

Queer theory and the “female homosexual” of psychoanalysis

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Introduction

This paper investigates the effects of the engagement between psychoanalysis and queer theory on the psychoanalytic clinic of female homosexuality. “Female homosexuality” is a term not current in 21st century discourse. Today, there may be only a few women who would describe themselves by this term. 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) has pointed out, such terms are not ‘new 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). And yet, despite these changed realities, published clinical case histories illustrate an insistent association of female homosexuality with masculinity that has persisted throughout the different schools of psychoanalysis and has remained consistent from the 1920s to the present day. The term “female homosexual” reflects that conformity in the published work of clinical work of psycho-practitioners who have engaged with queer theory’s challenge to psychoanalysis with both Freud and those psychoanalysts who proposed revisions to his theories in the 1920s and 30s.

Psychoanalysis and queer theory

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 situated female homosexuality at the centre of its “cornerstone”: the Oedipus complex. Furthermore, Freud 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 are shared, there is a crucial difference in their projects. The definitions of the psychoanalytic project are numerous, reflecting 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. 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).

Psychoanalysis and female homosexuality

To position Freud as an early queer theorist is theoretically unsustainable, but his 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 has the work of queer theory. Nevertheless, as early as 1905, he positioned himself against those who took the view that homosexuality is either a social evil or an incurable disease (Freud, 1905, pp.136-148). Psychoanalysis does not exist in a social/political vacuum and there are notable and historically specific examples of psychoanalysis in the service of heteronormativity and where it has been rightly charged with homophobia. However, classical psychoanalysis does not seek to pathologise/stigmatise homosexuality. Sexuality for Freud is comprised of both conscious and unconscious fantasies – a

whole range of activities and excitation, which may be seen from infancy, resulting in a pleasure that cannot be explained in terms of the satisfaction of a basic physiological need. It does not refer to the activities that depend on the functioning of the genital apparatus. Sexuality emerges from the drives, from the pleasure additional to the satisfaction of the physiological and yet it is independent from them. Sexuality also invades the subject from the adult world – since the child is obliged from the beginning to find a place in the fantasies of the parents. But in fact, it is always in the form of desire that Freud identifies infantile sexuality. Desire, unlike need, subordinates satisfaction to the fantasy world which determines object-choice and the orientation of activity. In the absence of a natural ordination of (hetero)sexuality, there cannot be sexual differentiation or genderised sex at the outset. Therefore in the world of psychic reality, male and female do not exist but must be brought into being through the auspices of the child's development, the familial discourse and the structuring work of the Oedipus complex.

Freud's earliest elaboration of his theories of sexuality (1905) begins with a discussion of the sexual 'aberrations' and he uses homosexuality to illustrate his thesis that there is nothing natural about sexuality – no natural aim nor object and certainly no natural attraction between the sexes. Indeed he claims that all human beings '*are capable of making a homosexual object-choice and have in fact made one in their unconscious*' (ibid., p.145) and exclusive reproductive heterosexuality is constituted as just as much of a question as the origins of homosexuality.

It is not possible to summarise all psychoanalytic conceptualisations of female homosexuality, but I suggest, for simplicity, that a distinction can be made between those who, following, Freud conceptualise sexuality and sexual difference as an effect of the unconscious and those who are informed by biology and anatomy. Psychoanalytic knowledge is based on the analysis of individual patients – case-by-case, giving emphasis to the unconscious and its unique manifestation in each individual subject. Thus in both traditions, conscious and unconscious female homosexuality was analysed; and in both traditions, the patient's homosexuality might be analysed as an effect of a failure to negotiate the Oedipus complex or as its successful resolution.

What is particularly curious is the predominance of an association between female homosexuality and masculinity, that has persisted throughout history from Freud's patient who famously turned into a man (Freud, 1920, p.158) to Jones' women who want to be men (Jones, 1927, p.140) to Lowenfeld's account (1941) whose patient was 'inclined to favour mannish, sport clothes (ibid., p.116) and MacDougall's "Olivia" who 'wore a thick leather wristband, believing it gave her an appearance of strength and cruelty, traits she associated with her father (ibid., 1964, p.188); to Stoller's 'very masculine woman' (1973, p.271) Mrs. G; to Stack's male lesbian, Dana (1995).

Freud, himself, cautioned his students on the use of the terms "masculine" and "feminine" (Freud, 1933, p.114-16), pointing out the variety of meanings to which the terms refer. Masculine/feminine is a complex antithesis and describes the way a subject situates him/herself in relation to biological sex as a variable outcome of a process of conflict. In the case histories published by Freud and his followers, the masculinity of the female homosexual reflects all the variety of meanings – biological, sociological and the psychosexual. Her homosexuality might be the

outcome of an identification, an assimilation of aspects of the other, wholly or partially – prototypically through the Oedipus complex. Furthermore, her homosexuality is analysed through an analysis of her speech and by an analysis of the transference (put simply, the actualisation of unconscious wishes in the analytic situation).

Psychoanalytic explanations of female homosexuality were developed in the context of an inquiry into the question of sexual difference. Despite fundamental differences within the schools of psychoanalysis, there are only men and women, this being the limit that confronts each human subject. Masculinity and femininity are symbolic positions, the only positions available to the human subject. And arguably, it is the limit of these two possible subjective positions that queer theory attempts to address and problematise.

A promise not yet realised?

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. Arguably this has had 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. But other effects can be identified.

There are those analyses that tend to 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. There is an approach that logically leads to new solutions¹, such as 'coming out' (Gair, 1995, p.116) or 'reclaiming one's gender' (Schwartz, 1998, p.165).

Others are concerned with the deconstruction of the 'rigid masculine/feminine dichotomy' (Layton, 2004, p.132) and thus the aim in the work is to develop the analysand's 'capacity to move across a wide range of sexual and gender identifications' (Stack, 1995, p.340)². In the foreword to Layton's work on addressed the impact of 'post-modern gender theory' on clinical practice. 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. 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.

Sadly, only briefly reported, Layton's 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, who 'consciously

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chose a masculine identity' (ibid., p.127) and 'had not felt feminine at all until her first lesbian relationship' (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.). While Layton attends to her patient's association to the signifier "masculine", 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.

In Stack's (1995) analysis of "Dana", the male lesbian, again rigid identifications constitute the symptom and the cure is seen in terms of the development of flexibility of identity and object choice.

Gair (1995) too 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). 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". Self-hatred can be transformed through the awareness, acknowledgement, and exploration of shame 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.

The case histories published post-queer demonstrate a preoccupation with masculinity, and a concern with masculine appearance, that is consistent with the preoccupation of their analytic predecessors of 1920s. 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 (2004), O'Connor and Ryan (1993), and Schwartz (1998) all reflect on their patients' clothes and appearance, which are deemed "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.

My reading of these and other case histories published post-queer has found a concern with the suffering of lesbians, which presents a challenge to psychoanalysis, proposing new directions in treatment. But they pay scant attention to the psychogenesis of their patients' homosexuality, giving little emphasis to sex, object choice and unconscious fantasy. Nevertheless, what persists across the different schools of psychoanalysis and remains consistent post-queer, is the predominant association of female homosexuality with masculinity.

The term 'coming out' was not deployed by Stoller, although his notion of the cure of

his masculine woman, Mrs G, rested on her ability to acknowledge that she was a homosexual (Stoller, 1973).

² Hennessy (2003) argues how such a capacity for flexibility is particularly well-suited to the needs of global capitalism.

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