Sidonie’s explanation for her attempted suicide was that her lover wanted to end the affair — not because, as Freud said, the father had forbidden the friendship, and not because of Sidonie’s attitude to her father.

What can we make of this discrepancy?

Why is the idea that what precipitates the suicide attempt is the father’s angry glance or furious look, rather than the rejection by her beloved, important to Freud? Perhaps part of the reason can be found in the *Three Essays*. In the *Three Essays*, as we have seen, Freud is anxious to demonstrate the universal bi-sexual undercurrent in the sexual life of children. But it is a bi-sexuality underpinned by a heterosexual ‘tendency’ (1905, p.227). Freud’s conviction in the power of the ‘attraction of the opposite sex’ (1905, pp.227, 229) — repeated on more than one occasion in the course of the *Three Essays* — and his certainty

that the task in object-choice is to ‘find its way to the opposite sex’ is an important factor in his first theory of female homosexuality²².

Summary

Freud’s case study of 1920 elaborates his theories of sexuality in the *Three Essays* and foreshadows later developments — namely, the elaboration of the full Oedipus complex in his later papers, and the significance of castration and its role in the distinction of the sexes. Further, the case study raises the clinical puzzle for the analysts of this period regarding the nature and significance of the pre-Oedipal, the “pre-turn to the father”. The homosexuality of Freud’s patient does not stem entirely from the disappointment of her heterosexual/incestuous wishes but is a revival of an original love: a love for her mother, which had remained in place post-Oedipus. The female homosexual demonstrates the asymmetry of the psychic development of boys and girls, since her pre-Oedipal love for her mother is not eradicated by her Oedipal turn to her father. This is a clinical problem that will preoccupy Freud and his contemporaries, as well as later analysts, and the question of the girl’s pre-Oedipal love for the mother and its persistence post-Oedipus will come to inform not only Freud’s further theories of female homosexuality but also the debate of the 1920s-30s.

Freud claimed that his analysis of the psychogenesis of his patient’s homosexuality was complete (Freud 1920, p.147). But his recommendation that she should continue the analytic work with a female analyst indicates his acknowledgement of an incompleteness which required further theorisation.

It is an account that has received much attention from psychoanalysts and academics, both since Lacan’s re-reading of the case in Seminar IV (Lacan, 1956-7) and since the engagement of second-wave feminism with psychoanalysis. Yet, as I have argued, this is the case history that curiously enables the debate about the nature of feminine sexuality, and in particular the debate of the 1920s-30s.

²² For further discussion of Rieder & Voight’s biography (2004), see Gherovici, P. (2008) and Worthington, A. (2008).

The marginalisation of the case history and the topic of female homosexuality is reflected in both texts: *Psychogenesis* and the *Three Essays*. The most marked example of this in the clinical commentary is the very fact that, unlike all of Freud's documented cases of female patients, his patient is not named here. There are, of course, two major case histories — *The Rat Man* (Freud, 1909) and *The Wolf Man* (Freud, 1918), both being male patients — whose identities are not disguised by the use of an alternative name but euphemistically named by reference to the particularity of their speech and structuring fantasies. These names have the status of a nick-name. Nick-names are associated with a certain affection or derision, but either way they certainly indicate familiarity. Thus, although Freud's description of his female homosexual patient can be read as indicating some admiration, not to name her creates a certain distancing effect — a lack of familiarity — and conveys that her subjectivity remained a mystery to Freud — a strangeness that confines her to the margins.

In effect, the case history eradicates female homosexuality in two different ways. Firstly, the logic of Freud's first theory is that women who love women are heterosexual. By falling in love with a woman Freud's patient is no longer female — she changes into a man. To love a woman is essentially an indicator of masculinity, and thus the love of a woman can only be a heterosexual love. Secondly, should the love be reciprocated as it was in this case history, female homosexuality is eradicated as follows. If both women have been turned into men through love, if both women love in a masculine way, the love is then homosexual — and what is more, it is a matter of male homosexuality. Thus, the logic of Freud's first theory leads to the conclusion that the love of a woman for a woman can only be founded either on heterosexuality or on male homosexuality. Female homosexuality ceases to exist.

Freud is alert to the possibility that, in the unconscious, the anatomical sex of a love object can fall away — and in this case history this occurs via the mechanism of identification. The lady who is the object of his patient's passion functions not only as a mother substitute but also as a masculine ideal. She is loved because she is an ideal man, a representative of the patient's brother. Arguably, the failure of Freud's treatment is due to his failure to appreciate this possibility in the transference, that is, his failure to recognise that he himself, as analyst, has changed sex. However, this theorisation of the nature of his patient's love for the lady, also serves to eradicate female homosexuality. Again, her love

can only be interpreted as a heterosexual, albeit incestuous, love for the male figure of her brother.

The discrepancies between the clinical history and the published biography must be viewed with some caution. Nevertheless, they may be explained by, and may provide further evidence of, Freud's failure to give an account of the psychogenesis of female homosexuality that does not rely on the heterosexuality of the Oedipus complex.

Freud's later theories of female homosexuality further address the problem of the girl's early Oedipal love for the mother, the turn to the father, the nature of the threat of castration for the girl. But the enigma of the female homosexual for psychoanalysis remains constant.

Freud's Second Theory

Introduction

Following the publication of *Psychogenesis*, Freud continued to elaborate and develop his theory of infantile sexuality, and to address the problem of the psychic development of men and women. Clinical findings evidenced the essential asymmetry between men and women, and the question of feminine sexuality was being debated by Freud and his followers, the enigmatic figure of the female homosexual being at the centre of the debate (see chapter 2). Freud's second approach to female homosexuality can be deduced from the *Infantile Genital Organisation* (1923b) and *Some Psychological Consequences of Anatomical Difference* (1925). Although not case histories, these papers argue that all children initially disavow castration. But where a girl refuses to accept the fact of castration, she will remain convinced that she possesses a penis and will 'insist on being like a man' (Freud 1925, p.253). The phrase "being like a man" references the female homosexual, who in the Freudian schema loves like a man. With the exclusion of the case of "Dora", Freud published only one case history of female homosexuality. However, in 1931 he refers to Brunswick's 1928 case of unconscious female homosexuality: *The Analysis of a Case of Paranoia (Delusion of Jealousy)*. This is a case that demonstrates Freud's second theory, in which female homosexuality is conceptualised as a particular response to the threat of castration by which some girls persist in their disavowal of their lack of a penis. As in

Freud's first theory, it is a theory that relies on notions of masculinity — although, here, the homosexual woman does not *become* a man; she is, rather, *like* a man. Further, in common with the first theory, the particularity of female homosexuality is eradicated, the love of a woman for a woman being circumscribed as either heterosexual or masculine homosexual.

Theoretical Framework

The Infantile Genital Organization (Freud, 1923b) prepares the theoretical groundwork for Freud's 1924(a) paper — translated as the *Dissolution of the Oedipus Complex* — and 1925 paper *Some Psychological Consequences of the Anatomical Distinction between the Sexes*. These papers introduce the framework for his second theory of female homosexuality. In all three papers, Freud gives further emphasis and consideration to the notion of the primacy of the phallus introduced in 1905 — by which he means the male genital, for both sexes. From this point on, the concept of “disavowal” will become more important in his work and will be eventually posited as the primary mechanism in fetishism and psychosis.

In 1923, Freud argues that children react with disavowal to the discovery that not everyone has a penis. ‘They disavow the fact and believe that they do see a penis, all the same’ (Freud 1923b, pp.143-4) in order to ‘buy some time’ (ibid.) to come to terms with castration. He posits that children believe that everyone has a penis — girls and women, including their mothers. Through a developmental process, a series of transformations will be undergone. As children begin to speculate about the origin of babies, their theory of universal penis possession will be modified, firstly to remove the penis from ‘unworthy women’ and then to remove it from their mother (ibid., p.144). Prior to puberty, Freud argues, there is no “femaleness”. The distinction the child is able to make is between having a ‘*male genital and being castrated*’ (ibid. p.145, Freud's italics). Here, Freud is signalling that there is a consequence to anatomical difference. In doing so he is also resolving the difficulty at the heart of the *Three Essays*, which prevented the achievement of his stated aim to keep psychoanalytic explanations distinct from biological ones. Sexual difference now becomes a psychic operation rather than a biological or anatomical fact. Later in the child's development, at puberty, the “sexual polarity” will no longer be that of active/passive, having a penis/castration, but ‘will *coincide* with male and female’ (ibid.

p.145, my italics). The notion that this is coincident evokes the coincidental, and the fragility of the process is implied.

Frequently throughout the debate of 1920s-30s, Freud claims ignorance of the feminine psyche and the process of development. In *The Infantile Genital Organization* (1923b), despite his analysis of his hysterical patients — including Dora and the ‘spirited girl’ — he repeats: ‘we can describe this state of things [i.e. the primacy of the phallus] only as it affects the male child; the corresponding processes in the little girl are not known to us’ (Freud 1923b, p.142). Thus it is not surprising that, while the link between disavowal and homosexuality in men is discussed, female homosexuality is not considered. In this paper, Freud argues that the horror experienced by a boy through the conviction that women have no penis can result in a disposition to homosexuality, but he neglects to extend his thesis to an investigation for the girl. What is significant, however, is that in a footnote Freud reports that — like her male counterpart — a female patient held the belief that ‘her mother and her aunts had a penis’ (ibid., p.145), whereas another aunt who ‘was feeble-minded’ (ibid.) was castrated ‘as she felt herself to be’ (ibid.). The patient is described as a ‘young married woman’ (ibid), and thus can be read as heterosexual. This young woman, Freud tells us, held this belief that some women had penises and some did not only until her late latency period, immediately before puberty. Just like the boy, the girl will not quickly relinquish her belief in the female phallus. Nevertheless, Freud’s analysis of his patient opens up the possibility that a girl/woman can accept her own castration while simultaneously holding the belief that particular other women have retained the penis. The mechanism of disavowal is deployed only in relation to other women and not applied to her own lack. Thus, here, there is the possibility for a woman without a penis to take as her love-object a woman believed to have a penis — that is, masculine rather than castrated. And, arguably, this would be a heterosexual attraction, involving one who has the penis and one who does not.

The figure of the phallic mother and/or phallic woman established as a result of clinical evidence is a notion that will be taken up by Freud’s students and followers, and not only in relation to the problematics of female homosexuality. Notably, albeit in a departure from Freud, Melanie Klein extends the field of this fantasy into a critical aspect of her theory of

psychic development, in which the penis in the mother is an object of oral desire rather than an attribute of masculinity²³.

In 1925 Freud returns to the question of disavowal for the girl. The responses of girls to the threat of castration will be various. He had earlier proposed that girls compensated for the renunciation of the envied penis by the ‘symbolic equation’ (Freud 1924a, p.179) of penis=baby. But not all girls will make that ‘judgment and... decision’ (Freud 1925, p.252). Some girls with a masculinity complex hope that one day they will acquire a penis and become a man, thus behaving in ‘strange and unaccountable ways’ (ibid.); and although those strange and unaccountable ways are not described, the 1920 “Female Homosexual” is brought to mind. However, the girl for whom the process of disavowal is set in motion by the threat of castration, will ‘harden herself in the conviction that she does possess a penis and may subsequently be compelled to behave as though she were a man’ (ibid., p.253). The key word, here, is “may”. Disavowal *may* result in female homosexuality, and so not all female homosexuality is an outcome of disavowal of castration. And in the 1933 lecture *Femininity*, Freud reminds his audience that the ‘discovery of female castration’ *may* lead to the development of a powerful masculinity complex and its associated homosexuality (Freud 1933, p.130). It is, then, not Freud but his followers who theorise female homosexuality as *the* outcome of the disavowal of castration.

The analysts who posit disavowal of castration as the genesis of female homosexuality give emphasis to Freud’s association of the mechanism of disavowal with fetishism and psychosis. It is this move from “*may*” to “*will*”, the question as to whether disavowal “*may*” or “*will*” lead to female homosexuality, that situates female homosexuality as pathological and informs psychoanalytic treatment.

Disavowal and Its Consequences

Freud’s earliest discussion of fetishism in the *Three Essays* made a clear distinction between this and homosexuality or inversion. Referring to fetishism, he claimed that ‘no other variation of the sexual instinct that borders on the pathological can lay so much claim

²³ See Chapter 2.

to our interest as this one' (ibid., p.153). However, here, Freud is insistent that homosexuality is not a matter for distinct and specific enquiry. Indeed, in a foot-note added in 1915 he writes 'Psycho-analytic research is *most decidedly opposed* [my emphasis] to any attempt at separating off homosexuals from the rest of mankind as a group of special character' (Freud 1905, p.145). He first elaborates the idea that disavowal relates particularly to fetishism in his 1927 paper *Fetishism*. He argues that the fetish object is a substitute for the mother's penis that the 'little boy' (Freud 1927, pp.152-3) — Freud is not discussing fetishism in women — 'once believed in and ... does not want to give up' (ibid.). The argument, here, is not that the boy maintains his belief that his mother has a penis; rather, 'he has retained that belief, but he has also given it up' (ibid., p. 154). In that the female genital — the 'inferior organs' (ibid., p.157) — signifies the threat of castration, the boy needs to find a substitute — whether it is a foot, a shoe, a piece of velvet or an item of underwear. Further, the substitution of a fetish object representing the female phallus for the castrated female genital functions to 'save the fetishist from becoming a homosexual' (ibid., p.154). Freud's argument that the male fetishist is heterosexual is a curious one. The woman can become a 'tolerable sexual object' (ibid) for the male fetishist only if she has a penis, the sign of masculinity. Arguably, then, the male fetishist is homosexual in that his sexual object is masculine — it is the one who has a penis. Thus, the fetish can be interpreted as a manifestation of that homosexual object-choice, which 'all human beings have in fact made in their unconscious' (Freud 1905, p.145).

There is no discussion of the female fetishist by Freud. However, logically, she would be heterosexual notwithstanding the sexed subjectivity of her object choice. Like the male fetishist, her sexual object would either need a penis or a penis substitute to be tolerable. Thus, the woman who deploys a fetish object in her love relations with another woman has made a heterosexual object choice. She loves the masculine, the one who has a penis²⁴.

In Freud's work, there is no clinical elaboration of female homosexuality as a consequence of disavowal. Nor is there an elaboration of Freud's comment that disavowal in a girl *may* result in a compulsion to behave like a man (Freud, 1925, p.253). Nevertheless, "behaving like a man", whether it involves working in fields or engaging in other pursuits deemed to be masculine, acts as both a euphemism for female homosexuality — conscious or

²⁴ For further discussion of female fetishism, see for example Garber, M. (1992), and in particular her commentary (ibid., p.154) on the lognon of Freud's female homosexual (*Psychogenesis*, 1920).

unconscious — or a symptom of it, not only for Freud and the analysts of 1920s-30s but also for those who followed. Indeed, in some schools of psychoanalysis, “behaving like a man” informs a view that for a woman to take another woman as her love object is an indication of both perversion and a failure to recognise her castration.

Freud also invokes the mechanism of disavowal in his account of psychosis. His conclusion that the retaining of two contradictory beliefs necessitated a split in the ego demonstrates that disavowal is not aimed at repressing an unacceptable idea, but is a defence directed against an external reality. Operational in psychosis is the disavowal of a perception of reality. Notably, Freud (1905; 1920; 1933) consistently insists that female homosexuality is not indicative of psychosis.

In his 1931 and 1933 papers on female sexuality, Freud gives emphasis to the girl’s oedipal relationship with her mother and returns to the question of the transfer — the turn to the father and to men. In the 1931 paper, he acknowledges his debt to Jeanne Lampl de Groot and Helene Deutsch, who were able to discover through the analysis of the transference the nature of the girl’s attachment to her mother (1931, pp.226-7). Freud gives emphasis to the fundamental asymmetry between the psychic processes of men and women, repeating the logic of 1905 as elaborated above by holding that what is ‘characteristically feminine’ (Freud 1931, p.226) is to prolong the masculine — that is, love the mother for a longer period of time (ibid.). However, he also links this prolonged and pre-Oedipal attachment to the mother with both hysteria and the possibility of paranoia (ibid., p.227).

Brunswick: Clinical Example of Freud’s Second Theory

Freud cites his student Brunswick and her 1928 *Case of Paranoia (Delusional Jealousy)* as evidence that the pre-oedipal attachment to the mother is the genesis of paranoia in women — although in the case of Brunswick’s patient the attachment was to a mother substitute. Her mother had died when she was three years old, and since then she had been cared for by her thirteen year old sister. In citing this case, Freud provides an illustration of an important aspect of his conceptualisation of the Oedipus complex, namely, that prior to Oedipus the castration of the mother is not recognised, and the knowledge of the female genitals that comes about through the course of development is disavowed.

Further, the case can be read as an illustration of Freud's second theory of female homosexuality. Brunswick's project was to investigate whether Freud's theory about the link between paranoia and repressed homosexuality (Freud, 1915 and 1922a) was only applicable to men.

The case is described as a case of paranoia, a case without the Oedipus complex (Brunswick 1928b, p.177), and, importantly, a case of 'unconscious homosexuality' (ibid., p.175) — despite the fact that Brunswick's patient initially presented with marital sexual difficulties, and following the treatment she is able to enjoy 'satisfying physical relations with her husband' (Hamon 2000, p.203). The patient's circumstances are described in some detail, and through the course of the analysis her early history is constructed through dream-work. What the analysis uncovers is the pre-Oedipal love for her sister, who had introduced her to masturbation at an early age. The history is constructed to demonstrate that there had been an incestuous relationship between the patient and her older sister. Further, through the analysis of her dreams, the patient's homosexual transference to the analyst is also revealed.

The patient's mother had died when she was three years old, as a result of which she had been sent to live with her sister, who was ten years older. Brunswick describes the older sister as a surrogate for the mother, adding that she 'had been a prostitute from or perhaps the age of puberty' (Brunswick 1928a, p.2) and 'was erotically aberrant' (ibid.). The analysis began following a period of hospitalisation after a suicide threat, linked to episodes of paranoid jealousy. The patient 'obsessed with the idea that her husband was having an illicit relation with her stepmother, a woman of more than fifty years' (ibid., p.3).

Significantly, the threat of suicide and consequent admission to hospital/asylum occurred when she was twenty-nine years old, the age when her sister had died in an asylum.

In her case history, Brunswick first establishes the evidence for an unconscious homosexuality, and then moves to demonstrate that the primary structuring psychic mechanism as that of disavowal. Her patient, unlike the "young married woman" of Freud's 1923(b) footnote, disavowed not only her mother substitute's castration but also her own.

The patient's unconscious homosexuality is uncovered by the analysis of her dreams and the transference. The first reported dream is of a masked ball where the girls dance with each other, which confirms for the analyst the existence of a homosexual transference. She interprets this as 'a homosexual seduction, which the patient awaits at the close of the hour' (ibid., p.12). Brunswick is explicit about her aim, which is to persuade her patient that masturbation is neither wicked nor harmful. And this intervention has its effects. The patient reports a dream that she describes as "happy", in which the compliant patient forgets her desire to masturbate. This dream, however, does not indicate the cure. 'The patient's desire to be masturbated by me as formerly by her sister has not yet come fully into the transference; thus she cannot have given up a wish which has not yet been acknowledged' (ibid.,p.13). In order to 'force' (ibid., p.21) the transference, Brunswick has a consultation with her patient's husband. This seems unorthodox to modern clinicians, but there are a number of examples in Freud's case histories in which he met with family members of his patients — not least the 1920 case of the "Female Homosexual". Brunswick's intervention has the desired effect. The patient reports that 'she had had difficulty sleeping and so she pretended that I came into her bed and that she snuggled into my arms and kissed me. Hugging a pillow as close as possible, she at last fell asleep. She agrees that here the similarity to early scenes with her sister is unmistakable' (ibid., p.22). The homosexual transference is made conscious through the dream interpretation.

Although the patient's homosexuality is analysed as 'a homosexuality which has its basis in the accidental attachment of the normal passivity of the small child to an object, which happens to be feminine, the sister' (Brunswick 1928b, p.178), the account of the case demonstrates that the psychic mechanism deployed is that of disavowal.

As with the identification of the homosexual transference, the patient's disavowal of her castration and consequent belief that she has a penis is also elaborated by patient and analyst in a series of dreams. The patient has a recurrent dream of a black man with a ribbon in a bow. Brunswick equates the black man with the patient's sister through the signifier 'black'. The sister had black hair. Further, with less explanation, she interprets 'that this bow was in reality a male organ on a woman, in other words, a penis' (ibid., p.16). The patient reported a dream in which she is at a 'penis exhibition. The men are lined up on one side, the women on the other. But only the lower half of each body is visible. At the close of the exhibit each woman receives a man as well as an extra penis'

(Brunswick 1928a, p.20). In this dream, the patient both knows of her castration — she has a vagina for the man — and simultaneously denies the fact by having a penis too. The second dream has a similar theme. In this, the patient is at a dancing school where she learns feminine seduction but also that she has a penis. In the third dream, a dream of enuresis, urination is analysed as equivalent to ejaculation. *‘She is sleeping with her sister and has wet the bed. Her sister tells her to use the chamber; but the harm has already been done... To sleep with a woman means to have intercourse with her ... the bed is already wet. We see here how clearly urination represents ejaculation’* (ibid., p.19). And, as Brunswick remarks, *‘the grown woman has entirely retained her phallic character’* (ibid., p.17). In her analysis, although the patient has one memory of castration anxiety and of being jealous of her brother’s genitals, she is not displaying penis envy and/or castration anxiety. Her response to this had been a denial that she lacked the penis, accompanied by a conviction that her sister too had the male organ — which, in this case of unconscious homosexuality, clearly situates disavowal and the patient’s refusal of the universality of women’s castration as the primary psychic mechanism.

Brunswick’s departure from Freud in this case presentation is her formulation of the aims of analysis. She is quite explicit in her desire to reduce the levels of her patient’s paranoia and jealousy — an uncontroversial aim, except by more controversially bringing about an *‘improvement [in] the heterosexual side of her development’* (Brunswick 1928b, p.161). She explains the improved heterosexual relations between her patient and her husband as being the result of three moments in the analysis:

1. The reduction of sexual inhibition through the relinquishing of the belief that sex was wicked or harmful.
2. The analyst’s intervention of meeting with the patient’s husband, “forcing” the transference so that the analyst becomes the object of the paranoid jealousy, and, thus, also making conscious the homosexual transference.
3. The patient’s agreement with the analyst’s reconstruction that she had been seduced by her sister, which results in *‘the long-awaited negative transference’* (ibid., p.160) to appear, freeing the patient from her love for her analyst/sister.

The beginning of the cure, demonstrated to Brunswick by the improved relations with her husband (ibid., p.161), is signalled by a further series of dreams in which the disavowal of

feminine castration is replaced by an ‘acknowledgment of male superiority’ (ibid., p.156). In the first dream, the analyst has a large penis and a satisfying intercourse with the patient but then changes into the husband, who also satisfies her (ibid). This is followed by a further dream, in which ‘*she is being delivered of a large blonde baby. I am the midwife; her husband is the father of the child...* the heterosexuality of the patient has made definite progress’ (ibid., p.161). The colour of hair has some significance in this analysis — we are told that, unlike the patient’s sister, her husband is blonde. As evidence for her improved heterosexual development, Brunswick also cites that her patient no longer has a desire to masturbate or be masturbated by her husband. Sadly without comment, she reports that the patient’s husband obtained his sexual satisfaction solely through anal intercourse, and although this alone would not constitute evidence an unconscious male homosexuality, the reader is nevertheless left curious as to the content of the consultation between the analyst and him. Indeed, a queer reader may be tempted to construct the case differently — that is, as a case of homosexuality between a man and a woman, in which both have the male organ and deny the castration signified in the Freudian schema by female genitalia.

Brunswick’s analysis situates her patient at the pre-oedipal stage. There is no Oedipus complex in this case. While she acknowledges that her first impression was that her patient had made a profound regression from the Oedipus complex, through her analysis she demonstrates that ‘the father plays no part’ (ibid., p.177). This is explained by the ‘homosexual trauma’ (ibid), which fixed her to her phallic sister/mother at a pre-Oedipal level. ‘In the absence of the Oedipus complex with the phallic woman as the sole object of love the profound and early homosexual trauma so fixed the child to its older sister at a pre-Oedipal level that development along the lines of the Oedipus complex and heterosexuality was blocked’ (ibid). Thus, the trauma of the incestuous seduction by the sister blocked a developmental path towards the acknowledgement of the Freudian universal feminine castration, and so gave rise to an unconscious homosexuality.

Brunswick describes her case of female homosexuality as atypical:

‘The homosexuality of my patient was not the usual one, based on love of and identification with the father: the masculine, active homosexuality. On the contrary, it is a homosexuality which has its basis in the accidental attachment of the normal passivity of the small

child to an object which happens to be feminine (though phallic) the sister. Undoubtedly this is an atypical form, attributable to the seduction, which as we know, can distort the entire development of an individual. But even this atypical homosexuality gives rise to a paranoid psychosis in an individual to whom we feel it to be inappropriate’.

(*ibid.*, p.178)

Homosexuality and Disavowal

Albeit in quite different ways, Brunswick’s analysis of her female homosexual patient concurs with Freud’s findings about the link between paranoia (delusional jealousy) and male homosexuality.

Freud describes delusional jealousy as one of the classical forms of paranoia, and, somewhat enigmatically, as ‘what is left of a homosexuality that has run its course’ (Freud 1922a, p.225). He argues that this form of jealousy is an attempted defensive strategy that in the case of a man may be summarised by the formula ‘*I do not love him, she loves him!*’ (*ibid.*). Illustrating the theory with a clinical example, Freud proposes that in such cases jealousy is a projection of the subject’s own desire — magnified ‘enormously’ (*ibid.*, p.226) — so that it may remain repressed. Brunswick’s patient’s delusional jealousy was fixated on the idea that her husband was having a sexual relationship with his mother-in-law, the patient’s step-mother, ‘a woman of more than fifty years’ (Brunswick 1928a, p.3). The patient’s repressed desire is for her mother substitute, her sister. This unacceptable idea is then projected onto her husband and the patient is convinced that he is the one that desires her mother substitute. Thus, Freud’s proposition works equally well in a case of paranoia in a woman as it does in the case of a man.

The clinical report is used by Freud primarily to illustrate the link between repressed homosexual desire and jealousy through the notion of a defensive mechanism. His theory of male homosexuality as elaborated in the 1922 paper is as follows:

- The homosexual man’s fixation with his mother changes at puberty into an identification with her. He then looks around for love objects, which he can love in the way his mother loved him.
- His same-sex object choice is interpreted as a way of not being unfaithful to his mother.
- There is an over-valuation of the penis and an inability to tolerate its absence in a love object; thus, there is horror of female genitalia.
- Fear of the castrating father, resulting in a decision to retire so as to favour him, rather than compete for women (Freud 1922a, pp.230-231).

The mechanism of disavowal is not specifically referred to. However, Brunswick’s patient’s disavowal is a response to her own refusal to acknowledge the Freudian castrated female genitalia.

Freud introduces another explanation for the link between male homosexuality and jealousy, which is not illustrated in Brunswick’s case history. He argues that the love of a man for another man has its roots in an earlier rivalry and aggression. He suggests that a “narcissistic object-choice” is stimulated by the mother’s attentions to another boy, who might be set up as a role model. The ensuing rivalry is then dealt with by turning the other, rival, boy into a love object (ibid., p.232). These cases, most importantly Freud claims, ‘did not involve a *horror feminae*’ (ibid.) and thus there was no need for disavowal. Brunswick does not illustrate such an explanation of the link between jealousy, rivalry and homosexuality. Nevertheless, this is a model that would work equally well as an explanation for female homosexuality as for male homosexuality.

Brunswick’s case clearly illustrates the Freudian possibility that female homosexuality can result from disavowal — although not inevitably. However, there is another possible reading of it. Freud repeatedly divorces the notion of the choice of sexual object as a consequence of the outcome of the Oedipus complex as elaborated in his theories of female homosexuality. Brunswick’s 1928 case of *Paranoia (delusional jealousy)* could also be said to demonstrate how the outcome of a failure to turn from the mother to the father will not determine the choice of adult sexual object. Arguably, her patient is heterosexual. Her conscious adult sexual object choice was for a man, her husband; and ‘while the

homosexual nucleus of the paranoid psychosis remains unaffected' (ibid., p.161), the work in analysis was able to restore her heterosexual relations.

Summary

Freud published one clinical history of a female homosexual (1920) and went on to proffer two further accounts of the psychogenesis of female homosexuality. With his elaboration of the Oedipus complex in the three key papers 1923-25, the previous symmetry between the sexes is abandoned and Freud posits a different trajectory for boys and girls. Critically, the realisation of castration — or, in a strictly Freudian model, the reality of the universality of the castration of women — is met with disavowal. Freud's notion of disavowal introduces a psychic developmental limbo, which is neither strictly pre-Oedipal nor post-oedipal. The sexually undifferentiated child has a perception of castration, but persists in seeing/believing in the universal presence of the penis. The limbo of disavowal has the function of delaying — and for some indefinitely — the developmental “transformations” that result in a psychic sexual difference, which can coincide with the anatomically differentiated male and female.

Freud suggests that female homosexuality may be one outcome of the persistence of disavowal and the endless delay of these developmental transformations. He does not proffer any clinical illustration of this theory, but in 1931 cites Brunswick's case of unconscious female homosexuality as an example.

In the clinical commentary, Brunswick evidences:

- Her patient's unconscious homosexuality.
- A link between female homosexuality and paranoia, which concurs with Freud's findings of 1922(a).
- Her patient's disavowal of the Freudian universality of the castration of women.

With particular clinical accuracy, the analyst describes her case as a case of unconscious homosexuality, not qualifying it as a case of female homosexuality. Her patient disavows her own lack of a penis while at the same time disavowing its lack for her loved objects —

the mother substitute in the figure of the sister and the mother/sister substitute of the figure of the analyst in the transference. The theory of disavowal has a logic that eradicates the specificity of female homosexuality, since a woman who has a penis and loves a woman with a penis is indeed homosexual, but the feminine disappears through the mechanism of disavowal. In a Freudian schema in which masculinity is characterised by having a penis, the disavowal of its lack positions the woman psychically as a man. Or to put it another way, women who love each other and who both disavow their lack of a penis are logically male homosexuals.

Freud's second theory of female homosexuality differs from his conceptualisation of the 1920 topic. In summary and primarily, the female homosexual of 1920 loves a woman because of an oedipal disappointment. Firstly, her father loved her mother and gave the mother a boy child, refusing his daughter's unconscious oedipal wishes. Secondly, she loved the lady as a mother substitute, but as an overcompensation for the hostility she felt towards a mother who had forbidden her *jouissance* — both in relation to masturbation and in relation to other men, for whom her mother was a competitor. In the case of a woman who deploys the mechanism of disavowal as illustrated by Brunswick's 1928 case, female homosexuality is conceptualised not so much as a response to a disappointment and a prohibition, but to a desire to remain, against a perceived reality, not castrated — that is to have the penis, in a strictly Freudian schema, the signifier of phallic enjoyment.

Freud's Third Theory

Introduction

The third conceptualization of female homosexuality that can be identified in Freud's work is the notion that it is the result of an identification with the phallic mother. It is a theory signalled, but not fully elaborated, as early as 1920 in *Psychogenesis* and in the exposition of his second theory, in which female homosexuality is associated with disavowal. In his 1933 lecture — which arguably illustrates his third theory of female homosexuality — Freud again places female homosexuality on the side of neurosis. He tells his audience that his thesis is 'a product ... of detailed analytic work' (Freud 1933, p.130), and that it is 'analytic experience' (ibid., p.130) which has led him to conclude that the girl who

identifies with the phallic mother has done so not because she has remained at a pre-Oedipal stage. Rather, this identification is another response to castration.

Freud's third theory is consistent with his first and second, in that there is a reliance of notions of masculinity and heterosexuality in so far as the decisive factor is the possession of the male genital. Further, this is a theory that gives emphasis to the precariousness of sexed subjectivity and to Freud's repeated assertion that female homosexuality is not indicative of pathology.

The elaboration of the third theory can be read as an attempt to resolve the problems that result from "penis" being equivalent to "phallus"²⁵ in Freud's work, and to reconcile clinical evidence that female homosexuality is a response to castration and not indicative of its refusal or foreclosure. Freud's 1931 paper and 1933 lecture can be read as his "closing statement" in the debate amongst the analysts of 1920s-30s. Freud is emphatic about the asymmetry of the development of boys and girls, reiterating his 1924 position by holding that for the girl the Oedipus complex is 'not destroyed, but created, by the influence of castration' (Freud 1931, p.230) and that castration 'prepares for the Oedipus complex instead of destroying it... and she enters the Oedipus situation as though into a haven of refuge' (Freud 1933, p.129). Despite the acknowledgement of some of the differences in the psychic development of boys and girls, the conceptualization of feminine sexuality remains 'incomplete and fragmentary' (Freud 1933, p.135) and the female homosexual remains an enigmatic figure.

Freud advises those in his audience who want to know more about femininity to 'turn to the poets' (ibid.), as perhaps he himself had done. The publication of the 1933 lecture coincides with his analysis of H.D. — Hilda Doolittle, the American poet who, whilst also having sexual relationships with men, was openly homosexual. Freud provides no account of H.D.'s analysis, but her own writings and biography can be read as a clinical illustration of his notion of female homosexuality as an identification with the phallic mother.

²⁵ As Laplanche and Pontalis (1973) point out, the term "phallus" is rarely used by Freud, although 'in its adjectival form, it is used in a variety of expressions' (ibid., p.312). They equate the term "penis" as used in psychoanalysis with the anatomical reality of the organ, allocating instead to the term "phallus" a symbolic function (ibid.).

Theoretical Framework

The notion of the phallic mother is a term often used interchangeably with the pre-Oedipal or archaic mother (e.g. Grosz 1992, p.314; Hamon 2000, p.162). The mother with the penis, who is able to satisfy the child's every desire while satisfying herself through her child — each offering the other a perfect satisfaction — is an imaginary figure of the infant. As we have seen, Freud postulated that there is a time in infantile development when the absence of the penis in women is disavowed, and that it is the recognition and acceptance of castration that secures the infant's separation and independence, thus avoiding psychosis.

The phallic mother, then, is the mother whose castration is disavowed, the mother who still possesses the penis. Although the phallic mother is associated with the pre-Oedipal period and disavowal with psychosis, Freud is explicit that in his clinical experience 'female homosexuality is seldom or never a direct continuation of infantile sexuality' (1933, p.130). He argues that the girl who will make a homosexual object choice has entered the oedipal situation and, like her heterosexual sister, has suffered a disappointment. But unlike her heterosexual sister, 'the wave of passivity is avoided' (ibid.). Freud's third theory seems to contain an inherent contradiction. If a belief that the mother has a penis is a belief situated in the pre-Oedipal period and the psychic mechanism that is at play is that of disavowal, the girl who identifies with the phallic mother would be at a pre-Oedipal stage, and thus psychotic. In the Freudian schema, psychosis is a disavowal of the reality of castration. Yet, Freud explicitly writes that a girl who makes a homosexual object choice does so having entered the Oedipal complex.

In 1931 Freud writes that there are three possible options, 'three lines of development' (p.229) the girl can have to the acknowledgement of her castration. Firstly, she can renounce her sexuality 'as well as a good part of her masculinity in other fields' (ibid.). Or else, Freud argues, her second option is to 'cling with defiant self-assertiveness to her threatened masculinity' (ibid). The final option available to the castrated girl is to 'take her father as her object' (ibid., p.230) and, thus, reach the 'final normal female attitude' (ibid.). The significance of the three lines of development is that they are all the result of the acknowledgement of 'the fact of her castration' (ibid.) — of castration, and not of any developmental failure in the oedipal complex. Unlike Freud's theory of female

homosexuality as a manifestation of disavowal — his second theory, in which he argues that the retention of a belief in the female phallus is the result of a trauma which fixates the subject as a pre-Oedipal level — Freud describes “Option 2”, the second line of development, as a “masculinity complex” that *can* [my emphasis] result in a manifest homosexual choice of object’ (Freud 1931, p.230). “Option 2” signals Freud’s third theory of female homosexuality, in which there is post-Oedipal identification with the female phallus. “Option 2” is the option to retain phallic activity and hope to get a penis some day — a hope that is underpinned by a formative phantasy of being a man in spite of everything (ibid.). It should be noted that Freud’s 1920 Female Homosexual had a ‘marked masculinity complex’ (Freud 1920, p.169), although her homosexuality is not explained in this way.

In the 1933 lecture *Femininity*, Freud gives emphasis by repetition to the fact that both heterosexual and homosexual women have been through the same process. ‘The significance of these disappointments [oedipal] must not be exaggerated; a girl who is destined to become feminine is not spared them, though they do not have the same effect’ (Freud 1933, p.130). And ‘[e]ven for a girl of this kind [homosexual] it seems necessary that she should take her father as an object’ (ibid.). He further elaborates “Option 2”, arguing that not only this option is one of ‘cling[ing]’ (ibid.) to masculinity, but also one in which masculinity is exaggerated. With “Option 2” the girl has two further choices: to identify with her phallic mother or with her father, either identification offering the possibility to avoid the passivity that ‘opens the way to the turn to femininity’ (ibid.) — that is, the turn to the father. Freud is able to illustrate his theory of the female homosexual’s identification with the phallic mother by reference to Deutsch’s clinical work with homosexual women. Deutsch (1932) had described how the erotic play of some of her patients mirrored the relations between mother and baby. Her descriptions of an erotic play, in which the homosexual couples play the parts of husband and wife, are interpreted by Freud as evidence of an identification with the father, and he further argues that both erotic games are played as frequently as each other.

The factors that influence the choice of identificatory object — phallic mother or father — are mysterious to Freud, and he can only conclude that ‘it is a constitutional factor’ (ibid.), which results in a conclusive choice. At the same time, however, he acknowledges that for

women the choice of the identificatory and love object is not decisive — indeed, he holds, this is quite precarious and there will be ‘in the course of some women’s lives ... repeated alternation between periods in which masculinity or femininity gain the upper hand’ (ibid., p.131). Freud refers to the availability of both identificatory objects for some women as being the outcome of a regression — a possibility for women who, unlike men, remain in the Oedipal situation for an ‘indeterminate length of time’ (ibid., p.129). Arguably, the ‘haven of refuge’ (ibid.) that is the Oedipal situation for the girl contains both objects, and thus the notion of pre-Oedipal and post-Oedipal identifications becomes redundant.

Phallic Mother and Phallic Function

Although the notion of the phallic mother commonly refers to a pre-Oedipal figure and a denial of castration, the status and nature of the phallic mother for the woman requires further elaboration. Freud was insistent on ensuring that psychoanalysis remained distinct from biology and anatomy, but the interchangeability of phallus and penis in his writing mitigates against his aim. Lacan’s “re-reading” of Freud from the 1950s sought, amongst other things, to resolve some of the impasses and unanswered questions inherent in Freudian theory. Rather than departing from Freud as some contemporary and later analysts have done, Lacan gave emphasis to the Freud’s notion of the centrality of castration in the formation of human subjectivity and sexual difference. Further, Lacan’s differentiation between “phallus” and “penis” had the effect of increasing the distinction between psychoanalytic and biological/anatomical explanations of sexed subjectivity and sexuality. His notion of “phallus” is a complex one, which was developed through the course of his work. But since he was concerned with its function, the phallic function, this notion offers an opportunity to re-read the phallic mother within Freudian terms — that is, as an identificatory object available to the woman post-Oedipus, or at least not pre-Oedipus. In Seminar III Lacan argues that the child locates the phallus in the mother (Lacan, 1955-56, p.319). The phallus, here, is an imaginary object between the child and the mother. The phallus is what the mother desires, and ‘the child seeks to satisfy her desire by identifying with it’ (Evans 1996, p.141). However, in this seminar Lacan reminds his audience that ‘the phallus is ... a wanderer [and] it is the father who is supposed to be its vehicle’ (Lacan 1955-56, p.319). This is Lacan’s seminar on psychosis; but, in it, what informs my understanding of Freud’s third theory of female homosexuality is his notion of the “wandering phallus”. For Lacan, psychosis is the result of the failure to attribute the

phallus to a “fourth” in the triangle phallus-mother-child: that is, to the father, ‘the ring that holds all this together’ (ibid.). Thus, for Lacan, what does not function in the psychotic structure is the father. But could the wandering phallus and its function — that of holding the coherence of the Oedipus complex — be located elsewhere in neurosis too? In Lacan’s formulation, phallic function is the symbolic castration by which each subject enters the realm of language: ‘the phallus denotes the power of the signifier to bring the signifying into being’ (Fink 2004, p.139). Expressed in more Freudian terms, the function of the phallus is a prohibition of incest, which forbids and limits drive satisfaction, and makes possible for the child to seek another object. Although the problematics of the phallus as an entirely neutral signifier ought to be acknowledged, if the signifier of the “phallic function” is that which prohibits incest, it is then possible for this to be located in the mother, who, as Freud argues, prohibits her daughter’s sexual enjoyment. Within these terms, the phallic mother can now be read as the mother who prohibits the infant’s jouissance and comes between the child and the imagined satisfactions of the pre-Oedipal period. What is suggested, here, is not that this interpretation of the figure of the phallic mother is one formulated by Freud or indeed Lacan, but that it serves as an explanation of Freud’s clinical evidence.

The mother of Freud’s 1920 female homosexual can be read as a phallic mother, although it is not argued that Freud’s patient’s homosexuality could be explained by way of an identification with her. In 1920 Freud is describing his first theory of Oedipus, in which he repeats the heteronormative formulation of the *Three Essays*. Here, the girl’s love object is her father. At this point in his work, Freud had not understood the significance of the initial attachment of the infant — male or female — to the mother. Informed by the analysis, Freud describes the girl’s mother as having a phallic function in that she ‘kept an especially strict watch against any close relation between the girl and her father’ (Freud 1920, p.157), coming between her daughter and her father, prohibiting the incestuous relation. Reading the figure of the phallic mother in this way also makes sense of his footnote (Freud 1923b, p.145), in which he provides the clinical evidence of the “young married woman’s” belief that some women had the penis and some did not. If this belief in the phallic woman is a pre-Oedipal psychic phenomenon, logically, it would not be possible to hold a post-Oedipal opinion simultaneously. Later, in 1931, Freud elaborates what might be thought of as the phallic function of the mother at different points in the girl’s development, pointing out that it is the mother or mother substitute who prohibits the

sexual pleasure of the child through the prohibition of masturbation and again at puberty (Freud 1931, pp.232-3).

The centrality of penis envy in Freud's formulations and the ubiquity of the phallus in Lacan's work have been criticised by feminist commentators²⁶. The reliance on notions of the masculine, however, is entirely consistent with Freud's notion of libido: 'psychoanalysis teaches us to manage with a single libido, which, it is true, has both active and passive aims [that is, modes of satisfaction]' (Freud 1931, p.240). Freud was alert to the problematics of his terminology. In 1915, in a footnote to the Three Essays, referring to the libido, he writes that an 'instinct is always active even when it has a passive aim' (Freud, 1905, p.219). In the same footnote, he claims that "'masculine" and "feminine" are used sometimes in the sense of activity and passivity' (ibid.). The libido therefore is always masculine, thus it is appropriate for the term "phallus" to function as its metaphor. In both men and women the libido is active, but for the woman who makes 'the turn to femininity' (Freud 1933, p.130) and a heterosexual object choice there is a lowering of the active sexual impulses, whereas the passive ones rise (Freud 1931, p.239). In that she signifies the separation of the term "active" from its association with the "masculine", the female homosexual, on the other hand, avoids passivity (Freud 1933, p.130) and at the same time resolves the semantic dilemma. Once there is a separation of the penis from the phallus, and of the biological from the psychoanalytic, female homosexuality is no longer the manifestation of a pre-Oedipal relation to the loved object, but the active aim of the castrated feminine subject.

Clinical Example

As indicated above, the publication of the 1933 lecture coincides with Freud's analysis of H.D., whose relationship with her woman lover was significant in her demand for an analysis with Freud (Appignanesi & Forrester 1992, p.387; Friedman 2002). The analysis took place from March to June 1933 on a five times per week basis, and continued for a further six weeks from October 1934. Regrettably, Freud provides no commentary on this case. Thus, the question whether the analysis of H.D. is an example of the clinical evidence referred to in the 1933 lecture needs to be answered by reference to H.D.'s letters and

²⁶ Irigaray, L. (1974); Grosz, E. (1992); Butler, J. (1993).

literary work. The analysis did not inform Freud's paper, since this was published prior to H.D.'s arrival in Vienna (Friedman 2002, p.121). Appignanesi and Forrester (1992) argue that Freud's analysis of H.D. repeats his 1920 theory of the psychogenesis of female homosexuality. The authors read *Psychogenesis* as a case in which 'she [Freud's female homosexual] had never altogether transferred her feelings from her mother to her father' (ibid., p.390) in her passage through the Oedipus complex, and in which her early feelings for her mother were partially repeated in puberty. But this reading cannot be sustained. As outlined above, Freud is quite clear that the 1920 case is one which reveals the disappointment of his patient's love for her father, and that the love for her mother is compensatory for the feelings of hatred for her mother as rival. Further, Appignanesi and Forrester read the analysis of H.D. as a case of pre-oedipal fixation. And although their investigation of H.D.'s account of her analysis with Freud finds evidence of disavowal, they do not link the psychic mechanism of disavowal to Freud's theories about female homosexuality.

There has been much commentary on H.D.'s writing and on her relationship to Freud and psychoanalysis, for example Chisholm's — whose critique involved 'tracing Freudian figures, concepts, techniques, narratives, and theories' (Chisholm 1992, p.2) in her work — or Friedman's analysis of her work as antithetical to Freudian psychoanalysis (Friedman, 1981). In contrast with Appignanesi and Forrester, Chisholm claims that the case exemplifies Freud's first theory, in which the female homosexual turns into a man. Although this is not the central tenet of her thesis, Chisholm writes: 'H.D. becomes Freud' (ibid., p.4) — thus, not so much turning into a man but into a particular man. However, in H.D.'s letters there is evidence about her analysis that exemplifies Freud's third theory of female homosexuality — that of its genesis in an identification with a phallic mother, which is post-Oedipal.

Friedman (2002) commented that, somewhat surprisingly, these letters evidence that H.D. and Bryher — well acquainted with Freud's work and that of other analysts — were seemingly unfamiliar with Freud's theory of feminine sexuality (ibid., p.227). Further, she commented that the letters evidence that the 'homo woman' (ibid., p.236) was equally unfamiliar with Freud's *Psychogenesis* paper, despite it being published in English long before the beginning of her analysis with Freud. It may be possible to speculate another reason for this seeming lack of knowledge: that is, the impossibility of self-analysis.

Freud's notion of transference, as well as his well documented (Freud 1901, p.314; H.D., cited in Friedman 2002, p.69; Lacan 1962-3, Seminar X, 16.1.63, p.14; Fink 2004, p.16) difficulties with its management in the clinic, provides an explanation for the difficulties in reporting one's own analysis, assuming the knowledge that, imaginarily, is invested in the analyst. H.D. could not know what Freud knew — certainly not during the time of her analysis.

In H.D.'s May 3rd 1933 letter to her lover Bryher, Winifred Ellerman, she reports that Freud had made an intervention in the analysis to indicate that she, like all women, was 'deeply rooted in penis-envy' (H.D. 1933, cited by Friedman 2002, p.236). His intervention that she — as a 'homo woman' (ibid.), and possibly as an 'advanced or intellectual [woman]' (ibid.) — was 'simply frank and truthful' (ibid.). H.D. reports that Freud interpreted that she was 'stuck at the earliest OE [pre-oedipal] stage' (ibid., p.142), but she also had an unconscious desire to be the mother of her brother. *Advent* (1956) is H.D.'s account of her analysis with Freud, assembled from the notes she took at the time. Throughout this account, there is ample material that may be interpreted as confirmation of Freud's reported interventions. In her dreams and associations H.D. alludes to phallic symbols, the symbols of what she did not have — amongst others, 'the lighted candle' (H.D. 1956, p.124), the 'three inch strip of tough cactus fibre' (ibid., p.126), 'the giant worm' (ibid.), 'the lost umbrella' (ibid., p.144). She does not report all of Freud's interpretations of this material, but writes that he knew she understood the symbolism of the lost umbrella (ibid). In a more enigmatic comment, Freud is reported to have said to his patient: 'we would have no more problems if every child had a lighted candle' (ibid., p.124) — a "we" that could be read as meaning Freud and his patient. Freud's statement suggests that he is alert to his patient's penis envy, and the desire for a child from the father is also an Oedipal desire. H.D.'s understanding of Freud's intervention that she was stuck at a pre-Oedipal stage is contradictory the difficulties with reporting one's own analysis. It is theoretically inconsistent with the Freudian theory; that a feminine subject can be both, at a pre-Oedipal stage whilst at the same time acknowledging that she does not have a penis and having an unconscious desire for a male child from her father. Nevertheless, if the account is accurate, Freud's analysis of H.D. is that of a woman who has accepted her own and other women's castration. Further, if the account is accurate, Freud's interpretation of H.D.'s unconscious desire is consistent with his interpretation of that of his 1920 female homosexual patient. Except, here, there is no account of his belief

that she had turned into a man. Freud tells H.D. that her ‘triangle [reference to the Oedipal triangle] is mother-brother-self. That is early phallic-mother’ (Stanford 2002, p.142). In her account, H.D. writes how the notion of the phallic-mother was worked through with Freud, and how Peter Rodeck — who was a central figure in her analysis and with whom she had had a reportedly unconsummated relationship (ibid., p.574) — signified ‘always a phallic mother’ (ibid., p.143). Her account of her analysis is that of a woman who has accepted her castration, while at the same time maintaining an identification with the phallic woman.

As outlined above, prior to this analysis Freud proposed three options, ‘three lines’ (Freud 1931, p.229) for the psychic development of women. Evidently, H.D. had not taken up “Option 1”, Freud’s first line of development. There is no evidence that she had given up her ‘sexuality in general as well as a good part of her masculinity in other fields’ (ibid.). As well as having her intense relationship with her beloved Bryher, H.D. had been married twice. She was a prolific writer and, as will be elaborated in chapter 2, the notion of ‘masculinity in other fields’ (ibid.) was associated with intellectual pursuits. Again, the evidence regarding “Option 3” — despite it being based on the patient’s account of Freud’s interpretations, based the notes she took at the time — still needs to be treated with caution. H.D. recounts that Freud told her that she ‘had not made the conventional transference from mother to father, as is usual with a girl at adolescence’ (ibid., p.136). The turn to the father is critical in “Option 3”; thus, if the account is correct, in H.D.’s case this option must be ruled out.

Because of the transferences — to abbreviate a much longer discussion — diagnosis from a written account of an analysis is clinically suspect. Nevertheless, it can be argued that H.D. exemplifies an active, castrated, subject identified with a phallic mother, that is, a prohibiting mother who limits her *jouissance*. This view is based not on an analysis of the reported symptoms, but on the following:

1. the account of a dream of the moon and the dove (ibid., pp.324-5);
2. the account of the gift of gardenias as reported by Buck (1991, pp.109-111);
3. and on the evidence of the establishment of the paternal transference.

H.D.'s letters contain much reference to Freud's interpretation of her dreams. For example, in her May 26th 1933 letter to Bryher, she describes the following dream:

‘There was a giant moon, bigger than the sun. It was rainbow coloured and like a pool of rainbow in the sky... there was a dim figure of a woman in the moon... she was pregnant... she was not Madonna in that sense, she was Greek, she was Artemis, yet she was pregnant...VIRGIN but pregnant... A bird crossed the surface, a dark pigeon, a dove... The moon, of course, equated mother, but it was “mother in heaven”. You and Joan and I were a sort of band of sisters, the Graces or Fates’

(ibid., pp.324-5)

H.D. reports that Freud was ‘much moved’ (ibid.) by this dream, and that this was a turning point in the analysis. According to this letter, Freud analysed her dream as indicative of a turn to a pure homo layer. The dove represented the ‘holy Ghost’ (ibid.), or the pregnancy agent, and ‘the “band of sisters” of course, cannot contemplate the “father” as fertilizing agent, in the pure state of homosexuality’ (ibid.).

While Stanford (2002) interprets the “pure homo layer” (ibid., p.326) or ‘pure state of homosexuality’ dream (ibid.) as evidence of a feminine desire that is not phallic, the dream can be interpreted differently. Stanford’s interpretation is based on H.D.’s report that Freud had said to her that the ‘phallic mother was a layer before the final moon-mother. This was no phallic mother, the bird was a phallus’ (ibid.). However, since Freud did not posit the notion of a pre-phallic mother in his theory of feminine sexuality, H.D.’s dream can be interpreted as an identification with the phallic mother. The dream figure of the pregnant woman is pregnant without recourse to the phallic dove. She is a virgin, who has no need for the phallus as she is already pregnant. Significantly, the dream figure is not the Christian Madonna but Artemis, the fertility goddess often represented with rows of bull’s testicles — that is, the mythological phallic woman.

In a Lacanian reading, Buck’s (1991) interpretation of the gift of gardenias provides an analysis of H.D. as structured by lack – a lack that, here, signifies castration. In *Writing on the Wall*, H.D. (1956) describes her search for a birthday gift for Freud. She did not wish to

give him orchids, since this had become the tradition. Instead, remembering his remarks about the gardenias that could be found in Rome, she decided to give him gardenias. In doing so, she demonstrates her desire to satisfy Freud's/'Papa's'²⁷ desire — a desire that puts her in a position of lack precisely because she is desiring. The gift of the gardenias make it clear that the subject is divided rather than unified, since the importance of the gift lies in its recognition and reading by Freud — she quotes his guess that she had sent them to him, and in *Tribute* (1948) she also quotes his thanks in full (Buck 1991, pp. 123-124).

In a didactic manner, Freud interprets her transference to him as evidence of a maternal transference (H.D. 1956, p.147). H.D. reports that this did not seem satisfactory to her (ibid., p.146). Again remaining cautious of an account from the patient and also alert to Freud's own admission of his difficulties with the transference in his work with his female patients (e.g. Freud 1905, p.120), could H.D.'s dissatisfaction with his interpretation indicate that Freud was wrong? The analysis described in *Advent* (H.D. 1956, pp.113-187) shows how H.D.'s disappointment with her harsh father proves to be the vehicle for a paternal transference to the figure of Freud/'Papa' — whom, both consciously and unconsciously, is positioned as having a knowledge/a something that is not accessible to her. The confusion documented in the case about the nature of her transference to Freud could be explained by an identification with a phallic woman, a feminine object which has that something that limits an imagined total satisfaction.

Thus, H.D. can be seen to exemplify Freud's third conceptualisation of female homosexuality. From the dream interpretation, it is evident that she acknowledges her castration — that is, she lacks the phallic agent of the dove. Her Oedipal disappointment is evidenced by her transference to Freud, and there is no disappointment prior to the resolution of the Oedipus complex. Yet she does not make the turn to men/father, taking instead a woman as her lover — a move that exemplifies a case of female homosexuality, in which passivity is avoided despite the acceptance of castration. And for Freud this can only be explained by "Option 2", when the girl follows the second line of development available to her — that is, an identification with the phallic mother.

²⁷ In her account of her analysis and in her letters, a term often used by H.D to refer to Freud (see Stanford 2002, pp.1, 56, 203 and elsewhere).

In the Freudian schema, the refusal of castration — whether by a man or a woman — is a defining feature of psychosis. And it is evident that Freud did not view female homosexuality as indicative of psychosis. His case history of Schreber, elaborating his theory of paranoia, had already been published in 1910. Freud acknowledges the feminine current in Schreber's delusions, yet makes no reference to the case in his elaboration of female homosexuality. However, he addresses the association between psychosis and homosexuality in the case of a woman in 1915, with the publication of *A Case of Paranoia Running Counter to the Psycho-analytic Theory of Disease*. Roof (1991, p.19) draws attention to Freud's determination to demonstrate a link between paranoia and homosexuality, despite the fact that the paranoid 'handsome girl' (Freud 1915, p.263), aged thirty years old and 'of a distinctly feminine type' (ibid.), was heterosexual. And although there is a predominance of clinical material in which female homosexuals are diagnosed as psychotic or perverse, Freud's analysis of female homosexuality is not based on her object-choice, sexual behaviour or symptom, but on her early relation to the first love-object: the mother.

We know that Freud did not view H.D. as psychotic — if he had, he would not have received her in analytic treatment. Indeed, Freud advised psychoanalytic practitioners to undertake 'lengthy preliminary discussions before the beginning of analytic treatment' (Freud 1913, p.125) so as to establish a diagnosis, since the 'promise of cure' (ibid., p.124) can only be fulfilled for those suffering from neurosis. In his recommendations, he is adamant that to treat a psychotic subject would be both, to waste money and discredit psychoanalysis (ibid.). Thus, it follows that he would have diagnosed H.D. as neurotic.

Summary

Here, I have identified a third conceptualization of female homosexuality in Freud's work based on his later writings of 1931 and 1933. Freud writes that, on realizing the fact of her castration, one of the responses a girl may have is to 'take refuge in an identification with her phallic mother' (Freud 1933, p.130). She does this, he adds, to avoid 'the turn towards femininity' (ibid.). This response influences the girl's object choice and results in 'manifest homosexuality' (ibid.). The term "phallic mother" may be thought to refer to a mother whom the child believes to have a penis, and to maintain such a belief would indicate a failure in psychic development and psychosis. Drawing on Lacan's re-reading of Freud, I

have indicated where Freud refers to a phallic function that can be located with the mother. It is in this sense that, here, I interpret Freud's 1933 reference to the phallic mother. The girl's identification with the mother, who has a phallic function, results in a homosexual object choice. I have illustrated Freud's third theory through a reading of H.D.'s account of her analysis with him, and through her published correspondence. Rather than a disavowal of castration, this illustration demonstrates an identification with the phallic function located with the mother.

Freud's third conceptualization of female homosexuality for the developing woman, his "Option 2", raised further questions for him. Unlike his 1920 analysis — which was complete (Freud 1920, p.147) — or his theory that links female homosexuality with disavowal of castration, Freud is speculative here. 'What can it be that decides in favour of this outcome?', he asks, referring to the girl's 'identification with her phallic mother' (Freud 1933, p.130). 'We can only suppose that it is a constitutional factor, a greater amount of activity' (ibid.). Thus, his project to keep anatomy and biology distinct from psychoanalysis (Freud 1905, p.133) still flounders on the figure of the female homosexual. What is this opposition of activity/passivity, so crucial to the turn to the father and heterosexuality? In the Freudian theory of libidinal development active/passive is the first antithesis, followed by phallic/castrated and then masculine/feminine. In the case of Freud's female homosexual, the three terms are clearly not synonymous.

Conclusion

In this chapter, I have identified three distinct theories of female homosexuality in Freud's work, elaborating them with reference to the psychoanalytic clinic. The three theories are not entirely the result of a linear development of his thinking. Arguably, they are the outcome of clinical work gathered from the analysis of female homosexual patients, despite the existence of only one fully documented case by Freud himself. Thus the theories do not replace, but inform one another. All three theories have their roots in the 1905 theory of infantile sexuality of the *Three Essays*, and illustrate the development of Freud's thinking around the question of the girl's pre-Oedipal relation to the mother, the turn to the father, and the nature and status of the threat of castration for her. Yet, there is a failure to provide an account of the psychogenesis of female homosexuality which is not reliant on the heterosexuality of the Oedipus complex and on masculinity.

The most notable congruence between the three theories is Freud's reliance — and, indeed, insistence — on the notion of masculinity. In the first theory, as a response to an Oedipal disappointment, the female homosexual turns into a man. In the second, consciously and/or unconsciously, she believes that, in so far as they have a penis, all women are men — and those women who disavow the universal castration of women insist on being like men and on loving like men, which characterises the Freudian notion of female homosexuality. And in the third, although she recognises and accepts the fact of castration and the limit to the pre-Oedipal imagined satisfactions, the female homosexual identifies with a phallic object — albeit this being a feminine one. Thus, Freudian theories of female homosexuality elide its specificity, theorizing it as essentially masculine and heterosexual — a characterization that will persist throughout and beyond the psychoanalytic discourse.

Despite Freud's analysis that 'all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious' (Freud 1905, p.145), the first and second theories serve as an elision of the specificity of female homosexuality, underpinning sexual choice with a notion of a universal heterosexuality. In the first theory, heterosexuality is explicitly given. The 1920 homosexual girl had turned into a man, and the object of her love was a woman. Thus, this is a case of heterosexual love. In the second theory, where female homosexuality may be the outcome of the disavowal of castration, the chosen love object is the one who has the male attribute: the penis. Like the male fetishist, her sexual object needs a penis, or a penis substitute, to be tolerable. But the woman who deploys a fetish object in her love relations with another woman has made a heterosexual object choice. Logically, then, notwithstanding the sexed subjectivity of her object choice, the female homosexual here is in fact heterosexual. Further — citing clinical evidence to demonstrate that a woman can disavow castration of some women, but not all — Freud allows for a "partial disavowal" (my term). From this perspective, it is possible therefore for either the lover or the beloved to have the penis — or, indeed, to be without it. Thus, while the love is for an object that is different from the subject, the outcome, again, is heterosexuality.

The 1920 analysis of the homosexual girl and of H.D. illustrate the difficulty Freud had with the handling of the transferences of his patients. Arguably, this difficulty reflects a theoretical impasse in his attempt to propose an account of sexual difference distinct from a biological or anatomical explanation. As there is no account from either Freud or a

patient of his analysis and treatment of a case of female homosexuality in which disavowal is the primary psychic mechanism, there is no evidence that the transference would always be problematic. Nevertheless, Freud himself reportedly told H.D. that he always felt hurt by the maternal transference of his patients, which he claimed he frequently experienced because he felt ‘so very, very, very MASCULINE²⁸’ (H.D., cited in Friedman 2002, p.69). His theory of the unconscious and psychic development makes possible for a woman to be a man. However, what remains difficult for him is to be turned into a woman in the transference — having proved his theory that transference always serves resistance, but lacking the theoretical tools to realize his project of divorcing sexual difference from anatomical difference. Thus, the promise of queer theory.

For Freud, the transference is necessary for an analysis to take place but also operates in the service of resistance (Freud 1912, p.101). His work with his female homosexual patients seems to prove his argument. It is as if his experience of his own anatomy made his project impossible.

Throughout the development of the three theories, there is evidence of Freud’s growing appreciation for the pre-Oedipal relation between the infant and the first love object: the mother. In 1920 he identified this factor in the unconscious life of his female homosexual patient, whose love for ‘the lady’ (Freud 1920, p.162) was only in part a consequence of the revival of her early object relations. In the second theory, the pre-Oedipal relation to the mother is paramount, and the child who is beginning to accept the horror of castration will retain the belief that the mother has a penis, even when the castration of other women is acknowledged (Freud 1923b, p.145). In Freud’s third theory, his “Option 2”, he is concerned with the relation to the mother, positing that the notion that the phallic mother remains available to the child post-Oedipus and castration.

Freud’s research into sexual difference did not take place in a vacuum. The development of his theories of female homosexuality took place at a time in which there was concern to establish psychoanalysis as a distinct discipline. Freud is explicit about his gratitude to specific colleagues, analysts who contributed to what has come to be known as the 1920s and 30s Freud-Jones debate on the topic of feminine sexuality. Nevertheless, he was

²⁸ H.D.’s emphasis.

famously critical of those analysts whose research failed to contribute to the project that aimed to keep psychoanalysis and biology distinct.

Freud's contentions will be taken up in a curious way by both his followers and his critics, situating female (homo)sexuality as the site of the tensions between the different schools of psychoanalysis. However, the themes, associations and questions contained within his 1920s and 30s theories will insist in the discourse on female homosexuality — not only within psychoanalysis but also within other disciplines.

CHAPTER TWO

FEMALE HOMOSEXUALITY: THE EARLY PSYCHOANALYTIC DEBATE

Introduction

In this second chapter, I will examine the ways in which Freud's psychoanalytic contemporaries in the 1920s-30s conceptualized female homosexuality. Through a critical reading of the published texts of the 1917-35 psychoanalytic debate on female (homo)sexuality, I will show how the "unconscious rule" that associates female homosexuality with masculinity provides a site of congruence between both, Freud's followers and those who radically revised and departed from his views. Furthermore, I will argue that the figure of the female homosexual is central to the origins of psychoanalysis, being the site of contention between Freud, his followers and his detractors. During this period, when psychoanalysis was being established as a new and distinct discipline, whether their homosexuality was conscious or unconscious, clinical work with female homosexuals was the arena in which the early analysts debated the question of sexual difference and whether psychoanalysis could formulate an answer to this question, independent of biology and anatomy.

As can be seen from its pre-history — from Charcot, to *Studies in Hysteria* (1895), to Freud's later papers (1931; 1933) — it is generally accepted that the figure of the woman has been critically important in the early history of psychoanalysis. However, the place and particularity of the female homosexual has been neglected. In the twenties and thirties, a debate took place amongst the early analysts that has been commonly described as a debate on the question of feminine sexuality. The papers published during the debate, which set out the various positions taken up by Freud and his contemporaries, were recently edited into a single collection (Grigg, Hecq & Smith 1999). Here, it will be argued that this debate centred, instead, on the question of feminine (homo)sexuality. The term feminine (homo)sexuality is adopted in order to signify the curious neglect of the female homosexual by commentators on the debate, despite the fact the love of a woman for another woman was very much a preoccupation of the early analysts. Yet, when introducing Freud's work on questions of femininity in their edited collection, Grigg, Hecq and Smith neglect to reference Freud's *Psychogenesis*. Further, *Psychogenesis* is rarely referred to as one of Freud's major case studies.

The debate in question has been variously characterized as the "Freud-Jones debate", "the debate between the Viennese and the Londoners" — as Jones termed it — or the "Freud-

Abraham” debate (Hamon, 2000). However, given the preponderance of case material related to female homosexuality, I propose, instead, to characterize it as “the feminine (homo)sexuality debate”. Furthermore, both explicitly and implicitly, the contributors to the debate continually return to Freud’s 1920 case history of the homosexual girl. The genesis of the theories of femininity that depart from Freud can be traced to Abraham’s clinical papers of the 1920’s, which were developed by his analysands Klein and Horney, as well as by Jones following Abraham’s untimely death in 1925.

With the wisdom of hindsight, it is tempting to give emphasis to the politics of this debate. **It** has received much attention from the historians and critics of psychoanalysis. Mitchell and Rose (1982) have drawn attention to Lacan’s return to Freud, situating the debate as ‘crucial in the development of object-relations theory’ (ibid., p.22). Appignanesi and Forrester (1992) have pointed out that the issues and questions addressed in the debate reappeared in later splits and divisions within the psychoanalytic world: ‘the Kleinians versus the Freudians in London; the Lacanians versus the Bonapartists in Paris’ (ibid., p.430). However, Freud’s contemporaries were concerned with extending and refining psychoanalytic theory through the presentation of their own clinical findings. This was a scholarly debate conducted with integrity, and the contributions can be read as being not overtly driven by allegiances. Indeed, although the two strands are clearly identifiable, the clinicians are autonomous and do not adhere slavishly to a “party line”. Nevertheless, the contributors are all analysts; thus, their transferences to their own analysts are likely to be at play in their work.

The contributions to the debate informed the feminist critiques of psychoanalysis — both, those that read psychoanalysis as providing the ideological justification for the oppression of women²⁹ and those which proposed that feminism needed psychoanalysis³⁰. The debate has received also some attention from queer theorists, particularly Teresa de Lauretis (1994), who drew on Freud’s writings and those of his opponents to propose the notion of a distinct lesbian desire. Most importantly, however, the centrality of the figure of the female homosexual in this debate informs psychoanalysis’ own contemporary clinical conceptualisations and theories of female homosexuality.

²⁹ See for example Friedan, B. (1963) *The Feminine Mystique*.

³⁰ Juliet Mitchell’s influential *Psychoanalysis and Feminism* (1974) proposed that psychoanalysis was crucial for a feminist challenge to patriarchy.

Freud's theories of female homosexuality arose through his analysis of his patients, and as I have argued in the first chapter, through his engagement with the clinical work of his colleagues. The early analysts engaged with the debate were developing theories of sexual difference that either followed Freud — explaining it as an effect of the unconscious — or proffered anatomically and biologically informed explanations. Not for the first time, in his 1933 lecture Freud acknowledges his appreciation of the contributions made by women analysts. Nevertheless, he is explicit about his disagreement with Jones, Horney and Klein's views on feminine sexuality (Freud 1931, pp.241-2). Further, at the very end of the debate Freud writes a letter to Muller-Braunschweig, the significance of which has been highlighted by Mitchell (1982). In this he writes:

‘I object to all of you (Horney, Jones, Rado, etc.) to the extent that you do not distinguish more clearly and cleanly between what is psychic and what is biological, that you try to establish a neat parallelism between the two’.

(Freud 1935, p.329)

As the vehemence of Freud's letter suggests, what was at stake in this debate was psychoanalysis itself. How could psychoanalysis be situated as a distinct discipline if it relied on anatomy and biology for an explanation of sexual difference? The debate was also concerned with other questions — the nature of repression; why some people develop symptoms and others inhibitions; the difference between the castration complex and castration anxiety; identification; regression; the question of knowledge (in the debate usually referred to as “awareness”) and enjoyment, and how these relate to each other. The vehemence of the above statement from Freud indicates the high stakes in this debate. Freud was concerned not only with the clinical imperative to understand the nature of femininity and sexual difference, but also with the establishment of psychoanalysis as a distinct discipline. The debate is of historical importance in two ways. Firstly, as Grigg et al (1999) point out in the preface to their edited collection, because of its impact on the development of Freud's thinking. Secondly, because in the course of it some of Freud's contemporary clinical colleagues proposed radical revisions to his theories. As Mitchell (1982) has argued, those who departed from Freud relied on biological explanations of sexual difference or ‘stressed the significance ... of identification with its dependence on

an object' (ibid., p.22). Thus, the different schools of psychoanalysis can be said to have their origins in this debate.

This chapter is divided into three sections. The first will contextualise the debate, which took place during the inter-war years, a time when homosexuality and homosexuals were increasingly visible in Europe. This was a time that saw a growth of representation of homosexuality within art and literature. Further, during this period homosexuality became of interest to medicine; and whereas previously the definition of a homosexual "act" had been a matter for the judicial system, now it became instead a matter of "diagnosis". This section will also consider the political, social and cultural context within the psychoanalytic community itself during this time.

The second and third sections will elaborate, respectively, the key contributions in support of Freud and those that depart from his theories of feminine (homo)sexuality. Freud and his supporters were concerned to keep psychoanalytic explanations of sexual difference distinct from those of biology. The coherence of the Freudian position is that, despite its consequences, anatomy is not indicative of destiny. Psychically, girls can become men: Freud's first theory; the lack of some or all women's penis can be disavowed: Freud's second theory; or, women/mothers are available as identificatory phallic objects: Freud's third theory. But in a development of Abraham's work, Jones, Klein and Horney posited instead the notion of a primary and innate femininity. Thus, for them, anatomy is destiny. This approach differs radically from Freud's, in that the girl has an innate knowledge of sexual difference which comes about from an innate knowledge of anatomy, in particular the vagina. Further, it is an approach that postulates an original heterosexual sexual attraction. Consequentially, female homosexuality is deemed pathological rather than one possible outcome of the process of becoming a subject, as characterised by Freud. In the second section, the analyses of H — psychoanalyses' first female homosexual³¹ — by both Van Ophuijsen and Lampl de Groot, will exemplify the Freudian position that destiny is not determined by anatomy. The case history will be elaborated and read against Freud's theories of female homosexuality. Similarly, in that it gives emphasis to the identification with the phallic mother/woman, Helene Deutsch's clinic of female homosexuality is read as a development of Freud's third theory. In the third section, the development of the

³¹ Van Ophuijsen's (1917) case history of H. is the first case of female homosexuality published by a psychoanalyst.

notion of a ‘biological principle of hetero-sexual attraction’ (Horney 1925, p.114) and the equation of genitality and heterosexuality (Riviere 1929, p.181) — the logical consequence of a primary and innate femininity — will be traced through the clinical case histories reported by Abraham and Jones, with reference also to Klein’s work during this period. The consequence of this formulation for female homosexuality is that it can only be conceptualized as a constitutional or developmental failure.

Andre (2002) argues that the critical clinical question of the debate — that is: is there an early knowledge of the vagina? — is what ensures adherence to one or the other theoretical positions. Although there is a divergence from Freud on the question of the innate and primary knowledge of the vagina, all contributors to the debate, except Horney, agree that the girl suffers from penis envy, despite the diverse interpretations of this notion put forward by the different analysts. Once a primary and natural heterosexuality is posited, Horney’s radical re-interpretation of penis envy becomes a theoretical necessity.

The published papers of the debate demonstrate how Freud and his contemporaries gave increasing significance to the early relationship between the mother and infant. Grigg et al. (1999) describe the debate as marking a ‘turning point in Freud’s work’ (ibid., p.15), since it obliged him to reformulate his original question — why does the little girl make a turn to her father? — questioning, instead, how she changes her love object:

‘In little girls the Oedipus complex raises one problem more than in boys. In both cases the mother is the original object; and there is no cause for surprise that boys retain that object in the Oedipus complex. But how does it happen that girls abandon it and instead take their father as an object’.

(Freud, 1924a, p.251)

Mitchell (1982) argues that Freud’s reformulation is a direct result of his debate with his clinical colleagues (ibid., p.23). She points out that the natural heterosexuality of his first formulation of the Oedipus complex was untenable, and that he was equally dissatisfied with its simple reversal, which gave emphasis to the relationship with the mother (ibid.) and, ‘as Lacan would argue’ (ibid., p.24), led to Freud’s formulation of desire. However, the emphasis on the mother-infant relationship during the debate had consequences for the

way in which female homosexuality was thought about. These consequences will be explored through an investigation of the case histories presented in the debate.

Context

Homosexuality and Women

The debate amongst psychoanalysts opened in the aftermath of a European war, and concluded at a time of world economic decline and under the threat of Nazism. This was an era characterised by social upheaval, changing conceptions of women and women's role, and demands for emancipation and education. While the history of "homosexuality" is complex – the term itself not being a stable one – it is evident that, at least in urban areas, pre-1939 Europe witnessed the development of homosexual sub-cultures and a corresponding interest in the topic from both the medical and scientific fields, as well as from the popular and cultural fields. The methodological difficulties of compiling the history of the emergence and growth of homosexuality have been widely acknowledged (e.g. Weeks, 1979; Plummer, 1981; Tamagne, 2006). Sexuality is not independent of its contexts and is determined by culture and politics; and in that homosexuality did not conform to the ideological mores of the twenties and thirties, accounts and representations will inevitably be distorted. Social and political constraints necessitated discretion and even silence, which has had an effect on historical sources, queering personal testimony, journalistic coverage and medical and literary accounts. The history of female homosexuality is particularly problematic. Social and political inequality between men and women resulted in a relative lack of influence for women; thus, paradoxically, female homosexuals posed fewer social problems and so received less attention than male homosexuals. Arguably, the social situation of women and their comparative absence in public life, combined with the predominant attitudes towards female sexuality, have resulted in the history of female homosexuality being comparatively less documented. Nonetheless, there is evidence of the place of women in emerging movements for homosexual equality, a liberalisation of social attitudes and the emergence of a construction of homosexual identity.

The inter-war years saw a growth of interest in homosexuality, including female homosexuality, and the period following World War I saw a 'virtual explosion of

homosexual themes in literature and the arts' (Tamagne 2006, p.207). Novels published at this time reflected something of the image of particular public figures — famously, Radclyffe Hall in Britain, and in Paris Romaine Brooks and Madeleine Pelletier, who incidentally was the first woman psychiatrist in France. At the same time, however, these works propagated a model of the female homosexual as masculine in nature and appearance, reflecting and consolidating the medical-scientific as well as the psychoanalytic discourse of that era. Examples of this genre include not only Hall's *Well of Loneliness* (1928, London) but also Binet-Valmer's *Sur le sable couchés* (1929, Paris), Margueritte's *La Garçonne* (1922, Paris) and Mackenzie's *Extraordinary Women* (1928, London), to mention only a few in which female homosexual characters are masculine in appearance, aspire to be men, and/or give each other men's names. The themes and depictions of female homosexuality would not be new to those familiar with the psychoanalytic publications of this time. Like Freud's 1920 female homosexual, Hall's Stephen is identified with a man. And like the 1920 female homosexual, her mother does not like her and it is her father who turns to the doctors for an explanation/cure. Menalkas' (1932) character, Erna — in *Erna, jeune fille de Berlin* — implicates psychoanalysis differently. As a journalist, Erna visits all the places that signify homosexuality, and in the novel the homosexual clubs and salons of Paris and Berlin are situated alongside Vienna's psychoanalytic circle. Similarly, the depiction of female homosexuals in art gives weight to associations with masculine attributes. In *Sonja* (1928) and *Les Deux Amies* and *Burbot* (1928-29), Schad portrays his subjects with short hair and wearing masculine dress.

The growth of literary and artistic representations of female — and male — homosexuality both reflected and created the inter-war years' representation of female homosexuals, providing the models for homosexual women. Dressing in masculine clothes was very much the fashion of the avant-garde women who predominated in the clubs and cafes that were beginning to emerge in the capitals of Europe. The relative liberalisation of attitudes — at least as can be documented in urban Europe and for the middle and upper classes — facilitated the growth of such meeting places, and the adoption of male dress by some women allowed female homosexuals to meet and recognise each other. However, within this particular and specific milieu, not all conformed to the emerging stereotype. The espousal of masculine attributes and dress was disparaged by some who judged it to be anti-feminist — Leduc's lover reproached her for 'imitating [men]' (de Pougy, cited

Tamagne 2006, p.35); ‘why would we wish to resemble our enemies’ (ibid.). Others — those who followed Natalie Barney’s cult of Sappho — wore flowing Greek robes, ‘a mode of “feminine” elegance that declared itself as artistic, aristocratic, and sexually free-spirited’ (Garber 1992, p.146). Dressing as a man was a signifier not only of sexuality but also of class. It was explicitly forbidden in Paris from 1800; but while upper class women could travel to clubs and bars by coach in their male clothes, others had to instead disguise themselves en route (ibid., p.153). Garbers (1992) draws attention to the monocle, describing it as the most recognizable and readable sign of Parisian lesbian culture. She argues that, when worn by a woman, this and its feminized version, the lorgnon, are signifiers of castration and empowerment³². Furthermore, she points out that clothing signifies at a number of levels: class, gender, and erotic style as well as sexuality. Thus, translating and decoding the signs is complicated, but at the same time also pleasurable (ibid., p.161). Psychoanalysts, too, seem to take pleasure in decoding the signs of their patients’ homosexuality, gender and erotic style, as some of the case studies discussed indicate. However, in the 1920s-30s, there was more of a preoccupation with those signs of homosexuality that could be detected in the patients’ occupations and interests, rather than their clothing. But, as will be discussed in later chapters, psychoanalytic case histories published post World War II continually cite masculine clothing as evidence of female homosexuality.

The growth of interest in (female) homosexuality is not only demonstrated by literature and art. In Britain, during this period, there were two journals that addressed the issues of female homosexuality: *Freewoman*, first published in 1912, which circulated Carpenter’s (1908) idea of an ‘intermediate sex’ (ibid., p.114) as a special category with which women might identify; and *Urania* (Oram & Turnbull, 2001), which strongly advocated passionate love between women – although it also avoided or condemned what it named a sexual perversion (ibid., p.240). In Germany *Die Freundin*, a journal published first monthly and then weekly, had a wide circulation from 1924 to 1933. A similarly campaigning journal — *Inversions*, published in Paris in 1924 — produced only five issues before ceasing publication. Its short history, in Tamagne’s view (2006, p.103) was due to the increased tolerance for homosexuality in France as compared to England and Germany, as well as by

³² Freud (1920, p.163) imagines his female homosexual girl as a *grande dame* with a lorgnon.

a ‘certain political immaturity’ (ibid.) which confined discussion to ‘the literary sphere’ (ibid.).

The growth and development of a large “lesbian” subculture in Berlin, and even a larger one in Paris, has been well documented by Faderman and Erikson (1980) and Tamagne (2006), whose study includes the London “lesbian scene”. The deployment of the term “lesbian” in these studies draws attention to another methodological difficulty in contextualising the topic. Both the term “lesbian”, commonly espoused in the late twentieth century, and the term “female homosexuality”, an earlier twentieth century concept, could not be said to be stable. As discussed in my introduction to this thesis, the question of definition, of terminology, is problematic. Is female homosexuality and/or lesbianism a matter of sexual attraction or a sexual act? Should the terms homosexual and lesbian be applied only to those who define themselves as such? These are questions that concern contemporary commentators, but they also preoccupied the psychoanalysts engaged in the debate of the 1920s and 30s, and perhaps unsurprisingly also some of the women who loved women during this era. Charlotte Wolff (1980), for example, writes: ‘neither Ida nor I had ever heard the term “homosexual” ... we enjoyed our relationship without any fears or labels, and we did not have any model for making love’ (ibid., p.26). Some psychoanalysts of this time were concerned with describing and categorising the ways in which their female homosexuals “made love”. Jones (1927) described his first category of female homosexuals through their use of a ‘surrogate penis’ (ibid., p.145); Deutsch (1932, p.225) described her patients’ sex games; but Freud’s (1920) homosexual girl was thought, at least by him, not to have had a sexual relationship at all with her beloved (ibid., p.153). However, psychoanalysts were not primarily interested in such literal definitions, and, as I will show, their analyses do not remain at the manifest level.

Those familiar with the sub-culture of female homosexuality at that time made a distinction between the “pseudo-Sapphists”, who enjoyed the urban salons and clubs, and ‘the real ones’ (Tamagne 2006, p.40). This distinction was paralleled in the debate that preoccupied the psychoanalysts. As the case histories illustrate, psychoanalysts did not confine their definitions of female homosexuality to a sexual act between women. In the elaboration of his first theory, Freud (1920) claims that his patient’s homosexual love was never consummated (ibid., p.153) but she was, nevertheless, a “real one”; whereas her beloved who was known as a homosexual (ibid.) had sexual relations with men (ibid.,

p.147). For Jones, there were degrees of female homosexuality that were not dependent on his patients' choice of love object. Contributors to the psychoanalytic debate made a distinction between conscious and unconscious (Brunswick, 1928), or sublimated (Abraham, 1922, p.58-9) homosexuality in women. Although both are "real", conscious and unconscious object choices are quite distinct. Brunswick's (1928b, p.175) patient did not know about her homosexual desire, whereas for Jones (1927) some homosexual women are not really homosexual. While not commenting on their enjoyment of clubs and salons, Jones claimed that some women who enjoy sex with women only 'appear in the *guise* [my emphasis] of complete inversion' (ibid., p.145).

The association between feminism and female homosexuality was much in evidence in the inter-war period. Tamagne (2006, pp. 222-228) cites many examples of anti-feminist writers and campaigners — in England, Germany and France — who conflate the two, claiming that demands for women's emancipation and equality with men functioned as 'a Trojan horse used by the lesbians to recruit or seduce new followers and to pervert young women and to lure them away from their homes and their husbands' (ibid., p.222).

Stella Browne (1925) — a member of the British Society for the Study of Sex Psychology, who was familiar with Freud's work — argued that the growth of female homosexuality, or as she terms it 'feminine inversion' (ibid., p.190), was the direct result of 'present social arrangements, founded as they are on the repression of the normal erotic impulse' (ibid.). Again, like her predecessors, Browne makes distinctions similar to those of the psychoanalysts of this period, that is, between 'true inversion' and artificial or substitute homosexuality (ibid., p.188). And like the analysts, she too recognises unconscious real desire between women. Jeffreys (1985, p.117) cites Browne's "Studies in Feminine Inversion", published in 1923 in the *Journal of Sexology and Psychoanalysis*, in which Browne describes five cases of "sapphism". Some of the subjects of her study were not in sexual relationships and did not regard themselves as homosexual, yet were still categorised as "sapphists".

The Sexologists

Most historians of homosexuality date the "birth" of homosexuality in the late nineteenth century, when the term came into wider use, and became more precisely defined both

legally and medico-scientifically. The years between the two European wars, which saw the growth of public and artistic interest in female homosexuality combined with the development of a “lesbian” social and cultural scene, are an example of what Foucault was to call a reverse discourse. Foucault argued that “discourse” transmits and produces power, and that the appearance of a whole series of discourses on the topic of homosexuality served to construct homosexuality while at the same time seeking to control it. Foucault (1976) wrote:

‘There is no question that the appearance in nineteenth-century psychiatry, jurisprudence, and literature of a whole series of discourses on the species of homosexuality ... made possible a strong advance of social controls into this area of “perversity”, but it also made possible the formation of a “reverse” discourse: homosexuality began to speak on its own behalf, to demand that its legitimacy or “naturalness” be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified’.

(ibid., p.101)

Arguably, the emergence of the medico-legal discourse of homosexuality made possible the formation of a Foucauldian reverse discourse, since the (female) homosexual was not only defined by an illegitimate act, but also by notions of heredity, genes, education and symptoms. Although I wish to acknowledge the particularities of an era in which female homosexuality comes into being through the visibility of those women loving women who ‘began to speak’ (ibid.), this chapter is concerned with those psychoanalysts who began to speak about “them” — or, more precisely, about “it”.

Tamagne (2006, p.153) argues that until the end of the nineteenth century homosexual acts were the domain of the courts and legal system. Research within medicine arose from the law’s inability to define homosexuality and work out a system of controls. Tamagne (ibid.) points out that Krafft-Ebing’s 1857 *Psychopathia Sexualis* was subtitled *A Medico-legal Study for the Use of Doctors and Lawyers*. Krafft-Ebing was a professor of psychiatry at the University of Vienna and a medical examiner for the courts. And Tardieu’s *Pederasty* (1857) was a forensic study aimed at the control of areas frequented by homosexual men and associated with crimes such as robbery and blackmail (ibid.).

According to Tamagne (2006, p. 153), Westphal, a neurologist from Berlin, concluded from his research that homosexuality was a congenital disease rather than a vice. On the other hand, Tamagne (ibid.) also argues that Moll (1891) made a clear distinction between innate and acquired homosexuality — a distinction that is taken up by Freud in both *Three Essays* (1905) and *Psychogenesis* (1920). Again, Tamagne’s research (ibid., p. 154) tells us that Von Schrenk-Notzing, a practitioner of hypnosis — the precursor of the analytic technique developed by Freud — claimed to have effected a cure through its use³³. In France, Charcot and Magnan (1882) published *Inversion Du Sens Genital Et Autre Perversions Sexuelles* three years before Freud came to Paris to study with Charcot. Their paper conceptualises homosexuality as only one isolated symptom of “degeneracy”. The patient had consulted the doctor not because he suffered from homosexuality, but also because he had been prone to hysterical attacks since the age of 15. It is a significant case history, since the theories proposed by Charcot and Magnan, which situated homosexuality as only one of the symptoms of a more serious psychopathological state — namely, hysteria — were later discussed by the psychoanalysts of the inter-war period.

Although female homosexuality was given less attention by the sexologists, in Vienna Krafft-Ebing (1885, pp.398-400) made a distinction between three types of female homosexuality:

- Women who are not masculine in appearance, but who are responsive to those who are.
- Women who wear masculine clothes.
- Women who are men: ‘apart from genitalia... thought, sentiment, action, even external appearance are those of the man.’ (ibid., p.399)

For Krafft-Ebing, it is this latter group that constitutes “real” female homosexuality. The reliance on notions of masculinity will inform not only the debate within psychoanalysis in the 1920s and 30s, but also later generations of researchers.

Havelock Ellis (1897), arguably the most influential of the sexologists of the inter-war period, was also concerned with the distinction between “real” female homosexuals and

³³ Tamagne (2006, p.154).

other women who displayed some characteristics and interests associated with female homosexuality. He describes women, who, like those of Krafft-Ebing's first category mentioned above, 'may be unattractive or even ugly, but... often have a good figure ... [though] they are among the elite of the women whom the average man would reject. This must be one of the reasons they are open to homosexual advances ...' (ibid., p.87). Ellis' study is innovative in that homosexuality is no longer associated with neurosis but is "inborn", constitutional and not a disease. Nevertheless, his conceptualisation of female homosexuality still rests on a notion of her masculinity: 'the principal characteristic of the female invert is a certain degree of masculinity' (ibid., p.158). Like some psychoanalytic commentators, Ellis (1897) distinguishes between 'active inverts' (ibid., p.167) and those whose homosexuality is 'only slightly marked' (ibid.) — that is, the women 'to whom the actively inverted woman is most attracted' (ibid.). Like their successors, the female homosexuals of psychoanalysis, his active female sexual invert is masculine in that 'she makes advances to the woman to whom she is attracted' (ibid).

Freud and Ellis were familiar with each other's work and were friends despite holding quite different views of homosexuality³⁴. Ellis' reading of Freud is one that concurs with his own views that homosexuality is congenital and constitutional. Indeed, in the 1915 edition of *Sexual Inversions* he wrote: 'Freud himself recognizes this and asserts congenital psychosexual constitution which much involve predisposition' (cited in Crozier 2008, p.70). Nevertheless, albeit on the basis of a misunderstanding of the Freudian position, Ellis continued to engage with psychoanalysis and, arguably, played a part in facilitating its establishment in Britain.

Freud engaged explicitly with the work of the sexologists. Indeed, in the *Three Essays* (1905), he draws on the work of Krafft-Ebing, Moll, von Schrenk-Notsing, Lowenfeld, Eulenburg, Bloch and Hirschfeld — albeit to reach radically different conclusions. Furthermore, the concerns that emerged from the psychoanalytic debate of the inter-war years paralleled those addressed by sexologists in earlier work. Like the sexologists, psychoanalysts will look for bodily signs and congenital dispositions in the objects of their studies. From a Foucauldian perspective, Davidson (1987) has eloquently argued that the concept of perversion, 'a shared object of psychiatric discourse' (ibid., p.258), was part of

³⁴ Regarding the friendship between Ellis and Freud, see Crozier, I. (2008).

a 'conceptual space' (ibid., p.275) that marked the 'birth of a new discursive practice' (ibid., p.255). The existence of this conceptual space enabled Freud to make statements about sex and perversion, but the *Three Essays* overturned and destroyed the earlier discourse (ibid., p.275). Davidson makes an important argument, holding that the theories which preceded Freud had been precisely what enabled him to 'overturn' (ibid., p.266) them. And it is, indeed, this idea which holds that certain promise for an engagement between psychoanalysis and queer theory. Psychoanalytic discourse provides a conceptual space in which queer theorists could take up extend its concepts, diverging from them and attempting to overturn them.

Psychoanalysis

The debate between psychoanalysts of the inter-war period regarding female (homo)sexuality took place at a time when the psychoanalytic movement was flourishing. The specifics of this debate and the way in which its development of psychoanalytic theory came to split the analysts of Vienna and London will be elaborated later in this chapter. But, in the first instance, I shall give some attention also to the significance of the political, social and cultural context within the psychoanalytic community.

In 1920, the start of the debate, Freud was 64 years old. And in 1923 he was diagnosed with cancer and underwent painful and life-threatening surgery. This was followed by debilitating, painful and futile X-rays and radiation treatments, as well as two further radical surgical interventions during the course of that same year (Gay 1988, pp.419-426). In order to improve his general health as recommended by Steinach, Freud had a surgical intervention on his testicles. Steinach's interest was how sex hormones determined personal characteristics (Weeks 1977, p.134), and in 1905 (Freud, 1905, p.147) and 1920 (Freud, 1920, p. 171-72) Freud discussed Steinach's ideas particularly in relation to cures for homosexuality. Fears for Freud's prognosis fuelled the tensions between his adherents, which were both personal and related to disagreements about psychoanalytic theory. In the early 1920s, with his theory of the trauma of birth, Rank was making a radical departure from Freudian orthodoxy, and opposition to him was growing within Freud's immediate circle. Freud publicly distanced himself from Rank's detractors, and instead published his response to Rank's ideas in *Inhibitions, Symptoms and Anxiety* (1926). Notwithstanding

the concerns for Freud's health and prognosis, during the years of the debate and those immediately preceding it the psychoanalytic movement was flourishing.

Subsequent to Abraham's establishment of a psychoanalytic society in 1908 in Berlin and by 1910 The Berlin branch of the International Psychoanalytic Association had been founded at the Nurnberg Congress. In 1911 two bodies were established in the United States: the New York Psychoanalytic Society and the American Psychoanalytic Association. Two years later, Ferenczi established the Budapest Psychoanalytic Society, although this was short-lived due to the overthrow of the Bolshevik regime in 1920. The British Psycho-Analytic Society was constituted in 1919, and Jones' London Institute for Psycho-Analysis in 1924 — that is, in the midst of the debate on female (homo)sexuality. A year later, the French Society of Psychoanalysis was founded — despite the hostility to psychoanalytic ideas, seen as both German and Jewish in origin, and despite France's national pride in its own psychiatric discoveries (Tamagne 2006, p.161, including footnote n.505). And by the end of the inter-war years, psychoanalytic societies had been established also in Italy, Holland, Palestine, South Africa and Scandinavia.

Psychoanalysis' growth and popularity had undoubted influence on homosexual intellectual life. The most notable example of this was in London, where James and Alix Strachey — who, according to Tamagne (2006), 'had a history of homosexual activity'³⁵ (ibid., p.163) — translated Freud's work and contributed to its recognition in the English speaking world. Tamagne's claim that Alix Strachey was homosexual is partly a problem of terminology. Her choice of a "broad" definition of homosexuality included those 'who had homosexual liaisons, even temporary, even platonic ones' (ibid., p.6). Her claim also signals some of the problematics of historical enquiry into stigmatised groups. Miesel and Kendrick (1986, p.13) are adamant that Alix's female friendships were not sexual. From a reading of her 1924-25 letters, they conclude that some of her female friends 'would gladly have made love to her [but] she was unable to respond in kind' (ibid.). My own reading, instead, is that Alix did not like these particular women. Nevertheless, Miesel and Kendrick add that 'this attitude [i.e. being able to respond in kind] would change in later years' (ibid.). While they state that 'little is known' (ibid., p.308) about Alix's relationship

³⁵ Tamagne chose to adopt a "broad" definition of homosexuality. She writes: 'I regarded as being relevant to my topic any person having had homosexual liaisons, even temporary, even platonic ones' (Tamagne 2006, p.6).

with Nancy Morris, they do describe this as ‘an affair’ (ibid., p.309), making reference to a party hosted by the two women, which was attended by ‘a crowd of truculent Lesbians’ (ibid., p.308). Psychoanalysts of the inter-war years were concerned not only with female (homo)sexuality. Contemporary interest in female sexuality — prompted by the feminist scholars’ interest in psychoanalysis and by Lacan and his followers’ development and revisions of Freudian theory — might give an impression that there was little else of interest for the first generation analysts.

Indeed, of less interest to contemporary commentators are the publications and debate on telepathy, which took place between 1921 and 1926. Freud himself published only one short paper on the topic, *Dreams and Telepathy* (1922), but psychoanalytic journals from this period indicate that this was a matter of theoretical and clinical interest for psychoanalysis. Nevertheless, Gay (1998, pp. 443-45) cites correspondence with Jones and a memorandum to all members of the Committee — which comprised Freud’s closest associates — to explain Freud’s political caution about this notion in view of the potential effects it may have on the psychoanalytic movement should it become associated with occultism in the public imagination (ibid.). And perhaps Freud’s diplomatic reluctance explains the neglect of the topic by contemporary psychoanalytic commentators.

With more contemporary resonances, in the years following the first European world war psychoanalysts were also engaged with the thorny question of lay analysis. Freud had first addressed this question in 1895³⁶. But in 1926, with the attempted prosecution of Reik by the Viennese authorities for the unauthorized pursuit of medical practice, the issue came to the fore more prominently. Despite Freud’s vehement argument that the resistance to lay analysis was resistance to psychoanalysis *per se*, concern about non-medically qualified practitioners of psychoanalysis grew particularly in France, Britain and the United States. The issue remained highly charged throughout the inter-war years, and, like the question of female homosexuality, still remains a highly contentious one for psychoanalytic practitioners world-wide — albeit in different guises — a hundred and fourteen years since Freud’s first proclamations on the topic³⁷.

³⁶ Freud 1900 (pp.106-121): the dream of Irma’s injection.

³⁷ For a detailed discussion of present day regulation of psychoanalysis in Europe, North Africa, Latin America and Japan, see Parker, I. & Revelli, S. (eds, 2008).

As previously indicated, the significant contemporary interest in the debate deemed as centering on the question of feminine sexuality gives the impression that this was all that concerned the psychoanalysts of the twenties and thirties. But this is not the case.

This chapter investigates the debate, proposing that at its heart was the nature of female homosexuality.

The Viennese

Grigg et al. (1999) and Hamon (2000) draw attention to Freud's partial acknowledgment of the contributions to the debate about feminine (homo)sexuality. In both Freud's papers, *Female Sexuality* (1931) and *Femininity* (1933), key names are omitted. In *Female Sexuality* he omits to cite Brunswick, van Ophuijsen and Riviere, who seemed to support his views. And in the 1933 paper he chooses only to cite Lampl De Groot, Deutsch and Brunswick. He places particular emphasis on the contribution made by women analysts, suggesting that his transferences to female patients hampered his analyses (ibid., p.227). Perhaps, this is a reference to how the transference had blinded him to Dora's 'homosexual love' (Freud 1905, footnote p.120), or to his difficulty with the homosexual girl in 1920. Indeed, according to his patient H.D. (cited by Standford 2002, p.69), this was a difficulty he acknowledged even to his patients. This section will elaborate the conceptualisation of female homosexuality by three of the analysts in the Viennese camp, demonstrating both the centrality of the female homosexual to the debate and the insistence of masculinity and heterosexuality in the Freudian clinic. There are four further contributors to the debate who agree with Freud: Starcke (1920), Brunswick (1928)³⁸, Fenichel (1931) and Bonaparte (1934); however, none of these analysts present a case history. In this section, I will focus on the elaboration of the clinical case histories of Freud's supporters — van Ophuijsen (1917) and Lampl de Groot (1928) — and on those of Deutsch (1924, 1932).

H: Psychoanalysis' First Female Homosexual

An analysis of the papers that constitute the debate of the 1920s and 30s evidence the significance of Freud's *Psychogenesis* (1920) — referenced by almost all the contributors,

³⁸ As discussed in chapter 1.

albeit only implicitly by some — for the conceptualization of feminine (homo)sexuality. But there is also another female homosexual analysand who informs the first generation analysts. Like Freud’s young patient, she is marginalized by not being given a name — her first analyst, van Ophuijsen, only referred to her as ‘H’ (van Ophuijsen, 1917), and her second analyst, Jeanne Lampl de Groot, did not name her in any way at all.

“H” was a talented musician and composer, who sought an analysis when her ‘homosexual relation’ (van Ophuijsen 1917, p.27) led her to being acutely confused (ibid.). Her mother had died when she was 13 years old. Six years later her brother had also died, resulting, van Ophuijsen claims, in her being shy with men — although this is not thought of as a critical factor in her homosexual object choice. Like Freud, van Ophuijsen referred his female homosexual patient to a woman analyst because of his difficulties with the transference.

Although, unlike Brunswick, her second analyst does not use the term “unconscious homosexuality”, the homosexual transference is vividly described. Lampl de Groot (1928) reports that H had a ‘deep-seated and wholly active tendency to woo my love’ (ibid., p167) and ‘behaved just like a young man in love’ (ibid.). She interpreted H’s wish to become an analyst herself as a wish to castrate Lampl de Groot’s analyst in order to ‘take his place so as to be able to analyse (possess)’ (ibid.) her beloved Jeanne³⁹. The two analysts disagreed about H’s diagnosis — the first having diagnosed obsessional neurosis and the second hysteria — but both agree with Freud on the centrality of castration. Neither analyst places any particular emphasis on their patient’s homosexuality, which features more as a biographical detail than as an aspect of the patient’s suffering or a pathology. In line with the analysts of this time, who were interested in the psychogenesis of homosexuality rather than in defining it as a pathology, neither analyst sought to cure their patient’s homosexuality. Van Ophuijsen’s paper focuses on the elaboration of the masculinity complex, which bears no relation on the choice of love object. Lampl de Groot focuses on her patient’s early object relations, since the analysis and publication of the case history took place later in the debate. Thus, her publication reflects psychoanalysis’ developing interest in the early mother-infant relationship. Both analysts comment on the nature of the girl’s relation to the mother, yet it is remarkable that for both female homosexuality is

³⁹ Lampl de Groot’s first name.

conceived of as indicative of masculinity — and so turn homosexuality into heterosexuality.

Van Ophuijsen's analysis of H. illustrates his own original contribution to psychoanalytic theory, that of the masculinity complex, and his major paper — *Contributions to the Masculinity Complex in Women* (1917) — introduced Freud to this notion. Although published in English in 1924, this was originally presented as a lecture and then published in German in 1917 (Grigg et al. 1999, p.19; Hamon 2000, p.49). Freud acknowledged his indebtedness to Van Ophuijsen in his paper *A Child is Being Beaten* (1919). Freud too diagnosed a 'marked masculinity complex' (Freud, 1920, p.169) in his young 1920 female homosexual patient. But while in his 1931 summary (Freud 1931, p.241) Freud praised Lampl de Groot's analysis of H and her conclusions, he makes no reference to Van Ophuijsen, neither citing him in *Psychogenesis* nor acknowledging him in 1931 and 1933.

Van Ophuijsen's masculinity complex is a response to the girl's discovery of sexual difference, pre-dating Freud's work — *Infantile Genital Organisation*, (1923b) and *Some Psychic Consequences of Anatomical Difference* (1925) — by some six years. He presents clinical evidence of five women patients described as obsessional, whose response to the discovery of anatomical difference was 'violent, embittered thought' (van Ophuijsen 1917, p.22) for lacking what the boy has, anxiety, a conscious guilt about masturbation, and the desire to possess a man/penis — a response which culminates in the fantasy that they do possess the penis. Three of the five patients report that they have 'Hottentot nymphae' (ibid, p.21), or enlarged genitals, which Van Ophuijsen interprets as a 'conviction that they were different from other women' (ibid.), although this could also be read as a wish: the hope that the organ will grow larger. In 1919 Freud acknowledged his familiarity with Van Ophuijsen's paper, yet in 1923 he denies any knowledge of the processes set into play for the girl with the primacy of the phallus. In proposing the masculinity complex while seemingly also seeking symmetry between the development of the boy and girl, holding that this is an equivalent process, Van Ophuijsen pre-empts Freud by demonstrating that the process is different for girls in one particular way. Castration brings with it an experience of guilt. The boy attributes the threat of castration to some wrong-doing — namely, his oedipal desire for the mother. The masculinity complex, instead, is marked not by a threat but by the experience of an injustice — that is, by an "I've been robbed". And while castration is a threat from the father, the responsibility for the robbery in the

masculinity complex lies with mother. Following Freud's 1916 paper, *Some Character-Types Met Within Psycho-analytic Work*, Van Ophuijsen's explanation is that the girl reproaches the mother for her genital lack.

In the 1920 case history Freud's early reading of the masculinity complex is consistent with Van Ophuijsen's theory in that it is not causal of female homosexuality. But his reading also differs in an important respect. Van Ophuijsen is careful to point out that his concept refers to a particular 'rivalry with men in the intellectual and artistic spheres' (ibid., p.21). Freud's analytic discovery of his patient's 'strongly marked "masculinity complex"' (Freud 1920, p.169) — his quotation marks indicating that the term is not his own, but not referencing Van Ophuijsen — was based on her readiness to enjoy conventionally masculine activities — 'romping and fighting' (ibid.) — as well as her feminism, signifying her sense of injustice. Van Ophuijsen, instead, is explicit that in the cases of the masculinity complex there is not a 'masculine disposition; nor indeed a masculine appearance ... or a predilection for masculine activities' (ibid., p.21). Importantly, he is adamant that homosexuality makes no difference to the genesis of the complex. And in *Psychogenesis* (1920) Freud too makes this distinction: female homosexuality is not equivalent to the masculinity complex, but to masculinity itself.

H's analysis is described in some detail by van Ophuijsen. In the course of the analysis, she reported to have had a dream at the age of four, in which she was laying in bed close to her mother and, with her mother's expressed permission, experienced an orgasm. When she woke, she found that she had wet the bed. From this point on, she experienced anxiety at night and suffered from insomnia. H believed that she had been born too soon and that this was why she was a girl. She had been told that her parents had not wanted another daughter — there is no report of the family composition — and that her not being a boy was disappointing for them. The association between orgasm and urination is a central feature of the case history. Curiously, van Ophuijsen places urethral eroticism on the side of masculinity: 'The idea of masculinity, so closely bound up with clitoris erotism, finds congenial soil in ... urethral erotism' (van Ophuijsen 1917, p.27), and: 'the connection between the masculinity complex and urethral erotism is perfectly plain' (ibid., p.28). The association is based on a notion of the clitoris as being not so much an explicitly feminine organ but a small penis. This is an idea that stems from clinical evidence of the fantasies or misunderstandings of children, who are said to believe that the heterosexual act concerns

urination by the man into the woman's body. Van Ophuijsen reports a number of H's early memories, which he analyses as significant in the development of her 'homosexual tendencies' (ibid., p.27). In the first instance, these are characterized as being indicative of a particularly intimate relationship with her mother, and being present when her mother used the lavatory is thought to demonstrate this. The second group of early memories that led to her homosexuality are analysed as an identification not only with her father, but with his penis. Van Ophuijsen interprets the gifted musician's attitude when performing at concerts as evidence of this. He writes that, when performing, H experienced herself as 'the organ which provides relief for the tension she feels in the audience' (ibid., p.23). Although she believed that her clitoris would grow into a male sexual organ, the analysis revealed that she also identified with the penis, expressing this in 'the idea of being her father's sexual organ' (ibid.). The logic of the analysis rests on the notion of penis envy and, thus, is consistent with the Freudian schema. Van Ophuijsen's original contribution to psychoanalytic theory, the masculinity complex, was distinguished from the castration complex by the absence of guilt. Women with a masculinity complex do not believe their lack to be the result of some sexual wrong-doing but consider themselves to have been robbed and/or ill-treated (ibid., p.20).

Van Ophuijsen's paper takes up a question unresolved by Freud in 1917, and which continued to preoccupy both Freud and his students throughout this period: the question of the infant's libidinal investment in the mother and the turn from the mother to the father. Or, to put it another way, a question crucial for a psychoanalytic explanation of femininity: why and how does the girl turn away from her mother? Or, again: *Why do women love men (and not their mothers instead)?* (Hamon, 2000). Van Ophuijsen proposes that the girl blames her mother for her lack of a penis, for being feminine, an argument that gives emphasis to the importance of the girl's attachment to her mother. The trauma of an abrupt termination of her intimacies with the mother — appearing to be part of a developmental process: gaining toileting independence and being sent to school — resulted in the feeling of injustice and a demand to the mother. Van Ophuijsen quotes his patient: 'often when I am restless and don't know what to do with myself I have a feeling that I would like to ask my mother to give me something that she cannot give me' (ibid., p.21). In the course of the analysis H reports another dream, which has marked similarities to the recalled childhood dream. This occurred just before H undertook a music exam. She was in bed, and someone standing near her bed advised her to 'forget herself ... surrender herself ..., and give

herself free rein' (Van Ophuijsen 1917, p.24). The dream is interpreted as a 'homosexual coitus dream' (ibid.), that is, as a wish to 'perform coitus with the mother' (ibid). While this interpretation gives emphasis to the girl's passionate attachment to the mother, the dream is underpinned by the fantasy that she has a penis — an identification with the father and his genital.

H's second analyst, Jeanne Lampl de Groot, takes up the question mid-way through the debate. She published her paper in 1928, informed by her analysis of H, and by Freud's papers: *The Dissolution of the Oedipus Complex* (1924a) and *Some Psychological Consequences of the Anatomical Distinction between the Sexes* (1925). At the time of the referral, H was unable to work. Van Ophuijsen referred the patient to a woman analyst as a result of his difficulties with the transference, and as Lampl de Groot notes (1928, p.168), perhaps unwittingly repeating the transfer from man (uncle) to woman (the homosexual relationship). Hamon (2000, p.34) comments that the referral to another analyst could have functioned as a repetition of the abrupt ending of H's intimacy with her mother. The notion that the sex of the analyst has effects for the transference is a curious theme throughout the debate, since the analysts are alert to their patients' conscious and/or unconscious fantasies of being differently sexed. Why could the male analyst not be positioned as a woman in the transference? Lampl de Groot's 1928 comment on the case of H is a response to Freud's 1924 and 1925 papers and his question of the turn to the father. Her analysis of the patient and her re-reading of Freud's 1920 *Female Homosexuality* identifies and gives emphasis to the passionate attachment of both girls and boys to the mother, positioning the girl as masculine: 'not only in the matter of onanism but in other aspects of her mental life: in her love-aim and object-choice she is actually a little man' (Lampl de Groot 1928, p.164). Here, female homosexuality is one of the outcomes of a regression to the negative oedipal attitude — that is, to the first love-relation with the mother. The other outcomes of this regression include:

- 'her belief in her possession of the penis has been shifted to the intellectual sphere; there the woman can be masculine and compete with the man' (ibid., p.165).

- Prostitution, another form of masculinity: ‘she captures the man on the street, castrates him by taking his money and thus makes herself the masculine ... partner in the sexual act’ (ibid.).

The insistence of masculinity is not reserved for the female homosexual, but the significance of Lampl de Groot’s contribution lies in her emphasis on the early “object relations”, the child’s early attachment to the mother, an emphasis contrary to Freud’s insistence on the significance of castration ‘at the father’s hands’ (ibid., p.171). Freud’s critique of her work in 1931 indicates its inadequacy in that she ‘represents the turning away from the mother as being merely a change of object’ (Freud 1931, p.241). However, there is evidence that Lampl de Groot is attentive to the hatred experienced by the girl, albeit through the transference. As outlined above, the initial transference to the analyst was a maternal one, in which H wanted to seduce and possess Lampl de Groot. But in the course of the work and through the analysis of the ‘hospital fantasy’ (Lampl de Groot 1928, pp.168-9) there is an emergence of the negative transference to the maternal figure, which results in the patient leaving the analysis.

While Van Ophuijsen had noted the ‘hospital fantasy’ (Van Ophuijsen 1917, p.26), Lampl de Groot elucidates it in terms of a representation of castration. H’s fantasy was of hospital patients who had to be tortured, beaten and marked with bleeding wounds in order to get well. Her identification with these patients who have to be injured in order to live is clearly a representation of castration. H also assumed another role in her fantasy: the ministering Christ, who brought relief to the suffering patients. Since Christ was the only man born without a father, Lampl de Groot interprets this fantasy as a rejection of the paternal, masculine object. She also interprets Christ’s crucifixion as castration, the sacrifice for sin. Interestingly, at the end of her analysis H became a nurse, although when her transference hatred diminished she returned to her musical career — a career viewed as more masculine by the analyst.

The two analyses of H demonstrate the centrality of female homosexuality in the debate of 1920s and 30s. Both analyses give weight to her masculinity, illustrating the “unconscious rule” that underpins the conceptualization of female homosexuality. During this period of time, Freud’s texts on the nature of femininity offer little or no case material and are instead addressed to and informed by his colleagues’ published case histories. The analysis

of H is the first representation of female homosexuality in the history of psychoanalysis. What was at stake in that representation was the elaboration of the Viennese position, that is, the significance of the libidinal attachment to the mother in the Oedipus complex, and her role in castration. Concurring with Freud, both analysts insist on the centrality of castration, and their clinical material points towards the lack of symmetry between the boy's and girl's Oedipal development. Their contribution to the debate was significant in developing an understanding of the early attachment to the mother. Further, in accordance with Freud, both analysts conceptualise H's homosexuality as masculine and heterosexual: in her unconscious fantasy she is a man. And, in a Freudian fashion, her homosexuality is not pathologised: neither is it seen as a cause of the patient's suffering, nor is it considered to be in need of a cure.

Deutsch

During the 1920s and 30s Helene Deutsch, a defender of Freud positioned on the Viennese side of the debate, made three contributions to the question of feminine (homo)sexuality: *The Psychology of Women in Relation to the Functions of Reproduction* (1924), *The Significance of Masochism in the Mental Life of Women* (1929) and *On Female Homosexuality* (1932). Citing her work as early as 1925, Freud points out that this does not completely concur with his own views (Freud 1925, p.258). Hamon (2000, p.63) points out the discrepancies in Freud's (1931) commentary on Deutsch's work. She argues that the themes of the girl's hatred, phallic activity and passionate attachment to the mother should be credited to Lampl de Groot rather than Deutsch — as Freud (ibid.) did — since Deutsch's elaboration of these themes were published a year later.

In her 1932 paper, Deutsch bases her theory on the analysis of eleven cases of female homosexuality, which again points to the centrality of the figure of the female homosexual in the history of psychoanalysis. The first analysis pre-dates Freud's own 1920 case history, *Psychogenesis*. In all the cases she analysed, female homosexuality was the outcome of the Oedipus complex and not based on a pre-Oedipal attachment to the mother. The first two papers are concerned with how one becomes a woman, focusing on the question of reproduction. Deutsch's equation of woman with mother and her emphasis on female masochism has received some criticism from feminist commentators. Nevertheless, her contribution is a new conceptualisation of the notion of the phallic woman not

underpinned by the psychic mechanism of disavowal, as it was for Brunswick, but by the equation breast = penis. This is a conceptualisation that, although associated with reproduction, suggests the phallic woman not as pre-oedipal but as a figure that has successfully achieved femininity. And, indeed, her female homosexual patients are analysed as being both, phallic and feminine.

In her first contribution to the debate in 1924, Deutsch puts forward her thesis that the child becomes a woman through a transfer of erogenous zones from clitoris to vagina. Her argument is an expansion and development of the Freudian thesis, and at this point in her work she is less concerned with the transfer of object — or to be put it another way, with how the girl makes the turn to the father. Endorsing Freud's views, Deutsch gives emphasis to the asymmetrical nature of the development of boys and girls: 'In males the path of this development is straightforward ... the girl, on the other hand has in addition ... a two-fold task to perform' (Deutsch 1924, p.94). According to Deutsch, the girl not only has to renounce her masculine clitoris, but also has to find a new genital organ: the vagina. The achievement of femininity is not by gaining a penis/baby through heterosexual sex, as Freud proposed (1925, p.256), but by discovering that the vagina is an organ of pleasure (Deutsch 1924, p.94). And it is with this argument that Deutsch begins to depart from Freud's. Whereas for Freud the equation penis/baby is a symbolic one, Deutsch is relying on anatomy here. She explains the transfer of erogenous zone through a series of equivalences: on the side of activity/masculine 'Breast = column of faeces = penis' (ibid., p.96), on the side of passivity/feminine 'mouth = anus = vagina' (Hamon 2000, p.65). 'In coitus the partner's penis through a process of displacement ... takes the passive role of the sucking mouth' (Deutsch 1924, p.97). Further, the partner's penis is instrumental in 'the carrying-over of the remaining clitoris-libido (*masculine*) to the vagina' (ibid.). Deutsch argues that the vagina is analogous to the penis (ibid). What is more, the vagina is also a penis in that it 'becomes the second ego, the ego in miniature' (ibid., p.99), although this comes about as it becomes a receptacle not only for the penis but also for the child (ibid.). 'The woman who succeeds in establishing this maternal function of the vagina by giving up the claim of the clitoris to represent the penis [the vagina now functions as its representative] has reached the goal of feminine development, *has become a woman*' (ibid.).

Deutsch does not cite any clinical evidence for her theorization of feminine development in which motherhood is central, although she herself was a mother and her son was six years old when this paper was published. But her notion of how the feminine position is reached is clearly informed by her view of the experience of motherhood. Curiously, Deutsch claims that for women the sexual act has two parts, or phases, only divided by an interval of time: orgasm and labour. The woman's orgasm is conceived of as a 'missed labour' (ibid., p.99), and labour is an 'orgy of masochistic pleasure [preceded by] the dread and premonition of death' (ibid., p.100). Later in the paper, Deutsch writes of the dreams of pregnant women: dreams of a 'swimming child [that will] always be recognized as the dreamer herself' (ibid., pp.103-4). The absence of clinical case histories gives the suggestion that these experiences and dreams are personal, and that Deutsch's clinical case history is in fact her own. Deutsch is writing about what might be thought of as being an exclusively feminine experience — and, arguably, her own. But it is an experience that becomes masculinised. The lactating breast becomes a penis, breast-feeding becomes a 'repetition of coitus, rendered with photographic faithfulness ... that which the semen accomplished in the one instance is accomplished in the other by the jet of milk' (ibid., pp.104-105), and the leaking milk between feeds is associated with premature ejaculation (ibid., p.105). And since this is how the girl reaches a truly feminine position and becomes a woman, logically, all women are phallic women.

It is not only the lactating breast that becomes masculinised. The vagina becomes the feminine erogenous organ by way of the penis in two ways. Firstly, the vagina must become a sucking mouth that will draw all bodily libido, including clitoral, 'from above downwards' (ibid., p.97). This is accomplished 'under the stimulus of the penis' (ibid.). Secondly, unlike the clitoris which was identified with the paternal penis, the vagina will identify with the partner's penis. With an orgasm, the 'activity of the vagina is wholly analogous to the activity of the penis. I refer to the processes of secretion and contraction' (ibid., p.97). Thus, since what makes us truly feminine is masculinity, Deutsch remains faithful here to the Freudian conceptualisation of femininity.

In 1929 Deutsch defines femininity as 'the feminine, passive-masochistic disposition in the mental life of women' (Deutsch 1929, p.184), and taking up van Ophuijsen's theory of the masculinity complex to address the theoretical impasse she has reached: to be feminine is to be masculine. But her implied definition of the masculinity complex differs from its

original inventor. As mentioned above, for van Ophuijsen the masculinity complex was equivalent with the castration complex, whereas Deutsch uses the term to refer to the universality of masculinity — albeit a masculinity that women are ‘destined to subdue’ (ibid). The term functions as an explanation of her own seemingly paradoxical discovery that for the woman, ‘even in the most feminine manifestation of their life’ (ibid.), masculinity insists with ‘elemental forces’ (ibid.) In her 1929 paper, Deutsch’s postulation of an inherent masochism in femininity suggests her own dissatisfaction with her earlier thesis. Here, she diverts her attention from psychoanalytic questions about femininity and, instead, turns to the question of the ‘woman’s anatomical destiny, marked out for her by biological and constitutional factors’ (ibid., p.187). Whereas in the earlier paper there is a queer confusion between orgasm, giving birth/orgasm and breast-feeding, by 1929 Deutsch sets up an opposition between pleasure and motherhood. The woman has to exchange her personal gratification in order to reproduce the race (ibid., p.192). Here, becoming a woman is no longer thought about in terms of the discovery of ‘the vagina as organ of pleasure’ (Deutsch 1924, p.94) akin to the penis, but as a matter of masochism. She writes: ‘When does the female child begin to be a woman? Analytic experience has yielded the answer: *Simultaneously*, in that phase when she turns towards masochism’ (Deutsch 1929, p.192). Masochism is of course a pleasure, and one shared by men. Furthermore, in his study of the phenomenon in men (Freud 1924b, pp.155-170), Freud had already dissociated “feminine masochism” from femininity. Deutsch’s specific feminine masochism, however, is a response to the giving up of the wish for a penis, preferring instead a wish for castration. In a radical departure from Freud, she proposes a feminine libido based on a distinctively feminine wish: ‘I want to be castrated by my father’ (Deutsch 1929, p.187).

It is difficult to suggest an explanation for Deutsch’s diversion from her earlier work into the realm of a specific feminine libido, but this opposition to the Freudian schema may explain why in 1931 Freud interprets her papers in a way that is quite at odds with what in fact she wrote. When Freud (1931, p.241) explicitly espouses Deutsch’s views, he is referring to the arguments published in her *On Female Homosexuality* (1932).

As mentioned, Deutsch presents her theory of female homosexuality based on the analysis of eleven women, yet she documents in detail the clinical evidence derived from her work

with only two unnamed patients. Her work is consistent with Freud's first and third theories of female homosexuality in the following ways:

- In line with Freud's first theory, a disappointment by the father motivates a return to the mother, and the attachment to the mother has its roots in her hatred for her, although Deutsch gives more emphasis to this hatred than Freud had done in 1920.
- In line with Freud's third theory, the notion of the phallic mother is critical to the genesis of female homosexuality. Deutsch's patients' mother-child erotic play is underpinned by an identification with the phallic mother and her penis/breast. Further, in that the mother is the figure that prohibits her sexual activity, Deutsch's phallic mother and her penis-breast also take up a phallic function for the infant girl.

What is more, Deutsch's conceptualization of feminine (homo)sexuality concurs with Freud's in that there is a lack of symmetry in the development of boys and girls, the process being more precarious for the girl: 'the girl's infantile period of sexual development does not come to such a sudden and radical conclusions as the boy's. The change of object takes place gradually ...' (Deutsch 1932, p.239).

The first analysis described in Deutsch's paper took place in 1920, the same year in which Freud's published *Psychogenesis*. Like Freud, Deutsch gives emphasis to her patient's femininity, insisting on the separation of female homosexuality from the presence of masculine characteristics, whether physical or mental. In fact, ostensibly, the patient sought analysis because she lacked 'the courage' (ibid., p.222) to take up an authoritative manner towards her servants, her lack of masculine attributes placing her firmly within the feminine. Her mother had died, and the patient had 'suffered for years from depressions' (ibid., p.221). She had made also a number of serious and genuine suicide attempts (ibid., p.222). The patient was married to 'a man of outspoken masculine appearance' (ibid., p.221) and had several children. She had been conscious of her homosexual desire since puberty, when this was directed towards her teachers. In her adult life she was sexually excited by particular women, towards whom 'she was faithful and monogamous... [although] her relations with them were purely platonic' (ibid.). She had a strong and positive maternal transference to Deutsch, and in keeping with the practice of that era

Deutsch eventually referred her to ‘an analyst of the fatherly type [hoping that her] libidinal future would shape up more satisfactorily with a revival of the father relationship’ (ibid., p.225). The first generation analysts were alert to the lack of alignment between the physical body and the psychic identity in their patient’s unconscious lives. Nevertheless, it seems that it was impossible for them to analyse a transference not linked to the sex of their analyst.

Through the analysis of her early memories and her dreams, Deutsch’s analysis uncovered her patient’s disappointment with her father and her subsequent hatred for her mother. However, the analysis of the transference was possible for Deutsch only after the end of analysis. The disappointment with her father centred on his failure to answer her appeal for help and take her side against the mother, who had forbidden her masturbatory pleasure between the age of four and six. The father ‘had been too inactive to love his daughter’ (ibid., p.25). Deutsch’s analysis of the patient’s memory was supported by evidence of a dream, in which a kindly police sergeant did nothing to help the patient when she was arrested for a sexual offence (ibid., pp.223-4). Further, the patient’s account to her analyst of one of her suicide attempts confirmed her attitude to her father through the analysis of her transference to the doctor who had treated her. As the patient regained consciousness and saw her doctor, she thought: “‘This time you saved me, but after all you can’t give me any real help’” (ibid., p.223).

The hatred the child had for her mother was to colour all her later object relations. It was a hatred of the phallic mother, the mother who comes between the child and her sexual enjoyment. However, the way in which masturbation had been curbed in this particular case resulted only in intense sexual excitement, as the child continued to attempt to satisfy herself despite being physically restrained. As with Freud’s 1920 case, Deutsch’s female homosexual’s guilt at her hatred for her mother was transformed into love. But in the Deutsch case this love was masochistic, and the patient’s fear of her mother’s retribution for her hatred resulted in her fearing other women: the servants and any potential female sexual partner. Thus, the explanation for her failure to have a homosexual relationship rests with the patient’s fear of her mother, rather than her conscious explanation that she was too shy and concerned to be dutiful to her family (ibid., p.221).

The analysis with the ‘fatherly type’ (ibid., p.225) of analyst came to a premature end, but a year later her ‘libidinal future’ (ibid.) had indeed shaped up. The patient no longer suffered from depression and suicidal ideas. ‘She had become a vivid, radiant person ... At last she had found happiness in a particularly congenial and uninhibited sexual relationship with a woman’ (ibid). Deutsch is clearly satisfied with this outcome, and is then able to analyse the maternal transference. Through the treatment and the management of the transference, the hostility and hatred of the mother was overcome; consequentially, ‘a positive libidinal relationship to women’ (ibid.) could emerge in its place.

Deutsch’s account of her patient’s erotic life with her new lover develops her earlier analysis of the lactating breast as penis (Deutsch, 1924) and, thus, how a homosexual girl reaches a truly feminine position and becomes a woman — a phallic woman. The patient and her lover consciously acted out an erotic mother-child game of oral sex. Sometimes one woman would play the mother and the other the child, and on other occasions the roles would be reversed. What was important about their sex play, Deutsch writes, was that ‘no “male-female” contrast appeared in this relationship: the essential contrast was that of activity and passivity [and there was] the possibility of being able to play *both* roles’ (Deutsch 1932, p.225). In Deutsch’s considerable clinic of female homosexuality, she found that the active-passive ‘play with a double cast’ (ibid) was present in all her cases, albeit with different imaginative scenarios. In all the cases she analysed, the sexual satisfaction came from sucking of the breasts and genitalia. According to Deutsch, as femininity has its origins in breast-feeding, the oral activity of the sucking infant and the phallic activity of the lactating breast, the partners of both heterosexual and homosexual women become the child: “in coitus the penis takes on the role of the breast, while in lactation the breast becomes the penis. In the identification-situation the dividing line between the partners vanishes, and in this relation, the mother-child, the mother once more annuls the trauma ...’ (Deutsch1924, p.105). In the erotic life of Deutsch’s female homosexual, the identification, penis = breast is a development of the Freudian explanation — that is, of Freud’s third theory of homosexuality as an identification with the phallic mother. In Deutsch’s theory, the mother-child sex play is based on the notion of the breast as phallic. But in contrast with Brunswick’s (1928) clinical case history, here, both women have the penis/breast.

Freud will make reference to these reported sex games in his 1933 commentary on female homosexuality (p.128). As evidenced by his references particularly in the *Three Essays* (1905), Freud was familiar with the work of the early sexologists. Although there is no evidence of Deutsch's familiarity with this body of work, Freud at least was familiar with the 'Retour à l'Enfance' (Havelock Ellis 1909, p.145) — according to Havelock Ellis, a term originally coined by Janet and then studied by Krafft-Ebing, Pettow, Moll and others. He, at least, was aware that such sex games were common in all human sexual activity and are not confined to female homosexuals.

In her second case presented in 1932, Deutsch is faithful to Freud's first theory of female homosexuality, demonstrating the centrality of *Psychogenesis* to the debate. Indeed, her patient, whose analysis took place nine years after the publication of Freud's own analysis of the female homosexual, wished Freud to be her analyst. Although there are differences between the histories of Deutsch's second patient and Freud's female homosexual, there are also some significant similarities. In both cases, the patient had a younger sibling and the analysis uncovered a hatred for the mother — the pregnant mother, the one who had another child. Both patients 'retired' (Deutsch 1932, p.227; Freud 1920, p.158) from competing with another woman. In the case of Deutsch's patient the deferment was in favour of her sister, and in that of Freud's patient it was in favour of her mother. Deutsch's analysis follows Freud's, in that the analysis of her patient's dreams uncovers her love and longing for her father and her 'bitter disappointment which appears when she is denied a child' (Deutsch 1932, p.234). Here, in accordance with Freud, Deutsch situates female homosexuality as an outcome of Oedipus rather than as a pre-Oedipal phenomenon that excludes the appeal to the father. The sex play of her patient is indicative of a return to the mother, following the failure of the Oedipal approach to the father. Her patient reported five dreams: a miscarriage, a homosexual seduction, Anna Freud dressed as a man, Deutsch with a cigar — in which the cigar is not just a cigar — and a dream about the death of her younger sister. Deutsch's analysis of all these dreams is of a homosexuality that has come about through the failure of the father to comply with his daughter's Oedipal wishes. Further, this later analysis is informed by Freud's paper *Some Psychological Consequences of the Anatomical Distinction between the Sexes* (1925), which Deutsch cites (1929, p.233). Thus, here, Deutsch presents clinical evidence of the consequence of the girl's discovery of her own castration, which is only a loosening of the tie to the mother and the precariousness of the girl's Oedipus.

Deutsch's analyses were informed by and consistent with Freud's theories of female homosexuality as an outcome of Oedipus, the centrality of castration and the asymmetry of the sexual development of boys and girls. However, her original contribution lies in her emphasis on the maternal relationship. Her analysis of her female homosexual patients provided the evidence of a passionate desire for the mother followed by hate, and of how the turn to the father can result in a return to the phallic mother and her penis/breast — a mother, that is, who either authorizes or prohibits enjoyment.

Summary

The contributions to the debate on female (homo)sexuality elaborated above are not a definitive selection of those analysts deemed to be in the Freudian camp and characterized as “The Viennese”. Along with Brunswick, discussed in the first chapter although not acknowledged by Freud, the contributions by Starcke (1920), Fenichel (1931; 1932) and Bonaparte (1934) can all be read as consistent with his views, even though they do not contribute accounts of those analyses that informed their findings. For the purposes of this thesis, I have chosen to investigate the clinical histories contributed to the debate by Freud's supporters. The early analysts who were supporters of Freud developed and extended his analysis of female (homo)sexuality, explicitly and implicitly referencing *Psychogenesis* (1920). Further, providing evidence from their own clinical work, they developed also a psychoanalytic understanding of the importance of the early mother-infant relationship. The Viennese mother is at first a castrating mother (Van Ophuijsen) and later a phallic mother (Deutsch); but, throughout the accounts, she is the object of the girl's passionate attachment and hatred.

All the texts cited from the Viennese are consistent with Freud's analysis of the centrality of castration in psychic development. All these texts evidence the essential asymmetry of the psychic development of boys and girls. Throughout all the texts there is an insistence of masculinity, albeit that masculinity is conceptualized differently from 1917 to 1933. In the earlier contributions to the debate, the female homosexual behaves like a man and masculinity is characterized by the possession of the penis (Lampl de Groot). For Van Ophuijsen, too, his female homosexual's urethral eroticism is associated with masculinity, and while she believes she will have a penis in the future, at the same time she also identifies with her father's penis. By the 1930s, Deutsch prefers the terms ‘active’ and

‘passive’ to those of ‘masculine’ and ‘feminine’ — Freud had noted the helpfulness of this distinction as early as 1915 (Freud 1905 p.219, footnote added in 1915). But, again, feminine (homo)sexuality is associated with the masculine signifier — the possession of the penis, albeit the breast-penis or the vagina-penis.

The Londoners

Karl Abraham

Neither a Viennese nor a Londoner, Abraham, a member of Freud’s inner circle, provides the link between the two factions within the debate. Indeed, the divergence from Freud has its origins in his papers *Manifestations of the Female Castration Complex*, (1922) and *Origins and Growth of Object Love* (1924). He was the training analyst of two major protagonists of the debate — Deutsch and Klein — and his influence on both sides of the controversy is apparent. Hamon’s (2000) central thesis is that the chief protagonists were Freud and Abraham. Grigg et al. (1999) concur, arguing that Abraham’s 1924 clinical paper is central to the controversy, and that it is his emphasis on the development of the relation of individuals to their love object which allows a re-thinking of female psychosexual development (ibid., p.9 & p.76). Hamon (2000) draws attention to the fact that all the contributors to the debate cited by Freud in 1931 make reference to Abraham’s 1924 paper, whereby Freud cites only his 1922 contribution, which is not on ‘the origins and growth of *object love* [my emphasis]’ (Hamon 2000, p.113) but on the topic of the female *castration* complex — the titles of the two papers, arguably, signifying the terms of the debate. Abraham first presented his work on the female castration complex in 1920, at the Sixth International Psychoanalytical Congress, and then published a longer version of it in 1922 (Grigg et al. 1999, p.51).

In the later version of this paper, he reports numerous clinical observations that illustrate the many ways in which the female castration complex manifests itself. From his clinical work, it is evident that the castration complex in women is complicated and different from that of men. Nevertheless, Abraham draws back from concluding that there is no equivalence between male and female sexuality, developing instead his notion of a ‘genital complex’ (Abraham 1922, p.53) to elaborate the centrality of castration for both sexes. In his view, the lack of a penis is a primary defect, a defect that the girl is not capable of

recognizing. Her castration complex is characterized by her belief that she once had a penis that was then taken away from her. Consequently, she ‘endeavours to represent the painfully perceived defect as a secondary loss one resulting from castration’ (ibid). What is more, the girl associates her genitalia with a wound (ibid). Abraham pays little attention to the relation between the infant and the mother, but his clinical examples illustrate the multitude of ways in which the wish for the penis can be represented. Female homosexuality is conceived as one outcome of castration. The other possible outcomes are normality or neurosis, although normality is rarely achieved (ibid., p.56). Normality is conceived of as the child’s equation of penis and child, which will be received as a gift from the father, and with ‘maternal impulses’ (ibid., p56) developed by way of an identification with the mother. Abraham (ibid., pp.58-59) proposes the following two possible outcomes for women who do not achieve normality, further subdivided as follows:

Homosexuality

1. Conscious homosexuality
2. Sublimated homosexuality

Neurosis

1. Wish fulfilment type neurosis
2. Revenge type neurosis

Although this schema suggests a division between neurosis and homosexuality, he situates homosexuality firmly within neurosis. Thus:

Homosexuality/Neurosis

1. Conscious homosexuality
2. Revenge type neurosis

Homosexuality/Neurosis

1. Sublimated homosexuality
2. Wish fulfilment type neurosis

He describes sublimated homosexuality and the wish fulfilment type of neurosis as ‘the negative’ (ibid., p.59) of conscious homosexuality and as sadistic revenge.

Like the early analysts of the Freudian camp, Abraham places no particular emphasis on feminine homosexuality as pathology. His use of the term “normality” in reference to feminine heterosexuality could be read as an opposition to “abnormal feminine homosexuality”. However, his repeated assertions that normality is most difficult to achieve suggests otherwise.

Abraham's descriptions of the two kinds of feminine homosexuality reflect the cultural attitudes of the time, common also among his fellow analysts. Women who consciously express their wish for masculinity through homosexuality not only will play the man's role in sexual relations, but also exhibit their homosexuality through their clothes and hair-styles (ibid., p.58). On the other hand, women who sublimate their homosexuality will prefer activities, professions and intellectual pursuits commonly considered to be masculine. Abraham also conflates feminism with female homosexuality, a conflation that was culturally prevalent in the 1920s and that persisted until the late twentieth century. However, what is significant about his contribution to the debate is the pervasiveness of the manifestations of the wish for the penis, the signifier of masculinity. Throughout his paper, Abraham is quite explicit in his equation of penis/masculinity (e.g. ibid., pp.58-59 & 62). The homosexual woman will demonstrate her wish for a penis through her sexual relations, clothes and lifestyle. But the wish for a penis in a woman whose homosexuality is unconscious — 'the "negative" of the homosexual... types' (ibid., p.59) — is expressed differently. Her wish can be detected through her 'desire... for revenge on the privileged man' (ibid.), or through an analysis of her unconscious fantasy. In this version of his paper, the desire for revenge 'for the injustice suffered at the hands of the *father* [my emphasis]'⁴⁰ (ibid., p.57) can become manifest in fantasies of castration by biting (ibid., p.66). But in the 1924 elaboration of his clinical case, Abraham will give this fantasy an entirely different meaning.

Although making no direct reference to female homosexuality, Abraham's 1924 version of the paper is central to later anatomical and biological conceptualisations of sexual difference that give emphasis to notions of female homosexuality as pathological. His important contribution to the debate — the postulation of six developmental stages that culminate with a procreating, highest level, genital stage — is informed by his analysis of the female homosexuals as described in the 1922 version of the paper. The 1924 paper is the second part of a study of narcissistic neuroses; and while the first part was concerned with the pregenital, this second part is concerned with the move to object relating. Abraham (1924) is explicit that his aim is to develop Freud's theorisations in the *Three Essays* via a consideration of clinical material within the field of the narcissistic neuroses, through which 'we meet with a number of psychosexual phenomena' (ibid., p.76).

⁴⁰ Note that castration is an act of the father.

The paper is concerned with the question of the girl's turn to the father. By means of a table, Abraham sets out the various stages of psycho-sexual development, illustrating how his six stages of libidinal organization correspond to stages of object-love⁴¹. Thus, the earliest stage of development — the oral, sucking, stage — is auto-erotic and has no object; the 'Final Genital Stage' (ibid., p.89) is the stage of 'Object Love' (ibid.); and Freud's phallic phase is a developmental point in which there is object-love, but with the exclusion of the genitals (ibid). As mentioned, Grigg et al (1999, p.14) note that, except Freud, all participants in the debate make reference to this passage. What is significant about the passage is Abraham's proposition that penis envy originates from a fixation at the oral stage. This proposition is the result of his clinical research with two patients, designated as X and Y. The clinical work was offered to illustrate the existence of an oral-sadistic stage in the development from auto-eroticism to genital object relating.

The clinical cases of X and Y evidence the infinite manifestations of penis envy and the castration complex — kleptomania, fits of weeping, scopophilia and vomiting —and Abraham interprets the symptoms as a desire to incorporate, rather than have, the penis. For example, through the analysis, Y's hysterical vomiting was found to be associated with her 'vivid phantasy of stealing his [her father's] penis' (ibid., p.80). Similarly, the aim of X's phantasies 'was not to incorporate her love-object as a whole but to bite off and swallow a part of it and then to identify herself with a part of it' (ibid.). What is important in Abraham's analysis is not so much the wish for the penis by the fixated woman, but that the penis represents a part of the loved object. X and Y have reached stage III-IV of libidinal organization⁴². For both patients, the maternal phallus was represented in phantasy by the 'buttocks, which in their turn stood for her breasts' (ibid., p.80). This plasticity of body parts, and the universality of the libidinal stages and the stages of love, is also manifest in men. Abraham cites the clinical example of a male patient, who wanted to bite off parts of a girl's body and pull out the beard of a man who represented both, his

⁴¹ Abbreviated table from Abraham (1924, p.89):

<i>Stages of Libidinal Organization</i>	<i>Stages of Object Love</i>
VI Final Genital Stage	Object-love
V Earlier Genital Stage (phallic)	Object-love with exclusion of genitals
IV Later Anal-sadistic Stage	Partial love
III Earlier Anal-sadistic Stage	Partial love with incorporation
II Later Oral Stage (cannibalistic)	Narcissism (total incorporation of object)
I Earlier Oral Stage (sucking)	Auto-erotism (without object)

⁴² See footnote 41, p.105 above.

mother and his father. His proposition is that both boys and girls need to manage their fear and hostility, and that before they can develop to the final genital stage of object love their task is to incorporate part of the loved object.

Abraham's paper signals a radical departure from Freud and will have consequences for the conceptualization of female (homo)sexuality. His conclusion is that there is a symmetry between the development of boys and girls, penis envy being a fixation of the oral stage for both sexes, and that both sexes fear castration. Thus, the psychological consequences of anatomical differences are not addressed. The equivalence of penis and breast for both sexes is consistent with earlier contributions to the debate whilst also anticipating later developments by Horney, Klein and Jones. In *The Castration Complex* (1920), Starcke had proposed that weaning, a primary loss, could account for the universality of the castration complex. Horney (1925) proposed a secondary formation of penis envy, as did Klein. Klein (1927) developed Abraham's work, proposing that Oedipus has its genesis not in each sex's different response to castration, but in their different responses to the universal experience of weaning. Jones (1927) develops Abraham's notion of symmetry between the sexes by replacing castration with aphanisis, the fear of the loss of sexual enjoyment. As mentioned, in this paper Abraham does not discuss female homosexuality. Nevertheless, his developmental model — which logically contains 'the highest level of the libido — that which alone should be called the genital level' (ibid., p.87), 'the final step in the evolution of object-love' (ibid.) — is underpinned by the notion that the "Final Genital Stage", in fact, is heterosexuality.

In the elaboration of his table of the stages of sexual organization, Abraham draws parallels with biology, concentrating on stages II, III and IV — the oral-sadistic (cannibalistic) and anal-sadistic phases. He confines his elaboration of the "highest level" to two sentences, saying that it is in this last developmental stage when genital organs become differentiated into male and female. Drawing again on biological research, embryology, Abraham continued: 'This [differentiation of male and female] applies to the generative glands as well as to the organs of copulation' (ibid., p.91). Logically, if the final, highest, genital level is characterized by copulation and reproduction the female homosexual will not reach it. Thus, female homosexuality with its attendant manifestation

of penis envy (Abraham, 1922) will be situated at a fixated earlier stage — and thus, also pathologised.

Ernest Jones

Through the analysis of female homosexuals, Jones (1927) takes up Abraham's notion of the oral-sadistic stage of development, positing the Freudian phallic stage as having 'an essentially secondary and defensive nature' (ibid., p.141) for both hetero and homosexual girls. Further, as an alternative to castration he proposes 'aphanisis' (ibid., p.135), the loss of sexual enjoyment, and in doing so he is able to propose also an equivocal Oedipus complex for both boys and girls.

Jones' (ibid) analysis of five homosexual women provides the clinical evidence for an Oedipus complex that both boys and girls resolve in the same way: 'faced with aphanisis as the result of inevitable privation, they must renounce either their sex or their incest' (ibid., p.140). In Jones' argument, the difference between men and women is an anatomical one. Although he finds evidence of penis envy, this is partial and secondary, and so too is the fear of castration. The little girl feels that she has already suffered castration, but the dread of a future loss is equally severe for both men and women. This leads Jones to conclude that there is something else at stake: that is, aphanisis. He argues that Freud has given emphasis to the primacy of the phallus and the centrality of castration as a result of an 'unduly phallic view' (ibid., p.134) and 'an unconscious bias from approaching such studies too much from the male point of view' (ibid., p.135) — an argument with which Horney agrees. Jones' clinical research led him to propose a theory of universal psychic development applicable to both men and women, but which took into account anatomical difference. Thus, the genesis of homosexuality is the same for both men and women. Homosexuality is not one outcome of Oedipus but the failure of 'overcoming' (ibid., p.140) it. The fear of aphanisis, bound up with the normal union of penis and vagina, results in both men and women identifying with the genital of the opposite sex.

According to Jones, homosexual men use their mouths or anuses as a substitute for the vagina, or become dependent on a woman with whom they have identified because she possesses feminine genitalia. The female homosexual has a similar strategy to avoid the union of penis and vagina. She will be 'pathologically dependent' (ibid.) either on her idea

that she has a penis, or on a man with whom she has identified. The alternative for both men and women is aphantasia. 'To put it more simply, they either have an organ of the opposite sex or none at all; to have one of their own sex is out of the question' (ibid).

In this model, girls have no early attachment to the mother; and since their first love object is the father, there is no turn to the father either. Thus, libido is heterosexual rather than masculine. Jones identifies three categories of female homosexuality:

- (i) The 'nearer to the normal' group. Women are in this category if their 'feminine desires are gratified through a surrogate penis used by another woman' (ibid., p.145).
- (ii) The feminist group. Women in this category 'ceaselessly complain' of unfairness, injustice and ill-treatment, but want to be accepted by men 'as one of themselves'. Object-relating is replaced by an identification, and the sexual aim is to achieve recognition by the father (ibid., pp.140-1).
- (iii) The vicarious group. Women in this category can only enjoy their femininity through employing other women 'to exhibit it for them' (ibid.). Such women identify with their father but then lose interest in him. The women they love 'merely represents their own femininity through identification'. Gratification is 'at the hand of an unseen man (the father incorporated within themselves)' (ibid., p.141).

Jones makes reference to Group 1 only in a footnote, distinguishing women in this group from those in the other two groups. He seems to suggest that, since they only 'appear in the guise of complete inversion' (ibid., p.145), the 'nearer to normal' (ibid.) women are not homosexual at all, despite their choice of love object. He acknowledges that this is 'an interesting third form' (ibid.), but 'for the sake of simplicity' (ibid) omits discussion and/or analysis of these women. Jones has reached an impasse with his analysis and his attempt to define female homosexuality. He differentiates between heterosexual and homosexual women by the intensity of the oral-sadistic stage, that is, stage II of Abraham's schema of development. Surprisingly, he argues that this factor is an "inborn" one; and so one is now born a female homosexual rather than becoming one. He deploys the notion of an intensity of oral eroticism and sadism to make a distinction between two of the homosexual groups. He claims that Group 2 —'the feminists' (ibid., pp.140-1) — will manifest more

characteristics of sadism, since their feelings of injustice and resentment for not having the penis will result in phantasies of biting in order to obtain it by force, revenging themselves by castrating the father. Group 3 — ‘the vicarious’ (ibid., p.141) — will be dominated by oral impulses, with tongues and nipples providing an ‘entirely satisfactory substitute for the penis’ (ibid., p.142). The women in Group 3, however, share a characteristic indicated by Freud in his first theory of female homosexuality: the girl changes into a man. Jones says that those who are born with a ‘specially intense oral erotism’ (ibid., p.144) are male; ‘[in such cases] the inversion takes the form of dependence on another woman, with lack of interest in men: *the subject is male* [my emphasis], but enjoys femininity through identification with a feminine woman’ (ibid.). However, there is no account of the ‘nearer to normal’ (ibid., p.145) women who are not complete inverts. Logically, they have not been born homosexual like those in Group 2 and 3, and so they seem to elude definition. These women are clearly the most challenging to Jones’ theory of female homosexuality. As they do not have this inborn oral eroticism/sadism, he can only conclude that they are not at all homosexual.

Freud’s three categories of female homosexuality are distinct but Jones’ two categories are not, since they share a common psychic mechanism: that of identification with the first love object, the father. The difference between these is only a matter of degree. And although this identification is constituted by penis envy, unlike for Freud, penis envy is here ‘an essentially secondary and defensive nature’ (ibid., p.141). And not only there is little distinction between the three categories; except again by a small degree, for Jones there is also little distinction between heterosexual and homosexual women. Jones openly departs from Freud, challenging his notion of the phallic stage and instead proposing that in heterosexual girls this is a ‘mild form of the father-penis identification of female homosexuals’ (ibid.).

The only distinction made by Jones between heterosexual and homosexual women is that heterosexual women will fear their mothers and homosexual women their fathers. For Freud, some female homosexuals will identify with the phallic function of the mother, that is, the mother who prohibits incest. But, for Jones, this is a feature of heterosexual women. He argues that the heterosexual girl’s fear of punishment by her mother is a consequence of her own death wishes towards the mother who stands between her and the gratification of her incestuous wishes. Thus, the heterosexual girl renounces her father and identifies

with the mother to obtain vicarious gratification of her incestuous desire. The homosexual girl, on the other hand, positions her father as the one who forbids incest and who may punish her by deserting her or through ‘anal-vaginal rape’ (ibid., p.144). Jones argues that the fantasy of anal vaginal rape is what underpins the fantasies of being beaten, prevalent in the clinic of the time. The homosexual girls’ phantasies of possessing or obtaining a penis function as a defence against these fears.

For Jones, the difference between heterosexual and homosexual women ‘is always a matter of degree’ (ibid., p.140). His definition of female homosexuality is undermined by his category of the ‘nearer to normal’ (ibid., p.145), in which the clinical picture does not ‘constitute a clinical inversion’ (ibid). Further, since the homosexual solution to the Oedipus complex is the same for both boys and girls, Jones is unable to propose a distinction between male and female homosexuality. Both boys and girls are faced with the same conflict: that is, whether to surrender their incestuous love object or their own sex. For Jones Oedipal desires are heterosexual, and, unlike Freud, he is not concerned with the little girl’s turn to the father⁴³. Homosexual boys and girls will surrender their own sex rather than their love object, and ‘become dependent on the imagine possession of the organ of the opposite sex, either directly or through identification’ (ibid). Thus, the homosexual man is constituted by vagina envy — although Jones does not use this term.

Melanie Klein

Jones’ later work as exemplified by his summary of the “Londoners” position (1935) owes much to Klein. Klein’s engagement with the question of feminine sexuality followed that of Abraham (1922; 1924). Her contribution to the debate of the 1920s-30s on this question came at a particularly significant moment in 1925. As evidenced by Leader (2000), the joint paper by Klein with Horney (1925) represents a real revision of Freudian theory, and was presented the month following Anna Freud’s presentation of Freud’s paper *Some Psychological Consequences of the Anatomical Distinction Between the Sexes* (Leader 2000, p.137). The debate of the 1920s-30s was concerned with why and how the little girl came to love her father — ‘how does a girl pass from her mother to an attachment to her father’

⁴³ In *Early Female Sexuality* (1935) Jones resolves the problem of the “turn to the father” by proposing that the little girl is only concerned with the part-object until the turn to the father (object) occurs – that is, prior to Oedipus.

(Freud 1931, p.119). Freud's early explanation, as elaborated in Chapter 1, was that her wish for the penis was transformed into a wish for a child. Klein's thesis is more complicated; here, it is the mother's role in the 'oral frustration' (Klein 1925, pp.237-8) and the 'training in cleanliness' (ibid.) that 'forms the basis of the castration complex' (ibid.). The girl's turn to the father is not a response to her lack of a penis, but comes about because she is seeking another object of oral satisfaction. She is not seeking love from the father but a satisfaction of the oral drive. But what happens to the masculinity complex elaborated by Abraham in the Klein/Horney (who, incidentally, were both analysed by Abraham) account of feminine development? It is countered with the notion of the femininity complex in the man, but at the same time not contested — only contrasted. 'It [the femininity complex in the man] is of no less importance than the masculinity complex in the woman' (Klein 1925, p.242). And both complexes are rooted in biology — 'the man's femininity complex proves to be just as biologically prescribed and no less powerful than the woman's masculinity complex' (Klein 1925, p.243).

In her paper *Early Stages of the Oedipus Complex* (1927) — and unlike the other contributors to the debate, drawing on the analyses of children — Klein proposed the existence of a primary incorporative femininity, for both boys and girls, based on an early identification with the mother. For both boys and girls, Oedipal wishes come into being as a result of weaning and reinforced by toilet training (ibid., p.147). For both sexes, Klein's primary femininity is characterized by a curiosity about, and desire to possess, the contents of the mother's body. The femininity phase is situated at Abraham's anal-sadistic level and 'imparts ... a new content' (ibid., p.150): a desire for children, for 'the organs of conception, pregnancy and parturition' (ibid., p.150), and for the paternal penis. Further, both boys and girls equate toilet training and the removal of their faeces with a mother who will dismember and castrate. Klein's primary phantastic image of the mother who is feared and dreaded by both the girl and the boy, albeit differently, bears little resemblance to the Freudian phallic mother. Klein's mother punishes and destroys in retaliation for the child's desire for the contents of her body, castration being only one aspect of her mutilating power. The boy fears that his body will be '*amongst other things* [my emphasis] castrated' (ibid); 'the girl who knows she has no penis, fears the mother's destruction of her reproductive organs' (ibid p.154). Whereas the Freudian phallic mother is a mother whose castration is disavowed — she is believed to have her own phallus — The Kleinian maternal phallus does not belong to the mother but is the father's phallus contained within

her body. Further, the Freudian phallic mother's function is the prevention of sexual enjoyment, not the deprivation of milk and babies.

Although there is a common aim for both boys and girls the sexes are differentiated, most interestingly, by their different knowledge about their physicality. This is a knowledge that results from an unconscious curiosity about sex which pre-dates speech. The little boy knows that he has the penis — a knowledge acknowledged also by girls. His knowledge of his penis results in his identification with the father, and his desire for a child can be sublimated and femininity can be repressed. However, the boy's attainment of genitality — Stage VI of Abraham's Table of the Stages of Libidinal Organization — is dependent on the 'degree of *constitutional* [my emphasis] genitality' (ibid., p.152). Men too are born and not made. For the girl, it is also her knowledge of her body that defines her. Although, in a move towards Abraham's Stage VI, the girl turns to her father primarily in response to the deprivation of the breast (ibid., p.153), it is her discovery of her lack of a penis along with her unconscious knowledge of her vagina and the 'the sensations in that organ aroused as soon as the Oedipus impulses make their appearance' (ibid) that provide a further push in this direction. Whereas the boy has the penis and is rivalrous with the father, along with the knowledge of the vagina, the girl has a knowledge — a 'dim and uncertain, though a very intense' (ibid., p.154) knowledge — of an unsatisfied desire for motherhood. Here, it is not castration that the girl fears, but a loss of internal reproductive organs.

In the 1920s and 30s Klein was not pre-occupied with the question of female homosexuality. Addressing the question more directly in 1950 and 1957, her postulation of a primary, innate femininity and an anatomical pre-formation that explains heterosexuality, has had a considerable impact on the clinic of female homosexuality — an argument that will be elaborated in chapter 3. And to develop his categories of female homosexuality, Jones drew her model of psychic development to its logical conclusion.

Jones and Klein

Jones' opposition to Freud was made more explicit in his 1935 lecture, intended to open a series of seminars at a time when the differences between the two schools of psychoanalysis were first being articulated. This lecture signifies the end of the 'early psychoanalytic controversies' (Grigg et al. 1999), and, arguably, also the formal

inauguration of these two schools. Jones' paper presents the main points at issue between the Viennese and the Londoners:

- a) The early development of female sexuality.
- b) The genesis of the superego and its relation to the Oedipus complex.
- c) Child analysis.
- d) The 'clitoris-penis question' (Jones 1935, p.280).
- e) The phallic phase.

His opposition to Freud could not be put more explicitly. He disputes the universality of bisexuality, citing evidence based on 'biological facts' (ibid., p.277) to support his argument. Following Klein, Jones posits a primary feminine phase for the girl, in which the wish for a penis is the result of a frustration of the oral drive and a fantasy of oral coitus. The girl's father is perceived as a rival for the mother's milk, and only in the second year of life 'the personality of the father... [provokes] ... true feminine love for him' (ibid., p.278). Femininity and heterosexuality are conceptualised as innate. This proposition is compounded through his analysis of the motivation in penis envy. In direct opposition to Freud — and drawing on Horney, Klein, Brierley and Deutsch's work — Jones claims that the girl wants a penis because this would enable her to urinate and direct the flow of her urine. As in 1927, he saw the aim of penis envy as being only partially libidinal and 'for the most part defensive' (ibid., p.282) against the sadistic impulses directed towards the mother for heterosexual girls. However, unlike his position in 1927 when the hatred of the mother was a consequence of her phallic function coming between the girl and the satisfaction of her libidinal desires, here the girl's hatred is a consequence of the privation of oral satisfaction. The little girl is concerned with the contents of her mother's body, and her wish for 'a kind of penis' (ibid., p.278) is the wish for a more 'adequate... penis-like object to suck' (ibid.) than the nipple.

Jones claims that the oral stage is the prototype of femininity, and cites the clinical evidence of women analysts to show that there is an infantile knowledge of the vagina and its sensations, which occurs alongside breast feeding. The wish for a penis, then, becomes 'a primary natural wish ... the normal feminine desire to incorporate a man's penis inside her body ... the normal wish to take in a penis and convert it into a child' (ibid., p.282). Again explicitly, Jones also contradicts Freud's view that the child is a compensation for

the penis. Here, there is no symbolic equation of penis = baby, but, instead, a primary femininity — that is, a knowledge of the vagina and a femininity that are heterosexual and reproductive.

Jones also disputes the existence of a phallic phase, proposing that the Freudians fail to identify a repressed femininity. In setting out the differences between the two schools, he argues that Oedipal desires are always heterosexual, and the envy experienced by the girl on the discovery of sexual difference is a defence against her incestuous desire for her father. Further, both femininity and heterosexuality are innate, developing ‘progressively from the promptings of an instinctual constitution’ (ibid., p.285). Women — whether homosexual or heterosexual — are born as such rather than becoming it.

The proposition that there is an innate femininity — an early knowledge of the vagina that presupposes the existence of a primary penis envy resulting from a “natural”, and so implicitly biological, desire to have a child — has consequences for the conceptualization of female homosexuality. Jones develops his earlier 1927 theory, proposing another characteristic of female homosexuality. All girls have an ambivalent idea of the penis, he claims, which can be a good penis — ‘the fluid emanating from it equated with milk’ (ibid., p.281) — or evil — its ‘fluid having a corroding power’ (ibid.). Girls can use their imaginary penises in three ways. Firstly, the corroding evil penis can be used to attack the mother so as to obtain the contents of her body. Secondly, the good penis can be restored to the mother so as to replace the one that in the infant girl’s imagination she has stolen from her, and/or satisfy the mother, whom the father cannot satisfy since he too has been robbed of his penis. Or, where the girl phantasises that she has incorporated the bad and corroding penis inside her body, she will want to bite off a visible external penis to secure the ‘best reassurance against the inaccessible internal anxieties’ (ibid). According to Jones, these second and third phantasies are those which operate in female homosexuals.

Many commentators (e.g. Grigg et al., 1999; Mitchell, 1982) agree that Jones’ 1935 paper signifies the height of the controversy between the early analysts. As Grigg et al. (ibid., p.15) point out, this was the last contribution to the debate during Freud’s lifetime, as since by now the situation in Europe had deteriorated and the series of lectures proposed by Jones (1935, p.276) to address the differences between these two “factions” became

impossible to stage. Fittingly, the research questions closed — just as they had also opened — on the enigmatic figure of the female homosexual.

Joan Riviere

Throughout 1922 and again in 1924 (Appignanesi & Forrester 1992, p.515), Joan Riviere was analyzed first by Jones and later by Freud. Notwithstanding the vehement disagreement in their published papers, the correspondence between Freud and Jones throughout this period is evidence that history is constructed according to present day concerns as much as past ones, since in this the relation between the leaders of the two “factions” remained cordial and affectionate. Concerned about Jones’ relationship with Riviere, with stated relief Freud wrote to him: ‘I am very glad you had no sexual relations with her’ (Freud 1922, in Paskauskas 1995, p.464). On his part, Jones claims to have had an admiration for Riviere’s intelligence as he would have had for a man (Jones 1922, in Paskauskas, *ibid.* p.454). In many ways, Riviere exemplified his second category of female homosexuals, the feminist group, ‘those that retain their interest in men, but who set their hearts on being accepted by men as one of themselves’ (Jones 1927, p.140). Sayers (2000) reports that Riviere became involved with the women’s suffrage movement in 1907, nine years prior to the commencement of her analysis with Jones (*ibid.*, p.51).

For Freud, too, Riviere embodied the figure of the ‘so-called masculine woman’ (Freud, 1922, in Paskauskas 1995, p.464). Interestingly, in a letter to Jones he writes the following about her: ‘you have not to scratch too deeply the skin of a so-called masculine woman to bring her femininity to the light’ (*ibid.*, p.464), introducing her research with an implicit archaeological metaphor. If femininity lies beneath masculinity, what lies beneath femininity?

In *Womanliness as a Masquerade* (1929), Riviere argues that women who desire masculinity may put on a mask of womanliness to avert anxiety and the retribution feared from men. Disagreeing with Jones’ sub-divisions of types of female homosexual (Jones 1927, pp.140-45), Riviere proposes that there is also an ‘intermediate type’ (Riviere 1929, p.181) of woman. That is, in her view, women who like herself are married and mothers and yet pursue intellectual/academic interests — for Jones and others a symptom of masculinity — are intermediates, and not at all a type of homosexual. In agreement with

Jones, Klein and Deutsch, she sees ‘fully-developed heterosexual womanhood [as being] founded on the oral-sucking phase’ (ibid.). The acceptance of castration is mainly determined by the renunciation of sadistic castration wishes of the ‘oral-biting’ (ibid.) phase. The case histories presented by her parallel much of what her analysts report about her own analysis, as well as her writings. After giving a public speech, her first patient had compulsively sought attention and compliments from father-figures. This compulsion had arisen from anxiety about speaking in public, and we know from Jones that Riviere had been successfully treated by him for this same symptom: ‘she can talk fluently at a meeting where she was once struck dumb with *Angst*’ (Jones 1922, in R.A. Paskauskas 1995, p.454). Riviere described this first patient as a heterosexual “propagandist” and a good housewife. Her analysis of this patient revealed that she was rivalrous with men, resenting any perceived suggestion that she was not equal to them. In this sense, she corresponded to Jones’ first type of homosexual women, those who claim ‘to be men themselves’ (Riviere 1929, p.175). Unlike her patient, Riviere was described by Freud as being unable to accept any recognition, which, instead, resulted in her becoming ‘unpleasant and aggressive’ (Freud 1922, in R.A. Paskauskas 1995, p.484). But Riviere herself has an explanation for this that is consistent with her theory. She describes another patient, whose ‘mask of femininity’ (Riviere 1929, p.17) took the form of quarrelling with ‘father figures’ in order to avoid the retribution feared, should her masculinity be discovered (ibid.).

Riviere’s work on the *Masquerade* has received much attention from feminists and queer theorists⁴⁴ in readings that emphasise its challenge to biological essentialism, but it can also be read as the work of a heterosexual propagandist. With a somewhat circular argument, Riviere makes explicit that both Abraham’s Stage VI — genitality and the achievement of object relations — and femininity are a matter of ‘fully developed heterosexual(ity)’ (ibid., p.181). According to her, all girls — heterosexual and homosexual alike — desire the father’s penis, which not only represents semen and a child, but also the nipple and breast milk (ibid., pp.181-2). “Normal”, as distinct from homosexual, women will renounce the sadistic wishes of the cannibalistic oral stage in order to reach a post-ambivalent state of genital object love.

⁴⁴ For example Doan, M.A. (1982), Butler, J. (1990), Wright, E. (2000), Adams, P (1989) and Apter, E. (1992).

Another patient who, like Riviere, was a clever woman, wife, mother, and lecturer in ‘an abstruse subject which seldom attracts women’ (Riviere 1929, p.177) — could this have described psychoanalysis at this time? — had a flippant attitude because she could not contemplate being on equal terms with men. The flippant attitude enabled some of her sadism to escape, and ‘hence the offence it causes’ (ibid.). Jones described Riviere as a ‘fiendish sadist’ (Jones 1922, in R.A. Paskauskas 1995, p.454), saying that he had ‘never yet had to deal with one [colleague] whose tone was so full of rude and overbearing superciliousness’ (Jones 1922, in R.A. Paskauskas 1995, p.489). Freud, too, describes Riviere’s sadistic behaviour — perhaps a little more kindly, since he attributes her attempts to make people unhappy to her own unhappiness (Freud 1922, in R.A. Paskauskas 1995, p.357). And, again, this prominence of sadism corresponds to Jones’ second type of female homosexual (Jones 1922, p.143).

As mentioned, Riviere’s *Womanliness as a Masquerade* has been read, particularly by feminists, as emphasising gender play-acting and the ‘sartorial projection of a feminine superego’ (Apter 1992, p.243) that challenges biological essentialism. In this, she questions the distinction between ‘genuine womanliness and the “masquerade”’ (Riviere 1929, p.76), coming to the conclusion that, in fact, these may be ‘the same thing’ (ibid.). The notion of “masquerade” will later be applied in gender studies, for example by Butler (1990), who replaces it with the notion of “performative”. Nevertheless, her view that ‘the attainment of full heterosexuality coincides with genitality’ (Riviere 1929, p.181) and vice versa, as well as her conceptualization of female homosexuality as being the result of the greater degree of sadism and anxiety involved in castration — a point re-iterated by Jones in 1935 without reference to her work — is a radical departure from Freud.

Freud had singled out Riviere as an opponent as early as 1927. In a letter to Jones (23 Sept 1927, cited by Hughes 1991, p.24) at this time, he asks how ‘an otherwise intelligent person, such as Mrs Riviere, permits herself theoretical assertions which conflict with all our knowledge and beliefs and which open the way to the removal of analysis from the sphere of reality’ (ibid). In her review of Freud’s *New Introductory Lectures* (1933), ‘Riviere was highly critical of his view of women and said that it was strange that he ignores the baby girl’s essential coquetry and interest in men’ (Hughes 1991, p.26). Thus, not only her feminism is motivated by a desire for equality with men; it is also informed by the notion of an essential femininity and a heterosexuality that are present from birth.

Women's enjoyment, she claims, comes from 'the wifehood and motherhood ... and in that part in men's lives and the world's work which only women can and do fulfil' (Riviere 1934, p.129).

Karen Horney

During the 1920s and 30s, Horney (1925, 1932, 1933) published three papers on the topic of feminine sexuality, all of which may be characterized as "feminist". In these, she calls into question the 'sex of the observer' (Horney 1925, p120), suggesting that there is an inevitable bias that results from the socio-cultural and political milieu in which the clinical research is being undertaken. She argues that, from Aristotle onwards, in an attempt to prove 'the superiority of the masculine principle' (Horney 1932, p.251), men have 'cultivated by a systematic selection' (ibid) women who are 'incapable of responsibility and independence' (ibid.). The 'cultural consequences' (ibid.) of this lead her to explain the behaviour observed in girls, interpreted as a manifestation of masculinity or penis envy, as being the result of conditioning and 'social factors' (Horney 1933, p.257). Horney's explanation for the masculinity complex in women relies heavily on social factors. Indeed, she claims that the effect of 'the actual social subordination of women' (Horney 1925, p.120) makes it impossible to judge the significance of unconscious processes in sexual differentiation. Although she posits the notion of a primary penis envy based on a knowledge of anatomical difference, she also holds that this is reinforced by her developing knowledge of its erotic advantages for the boy, those being masturbation and urethral eroticism. Further, the little girl has knowledge of her vagina, thus Horney concludes that her Oedipal anxieties are not based on a fear of castration, but on a fear of 'vaginal injury' (ibid p116) based on an awareness of the size of her father's penis. The fear of castration is only a factor in the psychic development of the boy. What is more, the little girl is aware of men having another advantage: men are freed from the 'burden' (ibid., p.112) and 'handicap' (ibid.) of motherhood. And since all the 'ordinary professions have been filled by men' (ibid., p.119), the possibility of sublimation of Oedipal desires is also reduced for girls. All these factors result in a 'flight from womanhood' (ibid.), a feminine subjectivity that for Horney is a fact of nature, specific and different from that of a man (ibid., p.120).

While her argument has a certain radical appeal — echoing the views of those women who at that time were seeking suffrage and equality, prefiguring the feminist discourse that emerged some forty years later — it is, nonetheless, an argument based on a biological essentialism that proposes both femininity and heterosexuality as innate (Mitchell 1982, p.21). Horney is insistent and explicit about ‘the biological principle of heterosexual attraction’ (ibid., p.118). In her analysis, the mutual attraction of the sexes is an “‘elementary’ ... principle of nature ... [and a] ... primal, biological principle’ (ibid.).

With these arguments, in her attempt to address the question of feminine sexuality, Horney abandoned Freud’s notions of the unconscious and a universal bi-sexualism, and, with a curious argument about female homosexuality, in 1933 refutes his theory of femininity. Horney argues that, if Freud’s theory of a primary attachment to the mother were correct, ‘*homosexuality* would be incomparably and unmistakably more common amongst women’ (Horney 1933, p.254). Her argument is based on her view that heterosexuality and femininity are primary and innate. And since the ‘wish for motherhood ... is an innate formation’, she refutes the Freudian equivalence of penis and baby. In her view, had Freud been correct about the girl’s experience of envy for the boy’s penis, her blaming the mother for her own anatomical lack, and a baby being ‘an enforced substitute’ (ibid., p.255) for this, the ‘woman’s whole reaction to life would be based on a strong, subterranean resentment’ (ibid.) — an outcome, she claims, contrary to her clinical experience. To dispute Freud’s theory of penis envy, Horney cites child observations by psychoanalysts. She accepts the universality of bisexuality, but explains this as being the effect of the child’s ‘uncertain and tentative’ (ibid., p.257) attitude towards the definite sex that is ‘already fixed physically’ (ibid.). Her evidence for the existence of an instinctive knowledge of the vagina is based on her analysis, specifically, of the sexual phantasies of both clusters of patients: those who she describes as normal and those whose ‘vaginal sensibility is disturbed’ (ibid., p. 258). It is this conviction that informs her explanation of female homosexuality.

Somewhat surprisingly, given her radical departure from Freudian theory, Horney’s explanation is a development of Freud’s first theory of female homosexuality as he elaborated it in *Psychoanalysis* (1920). Despite the “naturalness” of her heterosexual desire for the father, this is a desire fraught with anxiety, an anxiety based on the disproportionate size of the father’s penis by comparison to the size of her vagina. The little girl defends

herself against this anxiety by taking flight from her innate femininity and by changing into a little man. As Leader (2000, p.144) points out, this emphasis on the father as the one who will damage the girl in response to her incestuous wishes is what differentiates Horney's work from that of Klein. Klein believed that the child's anxieties stemmed from the guilt experienced as a result of the attacks made on the mother's body and of the desire for its contents. Instead, like Freud, Horney finds that the psychic mechanism deployed in this flight is that of identification as a response to an oedipal disappointment by the father. But Horney adds a further mechanism, that of denial — and, more specifically, of a denial of the spontaneous organic experience of the vagina: *'behind the 'failure to discover' the vagina is a denial of its existence'* (Horney 1933, p.264).

Conclusion

The debate that took place amongst the early analysts in the 1920s and 30s has received much critical attention, but the centrality of the figure of the female homosexual has been ignored by contemporary commentators⁴⁵. Yet, her figure is continually invoked by participants on both sides of the debate: those in support of Freud and those who wished to evidence the short-comings of his theories and signal their opposition to them.

Whether by publishing evidence that confirmed Freud's findings or by radical revisions that discarded the notions of the unconscious and universal bisexuality, the early analysts were concerned with developing Freud's discoveries in light of their clinical research. Commentaries by Mitchell and Rose (1982), Grigg et al (1999) and Leader (2000), give emphasis to those conceptual problems in Freud's theories that were later taken up by Lacan. While acknowledging areas of agreement between the different sides of the debate, these commentaries draw attention to a division within psychoanalysis between those schools that followed Freud, explaining sexual difference as an effect of the unconscious, and those that instead proffered anatomically and biologically informed explanations — a division that is still identifiable today. But, until now, what has not been acknowledged is the existence of an "unconscious rule" that informs both Freud's detractors and supporters. The early analysts' continual return to the figure of the female homosexual concurs in one respect: the female homosexual is always associated with, and defined by, masculinity.

⁴⁵ Commentaries include Appignanesi & Forester (1992), Grigg et al. (1999), Hamon (2000), Leader (2000), Mitchell (1974; 1982) and Sayers (1991).

And even where these analysts disagree, the fundamental rule that govern the discourse of female (homo)sexuality is disputed by none.

The female homosexual provides a site for some further agreement. On both sides of the debate, the early analysts were alert to the three ways in which Freud conceptualized the female homosexual. These were described in my first chapter. None of the contributors suggest that Freud had three theories of female homosexuality, but their published papers both concur with Freud and, as I have argued in the first chapter, inform the way in which he developed his theories.

From the Viennese side of the debate, despite their differences as outlined above, the clinical account of the analysis of H by both Van Ophuijsen and Lampl de Groot elaborates Freud's first theory of female homosexuality, providing clinical evidence of the first love object — the mother — and an identification with the father and/or his penis. Although departing from Freud in some aspects, Deutsch too provides further clinical evidence of Freud's first theory of 1920. Importantly, though, she also elaborates the notion of the phallic mother, not only to analyse the phallicism of female anatomy but also to situate the mother as a figure in which the phallic function is situated. Brunswick's case history is taken up by Freud and illustrates what I have called his second theory of female homosexuality, in which castration — at that time meaning the woman's lack of a penis — is disavowed.

More surprising, of course, are the points of agreement with Freud of those who were quite explicit about their disagreement with him and who are frequently denoted as his opponents. Although there are major departures from the Freudian position that have consequences for the conceptualization of female homosexuality and the clinic, it has been shown that both Jones and Horney provided clinical evidence that is congruent with Freud's first theory of female homosexuality, in which the little girl becomes a little man in a response to an oedipal disappointment. Similarly, despite Klein's explicit challenge to Freud and her major revision of his theories, she agrees with him that it is the disappointment from the father that leads to an identification with him — a clinical reading, again, consistent with *Psychogenesis*. As discussed above, the Kleinian maternal phallus differs from Freud's in major respects. Klein is not concerned with the genesis of

female homosexuality; but like the phallic mother of Freud's third theory of homosexuality Klein's mother too has a phallic function, in that she is the prohibitor of sexual enjoyment.

As early as 1915⁴⁶, Freud pointed to the problematics of the terms "masculine" and "feminine", adding a footnote to the *Three Essays* indicating "at least three uses" for the concepts. Firstly, they have a biological meaning, referring to primary and secondary sexual characteristics. Secondly, they have a sociological significance that will change with historical and cultural circumstances. However, the 'essential' (Freud, 1905 p.219, footnote added 1915) meaning, for Freud, is activity (masculinity) and passivity (femininity). Those analysts who followed Freud, the "Viennese", agreed that the masculine-feminine distinction is not present in the infant from birth. The "Londoners", however, proposed that people were born masculine, feminine, and even homosexual⁴⁷. Nevertheless, the "unconscious rule" continues to predominate, in that there is remarkable agreement on the association of female homosexuality with masculinity. All the analysts present their clinical case histories with reference to notions of masculinity. The conscious discourse is one in which the most fundamental concepts of psychoanalysis are examined, elaborated or revised, but the "unconscious rule" that governs the discourse is the predominance of masculinity in the conceptualisation of female homosexuality. Through an analysis of her unconscious phantasies, Freud's supporters, Van Ophuijsen and Lampl de Groot, characterise H as masculine; Deutsch claims that the phallic masculine form of female homosexuality is the 'most outstanding one' (Deutsch 1932, p.237). Even her homosexual patients who are engaged in the mother-baby erotic games are said to have taken up masculinity in order to 'hide the more infantile ... tendencies' (ibid); even as the opposition to Freud comes to explicitly espouse the biological notion of femininity, the female homosexual is conceptualized in terms of her masculinity; and even Horney and Jones, so vehemently denounced by Freud⁴⁸, adhere to his first theory of female homosexuality.

In the next chapter, I will follow the trajectory of those who espouse what I have described as the Anglo-American tradition within psychoanalysis, those informed by the revisions of Freudian theory contributed by "the Londoners" during the debate. Perhaps it is possible to

⁴⁶ See also Freud, S. (1915a).

⁴⁷ For example Jones., see p.109.

⁴⁸ Freud's 1935 letter to Muller-Braunschweig.

locate the beginnings of the engagement of queer theory with psychoanalysis in the former's critique of the Anglo-American tradition and the ways in which such psychoanalysts think about (female) homosexuality. It may also be possible to locate these beginnings in an engagement with the Freudian tradition that divorces sex and sexuality from biology and (re)production.

CHAPTER THREE

**THE DEBATE CONTINUES: FEMALE HOMOSEXUALITY
IN PRE-QUEER ANGLO-AMERICAN PSYCHOANALYSIS**

Introduction

The preceding chapters have argued that, contrary to claims in the literature, the figure of the female homosexual has been central to the history of psychoanalysis. She was continually invoked by the early analysts during Freud's lifetime, both to support his findings and in order to evidence the shortcomings of his theories. Many commentators⁴⁹ agree that the debate within psychoanalysis on the question of feminine sexuality, or as it is termed here the question of feminine (homo)sexuality, came to an end with the outbreak of the Second World War. In this chapter it will be demonstrated that the debate continued and the question of feminine (homo)sexuality remained a preoccupation for psychoanalysis to the present day. Through the analysis of clinical commentary, the chapter will demonstrate the continuation of the earlier debate and how contemporary conceptualisations of female homosexuality, with particular reference to the Anglo-American schools of psychoanalysis, are consistent with the debate of the 1920s-30s as previously outlined. As it has been argued, Freud had a conscious and acknowledged project, which was to establish psychoanalysis as a clinical practice and a body of knowledge that was distinct from other disciplines. The early analysts, as it has been shown, either lined up behind Freud's project or sought other explanations that reflected other disciplines. The debate that took place post World War 2 within psychoanalysis has similarities with the early debate. While the clinical case histories can be read, if nothing else, as a reflection of and commentary on the changing social and political attitudes of their times, arguably, some post-Freudian psy-practitioners have on the one hand sought to deploy psychoanalysis in the service of a discourse that results in the pathologisation and exclusion of homosexuals. On the other hand, there are those who not only argue that homosexuality is just one outcome of the Oedipus complex, but also extend that argument to emphasise the view that human suffering is primarily a response to social, environmental and political conditions. Nevertheless, what remains consistent from the earlier debate to the present day is the "unconscious rule" that governs the discourse on both sides, that is, the predominance of masculinity in the conceptualisation female homosexuality.

⁴⁹ Commentaries include Appignanesi, L. & Forester, J. (1992), Grigg, R. et al (1999), Hamon, M.-C. (2000), Leader, D. (2000), Mitchell, J. (1982;) and Sayers, J. (1991).

The chapter is divided into two sections.

The first section will offer a definition of the Anglo-American schools of psychoanalysis, describing some of the developments from and major revisions of Freud's theory, and linking its roots to the debate of the 1920s-30s to which feminine (homo)sexuality was central. The section will elaborate some of the distinctions within the Anglo-American schools exemplified by the conceptualisations of female homosexuality. In these schools, there is a distinction between those analysts who repeatedly fail to theorise female homosexuality by an elision of "female" through a repeated conflation of female homosexuality with masculinity, and those who fail to theorise female homosexuality by conceptualising it not as adult genital sexuality but as infantile and pre-Oedipal.

It will be argued that the specificity of the British situation — that is, the relative acceptance of lay analysis, the impact of child analysis, and the cultural milieu — resulted in a psychoanalysis that privileged heterosexual genital relations. Likewise, while acknowledging that these differences will not entirely be geographically defined, in the US there was the rise of a psychoanalysis that gave weight to social and environmental factors in the development of the individual. This led to an interest from psychoanalysts in changing environmental and social conditions, which addressed all that was defined as undesirable — delinquency and homosexuality being only but two examples. Latterly in the US, along with a cultural milieu that gave rise to queer theory, the particularities of the history and development of psychoanalysis led to the development of a clinic of female homosexuality that privileges the effects of discrimination and social isolation.

The second section, while problematising clinical commentary, will make use of published clinical material to evidence the assertions of the first section. Case histories will be presented that elide the feminine in an analysis which identifies the homogeneity of homosexuality, notwithstanding sexual difference. Similarly, case histories will be presented that give emphasis to the early maternal relationship, and that conceptualise female homosexuality as a failure to negotiate the Oedipus complex — and, thus, as pathological. The case histories will be read against the three theories identified in Freud's work and the revisions put forward by the analysts engaged in the debate of 1920s-30s (Chapter 2). The clinical material will demonstrate that, across the Anglo-American schools since 1930, there is a predominance of the association of notions of masculinity

with female homosexuality — albeit this “masculinity” is conceptualised differently from the earlier debate.

As discussed in previous chapters, the insistence of masculinity in all conceptualizations of female (homo)sexuality across the different schools and across history evidences an “unconscious rule” which governs the discourse of female (homo)sexuality. This unacknowledged rule is fundamental to the general agreement that to love a woman is to be masculine. Masculinity is defined then by its object, and femininity remains elusive.

Section 1

Anglo-American Psychoanalysis

The term “Anglo-American schools of psychoanalysis” refers to those schools that have theoretical, clinical and, it could be argued, political dominance in the USA and UK. It contrasts with the practice of psychoanalysis in Europe and elsewhere — though this is not to imply that practitioners are confined geographically, since there are Anglo-American practitioners in Europe and elsewhere. It refers to the particular development and revisions within psychoanalysis since Freud’s death — specifically, the divergences stemming from the work of Melanie Klein and the work of those analysts who, following Anna Freud and Heinz Hartman, came to form the body of theory that has come to be known as American ego psychology. Some commentators (e.g. Greenberg & Mitchell 1983, p.2) argue that, since the 1960s, there has been some convergence of these positions within contemporary Anglo-American psychoanalytic practice. Others (e.g. Hale, 1995) argue that the dominance of ego-psychology in the 1950s has been broken by opposition of self-psychology and object relations. Both these arguments refer implicitly to the blurring of the distinction between the two approaches by recent psychoanalysts, for example Kernberg⁵⁰, who have attempted to integrate object relations theory within an ego-psychology framework. More recently, a growing emphasis on relating and relations has led to a school that has moved away from any notion of the “object” (not only a material person, an attribute of that person, or, most significantly, a product of fantasy), defining itself as “relational psychoanalysis”. Layton (2004) goes so far as to claim that Anglo-American psychoanalytic theory is “relational” in its entirety. She writes: ‘Anglo-

⁵⁰ Kernberg, O. (1976).

American psychoanalytic theory (object relations, intersubjective theory, self psychology, relational-conflict theory). I will refer to this work broadly as “relational” (ibid., p.3). Or could the term “Anglo-American schools of psychoanalysis” accurately refer to those psychoanalytic practitioners — half the practicing psychoanalysts in the world (Burgoyne 1996, p.22) — who, unlike Lacanian analysts, are members or eligible for membership of the International Psychoanalytic Association? It is this broad and somewhat imprecise definition that informs this chapter.

The section is not intended to provide a history of psychoanalysis since 1935 in the Anglo-American world⁵¹. Thus, significant and important areas of psychoanalytic theory are omitted in it. Rather, the focus, here, is on providing a theoretical framework in which the clinical case histories can be situated. The revisions and developments of theory are discussed with reference to feminine (homo)sexuality. It will be suggested that, despite the radical departures from Freudian theory, there remains a congruence with the debate elaborated in the first chapter, which equates female homosexuality with notions of masculinity and/or with a failure of the negotiation of the Oedipus complex — notwithstanding the different conceptualisations of Oedipus within the Anglo-American schools.

Object relation theory, which has grown in importance since Freud’s death, refers to ‘theories, or aspects of theories, concerned with exploring the relationship between real, external people and internal images and residues of relations with them and the significance of these residues for psychic functioning’ (Greenberg & Mitchell 1983, p.12). The term is widely used to describe and critique theories and theorists that are often incompatible with each other — for example Klein and Fairbairn, who differently theorise fantasy, the nature of the internal object world, the drives and its contents, and the nature of human suffering. For example, ‘Klein re-defined the drives by foregrounding destructive impulses and their attachment to objects, particularly the prototypical object, the breast’ (Grosz 1992, p.285), whereas Fairbairn re-defines libido as object seeking rather than pleasure seeking, collapsing the Freudian distinction between instinct and drive and conceptualising object-seeking as an adaptation in the service of self-preservation rather than of sexual satisfaction.

⁵¹ For a history of psychoanalysis since 1935, see for example Hale (1995) and Dicks (1970).

Ego psychology, on the other hand, could be characterised as a theory that draws primarily on Freud's structural model, placing emphasis on a notion of the ego as having a mediating function between the conflictual demands of the instinctual id and the moralising super-ego. A core feature of ego-psychology is the centrality of the theory of adaptation, which 'assumes that the normal ego is endowed at the outset with potentialities which progressively unfold, to meet adequately the average acceptable environment' (Hinshelwood 1991, p.288). Its predominance in the US has been explained partly by the emigration of analysts from Vienna and Berlin during the Nazi occupation. Lewes (1995) argues that it was 'as if the relief and gratitude' of psychoanalysts seeking refuge in the US was expressed by 'lending its weight to the consolidation of American values and institutions' (ibid., p.220), as a result of which psychoanalysis 'drifted toward a kind of American positivism' (ibid.).

Greenberg and Mitchell (1983) posit the view that both ego-psychology and object relations theories have their roots in Freud's drive theory — even when the concept of the drive, in the classical Freudian sense, has been completely eliminated (Fairbairn, 1952; Guntrip, 1969). They argue that, although the two models and clinical practices conceptualise psychoanalysis differently, it is the dialectic between the two that explain contemporary practice.

An object is defined by psychoanalysis as the object of the drive; and while it can signify a whole person, in infancy the object of the drive will be, initially, some part of the body — the child's own body or that of another, most generally, that of the mother's breast. The object may be external to the infant, actually existing in the external world, or it may be internalised as a mental representation. Psychic development will be a progression from part objects to whole objects. Adult object choice — a term that, put simply, refers to choice of an object of love — while not being the result of a developmental sequence, is dependent on early object relations. Object relations theory in psychoanalysis derived much of its evidence from the analysis of children, positing the idea that from birth the infant engages in formative relations with objects — distinct from itself. It has developed in a radical departure from Freudian theory to posit a notion of the libidinous drive as object seeking, rather than pleasure or satisfaction seeking, giving emphasis to "relations" and relating.

Melanie Klein's re-formulation of Freud's drive theory, and her privileging of the maternal object and theorisation of the pre-oedipal psyche, could be said to have provided the direction for psychoanalysis in Britain. As discussed in the second chapter, Klein's theorisation of sexual difference, in common with those I have termed 'The Londoners', relied on explanations that gave weight to the significance of anatomical difference. This is an emphasis that remains predominant in some aspects of the British Kleinian school:

'The school of psychoanalysis to which I belong does not think that sexual difference is the result of social construction *nor does any other school of psychoanalysis or it wouldn't be psychoanalysis*. There is an innate readiness to recognise sexual difference at a psychic level... The body is much more of a given. We may not like it; we may erect all sorts of defences against it, but we do know what the difference is between men and women and we know what it's about'.

(Temperley 1997, p.131)

Temperley is commenting from the British Kleinian school. Can her claim that her school of psychoanalysis has a particular knowledge about the difference between men and women be borne out by a reading of contemporary published clinical case histories of female homosexuals? And what is "it" about? Her claim is that this difference is not theorised psychoanalytically, but is instead informed by questions of anatomical, physiological difference that are innate and present from birth. It is a remarkable claim, and one re-iterated — if only implicitly — in published reports of clinical material.

Klein herself does not contribute any specific clinical material on the question of female homosexuality. Although her practice included clinical work with adults (Mitchell 1986, p.19; Grosskurth 1986, p.336) her primary interest was in the analysis of children. Nevertheless, as discussed in Chapter 2, her reformulation of the Freudian Oedipus and castration complexes proposes a primary femininity phase for both boys and girls that determines sexual development. And this leads her to conclude that female homosexuality is the result of a developmental failure.

O'Connor and Ryan (1993) argue that Klein 'retains stereotypical gender descriptions, which she assumes to be present from earlier infancy. Sexuality is theorised as intrinsic gender differences... sexuality and desire are presented as the "natural" expression of a given gender, female homosexuality is regarded as "oral-sadistic", pregenital and immature' (ibid., p.75). Hinshelwood (1991), more sympathetic to Kleinian theory, reiterates this view of Klein. In a dictionary entry on "Abnormal Sexual Development" he writes: 'Deviations from heterosexual development result, according to Klein, from the persistence of intense persecutory and paranoid anxiety' (ibid., p.91). For Klein, the origin of female homosexuality in the paranoid-schizoid position suggests that the female homosexual has not attained the depressive position. And although she does not suggest that the two positions are sequential — rather, they are positions which will have dominance at different moments — the envy that is deployed to defend against the anxieties associated with the depressive position characterise her conceptualisation of female homosexuality: 'When envy of the mother's breast has been strongly transferred to the father's penis, the outcome may be a reinforcing of her homosexual attitude' (Klein 1957, p.199). In a second aspect of her theorisation of female homosexuality as a manifestation of the paranoid-schizoid position, Klein proposes that it is the anxiety induced by the hatred of the primary object which increases homosexual tendencies in women (ibid., p.201).

A further conceptualisation, again, locates the origins of female homosexuality in the paranoid-schizoid position:

'When hate and envy of the mother are not so strong, disappointment and grievance may lead to a turning away from her; but an idealisation of the second object, the father's penis... may then be more successful. This idealisation derives mainly from the search for a good object, a search which has not succeeded in the first place and therefore may fail again, but need not fail if the love for the father is dominant in the jealousy situation; for then the woman can combine some hatred against the mother and love for the father and later on for other men. In this case friendly emotions towards women are possible, as only as they do not too much represent a mother substitute. Friendship with women and homosexuality may then be based on the need to find a good object

instead of the avoided primal object. The fact that such people... can have good object relations is therefore often deceptive'

(ibid., p. 200)

This lengthy quote demonstrates Klein's emphasis on the primacy of the relationship with the mother, the notion of the second object as the penis of the father, and the notion of female homosexuality as a failure of early object relations. It suggests that homosexual relationships, however they might appear, are a deviation from good object relations, which characterise genital heterosexuality.

Moreover, heterosexuality is a major criterion for the termination of analysis; thus, homosexuality (both male and female) is pathological. She enlists the criteria for the end of analysis as 'an established potency and heterosexuality, capacity for love, object relations and work and certain characteristics of the ego which make for mental stability and are bound up with adequate defences. All these aspects of development are inter-related with the modification of persecutory and depressive anxiety' (Klein 1950, p.45).

While Klein's revision of Freudian theory was influential in Britain and grew in influence in the United States as a result of Bion's arrival in 1968, the British psychoanalytic community was split by what has come to be known as the "Controversial Discussions" (1942-4) between Klein and Anna Freud. These "discussions" centred on whether the psychoanalysis of children should be modified through educational input — as advocated by Anna Freud — or work entirely on the internal object relations and a recognition of the transference at the beginning of the analysis⁵².

British psychoanalytic schools are diverse in their theoretical underpinnings, but can be characterised by an emphasis on the subject's relations with objects — conscious and unconscious, external and internal, as well as phantasised. There is also an emphasis on the importance and use of the analyst's counter-transference to direct the treatment — although, within this general agreement, there are differences as to its functions and applications. Further, British psychoanalysis is characterised by a general acceptance of lay analysts, and in this it differs from the practice developed in the United States. The

⁵² The division of the school not only led to the establishment of the Anna Freud and Kleinian groupings, but also to the establishment of the Independent Group.

acceptance of lay analysts, informed by an adherence to Freud, is a shared characteristic across the splits that emerged as a result of the “Controversial Discussions”. The British schools shared an underpinning of practice that resulted from the growth of child analysis at the time of its establishment — a practice that, arguably, was able to develop in a cultural milieu in which there was a distinct and clear distance between adults and children, particularly within the middle and upper classes.

The “Controversial Discussions” took place in the milieu of post-war Britain, which saw the political reconstruction of the family and a return to traditional roles for women⁵³. A psychoanalytic theory that gave weight to the early relationship between mother and infant and deemed femininity a biological “given” provided an additional rationale for a model of family life, which met the needs of the economy of post-war Britain. This, arguably, also ensured its widespread influence and predominance over opposing psychoanalytic theories. Indeed, Mitchell (1974, p.230) argues that Klein’s emphasis on the fundamental importance of the infant’s relation to the mother came to be read as an ‘ideological prescription’ (ibid.), a prescription that deemed female homosexuality as pathological.

However, the growth of psychoanalysis in the United States is differently characterised. Ego psychology — as practised and promoted by Hartmann, Loewenstein and Kris — had predominance until the early 1970s, when the self psychologists, for example Kohut, gained popularity. As in Britain, the growth of psychoanalysis in the United States resulted from the impact of the 1939-45 European war, which led many analysts from Germany, Austria and elsewhere to emigrate as refugees. Karen Horney, one of the analysts who had contributed to the debate on feminine (homo)sexuality in the 1920s and 30s, was one such analyst. Horney and others — Wittels, Kubie, Kardiner, and Rado — were increasingly sceptical about Freud’s sexual theories, particularly of bisexuality. The controversy of the ‘second civil war’ (Hale 1995, p.138), which took place in California between 1939 and 1942, led to a split between those analysts who followed Freud and those who gave increasing emphasis to the importance of social and environmental factors in the development of neuroses. As Hale (1995) has argued, the reappraisal of Freud’s drive theory, while having its roots in Anna Freud’s work, was a response to the experience of World War II and the theories and practices of Nazism, and resulted in diverse revisions

⁵³ For a discussion of this period and its consequences for women see for example Wilson, E. (1977).

and schools. Ego psychology was concerned with the danger of uncontrolled aggression. Thus, in a major revision of Freud, it developed a notion of the ego that emerged as the result of inborn givens and functioned to “neutralize” the dangerous drives of aggression and sexuality. This was a meta-psychology that aimed at social adaptation through the control and delay of the drives, and that posited a notion of learning as a biological and conflict free function, independent of the drives. These factors resulted in its increased popularity and in its deployment to address social problems — including homosexuality.

The culturalist or “interpersonal” (Greenberg & Mitchell 1983, p.79) school’s revision of drive theory stemmed from the belief that Freudian theory underemphasised the social and cultural context in the development of the subject. Its proponents — Horney, Sullivan, Fromm, Thompson — were of the view that the subject’s conflicts and attachments derive not from the drives, but from the shifting and competing configurations of the relations between the — real and imagined — self and others. Horney’s work on feminine sexuality in 1924 — in which the social determinants of penis envy were propounded — and her attempts to establish a neat parallelism between psychoanalysis and biology, were developed by her to give emphasis to the social and non-libidinal determinants of neurosis in both sexes. Fenichel, ‘the orthodox codifier of clinical theory’ (Hale 1995, p.139), pronounced her views to be no longer psychoanalytic; and in 1940 she was removed from her position as training analyst in California. Nevertheless, as demonstrated by the clinical case histories discussed below, the emphasis placed on social and political factors in relation to human suffering can still be seen as characteristic of Anglo-American psychoanalysis. That is, while there are exceptions, pre-queer case histories give emphasis to the social undesirability of (female) homosexuality, whereas those published by psychoanalysts who have engaged with queer theory give weight to social and political factors in their reading of their patients’ suffering.

The publication of the Kinsey Report on the *Sexual Behavior of the Human Male* (1948) was significant in the history of the politics of American psychoanalysis. Amongst many things, the Report demonstrated a prevalence of male homosexuality in the American population. Kinsey argued that the law should reflect peoples’ behaviour. Many commentators (e.g. Lewes 1995; Hale 1995) agree that psychoanalytic opposition to this Report centred on the issue of homosexuality, insisting, in a deviation from the Freudian

position, that homosexuality was inherently pathological — a deep disturbance of personality — and displaying a therapeutic zeal for its cure.

Relational psychoanalysis, which has emerged within the Anglo-American discourse in the mid 1990s, arguably, has developed from ‘a distinctively American psychoanalytic feminism’ (Mitchell and Aron 1999, p.xi). Mitchell and Aron (ibid.) see the predominance of an interpersonal psychoanalysis in the United States during the 1930s and 40s as the pre-condition for the emergence of the relational school, a psychoanalysis that ‘deemphasised the internal world and internal psychic structure’ (ibid., p.xii): the culturalist school, the popularization of object relations and the development of the distinct school of self psychology, which came about through Kohut’s work on narcissism. The centrality of a feminist critique in the relational model has led to an engagement with constructivism, gender and queer theory. While placing emphasis on the “interpersonal” or “two person model”, the sub-culture of relational psychoanalysis has affiliates of diverse theoretical positions — although it can be demonstrated that within this model ‘the intrapsychic is seen as constituted largely by the internalization of interpersonal experience mediated by the constraints imposed by *biologically organised templates and delimiters* [my emphasis]’ (Ghent 1992, p.xviii)

This section has attempted to summarise some of the theoretical, political and historical developments within psychoanalysis, so as to propose a definition of “Anglo-American schools”. This has resulted in an elision of the wealth of differences, areas of radical contrast and contradiction in the conceptualisation of the psychoanalytic project, and its innovations and divergences in clinical practice. Nevertheless, a notion of an “Anglo-American psychoanalysis” provides a site for the exploration of clinical commentary on female homosexuality.

Section 2

Clinical Case Histories: Some Problematics

Throughout the history of psychoanalysis — from Ernest Jones in 1920 (cited by Paskauskas 1995, p.372) to Lesser (1999, p.8) — commentators have drawn attention to the neglect of the topic of female homosexuality. Likewise, psychoanalysts and their critics

surprisingly neglect the problematics of the clinical case history, although Freud himself appeared to indicate some disquiet on the topic: ‘It still strikes me myself as strange that the case histories I write should read like short stories and that, one might say, they lack the serious stamp of science’ (Freud 1893-95, p.160). As pointed out earlier, the knowledge of psychoanalysis is derived from the analysis of individual analysands within a clinical setting. Thus, this neglect is particularly surprising, since, from its earliest inception, the presentation and publication of clinical material has been the genre in which its theoretical knowledge has been promoted and circulated. Further, it is precisely through the presentation of clinical case histories that psychoanalytic practitioners within the Anglo-American tradition are authorised. That is not to say that within the Lacanian traditions the presentation of clinical material is not required from candidates. However, for Lacanians, authorisation is by way of the “pass”, in which the candidate must speak of her own analysis rather than that of her patient.

Borossa (1997) argues that the presentation of clinical material cannot just be considered for its textuality but must also be thought about in terms of the psychoanalytic interactions they portray — between the patient and the analyst, and the broader community. She describes the “case study” as ‘the official record of the clinical relationship when the flow of speech between analyst and analysand has stopped’ (ibid., p.49). Yet, apart from only a few exceptions, it is remarkable that a talking cure should have so little reporting of the speech of the analysand and the analyst in the published accounts of the “official record”. Instead, the histories are constructed as short stories that demonstrate either the theoretical knowledge or propositions of the analyst, or the analyst’s discipleship and standing within the psychoanalytic community.

Clinical material is material gained from a private conversation that is put in the public domain. This raises concerns about confidentiality. It is paradoxical that a knowledge based on the analysis of an individual is constrained by the need for information to be excluded from the published accounts, and by the need to alter details that may identify the analysand. ‘All the case histories in this book are true. The names and places have been changed to protect the privacy of individuals and their families’ (Orbach 1978, p.366): one version of the disclaimer that references the introduction to many fictions. This is an issue that Freud himself addressed: ‘it must be borne in mind that exact reports of analytic case histories are of less value than might be expected ... Experience invariably shows that if

readers are willing to believe an analyst they will have confidence in any slight revision to which he has submitted his material' (Freud 1912a, p.114). More recently, clinical case histories have been explicitly fictionalised either to ensure the confidentiality of the analysand (Mitchell 2000, p.xiii; Orbach 1999, p.3) or to provide a vehicle for the analyst's interest (Mitchell 2000, pp.226 and 246). Although Mitchell's Mrs Peters is not conceptualised as a case of female homosexuality, her creation exemplifies one of the functions of the clinical case study, which, as Mitchell writes, is 'in the interests of illustrating these phenomena and furthering my argument without making it unnecessarily discursive' (Mitchell 2000, p.226). Mitchell does not use inverted commas in elaborating the case of Mrs Peters. While making explicit that this "patient" is an amalgamation of a number of patients, the lack of a textural or punctuational device has the effect of making this 'fictional being ... like a character in a "true story" ... entirely plausible' (ibid.). Later, when she creates a male hysteric, Mitchell drops her inverted commas around the notion of a "true story", using punctuation to problematise notions of truth or fiction; for example: 'I would like to introduce "Mr Smith" [inverted commas]. Like Mrs Peters [no inverted comma], he is a "fiction" [inverted commas], a true story [no inverted commas] created from several patients of mine... Mr Smith [no inverted commas] brings me tales of...' (ibid., p.246). Inverted commas are not used for the rest of the case presentation. Orbach (1999) creates fictionalised accounts of psychoanalytic work with two female homosexuals. Unlike Mitchell — who argues that fictional accounts must be deployed in order to pursue her own thesis and ensure confidentiality — she argues that fiction must be used to make accounts of psychoanalysis believable. 'The stories that I have heard in the consulting room over the years are so extraordinary, so unpredictable and often so unlikely that if one were to read them in a novel one might regard them as either too fanciful or too horrific' (Orbach 1999, p.3). Consequentially, she invents 'by contrast ... less startling and rather more ordinary' patients (ibid.). Her work not only illustrates "the impossibility of sex" but also the impossibility of the presentation of clinical material. She argues that, inevitably, clinical work is fictionalised and the professional literature distorts accounts of the analysands with the effect of caricaturisation. She recounts how an audience of psychoanalytic clinicians discussed her story of "Joanna" — a fictional character — as if she were 'an actual clinical case' (ibid., p.197). This is an illustration that calls psychoanalytic knowledge into question. Socarides (1962) commented on Jones' 'remarkably good fortune' (ibid., p.582) to have analysed five homosexual women;

however, the current fictionalised case histories suggest that, had the analyst not been quite so lucky, he could have always made one (or five) up.

In a review of the literature, Downey and Friedman (1998) identify forty-seven cases of female homosexuality — published between 1940 and 1989 — that were the ‘most influential’ (p.472); “most influential”, however, remains undefined. The case histories cited are all from the Anglo-American schools; and while there is no evidence that these cases are fictions, their findings confirm the often stated view that female homosexuality is a neglected topic.

At a Freud Museum conference in 1995, Susan Budd argued that clinical case histories have different emphases depending on the historical or theoretical frame in which they are presented (Budd 1997, p.40). She acknowledges that, since they always include something of the patient’s history — any traumatic events, the ages of the siblings, and the possibility of abuse clinical — case-histories always share some similarities. She makes the point that it is through the account of clinical case histories that “students” are ‘imbibing, without realising it, theories about the nature of psychoanalysis itself’ (ibid.).

The case-histories presented in this chapter will demonstrate a consistency beyond those itemised by Budd. Across historical periods and differing theoretical frameworks, almost all accounts of female homosexuals and their modern day equivalents — lesbians — describe their physicality. Lowenfeld’s account (1941) is of a case of female homosexuality in which the patient has ‘a somewhat unfriendly facial expression’ and ‘was inclined to favour mannish, sport clothes’ (ibid., p.116); MacDougall’s “Olivia” ‘wore a thick leather wristband, believing it gave her an appearance of strength and cruelty’ (MacDougall 1964, p.188), traits she identified with father (ibid.); Khan’s female homosexual was ‘of short height, feminine and pleasant looking and tastefully dressed’ (Khan 1979, p.63); and “Helen”, who wore ‘a baseball cap ... looked like Popeye ...’ (Silverman 2002, p.260). Whilst the description of the appearance of patients is not confined to female homosexual patients, the conformity to Freud’s *Psychogenesis* is striking. It is a curious presentation of material within a practice that is legitimately concerned with the speech of the patient. What do these descriptions of the patient’s appearance signify? It is evident that a narrative style which offers a portrait of one of the main protagonists affords the reader a point of identification (negatively or positively) that

holds the attention. It should be noted that a description of the analysts' appearance is a rare occurrence in this genre, with Joyce MacDougall providing a rare exception (1989; 1995). There is a frequently quoted story reported by her (1989, p.205): a child rushes into his analytic session to tell the analyst that at nursery all the children had gone into the paddling pool together. In response to such excitement, the therapist asks his patient: "What, all the boys and girls together?". To this, with some contempt, his young patient replies: "Don't be silly! I don't know; they didn't have their clothes on". In the same way, the use of descriptions of the patients' appearance in the clinical presentation of the female homosexuals, functions to give emphasis to the question of sexual difference. In the examples given above, to demonstrate that their female homosexual patients have the attributes of women or not, analysts describe their patients with reference to stereotypical notions of male or female so as to implicitly draw the reader's attention to given norms about men and women. In the late twentieth century clinic, the discussion of masculinity in women — explicit in the case presentations in 1920s and 1930s — is implicitly woven into the narrative. It is not only the physical and sartorial attributes of the patients that are treated in this way. Whereas the earlier commentators specifically gendered activities and interests, modern commentators make no such links. Here, information about the patients' occupation or recreational interests function at another level: it is deployed to ensure a reading of female homosexuality that is associated to the masculine. Many, but not all signifiers of femininity and masculinity have remained constant throughout the history of psychoanalysis. A search of the literature suggests an over-representation in the clinic of female homosexuality of analysands and patients with careers in science — for example Quinodoz's "Adele". Like Jones' patients of the 1920s, "Adele" pursues academic and intellectual interests — she had worked in 'advanced scientific research' (Quinodoz 1989, p.59). Nevertheless, here, this type of pursuit no longer signifies masculinity per se but is 'an identification with the penis' (ibid., p.59).

Feminism and the liberationist politics of the late twentieth century northern culture, have led to a change in sensibilities that has not been lost on analysts who present case material. This shift can be exemplified by MacDougall's commentaries on one of her female homosexual analysands, which were helpfully published twice. MacDougall first published her comparatively lengthy case history of "Benedicte" in 1989. This is an account of the first five years of an analysis that lasted eight years. In 1995 the case history is re-published with amendments — an account of the sixth year of analysis and a reference to

the end of the analysis. These are not the only aspects of the case that change. In both accounts, the symptom and conceptualisation of female homosexuality remain unchanged; in both accounts “Benedicte”’s opinion about her body and her pubic hair ‘distributed in a masculine way’ (ibid. 1989, p.216; 1995, p.89) are equally reported. But in the later version MacDougall’s description of “Benedicte”’s lack of make-up, of her ‘tight blue-jeans and well cut cashmere sweater’, and of her ‘attractive feminine silhouette’ (ibid. 1989, p.206) are cut. The analysand’s body and clothes were no longer thought to be appropriate or relevant to the narrative, or perhaps in a re-reading the erotics of those tight jeans and the particularity of the use of the word “silhouette” become apparent even to the author.

The insistence of masculinity in the clinical case material is explicitly theorised. Same-sex object choice in women is interpreted and explained as a choice — conscious or otherwise — that is masculine, and not specifically feminine. Despite the divergences from and revisions of Freud’s work, there is an implicit conformity with the 1920 clinical account, in which “a woman loving a woman” is loving as a man.

In summary, the publication of clinical case histories functions to confirm the views and/or status of the analyst, and the construction of the case history reflects both its historical and theoretical position. The over-reliance on notions of masculinity in the published clinical histories of female homosexuals is consistent across history and across the different schools. So while there is an overt aim in the publications of these cases and explicit differences as a result of the different theoretical positions of their authors, the universal association of masculinity with feminine homosexuality persists, underpinning the discourse with the same “unconscious rule” that has been evident since 1920. In that it both informs and reflects the discourse of female homosexuality beyond psychoanalysis, this rule perhaps functions as a fiction in the same way that Orbach suggests, and serves to make psychoanalysis more believable.

“Benedicte”

While I have commented on the masculine characteristics attributed by McDougall to her patient “Benedicte”, highlighting that these are differently described in the two publications of 1989 and 1995, I will now read the case history against the earlier

psychoanalytic conceptualizations of female homosexuality. McDougall departs from Freudian psychoanalysis in her view that homosexuality is ‘deviant’ (McDougall 1989, p.206), the result of ‘pathological maturation’ (ibid., p.209) or both, in that it is the result of ‘deviant sexual development’ (ibid.). She implicitly acknowledges Freud by reference to psychoanalysis’ contribution ‘to the study of aberrations’ (ibid., p.205), but then replaces the notion of ‘sexual aberrations’ (Freud, 1905) with the aberrations of Stoller’s (1973) “core gender identity”. Stoller defined his notion of a core gender identity as ‘a taken-for-granted conviction that one is a male or a female, that is, that one’s assignment to the male or the female sex is anatomically and ultimately psychologically correct’ (ibid., p.313). However, unlike Stoller, McDougall continually supplements the notion of “core gender identity” with the addition of the words “sexual role”⁵⁴. Given that on discovery of anatomical difference the task for the child is to ‘accept the narcissistically unacceptable difference and assume its monosexual destiny’ (McDougall 1989, p.205), McDougall’s “sexual role” can only be read as heterosexual. So while for Stoller “core gender identity” is the conviction that one is anatomically and psychologically assigned to a sex, McDougall puts forward a heterosexual model.

“Benedicte” was a 39 year old writer, who consulted McDougall because she was suffering with writer’s block and was unable to finish her first novel — not because she was troubled by her homosexuality. Her father had died when she was fifteen months old, a fact that had been concealed from her until she was five years old. She hated her mother, whom she experienced as ‘inauthentic and false’ (ibid., p.207), ‘dangerous and obliterating’ (ibid., p.211), ‘invasive and controlling’ (ibid., p.212). “Benedicte” had two female lovers; both were mothers and widowers, and both initiated the love affair (ibid., p.207).

Despite McDougall’s notion of homosexuality being one of sexual deviancy, she makes no attempt at a cure. The case history was one of mourning. This remained the focus of the analytic work that took place four times a week over a nine year period, during which time memories were constructed and “worked through”⁵⁵, notwithstanding McDougall’s stated intention to illustrate two frequently related clinical phenomena: ‘inhibition in creative or intellectual work’ (ibid., p.218) and ‘sexual deviancy’ (ibid.), which she says have their

⁵⁴ McDougall, J. (1989, pp. 205-206, 209, 218).

⁵⁵The work of mourning is the withdrawal of libido from the lost object, which takes place in the unconscious: ‘the region of the memory-traces of *things* (as contrasted with *word*-cathexes) ... proceeding along the normal path through the *Pcs* to consciousness’ (Freud 1917, p.256).

roots in the ‘traumatic situation of infancy’ (ibid.). Thus, the case history illustrates the preceding commentary on the problematics of published clinical work. It is published as an intervention on and a development of Stoller’s work, and situates and consolidates McDougall — who draws on the work of the Kleinians and post Kleinians — as a psychoanalytic authority⁵⁶ on the topic of female homosexuality. And yet, the record of the ‘private conversation’ (Borossa, 1997) seems at odds with the stated aims as McDougall the analyst, rather than the academic, interprets her patient’s speech, dreams, fantasies and transferences, and reconstructs her image of her dead father. It is a beautifully written case history that captures something of the nature of clinical work and places emphasis on the particularity of the patient’s speech and the symbolic co-ordinates that situate her.

Nevertheless, the analysis leads McDougall to conclude that homosexuality is a deviation in gender identity. She proposed a specific homosexual oedipal crisis that did not aim at having the parent of the opposite sex and at killing the rivalrous same sex parent. Rather, she introduces the idea that the homosexual oedipal complex is ‘aimed at *having* the same-sex parent and of *being* the parent of the opposite sex’ (McDougall 1989, p.206). While the terms “having” and “being” resonate with Lacan’s formulation of sexual difference⁵⁷, McDougall uses these terms to make a different point. “Benedicte”’s homosexuality is explained as the result of ‘the mother’s unconscious projections upon her infant in the first year of life’ (ibid., p.209), the way in which the mother communicates the importance of the father in her erotic life to the baby: ‘A mother who puts her children in the place of their father as her libidinal complement may be laying the groundwork for future deviant sexual development’ (ibid.). And the best guarantee of a heterosexual object choice is to have heterosexual parents: ‘if ... children see their parents as a loving couple who desire and respect each other, they will tend to follow the parental model in their own adult and sexual lives’ (ibid.). ‘The decisive factor’ (ibid., p.219) in “Benedicte”’s homosexuality was the ‘sudden death of her father ... and her mother’s disturbed way of handling the tragic situation’ (ibid.).

McDougall’s analysis gives weight to identification and the early maternal relationship. Although she is frequently described as an analyst who brings together French and Anglo-

⁵⁶In 1995 she references herself almost as frequently as she does Freud, with 14 references to her own work compared with 19 references to Freud’s. See McDougall, J. (1995).

⁵⁷According to Lacan, sexual difference is not the result of a particular identification but of the subject’s relation to the phallus. This relationship may be one of “having” or “not having”.

American psychoanalysis⁵⁸, her analysis of “Benedicte” is a development of those analysts who disagree with Freud and who conceptualise female homosexuality as a failure of the pre-Oedipal relation with the maternal object.

In 1964 McDougall published *Homosexuality in Women*. This was based on her clinical work with seven women — four homosexuals and three other women, who while not being exclusively homosexual were ‘dominated by conscious homosexual wishes’ (McDougall 1964, p.171). In an elaboration of this approach in which homosexuality is an inherently pathological phenomenon, with a non-Freudian move, McDougall introduced a notion of a “homosexual libido” to explain an inherent bi-sexuality. Whereas the “homosexual libido” in heterosexual woman is sublimated, the homosexual woman ‘has met with severe impediments’ to sublimation (ibid., p.173). Working within a tradition where psychic structures “overlap” and where psychosis, neurosis and perversion are on the same continuum (ibid., p.171), McDougall is able to propose that female homosexuality is a ‘third structure which might be described as “perverse”’ (ibid., pp.210-211) — even though, since there is evidence that both psychotic and neurotic mechanisms are involved (ibid., p.211), ‘the problem does not ... belong only to the sexual perversions’ (ibid.). Her aim in this paper is to identify a particular female homosexual structure, ‘a specific form of Oedipal constellation’ (ibid., p.171). Surprisingly, she claims that her clinical findings confirm Freud’s ‘hypothesis of the genesis of this disorder’ (ibid., p.211), and that the ‘risk of losing identity emblems ... [make the homosexual] liable to severe depressive episodes or ... psychotic episodes of a paranoid type’ (ibid., p.211). Here, in order to give credibility to her argument that her findings conform to those of Freud, McDougall drops the “female” from homosexuality. Her approach exemplifies the logical problem of an attempt to demonstrate a libido which is common to men and women through an account of Oedipus that presupposes the existence of a little girl or boy prior to the Oedipus complex, postulating sexual difference as innate and as a physiological or anatomical given.

Implicitly drawing on some of the analysts of the 1920s-30s who commented on this topic, McDougall (1964, p.175) distinguishes between the masculine woman and the female homosexual. ‘There is a considerable difference between the “masculine” woman, who regards her ego ideals and her identity as basically male (accompanied by a disparaging

⁵⁸In 2009 McDougall was awarded the Mary D. Signourney prize for her distinguished contribution to psychoanalysis, that is, her linkage of French psychoanalysis with British and French psychoanalysis.

attitude to women) and the homosexual one, who has made a masculine type of object-choice in seeking love relations with a woman (accompanied by a disparaging attitude to men)' (ibid., p.176). Her concern with such a distinction is in keeping with the earlier debate. As discussed in previous chapters, Freud made a distinction between the masculinity complex and female homosexuality (Freud 1920, p.169). Abraham made a further distinction between those women who sublimated their homosexuality and took up masculine pursuits and those who took up the masculine role in sexual relations (Abraham, 1922, p.58). As outlined in Chapter 2, Jones was concerned with the distinction between women who want to be men — his second category (Jones 1927, pp.140-1) — and those who, like McDougall's homosexual woman, show no interest in men (Jones 1927, p.144; McDougall 1964, p.177). Importantly, McDougall's contribution provides another example of the "unconscious rule" in which masculinity is central to any discussion of female homosexuality, which is always situated within the discourse of masculinity. For her, conscious homosexual desire is not so much determined by a woman's sexual desire for another woman but by her attitude towards masculinity and men, represented by the father. The masculine woman is characterized as one who fantasises herself as a castrated man (ibid., p.179). The homosexual woman, on the other hand, introjects and identifies with the father/man, 'a mutilated image possessed of disagreeable and dangerous (anal) qualities' (ibid., p.187). McDougall elaborates the differences related to masculinity, claiming that, although female homosexuals are afraid of men and sexual attack, the masculine woman is angry that she might be sexually desired by men and 'acts insulted if an approach is made' (ibid., p.177). The masculine woman will often find sex with her "husband or lover" painful, although she will try to hide this — one wonders from whom: the analyst or the sexual partner? And while in her account both masculine and homosexual women share a feeling of "bitterness" towards men, this "bitterness" is conscious in the female homosexual and unconscious in the masculine woman. According to McDougall, both the masculine and the homosexual woman suffer from the effects of this bitterness. Bitterness towards men is a conscious attitude in homosexual women, who seek to altogether exclude men from their lives and thus impose rigid limits on their activities. Masculine women on the other hand, socially at ease with men and consciously identified with them, are frightened by intense feelings of rivalry which they attempt to stifle, and become pathologically inhibited from creating or working at anything successfully (ibid., p.177). Again, McDougall's analysis has a congruence with Jones' contribution to the earlier debate on feminine (homo)sexuality in 1927, since her elaboration gives emphasis to

similarities between those women identified by Jones as the “feminist” and the “female homosexual”.

McDougall’s homosexual women disavow the primal scene rather than castration, and in this they are similar to homosexual men and are diagnosed as perverse: ‘The homosexual in particular (and the same is true for all people whose sexuality is predominantly perverse) deals with the primal scene disavowal fantasies by rendering them null and void, through disavowal or negation. *He* [my emphasis] is free to reconstruct the sexual relation using aims and objects other than genital ones’ (McDougall 1964, p.182). McDougall proposes a ‘homosexual libido’ (ibid., p.172); and while her clinical evidence is drawn from her work with women, the specificity of female homosexuality is lost. Unlike the analysts engaged with the 1920s and 1930s debate who were concerned with the nature of sexual difference, her argument eradicates sexual difference, at least between homosexual women. In this aspect, her thesis follows that of the American Psychoanalytic Association in 1961, discussed later in this chapter. Her patients all described their fathers in terms of ‘disgust, noisiness, brutality and lack of refinement ... the once phallic father has regressed to an anal-sadistic one’ (ibid.). The fathers are presented as ineffectual and impotent, as castrated and as having failed them, and there is an unconscious identification with this image, which is introjected onto the ego. McDougall’s formulation is based on Freud’s analysis of melancholia. The father is not so much an Oedipal disappointing object who fails to give his daughter the penis/baby; rather, he is a lost object with whom, like the melancholic, the female homosexual is identified. In the same way, the melancholic could be said to inhabit the world of the dead object in a narcissism in which the loved one is thereafter never relinquished, so that ‘no other man ever takes father’s place in the homosexual girl’s universe’ (ibid., p.191)⁵⁹. Thus, Freud’s *Mourning and Melancholia* (1917) provides McDougall with an explanation for why the female homosexual dresses like Dad. “Olivia”’s ‘stained bluejeans’ (ibid.), ‘over-large thick sweaters’ (ibid.) and ‘thick leather wristband’ (ibid., p.188) evidence her embodiment of her father (ibid.). Likewise, “Karen”’s ‘unconscious identification with the “dirty, disgusting paternal” phallus’ (ibid.) provides an explanation for why she does not bathe and dresses like a beatnik and is scornful of the idea that she might dress like a woman (ibid.).

⁵⁹ Freud’s theorisation of mourning and melancholia is later deployed by Butler (1990; 1997) from a queer theory perspective to explain “gender identity”.

Mothers, on the other hand, are idealised by these patients. They are thought to possess all that is feminine, and the homosexual woman hopes to have what she has and seeks it from her lovers. Underlying this fantasy, however, are two quite different themes underpinned by the figure from Freud's third theory of female homosexuality: the phallic mother. The mothers of these patients 'did not love either the body or its functions' (ibid., p.195); and although they were not so much implicated in the prohibition of phallic enjoyment except in their devaluation of the father and his penis, they controlled their daughters' anal eroticism. The female homosexual is thus robbed of her phallic identification with her father, as well as of her 'anal treasures' (ibid., p.202). The 'homosexual act' (ibid.) is the patient's attempt to restore what has been taken from her. McDougall elucidates her contention through the examples of 'two kleptomaniac patients' (ibid.) whose stolen goods signified the maternal phallus: 'in this respect the kleptomaniac acts reproduced exactly what the homosexual sought and symbolically recaptured in her sexual relations' (ibid., p.203). The kleptomaniacs consciously stole what their fathers refused them — perfume, handbags, underwear and so on. Thus, McDougall interprets the stolen goods as phallic representatives and as an attempt to castrate the father. But since the stolen goods were also 'articles which would enhance femininity' (ibid.), taking her definition of the phallic mother from Brunswick's 1940 case study, she analyses her patient's thieving as an attempt to obtain the maternal phallus. Thus, the woman who loves another woman does so in an attempt to possess the maternal phallus, whose castration is surely disavowed. In the first chapter, disavowal of the castration of the mother and other woman has been identified as Freud's second theorisation of female homosexuality. McDougall takes Freud's formulations in *Mourning and Melancholia* in order to situate her conceptualisation of female homosexuality within a Freudian framework. However, through her analysis of her patients what she finds is the clinical evidence of Freud's second theory.

In a footnote (ibid., footnote n.3, p.220) McDougall describes "Karen", whose mother's urine was an unconscious phallic equivalence. She writes: 'She had many erotic phantasies of drinking the urine of a female partner (linked to the nourishing milk, a further female phallus)' (ibid.). As described in the second chapter, the erotics of urine and urination in the analysis of female homosexuals had been taken up by the analysts who contributed to the debate on the topic in 1920s-30s and had been variously analysed. In his analysis of H, Van Ohuijsen situated such erotics on the side of masculinity and as evidence of the

masculinity complex. Deutsch, on the other hand, proposed the equivalence ‘breast = faeces = penis’ (1924, p.96) and masculinised the lactating breast by associating breast milk with semen (ibid., pp.104-5). McDougall analysis of “Karen” follows Deutsch. “Karen” disavows the castration of some women — her lovers; and like in Freud’s footnote (Freud 1923b, p.145), discussed in my first chapter, accepts her own castration (in that she sought the female phallus in another woman) and, presumably, that of some other women.

The early analysts were concerned with the nature of the girl’s castration, a question taken up by McDougall’s patient “Olivia”. “Olivia” went out to dinner with her father. Putting aside her usual stained jeans, baggy jumpers and leather wrist-band, she dressed as a woman in ‘feminine clothing and jewellery’ (McDougall 1964, p.199). Her father’s rejection of her new image — ‘these things didn’t suit her’ (ibid.) — resulted in her being seized with vertigo and feeling that she had become disembodied. During the analysis of this, ‘she said with remarkable insight “Can one say there is such a thing as the castration of a woman? I mean something that would be as terrible for a woman as for a man to lose his penis?”’ (ibid.). Her question mirrored that of the psychoanalysts of the 1920s and 1930s who debated the question of feminine sexuality.

The Overt Female Homosexual – 1961

McDougall’s lively and sympathetic clinical accounts of her female homosexual patients, while continually asserting their masculinity, are concerned with the specifics of the feminine. Like the earlier analysts who supported the Freudian account of sexual difference in which there is no symmetry between the sexes in their psychic development, McDougall’s contribution provides further clinical evidence of the different effects of castration, Oedipus and the early object relations of “girls”. While she tends to situate female homosexuality as pathology, her aim in analysis is not to cure. Female homosexuality is not treated as a symptom; rather, her interventions are directed towards the relief of the patient’s manifest suffering. Nevertheless, she was writing in a context in which other analysts — specifically in the American context — saw heterosexuality as an indicator of a successful treatment.

Heterosexuality: The Cure

In 1961 the APA held a panel in New York on the topic of overt female homosexuality. Four clinical case histories were presented, and although reports of these cases are published in the *Journal of the American Psychoanalytic Association*, curiously⁶⁰ they are excluded from Downey and Freidman's review of the literature. The event followed a similar panel held in 1959 on the topic of overt male homosexuality, not only chronologically but also theoretically. Paradoxically, while there is an overt elaboration of the specificity of female homosexuality, the female homosexuals of the APA are the 'counterpart[s]' (Socarides 1962, p.578) to their male homosexuals. The emphasis on the "homo", rather than on the specificity of sexual difference, resonates with the nineteenth century notion of a third sex, proselytised by homosexual activists and theoreticians of the time. And it is a notion that comes back, albeit in a different guise, in the campaigns for recognition and equality of those who identify as intersexed. It is a "homo" that explicitly gives emphasis to "the same" and implicitly privileges the masculine.

The homogeneity of homosexuality required no further discussion. The female is the same as the male. The chairman of the panel, Herman M. Serota, set the parameters for the debate, reminding the panel that homosexuals are homogeneous. He is quoted as advising the participants that, since the 'general propositions' (ibid., p.578) about homosexuality had already been discussed at the 1959 panel, there would be no repetition of this discussion at the 1961 conference. The panel was advised that both male and female homosexuals have egos that are by definition 'defective' (ibid.), and that both 'struggle to a kind of object-relationship more akin to identification' (ibid.). Further, homosexuals of both sexes 'live by identification' (ibid., p. 578). Serota suggested that the panel discuss the notion of "aphanisis", a concept introduced by Jones (Jones 1927, p.135). This was a useful concept for a theorisation concerned with the homogeneity of homosexuality. Jones objected to Freud's theory of castration and proposed this concept, by which he meant the fear of the extinction of sexuality as the bedrock of neurosis. It is a fear that exists for both neurotic men and women, and thus posits no difference in sexual development between the sexes. The panel was concerned with the notion of "adaptation", a notion developed by the ego-psychologists and the early object relation theorists. This refers to the subject's ability

⁶⁰Downey and Friedman (1998) assert that classical or traditional psychoanalysis is that which is published in the *International Journal of Psycho-Analysis* and the *Journal of the American Psychoanalytic Association* — an unacceptable bias.

to act effectively on the environment; however, in conjunction with the papers presented, it could be read as a concern that both male and female homosexuality were socially undesirable and in need of a cure.

While addressing the specificity of female homosexuality, the reported contributors to this panel — Socarides, Weiss, Clyne and Kestenberg — continually give emphasis to homosexuality rather than the specificity of sexual difference.

Reviewing the history of the topic, Socarides (1962) argued that he need not review the literature on the ‘constitutional versus acquired factors’ (ibid., p.580), since this had already been reported in the previous panel on male homosexuality. This argument implies that, in relation to this aspect of the topic, there is no difference between men and women. In both, men and women, homosexuality is a perversion; for both, men and women, the “sexual object” is ‘constitutionally determined’ (ibid., p.579) and technique in treatment can be modified in the same way as for overt male homosexuals (ibid., p.583).

Socarides’ (ibid.) report of the proceedings gives an account of Weiss’ theory of sexual difference that is not psychoanalytic (ibid., pp.585-8). Weiss’ contribution placed greater emphasis on the universality of an inherent bi-sexuality; however, contrary to Freud, he believed ‘strongly (in a) biological bi-sexuality’ (ibid., p.585). He postulates the notions of a ‘biological id’ (ibid.) and a ‘masculine and feminine’ ego (ibid.), which result from a process of ‘egotisation’ (ibid., pp.585-6) of anatomical and physiological ‘tendencies’ (ibid.). However, the report of his contribution does not give emphasis to these biological differences; rather, for both male and female homosexuals the emphasis is on the failures of the ego. The masculinity of the female homosexual is the result of the failure of the ego to allot the ‘feminine drive’ (ibid., p.586) to its ‘proper representation’ (ibid.). Moreover, the lack of ‘feminine sensations’ (ibid., p.584) results in her feeling ‘sexually mutilated’ (ibid.). He draws a link between sexual behaviour and hormones, at the same time acknowledging that ‘how this is affected is not completely known’ (ibid., p.589). Weiss was clearly unfamiliar with the work of Frank Ambrose Beech, who in 1942 published his work on the impact of hormones on rats. Beech’s experimental work demonstrated that, although hormones introduced to rats indeed resulted in sexual behaviour, it did not influence their choice of mate. Some rats injected with testosterone would even attempt to mate outside their species, with guinea pigs. His findings led him to insist that there was an

‘absence of perfect correlation between hormonal condition and the character of overt behaviour’ and that ‘psychic factors’ were important in the sexual behaviour of rats (Beech 1942, cited in Fausto-Sterling 2000, p.209).

The report of Kestenberg’s paper (ibid., pp.589-90) gives further evidence to the argument that, essentially, homosexuality in men and women shares the same characteristics. Interestingly, she argues that the condemnation of homosexuality in Judeo-Christian societies is based on the notion that semen should not be “wasted”, although unfortunately this notion is not elaborated — perhaps taking as self-evident what would be defined as a “waste”. She argues that the “indifference” — again a term not evidenced in the report of the proceedings — to female homosexuality is based on an idea that the ‘Lesbian woman has nothing to waste’ (ibid., p.589), and counters this argument with the view that ‘the Lesbian did indeed have something to waste, namely her motherliness’ (ibid., p.587). But “motherliness” too remains undefined, and there is no reference to any knowledge of women who have children and female sexual partners. According to Socarides (ibid), only later at this conference Rodgers makes a clinical presentation, which illustrates that ‘it is not uncommon for overt female homosexuality to be acted out behind the veneer of an apparently successful heterosexual life’ (ibid., p.590). This intervention may lead to some reconsideration of Kestenberg’s thesis.

Kestenberg argues that homosexuals, ‘men and women alike’, share a ‘need for sameness’ (Socarides, ibid., p.589) — not just ‘anatomical sameness, but also... sameness of excitation-discharge process’ (ibid.) — because they do not have many possible ‘modes of excitation discharge’ (ibid.). Men and women are equally ‘afraid of their own insides’ (ibid.) — the “insides” referring to the body rather than any euphemism for psychic phenomena.

The cases presented to the 1961 APA Panel in New York were used to illustrate a female homosexuality that is a diagnostic category — a perversion, pathological, and thus to be treated. It is a female homosexuality that is associated with suicide, eating disorders, alcohol misuse, sadism, psychosis, loneliness and regression — all of which is constructed from only three cases.

The case presentations by Davies, Rodgers, Socarides and Rappaport, were made from the floor of the conference and are only briefly reported. All three cases involved a man: the father, the husband of the subject, or the husband of the object of her sexual interest, described in Rappaport's material as 'an orgy *a trios*' (Socarides, *ibid.* p.591). The analysts are concerned with the prognosis for treatment, and although the desired outcome is frequently not explicit, 'one [can have] ... best hopes for success' (*ibid.*, p.583). Unsurprisingly for a school that relies on biological/anatomical explanations of sexual difference, since transferentially a female analyst would be unable to be anything other than "mother", a male analyst is advocated for a female homosexual. They argue that the outcome will be less "optimistic" where the female homosexual has been "pushed" into therapy by her father rather than by her mother. There is also no disagreement with Serota's opening remarks, which argue that in the therapy there will be a 'gradual drift ... from the pregenital homosexual aim of binding aggressive and libidinal drives to that of actual heterosexual object relations' (Socarides, *ibid.* p.579). The APA of the 1960s was in search of a cure, a cure that could only be evidenced by the patients' shift to heterosexual relations.

Socarides

Although Socarides is frequently vilified by commentators who challenge the notion of homosexuality as pathology, O'Connor and Ryan (1993, p.92) report that Limentani, McDougall and others acknowledged him as a psychoanalytic authority on homosexuality. In 1978 Socarides published three clinical case histories of female homosexuality. In his view, homosexuality is an 'emotional disorder' (Socarides 1978, p.2) that 'can be successfully treated by psychoanalysis' (*ibid.*, p.3), by which he implies that the end of analysis is heterosexuality. In summary, while he concurs with Freud that there is no 'connection between sexual instinct and the choice of sexual object' (Socarides, *ibid.* p.5), his explanation for homosexual object choice in both men and women is that it is the result of 'overwhelming fear' (*ibid.*). His argument is based on biological and cultural factors; hence, while the drives and object choice are not related, heterosexuality is 'taught to the child from birth and is culturally ingrained through the marital order' (*ibid.*). Homosexuality is a 'serious disorder' (*ibid.*, p.6), and his account of his analysis of his three female homosexual patients — Anna, Sarah and Joanna — confirms that his aim was a cure equated with heterosexuality.

Socarides identified nine clinical categories of female homosexuality. These are based on his reading of Jones (1927) and de Saussure (1929) which are distinguished by the common themes within psychoanalytic literature. His Group 1 is clearly equivalent to Jones' Group 2 — the feminists — in that those belonging to it complain about the status of women. Those in Group 2 are seeking to acquire femininity from another woman — and in this respect they cannot be distinguished from male homosexuals, who are attempting to acquire masculinity from another man. Those in Group 3 are the lovers of Jones' Group 1, who replace the penis with tongue or finger. Those in Group 4 are equivalent to Jones' "vicarious group", who enjoy their femininity by displacing it onto other women. Those in Group 5 play out mother and baby games, an implicit reference to Deutsch. Like Deutsch's patient, those in Group 6 play active and passive roles and alternate them, although 'neither individual wears masculine clothes' (ibid., p.141) — unlike those in Group 7, who do, even 'including ties' (ibid.)! Those in Group 8 — 'the most of all homosexual women difficult to treat psychoanalytically' (ibid.) — believe they have a 'phallus which they can put on or take off at will' (ibid.). Those in Group 9 — the femmes who love the butch — are those who appear feminine and 'then behave toward masculine appearing homosexual women as they wish they had been treated by their fathers' (ibid., p.142).

The familiar theme of masculinity associated with female homosexuality by Freudians and post Freudians, as well as by those who depart from Freud's views, are further illustrated in Socarides' case histories: Anna dresses in baggy clothes 'to conceal her attractive figure' (Socarides, ibid. p.353); Sarah has a demanding job in economic research; Joanna comes to her sessions 'dressed as a man, minimizing any semblance of her ... obvious femininity' (ibid., p.390). However, the case histories are analysed from a theoretical model that privileges weaning and oral deprivation, which characterized the work of Abraham and Klein. While Anna exhibits a strong penis envy, this is the result of oral deprivation and the penis seemed like a breast to her (ibid., pp.358-361). In the case of Sarah, her homosexuality is an expression of her fears of incorporation of the bad poisonous maternal object and of the dangers of Jones' "aphanisis", which Socarides interprets somewhat differently. Rather than signifying the loss of sexual enjoyment, for Socarides "aphanisis" is a 'total extinction of the self' (ibid., p.352). Similarly, Joanna feared her mother's breasts — although her homosexuality was evidence of a failure to negotiate the Oedipus complex, a regression to mother-child relationships as a response to her incestuous love of her father.

In 1988, Elaine Siegal published eight case histories of female homosexuals. Following Socarides with notions of developmental arrest, her female homosexuals' failure to 'take full possession of their vaginas' (Siegal 1988, p.22) — or as she characterises this part of anatomy, their 'inner genital spaces' (ibid., p.220) — is a 'calamity' (ibid., p.22). The aim of analytic work is to enable the patients to 'become heterosexual' (ibid., p.xv). Their developmental failure is the consequence of a mothering that conveyed negative images of femininity as a result of their disappointment with giving birth to a female child, which in turn led them to a failure to give 'unconscious and conscious approval' (ibid., p.23) to their daughters' vaginal sensations in infancy. This is a conceptualisation of sex between women in which "vaginal sensations" have no place. Sexual relationships between women in adulthood are an attempt to consolidate a female body image by identifying with the partner's genitals. It is a theoretical position that raises a number of questions, for example, the role of fantasy in the clinic. As Buttenheim and Contrato (1993) have pointed out, all children have an infantile fantasy of an omnipotent mother, not just female homosexuals. Siegal's case histories address a question that parallels the question implicit in Freud's 1920 case of female homosexuality. The turning into a man of Freud's female homosexual (see above) left a question regarding the sex of her beloved. Siegal's female homosexuals have a developmental deficit in body image which they share with their mothers: 'identification with inner genital spaces became impossible because the mothers themselves had not developmentally made the link between their own inside space, motherhood, and the external product their daughters' (Buttenheim and Contrato ibid., p.226). Thus, it would seem that the mothers, like the daughters, are homosexual. And, indeed, her patients too were mothers. Carla had three children, Charlotte one, Serena five, and Pepina — who had left her analysis with Siegal to move in with her female lover — later wrote to Siegal to tell her that she had found 'someone who will be a good father when we have a baby' (ibid., p.143). It is interesting then that unlike MacDougall's patients, these female homosexuals did not avoid men. Siegal's analysis relies on a notion of sexuality that is precarious and unstable. In her view, female homosexuality is a symptom that can be removed through psychoanalytic treatment. This is a view shared by Socarides and other members of the APA, despite Freud's pessimism⁶¹. Thus, for these analysts, female homosexuality can be altered. However, Siegal's patients — Carla, Charlotte, and Serina — had first been heterosexual, becoming homosexual and

⁶¹ Freud (1935).

heterosexual only after their treatment. But this does not lead her to a Freudian conclusion: the inherent bi-sexuality of all human subjects.

In his work on the history of psychoanalysis and male homosexuality, Kenneth Lewes identified the period between 1948-1962 as a period of ‘conservative developments’ (Lewes, 1995, pp.129-30), characterized by ‘pseudo-humane moralising’ (ibid.) and underpinned by ‘conservative, bourgeois values’ (ibid.). He situates a ‘new beginning’ (ibid., p.201) in psychoanalytic thinking about male homosexuality in 1973, the year when psychoanalysis and psychoanalysts responded to the specific critique of its theories and practice that emerged from the ‘general upheaval of values’ (ibid.), which took place in the 1960s (ibid.). A review of some of the case histories of this period makes evident that the pathologisation of female homosexuality was still current in the 1980s, as exemplified by Siegal’s work. Although not all psychoanalysts saw heterosexuality as being the successful outcome of their work with female homosexual patients (McDougall, 1964), all concurred with the view that female homosexuality was indicative of a developmental failure — however conceptualized. Notwithstanding significant revision of psychoanalytic ideas on the topic that can be identified in the 1970s and that stems from the sociological notion of “gender”, female homosexuality is still associated with masculinity. The “unconscious rule” remains stable throughout the revisions of psychoanalytic theory and practice.

Sex Becomes Gender

Incorrectly ascribing the concept to Freud, Magee and Miller (1996) argue that the masculinity complex has been changed into a gender disorder: “[a] major shift in psychoanalytic theory occurred when masculine identification changed from being a describer of supposed mental qualities — such as acuteness of comprehension or lucid objectivity — to being a manifestation of “disturbed gender identity””(ibid., p.68). They acknowledge that the major shift was the logical consequence of a reversal of the Freudian conceptualisation of Oedipus through which femininity is achieved, but ascribe the insistence on a primary femininity to Stoller (ibid), ignoring the earlier psychoanalytic discourse of the twenties and thirties. Stoller’s work can be read as a precursor to the 1970s

work of second-wave feminists⁶²; and, as I will argue, it was partly a dissatisfaction with, and critiques of, feminism that in turn brought about queer theory.

R.J. Stoller and Mrs G.

Stoller's extensive and fascinating clinical case history of Mrs G (1973) is exceptional in its extensive use of the analysand's and analyst's speech, presenting the reader with a vivid and detailed picture of the analytic work. The verbatim account gives an opportunity for the reader to evaluate and consider not only the patient's material, but also the effects of the analyst's interpretations and interventions. While Melanie Klein is perhaps best known for the publication of extensive accounts of her clinical work⁶³, since the publication of Stoller's Mrs. G, few if any analysts have publically reported on their clinical work session by session. The explicit aim of Stoller's research was the study of masculinity and femininity, which he defined as 'gender identity' (Stoller 1973, p ix). He was also interested in raising the status of research by way of the single case study in psychoanalysis. Citing Freud's cases as examples, he acknowledges the problematic that research by single case history has presented, since it has meant that 'the intensively studied single case has given way to the more rapidly observed many' (ibid., p.x). With the collection of "data", his term for the clinical material of his patient's speech, Stoller is attempting to bridge a gap that he identifies between psychoanalysts and other researchers. He claims that psychoanalysts have 'little need for proper controls and checks on reliability' (ibid., p.xi) while at the same time those that do 'often deny the depths and complexities of mental functioning' (ibid.). In an interesting discussion, Stoller also addresses the difficulties in presenting case material, being explicit about the omissions and emphases in the report, and the problems of editing and recording analytic sessions. He is also explicit about his audience and the problems of publishing, warning that 'to speak clearly in psychoanalytic circles is to make oneself vulnerable, to offer oneself up to the sharp criticism that well constructed theory fends off' (ibid., p.xix).

Mrs G is described as a 'divorced housewife in her thirties, living in a suburb of Los Angeles with two teenage-sons' (ibid., p.1), an introduction that conjures a somewhat different impression than that which is elucidated in the case history. She is diagnosed by

⁶² E.g. Oakley, A. (1972).

⁶³ E.g. Klein, M. (1961) *Narrative of a Child Analysis*.

Stoller as psychotic — primarily on the basis of her symptoms of auditory hallucinations and delusions — and prior to treatment she was a ‘psychopath (sociopath, anti-social personality)’ (ibid., p.54). Stoller lists her criminal and anti-social behaviour, the eradication of which were to some extent indicative of the cure and reflect some of the concerns of American psychoanalysis of 1960s-70s and which in America from the late 1920s⁶⁴ had its roots in the pervasive ideas of mental hygiene. The list of ‘anti-social acts, performed unfeelingly’ (ibid.) is a curious one. ‘[L]eaving out attempts at murder’ (ibid.), it ranges from six armed robberies of gas stations to her children being illegitimate; from being married four times before she was 24 years old to associating with corrupt policemen; from taking part in pornographic films to having committed thirty traffic violations; her sexual relationships with men are too numerous to be counted, but her homosexual relationships not so: she has had over twenty (ibid.).

Like many psychoanalysts, Stoller acknowledges the necessity for a variation in technique in working with those diagnosed as psychotic. He is explicit about his aims in the treatment and about the aspects of the case he has privileged in the publication of the material (ibid., pp.xiv–xviii & pp.302-312). I will focus on Stoller’s conceptualization of female homosexuality as illustrated by the case history. Here, he questions the view that homosexuality — male or female — is a diagnostic category, a precise entity, or a personality type. He proposes that it would be better to speak of “homosexuality” rather than homosexuality, which would reflect ‘a number of conditions with different clinical pictures, different dynamics, and different etiologies’ (ibid., pp.272-3). Stoller was seeking to ‘eliminate some of the obtuseness from questions such as homosexuals are normal or abnormal and the fatuous yes or no answers that indicate a belief in a single entity, homosexuality’ (ibid., p.273). Nevertheless, he is insistent that he does not want to ‘imply a belief that homosexuality is “normal”’ (ibid., p.271). He takes the view that ‘heterosexuality is the expected as well as the normative state’ (ibid., p.272). In this text, his account of adult object choice and ‘the development to heterosexuality’ (ibid.) relies more on the sociological than on the psychoanalytic in that it is an account of ‘styles of (child) rearing’ (ibid), yet, like the psychoanalytic account, it gives emphasis to the uncertainty of the outcome and its conflictual nature. However, despite its abnormality,

⁶⁴ Hale, N. (1995, pp.74-101).

Stoller does not see the achievement of heterosexuality as an aim of psychoanalytic treatment:

‘If one can both lust and love generously, then he is very well off; and those rare homosexuals who are so blessed need not apologize to psychoanalytic theoreticians. Such happiness seems rare in heterosexuals, too’.

(*ibid.*, p.301)

Stoller’s unpathologising attitude reflects and serves to create changed societal and clinical ideas about homosexuality. It also resonates with Freud’s position that heterosexuality and homosexuality are equally in need of psychoanalytic enquiry. His position, however, is underpinned by the belief that ‘most homosexuals are what they are in order to preserve a nucleus of heterosexuality somewhere inside’ (*ibid.*, p.272). Thus for him, it could be argued, most if not all human beings are capable of making a heterosexual object choice, and have in fact made one in their unconscious — a reversal of Freud’s famous statement (Freud 1905 p.145, footnote added in 1915), which, nevertheless, could still be said to retain the notion of an inherent bi-sexuality.

In some important ways, Stoller’s case history is radically different from previously published psychoanalytic case histories. However, it still conforms to the “unconscious rule” that governs the discourse on female homosexuality. In this extensive case history, masculinity and female homosexuality are explicitly linked: ‘being a study of a very masculine woman who believed she had a penis, this is, especially, a work on homosexuality’ (*ibid.*, p.271). His description of masculinity is familiar: his patient is ‘tough... She almost always wears slacks, a man-styled shirt and mannish shoes. Her hair has always been cut short. She never used make-up ... She is tough in speech [demonstrated by] the belligerent, cocky position of her head as she talks or listens’ (*ibid.*, p.278); she is ‘tough, unfeeling of psychic pain, a leader, a lover of women’ (*ibid.*, p.67). In an appendix (*ibid.*, pp.382-391) Stoller makes a distinction between ‘the class of very masculine women’ (*ibid.*, p.366) and women who ‘dream (day or night) of having penises or of seizing power’ (*ibid.*, p.391). He does not elaborate whether these ‘innumerable others’ (*ibid.*, pp.382-3) might also be homosexual, although, interestingly, he does make a distinction between very masculine women who are homosexual and ‘the “butch”

homosexual woman (“diesel”; “dyke”)’ (ibid.) — the distinction being that the “butch” is unable to switch between the feminine and masculine roles in social or sexual relations (ibid).

But, for Stoller, Mrs G’s masculinity is best indicated by her belief that she has a penis (ibid., pp.373-375), and through his analysis of this belief he elaborates his conceptualisation of the Freudian notions of splitting and disavowal. In the first chapter, I have identified as Freud’s second approach to female homosexuality the particular response to the threat of castration, in which some girls persist in their disavowal of their lack of a penis. In his account of his work with Mrs. G, Stoller’s stated intention was to ‘sacrifice... scholarship’ (ibid., p.xvi). Accordingly, he intentionally decided not to review or discuss the literature pertaining to these issues, choosing instead to use Freud’s concept as a ‘simply ... descriptive term’ (ibid., p.xvii). Again, he ‘simply tried to show how Mrs G finally found her self when she recognized that various parts of her that had been split off were false’ (ibid.). Stoller is very successful in achieving his aim of description, and his record of Mrs G’s verbal account of her belief that she has a penis is a vivid and persuasive description. It is not so clear that it is a matter of splitting — which Freud describes as being not so much a belief in something that is not there in reality, but a response to a conflict between the ‘demand of the drive⁶⁵ and the prohibition by reality’ (Freud 1938, p.275). This results in two contradictory responses in the subject, who both rejects the reality and recognizes its dangers. These contrary reactions bring about a split, a rift in the ego and the emergence of a symptom (ibid). For Freud, the concept of disavowal was associated with fetishism and psychosis, although by 1940 (*Outline*) he emphasized the possibility of disavowal in non-fetishists. But central to the concept is that what is being disavowed is castration.

Stoller’s theory is mostly implicit. Nevertheless, his description of Mrs G does not suggest evidence of a contradictory response to castration. It is the nature of her penis to come and go, be present or absent, and in different guises at disparate but specific times. And she remains almost entirely unshaken in her belief — despite the fact that Stoller is insistent in his interventions that she relinquish this belief because he wants her to be normal (Stoller 1974, p.17). In contradiction with Freudian theory, Stoller believes that it is female

⁶⁵ Strachey’s translation of Freud’s term *Trieb* is “instinct”. I have replaced this with “drive”.

homosexuality, rather than the threat of castration, that leads to the splitting of the ego. He writes that he has studied ‘the causes and treatment of splitting, such as female homosexuality’ (ibid., p.xvii), and concludes that in case of Mrs G ‘her penis protected her from a fear ... that she would be labeled a homosexual’ (ibid.). His position is consistent with his view that most homosexuals are in fact heterosexual (ibid., p 272). But if the fear of being a homosexual and if female homosexuality are the cause of splitting and the production of a belief that she has a penis, logically, Stoller’s clinical aim must be for his patient to acknowledge that she is a homosexual (ibid., pp. 271-301). At a later point in the treatment, Mrs G is reported to be ‘fully able to enjoy her body with another woman, free of guilt or psychosis about homosexuality and capable of loving a woman’ (ibid., p.301).

For Stoller sexual difference is an anatomical given. Thus, a further explicit aim of the treatment was to disrupt the alignment of the anatomical facts and the patient’s opinions. He defines his notion of a core gender identity as ‘a taken-for-granted conviction that one is a male or a female, that is, that one’s assignment to the male or the female sex is anatomically and ultimately psychological correct’ (ibid., p.313). However, he fails to problematise what is “male” or “female”.

In the case history there is much evidence of Oedipal conflicts as described by Freud; and although Stoller is critical of the psychoanalytic account of the development of femininity as a response to psychic conflicts (ibid., p.314), the loss of Mrs G’s belief in her possession of a penis can be read as evidence of Freud’s notion that “disavowal” is, indeed, a disavowal of castration. In Stoller’s account, Mrs G gives up her belief that she has a penis twice. The first time is a response to a surgical procedure — the reversal of a tubal ligation, of a sterilisation. This surgical procedure may have functioned as a symbolic castration⁶⁶, which, as it did, restored her feminine reproductive function. But since this did not have the force of the paternal prohibition proper, her belief in her possession of a penis returned. Stoller reports a second loss of the belief following a hallucination brought about by the use of LSD. And this time her penis was never to return. After the hallucinatory experience during which Mrs G’s penis ‘exploded and went away’ (ibid., p.28), she was convinced that she was bleeding: ‘I went to the bathroom and took my pants down because I thought I

⁶⁶ Compare this case with that of the fetishist Jean, who at the age of six had his appendix removed (in Fink, B. 1997, pp.181-186).

must be bleeding. But I wasn't' (ibid). Here, Mrs G seems to have effected her own cut of castration.

The cure is radically conceptualized by Stoller as the removal of masculinity from female homosexuality. His belief in primary anatomical femininity is consistent with the early analysts of the 1920s-30s (e.g. Horney, 1925; Jones, 1927) who disagreed with Freud, and he develops this into his concept of a feminine core gender identity, which is critical for psychic health:

‘Although it is old-fashioned to say they exist, it is no secret that there are women with a richly textured and complex femininity who meet anyone's criteria for psychic health. This femininity is the product of a solid core gender identity ... they unthinkingly, comfortably accept having a female body that is a source of their physical pleasure.’

(Stoller 1976, p.77)

But unlike his theoretical predecessors of the 1920s-30s, neither the object of this physical pleasure, nor the homosexual female subject, need to be masculine. For Stoller, female homosexuals may have a feminine core gender identity and yet still experience sexual enjoyment with another woman. Other female homosexuals, however — ‘the “butch”’ (Stoller 1973, p.383) — remain masculine. In his view, homosexuality is not inherently pathological and in need of a cure. Indeed, his challenge to this belief was influential in the American Psychiatric Association's decision to remove homosexuality from their list of sexual disturbances in 1972 (Lewes 1995, p.194).

The concepts of gender and gender identity underpin feminism, since feminism postulates a unitary social category — women — constituted by a set of shared sexed characteristics straightforwardly acquired through biological distinction. And it is this relatively homogeneous category which is its object of investigation and concern. Thus, it can be argued that ‘gender was born of feminism... and such configurations carry with them deleterious consequences for the human beings who have to live them’ (Cealy Harrison & Hood-Williams 2002, p.4). In part, queer theory emerged from a critique of feminism's

core assumption that “variables” such as class, race and more particularly sexuality, could be subsumed within the category “women”. Nevertheless, Stoller’s revision of Freud’s notion of sexual difference provided legitimacy to the concept of gender identity from an Anglo-American psychoanalytic perspective.

Conclusion

Through an examination of post-Freudian clinical case histories, this chapter has traced the persistence of the debate on female homosexuality beyond World War II. Further, it has shown the areas of consistency with the earlier debate, tracing the development of further revisions. It has set out the evidence for the operation of an “unconscious rule” that governs the discourse on female homosexuality, showing how this “rule” has remained consistent despite the differences that have emerged within Anglo-American psychoanalysis. And it has set out the status and context of the debate, within which queer theory will make its interventions. The following chapter will discuss the emergence of queer theory and its impact on the Anglo-American psychoanalytic clinic.

CHAPTER FOUR

FEMALE HOMOSEXUALITY AND QUEER THEORY

'Readers in humanities tend to ignore the fact that psychoanalysis is not primarily an instrument of cultural studies, but a clinical practice, a social link which deals with the hard realities of symptoms. The shift from purely theoretical topics to the... questions about psychoanalysis as social practice... its compliance with or subversion of hegemonic power relations is especially pertinent today.'

Slavoj Žižek⁶⁷

⁶⁷ Parker, I. & Revelli, S. (eds, 2008): extract from endorsement on back cover.

Introduction

In this fourth chapter, I elaborate the shared ground between psychoanalysis and queer theory, suggesting some possible consequences of the latter for the clinic of psychoanalysis. While queer theory makes interventions across the academy, here, its particular engagement with psychoanalysis can be explained partly by the historical and political context from which it emerged, partly by the objects of its concern, and partly by a shared project. Queer theory is informed by Foucauldian theory and methodology; yet, while it is alert to Foucault's critique of psychoanalytic discourse in the production and construction of homosexuality, it still seeks to deploy psychoanalytic theory in its project. Psychoanalysis' foundational debt to the female homosexual has been elaborated in the first two chapters. Similarly, queer theory and queer politics arose in a late-twentieth century context, in which those now termed "lesbians" refused their marginalisation within feminism and to have the specificity of their experience subsumed by a politics based on an assumption of the heterogeneity of women. Further, like psychoanalysis, queer theory is concerned with the interrogation of notions of sex and sexuality. In that it is opposed to the privileging of any sexual practice — thus, problematising heterosexuality — it shares or takes up the project of Freud's *Three Essays*. And in that it does not pathologise female homosexuality or any other form of sexuality but seeks explanations through the deployment of Freudian concepts and theories, it takes up the debate within psychoanalysis of the 1920s and 30s.

However, since neither are unified monolithic discourses, "psychoanalysis" and "queer theory" should be termed, instead, "psychoanalyses" and "queer theories". Some commentators⁶⁸ propose that psychoanalysis and queer theory share a common project of radically questioning social and cultural norms with regard to sex, gender and reproduction. However, a more accurate proposition would be that not all of psychoanalysis is engaged with such radical questioning. Indeed, reproductive heterosexuality remains the sole goal of some elaborations of psychoanalysis⁶⁹.

Psychoanalysis takes up these questions of sex and sexuality via the transference and the situation of the individual patient; queer theory takes them up via 'sustained intellectual,

⁶⁸ For example, Watson E. (2009, pp.114-139) and Dean, T. (2000).

⁶⁹ For example, Bollas, C. (2000).

political and practical engagement’ (Watson 2009, p.118). And although the questions — or more accurately the topics — are shared, there is a critical difference in their projects. Definitions of the psychoanalytic project are numerous, and these will inevitably reflect the different schools of psychoanalysis, giving particular weight to preferred theoretical constructions. Nevertheless, all psychoanalytic schools would agree that it is a clinical practice and a method of investigation which addresses individual human suffering through an analysis of ‘the words, the actions and products of the imagination (dreams, phantasies, delusions)’ (Laplanche and Pontalis 1973, p.367) — that is, the manifestations of the unconscious, however it may be conceptualized. Queer theory resists and undermines the very notion of definition, yet its project can be said to aim at transgressing, transcending and opposing a hetero-normative⁷⁰ hegemony. Many commentators advocate dialogue between psychoanalysis and queer theory, arguing for the value of inter-disciplinary work. Freud himself recommended an inter-disciplinary approach to the training of psychoanalysts, holding that candidates in training should be study sociology, the history of civilization, anatomy, biology and evolution (Freud 1927, p.67). Psychoanalytic clinicians need to know about new social formations and identifications; in turn, without psychoanalysis queer theory would not have come into being. Thus, this chapter is a reading of the engagement between these two discourses. As yet, the outcome of this engagement is not definitive and cannot be predicted. Nevertheless, it is still possible to draw some conclusions about the potential consequences for the clinic of psychoanalysis of interventions by queer theorists. My examination of how queer theorists and clinicians influenced by queer theory take up the question of female homosexuality shows a congruence with the psychoanalytic debate of the 1920s and 30s.

Thus, although other commentators from psychoanalysis tend to line up — either advocating more engagement with queer theory, or condemning queer theory as being ‘not psychoanalytic’ (Turner 2000, p.114) and, thus, as being irrelevant and fundamentally flawed — this chapter sets out the theoretical ground that seeks to inform clinical practice, as well as some possible clinical consequences of queer ideas. The arguments from psychoanalysis against any engagement with its queer interlocutors tend to be based on an objection to the queer theory’s ideology and, in particular, to its opposition to binary notions of gender — the idea that one does not have to choose one sex or another. Others

⁷⁰ “Hetero-normative” is a term coined by queer theorist Michael Warner (1993), which implies reproductive heterosexuality.

give emphasis to the misreadings of Freud, or the lack of a notion of the unconscious⁷¹. And some queer theorists, too, object to psychoanalysis⁷². Further, psychoanalysis is deployed by the critics of queer theory — from both feminism and Marxism — to explain its ‘cult of masculinity’ (Jeffreys 2003, p.35), as well as its fundamental individualism and failure to situate sexuality within the political economy of labour (Hennessy, 2003). The chapter will elaborate these arguments, seeking to demonstrate a growing interest in an engagement between the two disciplines from psychoanalytic practitioners. And although queer theory has extended its disciplinary reach, there has been no diminishment of its interest in psychoanalysis.

The chapter identifies two key sites of this engagement on the topic of female homosexuality. There is a current within queer theory that re-reads psychoanalysis to posit new theorisations of subjectivity, identity and desire, which has proposed new conceptualisations of female homosexuality. And other queer theorists take up psychoanalytic theory to advance and augment a project that challenges the dominant socio-political culture, particularly with regard to sex and sexuality.

My reading of queer theory has identified a queer mirroring of psychoanalyses’ elision of the specificities of feminine (homo)sexualities. Queer theory disputes the binary division between the sexes, deeming as “queer” all those whose sexual practices are not hetero-normative. Here, the unconscious rule which associated female homosexuality with masculinity re-emerges in a different form. Queer theory challenges notions of masculinity and femininity, and in doing so positions the female homosexual — a term also challenged by queer theory — with all those whose sexuality is claimed to be oppositional to conventional societal norms. However, in the clinical case histories published by practitioners who claim to have taken up the ideas of queer theory, the “unconscious rule” is still evident. In contrast to the work of the early psychoanalysts, queer theory may take up psychoanalytic ideas to investigate the erotic life of women, seeking to create a meta-psychology. The clinicians who contributed to the debate on feminine (homo)sexuality in the 1920s and 30s, proposed theories based on the analysis of their patients — one-by-one.

⁷¹ For example, Dean, T. (2000) and Campbell, K. (2005).

⁷² Jeffreys, S. (2003) and Turner, W. (2000).

Notwithstanding Foucault's complex critical relationship to psychoanalysis, some queer theorists' use of psychoanalytic theory situates it as key to a critique of the cultural and political hegemony that outlaws homosexuality. This has the effect of restoring psychoanalysis as a radical project that proffers an analysis of sex and sexed subjectivity which is not complementary and biologically explained, and not in the service of (re)production. However, the application of psychoanalytic theory in the service of opposing a cultural and political hegemony also has the effect of emptying psychoanalytic theory and terminology of its clinical significance. The ethics of queer theory runs counter to the ethics of psychoanalysis.

The terms "queer"/"queer theory" are problematic, but can be defined through an examination of its theoretical antecedents, methodology, proponents and subject, and by situating it in its historical and political context. The use of the term "female homosexuality" is also problematic; and while it is a term that references the psychoanalysis of the early twentieth century, despite disagreement on its aetiology, arguably, it is a term that cannot logically exist in queer theory. As outlined in the introduction to this thesis, the term "homosexual" is problematic, and it is a term of relatively recent invention. Although the term "lesbian" is thought to have its origins in the nineteenth century, it came into more frequent use in the second half of the twentieth century to describe same-sex love between women, and functioned to differentiate between the sexes at a time when the term "gay" signified a 'desire to get away from the pejorative and degrading connotations of the term "homosexual" and to reaffirm the homosexual identity only as a community using non-value-laden language' (Tamagne 2006, p.6). For the purposes of this chapter, the term "female homosexuality", "female homosexual" and "lesbian" will be used interchangeably but will reflect the historical period that is under discussion.

Section 1: What Is Queer Theory?

Queer theory can be defined with reference to the political and social context in which it appeared. Thus, to seek its definition, I investigate the parallels and similarities, as well as the points of disagreement and tension, between it and psychoanalysis. Unlike psychoanalysis, queer theory is not a clinical discourse. Nevertheless, in that it is concerned with desire, repression, gender, subjectivity, identity, representation,

knowledge, power, sexuality and sexual practice, it shares similar scholarly concerns with psychoanalysis. Further, the texts produced by queer theorists, document political and epistemological changes that are underpinned by accounts of human misery, which are also the concern of psychoanalysis.

Commentators on queer theory agree on the difficulties with the definition of queer theory. Indeed, this is a discourse that is ‘not concerned with definition, fixity or stasis but is transitive, multiple and anti-assimilationist’ (Salih 2002, p.9). It is a theory that is ‘conceptually slippery’ (Turner 2000, p.3) and that ‘struggles to remain in the process of (un)becoming’ (Sullivan 2003, p.v). It ‘is an ensemble of knowledges, many of them contesting knowledges. A site of struggle not a monolithic discourse’ (Hennessy 2000, p.53). It ‘is a species of post-structuralism and deconstruction’ (Sinfield 2005, p.ix), that ‘refers not only to the objects of speculation — lesbian, gay and other forms of sexuality intolerable to the heterocentric mainstream — but perhaps more interestingly to the ways in which they are treated and the knowledges that deal with them’ (Grosz 1994, n.3, p.157). While the term “queer” has a substantial etymology that refers to phenomena and objects regarded as odd — or strange, differing from the normal, ‘suspicious, dubious ... unbalanced mentally... ‘ (Collins English Dictionary 1994, p.1271), or as states of giddiness or fainting — arguably, the most immediate association in the English speaking world of the late twentieth century is to its informal and derogatory use to refer to a ‘homosexual, usually a male’ (ibid.). The appropriation of the derogatory term by homosexual men came about within the context of a “liberationist” politics, echoing the appropriation of racist terms. It is curious that the term “queer” should be deployed ignoring its associations to male homosexuality, as if it were non-gendered, when in fact it is a term that was taken up by those who were dissatisfied with the identities associated with “gay” and “lesbian” politics. De Lauretis (1991) holds that the queer’s project was to produce ‘another discursive horizon — another way of thinking the sexual’ (ibid., p.iv). In her introduction to the Queer Theory issue of *differences* (1991, Vol. 3, No.2), she provides a useful account of the genesis and function of the label “queer” and its own self-understanding as defiant, transgressive, post-modern:

‘Today we have on the one hand, the terms lesbian and gay to designate distinct kinds of life-styles, sexualities, sexual practices, communities, issues, publications and discourses; on the other hand the phrase “gay

and lesbian” or more frequently “lesbian and gay” (ladies first) has become standard currency ... QT was arrived at in the effort to avoid all of these fine distinctions in our discursive protocols, not to adhere to any one of the given terms, not to assume their ideological liabilities, but instead to both transgress and transcend — or at least problematise them.’

(cited by Grosz 1994, n.3, p.157)

In the process of transgressing, transcending and problematising heterosexuality, homosexuality and female homosexuality are subsumed into the single category of “queer”. This is exemplified by Pat Califia (1983), who argued that sado-masochistic practices transgress the allegedly inviolate line between gay men and lesbians — that sex between the two is something other than heterosexual, since the gender of one’s object choice is no longer the defining factor. Sharon Kelly (cited by Sullivan 2003, p.38) uses the same argument to say that she, who sleeps with straight men, and her sexual partner, a man who sleeps with gay men, are queer. Thus, the term “queer” — once associated with male homosexuality — comes to function as an umbrella term for all sexualities and sexual practices that are deemed or claim to be oppositional to “hetero-normativity”, and effectively loses the specificity of the female homosexual by simply also reducing her to queer. Although the re-claiming of terms of abuse has appeal and identity politics proved problematic, it still remains remarkable that the “chosen” term was a term that referred to homosexual men. The female homosexual — and I wish to acknowledge that by the late twentieth century she no longer exists, since the term no longer has currency — is not so much re-claiming a term of abuse; rather, she is taking up a descriptor associated with masculinity.

Queer theory emerged in the north⁷³ at the very end of the 20th century, in an economic and political context in which individual subjectivity is privileged — a context that may be characterised by reference to anti-discriminatory politics, feminism, liberalisation of attitudes to sex and sexual behaviour, and the identification of AIDS.

⁷³Here, the term “north” is deployed to distinguish the geographical locations in which this phenomenon took place — that is, primarily in northern European countries and some parts of the United States, Canada and Australia. It would seem inaccurate to locate the emergence of “queer” within what is commonly term as the “west”, given that its growth has been inconsistent in areas usually defined as “western” because of political, social, economic and cultural factors.

Given that queer theory developed in response to a feminism that elided the specificity of lesbian experience, it is paradoxical that its problematisation of sex and gender has subsumed lesbian experience into a notion of “queer”, in which that same specific experience is lost. The project of feminism could be said to be the identification of the specific experience of a gender — of being a woman — and the identification and removal of the inequalities of that gender. Although there was little challenge to the notion of the universality of patriarchy, albeit with much debate as to its history and its effects — and, from the Right, also its desirability — many commentators and activists challenged the assumption embedded in feminism of a heterogeneity of women. The evasion of the divisions of race, class, sexuality, and cultural and national differences in the academy and in political activism, was strongly contested by those marginalised by the assumption that gender should take precedence over other aspects of identity politics. As black women — equally, albeit differently subject to racism — argued that their political allegiances were with black men, lesbians found little common ground with their heterosexual “sisters”. Like the feminists, concerned with ensuring that the specificity of women’s experience was not lost, Teresa de Lauretis, Eve Sedgwick and Judith Butler — who, arguably, set the intellectual agenda and conceptual groundwork for queer theory in the 1990s — were motivated by a concern to maintain lesbian experience against the tendency for it to disappear into the category of “woman”. Queer theory coalesced out of a growing sense — among feminists, sexual minorities and marginalised others — that constructions of identity and political strategies were based on a notion of unification by way of a problematic categorisation. Commentators, including critical queer theorists (e.g. Halperin, 1995), see queer’s lack of specificity as its most serious drawback — since it gives a false impression that historical and political divisions between people no longer exist, so that the political problems posed by gender and race are masked by a single heterogeneous queer identity that lacks a specifically homosexual content. This is a critique that parallels the earlier critique of feminism by queer theory.

As documented by Alsop et al. (2002, p.3), in the 1980s the marginalisation of transsexual men and women led to further interrogation of the construction of sex, gender and sexuality, in academic and political life. And as feminism proliferated in cultural and political life, there emerged a ‘simple conviction that it was impossible to theorise women and the construction of femininity without also theorising men and the construction of masculinity’ (Alsop et al. 2002, p.1). In a response to these critiques, “women’s studies”

— which had proliferated in the academy — became “gender studies”, and the shift that foreground gender could be seen as an insistence of masculinity. The move from women’s studies — underpinned by feminism — to gender studies — underpinned by a notion that masculinity should be given equal weight — is mirrored in the emergence of a queer theory that not so much insists on a symmetry between men and women — as a consequence, eliminating sexual difference — but removes that difference through the uniformity of the term “queer”.

Gay men and lesbians were marginalised by feminism and also the Left at a time when, arguably, there was increasing tolerance of homosexuality in public life — as exemplified by the 1967 and 1973 reforms of legislation in the UK which respectively brought about the decriminalisation of homosexual acts between men over the age of 21 years and the removal of “homosexuality” from the DSM in 1973, both changes being the result of political campaigning by homosexuals and those concerned with social justice. The identification of AIDS and the response to it from governments, and the media fuelled the tension between the radical Left homosexual activists and those campaigning for political and social equality — a tension that resulted in the development of queer politics. And, without trivialising the loss of life, the initial activism privileged the loss of homosexual men of the “north” from a virus that posed significantly less risk to exclusively homosexual women.

In part, then, queer theory and queer activism developed from the marginalisation of certain sexual minorities and their concerns within the Left. However, Merck (2005) has argued that, like feminism, queer theory exemplifies a move ‘from a concern with state and economic formations to those of high and popular culture — undoubtedly influenced by the rejection of Marxism, after the fall of soviet communism and the widespread adoption of Foucauldian model of dispersed and pluralistic power’ (ibid., p.189). Hennessy’s (2003) scholarly critique of queer theory identifies two strands within it: the “*avant garde*” strand, later somewhat displaced by a “*cultural materialist*” strand. Her critique is that capitalism remains completely invisible in queer theory, arguing that ‘despite their diversity, knowledges that come under the signature “queer theory” invariably and at times insistently separate the primary object of their analysis — sexuality — from capitalism as a class-based system of production’ (ibid., p.53). Hennessy’s distinction between the two strands is that the “*cultural materialist* queer theorists” — which includes Judith Butler,

David Halperin, Cindy Patton, Gayle Rubin and Eve Sedgwick — are concerned with the social, whereas the “*avant garde* queer theorists” — exemplified by Edelman and Fuss — are concerned with textural analysis, reading identity as signification. She analyses the distinctions and differences of emphasis, and indeed of argument, within queer theory, and argues that at best queer theory is a missed opportunity to develop understandings of how the ‘production of sexual identity and desire is shaped by the political economy of labour’ (ibid., p.181). Queer theory, she concludes, ‘is particularly well suited to a capitalist regime of hyperconsumption and accumulation that recasts the boundaries between psyche and social, private and public, nation and colony, body and market in order to produce desire as a transnational-sexual-psychic-commodity structure’ (ibid., p.195). In her view, psychoanalysis is central to this project. Her reading of the key texts of queer theory situates psychoanalysis as pivotal in the creation of ‘founding myths’ (ibid., p.194) of individualism, myths based on notions of the ‘bourgeois family’ (ibid., p.181). And although she acknowledges the importance of psychoanalysis for the understanding of psychic processes, in her view, it also remains an extremely effective technology for remapping the modern capitalist self — both clinically and theoretically (ibid.). As shown by some of the case studies discussed in Chapter 3, some psychoanalysts indeed give weight to a model of psychic well-being that reflects the dominant ideology of the time. Yet, a clinical practice that seeks to analyse the individual and specific solutions to the problem of being a desiring human subject frequently finds itself opposed to prevailing norms — Freud’s refusal to pathologise or seek to cure homosexuality being a case in point.

Most commentators have argued that ACT-UP — the Aids Coalition To Unleash Power, an “international/northern” movement that resisted power and knowledge as manifested by medicine, insurance companies, employers and governments, through ‘an increasing theatricalisation of political rage in response to the killing inattention of public policy makers’ (Butler 1993, p.233) — was the context in which the term “queer” was redeployed in its current fashion, both in popular culture and in theory (Spargo 1999, p.38). With their slogan “Silence = Death”, ACT-UP’s queer campaigners advocated and undertook direct action against the drug companies and governments in marked contrast to the ‘carnavalesque, politer pleas for equality’ of Gay Pride (Merck 2005, p.187). It is important to acknowledge, however, that whilst queer activist groups — such as Queer Nation (the breakaway youth group from ACT-UP), Lesbian Avengers and a myriad of local groups

(such as the Brixton Faeries) — sometimes claimed to be “international”, they in fact confined their activism only to the “northern world”. Arguably, on the one hand, this increasing politicisation of theatricality — the ‘histories ... [of which] ... might include traditions of cross-dressing, drag balls, street walking, butch-femme spectacles ... kiss-ins by Queer Nation’ (Butler 1993, p.233) — broadened the adherence to such forms of political activism. On the other hand, however, the increasing tolerance of what were once deemed transgressive sexual practices brought about a change in the political, cultural and social life of the “north”. Examples of this are numerous: the legal institution of civil partnerships in increasing parts of the northern world; the recent changes in the American military, which now protects homosexual service personnel; the proliferation of state funded treatment for gender reassignment; the increasingly popular “burlesque” shows, with their tradition of parody — now, in the twenty-first century, parodying a parody. In part, the increase in popularity of theatrical direct action may also be explained by changing communication technology, since this form of political activism functions well for television journalism and is organized through the use of information technology. And paradoxically — given its original concern with the political campaigns of the northern world — it is a form of activism that nowadays has been taken up by the anti-globalisation movements.

There is now evidence that queer theory is engaged, and has being engaged with, beyond its northern origins. Cruz-Malave and Manalansan IV (2002) have edited a collection of papers that deploy queer theory — or, as they term it, ‘queer critical studies’ (ibid., p.7) — in a variety of disciplines to demonstrate resistance to, and critique of, globalization. The papers in the collection document a diversity of cultures and cultural practices; nevertheless, there is still a predominance of studies of male homosexuality. The editors demonstrate a concern with the ‘sinister appropriation and deployment of queer subjectivities, cultures and political agendas for the legitimation of hegemonic institutions presently in discursive crisis, institutions such as the nation-state or US imperial hegemony.’ (ibid., p.5). They criticise queer theory for its narrative, in which ‘a pre-modern, pre-political, non-euro-American queerness must consciously assume the burdens of representing itself to itself and others as “gay” in order to attain political consciousness, subjectivity and global modernity.’ (ibid., pp.5-6). Theirs is an argument that attempts to deem sexual practices of the “southern” world as “queer” — and although not cited by

him, it is an example of Masad's (2007) analysis of queer theory's function as cultural imperialism.

Masad (ibid.) draws on Foucault's notion of an "incitement to discourse" to argue that queer theory and its practitioners — the "Gay International" as he describes it — have 'heterosexualised' (ibid., p.188) the Arab world — a world that had not subscribed to a heterosexual/homosexual binary — through the deployment of the discourse of human rights. His critique also draws attention to and evidences a bias that privileges the experience of male 'same sex practitioners' (ibid., p.174); and while feminine (homo)sexuality is not a concern of Masad's critique, it is effectively excluded by the Gay International. Masad argues that queer theory, exemplified by Judith Butler, is informed by an imperialism that drew on notions of civilisation and decadence, and made judgments 'along the vector of something called sex' (ibid., p.7). In his commentary on sex tourism and the "ethnopornography" of the late nineteenth century and early twentieth century, he demonstrates that what interested Western imperialism was sex between men, and his commentary evidences how today's human rights discourse replicates this interest. Masad describes the 'Western purveyors of international lesbian and gay politics' (ibid., p.40) — note the lesbian — but, in fact, the product of this incitement of discourse are homosexual men, the male same-sex practitioners who become the object of governmental and journalistic concern. Feminine (homo)sexuality is not produced by queer theory and its practitioners.

It may be argued that within a northern and urban milieu there are greater equalities for homosexuals, that transgressive sexual practices have been incorporated into cultural life and in the service of capital, and that AIDS has lost its mythic status as the "gay plague"; but has queer discourse petered out in the twenty-first century? Arguably, when considering the position of queer politics in the current political milieu, it is notable that its discourse and activism now give emphasis to the analysis of the regulation of gender, and of sexual and social relations. Butler (2004) describes a 'New Gender Politics a combination of movements concerned with transgender, transsexuality, intersex and their complex relations to feminist and queer theory' (ibid., p.4). She writes of the tension between queer theory and both intersex and transsexual activism on the question of "sex assignment", and in the same volume draws on Foucault to problematise the regulation of social/sexual relations: civil partnership and gay marriage. Claiming that there 'is no story

to be told about how one moves from feminist to queer to trans.’ (ibid.), Butler critiques a notion of a progressive, developmental history: ‘[n]one of these stories are in the past; these stories continue to happen in simultaneous and overlapping ways as we tell them. They happen, in part, through the complex ways they are taken up by each of these movements and rhetorical practises’ (ibid.). In this reading, queer theory is still placed within the academy and still informs political activism.

Others, most particularly Halperin (1995), have argued that queer theory has been co-opted, ‘transformed into an unproblematic, substantive designation for a determinate subfield of academic practice... queer theory seems to have forfeited, in this process, much of its political utility’ (ibid., p.113). And although there is an inevitability in this co-option — since co-option is ‘inscribed in a process of struggle’ (Foucault 1975, cited in Halperin ibid., p.114) — Halperin implies that queer politics has failed to pay heed to a Foucauldian praxis, which refuses to codify practices of resistance while adopting a ‘hyper and pessimistic activism’ (ibid., pp.112-114).

Merck (2005, p.187) draws attention to the fact that it is already customary to predict the demise of queer theory, although this demise is always postponed. And although the texts investigated in this chapter are necessarily selective, the ongoing engagement between psychoanalysis and queer theory is evidenced by a growing body of literature⁷⁴. Psychoanalysis’ interest in queer theory is one that appears to transcend its different schools, notwithstanding that queer theory may be seen to provide another vehicle on which their conceptual and political differences can be elaborated. For example, some, like Dean and Lane (2000), avow Lacanian psychoanalysis; others, like Eeva-Jalas (2002) and Layton (2004), suggest instead that the school best placed to take the insights of queer theory forward into the clinic is the relational one. Thus, there is no evidence that queer theory has “petered out”. Peter, an English euphemism for penis — the metaphoric phallus of psychoanalysis — will always be current.

Foucault, and his historical analyses of the variable constructions of sex and sexuality, provides queer theory with its primary theoretical framework. The influence of his work in queer theory has been and can be variously explained, but his interventions regarding disenfranchised and marginalised groups — prisoners, the mentally ill and, importantly,

⁷⁴ A most recent example being Watson’s (2009) call for papers for publication.

homosexuals — have a particular resonance with the political concerns of an emerging queer theory. In the deployment of psychoanalysis in their theorisation of subjectivity and desire, queer theorists are demonstrably alert to Foucault's analysis of psychoanalytic discourse in the production of homosexuality. However, to demonstrate queer theorists' attention to the gender-specific nature of his work is not an easy task. Foucault's theories draw predominantly on male experience, and the androcentrism of his analyses may well inform queer theory's eradication of sexual difference.

Queer theory occupies a predominantly sexual register, and in this one might say that it deconstructs the homosexual subject. Or, to put it more straightforwardly, queer theory addresses the subject of homosexuality or sexuality, and not, as a wild example, that of oxbow lakes — although it would be more grammatically correct to write: queer theorists (subject) theorise (verb) sex (object). Although he leaves the two terms unproblematised, for Halperin (1995) this explains Foucault's influence on gay and lesbian thinkers. He writes: 'The political implications of Foucault's discursive approach to sexuality have not been lost on lesbians and gay men who for too long have been the objects rather than the subjects of expert discourses of sexuality — who have been the objects, in particular, of murderously pathologising, criminalising and moralising discourse, one of whose comparatively minor effects has been to de-authorise our subjective experiences and to delegitimise our claims to be able to speak knowledgably about our own lives' (ibid., p.420).

Sarah Mills (2003) explains Foucault's popularity across a wide range of disciplines, including queer theory, as being due to his attempt to theorise without using the notion of the subject, which had previously dominated intellectual life, being also foundational for psychoanalytic theory (ibid., p.4). Foucault conceptualises the notion of subject as one that has changed over time, and as one that despite its seeming self-evidence is, in fact, unstable. Although an emancipatory politics is impossible in his view, arguably, his gesturing towards it led to his adoption by queer theorists, the Left and the feminists. In 1975 (*Discipline and Punishment*) Foucault critically examined the way in which societies administer punishment; in 1976 (*History of Sexuality*, vol. I) the categorisation of certain women as hysterics; and in 1984 (*History of Sexuality*, vol. II) the way in which homosexuality has been viewed in different societies and historical periods. His focus on the structural features and functions of institutions, the way in which our conceptions of knowledge, sanity, madness, discipline and sexuality are maintained by institutions and

society, make his work interesting to queer theorists. His complex and often contradictory definitions of the term “discourse”, and his critique of knowledge, have been most influential for queer theory. Foucault argued that there are no objective and universal truths; instead, particular forms of knowledge, and the kind of being they engender, become naturalised in culturally and historically specific ways. In different ways, both Judith Butler (1990) and Monique Wittig (1973) use this argument in relation to heterosexuality.

What impressed queer theorists was Foucault’s insistence that the category of homosexuality emerged from a particular context in the 1870s, and, like sexuality in general, it must be thought of as a constructed category of knowledge, rather than as a discovered identity. At this time, he argues, the homosexual became a “species” — subject of, and subject to, systematic enquiry in a wide range of discursive fields: education, medicine, and the law. ‘Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of sodomy onto a kind of interior androgyny, a hermaphroditism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species’ (Foucault 1984, p.43). Of course, it is male homosexuality that is analysed here. Further, Foucault analyses the stereotype of male homosexual — ‘his mannerisms, his bearing, the way he gets dolled up, his coquetry, but also his facial expressions, his anatomy...’ (Foucault 1984, p.18) — to demonstrate the complex relation between stereotype and homosexual self-representation. And queer theory draws on this analysis to advocate the use of parody as a political strategy.

Queer theory’s paradoxical engagement with psychoanalysis owes much to Foucault. Foucault developed his ideas against a background of intellectual questioning and political activism in which psychoanalysis and Marxism dominated the discourse of the academy. Acknowledging that Foucault’s own ‘psychological problems’ (Eribon 2004, p.252) were a motivating factor for his interest in psychoanalysis, Eribon (ibid.) claims that the denunciation of psychoanalysis by the Communist Party led to an ‘announced project’ (ibid) — particularly at the *École Normale* — to develop a materialist psychology in opposition to psychoanalysis (ibid.). Arguably, Foucault’s critique of psychoanalysis gave emphasis specifically to the question of sexuality: ‘it is at this point where madness and sexuality join up with the perception of unreason, that Foucault launches into an attack on psychoanalysis’ (ibid., p.273).

Eribon (ibid.) argues not only that homosexuality was the consequence of discourse, but also that psychoanalysis is dependent on the outlawing of homosexuality. Following the logic of *Madness and Civilization* (Foucault, 1987), just as Foucault says that ‘psychology only became possible in our world when madness had been mastered’ (ibid.), so too we could say that psychiatry and psychoanalysis became possible only when homosexuality was banished and excluded from the realm of reason, being perceived as a social pathology — an occurrence that, two centuries later, would lead to it being deemed a mental pathology, or a perversion of desire or sexual instinct. For, clearly, in *Histoire de la Folie* (1961) Foucault is speaking as much of homosexuality as of madness when he asks: ‘Is it not centrally important for our culture that unreason could become an object for knowledge only to the extent that it had already been the object of an excommunication’ (Eribon ibid., p.274). Further, in his introduction to *Insult and the Making of the Gay Self* (2004) Eribon implies that, today, psychoanalysis — and particularly French psychoanalysis — requires homosexuality to be proscribed. This, he argues, is evidenced by how ‘the various squadrons of analyst, irrespective of their doctrinal allegiances, have set out and continue to set out to fight against the idea of same-sex domestic partnership legislation, against gay and lesbian marriage, against gay and lesbian parenting etc.’ (ibid.. p.xviii). And Eribon (ibid.) also cites the paucity of translation and publication of queer theory in France as evidence of the political power of psychoanalysis.

Queer theory, like psychoanalysis, cannot be reduced to a unified and consistent body of thought. Thus, some queer commentators are critical of any kind of engagement with psychoanalysis, since this would represent an abandonment of genealogical enquiry. It is also possible to conclude that outside of France psychoanalysis has little political power and makes little explicit contribution to social and cultural life, and that, combined with a liberalisation of attitudes to homosexuality, this generally ensures that psychoanalysis attracts little attention from queer theorists. However, as it will be demonstrated, other queer theorists have engaged with psychoanalysis in ways that are antithetical to the Foucauldian project.

Foucault’s theories are not all that has proved productive for queer theorists. Equally productive has been his methodology, or as he would describe it his ‘tactics, whereby, on the basis of the descriptions of these local discursivities, the subjected knowledges which were thus released would be brought into play’ (Foucault 1980, p.85). Thus, we have:

‘Genealogy, a term, derived from Nietzsche, for an inquiry into the development of discourses, which concentrates not on continuity or linear progression but on the localised, relational and discontinuous.’ (Spargo 1999, p.73). Genealogy is an analysis of the conditions under which certain propositions are agreed to be true, the turning of ‘that analytic gaze to the condition under which we, as individuals, exist and what causes us to exist in the way that we do’ (Mills 2003, p.25). And Butler’s *Gender Trouble* (1990) is a ‘genealogy of gender ontology’ (ibid., p.32) that ‘investigates the political stakes in designating as an origin and cause those identity categories that are in fact the effects of institutions, practices, discourse, with multiple and diffused points of origin’ (ibid., pp.vii-ix).

Eribon (1999) argues that Foucault’s shift from archaeological investigation — that is, from structuralism — to genealogy, represents an epistemological break from psychoanalysis: ‘Foucault’s entire archaeological enterprise in the work that had made him famous, was really based on Lacan (and Levi –Strauss). And now, in *La Volonté de Savoir*, he was setting out on a genealogical quest against Lacan...’ (ibid., pp.271-2). Foucault reformulated Lacan’s theory as: ‘the law is what constitutes desire and the lack instituting desire’ (ibid.), arguing that this and the view that sex and sexuality need to be freed from censorship and law were not oppositional but entirely interdependent. As will be shown, rather than a quest against Lacan and Freud Foucault’s queer followers pursue psychoanalytic theory to develop both, new theories of sexual difference and desire, and an analysis of “queer” that is oppositional to the current cultural and political milieu.

Through a Foucauldian understanding of “discourse” queer theory has fruitfully deployed psychoanalytic theory in a re-reading that gives emphasis to the instability of identity, the division between the subject and the organism, and the centrality of language. Yet, curiously, its elision of the specificities of female same sex desire mirrors that of psychoanalysis. I shall explore queer theorists’ deployment of psychoanalysis to develop theories of sexual difference and desire through a reading of Butler’s *Gender Trouble: Feminism and the Subversion of Identity* (1990) and *The Psychic Life of Power: Theories in Subjection* (1997), as well as de Lauretis’ *The Practice of Love: Lesbian Sexuality & Perverse Desire* (1994). The analysis of these texts reveals a paradox. If, on the one hand, their application of Freudian theory and concepts has the effect of restoring Freud’s radical project, on the other, their curious return to and mirroring of the psychoanalytic debate of

the 1920s and 30s is a regressive move that, again, elides the distinction and specificities of female homosexuality. That is, since both Butler and de Lauretis propose a meta-psychology of homosexuality, the diverse homosexualities of the Freudian project are lost. As elaborated in the previous chapters, Freud and his contemporary clinicians were concerned with the analysis of their female patients “case-by-case”. *Psychogenesis* (1920) was the psychogenesis of *a* case of female homosexuality — not an account of the psychogenesis of female homosexuality in general — and Freud proposed two further theories, which, as I have argued, are also founded on his clinical work and engagement with practising analysts. Similarly, other analysts drew on their clinical work to evidence the myriad of psychic mechanisms at play in — conscious or unconscious — homosexual “object choice”. Butler and de Lauretis share the psychoanalytic project that interrogates sexuality, problematising both hetero-sexuality and homosexuality. But their suggestion of a meta-theory is antithetical to psychoanalysis’ clinical project.

At the heart of the tension between queer theory and psychoanalysis is the question of subjectivity. An account of sexed subjectivity is at the cornerstone of psychoanalysis. But, at least as exemplified in the work of Judith Butler, queer theory does not have such an account of its own: ‘One cannot account for subjectivation, and in particular the becoming of one’s subjection, without recourse to a psychoanalytic account’ (Butler 1997, p.7). In queer theory the formation of the subject is theorised as a series of identifications. This is an account of gendered subjectivity that, arguably, collapses the psychoanalytic notions of identification and subjectivity; and although the subjects of queer discourse are gendered, gender is a cultural fiction, ‘... an identity tenuously constituted in time, instituted in an exterior space through a stylised repetition of acts’ (Butler 1990, p.179).

Judith Butler

In *Gender Trouble: Feminism and the Subversion of Identity* (1990) Butler takes up a Foucauldian critique of feminist politics, problematising the notion of a politics based on gender identity. Her project is a genealogical inquiry, an inquiry not into the origins of gender or identity but into the specific formation of power that designates an origin and generates categories of gender identity. The purpose of her work is ‘to trace the way in which gender fables establish and circulate the misnomer of natural facts’ (ibid., p.xxxi). Gender and identity are politically constructed and regulated. The subjects of queer theory

are gendered, but for Butler gender is a cultural performance, the performative effect of reiterative acts. And since identity is performatively constituted by the very expressions that are said to be its results, behind the expressions of gender there is no natural gender identity. Butler argues that those failures or confusions of gender — those performative repetitions that do not consolidate the law but, nevertheless, are generated by that law — highlight the discursive, rather than essential, character of gender. Heterosexuality is naturalised by the performative repetition of normative gender identities.

In *Gender Trouble* Butler is concerned with identity rather than subjectivity. Nevertheless, her subject is a performative construction, a subject constructed in discourse by the acts it performs. And Like Foucault's homosexuals, criminals and insane, gendered subjects are simultaneously constructed and controlled by discourse — thus, the 'large groups of statements' (Foucault 1972, p.40) that must be analysed in the historical, epistemological contexts in which they arise. 'Gender proves to be performative — that is, constituting the identity it is purported to be. In this sense, gender is always a doing, though not a doing by a subject who might be said to pre-exist the deed' (Butler 1990, p.25). Identity is a "doing"; it is not a performance by a subject but a 'set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being' (Butler 1990, p.33). The "repeated acts" are speech acts. Thus, gender identities are constructed by language and the subject is an effect of language: 'That the gendered body is performative suggests that it has not ontological status apart from the various acts which constitute it' (Butler 1990, p.136). The thesis of *Gender Trouble* implicitly draws on Austin's (1955) speech act theory and Derrida's deconstruction, and is later more explicitly elaborated by Butler in *Bodies That Matter* (1993). In this text, that which is performative is the result of interpellation and citation: 'the constative claim is always to some degree performative' (ibid., p.11).

Much of the critique of Butler's notion of performativity — for example, Jeffreys' (1993) and Weston's (1993) — shows a misunderstanding of it, which takes it as something that a subject does rather than a process through which the subject is constituted.

Butler is interested in the political possibilities that emerge from an understanding of gender as an effect of discourse, practices and institutions instead of a fact of nature. 'Like Foucault, who foregrounds the importance of discursive strategies and their revisionist

potential, Butler identifies gender as an ongoing discursive practice ... open to intervention and resignification. Her strategic resignification of normative gender models and heterosexuality is achieved by staging gender in ways that emphasise the manner in which the unity of gender is the effect of a regulatory practice that seeks to render gender identity uniform through a compulsory heterosexuality' (Jagose 1996, p.84).

Butler advocates a disruption of the naturalisation of the notion of gender by means of a displaced repetition of its performativity, which would draw attention to those processes that consolidate dual identities. One of the strategies she recommends is a parodic repetition of gender norms. Instead of marking a distance between itself and the parodied original, the kind of parody that she has in mind is a parody 'of the very notion of an original' (Butler 1990, p.175). In her view, the performance of drag draws attention to the imitative nature of gender itself, and will thus destabilise 'the naturalized categories of identity and desire' (ibid., p. 177). The domains of gender and sexuality are not organised in terms of originality and imitation. What they manifest, instead, is the endless — though heavily regulated — possibilities of performativity. This is quite a different theorisation from psychoanalysis, in which, as will be elaborated, sexed subjectivity is the solution to unconscious oedipal dilemmas. Nevertheless, although psychoanalysis does not postulate gender but only sexual difference, it is a theorisation that shares with Freudian psychoanalysis a notion of gender difference that is not an outcome of a natural process — "natural" signifying an anatomical or biological given.

Eminent philosopher, Foucauldian theorist of gender and inaugural figure of queer theory, Butler is considered by many commentators and scholars to be *the* queer theorist par excellence. Her work both critiques and is influenced by feminism — drawing on de Beauvoir, Wittig, and Rubin — psychoanalysis — particularly Freud, Lacan, Irigaray and Kristeva — and philosophy — referencing Althusser, Derrida and Foucault, whose work underpins the thinking of queer theorists. Salih (2002) suggests that she reads 'psychoanalytic theory through a Foucauldian lens and Foucault through a psychoanalytic lens' (ibid., p.6), and Turner (2000) holds that she abandoned genealogical inquiry in favour of 'psychoanalytic determinism' (ibid., p.114). These commentaries give an indication of the way in which Butler deploys theory and works across disciplines, and of the different readings that have been made of her work. Her engagement with Freud and Lacan could be said to illustrate the "queering" of psychoanalysis, through the

development of a theory of subjectivity and desire that has the effect of losing the specificity of female homosexuality — a move that strangely parallels that of psychoanalysis, with its designation of female homosexuality as a failure of Oedipus and psychic process, and as masculine.

Female homosexuality is a term not deployed by Butler; and, as mentioned, her concern is with gender and sexual identities rather than the sexed subjectivity of psychoanalysis. Thus, her account of homosexuality and heterosexuality as elaborated in *Gender Trouble* (1990) is an account of identity, which draws on Foucault's notion that homosexuality is produced by prohibitive discourse as well as on the Freudian theory of the Oedipus complex. Butler argues that gender identity is the result of the internalisation of a prohibition of homosexuality in infancy, a prohibition that precedes the heterosexual incest taboo of the Freudian account. In *Gender Trouble* she addresses questions that stem from her reading of Freud's *Mourning and Melancholia* (1917) and *The Ego and The Id* (1923a). In 1923(a) Freud explains the infant's desire for either the mother or the father as being the result of "dispositions". He writes: '[the girl] will bring her masculinity into prominence and identify with her father ... instead of with her mother. This will clearly depend on whether the masculinity in her disposition – whatever that may consist of — is strong enough' (Freud 1923a, p.32). Butler's question is: 'What are these primary dispositions on which Freud himself apparently founders?' (Butler 1990, p.77), on which she concludes that these are not innate — as she thinks Freud said — and are the effects, rather than the causes, of identifications. Through her reading of Freud's 1917 and 1923(a) papers, she argues that the prohibited, and thus lost, parental object is also a '*prohibiting* or withholding object of love' (Butler 1990, p.80). The function of the ego ideal, she claims, is to 'inhibit or repress' (ibid), that is, the desire for the parent. Further, through the mechanism of internalization, its function is to 'preserve that love' (ibid). Thus 'gender identification is a kind of melancholia' (ibid.), through which the prohibiting object is internalized as a prohibition. At this point, Butler introduces the notion of a taboo against homosexuality that is prior to the incest taboo — a 'taboo... [that] ... in effect creates the heterosexual "dispositions" by which the Oedipal conflict becomes possible' (ibid., p.82). For Butler, then, all gender identity is the result of the homosexual taboo; and if heterosexuality is formed on the basis of a primary loss of the same-sexed parent and melancholia is the response to that loss, heterosexuality and heterosexual identity cannot but be melancholic.

Her account, however, neglects the complete form of the Oedipal complex. In this complex's so-called positive form, the infant desires the parent of the opposite sex and the death of the rival: that is, the parent of the same sex. But in its negative form we find the reverse: a love for the parent of the same sex and a hatred for the parent of the opposite sex. It would seem that Butler privileges the latter, failing to consider the positive form and giving an explanation that eradicates the specificity of a feminine position, which, for Freud, requires the "infant girl" not only to renounce her love for her mother but also to transfer it to her father — although, strictly speaking, there is no male or female prior to Oedipus, since it is only through the navigation of the complex that the subject assumes a sexed position. Sexual difference is elided in her theory — a theory that posits a symmetry between the sexes not present in the Freudian account. The "infant boy" needs only to substitute his mother with other women as the objects of his love. Freud's own account of the psychogenesis of female homosexuality gives emphasis to the positive form of Oedipus. Although by 1905 Freud had acknowledged the primacy of the mother's breast as an object for all infants — including his 'Female Homosexual' (1920) — it is not until 1925⁷⁵ that for both, boys and girls, the mother is positioned as the original oedipal object.

The consequential symmetry between the sexes of Butler's account of Oedipus is curious. It is not the contention of this thesis that Butler was uninformed about Freud's later elaboration of Oedipus. Her choice to take up the negative form of the complex — the love of the infant for the parent of the same sex — has particular effects. Deploying the parameters of Butler's argument in a reading of the last Freudian elaboration of the Oedipus complex would explain female homosexuality. If both "infant boys and girls" initially love their mother, what precedes the heterosexual incest taboo would not be, as Butler suggests, a taboo against homosexuality in general but a taboo specifically against female homosexuality.

Writing two years before Butler published her account, Kenneth Lewes (1988) points out that the Oedipus complex is not the only factor in the constitution of 'individual psychosexual development' (ibid., p.66). His argument again refers to the problematic notion of the individual's "constitution" (ibid.) — the inverted commas signalling its challenges — and reminds the reader of the notion of the drive, which for Lewes is

⁷⁵ In *Some Psychological Anatomical Differences Between the Sexes*.

instinctual. In this, he anticipates Butler's argument about the resolution of the Oedipus complex, which in Lewes' view is not linked simply to the mechanisms in mourning, melancholia, introjection and identification. If it were, 'all boys, if all went well, would become homosexual' (ibid).

Butler's Oedipus complex is a simplification of the Freudian concept. Lewes draws attention to the fact that in *The Dissolution of the Oedipus Complex* (1924a) Freud too acknowledged that his first account of the complex was a 'simplified form' (ibid). Originally published in 1988, prior to *Gender Trouble*, Lewes' account of the psychoanalytic history of male homosexuality argues that 'fully elaborated forms of the Oedipus complex ... are extremely complex and ambiguous ... [and] ... their mechanisms are not straightforward and unidirectional' (ibid.). Thus, Lewes elaborates twelve possible outcomes of the Oedipus complex in terms of object choice and sexual identity. 'Six of these are homosexual' (ibid., p.70) and only one of the twelve 'is traditionally considered "normal" or "natural"' (ibid.). The twelve possible outcomes are based on structural considerations alone, but his work exemplifies an important difference between the project of queer theory and that of the psychoanalytic clinician. While Butler is concerned with the political and cultural possibilities of the resignification of gender and gendered identity in general, the project of a psychoanalytic clinician is centred on the particularity of the individual patient.

For Butler, therefore, Freudian theory is a 'causal narrative' (Butler 1990, p.82). Her proposition of a primary homosexual taboo is a logical outcome of her reading of Freud. And, unlike the psychoanalytic commentators who depart from Freud, her elaboration and extension of Oedipal complex theory is not based on clinical research. Nonetheless, the proposition raises the question about the nature of the prohibition. Butler writes that masculinity and femininity are the result of the internalisation of the prohibition of homosexuality; that is, they are not 'primary sexual facts of the psyche, but produced effects of a law imposed by culture [my emphasis]' (ibid., p.81). She interprets Freud's struggle to keep psychoanalysis and biology distinct and the impasse of his formulations — signified by his notion of "dispositions" — as an attempt to disguise psychoanalysis' genealogy (ibid., p.82). Following Foucault, she argues that the term "disposition" aims to conceal that, in fact, it is the law that produces sexuality through prohibition and that

‘forecloses the possibility of a more radical genealogy into the cultural origins of sexuality and power relations’ (ibid.).

The Freudian prohibition against incest cannot be read through an account of the Oedipal myth alone. In *Moses and Monotheism* (1939) Freud’s speculations about the origins of society, culture, and the law introduces the myth of incest taboo as that by which the law and language was created and sustained. Briefly, the myth is as follows: pre-civilisation consisted of a group of women and children, and only one man: the Primal Father. The Primal Father had exclusive sexual access to the women. The sons, having survived the murderous Primal Father, eventually killed him to gain access to their mother and sisters. Fearing that history may be repeated, the sons then created an entity — the law — by which they would have access to some of the women without being killed. The establishment of the law gave rise, also, to the possibility of exchanging the incest taboo’s product — exchanging a woman for another, to whom the incest taboo did not apply.

In *Gender Trouble* Butler (1990) examines the myth through a consideration of Levi-Strauss’s *Elementary Structures of Kinship* (1969). She points out that for Levi-Strauss ‘the masculine cultural identity is established through an overt act of differentiation between patrilineal clans, where the “difference” is ... Hegelian — that is, one which simultaneously distinguishes and binds’ (Butler 1990, p.51). Following Irigaray, she draws attention to the phallogocentric nature of the economy that is established in this way, elaborating the point to demonstrate a link between the incest taboo and the consolidation of homoerotic bonds (ibid., p.52). But, if so, how could a taboo against homosexuality be the antecedent to the incest taboo? For both, Freud and Levi-Strauss, the myth of pre-civilisation is predicated on the notion that all sex is heterosexual. However, it is my contention that the myth’s basic premises would still work if the revolt of the sons — and daughters — against the Primal Father had been driven, instead, by homosexuality. The myth would then read as follows: the Primal Father has exclusive sexual access to all in the Primal Horde. In order to get access to any sexual partner, sons and daughters murder the Primal Father and, fearing that history may repeat itself, also institute rules and laws to secure their access to someone. Being again the outcome of the prohibition against incest, as in the original myth, this construction maintains the rule of exogamy.

Butler's challenge to the heteronormativity of psychoanalysis is further exemplified by her notion of "lesbian phallus". Her 1993 account is less concerned with the construction and production of homosexuality; nevertheless, it still elides the specificity of lesbian sexuality, despite the centrality of same sex desire between women to it. In Lacan's earlier work, the phallus signifies what the infant imagines its mother to want. The infant wishes to be, or to have, the phallus to satisfy the mother. Yet, to take up sexed subjectivity, something has to be renounced: that is, precisely, the infant's unconscious wish to satisfy the mother — the object of its love. The position unconsciously taken up by the infant in relation to the phallus is what marks sexual difference: while the infant boy wishes to have the phallus, the infant girl wishes to be it. Thus, in the Latin psychoanalytic tradition, the phallus — the distinguishing mark between men and women — indicates 'no more than two imaginary modes of identification by means of which each sex denies castration' (Wright 2000, p.22). And although Freud gives emphasis to the biological organ, Lacan's terminological distinction refers to instead to the phallus' symbolic and imaginary functions. Butler proposes a "lesbian phallus" in order to detach the signifier "phallus" from its association with the anatomical penis. In this, she shows no disagreement with Lacan, who used the term "phallus" rather than "penis" precisely to emphasise that what psychoanalysis is concerned with, is not the biological male organ but the symbolic structuring of desire. However, Butler says: 'it is not enough to claim that the signifier is not the same as the signified (phallus/penis), if both terms are nevertheless bound to each other by an essential relation in which that difference is contained' (Butler 1993, p.90). She and Lacan agree that the phallus is not the penis. However, Butler argues that if the phallus is only a symbol what is symbolised by it could well be symbolised by any body parts — a move that may re-territorialise the symbol in subversive ways. And if the phallus can be symbolised by any other body part, these parts could well be those of someone with whatever sexual identity — heterosexual or otherwise. It should be clarified that Butler's thesis does not rely on the notion of a specifically "lesbian" phallus. Her "lesbian phallus" has a number of functions — that is, it is not 'a masculinist figure of power'; it '(re)produces the spectre of the penis only to enact its vanishing ... This opens up anatomy' (ibid., p.89); and it displaces 'the hegemonic symbolic of (hetero-sexist) sexual difference and the critical release of alternative imaginary schemas for constituting sites of erotogenic pleasure' (ibid., p.91). In an interview, Butler states that to have the phallus is 'to write and to name, to authorise and to designate. So in some sense I'm wielding the lesbian phallus in offering my critique of the Lacanian framework. It's a certain model for lesbian authorship. It's a parody' (Butler

2000, p.729). Butler's lesbian phallus informs a political strategy predicated on a lack of sexual difference, whether that difference is anatomically or psychoanalytically explained.

Arguably, *Psychic Life of Power: Theories in Subjection* (1997) is Butler's most psychoanalytic work. In this, she identifies the problems with Foucault's account of subjectivity, and through an engagement with Lacan's psychoanalysis develops a theory of the formation of the subject that extends her earlier work. Her engagement with psychoanalysis, in *Psychic Life*, elaborates and develops her theory of the formation of the subject as set out in *Gender Trouble*. It provoked much criticism from some queer theorists — a useful reminder of queer theory's own divisions. Turner (2000), for example, writes: 'She escaped biological determinism only to set up psychoanalytic determinism. In *Psychic Life of Power* differences in the exercise and experience of power are reduced to psychic functioning, or so Butler implies in her universalising reading of psychoanalysis' (ibid., pp.13-14). Equally, Butler's sustained engagement with psychoanalysis in this work receives critical attention from psychoanalytic readers. For example, Campbell (2005) contends that, since she defines the subject as a conscious self, Butler's theory of its formation is rather a theory of the formation of identity, which lacks a theorization of the unconscious as Other to the self. Further, Campbell argues that any critique of her work 'should not be mistaken for an argument that Butler is a poor reader of Freud and Lacan, and that therefore her theory has fundamental flaws' (ibid., p.89). What it reveals, instead, is the 'problematic inconsistencies and implications of her account of the formation of the subject' (ibid., p.90).

Campbell's scholarly critique demonstrates Butler's failure to formulate a theory of the unconscious — and, thus, of sexed subjectivity; but, remarkably, *Psychic Life* also pays scant attention to the diversities of homosexualities. Her account is an account of the production of homosexuality, a homosexuality that has to be relinquished in order to achieve a coherent heterosexual identity (Butler 1997, pp.54-6), a homosexuality that is both repudiated and sublimated. It is an account that is not concerned with the specificity of female homosexuality, but where male and female homosexualities are instead conflated — or, at least, not distinguished from each other, and the result of the same psychic and discursive processes.

This conflation of male and female homosexualities that result from an original taboo is further exemplified by Butler's notion of a "melancholic gender". Her account is that homosexual attachment to the parent of the same sex is subject to the psychic mechanism of foreclosure: 'If the girl is to transfer love from her father to a substitute object, she must first ... renounce love for her mother, and renounce it in such a way that both the aim and the object are foreclosed' (Butler 1997, cited by Cealey Harrison and Hood-Williams 2002, p.196). And although the quotation references "the girl", Butler's preference for the negative Oedipus complex facilitates an argument concerned only with the distinction between hetero- and homo-sexuality, rather than those distinctions that may give rise to diverse formations of homosexualities and, more particularly, female homosexualities: 'In that the homosexual attachment is not able to be mourned it becomes subject to the internalizing strategies of melancholia' (Butler 1999, p.75). Thus, for Butler, heterosexuality is always melancholic. Leaving aside the association between the psychic mechanisms of foreclosure and psychosis, evidenced by many psychoanalysts, Butler proposes only one psychic process in her account of homosexuality — an account that fails to distinguish between sexual difference and to consider that male and female homosexuality could be distinct; an account in which homosexualities are reduced to one.

In *Psychic Life* Butler returns to her earlier formulation of gendered and sexed identities — elaborated in *Gender Trouble* (1990) and *Bodies That Matter* (1993), and for which she drew on Freud's papers *Mourning and Melancholia* (1917) and *The Ego and The Id* (1923a). And it is this work that makes possible to formulate some consequences for clinical practice. Here, Butler reiterates her earlier theory that heterosexuality is achieved through the relinquishing of the infant's primary homosexual love (Butler 1997, p.135). Heterosexuality is the result of prohibition and loss. Drawing on the Freudian distinction between mourning and melancholia, she claims that both, heterosexuals and homosexuals, live in a culture of melancholic gender in which the loss of the primary homosexual object cannot be mourned (ibid., p.139). In the Freudian conceptualization, melancholia is a condition in which what is lost is not obvious to the subject; and even where the subject does have an idea of what is lost, the melancholic does not know what he has lost in them: 'melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradistinction to mourning, in which there is nothing about the loss which is unconscious' (Freud 1917, p.245). Not only does Butler claim that contemporary culture is one in which the unconscious lost object cannot be mourned; she also uses this

argument to claim that the actual deaths of homosexuals cannot be mourned — or, at least, the mourning may occur only with difficulty. And, of course, for Freud too the work of mourning is always undertaken with difficulty (Freud 1917, p.245). But Butler's argument is that there is no public forum or a language with which to mourn 'the seemingly endless number of deaths ... [from]... the ravages of AIDS' (Butler 1997, p.138). Given the evidence to the contrary⁷⁶, her argument constitutes an elision of the psychic loss in the metaphoric Oedipus that structures subjectivity through the substitution with the loss of a real object — a "real person" or persons. This elision is a further consequence of the absence of any formulation of the unconscious in her work. Butler is not concerned with the application of queer theory to clinical practice; on the contrary, for her psychoanalysis is a tool with which certain cultural and political phenomena might be explained. But in clinical work such an elision would have the effect of closing down the realm of unconscious knowledge. Arguably, the work of the psychoanalytic clinician is to listen to the patient's speech in a way that elicits desire, and desire emerges in the unconscious in relation to a lack at the centre of human subjectivity. From this perspective, Butler's theory would proffer an object in place of that lack — or, put differently, it would lead the analyst to conceive of herself as one who knows the subjective truth of her analysand.

Joan Copjec (1994) argues that there is a total incompatibility between Butler and psychoanalysis which echoes the split between Freud and Jung. 'Jung evacuated the libido of all sexual content, associating it exclusively with cultural processes. It is this association that leads Jung to stress the essential plasticity or malleability of the libido: sex dances to a cultural tune. Freud argues, on the contrary that sex is to be grasped not on the terrain of culture, but one the terrain of the drives — which despite they have no existence outside culture — are not cultural. They are the other of culture and not susceptible to its manipulations' (ibid., pp.22-23). She claims that 'deconstruction is an operation that can be applied only to culture, to the signifier and has no purchase on this other realm (the drive)' (ibid.). Following Lacan and Freud, Copjec points out that for psychoanalysis the subject of the drive is an effect, not a realization, of social discourse; and although free of absolute social constraint, the subject is not unconditionally free to be any subject. For Copjec, 'sexual difference is a real and not a symbolic difference. The very sovereignty of the subject depends on it' (ibid., p.20).

⁷⁶ There are numerous examples in which the deaths of homosexuals are commemorated through the rituals of mourning, for example, World Aids Day on Dec 1st and Homo-monument in Amsterdam.

As I have indicated, in *Gender Trouble* Butler reads psychoanalysis to formulate a theory of identity rather than subjectivity. But unlike my reading elaborated in Chapter 1, her own reading of Freud concludes that he considered masculinity to be innate (Butler 1990, p.77). Further, her account of the Oedipus complex neglects Freud's elaboration of its complete form, suggesting symmetry between the infant boy and girl — a symmetry that, as I have shown, is not in the Freudian account. Nevertheless, like Campbell (2005, p.89), I do not conclude that Butler is a poor reader of Freud. While, arguably, psychoanalysis is concerned with the elaboration of a theory of human subjectivity, Butler is concerned with the elaboration of the political possibilities that could arise from the disruption of the notion of gender as a naturalised category. This is a project that does not necessitate a theory of the unconscious.

Teresa de Lauretis

De Lauretis is frequently credited⁷⁷ to have been the first to use the term “queer” in relation to her 1991 work, deploying the term to make possible the delineation and description of certain political and discursive conjunctions, without having to rely on the assumptions of a settled definition or identity. In the texts considered in the following pages, like Butler, de Lauretis' interest is the formulating of new theorisations of same-sex desire. But, unlike Butler, she is concerned with the specifics of female homosexuality — or “lesbian desire”, as she terms it — and deploys psychoanalysis to elaborate a theory of female same-sex desire.

De Lauretis came to queer theory via feminism and film theory — and thus, not wishing to reduce these to one, through psychoanalysis. As early 1988 she adopts the concept of hom(m)osexuality from the French psychoanalyst and feminist Luce Irigaray (1985), and in a critique of feminism applies it to her analysis of the difficulties associated with lesbian visibility and lesbian representation. De Lauretis argues that the feminist definition of “gender” as “sexual difference” eradicate difference; that is, since women's difference is defined only as a difference from men, “women” can be defined only in relation to men. De Lauretis draws on Irigaray's pun “*homme*” (ibid., p.86), which illustrates Irigaray's central thesis that for psychoanalysis ‘the feminine occurs only within models and laws

⁷⁷ Turner, W. (2003), Cooper, S. (2000) and Halperin, D. (2003)

devised by male subjects, which implies that there are not really two sexes, but only one' (ibid.). De Lauretis re-writes Irigaray's term 'sexual indifference' (ibid., p.28) as 'sexual (in)difference' (de Lauretis 1988, p.155) to illustrate that, in the Foucauldian sense, the discourse that informs lesbian representation is 'unwittingly caught up in the paradox of socio-sexual (indifference)' (ibid.). Within this discourse, she claims, homosexuality — homo = same and homm(e) = man — is a single practice and representation of the sexual, which is masculine. In her 1988 text, de Lauretis is primarily concerned with the representation of lesbians and lesbian sexuality in literature and film. Nonetheless, she indicates the future direction of her theoretical work as being that of developing 'a theory of sexuality that takes into account the working of unconscious processes in the construction of female subjectivity' (ibid.) — that is, precisely, the work undertaken by the psychoanalysts in the earlier debate of 1920s and 30s.

In her commentary on the work of Wittig and Case, de Lauretis (1988) claims that theirs and other feminists' work 'propose a dual subject which brings to mind again Irigaray's *This Sex Which Is Not One*' (ibid., n.30 p.157). Case and Wittig exemplify the work undertaken by some academics and political activists during the late 80s and early 90s, which sought to go beyond feminism and its constraints. Wittig's project was to transcend gender in writing; and Case critiqued feminism for producing a female subject trapped in a heterosexist ideology. For de Lauretis, both Case's 'butch-femme couple [who] inhabit the subject position together' (Case 1989, p.295) and Wittig's "j/e"⁷⁸ propose a dual subject that brings to mind Irigaray's formulation. However, de Lauretis acknowledges that neither writer would agree with Irigaray's suggestion that a non-phallic eroticism has its origins in the pre-Oedipal relation to the mother (de Lauretis 1988, n.30, p.157). Her reading of Irigaray, again, anticipates her future project by suggesting that psychoanalysis is 'not destined to work through the paradox of sexual (in)difference' (ibid.). She suspects that Wittig's and Case's denial of the possibility that non-masculine eroticism could be linked with the pre-oedipal relation to the mother, is based on an understanding of 'neo-Freudian psychoanalysis and object relations theory [as].... committedly heterosexual' (ibid.). Further, she suspects that the body of the mother has been rejected and has become inaccessible by 'phallic representation' (ibid). De Lauretis' footnote seems to evidence her

⁷⁸ In *The Lesbian Body* (1973) Wittig deploys "j/e" to signify the lover and the writing subject.

desire to develop and extend psychoanalysis beyond the Freudian conceptualizations of female homosexuality.

Thus, in the *Practice of Love* (1994) de Lauretis undertakes a Foucauldian reading of some of the key texts of the psychoanalytic debate amongst the analysts on female sexuality in 1920s and 1930s. Emphasising that her contribution is not clinical, she contrasts psychoanalytic theory and clinical material with literary, filmic and critical texts of lesbian self-representation, saying that what she ‘likes in Freud ... [is] ... its ambivalence or systemic instability — less interested in fixing its definitions than registering its transformations (whether that’s ego, fantasy or sexuality or whatever).’ (ibid., p.259). Her intention was to go beyond Freud by suggesting a model of desire that was not a response to the Oedipus complex. She wanted to ‘understand lesbian sexuality beyond the commonplace of the masculinity complex and the pre-Oedipal fixation on the mother’ (de Lauretis 1999, p.38); thus, she proposes a model of lesbian desire that she names “perverse”. To formulate this, she draws particularly on the Freudian notions of disavowal and retroactivity. De Lauretis holds that for Freud female homosexuality was the result of the girl’s disavowal of their lack of a penis, in response to the threat of castration. In my first chapter, I have characterised this as Freud’s second theory of female homosexuality.

As elaborated in the first chapter of this thesis, disavowal denotes ‘a specific mode of defence which consists in the subject’s refusing to recognise the reality of a traumatic perception’ (Laplanche and Pontalis 1973, p.118). Freud introduced the term in connection with the castration complex in 1923(b), at a time when the question of female sexuality and sexual difference preoccupied the psychoanalysts. For him, disavowal was linked to psychosis and was the psychic mechanism in fetishism. In Lacan’s re-reading of Freud, disavowal is specific to the structure of perversion —one of the psychic responses to the (m)other’s castration. Contained within the psychoanalytic notion of disavowal is a notion that this is always accompanied by a simultaneous acknowledgement of what is disavowed. Thus, the pervert simultaneously knows and denies that which is disavowed.

De Lauretis radically departs from Freud, proposing instead that ‘[w]hat the female subject ... must disavow is ... the absence ... of a female *body-image* [my emphasis]’ (de Lauretis 1994, p.262). She reads the Oedipus complex and the paternal prohibition of incest as a prohibition to access the female body, and as a loss of the female body itself. For Freud,

however, disavowal is a disavowal of the maternal phallus (Freud, 1927) and not a signifier of the masculine cultural and political privilege. In the Freudian schema what is disavowed is castration, the penis signifying a lack that structures subjectivity and desire. De Lauretis proposes, instead, a loss that seems to precede the Freudian castration complex. ‘Lesbian desire’, she writes, ‘is constituted against a fantasy of castration, a narcissistic wound to the subject’s body-image that *redoubles* [my emphasis] the loss of the mother’s body by the threatened loss of the female body itself.’ (de Lauretis 1994, p.261). This is an argument that resonates with that of Jones and his students, who also gave emphasis to the maternal body — or to parts of it — denoting the infant’s primary loss as that of the maternal breast at the time of weaning. But de Lauretis’ position also differs from Jones’. Her reading of the mechanism of disavowal acknowledges that castration ‘inscribes the irremediable lack — of a *penis* [my emphasis] — and inscribes that lack in the symbolic order of culture, in the terms of sexual difference’ (ibid., pp.261-2); and her privileging of the female *body image* breaks with Freudian psychoanalysis. Paradoxically, her explanation in itself is an example of disavowal, since she knows the nature of the lack and, at the same time, denies it.

De Lauretis is concerned with explaining the particularities of lesbian fetishism through the mechanism of disavowal: ‘I would argue ... that through the mechanism of disavowal, the female subject of perverse desire displaces the wish for the missing female body and the (non)-perception of its absence onto a series of fetish objects or signs that signify at once the wish and the absence (loss) and re-present the absent (lost, denied) and wished-for female body’ (ibid., p.263). And she continues: ‘If the lesbian fetishes are often ... objects or signs with connotations of masculinity, it is not because they stand in for the missing penis but because such signs are most strongly pre-coded to convey ... the cultural meaning of sexual activity and yearning toward women. Such signs can also most effectively deny the female body (in the subject) and at the same time resignify (her desire for) it through the very signification of its prohibition’ (ibid.). Notwithstanding her Foucauldian reading of prohibition, which also broadly characterises the work of queer theorists, these last passages raise the question of why de Lauretis is interested in the penis. In her work, she does acknowledge the phallus but simultaneously denies its operation in the structuring of the subject. In her attempt to detach the penis from the phallus — a move that is of central concern to some feminist and queer scholars, and that anticipates Butler’s notion of the lesbian phallus — she re-invests psychoanalysis with biology, through

disavowal. This is a question answered by psychoanalysis in 1958, when Lacan says that the penis ‘takes on the value of a fetish’ (Lacan 1958, p.160) for heterosexual women. In his re-reading of Freud, Lacan claims that the fetish is not a substitute for the real penis, but that the penis itself becomes a fetish by substituting the woman’s absent, and thus symbolic, phallus (Evans 1996, p.64).

In a later commentary on Freud’s *Psychogenesis*, de Lauretis (1999) considers rereading the case history against her model of perverse desire (ibid., p.38), but concludes that this would be an impossibility since ‘a case history belongs to its writer, not to its case’ (ibid.). Nevertheless, in her readings of texts authored by lesbians, the inscription of lesbian subjectivity and ‘authorial desire’ (ibid., p.39) allowed her to theorise lesbian desire as structured by disavowal. What is disavowed, here, is not sexual difference or love for the mother; but the lesbian’s own body — a body that can be recovered in fantasy, and through sexual practices with another woman’s body (ibid., p.50). Of course, the other difficulty de Lauretis would have with her proposed project is that Freud’s ‘beautiful and clever girl’ (1920, p.147) was neither a fetishist nor perverse. De Lauretis “returns to Freud” in the final section of her essay. Here, she clarifies that the theory of perverse desire in female homosexuality, as elaborated in her *Practice of Love* (1994), is not a psychogenesis of lesbianism but only an account for the ‘psychogenesis of lesbianism in some women’ (ibid., p.39). Although she attempts to posit a ‘non-Oedipal desire’ (ibid., p.47), she further acknowledges that ‘perverse desire may co-exist with some of the effects of the Oedipus complex’ (ibid., p.51), and, indeed, argues that female perverse desire is ‘based on post-Oedipal disavowal’ (ibid.). Consequently, she also acknowledges that—not all lesbians are perverse, and some have ‘gone through the Oedipus complex’ (ibid., p.50). The problematics of her account would be resolved by a reading of psychoanalysis that firmly distinguishes it from biological explanations, and one that does not equate — as she does — Oedipus with reproduction and a normative narrative (De Lauretis 1999, p.47). Her account would benefit from drawing on psychoanalytic theorisation of the failure to negotiate the Oedipus complex, and from the distinction that psychoanalysis draws between neurosis, perversion and psychosis.

On the one hand, de Lauretis situates herself with Freud’s opponents in the feminist controversies of 1920s and 30s; on the other, however, she can also be read as a queer Freudian. Like Jones, Klein and Horney, she seems to posit the notion of a primary and

innate femininity based on the question of anatomical knowledge. Taking up the question that exercised the early analysts, de Lauretis considers the nature of castration for the girl: ‘What can cause a narcissistic wound and the threat of nonbeing for a girl?’ (ibid., p.49). Unlike those who proposed that the girl has an innate knowledge of the vagina, her argument is based on the girl’s lack of knowledge: ‘a female child has no perceptions or pleasure from the penis ... the penis is not part of her body-ego ... They cannot depend on losing or not having a body part of which she has no perception’ (ibid.). By 1999, de Lauretis’s argument relies less on her early account, which gives emphasis to the loss of the maternal body. Instead, what results in a narcissistic wound are now the imperfections of the girl’s own body. These imperfections are the result of a culture ‘that privilege men both social and sexually’ (ibid.), and it is male privilege that the penis comes to symbolize as the girl grows older. In this, she reiterates part of the argument put forward by Karen Horney in 1933, as outlined in chapter 2.

De Lauretis’ revision of Freud is one that agrees with his contention that the baby — the child of the female subject — is ‘the equivalent of the penis she does not have’ (ibid.) albeit that, for her, the penis is only a symbol of masculine superiority. She argues that maternity is an important fantasy for women, since it is through this that the woman may regain ‘her narcissistic pride’ (ibid.). Curiously, de Lauretis evidences the importance of this fantasy by reference to those lesbians who seek artificial insemination. Her queer Freudianism is further exemplified by her acknowledgement of the centrality of Oedipus and the notion of “lack” — Lacan’s *manque à être* (ibid., p.49) — in subjectivity. Her reading of Oedipus as a narrative of heterosexuality and reproduction, positions her within a psychoanalytic tradition that has its roots in the early debates of 1920s and 30s, still evident in contemporary clinical commentaries. For example, Bollas interprets Oedipal processes as an exchange of the self as erotic object for another erotic object, and is only one of many contemporary psychoanalysts who privilege reproduction as a significant factor in psychic processes. This is evidenced by his argument that ‘deferral [of the auto-erotic] is required because if the race is to survive it cannot do so through generations of masturbators’ (Bollas 2000, p.37). De Lauretis’ Freudianism is further exemplified by her development of a notion of a non-hetero-normative Oedipus that relies on Freud’s 1905 conceptualisation of the drives — that is, a conceptualisation of the sexual drive as independent of its object. Further, her notion of perversion too relies on an early conceptualisation of Freud, articulated by him as follows:

‘Perversions are sexual activities which either (a) extend, in an anatomical sense, beyond the regions of the body that are designed for sexual union, or (b) linger over the intermediate relations to the sexual object which should normally traverse rapidly on the path toward the final sexual aim.’

(Freud 1905, p.150)

In her attempts to resolve the contradictions of the quasi-biological Freudian account, de Lauretis can be seen to engage in the early analysts’ debate. And in her attempt to keep psychoanalytic explanations distinct from biology, she positions herself with Freud. What is more, while her account shares with Butler the idea that the phallus can be replaced by any bodily part — and, indeed, by the whole lesbian body — unlike Butler’s, her project is to explain the particularities of female homosexuality — and thus, logically, female homosexualities.

What might be the characteristics of a de Lauretisan psychoanalytic clinic? Firstly, it would facilitate the possibility of diagnosing some lesbians as perverts. Or, at least, it would allow the possibility that for some lesbians, desire is structured by disavowal. In this, the de Lauretisan clinic would be consistent with that identified in this thesis as Freud’s second conceptualization of female homosexuality. While de Lauretis argues that the fetishistic objects deployed by lesbians, by which she means the dildo (de Lauretis 1994, p.263), signify a wish to restore what has been denied by her — the image of the female body — she also implies that the body of the beloved must surely function as a fetish. If in the Freudian model a fetish ‘substitutes for the absent female phallus’ (Freud 1927, p.155), for de Lauretis then, logically, the fetish that substitutes which is disavowed — that is, the image of the female body — is the body of the lesbian’s beloved. Further, and arguably of more significance, such a clinic would be one in which emphasis is given to the social, political and cultural milieu. De Lauretis deploys Freudian theory to propose a model of lesbian desire, but this is a model constructed on an analysis of sexual difference underpinned by a Foucauldian analysis of the phallus as a ‘penis endowed with social and sexual power’ (de Lauretis 1999, p.50).

Not all queer theorists are concerned with re-formulating theories of homosexuality, subjectivity, and gender and sexual difference. Edelman and Restuccia exemplify those queer theorists who deploy psychoanalytic theory to produce and promote a queer politics and a queer ethics that oppose and subvert dominant ideology and social relations. Concerned with “queer” or “queer subjects”, these theorists comment from a position that has eliminated psychoanalysis’ sexual distinctions, positing “queer” beyond or outside the distinctions of gender and sexual identity that inform it. In this sense, it may be said that this area of queer theory has no bearing on the topic of female homosexuality. Nevertheless, although I have been unable to identify any effects of this particular engagement between queer theory and psychoanalysis within published clinical material, it is possible to draw some conclusions about where it might lead.

The commentators considered in this section take up and elaborate psychoanalytic terms and theory to position “queer” as oppositional to a cultural and political hegemony — which suggests that the limitation of these readings is, precisely, their “queering” terminology in a way that empties it of its clinical significance. My reading will suggest that there is an ethics of queer theory that runs counter to the ethics of psychoanalysis. Nevertheless, paradoxical as may be, it could also be suggested that both, as a discourse and as clinical practice, psychoanalysis is restored precisely through the application of its theory by queer thinkers — a methodology that has been called “applied psychoanalysis”. The application of psychoanalysis situates it as central to a critique of a cultural and political hegemony that outlaws homosexuality. Further, it suggests the restoration of psychoanalysis as a radical project that proffers an analysis of sex and sexed subjectivity not complementary, not biologically explained, and not in the service of (re)production. What is more, this aspect of queer “applied psychoanalysis” has demanded a response from clinicians. This response will be discussed in the following chapter.

Paradoxically, some commentators have criticised this strand of queer theory precisely on the same grounds on which queer theorists have condemned psychoanalysis and others — namely, the disregard for the social and political realities of those it seems to champion. It is argued that, because queer theory is rooted in post-structuralism, it is ‘driven by critical theorists in literature, visual culture, and rhetoric. This produced crucial new attention to a

certain “cultural” constitution of the sexual subject, but it also threatened the theory’s analytical reach and capacities’ (Merck 2005, p.188). What Merck is referring to, here, is a body of criticism of queer theory, which, in cultural studies, drifts towards making representation, identities and the politics of subjectivity its main concern, while leaving the structures of capitalism invisible. Psychoanalysis is demonstrably central to the methodology of these critical theorists, since their analyses deploy in particular Freudian and Lacanian theories. Psychoanalysis, like queer theory, has also been criticised for its inattention to material inequalities and the effects of capitalism on its patients. And, indeed, as illustrated above, some queer theorists and others would position psychoanalysis as a discourse and practice in the service of a political and cultural status quo.

Notwithstanding such reservations from some cultural and political critics, others advocate that psychoanalysis could contribute to ‘queer theory’s broader enterprise of challenging social conventions surrounding sexuality’ (Dean and Lane 2001, p.28). Dean and Lane point out that queer theory has been influenced by writers such as Hocquenghem (1997) and Mieli (1977), both of whom used psychoanalytic concepts to critique the capitalist state and the oppression of homosexuals. While overtly critical of Freudian psychoanalysis, arguing how it was instrumental in establishing the nuclear family and how the Oedipus complex controls desire, Hocquenghem nonetheless drew on psychoanalysis to advance his project. As de Lauretis re-formulated the notion of perversion, so too Bersani (1995) appropriates the theory of narcissism to offer an account of non-normative sexuality. Tim Dean’s *Beyond Sexuality* (2000) and subsequent work shows a concern for how queer theory may restore psychoanalysis as a radical discourse that exposes the problematics of normalisation and of the notion of identification (ibid., pp.215-268). Dean acknowledges that Lacan did not extend his critique of ‘bourgeois sexual convention.... [to].... normative heterosexuality’ (Dean 2001, p.28), but nonetheless recommends ‘Lacan’s version of psychoanalysis [as] potentially appealing to queer theory’s antinormative critique’ (ibid). Psychoanalysis, however, is also a clinical discourse, a fact often neglected by those who deploy it in readings of cultural and other phenomena. Thus, notwithstanding the validity of Merck’s critique of some queer theorists, the following section will illustrate how the process of re-signification of psychoanalytic terms and theory has clinical consequences.

Lee Edelman's (2004) development of a new ethics of queer theory is exemplary of this approach. To formulate this, Edelman draws on Lacan's theorisation of the three orders or registers of the real, symbolic and imaginary, on the Freudian death drive and on his elaboration of Lacan's notion of the *sinthome*, a term that Edelman "queers" to "sinthomosexuality". His thesis is that homosexuality has been positioned — and, most importantly, should take up the position — as the negative, which is central to and disavowed by a culture of 'reproductive futurism' (ibid., p.29). He formulates the figure of the child as the signifier for the possibility of a future, and the queer as one who embodies and should embrace narcissism and the future-negating death drive (ibid., p.59). His is a skilful and witty polemic that reads Hitchcock, Dickens and Eliot through psychoanalysis, albeit an "unclinical" psychoanalysis — "un" clinical, rather than non-clinical, seemingly to signify an un-doing.

In a thorough and scholarly reading of Lacan and his commentators, Edelman puns on the term "*sinthome*" to develop a notion of homosexuality as "unintelligible" — a notion that admits 'no translation of its singularity and therefore carries nothing of meaning' (ibid., p.35), 'denying the appeal of fantasy, refusing the promise of futurity' (ibid.), and 'insisting on access to *jouissance*' (ibid., p.37). The "*sinthome*" — the archaic spelling of "symptom", used in a variety of puns by Lacan — is described by Lacan, according to Thurston (1996, p.189), as the "fourth ring" that keeps together the three orders: the real, the symbolic and the imaginary. In the 1970s, Lacan conceptualised the human subject as 'a knot or chain in which real, symbolic and imaginary are linked, knotted together, allowing the unconscious and the ego to attain different degrees of signifying coherence' (Thurston 2004, p.94). In psychosis, however, that knot comes undone — the knot is faulty. Thurston writes that, in his seminar on Joyce, Lacan argues that Joyce's writing served as a, as a supplementary cord in the knot of subjectivity. For Lacan Joyce's experiences of disintegration exemplify the un-knotting of the RSI — the Lacanian acronym for the three orders — while his writing functions as "*sinthome*".

Lacan's puns on the term make play with the "*ho(m)me*" — the French term for man — of "*sinthome*". Thus, he makes use of '*synth-homme* to give emphasis on the artificial nature of this self creation' (Thurston, 1996, p.190), its pronunciation evoking also the theme of sin, the first fault. And he puns also on the term "saint home", reading Joyce as exemplary of a transcendence of human or perhaps masculine subjectivity. Much has been written on

the notion of “sinthome”, and all commentators agree that this takes psychoanalysis beyond the Freudian oedipal complex, positing a new solution to the problem of becoming a subject not based on a paternal prohibition and castration. This is a solution based, instead, on a possibility of living by way of a unique organisation of that special enjoyment that Lacan characterises as “jouissance”: ‘the concept of sinthome unmasks an untreatable singularity that is made invisible by institutions: the untranslatable signature of a subject’s enjoyment’ (Thurston 2004, p.196). And it is a solution that forms a conceptualisation of the psyche and human subjectivity which has consequences not only for the clinic of psychosis, but also for that of feminine sexuality⁷⁹.

In a close reading of Dickens’ *Christmas Carol*, Edelman (2004) elaborates his notion of “sinthomosexuality”, using a literary disclaimer to distance himself from those who seek to re-read authors and characters as homosexual. Nevertheless, quoting Dickens in the process of his elaboration, paradoxically, he “outs” Scrooge as ‘a batchelor ... a wretched outcast ... a wicked old screw ... [not] ... natural in his lifetime’ (ibid., p.43). Although his intention is not to point either to the ‘implicit anality’ (ibid) of Scrooge’s relationships with Jacob Marley or to his bond with his apprentice Dick (ibid.), Edelman’s deconstruction of the text makes all of this apparent. He is not interested in the identity encoded in the text, instead, proposing Scrooge as a ‘canonical literary instantiation of sinthomosexuality’ (ibid.). Edelman’s thesis is that the linking of the fate of Tiny Tim to that of Scrooge’s reform has the effect of strengthening the cultural and political notion of futurity: ‘a reproductive futurism ... that impose[s] an ideological limit on political discourse, preserving the absolute privilege of heteronormativity’ (ibid., p.2). Scrooge, a “sinthomosexual” refusing Christmas, ‘here stands in place of the obligatory collective reproduction of the Child’ (ibid., p.45), a “Child” which, as mentioned, stands in the place of futurity and functions as a site for the projection of the death drive and the Real. Edelman skilfully parallels Lacan’s description of the Real to Dickens’ description of Scrooge. He does so in order to strengthen his notion of “sinthomosexual” by supplementing it with the connotation of ‘incarnation of the Real’ (ibid., p.44). Thus, the “sinthomosexual” is one who refuses the fantasy that supports the futurist society and is the realisation of the ‘jouissance that derealizes sociality’ (ibid., p.45).

⁷⁹ For further elaboration of this argument, see Voruz & Wolf (1977).

Edelman has not so much re-signified Lacan's term, "sinthome" but stretched it — the "osexual" stretch — wringing out its clinical application. He takes Verhaeghe and Declerq's paper (2002), which elaborates the concept of "sinthome" in clinical work, to further amplify his notion of "sinthomosexual" as the opposition to futurity. Verhaeghe and Declerq (ibid.) describe a subject who at the beginning of analysis typically 'believes in' (ibid., pp.66-69), rather than identifies with, the symptom — not the 'sinthome', as Edelman (2004, p.37) claims in his paper. As elaborated by Verhaeghe and Declerq, the end of analysis is when the interpretations have demonstrated the final nonsense of the symptom, and when the analysand tries to live with 'the Real of their jouissance dictated by its own drive, without falling back into the previous trap of stuffing it with significations' (Verhaeghe & Declerq 2002, p.70). The subject who believes in the symptom has a belief in the 'existence of a final signifier' (ibid., p.67). This belief can be written as 'S₁...' (ibid.). Edelman (2004) argues that this ellipsis itself 'should be understood as the defining mark of futurism ... [and that] ... sinthomosexuality, by contrast, scorns such belief in a final signifier' (ibid., p.37). "Sinthome", however, is a term that attempts to conceptualise the subject's particular way of knotting together the three orders of the RSI and the subject's tie to its particular, idiosyncratic, jouissance. The function of the "sinthome", a newly created signifier, is to provide a connection to that jouissance. In seminar XXIV Lacan (cited in Verhaeghe & Declerq 2002, p.75) recommends taking a distance from the symptom; and it is the creation of the "sinthome" that makes this distance possible. Further, although contemporary Lacanian psychoanalysis explores the potentiality of the term in the clinic of neurosis, conventionally, this term is Lacan's explanation for that which can be created to take the place of the paternal prohibition in psychosis. Edelman's queering of the "sinthome" suggests the end of analysis through an identification with the substitute paternal function — a suggestion that, arguably, not unusually situates homosexuality on the side of psychosis.

Edelman's critique is the analysis of a literary text that demonstrates how Dickens' novel functions to inform and create a social and political order which he designates as 'reproductive futurism' (Edleman 2004, p.28). He follows in the tradition of Hocquenhem and others, who saw how psychoanalytic concepts might service the project of queer theory. However, he advances the proposition that the queer subject, or as he terms it 'those of us inhabiting the place of the queer' (ibid., p.27), should identify with the death drive and 'assume the truth of our queer capacity to figure the undoing of the Symbolic'

(ibid). He argues that queers, who represent the death drive for the social and political order, should take the place of the death drive seriously and insist ‘that we do not intend a new politics, a better society, a brighter tomorrow, since all of these fantasies reproduce the past, through displacement, in the form of the future’ (ibid., pp.30-31). He concludes his polemic suggesting a definition of “queer” as a ‘willingness to insist that the future stop here’ (ibid., p.31). His proposal for a strategy — a political and cultural strategy that would counter the social order — is littered with psychoanalytic concepts drawn primarily from Lacan. Nevertheless, it is difficult to imagine an Edelmanian clinic. Edelman equates “queerness” with Lacan’s characterisation of “truth”, ‘a truth that does not assure happiness or “the good” but rather it names only the insistent particularity of the subject’ (ibid., p.5). This is consistent with psychoanalytic clinical work. However, Edelman’s definition of “queer” implies that this is a term which designates all of those who oppose a social order characterized and structured by “futurity”. Thus, the very notions of “the queer” and “queers” suggest an antithesis of the particularity of the individual subject. Further, antithetical to clinical work is also a strategy — political or otherwise — universally applicable to all subjects, however designated. In popular imagination the queer subject may come to represent something of the Freudian death drive. But this makes no analysis of the individual subject’s unconscious identifications, nor would it be possible in the course of analytic work to bring such an identification about. In the Lacanian tradition cited by Edelman, the work of analysis is to into question the analysand’s identifications.

Restuccia (2006) claims that queer theory ‘is operating to put in place a nonheterosexist, radically desiring Symbolic’ (ibid., p.xi). Through a reading of *Antigone* and Lacan, she proposes an ‘ethics of desire ... [that may] ... operate, more effectively than it does for the human subject, at the level of culture’ (ibid.). Her thesis is informed by a reading of Lacan’s seminars XI (1973) and VII (1959/60), which, in her account, propose an ethics of radical desire rather than of jouissance, while also acknowledging the intimate connection of the two. Radical desire is opposed to the desire of the subject and is also referred to as “sublime desire” and as “Love” — the capital ‘L’ unexplained by Restuccia: ‘Love being aligned with death as well as the sublime desire of the saint and desire being what Lacan urges us not to cede’ (ibid., p.xii). Restuccia seems to read psychoanalysis as a libertine doctrine, despite Lacan’s observation in seminar VII that ‘Freud was in no way a progressive’ (Lacan, 1959/60, p.183). In his introduction to this seminar Lacan says that,

in dealing with the question of ethics, we are dealing with the question of the ‘attraction of transgression’⁸⁰ (ibid., p.3). Here, Lacan is laying out the ground on which he will draw a set of distinctions between traditional ethics and the ethics of psychoanalysis, suggesting that traditional ethics are very much attracted by transgression. Restuccia interprets Lacan as exhorting us not to give up on our desire. However, in seminar VII Lacan posed the question of desire somewhat differently. He said: ‘From a psychoanalytic point of view, the only thing of which one can be guilty is of having given ground relative to one’s desire’ (ibid. p.319). “Desire” is a central and critical concept in Lacan’s work. In seminar VII, desire is defined as ‘nothing other than that which supports an unconscious theme, the very articulation of that which roots us in a particular destiny’ (ibid.). And following Spinoza, in seminar XI Lacan defines desire ‘as the essence of man’ (ibid., p.275). In that the Symbolic is defined as the rules that govern the exchange of language, I too read queer theory’s project as one that makes an intervention on the Symbolic. But her notion of “desire” seems to imply sexual desire, albeit a non-heteronormative sexual desire. For Lacan, instead, desire, always emerges from the unconscious as a desire for the other, the primordial mother (ibid., p.67). Thus, for him, desire operates in the structuring of the subject’s position through the Oedipus complex as ‘the desire for something else’ (Lacan, 1957, p.167) — that is, as a desire that can never be satisfied.

In her analysis of Halperin’s *Saint Foucault* (1995) and of Bersani, Dean, Butler and Edelman, Restuccia (2006) concludes that queer theory gives emphasis to “the beyond”, that which is defined as being ‘outside the limits of the law’ (ibid., p.119); and citing Lacan’s 1973 seminar⁸¹ she adds: ‘where Lacan situates Love’ (ibid.). As examples of that which is outside the limit of the law, Restuccia proposes the emphasis placed by Foucault on *asceticism*; by Bersani on de-subjectivation; by Dean on the impersonal, the excess and the Real; by Butler on incoherent identity; and by Edelman on the death drive. Her argument is that these authors ‘situate gay sexuality in the place of Lacanian Love. It is though they wish to make Lacan’s encounter a permanent way of life’ (ibid., p.xv). Despite her emphasis on “gay sexuality” — a notion that is not problematised and that covers a multitude of sexual practices and fantasies — she also holds that to be “queer” one does not have to be a homosexual. Again, in accordance with much of queer theory, this is a thesis that elides distinctions within homosexualities and that is not concerned with sexual

⁸⁰ The translator notes the difficulties with translating Lacan’s term “la faute” (footnote 1, p.1).

⁸¹ *The Four Fundamental Concepts of Psychoanalysis* (1964).

difference. Her project posits a notion of “queer” that is not defined by reference to sexual or gender difference, nor to same sex desire. This results in an interpretation of Edelman’s work that, paradoxically, proposes a new binarism: ‘(1) non-normative sexuality between men and women that engages the drives/jouissance and (2) non-normative, same sex sexuality that — from a position of subjectivity — engages the drives/jouissance, without being entirely submerged within them/it’ (ibid., p.138). For both, men and women, this curious proposition clearly eliminates the specificity of diverse homosexualities. Gender is not problematic in this account. Restuccia acknowledges that for Edelman desire is linked with a “futurity” that is in opposition to “queer”. Nevertheless, she suggests that his conception of “queer” subject is that of a radically desiring subject. Together with a radical misreading of the ethics of psychoanalysis, this proposition leads her to conclude that the ‘ethical psychoanalytic subject’ (ibid., p.137) can be read as “queer”, so that it is also possible to read ‘the queer subject as ethical’ (ibid.).

Restuccia is alert to what she holds is the clinician’s view that psychoanalytic theory would be damaged through its use by cultural and political critics. Nevertheless, drawing on Žižek, she argues that, since desire results in a dissatisfaction and jouissance results in a de-subjectification, psychoanalysis reaches an impasse at the level of the subject. She develops and extends Dean’s view of Lacan⁸² and symbolic subjectivity, as well as Žižek’s identification of a philosophical impasse, to re-read psychoanalysis as a self-contained and self-governing body of ideas — a meta-theory, a set of governing principles to be deployed in a ‘major transformation of the social’ (ibid., p.xvi), which disregards the clinic. ‘Lacan’s account of symbolic subjectivity contributes more to social theory than to psychological theories of the individual’ (Dean 2000, p.2). Thus, Restuccia’s project is to advocate the deployment of psychoanalytic theory to alter the symbolic. She argues that queer theory and the work of the theorists she cites — for example, Butler, Dean and Edelman — ‘[through] a relentless contact with the Real, through the intense work of Love that verges on the superhuman, has the potential to result in a reconfigured queer Symbolic’ (ibid., pp.xv-xvi).

Restuccia holds that queer theory acts on the proposition that ‘at least’ (ibid., p.xv) the authentic act that encountering the Real and traversing a fundamental fantasy informs

⁸² ‘Lacan’s account of symbolic subjectivity contributes more to social theory than to psychological theories of the individual’ (Dean 2000, p.2).

heterosexism, can operate on the cultural level to effect vital transformations. She writes: ‘Queer theorists working in the field of psychoanalysis at least put their social strategy in terms of new, desubjectifying forms of Lacanian Love. Having pitched its mansion in the place of excrement, queer theory — refusing to cede its desire and thereby enacting Lacan’s ethics of radical desire, after all — makes the buried point that relentless contact with the Real, through the intense work of Love that verges on the superhuman, has the potential to result in a reconfigured queer Symbolic’ (ibid.).

Lacan’s formulation of a psychoanalytic ethics is in opposition to traditional ethics. Traditionally, ethics have revolved around ideas about the “good”. Lacan’s psychoanalytic ethics problematises the notion of the “good”, suggesting that this is what bars access to desire: ‘We have reached the barrier of desire, then, and as I indicated last time, I will speak about the good. The good has always had to situate itself on that barrier’ (Lacan, 1959/60, p.218). Psychoanalysis ‘is no more than an invitation to the revelation of his desire’ (ibid., p.220). Nonetheless psychoanalysis is not a libertine doctrine, imploring analysands to live out their desires. To do so would reduce psychoanalysis to the practice of suggestion. In Seminar VII Lacan points out psychoanalysis’ finding that every human subject has a pervasive ‘sense of guilt’ (ibid., p.3), holding that it is not the task of psychoanalyst to ‘soften, blunt or attenuate’ (ibid.) that sense of guilt. Further, psychoanalysis conceives of pleasure as having a limit, which when transgressed transforms pleasure into pain. Thus, Lacan opens his seminar arguing that, even for those who have ‘adopted the boldest approaches to libertinage, and even to eroticism itself’ (ibid., p. 4), ‘an ideal of naturalist liberation’ (ibid.) will always fail.

Arguably, from the perspective exemplified by Restuccia and Edelman, queer theory proposes an ethics that runs counter to that of psychoanalysis — or, more specifically, to that designated as such by Lacan. In part, Lacan’s ethics of psychoanalysis concerns the direction of the treatment and the end of analysis; but, importantly, it also concerns the conceptualisation of knowledge. The psychoanalyst is consulted as a ‘supposed subject of knowing/subject supposed to know’ (Lacan, 1964., p.232) — a function of the imaginary order that establishes the transference, the emphasis being on “supposed”. The analyst knows nothing of the analysand’s unconscious, and the analyst’s knowledge is nothing ‘but a symptom of his own ignorance’ (Nobus 2000, p.133). Knowledge is ‘an edifice built on the foundations of ignorance, a fantasmatic construct designed to control the stupidity of

the drive. The corollary of this recognition is that psychoanalysis cannot be employed as a fully finished doctrine, either within or outside the treatment' (Nobus & Quinn 2005, p.209). Restuccia and Edelman exemplify a strand of queer theory that uses psychoanalysis as a body of knowledge disregarding its limit — a limit that is central to clinical practice and that can only be reached through a deconstruction and analysis of the analysand's unconscious fantasy, which knowledge has the function to conceal.

Edelman and Restuccia deploy the conceptual tools of psychoanalysis to elaborate a queer ethics, but overlook the fact that psychoanalysis is a clinical practice, not primarily concerned with social and political change. This is not to say that applied psychoanalysis has no useful function in this sense. Indeed, in *The Question of Lay Analysis* Freud himself advocates the application of psychoanalysis to the investigation of the 'social order' (Freud 1926, p.248). Nevertheless, I have attempted to show how their reading of Lacan and the use of his terminology and clinical concepts has resulted in an ethics that is contrary to that of clinical psychoanalysis. In psychoanalytic clinical practice it is not the role of the analyst to exhort the analysand towards any particular course of action. Yet, in the case histories I discuss below, the clinicians influenced by queer theory seem to do just this. Both Edelman and Restuccia elide the specificity of female homosexuality. This can be read as their intervention on the signifier "homosexual", giving weight to a definition that subsumes the category based on same sex desire to a category of all non-heteronormative sexual desire: queer desire. But, curiously, their work can be seen to reproduce the views of those psychoanalysts who departed from Freudian theory through an erasure of the radical differences in the psychic development of men and women.

Summary

Through a reading of queer texts this section has documented queer theory's engagement with psychoanalysis, suggesting two particular strands to that engagement. Further, I have sought to demonstrate the paradoxical relationship of this engagement with Foucault, noting also that queer theory — like psychoanalytic theory — cannot be examined without reference to the political and social context in which it emerged. While noting a degree of congruence within the two strands identified — a congruence characterised by an elision of the specificities of diverse female homosexualities — it is acknowledged that this is not always the case. De Lauretis exemplifies the exception. The chapter has suggested a

further congruence between the two strands: the consequences to the psychoanalytic clinic of female homosexuality. This consequence, it has been suggested, arises as a result of the various formulations of “queer”: as other or, as Edelman positions it, as the site of the “sinthome” or as on the side of the death drive. And it arises as a result of a conceptualisation of subjectivity that in Butler’s case fails to give weight to the unconscious, and in De Lauretis’ case posits a pre-oedipal desire, understanding lesbian desire as structured by disavowal. Paradoxically, it has been argued that queer theory has failed to re-establish the psychoanalytic project as a clinically radical one, paralleling instead some contemporary developments in psychoanalysis that give emphasis to the social-cultural-experiential, with a consequent de-emphasising of sex and unconscious processes. The consequences of this will be elaborated in the next section. I will discuss clinical case histories post-queer through an exploration of contemporary psy-practitioners, who, while giving emphasis to the diversity and individuality of each patient in a socio-political climate of equality, have a political aim of “normalizing” homosexuality, turn their attention away from the specificity of female homosexuality, and situate the female homosexual as heterogeneous with heterosexuality. The section will further consider the renewed interest and acknowledgement of masculinity in women, which can be seen in the reconsideration of the “butch” by psychoanalytically informed commentators and practitioners. Further, it will offer an analysis of a clinical case history as an exemplary of the clinical consequences of psychoanalysis’ engagement with queer theory. The case history will illustrate changing notions of the psychoanalytic treatment in relation to both, the symptom and the aim of the cure.

Section 2: Clinical Case Histories Post-Queer

Psychoanalysis does not exist in a vacuum, and although queer and other commentators disagree whether it is a discourse in the service of the dominant socio-cultural politic or a means of resistance, clinical commentaries reflect psychoanalysis’ changing concerns. The psychoanalytic clinic of female (homo)sexuality of the 1920s-30s relied on notions of masculinity in the conceptualisation of female homosexuality that reflected and were reflected in the politics, literature of homosexuality and social attitudes of the day. In the latter part of the 20th century a shift in attitudes towards homosexuality can be identified, partly associated with liberationist political struggles, particularly in the northern world. This shift can be seen in the published clinical psychoanalytic material that illustrates

changing notions of the psychoanalytic treatment in relation to both, the symptom and the aim of the cure. Furthermore, whether overtly or not, the liberalization of attitudes towards homosexuality created a climate in which psychoanalytic training institutions relaxed their rules, which had previously excluded homosexuals from training. And it was within this climate of liberalization that queer theory emerged as a critique to “equality politics”. In this chapter I investigate the impact of queer theory on the psychoanalytic clinic through the engagement between psychoanalysis and queer theorists, demonstrating that, despite these changed conditions, there is still a conformity to the earlier debate of the 1920s and 30s.

Liberalisation of attitudes to homosexuality is partial rather than uniform across class, cultural and other differentials. This lack of uniformity is also reflected within psychoanalytic theory and practice. Those psy-practitioners who attempted to challenge the prevailing view of (female) homosexuality within psychoanalyses were subject to abuse, and their papers excluded from professional journals⁸³. Within some currents of psychoanalysis since its inception, the conceptualisation of (female) homosexuality as pathology and heterosexuality as the outcome of a successful negotiation of psychic processes or psychoanalytic treatment is not only well documented in the clinical literature but can also be evidenced in the popular view of psychoanalysis. Many commentators argue that this has led to many homosexuals excluding themselves from treatment, although this is obviously difficult to evidence. Some evidence, nevertheless, is available of the exclusion of homosexuals from the training institutions of psychoanalysis. Along with the accounts from psy-practitioners⁸⁴ who opposed the pathologisation⁸⁵ of homosexuality, Ellis (1994) reported that the psychoanalytic schools, which she had approached to research the attitudes in the UK to the training of homosexuals, had failed to respond to her enquiries. This led her to conclude that the anti-homosexual bias could not be publicly disclosed in a social and political climate that valued equality.

As discussed above, commentators disagree on the date of the emergence of the notion of “queer” and the extent of its influence. Nevertheless, this section will suggest that, since the late 1980s, its effects can be discerned in the published clinical work of

⁸³ See for example Friedman’s account (2006).

⁸⁴ E.g. Lewes, K. (1988), Isay, R. (1996) and O’Connor, N & Ryan, J. (1993).

⁸⁵ The term “pathology” originates from the Greek term “pathos”, meaning suffering. I have reservations about its contemporary denigratory meaning of “sick” or “diseased”.

psychoanalytically informed clinicians and will propose two contradictory effects. On the one hand, a greater interest in the topic of female homosexuality can be detected that counters what is deemed to be the prevailing pathologising view of psychoanalytic thinking about female homosexuals — now more frequently referred to as “lesbians”. Published case material gives less emphasis to sex and object choice, leading to ideas about new symptoms and new notions of the aim and nature of psychoanalytic work. On the other hand, contradictorily and paradoxically, within published clinical material there is evidence that female homosexuality is marginalized, and, by comparison with the work of the contemporaries of Freud, the patients’ object choices and unconscious fantasies discussed are given less attention. Nonetheless, while in some published work it is made less than explicit, the “unconscious rule” re-emerges with the notion of “butch”.

Unsurprisingly, not all psychoanalysts engage with queer theory but continue to analyse cases of female homosexuality with reference to Freud’s formulations of the 1920s-30s, as well as to contemporary and later revisions.

Writing in 1997, Catalina Bronstein is one such analyst. Her analysis of Rachel’s homosexuality concludes that it is a ““solution”” (Bronstein 1997, p.91) to her hatred of her mother’s heterosexuality and to Rachel’s inability to have what would satisfy her mother. Bronstein use of the word “solution”, situated within inverted commas, is very interesting. On the one hand, it this seems to indicate a Freudian conceptualization of Oedipus in which there are many possible outcomes of subject position and object choice. On the other, the inverted commas suggest that it is not at all a solution — her use of punctuation calling into question the commonly understood meaning of the word, which seems to imply that for Bronstein female homosexuality is an inappropriate response to an Oedipal wish to satisfy the mother.

Rachel was 17 years old when she began the treatment. Since the age of 12 she had made six suicide attempts. At the age of 5 she had deliberately cut herself and had experienced visions. Her parents were ‘immigrants’ (ibid., p.78), which leads her analyst to conclude that there was a ‘culture clash’ between her and her parents (ibid., p.87). Her father was violent towards her mother, Rachel and her two brothers. From the age of 7 until she was 11 she was sexually abused by a male relative. There was a history of mental illness in the

extended family, and both parents had ‘close relatives who had committed suicide’ (ibid., p.78).

Bronstein’s analysis is informed by Kleinian theory, according to which the mother and her breast are a combined object — including the penis of the father — which is the source of all good and bad things. The child attaches to the mother’s body both out of frustration and in order to obtain its contents (milk and penis). In *Notes on Some Schizoid Mechanisms*, Klein (1946) describes the mechanisms of projection and introjection, and how the child fears a retaliation from the mother because of its sadistic attacks on her. Citing Spillius, Bronstein argues that girls have a lasting fear of damage to the inside of their bodies and that this is the ‘counterpart of castration anxiety of boys’ (ibid., p.88). In order to achieve a ‘successful working through of the Oedipus complex’ (ibid., p.88), the mother needs to be able to accept the baby’s projections, and make them tolerable for the infant so that it can re-introject them.

Bronstein’s analysis of Rachel takes account of ‘the girl’s envy of the mother’s capacity to produce babies with the father’ (ibid.) and the violence to which her mother was subjected. Thus, for Rachel, a woman is someone ‘who would masochistically submit... to a man’ (ibid.). ‘To be a woman was felt by Rachel to occupy a denigrating position, to be unlovable’ (ibid.). Rachel hated and despised her body. Not surprisingly, Rachel’s relationships with her lovers were not perceived as satisfactory because they broke down. This is explained by Bronstein as occurring when the beloved is experienced ‘as containing the “need” [note the inverted commas, again] which she so much hated within herself’ (ibid., p.91). The “need”, called into question by Bronstein’s punctuation, is the need to believe that she had what her mother desired. Thus, while the analysis of Rachel relies on a Kleinian conceptualization of an early Oedipus that gives emphasis to infantile phantasy and the mechanisms of introjection and projection, unlike many analyses from this perspective, Bronstein’s is less interested in the deprivations of weaning and the envy induced by the birth of a younger sibling⁸⁶. Rather, her analysis gives emphasis to infantile sexuality, and the wish to have a penis/phallus with which the mother can be satisfied.

⁸⁶ Rachel’s younger brother was born when she was thirteen months old.

Bronstein also makes reference to the mechanism of disavowal, which, as we have seen, is associated by Freud with both perversion and psychosis. But where Freud is explicit that disavowal is disavowal of castration — and specifically the mother’s castration — in Bronstein’s analysis of Rachel what is disavowed is gender. And since in her paper there is no definition of the notion of “gender”, this is a difficult term to interpret in the context of her piece. Arguably, Bronstein could be referring to a definition of feminine as “that which lacks the penis” — this “lack” being what is disavowed. But unlike Freud, Brunswick or later analysts such as Stoller — who “invented” disorders of gender — she provides no evidence of a conscious or unconscious belief or fantasy of the possession of the male organ. Consequently, the reader may be inclined to interpret Rachel’s disavowal of her gender as disavowal of all aspects — social, political and psychic — of femininity. Thus, while not explicitly stated, she is conceptualized as masculine.

The “unconscious rule”, the association of female homosexuality with masculinity, is less obviously evident in this case history. There are no masculine signifiers used to describe Rachel’s appearance, demeanour, behaviour or activities. Nevertheless, the analysis is based on the notion that femininity is heterosexual and to be a homosexual woman is the result of wanting to be a man. What constitutes Rachel’s homosexuality is her failure to identify with her mother — her mother’s heterosexual femininity — and her longing to have that which is masculine — the penis that satisfies the mother.

Bronstein sets out a series of masculine identifications. Like Freud’s homosexual girl, Rachel’s first identification was with her brother, whose masculinity is emphasized by the use of tautology — Bronstein describes him as her ‘male brother’ (ibid). During her childhood, Rachel believed that she and her brother were twins. In adolescence she identified with a pop star — in the case history, a thinly disguised Freddy Mercury of the band “Queen” — whom Rachel described as her obsession. Rachel fantasized that she was the object of his love, positioning him either as lover or as father. At times she would be in a “delusional state”, during which she would either become him or be abandoned by him. And there was, also, an identification with a homosexual male teacher. All these identifications were the creation of a ‘male Double’ (ibid. p.90), who functioned to preserve her sense of goodness and to protect her from a destructive mother-daughter relationship — ‘(her real feminine double)’ (ibid.). Bronstein terms these masculine identifications ‘a change of identity’ (ibid., p.77) that functioned not only to preserve and

protect, but also as Rachel's 'symbolic killing of herself' (ibid.). Thus, unlike Freud's young homosexual woman (1920) who turned into a man, Rachel's change of identity is her annihilation. There is no possibility of being a man, here. Rather, Rachel is either a woman or dead.

Indeed, it is through this symbolic suicide that the cure is effected. In the course of the work, Rachel reported how unhappy she was with her name and surname, which she had not chosen for herself. She was unhappy with her appearance and, not uncommonly for 17 year old, wanted a different body, face and hair. Then came a series of dreams, in which she dreamt that she was becoming someone else. Bronstein interprets these as denial of the parental intercourse. The analysis concluded when Rachel 'decided ... to give birth to herself by changing her name and surname' (ibid., p. 87)), Bronstein reports, when she 'triumphantly stated she no longer needed me' (ibid.).

This tantalizing conclusion to the work leaves the reader not knowing who Rachel gave birth to: a lesbian, a heterosexual man, a homosexual man? There is no suggestion that Rachel is reborn as feminine and heterosexual.

An increase of publications of case material on female homosexuality can be detected since the late 1980s. Much of these case studies come from a clinic informed by a feminism that is increasingly ascendant in the Anglo-American schools, by the influence of post-modernism and queer theory, and by the shift from classical drive theory to more inter-subjective and relational approaches. As Lewes (2001) comments, there is 'a general de-emphasis on sex as a motivation and defining characteristic of lesbians' (ibid., p.136), generated by an attempt to challenge psychoanalytic theory and practice, which has been considered denigratory to female homosexuals. Cziffra (2006) has commented on the 'widespread disavowal of (psycho)sexuality in the British psychoanalytic world in general ... There seems to be in England a generalised anxiety around the sexual, so that it has become almost taboo' (ibid., p.39). O'Connor and Ryan (1993) acknowledge the anxieties that surround any elaboration of sexuality, and particularly the anxiety associated with homosexuality and the specifics of the erotics of lesbian sexuality. Nevertheless, female homosexuality has provided a vehicle to challenge some prevailing notions within psychoanalysis — that is, within its theories, practices and institutions. But while

psychoanalysis is much changed since its inception, the female homosexual remains the site of some agreement, informed by the “unconscious rule”.

In her attempt to incorporate queer theory’s critique of notions of gender into her clinical practice, Lynne Layton (2004), an American relational psychoanalyst, has argued that when academics refer to psychoanalysis, they refer entirely to Freud and Lacan and are dismissive of object relations theory. Some commentators from the relational psychoanalytic school (e.g. Eeva-Jallas, 2002) critique queer theory and its engagement with psychoanalysis on the same basis. They argue that queer theory’s engagement with psychoanalysis takes no account of psychoanalytic schools, other than the Freudian and Lacanian. Other clinicians of the relational school (Magee & Miller, 1997) focus their critique of psychoanalytic conceptualisations of female homosexuality on object relations theories, taking no account of other post-Freudian developments.

New Notions of Symptom and Cure

In 2004 Layton, a relational psychoanalyst, published a book which addressed the impact of ‘post-modern gender theory’⁸⁷ on clinical practice. In his forward to this, Jack Drescher (2004) claims that ‘Freud’s notions of masculinity and femininity are no longer ours’ (ibid., p.ix). Citing a judge’s attempt at defining pornography, he writes that ‘many analysts seem to hold similar views about masculinity and femininity: they know it when they hear about it’ (ibid.). Thus, he prepares us for an elucidation of psychoanalytic work that rejects Freud’s formulations and the investigation of the psychic genesis of sexual difference. Indeed, Layton characterizes her approach to clinical work as one in which psychoanalysis is understood as being one among ‘many Western discourses that produce identity’ (Layton 2004, p.12), and wants ‘the therapy relationship to make new versions of subjectivity and intersubjectivity possible’ (ibid., p.19). It is an approach that gives emphasis to what is claimed to be lacking in other psychoanalytic approaches — that is, the idea that ‘developmental traumas also arise from the abuses of racist, sexist, heterosexist culture’ (ibid., p.138) — an approach that is less concerned with the unconscious, unconscious mechanisms and fantasy. And in her clinical accounts there is no reference to transference.

⁸⁷ Layton, L. (2004).

Sadly, and in keeping with the contemporary practice only briefly reported, her clinical case history reflects her approach as outlined above, as well as her concern with the ‘cultural categories ... masculine and feminine’ (ibid., p.20), which are ‘oppressive because they impose unity on heterogeneity’ (ibid., p.21). The case history is that of a woman, Sheila, who ‘consciously chose a masculine identity’ (ibid., p.127) and ‘had not felt feminine at all until her first lesbian relationship’ (ibid.), when she had ‘identified femininity as a marshmallow aspect of her self’ (ibid.). The patient experienced herself as ‘rigidly gendered’ (ibid., p.128), thus her demand in therapy was ‘to integrate her “masculine” and “feminine” selves’ (ibid.). Her rigid gender identity had resulted from having been sexually abused in childhood by many different people. This had led her to categorize femininity as ‘dangerous and dirty, though longed for and alluring’ (ibid.), whereas masculinity was ‘sadistic, ugly and violent’ but ‘made her feel safe, smart, invulnerable’ (ibid., p.129). Thus, ‘Sheila’s problem lies not in missing masculine and feminine identifications but in the rigidity with which each is encoded’ (ibid.).

Layton’s aims in the work include the deconstruction of the ‘rigid masculine/feminine dichotomy’ (ibid., p.132) and the creation of an ‘atmosphere that erodes shame so that fragments of self become available and less reified’ (ibid.). This is a curious case history, perhaps, partly because its brevity raises many questions. Here, however, I want to draw attention only to four aspects of the case. Firstly, as far as reported, the patient’s homosexuality is not an area for inquiry in the treatment. This raises the questions of how it was that she felt her femininity at the time of her first sexual relationship with a woman and how this may be conceptualized within the relational psychoanalytic model. Secondly, Layton does not address the distinction between symptom and diagnosis. Nevertheless, there is the introduction of what she refers to as a “problem” — a “problem” that differs from the symptoms and diagnosis in other schools of psychoanalysis. Thirdly, there is the notion of shame, a predominant feature in the published clinical case histories post-queer. However, unlike Layton’s analytic predecessors, Sheila’s relationship with a woman is now termed “lesbian” rather than “homosexual”, although, like her analytic predecessors, there is still a masculine identification. Fourthly, Layton attends to her patient’s association to the signifier “masculine”, but in contrast to many analysts she makes no comment on the manifestation of the masculine identification. Perhaps this can be explained by Drescher’s claim that analysts know what masculinity is when they hear it, and, thus, it is self-evident.

Gair (1995) provides three brief clinical vignettes that offer no psychoanalysis of her patients' homosexuality. The article, instead, focuses on the 'interrelationship between societal stigma and the development of shame' (ibid., p.107) and its effects. While distinguishing between conscious and unconscious shame, Gair's understanding of her patients' suffering is that it is entirely the result of what she describes as 'taboos against a same-sex relationship' (ibid., p.115), by which she means a negative response from "society" and parents. Shame, she claims, is internalized by everyone within an 'oppressed group' (ibid., p.107) and within a 'hidden group' (ibid., p.109), terms that remain undefined. While oppression and shame may well be undesirable to some, this is a theory that logically results in a new aim for analysis: "coming out". Gair defines "coming out" as a 'lifetime process which can gradually reduce feelings of shame. Self-hatred can be transformed through the awareness, acknowledgement, and exploration of sham that exists during the coming-out process' (ibid., pp.116-7). This of course may well be so, but it is not psychoanalysis — at least, not as it has been conceived so far. Gair advises analysts to note whether the patient is wearing a t-shirt that expresses and alliance with a group that is not a lesbian group (e.g. a sports club), since this would indicate denial. She argues that affiliation to a group that is not specifically for lesbians demonstrates that the "client" is isolated. Thus, 'through the therapist's understanding eyes, the client can start to own those aspects of herself which have been ignored, rejected and contemptuously viewed' (ibid., p.122).

O'Connor and Ryan (1993) published eight clinical vignettes to counter prevailing notions of female homosexuality in psychoanalysis. Like Stoller, they argue that female homosexuality is not a diagnostic category and that in the clinic the lesbian will present with a variety of symptoms and diagnoses. Their critique focuses primarily on the Anglo-American tradition, with a brief elaboration of Irigaray and Lacan — particular his early work. Their work is informed by Foucault, phenomenology and post-modernism, and offers a critical account of psychoanalytic conceptualisations of "lesbianism" and 'the site of some of the worst excesses of psychoanalysis' (ibid., p.14). The cases illustrate the authors' critique of a psychoanalysis that is dominated by 'developmental concerns, imperialistically universalised' (ibid., p.16), and/or that posits 'universal psychic structures' (ibid., p.17), and in which there is a 'regressive use of the biological and the causal'. This, they argue, is a 'perversion [of] psychoanalytic ... values... [which are] a... dedication to individual difference and uniqueness' (ibid., pp.13-14). Although it does not

privilege the intersubjective and relational, their work is motivated by a desire to call into question the heteronormative underpinnings of published accounts and to identify the changes necessary in psychoanalysis' theoretical stance, in order to change its conceptualisation of female homosexuality. Their examples, however, are located in the Anglo-American traditions, and so give weight to identification and counter-transference. Nevertheless, unlike those of their American counterparts, the theoretical underpinnings of their phenomenological stance privilege their patients' accounts, and there is also some analysis of their patients' speech. Here, like in the American cases, the social and cultural conditions and their relation to the patients' suffering are given consideration. But although the majority of the vignettes are used to counter the theorists cited, the analysis remains within the psychoanalytic field.

O'Connor and Ryan (*ibid.*) are critical of theory that attributes masculinity to homosexual women. However, in their account, the term "masculinity" is used inconsistently and problematically. Five clinical vignettes are given to explore the notion of "gender-identity difficulties"; yet, at the same time, there is an acknowledgement that neither "gender" nor "identity" are psychoanalytic notions, and, thus, these can only be analysed within a different framework. For example: 'K felt she could be neither a woman nor a man, neither masculine nor feminine' (*ibid.*, p.127). The account of K's history and of her response to the treatment is too brief to conclude a diagnosis; nevertheless, in the Latin tradition, this is an account that would suggest hysteria. Her indecision as to whether she was a man or a woman is indicative of the hysteric's question⁸⁸. The authors describe her difficulties as a matter of 'indecision' (*ibid.*, p.126), an indecision that is conscious. K is quoted as repeatedly feeling that she 'couldn't decide to be a woman — it's too difficult a decision, too decisive' (*ibid.*, p.125) — whilst at the same time seeing 'herself as male or masculine' (*ibid.*). Their conclusion is that K. was unable to be either a man or a woman, and that her references to herself as being male/masculine signified 'what she felt she could not be — a person of a specific kind, a woman' (*ibid.*, pp.126-7). The aim of the work was for K. to identify with her masculinity, to allow herself to feel that there was a greater possibility of 'being a woman' (*ibid.*, p.127). O'Connor and Ryan cite the case to counter the conclusions reached by Joyce McDougall (1989) However, although in many respects this analysis is different, the resolution is still one in which the patient is reconciled to a

⁸⁸ In Seminar III Lacan characterises the hysteric's question as 'What is a woman?' (1955-6, pp.170-5).

perceived biological sex. In this case, masculinity stands for what the patient could not have; thus, here, surely it could be read as a metaphor for the Freudian envied penis. In such a reading, while not being an anatomical lack, a masculinity that is ‘indirectly’ associated with ‘the more benign aspects of her ... father’ (ibid.) would have the function of the penis in “penis envy”. And, in such a reading, K. would exemplify the Freudian female homosexual.

Laplanche and Pontalis (1988) summarise the mechanism of penis envy as follows: ‘(a) resentment towards the mother who has failed to provide the daughter with a penis. (b) depreciation of the mother, who now appears as castrated’ (ibid., p.303). K’s relation with her mother is only briefly described, but there is an indication that she saw her mother as never wanting to fit into her ‘host country’ (O’Connor and Ryan 1993, p.125). K’s parents, unlike herself, were refugees. She also saw her mother as providing her with ‘unfashionable clothes and conveying a minimal, depressed and despised sense of femininity’ (ibid.). This brief description of K’s attitude to her mother could be interpreted as one of resentment and depreciation. Let us now return to Laplanche and Pontalis: ‘(c) renunciation of phallic activity (clitoral masturbation) as passivity takes over’ (1988, p.303). K’s sexual activity is not described in the case history, except to say that ‘any kind of engaged sexuality was impossible’ (O’Connor and Ryan 1993, p.126). In the Freudian account as summarised by Laplanche and Pontalis (1973), femininity is achieved when the wish for the penis is replaced by the wish for a baby in a ‘symbolic equivalence’ (Laplanche & Pontalis, ibid., p.303; Freud 1925, p.257). K’s case ends with the idea that her masculine attributes are real, and that masculinity and her father are something with which she could positively identify. But in the Freudian account femininity cannot be achieved without the turn from the father.

The majority of O’Connor and Ryan’s case histories exemplify the switch in psychoanalytic theory from a conceptualisation of female homosexuality that is associated with masculine identification, to a notion of gender identity disorder (Magee & Miller 1996, p.68). Whilst five of the cases cited by these authors illustrate difficulties with gender identity, they acknowledge that not all lesbians have difficulties with this and make a distinction in this sense. Thus, their text allows for the possibility that there is not always a relationship between “gender-identity” (their hyphenation) and lesbian sexuality, and it is particularly remarkable, therefore, that so much of their material *is* about such a difficulty.

Nevertheless, unlike Stoller, these authors do not subscribe to the notion of a primary femininity. Instead, their work emphasises ‘the diversity of lesbian sexualities and histories ... and an interest in a theory which does not rely on over-arching and universal metapsychological concepts’ (O’Connor and Ryan, *ibid.*, p.15).

Recent engagement between the Anglo-American schools, feminism and queer theory, has led to a re-reading of female homosexuality — a reading that now terms “female homosexuality” as “lesbianism”, that no longer equates it with masculinity, but that at the same time constructs a ‘lesbian masculinity’ (Eeva-Jalas, 2002) which is equivalent to “butch”. Within the lesbian communities of the north, the question of *what* is “butch” — and, probably more importantly, *who is really* “butch” — has been at issue for some years. The term refers to a ‘twentieth century self-representation of lesbian masculinity’ (Phelan 1998, p.91), and, according to Eeva-Jalas (2002, p.84), has its historical roots in sexological writings on inversion. While feminism of the late twentieth century condemned both the term and the particular practices of “butch” as carrying a connotation of “male-identified”, the advent of gay, lesbian and queer theories has led to a re-consideration of masculinity in relation to female homosexuality. Rubin (1997) has defined “butch” ‘as a category of lesbian gender which is constituted through the deployment and manipulation of masculine gender codes and symbols’ (*ibid.*, p.467). She holds that this is a way of coding identities and behaviours which are ‘both connected to and distinct from standard societal roles for men and women’ (*ibid.*). This is a notion of a third, but diverse, gender — which is consistent with the sexologists’ own positing of a third gender: that of “invert”. Prosser (1998) argues that there was a discursive shift from inversion — equated with transgender/transsexual — to homosexuality, which occurred simultaneously with a shift from sexology to psychoanalysis and resulted in a massive discursive loss of transgendered narrative (*ibid.*, p.151). Logically, entailed by the articulation of a specificity of “butch”, there is another concerning those lesbians who “are not”. This creates another binary: namely, “butch-femme”. Consequently, “lesbian” is clearly no longer a unitary category. The notion that a masculine woman, or more so a “butch” calls into question — the binary gender system — has led to a consideration of the manifestation of the “butch” within the clinic.

In a discussion addressing ‘whether butch/femme occupies a unique place outside the ideology of gender’ (Schwartz 1998, p.48), Schwartz offers three brief clinical anecdotes

about the problems that ‘many lesbians have’ in choosing and wearing shoes (ibid., p.51). Cleverly, she makes use of a play on words to introduce the idea that none of her patients ‘wanted to be a woman’s shoes. It was not a place of agency for them.’ (ibid., p.52). While not defining as “butch” any of the patients described in these clinical anecdotes, she is concerned with “masculine lesbians” and their espousal of the masculine through the wearing of shoes ‘bought in the men’s department’(ibid.).

Schwartz (ibid.) draws a parallel between “coming out” — a euphemism to describe a process which ensures that the individual’s homosexuality is known — and the ‘shedding of False Self’ (ibid., p.165), a Winnicottian notion by which she defines the aim of analysis. The experience of the analysand is conceptualised as a ‘coming out to themselves in treatment’ (ibid.), since their ‘True Selves are hidden and protected in a swath of shameful lesbian sexuality’ (ibid). Further, in a surprising departure from both Freud and Winnicott, the aim of analysis is described as a ‘reclaiming and redefining of their gender within the context of their subjectivity. Their womanhood is no longer inimical to agency’ (ibid). Schwartz’s “butch” patient — Zoe — suffered from ‘an admittedly intense homophobia and envy of heterosexual privilege’ (ibid., p.166). But homophobia was not the only symptom. She also suffered from a longstanding hypochondria — manifested in a fear of dying of AIDS — and a compulsive attention to her own voice, which did not sound ‘like the real me’ (ibid.). Further, incidentally following a theme present throughout Schwartz’s work, ‘when she entered treatment she had no idea what size ... shoes she wore’ (ibid.).

In a critique of the hetero/homosexual binary, Maguire (2004) elaborates the notion of bi-sexuality as a ‘sexual identity’ (ibid., p.196). She describes her work with a lesbian, whose early identifications with aspects of her parents — her father had affairs, her mother was the object of rivalry — had led to a re-enactment of family patterns and to problems in her love relations. Her analysis — which gives emphasis to aspects in the early object relations that result in identifications, rather than to identifications with sexed objects (e.g. mother, father) — concludes that her patient is really a bi-sexual who has made a choice to be a lesbian. Despite this departure from classical theories, her commentary on the clinical material demonstrates, again, familiar concerns: the relative masculine or feminine appearance, the character traits of her patient and the postulation of a ‘real lesbian’ (ibid., p.204). The proposition that bi-sexuality is an identity category has obvious resonance with

the discourse of the proponents of anti-discriminatory politics, who argued for social equality for lesbians, gay men, bi-sexuals and, later, transsexuals. This is equally true of the aim of her treatment, which is not to alter her patient's 'sexual orientation' (ibid., p.208) but to reduce the negative identifications — defined as the identification with the father's propensity to have sexual relationships with women other than his wife. It is a treatment that privileges monogamous and stable sexual relations, a privileging that has been challenged by queer theorists.

Janet and Dana

Caroline Stack's (1995) clinical case histories are illustrative of the consequences of queer theory for the psychoanalytic clinic. In the biographical details provided by the editors Stack describes herself as a psychologist; the text, however, makes it clear that she is speaking as a 'psychoanalytic psychotherapist' (ibid., p.336). The author does not directly refer to queer theory. Nevertheless, her paper is concerned with the problematics that arise from the 'gradual filtering' of 'post-modern and social constructionist concepts of gender ... into psychoanalytic theory' (ibid., p.327), and makes references to Foucault, Rubin and Butler.

Stack is particularly drawn to the relational school, which, she claims, is a notable exception in its utilization of post-modern ideas 'to challenge traditional concepts of self, to revise our understanding of the analytic dyad, and to deconstruct psychoanalytic notions of gender' (ibid., p.328). She reads Freud as a biologist: 'gender identity is viewed as the natural outcome of biological sex, and the oedipal complex is understood as a biological assurance of a procreative heterosexuality' (ibid., p.331). And she reads Lacan as a cultural constructivist — 'Lacan's reading of Freud ... tells a story of how sexuality and gender are culturally constructed out of an infantile bisexuality' (ibid., p.332) — citing unreferenced feminist readings of Lacan: '[the] child's recognition of genital difference... marks the beginning of the oedipal complex ... as the child's socially determined entry into a patriarchal system' (ibid., p.332).

Stack claims to be influenced by Winnicott's notion of the self — that is, Winnicott as claimed by the relationists, for whom the human subject comes into being through relationship with others. However, drawing on Rubin's argument that sex and gender are

separate social phenomena, she holds that the development of a self is a separate psychosocial process, distinct from sex/gender systems. It is, then, a “psychosocial” process and not a “psychosexual” process. Her notion of the self refers to ‘the enduring quality of self-recognition that forms when primary caretakers provide the developing infant with a safe enough and loving holding environment’ (ibid., p.335). She talks about the ‘child’s internalization of the caretaking dialogue’ (ibid.). And ‘sexual and gender identities are conscious and unconscious choices that have political and emotional specificity and purpose’ (ibid.), and ‘are subject to change’ (ibid.). Her central premise is that questions and difficulties about sexual identity may be indicative of problems in relation to a sense of self.

Stack’s patient, Janet, came to therapy because she could not decide whether she was a lesbian. Her question mirrored a more extensive problem with making decisions, a problem that was the result of her particular family background. She had been unable to develop a sense of self that could tolerate contradictions and ambiguity. In keeping with the genre of the clinical case study, Stack comments on her patient’s style of dress. Not surprisingly, Janet’s clothes are seen as ‘androgynous’ (ibid., p.327) and neither ‘masculine or feminine’ (ibid.). Stack’s aim in the therapy was to foster ‘a sense of personal existence ... that was resilient enough to ... celebrate intrapsychic uncertainty’ (ibid., p.338), and to allow Janet ‘the greatest possible flexibility’ (ibid.). Her privileging of uncertainty and flexibility chimes with queer theory’s aim to transgress and transcend the sexual binary. Janet’s reported suffering centred on the choice of sexual partner; but, informed by queer theory, her therapist seeks to maintain her indecision so that she can ‘move across a wide range of sexual and gender identifications’ (ibid., p.340). Despite this aim of the therapeutic work, Janet does choose a partner — a man, albeit a ‘feminine man’ (ibid., p.327). This comes as no surprise to the reader who is alert to the “unconscious rule” of the discourse, since Stack already provided a clue for this outcome. If Janet had been a lesbian, her clothes would have been ‘stereotypically masculine’ (ibid.) rather than androgynous, and her masculinity would have been apparent to her therapist in some way.

Stack elaborates her post-queer model of psychoanalytic treatment with her case history of Dana, who, like Janet, is described as an ‘unconventional lesbian’ (ibid., p.341). Dana identifies himself to his therapist as a male lesbian — arguably, an identity not available pre-queer. Dana came to therapy because other people, socially and in his work place, did

not accept him as a lesbian. While this is a very brief clinical case history, Stack returns to themes that were explored by Freud in *The Three Essays* (1905) and *Psychogenesis* (1920). She investigates the idea that Dana was a ‘woman trapped in a man’s body’ (Stack 1995, p.341), a notion dismissed by Freud (1905, p.142). Somewhat surprisingly for someone who avows fluid and changing sexed and gender identities, she introduces a brief discussion of a surgical cure. In 1905 Freud was alert to the reported ‘successes’ of Steinach’s surgery with male homosexuals (Freud *ibid.*, n.215, p.147), but in 1920 he discounted it for the treatment of female homosexuality. Stack’s discussion of these two themes concludes that Dana did not suffer as a result of his lesbian identification — he ‘did not present this identification as a therapeutic problem’ (Stack 1995, p.339).

The analysis of Dana’s identification was that it was ‘a reaction formation against his rage and hatred of women’ (*ibid.*), combined with his fear of ‘culturally defined’ (*ibid.*) heterosexual masculine aggression. Stack’s analysis is that, because Dana’s mother was overwhelmed by her boisterous children, Dana could not ‘imagine that anyone could withstand his childhood anger’ (*ibid.*). Thus, he was angry with both men and women, and being a lesbian provided a position from which he could both, speak of his anger towards men and mask his hatred of women.

In the course of the treatment, Dana ‘embraced a traditional masculinity with as much fervor as he had previously adopted lesbianism’ (*ibid.*, p.340). Ultimately, however — and in keeping with his therapist’s desired outcomes — ‘he developed a wonderful capacity to move across a wide range of sexual and gender identifications’ (*ibid.*). Stack does not elaborate on the meaning of this statement. Nevertheless, I read it to mean that — presumably at different times — Dana could identify as male or female, heterosexual or homosexual.

Surely the clinical case history of Dana is a logical outcome *par excellence* of the engagement of Anglo-American psychoanalysis and queer theory. In the presentation and explanation of the clinical material, there is some consistency with Freud and his contemporaries and the “unconscious rule” is given stark relief. Dana is the epitome of the masculine lesbian — indeed, he is a man; and as Stack makes clear — following the convention of the case history of female homosexuality — Dana even dresses like a man. So while in Freud’s first theory of female homosexuality the girl *changes* into a man, Dana

is a man. Stack's explanation for a lesbian identification is consistent with Freud's first theory of female homosexuality — that is, a hatred of the mother (Freud 1920, p.157), although for Freud this forms only part of the explanation. Indeed, Stack's patient hates his mother. And while both Freud and Stack see that hatred as resulting from the child's initial love of the mother, Freud terms this mechanism 'over compensation' (ibid., p.158) but Stack (1995) terms it 'reaction formation' (p.339).

Despite these similarities with Freud, Stack's elaboration of the case proposes different notions of the symptom and the cure. For Stack, rigid identifications constitute the symptom (ibid., p.340); consequentially, the cure is seen in terms of flexibility of identity and object choice. Her analysis gives weight to social, cultural and political factors and neglects the unconscious, fantasy and the Oedipus Complex, paying also scant attention to her patients' early object relations. Both case histories are only brief; nevertheless, there is no report whatsoever of the patients' speech, dreams or fantasies, nor any account of the transference. Object choice is reduced to identification and 'the necessity of claiming a marginal identity' (ibid., p.341), and so it is no longer a matter of sex. Dana is said to have a 'long-term relationship' (ibid., p.339) with a female lesbian, and Janet's 'relationship' (ibid., p.327) is described as 'an uneasy compromise' (ibid.); but Stack offers no account or analysis of their sexual relations or sexual fantasies. Dana's relationship with his mother is a significant factor in the genesis of his female homosexuality; however, there is no further elaboration of his early object relations. Janet's parental relations are not discussed. Instead, Stack proposes a model that distinguishes between self and sexual identity, claiming that these are 'shaped by a variety of cultural, familial and social factors' (ibid., p.340) and making scant reference to any psychic mechanism other than identification. Indeed, the term "identification" is not explicitly defined and is used inconsistently within the paper — sometimes referring to conscious affiliations to particular social groupings, sometimes suggesting an unconscious mechanism, and sometimes used interchangeably with the term "identity". Citing Butler, she claims that lesbian identity may be performative — stretching the notion of "performative" with a definition that includes offering an 'emotional frame' (ibid., p.336) and providing a 'sense of belonging' (ibid.).

Stack proposes a new model of psychoanalytic treatment that reflects and responds to a particular post-queer milieu, in which 'sex and gender identities ... are subject to change' (ibid., p.340). It is a model that seeks to differentiate between the political and the psychic,

between ‘cultural homophobia ... and complex psychological issues’ (ibid., p.341). But, in doing so, the specificity of feminine (homo)sexuality is marginalized, being defined as a sexual relationship between a man (Dana) and his woman lover.

Marginalisation of The Topic

Some of the clinical examples elaborated above demonstrate a concern with the suffering of lesbians, offer a challenge to psychoanalysis, and propose new directions in treatment. But they pay scant attention to the psychogenesis of their patients’ homosexuality. Paradoxically, this is a feature of clinical case histories, published post-queer that marks a significant departure from more classical approaches, and which, for their part, give so little emphasis to the sexuality of their patients.

Mills (1997) published an account of a time-limited psychoanalytic treatment with a ‘white, working class Irish woman, born in Britain and a lesbian’ (Mills 1997, p.182). Colette had entered analysis because of the difficulties she experienced bringing up her two year old daughter and with her compulsive over-eating. Mills analyses her patient’s unconscious fantasies, screen memories, transference and speech; but the emphasis is on her patient’s early object relations — particularly with her mother. There is no account of her homosexuality or of her sexual relations with her child’s father, only reported to be a Nigerian man. Indeed, it is only after the end of the analytic work that Mills came to ‘reflect on’ (ibid., p.183) her patient’s homosexuality, or as she terms it ‘her lesbian lifestyle’ (ibid.). Mills does not reference *Psychogenesis* 1920, but her reflections mirror Freud’s. She proposes that her homosexuality might have functioned to solve the problem of her mother’s jealous response to Colette’s attractiveness to men (ibid.). That is, like Freud’s patient of 1920, Colette had turned into a man in order to avoid a rivalry with her mother.

Summary

Through an examination of clinical case histories post-Freud, this chapter has set out the evidence for the operation of an “unconscious rule” that governs the discourse on female homosexuality. The chapter has shown how this “rule” has remained consistent despite the

differences that have emerged within psychoanalysis, nor has it been disrupted by the engagement between psychoanalysis and queer theory.

What do the published clinical case histories say about the engagement between psychoanalysis and queer theory? What have been the effects on the clinic of those psychoanalysts who have explicitly engaged with queer theory, and on those on whom its influence is implicit? Has that “certain promise”, tantalizingly suggested by the similarities and differences in the two discourses, been realised?

As Bronstein’s (1997) case history of Rachel demonstrates, not all psychoanalysts have been influenced by or interested in queer theory. But where queer theory has had an influence and has been deployed in clinical work, it has produced new ideas about the nature of human suffering, as well as new solutions and new notions of the cure. Nonetheless, the cases published post-queer have a particular and curious consistency with those published from quite different perspectives and at very different periods of history.

Gair (1995), Schwartz (1998) and Layton (2004) privilege the effects of societal attitudes on their patients, and give less emphasis to unconscious processes. They are less concerned with the psychogenesis of their patients’ homosexuality than with its effects. Theirs is an approach that logically leads to new solutions, such as ‘coming out’ (Gair *ibid.*, p.116) and ‘reclaiming one’s gender’ (Schwartz *ibid.*, p.165). Although these terms have a certain liberationist heroic quality, it is unclear how such clinical outcomes differ from Stoller’s. Stoller’s cure of Mrs G rested in her ability to acknowledge that was a homosexual — arguably, in her ability to “come out” — and to establish a core gender identity — arguably, to “reclaim her one gender” .

Furthermore, the case histories published post-queer demonstrate their authors’ preoccupation with masculinity, as well as a concern with masculine appearance; that is consistent with the pre-occupation of their analytic predecessors of 1920s and 30s. Despite being differently conceptualized, feminine (homo)sexuality is universally associated with masculine identification and/or masculine appearance. Thus, from vastly different approaches to psychoanalysis and from different political positions, Maguire, O’Connor and Ryan, and Schwartz all reflect on their patients’ clothes and appearance, which they all deem “masculine”. The notion of masculine identification, albeit it being a conscious

identification for Layton and Stack, provides a further element in the theorization of feminine (homo)sexuality that is consistent from the 1920s to the present day. The two elements — masculine appearance/behaviour, and conscious or unconscious masculine identification — combine to further inform the “unconscious rule” of psy-discourse, which associates feminine (homo)sexuality with masculinity.

Conclusion

This chapter has set out the shared ground between psychoanalysis and queer theory, acknowledging also the considerable differences between the two discourses. Through an elaboration of the historical, political and cultural contexts from which queer theory emerged, I have both investigated its origins and identified two specific strands of its engagement with psychoanalysis.

Butler and de Lauretis, whose work suggests new ways of thinking about psychoanalytic clinical work, exemplify the first strand. Butler’s political project to disrupt the naturalised category of gender follows Foucault and draws attention to its performative nature. Butler’s is a project that does not require a theory of the unconscious. Further, her reading of psychoanalysis is curiously consistent with those analysts who took a different view from Freud in 1920s and 30s — and indeed, with some of the analysts researched in Chapter 3 — in that she gives weight to a notion of the Oedipus complex, in which there is symmetry between boys and girls, conflating also male and female homosexuality. De Lauretis, on the other hand, proposes a new model of lesbian desire based on the specificity of the little girl. In this respect she follows Freud. But since the nature of this specificity is posited as innate knowledge of anatomy, she too aligns herself with his 1920s and 30s opponents.

The second strand is exemplified by Edelman and Restuccia. I have argued that, in different ways, they both propose an ethics which contrasts with that proposed by psychoanalysis. Yet, both take up psychoanalytic theory in a radically new way in an attempt to effect change in the symbolic order, the “status quo”.

My aim, here, has been to investigate what changes queer theory has effected on the psychoanalytic clinic of female homosexuality. Hence, this chapter has investigated those

psychoanalytic practitioners who have published clinical findings from their work with female homosexuals following the interventions of queer theory. The work of these practitioners demonstrates new conceptualisations of the symptom and the cure. Nevertheless, the “unconscious rule” that underpins psychoanalytic notions of female homosexuality persists. It is my contention that, as yet, the effects of queer theory on the clinic have not been realised.

CONCLUSION

'How very interesting.'

Sigmund Freud (1920, p.163)

Freud tells us that his young female homosexual reacts to his analysis of the psychogenesis of her homosexuality with disdain, like a ‘*grande dame*’ (Freud, *ibid.*, p.163), remaining aloof and unresponsive, and dismissing his interpretations with the comment ‘how very interesting’ (*ibid.*). Nevertheless, the report⁸⁹ of her correspondence with the American analyst Eisler would indicate that “Sidonie” retained some engagement with psychoanalysis. It will be the task of future research to investigate the nature and extent of that engagement. However, commentaries from the 1920s to the present day echo her apparent dissatisfaction with Freud’s earliest formulation of a theory of female homosexuality. In the above chapters, I have argued that Freud himself elaborated and proposed two further theories of female homosexuality, perhaps indicating his own dissatisfaction with the first one. In his 1920 analysis Freud had suggested that his patient had turned into a man. Here, however, I have also argued that his analysis of later clinical material suggests that female homosexuality can be the consequence of the psychic mechanism of disavowal, and that by 1933 he proposes yet a further explanation: that is, female homosexuality is the outcome of an identification with the phallic woman/mother. My contention has been that Freud was not dissatisfied with his analysis of the young homosexual, and that, instead, each of his theories of female homosexuality stands as his analysis of different clinical material.

From Freud’s contemporaries to those publishing case histories today, psychoanalysts have drawn on their clinical experiences and case-by-case analyses of their female homosexual patients, either to give weight to Freud’s first theory or to propose their own new conceptualizations, suggesting radically different ideas about the nature and aims of psychoanalytic treatment. I have argued that none of the analysts or critical commentators identified Freud’s later theories⁹⁰. Further, I have attempted to show that the figure of the female homosexual has been central to the history of psychoanalysis. Having investigated the two sides of the debate that took place during Freud’s lifetime on the question of what I have deemed feminine (homo)sexuality, I follow the trajectory from Abraham and Jones, which culminates in what may be termed as Anglo-American psychoanalysis. While mindful that this body of psychoanalytic thought and practice is not geographically

⁸⁹ Gherovici, P. (2007) *The Fall Into Femininity, Or What Was Sedone Acting Out?*, unpublished lecture given at The English Speaking Seminar of the Formations Cliniques du Champ Lacanien, 30th June, Paris.

⁹⁰ Notwithstanding Brunswick’s (1928) development a new formulation through her own clinical work, which informed Freud’s second theory.

contained⁹¹, it seemed pertinent nevertheless to investigate it, since queer theory and queer activism first emerged in the USA. Thus, I have investigated the impact of queer theory on the clinic of female homosexuality, showing how its own explanations about sex, sexed subjectivity and sexual practices are not based on anatomical and biological differences or psychic processes. And I have argued that, despite its promise and explanations, queer theory, like psychoanalysis, operates an “unconscious rule” that elides the specificity of female homosexuality, associating it with masculinity. Further, I have shown that this “unconscious rule” operates across psychoanalysis in all its different manifestations, rather than being exclusively a feature of the Anglo-American school. The persistence of this “rule” is very interesting, indeed.

My investigation of the selected published case histories from 1920 to 2004 has led me to conclude that the association between feminine (homo)sexuality and masculinity has remained consistent, despite the different conceptualisations of psychoanalytic theory and clinical practice over time, and the engagement between queer theory and psychoanalysis has had effects on the clinic but not on the “unconscious rule”. My research raises two important questions. Firstly, what are the limitations and strengths of a “case by case” approach, the methodology of psychoanalysis? Secondly, what is the effect of the “unconscious rule”? These are difficult questions; thus, here, I raise them only to indicate the potential direction of future research.

“Case-by-Case”: Psychoanalysis’ Methodology

As I have emphasized in this thesis, psychoanalysis is primarily a clinical practice. Its theorizations and conclusions about human subjectivity arise from an analysis of the suffering of individual patients, in a particular setting that privileges speech as a means of access that which is unknown to that patient: the unconscious. I have attempted to show that psychoanalysis is not a single coherent body of knowledge. Nevertheless, across all the different schools, its knowledge is gleaned through the impossible practice of free association and by way of the analysis of the transferences between the patient and the analyst. The knowledge that emerges from this particular and peculiar clinical setting and

⁹¹ Anglo-American psychoanalysis is a term that refers to a number of distinct schools of thought practiced not only in the UK and USA.

practice is transmitted by way of publication and dissemination of individual clinical case histories. This methodology has remained consistent since Freud up to the present day.

In chapter 2 I have discussed the problematics of the clinical case history as the means of the transmission of knowledge. Put briefly, a case history is the imperfect record of a private conversation, a peculiar conversation that aims at the disruption of a narrative to reveal a misrecognition at the basis of the formation of identity. Every human subject finds an individual and particular answer to the problem of being human: that is, the impossibility of the satisfaction of infantile desire as formulated by the theory of the Oedipus complex; or, put otherwise, the impossibility of having “it” — however “it” may be conceptualized by either the analyst or the analysand. As the case histories discussed illustrate, this answer relies on those unique identifications, symptoms, introjections, repressions and disavowals taken up by each human subject. And, as a human subject, the analyst too has resolved the problem through these same processes and mechanisms.

The uniqueness of each human subject and of the conversation that takes place in the analytic setting is precisely what constitutes both the strengths and limitations of psychoanalytic research. My analysis of the selected published clinical case histories has shown that there is not a single theory of feminine homosexuality. Different analyses of different women sometimes confirm previous published findings, but others come to radically different conclusions. As discussed in chapters 3 and 4, the analysts’ findings reflect the social and historical milieu in which the analyses took place; and as shown by my commentary on the debate of the 1920s and 30s, they also reflect the analysts’ own transferences, loyalties and oppositions to psychoanalytic theories and the figures associated with them. Further, the biography of Freud’s 1920 patient illustrates how the analysis, the clinical work, is thought about and remembered differently by the patient. The uniqueness and particularity of each clinical analysis present a difficulty for the researcher. That is, it was possible to analyse the material with reference to the underlying conceptualizations of female homosexuality, identifying not only the common thread — “the unconscious rule” that ran through all the selected cases — but also the different theoretical underpinnings of the analyses. But the specificity of each case, combined with the fact that its data was derived from a clinical treatment, presented a limitation. Despite

Freud's assertion in 1920⁹² and despite attempts by later analysts — for example Stoller, discussed in chapter 3 — it is impossible to fully document a psychoanalytic treatment. For a reader situated outside the clinical setting there is, therefore, a limit to the extent to which the theories constructed from clinical material can be challenged. This is so precisely because the constructions formulated in the course of a treatment form the very basis of the clinical work. As Freud writes: 'If the analysis is carried out correctly, we produce in him [or her] an assured conviction of the truth of the construction' (Freud 1937, p.265). Consequently, I have not commented on the truth of such analytical constructions. Queer theory — and most notably Butler, discussed in chapter 4 — conceptualises gender identity as performative. Arguably, a psychoanalytic interpretation is a performative utterance; and, as Austen (1962, p.25) holds, a performative utterance simply performs a certain kind of action and cannot be judged to be true or false.

The strength of the case-by-case methodology, on the other hand, is that its effect is to fail to construct a single, universal, psychoanalytic theory of female homosexuality. A woman who chooses another woman as her love-object does so in an individual and unique attempt to resolve the universal problem of human subjectivity.

Effects of the "Unconscious Rule":

The association of masculinity with female homosexuality did not begin with psychoanalysis. Rather, as Foucault argued, psychoanalysis contributes to discursive forces that constructed the distinct category of homosexuality, constituting 'the forms within which individuals are able, are obliged, to recognize themselves as subjects of this sexuality' (Foucault 1985, p.4). As discussed in the first two chapters, masculinity had been associated already with female homosexuality by the sexologists, and also by those very women who desire women. As described by Foucault (1985), the invention of homosexuality presupposes a distinct category of men and woman, founded on the ascription of 'certain bodies, certain gestures, certain discourse, certain desires' (Foucault 1980, p.98); and where 'certain desires' (ibid.) are at odds with 'certain bodies' (ibid.), those 'identified and constituted as individuals' (ibid.) will have a problem. That is, how is

⁹² See Freud, S. (1920, p.147).

an individual subject⁹³ to categorise itself or be categorised? Is a woman who desires another woman a man?

As I have argued above, this indeed proved to be the basis of Freud's first theory of female homosexuality. And, indeed, in his 1920 analysis of his homosexual woman, Freud gives emphasis to the 'certain desire' (ibid.) in order to explain his patient's sexed subjectivity. This, however, was not his conclusion in all cases of female homosexuality, and my research identifies two further conceptualizations in Freud's work that do not categorise all female homosexuals as men. Nevertheless, his explanations in both theories rely on the way in which he situates the female homosexual in relation to masculinity. Thus, in the second theory the psychic mechanism deployed is that of disavowal, and the female homosexual will 'insist on being like a man' (Freud, 1925, p.253). The third theory is also based on the girl's relation to the masculine attribute: the penis/phallus. And while in the second theory her castration is disavowed, in the third theory some women's homosexuality is the consequence of an identification with the maternal phallus.

Freud's three theories were developed in the context of his inquiry into the question of sexual difference. And, as discussed in Chapter 2, his findings of the fundamental asymmetry in the sexual development of men and women were challenged by some of his contemporary colleagues. Yet, notwithstanding these radical differences, both sides of the debate concurred on analyzing female homosexuals in terms of masculinity and masculine characteristics; and where there are exceptions to this "rule" — for example, that of Jones' first category as outlined in the second chapter — the distinctions are not elaborated. I argue that this agreement, which seems entirely conscious, had three effects. Firstly, it has the effect of setting the parameters of future psychoanalytic explanations. Secondly, it speaks to and of a prevailing discourse, by which female homosexuals will then define themselves. Thirdly, it provides a site for contestation: the figure of the female homosexual is the site of contestation within psychoanalysis.

In this conclusion I have argued that psychoanalysis is the analysis of each individual's unique response to the universal problem of subjectivity. In psychoanalysis there are only men and women, this being the limit that confronts each human subject. This limit is not

⁹³ Individual subjectivity is problematised by both, Foucault and psychoanalysis.

only imposed by psychoanalytic explanations. Rather, despite Freud's determination to keep psychoanalysis and biology distinct, each human subject, whether by way of an unconscious choice or anatomical distinction, positions itself or is positioned as male or female. Thus, Freud and his supporters' investigation of feminine (homo)sexuality may be read as an investigation of the following question: are there *psychic* men and women? Is this not what Freud suggests, when in his first explanation of feminine homosexual object choice he proposes that a girl turns into a man? Following Freud, Lacan too pursues this question. For him, masculinity and femininity are symbolic positions, and again the only positions available to the human subject. In his seminar of 1970-1, he formalised his theory of sexual difference in a diagram that uses formulae derived from symbolic logic. This is a diagram that concurs with Freud's findings, in that there is no symmetry between the two subjective positions. Instead, 'each side is defined by both an affirmation and a negation of the phallic function, an inclusion and exclusion of absolute (non-phallic) *jouissance*' (Copjec 1994, p.27). But as Butler points out (Butler 1993, p.84), this formulation still in the realm of the phallus, since for Lacan sexualisation⁹⁴ occurs according to where the subject situates itself in relation to the phallus. And however the phallus may be defined, it 'would be nothing without the penis' (ibid.), the masculine anatomical attribute.

The limit of the two possible subjective positions is the point at issue that queer theory attempts to address and problematise. As discussed in chapter 4, queer theory arose in the 1990s in the USA as a result of a dissatisfaction with gay and lesbian studies, and as a critique of identity and identity politics. It is underpinned by Foucault's analysis of the regulatory function, which sexual identity has come to serve. I have argued that "queer" functions as an umbrella term that eradicates sexual difference and elides the specificity of same sex desire between women. Queer theory reads psychoanalysis as a universalizing discourse and tends to ignore the fact that this is first of all a clinical practice, an analysis conducted case-by-case. The engagement of queer theory with psychoanalysis has brought psychoanalysis to new audiences previously disenchanted with the homophobia inherent within the revisions of Freud, by Anglo-American psychoanalysis as well as others not pursued in this thesis. Further, this engagement has led to the emergence of new conceptualizations of clinical practice, proposing new understandings of the symptom and the cure.

⁹⁴ A term coined by Lacan to distinguish a psychic sexual position from one that is biologically given.

In this thesis, I have investigated those revisions informed by queer theory, concluding that “the certain promise” remains elusive. Nevertheless, the practice of psychoanalysis has a relatively short history and the discourse of queer theory even more so. It remains to be seen what may result from any future engagement...⁹⁵ Freud was optimistic about the application of psychoanalysis. In 1926 he wrote: ‘the treatment of the neuroses is only one of its applications; the future will perhaps show that it is not the most important one’ (Freud 1926, p. 248).

Perhaps it will.

⁹⁵ The ellipsis signifying the possibility of a “non-reproductive futurity” as opposed to queer’s exhortations: ‘[we] insist that the future stops here’ (Edelman 2005, p.31).

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