Homosexuality:

Coming out of the confusion

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The author asserts that earlier theoretical assumptions contribute to the conceptual confusion about homosexuality in much contemporary psychoanalytic research. Bergeret’s article, recently published in this Journal, is exemplary of this confusion. The author refutes his contention that homosexuality is not ‘true’ sexuality but merely a defensive, narcissistic fixation away from, or a nearly psychotic denial of, heterosexuality. He then clarifies specific areas of conceptual confusion regarding homosexuality still prevalent in psychoanalytic discourse that derive from earlier theoretical premises. These areas of confusion include manifest versus latent homosexuality, narcissism and bisexuality, oedipal dynamics and development, and transference and technique.

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Recent articles concerning homosexuality published in the IPA newsletter (2001) (e.g. Responses to Roughton, 2001a) and in this Journal (Bergeret, 2002) reveal the conceptual confusion still prevalent throughout the psychoanalytic world regarding this topic. Many analysts continue to regard homosexuality a priori as psychopathological, and those of us who do not are considered less ‘anchored in specific scientific study’ of the subject but rather as yielding to the social and political winds of public opinion (Bergeret, 2002, p. 351). After centuries of homosexuality having been regarded as heinous sin, capital crime or insane degeneracy, it was both surprising and humorously ironic to read Bergeret’s lament that contemporary social and political considerations now make his views unacceptable! Ultimately, whether manifest homosexuality in general is considered psychopathological is neither a scientific nor a psychoanalytic question. Some have argued that it is a moral question steeped in a philosophical debate about the nature of categories: how are diagnostic categories influenced by the historical, social and cultural contexts in which they are constructed? (Bayer, 1987). Perhaps especially concerning the topic of homosexuality, clinical researchers tend to wrap themselves in the cloak of science and cast their opponents as being unscientific (Bayer, 1987, pp. 41–66). Michels (1984) asserted that the question of ‘normality’ is not even a psychoanalytic question.

Psychoanalysis teaches us that all scientists have their blind spots and biases, and that these influence the questions we ask, how we set about answering them and thus even the answers we get. Whatever side we take in this debate on homosexuality, we
are unwittingly influenced by our individual pasts as well as the current sociocultural matrix within which we conduct our scientific research and clinical practice. Such inherent biases may have a profound impact on the outcome of research. If you pack a suitcase in the morning, you cannot really be surprised at its contents when you unpack it in the afternoon no matter how long or circuitous the journey. If two avenues of research begin with drastically different basic assumptions, then those assumptions inevitably affect both the outcome and interpretation of the research. In other words, what is one researcher’s basic assumption is another’s bias. Respectfully examining and questioning the basic assumptions of one another’s research remain foundational to a scientific approach to these problems.

The purposes of this article, then, are two-fold. First, I will refute on psychoanalytic grounds Bergeret’s (2002) contention that homosexuality is not sexuality at all but merely a defensive, narcissistic fixation away from, or a nearly psychotic denial of, heterosexuality. And, second, I intend to clarify specific areas of conceptual confusion regarding homosexuality that derive from earlier theoretical assumptions regarding homosexuality that fail to consider recent theoretical advances and new clinical evidence, both of which critique the ways homosexuality has been pathologized by premises based on these earlier, mainstream analytic assumptions. I will address particular areas of confusion that stem from these earlier assumptions, including manifest versus latent homosexuality, narcissism and bisexuality, oedipal dynamics and development, and transference and technique.

**Manifest versus latent homosexuality**

Much conceptual confusion exists in the analytic literature about the differences between manifest and latent homosexuality. A milestone of Freudian theory was the discovery of the oedipal complex (1950, pp. 265–6). Freud’s recognition of its inverse form—the child’s unconscious erotic attachment to the same-gender parent and rivalry with the opposite-gender parent—gave rise to the formulation of latent homosexual wishes and fears in the heterosexual, neurotic adult (1923a, pp. 33–4). The inverse or negative Oedipus complex, then, became the etiological explanation for manifest homosexuality. In this view, homosexuality was a regression away from heterosexuality.

Because heterosexual development is normative for reproductive life, psychoanalysis regarded it as the norm for sexual life in general. Any deviation from heterosexual ‘genital primacy’ leading to reproduction of the species was considered evidence of deviation or disorder (Freud, 1905, pp. 197–9). When heterosexual development became blocked by internal inhibition or external frustration, regression led the individual back to earlier psychosexual fixation points—for example, the negative oedipal phase of development. The explanations for such a fixation point included both constitutional predisposition and traumatic overstimulation (pp. 144–8).

Pre-oedipal development also figured prominently in etiological explanations of homosexuality. Even though no specific picture of pre-genital fixation has ever been proven to account etiologically for manifest homosexuality (Wiedeman, 1962, p. 394), analysts have continued to search for such explanations. The more analysts concentrated on the exigencies of pre-oedipal development as a determinant of negative oedipal
fixation, the more the etiological searchlight homed in on primitive elements of the mind. That sexual orientation and mental health/illness might be independent dimensions within an individual has only recently been put forward as an alternative explanation for earlier findings linking homosexuality and severe psychopathology (see Cohler and Galatzer-Levy, 1996). The emphasis was always that the homosexual orientation was the cause of, or inextricably linked to, severe emotional illness. Friedman conclusively refutes this idea and shows how variation in sexual orientation is distributed across the entire range of character types and structures (1988, pp. 81–95).

Drawing mainly on Ferenczi’s 1911 formulations of homosexuality, Bergeret recently repeated this earlier conceptualization: ‘[W]e can identify among the manifest forms of homoeroticism clear regressions [“to narcissistic fixations” (p. 354)] on the basis of unhappy oedipal experiences, or rather, more clearly still, denial and imaginary neoconstructs of a psychotic nature’ (2002, p. 357). Phenomenological experience and research notwithstanding (Kinsey et al., 1948; Hooker, 1957; Bell and Weinberg, 1978), Bergeret regards homosexual individuals as in psychotic denial or as narcissistically regressed, severely disturbed heterosexual individuals. In other words, he repeats the analytic premise that homosexuality is failed heterosexuality. This notion was reinforced by unquestioned conventional judgment and gave rise to decades of destructive therapeutic zeal that analysis could free up homosexual individuals for heterosexuality (Duberman, 1991; Moor, 2001).

Mitchell (1981) and Leavy’s (1985a) pioneering articles—from which I draw heavily in this article—questioned many of these mainstream psychoanalytic assumptions about homosexuality, and it may well have been their iconoclastic views that kept them from publication at that time in mainstream psychoanalytic journals. As a result, it was not until Isay published a series of articles (1985, 1986, 1987, 1991) that challenged the long-standing, psychoanalytic premises about homosexuality that the topic received broader reconsideration from a fresh perspective.

Isay stood traditional analytic theory on its head by proposing that manifest homosexuality was not the topographical invert of latent homosexuality. He asserted both that manifest homosexuality was not the unexpressed, perverse expression of the latent version, and also that manifest homosexuality emerged from a wholly different constitutional and psychosexual matrix than did latent homosexuality. He elucidated a new developmental framework for understanding male homosexuality:

It has become clear to me from working with these and other gay men that homoerotic fantasies are usually present from at least the ages of four or five years. This period of development is analogous to the Oedipal stage in heterosexual boys, except that the primary sexual object of homosexual boys is their fathers (1989, p. 29).

While Isay’s formulation represents only one of various pathways to homosexuality, the clinical application of this new developmental framework has yielded significant results, and Isay presented ten cases treated in analysis or analytic psychotherapy to support his contention (pp. 24–125). Likewise Magee and Miller demonstrate the effectiveness of Isay’s formulation—but focus on the oedipal relation with the mother—in a woman analysand conflicted about her sexual orientation (1997, pp. 161–2). Once these patients
were relieved of their neurotic encumbrances through neutrally conducted analysis, homosexual individuals did not become heterosexual but rather led happier, richer, less inhibited lives as homosexual men and women. Manifest homosexuality, then, designates those individuals who consciously and persistently take same-gender others as objects of love and desire. A manifestly homosexual individual may or may not act upon or accept this desire, but this is still distinctly different from the unconscious (latent) homosexual longings revealed in heterosexual analysands (Leavy, 1985a, p. 164). Two clinical vignettes demonstrate this distinction.

Mr Adams, a 58-year-old man, presented for consultation because of stormy marital discord caused by his hypersensitivity to his wife’s criticism—however slight, tactful or deserved—as well as her failure to acknowledge his substantial and real professional accomplishments. In his second consultation, he disclosed his fear that I would discover that he was homosexual. Despite never having actively sought out homoerotic experience nor consciously finding other men sexually attractive, Mr Adams’s worry had persisted for decades. A dream in the last year of a six-and-a-half-year analysis demonstrates the typical constellation of latent homosexual conflict in a heterosexual analysand.

In the dream Mr Adams attended a football game between his college team and a team from my geographical origins. His team ‘scored’ repeatedly and was winning. During the game, he went to the restroom where a stadium guard performed a ‘rectal examination from behind and inserted a rectal suppository’. His associations were to ‘sexual scoring’ and to the competition between his team and my team. The dream enabled me to interpret the anal attack he feared from me (who sat behind him) if he succeeded in ‘scoring’ in the game ‘against’ me (in part, this was also a play on the anal in ‘anal-ysis’). The patient’s unconscious struggle against these passive homosexual trends powerfully infused his romantic and sexual relations with his wife such that he feared any criticism by her would reveal homosexuality as the ‘cause’ of his feelings of sexual inadequacy.

The first vignette stands in contrast to a second in which a manifestly homosexual male analysand was nonetheless conflicted about his homosexuality such that he was unable to sustain an enduring romantic, sexual relationship with another man. When Mr Baker first presented for analysis at 24 years of age, he described conscious, romantic and erotic attraction to and arousal for male peers since early adolescence. He deeply desired a loving, intimate relationship with a man, yet he reported having fled good prospects for reasons he did not fully understand. He felt chronically unhappy about this. In the sixth year of an eight-year analysis the patient described his childhood ‘obsession’ with seeing his handsome father’s muscular body. He reported numerous episodes of trying to catch glimpses of his father getting in or out of the shower. Over the ensuing weeks, he told me in detail—alternating with protests of intense shame—of a conscious, erotic fantasy he recalled from childhood and adolescence. His fantasy was that he would be in the shower with his dad who would lift him face to face and press him up against his soapy, hairy, muscular chest, before gradually sliding him down to enter him anally with his erect penis. He yelled out in angry distress how humiliated he felt to admit to me that he liked anal sex: ‘I like to get fucked—OK?! Are you happy now, you fucker?’ It was rare for him to speak so frankly. While silently noting the reference to the erotic fantasy toward his father consistent with Isay’s (1989) formulation, I chose to reply within the transference: ‘You experience me as the humiliating fucker, penetrating you with my
interpretations’. ‘Yes’, he said, though calmer now, ‘maybe you really get off on being top dog here.’ It took many more months of analysis of his shame—touching on themes such as top/bottom, big/little, adult/child, ‘dirty’ (anal) sex/‘clean’ vaginal sex—for this analysand to acknowledge to himself and to me with some semblance of acceptance how passionately aroused in so many variations he was by other men’s bodies.

In earlier theories of male homosexuality, Mr Baker’s desire to be penetrated anally by his father would have been regarded as a regressive, so-called negative, oedipal fantasy—that is, as an anxious, defensive reaction away from conflicted, positive oedipal fantasy toward his mother. In this sequence, the ‘top dog’, penetrating fantasy toward the analyst defended against the anal receptive fantasy with the father. It is important to note that the anal receptive fantasy with the father was neither reconstructed nor unconscious. He recalled having been quite conscious of it during childhood, and its recovery in this phase of the analysis did not free up ‘latent’ heterosexual currents. On the contrary, the analytic work seemed to free up deeper homosexual passions.

**Narcissism and bisexuality**

Using Freud’s (1905, 1914, 1920), Abraham’s (1916) and Ferenczi’s (1953) formulations, Bergeret painstakingly develops a theoretical argument that homosexuality is not ‘truly sexual’ (2002, p. 353)—that is, representing ‘attachment to a truly sexual and oedipal object’ (p. 353)—but rather is merely a developmental fixation with or regression to ‘narcissistic eroticism’. He writes that he has ‘emphatically insisted on the narcissistic nature of the erotic satisfaction sought by the homophile. This form of pleasure, which can be very intense, does not, however, constitute a truly sexual pleasure in the Freudian sense’ (p. 355) because the object of desire would not be:

... a sexually complementary object (different in nature owing to its secondary sexual identity) but would simply be of a nature similar to the subject. This object would be envisaged essentially at the level of its primary and thus narcissistic identity, reflected in relation to the subject (p. 354).

‘Homophile’ is Bergeret’s preferred designation for homosexual individuals so as not to confuse them with ‘truly sexual’, object-related heterosexuals. In other words, if the external object of desire is *anatomically* (i.e. his reference to ‘secondary sexual identity’) the same as the external subject then, by Bergeret’s definition, the object must be a ‘narcissistic object’ (p. 355). And, if the subject desires a ‘narcissistic object’, Bergeret—following Freud (1914)—concludes that the subject must also be characterologically narcissistic and thus incapable of object love. It is important to recognize, however, that heterosexual men do not *love* women just for their sexual bodies. Sexual passion inspires or inflames love, which is not the same thing as genital feeling. Does Bergeret contend that homosexual individuals don’t feel passion?

While I disagree with Bergeret’s characterization of homosexual individuals as typically or universally suffering from narcissistic character disorders, he does seem to be on to something when he depicts homoerotic passion as containing narcissistic elements. Leavy also argues for a version of ‘narcissism’ as the regulatory mode of homosexuality without losing sight of the clinical and everyday observations of
homosexual individuals: ‘I suggest that we define the constitutive, elementary, and unconscious nucleus of homosexuality as the search for the narcissistic object, the specular image of oneself discovered or revived outside oneself’ (1985a, p. 164). In striking contrast to Bergeret’s embrace of the Freudian narcissistic conglomerate, however, Leavy drastically abridges the concept of narcissism in order to distinguish rather than conflate the various forms of narcissism.

Leavy regards Freud’s clinical generalization of narcissism—that broadly includes schizophrenic flight from the external object world to cathexis of the ego, the hypochondriacal state and megalomania—as a brilliant observation of the superficial similarities of these phenomena while ignoring their substantive distinctions (p. 165). This misunderstanding emerges from the Freudian notion of mental substances—libido, anxiety, aggression—being distributed among psychic structures analogous to hydraulic transfer of physical substances or energies. ‘Why not then hypothesize’, Leavy deftly argues, ‘a narcissism present whenever the subject turns “an allocation of libido” towards his or her own being?’ (p. 165). Any mental effort or interest inwardly directed—such as the poet’s involvement with words or the mother’s involvement with her ‘offspring’—meets this definition of narcissism whether or not connoting psychopathology (p. 165). Blechner humorously makes the same point: ‘If a psychoanalyst marries another psychoanalyst, does that reflect a narcissistic object choice? And if it does, in the treatment of such a psychoanalyst, should the aim be to get the person to marry a non-psychoanalyst?’ (1995, p. 283). Leavy’s argument reveals how Freud’s understanding of the narcissism concept led to such an expansion of it that use of the term ‘narcissism’ or ‘narcissistic’ lacks theoretical or clinical precision. (For an elaboration of this point of view, see Leavy, 1996.)

It is Leavy’s critical rethinking and narrowing of the definition of narcissism that explicates Bergeret’s (2002) conceptualization of homosexuality as not involving attachment ‘to a truly sexual and oedipal object’ (1985a, p. 353). For, though Leavy would agree with the idea of ‘narcissistic eroticism’ infusing homosexual desire, he is quick to observe how clinical experience ‘does not reveal that the narcissism of homosexuals implies an outstanding degree of egoism, a disposition to hypochondrias, megalomania, or the like, although it does not exclude any of these, either’ (p. 165). For Leavy, the body narcissism in male homosexuality represents the attempt to repair the unconscious, ‘defective’, ‘castrated’ state: ‘But the castration complex is not the fate of homosexuals alone, and what is unique here is the attempted mastery of it through the reproduced image of the body, the doubling’ (p. 166). Leavy asserts that what is neurotic (i.e. unsatisfying) in the sexual life of homosexual men is not so different from that which is neurotic in heterosexuality: the inability ‘to compromise with reality and accept the complementarity of a lover who was not himself the ideal’ (p. 166).

Mr Cooper, a 27-year-old, openly gay man, presented for analysis after failed attempts to sustain an enduring romantic, sexual relationship with another man. A year into treatment, he found himself feeling lonely and restless over the weekend. He went into the bathroom of his apartment to urinate. As he urinated, he caught sight of himself in a full-length mirror on the back of the bathroom door. He looked at his face and physique and, to his surprise, found himself attractive. Despite being regarded as handsome by past lovers, he had commonly thought of his old acne scars as unattractive
and had regarded himself as ‘skinny and gangly’ compared to other muscular, gay men with ‘perfect complexions’ whom he admired. ‘Maybe it was because of the light behind me’, he reported, ‘but it was like I was someone else, and I liked who I saw.’ He undressed in front of the mirror and proceeded to masturbate while staring at his own image. ‘It seemed a little strange that I was turned on by my own body, but I was. At one point, it was like I was getting off with a twin.’

His associations were to a memory from childhood. When he was about 8 years old, he stood naked in front of a mirror in his bedroom looking at himself. He took a marker and traced the outline of his body on the mirror. This reminded him of an earlier memory from age 5 years. A television show advertised a clear plastic mat that could temporarily adhere to the television screen such that children could draw on the plastic during the show. When the man in the television program drew on his plastic mat, the scene he drew ‘came to life—like magic!’ Mr Cooper recalled persuading his father to buy this plastic mat and marker for him: ‘I thought, if I drew something, it would come to life. I wanted to draw Indians because I knew they only wore loin cloths. And I wanted to see under those loin cloths. I remember being so disappointed when it didn’t work’.

Here then is a clinical illustration of Leavy’s contention that the homosexual man is in search of his specular image revived outside of himself in order to repair his imagined ‘castration’ (acne scars). Look how quickly, too, the mirror image or doubling of the body leads back to the father, in confirmation of Isay’s (1989) formulation. The analysand was looking for his father’s loving, admiring gaze, and perhaps, in the transferential ‘light from the window behind me’, he was beginning to rediscover it. At the core of his neurosis was his driven quest for union with the perfect lover, which he imagined would magically transform his own bodily and emotional imperfections. When this did not occur, he lost interest in his current lover and took up the search again. Mr Cooper was neither characterologically narcissistic nor incipiently psychotic. On the contrary, once we were able to make conscious the illusory elements of his search, he was better able to accept limitations in himself and others. He fell in love with a man with whom he proceeded to have an intimate, loving and enduring relationship. Mr Cooper’s devotion to his partner during a family crisis in the partner’s life made clear the genuine caring and affection he felt for him. There was no question, in my view, that their relationship represented both mutual, emotional complementarity as well as ‘object-related love’.

This vignette lends support to Leavy’s belief that the capacity for the love of another person does not depend on sexual orientation (1985a, p. 167). Thus, precisely because Bergeret embraces the broader Freudian notion of narcissism, he continues the earlier conceptualization of homosexuality: (1) because a homosexual individual loves a same-gender object, the person is narcissistic; and (2) because the person is narcissistic, that person is incapable of ‘truly sexual’, object love.

To what exactly do Bergeret’s repeated references to ‘narcissistic fixation’ refer? How does it manifest clinically? If he is referring to conflicts of shame, there may be some common ground here. I address issues of shame in a later section of this article (‘Transference and technique’). I would view such shame, however, as related to (culturally mediated) internalized homophobia, reactions to ‘everyday overstimulation’ (see ‘Transference and technique’ section), and to the narrowly defined body narcissism mentioned earlier and not to characterological ‘narcissistic fixation’. Further, Bergeret
insists that homosexuality is not ‘truly sexual’, but his claim seems to be more a theoretical abstraction than a clinical reality. Each of the cases presented by Isay (1989), for example, suggests that after neutrally conducted analysis homosexual men are just as freed up to enjoy romantic, passionate relationships as heterosexual individuals can be after successful analysis. Certainly that was the case with Mr Baker. Are the narcissistic fixations that Bergeret universally ‘discovers’ in his homosexual patients a product of the assumption that homosexuality is presumed to be psychopathological? Leavy notes that such biased analysis induces precisely this reaction:

Stuck in the primitive anti-instinctual state of sphincter morality, the analyses will dredge up acknowledgments of the evils of his sexual life, in order to bolster his anxious unity with the analyst, whenever the analyst interprets his sexual striving as something to overcome (1985a, p. 160).

Of course, such a question could fairly be fired back at me. Is my claim that homosexual individuals are capable of passionate, object-related love a product of my own prejudiced assumptions that lead me to see only what I want to see? No one can ever reach complete certainty on such a question, but I can only report that my convictions have been arrived at slowly from twenty-five years of in-depth clinical observations in nineteen analysands and patients in intensive psychotherapy (many more if I count shorter-term psychotherapies and consultations). Further, both Wood (1995) and Roughton (2001b) presented detailed narratives of the evolutions of their views toward homosexuality formed over decades of clinical experience. What is so persuasive about their accounts is that each analyst began his analytic career believing that homosexuality was a neurotic inhibition of heterosexuality and that analysis could free up such individuals to lead fulfilling heterosexual lives. It was their repeated treatment failures with such patients that convinced them to rethink their theoretical views and alter their clinical approach.

Because Bergeret seems to regard the difference in the actual, external genitalia of the subject and object as the crucial determinant of whether the subject is capable of ‘entering into a truly sexual relational (and conflictive) series of issues’, the concept of psychic bisexuality is troublesome for him: ‘the imaginary representation of the “phallus” is not identical for a man, who anatomically possesses a penis, and for woman, who, in her imaginary representations, can only very poorly interpret narcissistically what it would be like to have one’ (2002, p. 356). He relates a failure to negotiate the phallic stage to a developmental ‘halting at a homoerotic stage’ (p. 356). Accordingly, homoeroticism represents an “effort to strengthen the “gender” (masculine or feminine) narcissistically” (p. 356). For Bergeret, homophiles do not resolve a basic conflict of bisexuality: ‘the distinction between the masculine situation and the feminine situation does not arise in a clearly differential manner at the level of the sexual object’ (p. 356).

Bergeret asserts that homosexuality represents a failure to negotiate the phallic phase. But is it possible to know that homosexual males do not experience phallic and genital libido as fully as heterosexual men? Or that clitoral stimulation is not an equivalent of penile sensation? While homosexual women may imagine that they have penises and homosexual men may desire to be penetrated as if they had vaginas, does either case imply their pleasure is ‘narcissistic’ or pre-genital?
Like narcissism, bisexuality encompasses a broad range of theoretical concepts and clinical observations that refer to both conscious and unconscious mental life as well as to internal fantasy and external reality. (For further elaboration, see Grossman, 2001; Smith, 2002.) These include bisexual identifications—the sense of maleness and femaleness and/or having masculine and feminine attributes. Object choice is also bisexual—romantic, erotic attraction to people who resonate consciously and unconsciously with parents, siblings and other important people of both genders from our past. The term also refers to individuals who engage in sexual acts with both men and women. Roughton denotes a bisexual person as someone

who is sexually attracted to, has erotic fantasies about, and who has a capacity for sexual pleasure with those of both sexes—without either option serving primarily a defensive purpose to avoid, or compensate for, some conflict about the other (in Grossman, 2001, p. 1365).

Young-Bruehl amplifies this idea in her consideration of the

... composite (or composed) object, which blends parts, traits, characteristics from at least two, and almost always more, sources. A woman, for example, loves a woman who is her mother plus her brother, as did the female homosexual about whom Freud (1920) wrote. Here it is the object’s bisexuality that is of great importance to the chooser [sic] (2001, p. 205).

In two landmark articles (1993, 1996) on gender and homosexuality, Corbett argues that ‘male homosexuality is a differently structured masculinity, not a simulated femininity’ (1993, p. 345). In the second article, Corbett investigates a subset of homosexual boys, parodically called ‘girlyboys’, and asserts that ‘there may be forms of gender within homosexuality that contradict and move beyond the conventional categories of masculinity and femininity’ (1996, p. 432).

I am well aware that the idea of a ‘fixed’ sexual orientation in early childhood is controversial and unproven, and the evidence supporting psychic bisexuality in childhood is impressive. Herzog brilliantly describes a contemporary example in his two-year analysis of a 6-year-old girl who early in the treatment experienced herself as a ‘boy-girl’ (2002, p. 65). The relation between psychic bisexuality and erotic object choice, however, remains to be worked out. A childhood disposition to psychic bisexuality—in the sense of shifting parental identifications—is no more of a contradiction to the possibility of an early, stable, erotic object choice or ‘sexual orientation’ than the notion of psychic bisexuality is a negation of the possibility of stable core gender identity. I agree with Lewes that biologically or constitutionally determined homosexual object choice is only a partial elucidation, at best, of developmental questions about homosexuality. Lewes notes, for example, that analytic theory has been unable to explain adequately an initial erotic attachment to the father in male homosexuality, while the constitutional approach fails to consider developmental processes occurring after such an attachment is established (1998, p. 344). Surely Lewes is correct that the ‘two are ... complementary and need to be informed by the other, addressed as they are to essentially different questions’ (p. 344).

I must raise the question as to whether some heterosexist bias is at work when, in reaction to the possibility of early homosexual stable object choice as an adaptive
resolution to the Oedipus complex, the insistence on psychic bisexuality is considered contradictory. The facts of psychic bisexuality, the shifts in gendered identifications, and the blending of ‘masculine’ and ‘feminine’ traits seem indisputable. And yet the actual state of erotic arousal—perhaps due in part to biological determinants—toward one gender or the other seems of a different order than the intrapsychic fluidity of bisexual fantasies.

Oedipal dynamics and development

Because of the traditional and mainstream psychoanalytic emphasis on pre-oedipal dynamics in the search for etiological explanations of homosexuality, consideration of the importance of oedipal dynamics in gay men and lesbian women has been largely overlooked until recently. As quoted earlier, Isay was the first analyst to detail the centrality of oedipal development in some homosexual men (1989, pp. 29–30). Isay describes the romance with the father of the homosexually inclined boy, the concomitant withdrawal of the father, and the envious and competitive relationship with the mother (pp. 35–43). The resemblance of these dynamics to the negative oedipal stage belies what is new and significant in this formulation. The negative oedipal complex is secondary for the heterosexually inclined boy, a regression away from the positive oedipal complex.

In the homosexually inclined boy, however, these dynamics are primary and dominant which led Goldsmith to assert that the plight of Orestes, who murdered his mother to avenge the death of his father, ‘may capture the essential nature of this conflict more closely than that of Oedipus’ (2001, pp. 1273–4). Schwartz, too, doubts whether the Oedipus complex expands ‘psychoanalytic understanding of same-sex oriented sexuality, free of the prejudices of the past’ and offers an alternative ‘formulation that derives from a constructivist, gender-critical framework’ (2001, p. 93). Leavy (1985b) cautions analysts against being led down the path of Greek mythology and away from the person on the couch. Blos (1985, p. 8) offers non-oedipal terminology to characterize the dynamics of father–son relationships, but even a developmentalist of his renown has been unable to budge most analysts from their terminological focus on Oedipus. I yield uneasily to the term for the sake of familiarity, despite my reservations regarding its problematic usage.

Whatever its mythological moniker, dyadic parent–child relations eventually give rise to triadic ones which pose specific, internal, developmental challenges the resolution of which leaves its imprint on psychic structure. Lived development is not neatly linear, however, and the notion of psychosexual stages, while still useful clinically, only has heuristic value. The complex oscillations between progression and regression and the impact of constitution and temperament, environmental stasis and change, trauma and loss require a developmental calculus beyond the scope of this article.

Goldsmith elaborates on the differences in the family romance of the homosexually inclined boy in noting that ‘parental oedipal expectations run contrary to and therefore confound this stage of [homosexual] development’ (2001, p. 1274). The homosexual boy has competitive and aggressive feelings toward his mother-rival, who may very well be anticipating and longing for a ‘childhood romance’ with her son. Goldsmith’s central point is that, in the context of such an emotionally charged and confusing environment, the homosexual boy views the mother’s behavior ‘through a lens distorted by the projection of his own aggressive impulses’, thereby explaining how the mother of a homosexual boy
can retrospectively appear to him to be ‘malignant, seductive, intrusive, or over-aggressive simply by virtue of the fact that her reasonable maternal behavior is incongruent with his internal emotional life’ (pp. 1274–5). Both Isay and Goldsmith thus offer a cogent explanation of the earlier, mainstream ‘theory of etiology’ of male homosexuality—namely, ‘absent, withdrawn fathers’ and ‘intrusive, seductive mothers’ so commonly reported by homosexual men. Analysts on such an etiological search took their analyses at face value without detecting the neurotic distortion inherent in these reports.

Lewes describes a ‘special oedipal mechanism’ in some gay men who present the puzzling finding in their psychoanalytic treatment in which ‘no amount of probing, no phase in the vicissitudes of the transference, is ever able to uncover a significant phallic libidinal tie to the mother, even in therapies that have lasted several years’ (1998, pp. 345–6). These men present no genuine or deep-rooted instance of heterosexual arousal. Lewes grappled with this finding since ‘it must be true that the initial libidinal object had been the mother, at least in the oral stage’ (p. 346). And yet in this group of men the dynamics of the phallic stage—indeed, the entire oedipal conflict—are enacted with the father as primary object. He reports in these cases that there is ‘no indication that the mother has ever served as a phallic oedipal object’ (p. 346). He also observes that while in the so-called inverted (negative) Oedipus complex the mother serves as prohibition of erotic striving and the source of the castration threat, in these cases ‘this role is taken again primarily by the father, even though he also serves as the object of libidinal strivings’ (p. 346).

Lewes then considers the possibility that for these men their Oedipus complex operates in a newly discovered form that is distinct from the so-called positive and negative ones usually described. He calls this third form the pliicate or ‘folded’ Oedipus complex ‘because in it a single figure, the father, plays two diametrically opposed and simultaneous roles—the exciter and the prohibition of erotic arousal’ (p. 347). This form is not defensive or secondary within the context of the phallic period but represents the primary and central experience of phallic striving. Might it be that the ‘phallic tie’ to the mother is not a general occurrence? Is Little Hans (Freud, 1909) here merely an epiphenomenon? While I concentrate in this article on recent contributions involving oedipal, developmental formulations of homosexuality, I do so as a necessary corrective to the earlier mainstream, psychoanalytic emphasis on pre-oedipal formulations. Certainly the possible pathways to a homosexual orientation are diverse such that references to the homosexualities—referring to the heterogeneity of homosexual orientation—are apt.

Lewes’s (1998) clinical observation that the father is the source of both erotic excitement and prohibition in some homosexual men is consistent with a clinical discovery of mine concerning the childhood and adolescent development of some gay men. I have termed this special feature commonly observed in male homosexual development ‘the overstimulation of everyday life’ (Phillips, 2001), by which term I refer to the frequent experiences of homosexually inclined children and adolescents who are placed again and again in the company of same-gender parents, siblings and peers in various degrees of undress or nakedness and the subjective states generated by those experiences. The homosexually inclined child or adolescent may be repeatedly overstimulated by gender pairings that paradoxically were meant to protect against just such a risk. This everyday overstimulation is thus consciously unintentional: the adults involved inadvertently overstimulate the child through subscription to heterosexual societal norms.
The internal landscape of this group of homosexual men is best described as a
tantalized inner world of longing. It is relentless cycles of attraction, hope, excitement
and arousal alternating with states of disappointment, loss, despair and grief that
give their inner world a unique form and content. It seems plausible in this group of
homosexual men that Lewes’s (1998) plicate Oedipus complex is the underpinning of
the ‘everyday overstimulation’ I have observed. The oscillation between excitement
and disappointment of the mid-adolescent, homosexually inclined boy toward his
heterosexually inclined paramour may reflect internal, object-relational shifts toward
his oedipal ‘fathers’ acting as both exciter and prohibitor.

It is common in the analyses of gay men to hear reports that during adolescence
they had one or several unconsummated ‘love affairs’ with heterosexual adolescent
boys. These homosexually inclined, mid-adolescent boys pined away ‘from afar’ for
their heterosexually inclined, close male friends. I contend that this longing is distinctly
different in its origins and mechanisms than the usual longing anyone has for someone
else. These homosexual adolescent boys long for love affairs with their heterosexual
male friends as displacements for their (heterosexual) oedipal fathers and are operating
from within their long-standing tantalized inner worlds. They seek to undo and reverse
the shame and fear of exposure of the paternal rejection and withdrawal described by

The crucial distinction resides in the basis of the paternal rejection. In heterosexual
oedipal disappointment and anxiety, the father declares this particular woman taboo, while
wittingly or unwittingly approving the boy’s generic desire for a woman. In homosexual
oedipal disappointment, the boy’s desire itself is often attacked root and stem: desire not
just for this particular man (the father) but for any man is taboo. This fact is powerfully
reinforced by social and cultural pressures to conform to heterosexual ‘norms’. This version
of homosexual adolescent longing, then, is a reflection of or failure to accept oedipal
disappointment (for a more detailed elaboration of this point of view, see Phillips, 2001).

Transference and technique

As early as 1978, Mitchell challenged the prevailing psychoanalytic theoretical position
that presumed homosexuality a priori to be psychopathological. Mitchell drew attention
in a review of the analytic literature of the preceding twenty years (see Socarides, 1968;
Odyssey, 1969; Hatterer, 1970) to the recurrent admonition to the analyst to depart from
the traditional analytic position on non-directive neutrality by actively discouraging
homosexual behavior and encouraging heterosexual behavior’ (1981, p. 63). Regrettably,
such a position is not relegated to the distant past. While Bergeret does not explicitly
call for redirection of homosexual orientation, all of his clinical vignettes are directed at
precisely such a goal. Although he briefly describes four cases of various ‘clinical forms
of homoeroticism’ (2002, p. 357), strikingly he offers no details about the therapeutic
outcome of any of them. Further, the tone of his article leaves little doubt that a persistent
homosexual orientation would not be considered a successful analytic outcome by
Bergeret since he warns against ‘falling into the trap of believing an apparently “sexual”
discourse on the part of any homoerotic who finds himself beset, to one degree or another,
by essentially narcissistic conflicts’ (p. 361).
Mitchell details the analytic technique—the directive-suggestive approach—devised during the nineteen sixties to ‘treat’ (i.e. reverse) homosexuality. He discusses in particular the work of Socarides (1968), Ovesey (1969) and Hatterer (1970), and offers a brilliant critique of the directive-suggestive approach which begins with this comment:

To declare homosexuality to be pathological, heterosexuality desirable, and to use various types of pressure to induce the patient to change his behavior from one to the other eliminates the possibility of finding out what the patient would do on his own as a consequence of psychoanalytic inquiry into his experience (1981, p. 68).

He then takes Socarides, Ovesey and Hatterer to task for their striking failure to demonstrate in their clinical work

how it is possible both to exploit compliance in the transference to produce behavioural change and then subsequently to interpret and resolve such a transference, nor how the basic contradiction in the position can be handled in good faith with the patient (p. 71).

Mitchell addresses another problematic aspect of the directive-suggestive approach—namely, the consequences of failed treatment. He observes that even the most optimistic of the authors he cites report only a small percentage of ‘cures’, which are defined as conversion to exclusive heterosexuality (27% by Bieber et al., 1962). Mitchell poignantly summarizes the double bind in which such patients find themselves:

With the analyst either overtly or covertly urging a behavioral transformation which in the large majority of cases doesn’t take place, the result can only be a profound sense of failure, shame, self-hatred and a deep cynicism about the analytic process (1981, p. 73).

(For a detailed and moving account of the harm inflicted by such ‘conversion therapies’—then and now—see Shidlo et al., 2001.)

Leavy also points to the impossibility of psychoanalytic treatment where the analyst sticks consistently to the conception of homosexuality as defense or deficiency. (I support his use of the word ‘consistently’ because ‘there are occasions when this defensive posture is indeed paramount’ (1985a, p. 160) in the analysis of homosexual individuals.) He notes how analysis proceeding under such prejudicial conditions succeeds only in confirming the prejudice over and over again (p. 160). Leavy notes that, even if the analyst maintains scrupulous neutrality on the morality or even normality of homosexuality, as long as it is interpreted primarily as a defensive function or treated as a defect to be overcome, the analyst cannot be separated analytically from the voice of an anguished parent (p. 160).

On the other hand, treatment that fails to analyze instances or phases when homosexuality is defensive strains neutrality in the opposite direction. In the analyses of some gay men and lesbian women, it is not unusual that heterosexual interest and excitement may emerge in certain phases off and on throughout the work. Such interest is often experienced as extremely threatening to the analysand’s hard-fought, yet still tenuous analytic gains toward accepting—let alone welcoming—homosexual trends into the analysis. To (re)discover currents of heterosexual feeling and fantasy is experienced as at least confusing but more often as an unwanted, dreaded stranger attempting to enter
the room. The panicky vehemence with which the analysand will slam the door in the stranger’s face must be patiently and tactfully interpreted. This will, in turn, often lead to a sudden shift into a negative transference with vituperative accusations that the analyst is prejudiced and is trying to force the analysand into heterosexuality. Earlier analytic approaches mistakenly understood such material only as resistance against a ‘definitive’ heterosexual orientation, whereas contemporary approaches would view such material as more grist for the analytic mill. Patiently weathering such storms while actively engaging the confusion in order to sort through previously disowned elements of the self—just as one would do when homosexual material emerges in a manifestly heterosexual analysand—is essential to permitting the analysand a deeper sense of conviction about the eventual outcome of the analytic work. Blechner observes that ‘If you cannot consider heterosexual and homosexual activity and ideation to have equivalent potentials to be defensive or expressive of desire, then you cannot consider yourself neutral’ (1993, pp. 635–6). Mitchell notes that analysts can never be free of personal biases and must constantly search for them in their own experience and in the patient’s reactions:

The pursuit of a bias-free ideal seems futile and disingenuous; the analyst serves the patient better by an openness toward discovering and rediscovering his or her own prejudices, affinities, and fears as an inevitable and interesting feature of analytic inquiry (1996, p. 71).

Lesser also challenges the idea of analyst as blank screen: ‘Is there such a thing as neutral analytic curiosity?’ (1995, p. 84).

Recognizing that homosexually inclined children and adolescents grow up within the dominant heterosexual culture is the functionally neutral (Kris, 1990, p. 615) analytic stance with the openly homosexual patient. I have emphasized (Phillips, 2001) the importance, for example, of analyzing the developmental impact of the ‘everyday overstimulation’ of childhood and adolescence on the person’s current sexual adaptation and the capacity for integrating sexual and affectionate currents into a coherent love life. In this regard, it is crucial to be aware of the complex interplay between shame and overstimulation. Homosexual adolescent boys live in daily fear of exposure both of their sexually aroused state and of the homoerotic source of their arousal in school athletic locker rooms. Vaughan draws attention to similar experiences for homosexually inclined, adolescent girls (1998, p. 162).

Yorke asserts that ‘there is … no defense against shame. One can only take measures to avoid the situations that give rise to it—to restrict, for example, social exposure’ (1990, p. 406). Thus, when the overstimulation of everyday life evokes these dynamics of shame—the fear of exposure, the need to hide, the lack of internal defense against shame, avoidance of social exposure being the sole protection—the uncannily apt convergence is a description, indeed, a definition, of the homosexual closet (Phillips, 2001, pp. 1252–3). Blechner observes that one difficulty ‘with being in the closet for a long time is that you get used to it, and you start to lose awareness of how debilitating it is’ (1996, p. 231; see also Sedgwick, 1990; Drescher, 1998, pp. 265–91; Vaughan, 1999).

These shame dynamics frequently play out in the analyses of gay men and lesbian women. Insistent obsessional and compulsive character traits, for example, that fail to yield at all to traditional interpretation may represent not simply entrenched character armor against unconscious conflict. They may also be defending against conscious but
disavowed states of overstimulation here and now within analytic sessions that have become activated within the transference. The shame associated with overstimulation may reinforce the conscious avoidance of the overstimulated state during a session. Yorke, for example, notes that ‘it has been rightly said that guilt brings material into an analysis while shame keeps it out’ (1990, p. 381). Evidence of trancelike states, autohypnosis or falling asleep on the couch in response to the emergence of an erotic transference often signals an active struggle against such overstimulation. Vaughan notes that lesbian women report in treatment having responded to this everyday overstimulation ‘by disconnecting from their bodies’ (1998, p. 162). Drescher also observes how dissociative defenses are commonly employed in the lives and treatments of gay men (1998, pp. 261–5).

I have reported elsewhere (Phillips, 2001) on the analysis of a 32-year-old gay man who presented for treatment for difficulty in initiating and sustaining romantic, sexual relationships with other men. Diagnostically, Mr Davis had an obsesssional character disorder with depressive-masochistic traits. The patient had grown up in a family with several siblings and as a result had slept in the same bed as his brother from early childhood until he left home for college. When puberty arrived, Mr Davis found himself attracted to his brother especially as they slept next to one another dressed only in their underpants. One night, after his brother was asleep, the patient had gently touched his brother’s bare chest. His brother awoke slightly, brushed his hand aside and fell back asleep. The next morning the brother teased the patient for ‘being all over him last night’, which was a source of intense shame even to the present. When Mr Davis went off to college, he repeatedly fell in love with unavailable, heterosexual, male classmates, silently pining away for them. This pattern also found its way into the analysis.

As more direct expressions of curiosity and feelings of closeness for me emerged in the transference, his feelings tilted subtly in a sexual direction. For example, he said how grateful he was that I had stayed the course of the analysis with him despite how frustrating he knew he could be. He spoke directly of feeling close to me, but then the subject would change to another person of whom he was also fond and for whom he expressed explicitly sexual feelings. I shared this observation with him: ‘Did you notice that what began as an expression of warmth and affection for me ended up with your speaking about your sexual feelings for [person X]?’ A characteristic pattern would then ensue. He would fall silent and eventually report that he had ‘hit a wall’ or that ‘I’ve gone blank’. I would then invite him to see what came to mind about ‘the wall’ and the ‘blank’, and strikingly he responded the same way each time. He would compliantly and somewhat obsessively take up the invitation and say, ‘OK, let me see what comes to mind. I’ll just relax. I’ll just let my thoughts go. I’m drifting off. I’m feeling so relaxed. I’m getting kind of sleepy. I feel like drifting off and falling asleep’. All of this was said in a sing-song and progressively dreamier manner culminating in his actually falling asleep on the couch. He would subsequently wake himself a few minutes later with his own snoring.

When this first happened, I was perplexed. I did not know what else to do other than to analyze his falling asleep as a resistance—as a kind of dramatic, somatic changing the subject. Several such attempts led us nowhere. Gradually, as I paid more attention to the pattern itself, I came to recognize the trance-like prelude to falling asleep as autohypnosis—much like that reported by Shengold (1967) in his landmark article on the effects of overstimulation. His patients, in the aftermath of brutally traumatic and
repeated molestations, employed autohypnosis as a way of contending with chronic states of overstimulation. This revelation enabled me to see that the falling asleep on the couch was not only a resistance to the burgeoning erotic transference: it was also an indulgence of it. Mr Davis was enacting with me what must have happened in bed with his brother night after night. There he was, filled with sexual excitement and arousal for his nearly naked but forbidden brother who was lying next to him. What could he do with this unbearably intense build-up of sexual stimulation with no available outlet for discharge? He became ingenious at obsessively thinking about other things—other things that would help calm the tension, that would assist him in relaxing, that would promote drifting off, which after all was the only substantive solution available that would bring some temporary relief—sleep! Falling asleep on the couch, then, represented both a transference resistance against the developing sexual arousal within a session as well as a transference re-enactment of how he dealt with the arousal in bed with his brother.

The re-enactment in the transference of this type of overstimulation and the defensive struggles against it give rise to characteristic countertransference reactions in the analyst. The analyst may unwittingly collude with patients in their dissociative defenses against overstimulation by becoming distracted, bored or sleepy. Or the analyst may experience a version of the sexual overstimulation itself by feeling mild sexual arousal accompanied by explicit erotic fantasies about the patient or a displacement figure. Analysts may react with shame and/or guilt to such fantasies. When recognized and brought under self-analytic scrutiny by the analyst, these reactions—both the arousal and the shame and/or guilt—can prove extremely illuminating with regard to the patient’s early, warded-off experiences of everyday overstimulation (see Phillips, 2002). I do not address further in this article the long-standing and now well-known heterosexist, heterophilic and/or homophobic countertransference biases in clinical work with and psychoanalytic writing about gay and lesbian individuals since the subject has been written about by others with decisive eloquence (Chodorow, 1992; Blechner, 1993, 1995, 1996; Lesser, 1993; O'Connor and Ryan, 1993; Schwartz, 1993; Domenici and Lesser, 1995; Isay, 1996; Magee and Miller, 1997; Young-Bruehl, 2000; Roughton, 2002).

During the Middle Ages certain allegedly aberrant behaviors were ‘diagnostically’ indicative of witchcraft. When this ‘diagnosis’ was confirmed by the historical equivalent of the clinical interview—judicial and religious inquisition—the individual was ‘treated’ with the only know ‘cures’ of the affliction ranging from exorcism to execution. Freud analyzed such demonological possession as exemplary of neurosis—repudiated and repressed ‘reprehensible wishes’ projected into the external world (1923b, p. 72). Freud did not, of course, present any arguments against the existence of demonological possession. He assumed such a phenomenon to be anachronistic, a product of widespread religious belief from a bygone era. Strangely, contemporary psychoanalytic discourse on homosexuality exists in a time warp reminiscent of Freud’s article. It is as though within the same era different analytic researchers present evidence from their analyses of gay men and lesbian women favoring as diverse understandings of homosexuality as pre-oedipal fixation and near-psychotic psychopathology and garden-variety neurosis not unlike the neurotic difficulties of heterosexual individuals. To paraphrase Stephen Mitchell (1996), what is the perplexed, postmodernist clinician to do? I have attempted to show that the ways homosexuality is pathologized as universally indicative of a severe, narcissistic,
pre-oedipal condition can be critiqued by psychoanalytic reasoning and evidence. With such considerations before us, perhaps we can begin to come out of the confusion.

**Translations of summary**


**Homosexualidad: salir de la confusión.** El autor sostiene que anteriores supuestos teóricos conducen a la confusión conceptual sobre la homosexualidad en gran parte de la investigación psicoanalítica contemporánea. Un reciente trabajo de Bergeret, publicado en esta revista, es un ejemplo de ello. El autor refuta el argumento de Bergeret de que la homosexualidad no es una “verdadera” sexualidad sino una fijación defensiva narcisista que la aleja de la heterosexualidad o una negación casi psicótica de ella. El autor luego esclarece aquellas áreas específicas en el discurso psicoanalítico en las que aún prevalece una confusión conceptual respecto a la homosexualidad, como consecuencia de premisas teóricas anteriores: homosexualidad manifesta versus latente, narcisismo y bisexualidad, dinámica edipica y desarrollo, y transferencia y técnica.

**Homosexualité : sortir de la confusion.** L’auteur considère que les toutes premières hypothèses théoriques psychanalytiques contribuent à la confusion conceptuelle dans la recherche psychanalytique contemporaine concernant l’homosexualité. L’article de Bergeret récemment publié dans la présente revue est exemplaire de cette confusion. Son affirmation selon laquelle l’homosexualité n’est pas une « vraie » sexualité, mais plutôt une fixation narcissique défensive, plus ou moins proche de l’hétérosexualité ou le déni psychotique de celle-ci, est réfutée. L’auteur clarifie par la suite certaines zones spécifiques de confusion conceptuelle concernant l’homosexualité, encore prévalentes dans le discours psychanalytique, et provenant des toutes premières hypothèses théoriques. Ces zones de confusion concernent l’homosexualité manifeste dans son opposition à l’homosexualité latente, le narcissisme et la bisexualité, la dynamique oedipienne et le développement, le transfert et la technique.

**L’omosessualità: uscire dalla confusione.** L’autore dichiara che alcune vecchie affermazioni teoriche contribuiscono alla confusione concettuale sull’omosessualità in quasi tutta la ricerca psicoanalitica contemporanea. Il lavoro di Bergeret (2002) recentemente pubblicato su questa rivista è un esempio di questa confusione. E rifiutata la sua tesi che l’omosessualità non sia una “vera” sexualità ma semplicemente una fissazione narcisistica difensiva lontana dalla eterosessualità o la negazione quasi psicotica della stessa. L’autore chiarisce quindi quali siano le aree specifiche di confusione concettuale sull’omosessualità, una confusione ancora assai diffusa nel discorso psicoanalitico e derivante da vecchie premesse teoriche. Tra le aree di confusione si citano quelle dell’omosessualità latente versus manifesta, del narcissismo e della bisessualità, delle dinamiche e dello sviluppo edipici, del transfert e della tecnica.

**References**


