It is self-evident, I suppose, that I am conspicuously taking exception to the all-too-prevalent idea that things are pretty well fixed in the Jesuitical first seven years. This idea has constituted one of the greatest problems for some anthropologists who have tried to translate psychiatric thought into anthropologically useful ideas. The anthropologists have noised at them from all sides the enormous importance of infantile experience—meaning experience certainly under the age of eight. Yet one of the most conspicuous observations of an anthropologist working anywhere is that children of the privileged, who are raised by servants, do not grow up to be like the servants. That is a little bit difficult for an anthropologist to reconcile with the tremendous emphasis on very early experience.

Harry Stack Sullivan, *The Interpersonal Theory of Psychiatry* (1953)

In the father’s specific contributions to his son’s psychosexual development, the father should be a male model with whom the son can identify in forming masculine patterns in a specific cultural milieu. An affectionate father through his warmth and support provides a reality denial for any retaliatory expectations the son may have for harboring sexually competi-
tive attitudes. The father who promotes an identification with him will ordinarily intercede between his son and a wife who may be [close-binding], thus protecting the boy from demasculinization. Such a father does not default his paternal role out of submissiveness to his wife.

Irving Bieber et al., *Homosexuality* (1962)

The overextrapolations of Bieber, with their untenable implications of universality, have created clutter in a field in which their data regarding, for example, close-binding mothers and distant fathers might, if modestly treated, have clear usefulness in the understanding of some aspects of development in some gay men. In a similar vein, but probably even worse, the energetic pseudocertainties of Socarides about pre-oedipal and oedipal development have probably created flawed data and misinformation from which it will take scientific objectivity some time to reemerge.

Graeme Hanson and Lawrence Hartmann
“Latency Development in Prehomosexual Boys” (1996)

As was observed in the previous chapter, many gay men recall infal childhoods in which they were exposed to antihomosexual biases while simultaneously being subjected to expectations of heterosexual normativity. Not only does doing psychotherapy with gay men draw a therapist's attention to the power and ubiquity of these cultural beliefs, it also highlights the ways in which these attitudes have shaped psychoanalytic theory. Psychoanalytic developmental theories, particularly those that try to explain the causes of homosexuality, uncannily reflect the social prejudices of the culture. The most common example of this is psychoanalysis' appropriation of the culture's standard notion of a "normal boy" to mean one who is attracted to girls. Thus, the extent that they tend to explain male homosexuality from this perspective, analytic theorists have neglected other subjective possibilities.

These include the observation that a masculine identity can actually be consistent with an attraction to boys. Or that a boy's attraction to another boy may altogether exclude the concept of femininity. Or that labeling one's own spontaneous homoerotic feelings as feminine may in fact be a developmental achievement in itself, one that occurs much later than a conscious awareness of the actual feeling.

There are many ways in which theories of homosexuality's etiology can have an impact upon the developmental experiences of gay men. Moreover, there exist both fanciful and serious theories regarding the "causes and because" of homosexuality. Some etiological theories are known only within certain disciplines, while others have entered into and become popularized by the general culture. Gay patients will have inevitably read or been exposed to these theories, which, in various ways, have either caused these men to be mystified or stigmatized, or, in some cases, have actually served to anchor some part of their gay or homosexual identities. The focus here, however, is on psychoanalytic theories in particular, not only as systems of interpretation, but on the ways in which they reflect and express unexamined cultural beliefs that both naturalize heterosexuality and denigrate homosexuality. In addition to the traditional biases in analytic theories, this chapter also explores the theoretical strategies of more recent, affirming psychoanalytic approaches to homosexuality.

It would be unfair, of course, to single out psychoanalytic theories as the only ones that rely upon heterosexual models of normativity. Certainly, psychoanalysts are not unique in offering theoretical assumptions that depend upon defining male homosexuality as a feminine trait (see for example Dörner, 1986; Green, 1987; LeVay, 1993; Hamer and Copeland, 1994). Nevertheless, it is important to emphasize this issue in regard to psychoanalytic theories since analysts regularly find themselves in clinical situations that other sex researchers do not. After all, it is one thing to label posthumously a man's hypothalamic nucleus as "feminine" at autopsy. It is another thing altogether to countertransferentially impose a therapist's own restrictive gender definitions on gay patients in ways that recapitulate painful developmental experiences of childhood and retraumatize people seeking help.

Because analytic theories inevitably affect therapeutic listening, the impact of a therapist's etiological theory in doing clinical work with gay men cannot be underestimated. For example, one consequence within psychoanalysis of normalizing heterosexuality was that a gay man's developmental history could only be framed as abnormal. Many theorists have implied that they understand how normal human development
folds, even though conflicting models of psychoanalytic development theory made it difficult, if not impossible, to reach a consensus on the one becomes an average heterosexual (Freud, 1905; 1908; Sullivan, 1953; Hartmann, 1958; Blos, 1962; Winnicott, 1965; Bowlby, 1969; Shust, 1971; Segal, 1974; Mahler et al., 1975; Greenberg and Mitchell, 1983; Fast, 1984; Stern, 1985; Tyson and Tyson, 1990). Despite such a high theoretical diversity, a common characteristic of psychoanalysis’ developmental mental theory is a paucity of theories that might account for a normative, nonpathological gay male identity. Psychoanalysts and other theorists, with few exceptions (Morgenthaler, 1984; Friedman, 1988; Wes, 1988; Isay, 1989), do not envision such a line of development. Instead, they conceptualize same-sex attractions as the result of some lure to acquire the psychological equipment required to stay on the path toward an expected, and preferred, heterosexual outcome.

These theories do not necessarily require pathological models of homosexuality. Freud (1905), for example, did not pathologize homosexuality, he juvenilized it. One implication of his theory was that the supposedly mature, genital analyst could potentially use the analytic situation to show the immature, pregenital, homosexual analyst how to veer childish pursuits behind. As generous as such an offer may appear face value, if a therapist sees homoerotic attractions as a conscious or unconscious resistance to growing up, this may consciously or unconsciously rationalize therapeutic attempts to effect sexual orientation inversions (Duberman, 1991). Mitchell (1988) alludes to this countertransference phenomenon of psychoanalytic theory and praxis in his account of infantilism, that is, thinking about the patient as a metaphorical baby. Of course, as many a denigrated borderline patient can attest, clinical tendency to treat patients as developmentally immature is not limited to gay men. However, theoretical infantilism is often accompanied by therapeutic condescension (Drescher, 1997a) toward gay men, if outright hostility, that often parallels the culture’s denigration of homosexuality. McDougall’s (1980) description of the “neosexual inventor” among whom she includes gay men, typifies such a condescendingly evaluative attitude:

The neosexual inventor is able to maintain the unconscious fantasy that the genital organs of his parents are not complementary to each other, and that he is in no way excluded from their eventual sexual relationship. In other words, the child has exchanged the Oedipal myth, rooted in the socio-biological structure, for a private sexual mythology running counter to the cultural discourse. From this point on, his psychosexual life will develop in conformity with this new model of sexuality, even though he will recognize intellectually that his is a fictitious primal scene. It is evident also that the creator of this fiction will find himself engaged in a continual battle with external reality. To realize that “one and one makes two” is not in itself a profound intellectual acquisition, but he who, in spite of the evidence to the contrary, calculates on some other numerical system, is going to encounter difficulties wherever he goes; he will have to make constant personal adjustments. The false arithmetic of perverse sexuality is not always entirely limited to the sexual relationship; it may color the understanding of human relations in general with the concomitant risk of precipitating moments of psychotic confusion [pp. 194-95].

It is worth noting that theorists like McDougall, in trying to present their biases as objective truths, rhetorically use mathematical analogies to elevate their own subjective narratives to the level of hard facts. This is a time-honored psychoanalytic tradition seen in Freud’s (1905) previously cited but highly creative and original claim that “neuroses are . . . the negative of perversions” (p. 165). And the positively and negatively valenced Oedipal complexes (Freud, 1924) were early forerunners of McDougall’s own arithmetic metaphors. From her perspective, she sees a heterosexual, mathematical design in nature. And, in her view, attempts to live outside the norms of heterosexuality are akin to courting psychosis—which is defined as denying the fact that one (man) and one (woman) equals two (a heterosexual couple).

In addition to infantilism, and the implicit condescension toward patients that it engenders, Mitchell has also criticized psychoanalysts who reason by genetic fallacy (Hartmann, 1960), and make “the equation of a behavior with its origins, or the assumption that a behavior originating out of conflict is inevitably forever linked to conflictual difficulties” (Mitchell, 1978, p. 258). It is, however, understandable how psychoanalysts are easily lured into this intellectual morass. There is, after all, an element of truth in McDougall’s contention that it may be folly to attempt to live one’s life in violation of cultural expectations and norms. Gay men often do face many interpersonal difficulties in their lives for that reason alone. However, McDougall’s position does not accurately reflect the subjective experience of many gay men and fails to account for the actual developmental difficulties that they may face. In fact, finding oneself in opposition to the beliefs and biases of a powerful majority can often lead to marginal experiences that are frequently a prelude to future difficulties in living. Growing up to be gay means eventually having to challenge unproven cultural assumptions about what is innate
out human sexuality. But contrary to McDougall’s beliefs, it is not a psychological inability to accept the reality of heterosexuality with which gay men must contend. Instead, more commonly, they face the accepting attitudes and unwarranted expectations of the heterosexuals among whom they are raised: their families, their neighbors, their employers, and their peers, and sometimes the mental health profession; they seek out for psychotherapeutic assistance.

**Heterosexual Normativity**

One of the most difficult developmental tasks faced by gay men and women is the culture’s demand for heterosexual performance. These mandates have an enormous impact on gay people’s lives at every level of social order:

Among developmental scientists it is still widely assumed that the normal and natural condition of sexual development is heterosexual. The evolution, functions, and outcomes of sexual development are still largely perceived as taking shape from the “natural fact” that desire for the opposite sex and reproduction guide all human affairs. Thus the occurrence of same-sex desire and action has been seen in negative terms. Homosexuality during adolescence has been explained by attributions to a variety of negative causes: to sexual abuse and seduction (typically imposed by an older perpetrator on a younger “victim”); to social learning through the associative pairing of sexual gratification with a same-sex dyad, often in situations of antisocial behavior, delinquency, and other forms of psychopathology; and to the lack of opportunities or restricted options for heterosexual outlets [Herdt and Boxer, 1993, p. 177].

Herdt and Boxer are describing the influence of heterosexual biases developmental theories in general. But until recently, most psychoanalytic theorists of development likewise focused on heterosexual outcomes as the only desirable or positive possibility. The theoretical biases these analysts drew upon Freud’s (1905) 19th-century interpretation Darwinian evolution (1859), as it was transformed by Rado’s (1969) d-20th-century adaptational psychodynamics. Psychoanalysts commonly believed that normal development leading to procreative capabilities required identification with the sexual attractions of the same-sex parent and desire for an object of the other sex. This was referred to as the positive Oedipus complex. The fact that many lesbians and homosexual men could and did reproduce, despite an absence of attraction to the other sex, was irrelevant in this nosology. Freud (1923b) believed that “maleness combines the factors of subject, activity and possession of the penis; femaleness takes over those of object and passivity” (p. 145). In adopting this model, psychoanalysis not only naturalized the heterosexual paradigm, it also perpetuated the popular linkage of male homosexuality with a denigrated effeminacy. Blos (1962), for example, presents a theory of male homosexuality that sees it as both heterosexual development gone awry as well as the result of traumatic, feminizing experiences:

In the boy three preconditions favor the channeling of genital sexuality into a homosexual object choice during puberty. One is a fear of the vagina as a devouring, castrating organ; we recognize in this unconscious concept a derivative of projected oral sadism. The second precondition resides in the boy’s identification with the mother, a condition which is particularly apt to occur when the mother was inconsistent and frustrating while the father was either maternal or rejecting. A third precondition stems from the Oedipus complex which assumes the form of an inhibition or restriction summarily equating all females with mother and declaring introitus to be the father’s prerogative [Blos, 1962, p. 105].

Many analysts have relied upon formulations like these in treating gay patients and have regarded them as genetic truths. Yet, Blos’s etiological conclusions draw upon unanalyzed cultural assumptions, shared by analysts and patients alike, that have uncritically found their way into psychoanalytic formulations. In fact, embedded in each of Blos’s three psychodynamic explanations are some common denigrating attitudes toward and beliefs about what it means to be a gay man: that he is a coward who fears women (Rado, 1969); that he is too close to his mother or a mama’s boy (Freud, 1910a); and that he is an impotent competitor when compared to real, heterosexual men (Freud, 1923a). And it is these popular images, among others, that suffuse much of psychoanalysis’ developmental literature. Tyson and Tyson’s (1990) approach, for example, tries to integrate a range of differing, developmental models in psychoanalytic theory: psychosexuality, object relations, cognition and gender, to name a few. Nevertheless, despite the

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parent complexity of the theoretical material they present, they too
ike the cultural belief that although one starts out a mama's boy, one
rst later give that up to become a man: “During the first two years the
v's major relationship is usually with his mother or female caregivers
providing them with his first role model... the boy, in order to estab-
lishing a male gender role, must switch his identification from mother to
her. It is the boy's successful disidentification with his mother that is
sential to his finding a firm sense of masculinity” (pp. 282–283). They
m go on to say:

Usually the little boy gives evidence of experiencing libidinal longing
toward both parents (positive and negative oedipal strivings), and he
may picture himself in a male or female role in relation to either of his
parents. The boy's negative oedipal position in which he pictures himself
consciously as feminine is usually shorter in duration than the positive
position. This is commonly understood to result from his castration anxiety; if he were to persist in attempting to take mother's place and in identifying with her gender role—thus in fantasy becoming female—it would entail the loss of his precious penis [Tyson and
Tyson, 1990, pp. 286–287].

The Tysons say a boy's attraction to his father means he “pictures
himself as feminine.” This assertion implies that a boy's same-sex inter-
ests are feminine, a common cultural belief about male homoerotic feel-
ings. However, a boy's attraction to his father may initially have nothing
to do with concepts of masculinity or femininity, although the feeling
may later be labeled as such by the external environment (Chodorow,
6). The feeling of attachment to father may come first, and its cul-
tural and personal meaning regarding the boy's gender much later (de
moeffele, 1997; Coates, 1997). But in their psychodynamic formula-
tions, the Tysons are not averse to equating male homosexuality with
er demigod cultural stereotypes as well. They further contend that
developing the negative oedipal complex, and to achieve a homo-
exual identification, the boy must imagine himself to be castrated, evoke
the image of a gay man as eunuch. The eunuch is, of course, a
ation on the impotent competitor, who in some cultures may even
be the heterosexual's wives and concubines.

Like many analysts, the Tysons treat the nuclear family as the tem-
place upon which appropriate models of gender are or should be con-
ected. A boy must become like the father who sired him. And,
upon Stoller's (1985) theory that gender identity disorder (GID)
dys is caused by a blissful, maternal symbiosis, a theory disproved by

contemporary GID clinicians (Coates, 1992; Bradley and Zucker, 1997),
the Tysons apparently also believe that maternal attitudes and behaviors
may cause effeminacy, and subsequent homosexuality, in boys:

The difficulty in counteracting identifications with the mother when
no father figure is available was exemplified when one three-year-old
was psychologically evaluated. On successfully pointing to all body
parts on a picture of a small boy, his single mother reached under his
shirt and insisted he point to his “boobies.” She explained that the
flowery jacket he was wearing was a hand-me-down from a friend's lit-
tle girl and wasn't he lucky—it fit! About his long curls, she admitted
they made him look like a girl, but they were so pretty she hated to cut
them [Tyson and Tyson, 1990, p. 280].

Ostensibly, this is simply a clinical example of a disturbed mother
who exemplifies, for the Tysons, how one should not raise boys.
However, embedded in their text is the implication that the masculiniz-
ing role of the father is to tell the boy that he does not have “boobies,” to
prevent the child from wearing a girl's hand-me-downs, and to make sure
the child gets his hair cut regularly. Furthermore, they do not clearly spell
out what exactly was this child's “difficulty in counteracting identifica-
tions with the mother when no father figure is available.” They provide
no other clinical data, either about the mother, or about the child, or
about the psychological tests he was undergoing. Is the boy's behavior
effeminate, or is he, to the obvious chagrin of the Tysons, simply being
dressed as a girl? Is this a boy who wants to be girl, that is to say a child
with GID? Again, they do not say, although they point out that it was
the mother, not the child, who drew attention to his “boobies.” And
despite having such a disturbed and disturbing mother, the child did
“successfully” point to all of a boy's body parts on the test. Rather than
clarifying and proving their theoretical point, which is that boys need a
father or male figure to develop a masculine identity, this vignette instead
invites the reader to share the authors' own disdain for the mother who
is raising a mama's boy.

The Tysons write within a traditional psychoanalytic model that
hypothizes the existence of biological antecedents to one's sense of
psychological gender. In their model, a boy's psychological attraction to
his father would derive from a feminine or bisexual biological drive. Fast
(1984), on the other hand, is a more innovative theorist who assumes
both boys and girls must learn the attributes of their respective genders
as part of normal development. She does not believe that children adopt
the behaviors attributed to their anatomical gender solely on the basis of
In this formulation all developmental influences in the boy's preoedipal period are seen as tending toward the establishment of his masculinity. Anatomically, the boy is male. His instinctual aims, when arise in the phallic period, are masculine. His first relationship (to his mother), by its cross-sex character, predisposes him to heterosexuality. In his experience there is only one sex, the male one. He uncritically assumes that everyone is, like himself, altogether male and masculine (Fast, 1984, pp. 48–49).

The belief that the mother-son dyad serves as a template for later adult, male heterosexuality is a recurring—albeit unproven—theme of psychoanalytic literature. Boys are presumed to attach heterosexually to their first object, the mother. Conversely, the infant girl's relationship to the mother is a homosexual one. She is presumed to have the more difficult task of learning to become a heterosexual by shifting her attachment from the mother to the father (Freud, 1920). Here, psychoanalytic drive theory uses the metaphor of sexuality to mean that phenomena observable in adults and children are the hypothetical antecedents of adult heterosexual behavior and that attachment is intrinsically sexual (Freud, 1905). However, other than its metaphorical quality, the heterosexuality implied to exist between an infant boy and his mother may, in fact, be totally unrelated to adult heterosexuality. Morgenthaler (1984), who writes within Freudian traditions, critically notes that: "Psychoanalysis discovered infantile sexuality as the expression of the polymorphous perverse sexual predisposition of man. However, it cannot refer solely to this discovery in order to explain mature sexual behavior, for no linear correlation exists between infantile sexual instinctual impulses and adult sexual modes of expression and experience" (p. 71).

Paradoxically, the theoretical construction of infantile heterosexuality in early male development coexists with another psychoanalytic hypothesis that infant boys believe everyone has a penis (Freud, 1923b). In other words, the theory also asserts that the subjectivity of the young male child is actually that of a homosexual male who believes the object of his affection, his mother, possesses the same anatomical endowment that he does. The reader who finds these discrepant perspectives confusing and unsettling is not alone. Is the male child to be defined as a heterosexual based on his physical, anatomical differences with his mother of which he is supposedly unaware? Should he be defined as homosexual because of his subjective belief that both he and his mother have a penis? Part of the difficulty in sorting out these contradictions stems from an ambiguous use of the terms heterosexuality and homosexuality. Do these categories refer to physical or psychological relations or, upon
erser examination, are physical and psychological meanings being used interchangeably? Do adult heterosexual and homosexual relationships really have any direct correlation, other than linguistic ones, to the early other-child relationship? Although psychoanalytic practice does require that a therapist tolerate contradiction and ambiguity in a patient's clinical material, this listening stance should not justify resorting to an illogical psychoanalytic theory. For as de Beauvoir (1952) wryly served, "The psychoanalysts have had no trouble in finding empirical confirmation for their theories. As we know, it was possible for a long time to explain the position of the planets on the Ptolemaic system by doing it sufficiently subtle complications" (p. 49).

Teleology

The theories of heterosexual normativity rely upon underlying explanatory systems that account for heterosexuality by its final causes. Yet as Wiby has noted, all teleological theories are scientifically suspect.

A teleological theory is one that not only recognizes that an active biological system, whether physiological or behavioral, tends in a species' environment of adaptedness to result in a predictable outcome that is usually of value to the species, but accounts for its reaching that outcome by supposing that in some way the outcome is itself an immediate cause of the physiological reaction, or of the behavior, that leads to it. "The bird builds a nest to have somewhere to rear young" is a teleological statement when it carries the meaning that a bird needs to have somewhere to rear young and that such need causes it to build its nest. And because such a theory entails supposing that the future determines the present through some form of "finalistic causation," it lies outside the realm of science. . . . The puzzle has always been to understand how an action which has such predictable and useful results can be the effect of causes conceived in terms that are compatible with hard-headed science [Bowlby, 1969, pp. 124–125].

"People are heterosexual to have children" is a teleological statement that it assumes the outcome of sexual reproduction is the cause of heterosexual attractions (Gooren, 1995). In "Three Essays on the Origins of Sexuality," Freud (1905) added a footnote ten years later that showed his uneasiness of the effects of such reasoning and warned that heterosexuality "is not a self-evident fact based upon an attraction that is ultimately a chemical nature" (p. 146). Freud retained the footnote in subsequent editions as he struggled between essentialist and constructivist positions.

Lewes (1988) underscores this often-neglected Freudian position and Chodorow (1992) has also taken up the same point with her reminder that heterosexuality may also represent a compromise formation. Yet, despite their own objections to teleological reasoning, both Freud and Bowlby resort to it. Their own subjectivities led them to assume a purpose for human sexuality, that is, a heterosexual object choice leading to reproduction. Schafer (1995) draws attention to the role of teleology in psychoanalytic thought:

I would say that in his theorizing Freud was looking backward from the teleologically prescribed endpoint of Darwinian sexual development. We can anticipate this conclusion from the word pregenital, for that word implies that one is speaking of matters that the individual ought to get beyond... The word pregenital... is closely allied to the word preoedipal, even though it does establish a somewhat different center of interest. I maintain that "preoedipal" is also a teleological, implicitly moralistic term. It naturalizes a normative development that has been, from Freud on, usually understood in the sense of the positive oedipal, the crystallization though not the culmination of heterosexual development [pp. 195–196].

Despite his thoughtful footnote, as we have already seen in the actual text of "The Three Essays," Freud declares "The final outcome of the sexual development lies in what is known as the normal sexual life of the adult, in which the pursuit of pleasure comes under the sway of the reproductive function and in which the component instincts, under the primacy of a single erotogenic zone, form a firm organization directed towards a sexual aim attached to some extraneous sexual object" (1905, page 197). And Bowlby (1969) himself waxes teleological when he compares homosexuality to the military concept of friendly fire:

An example of a system or rather integrate of systems that is in working order but not in functionally effective working order is the integrate responsible for sexual behavior in an adult who is a confirmed homosexual. In such a case all components of behavior may be performed efficiently but, because the object towards which they are directed is inappropriate, the functional consequence of reproduction cannot follow. The integrate not only has a predictable outcome, namely sexual orgasm with a partner of the same sex, but is so organized that the outcome is achieved. What makes it functionally ineffective is that for some reason the system has developed in such a way that its predictable outcome is unrelated to function. Were a similar error to have crept into the design of a radar and predictor-controlled...
anti-aircraft gun, it might lead to the gun's firing efficiently but aiming so that it always destroyed a friendly plane and never an enemy one [pp. 130-131].

Both Freud and Bowlby were, in many ways, men ahead of their time; but in other ways, both were embedded in the social conventions of their own eras. Neither, of course, could have envisioned contemporary phenomena such as gay men who marry women to have children, men who adopt children or find surrogate mothers willing to be unaminated (Patterson and Chan, 1996), or lesbians mothers who adopt and later psychoanalysts ultimately came to explain the "homo­

Preoedipal Homosexuality

Psychoanalytic theory has struggled with an embedded heterosexual normativity based upon teleological assumptions as it tried to make sense of individuals who did not conform to this ideal. This is most evident in Freud's (1924) belief that the positive resolution of the Oedipus complex was the central developmental task for all human beings. Although "creative" was originally intended in a mathematical sense, its normative tension cannot be overlooked. So central was the belief in the Oedipus complex to his thinking, that questioning its universality in man development was akin to challenging the foundations of psychosynthesis itself (Freud, 1914b; Jones, 1961; Kerr, 1993). Sexual and psychological maturity were defined as identifying with the parent of the same sex, renouncing one's longings for the parent of the other sex and ultimately seeking an adult, heterosexual partner of one's own.

The psychoanalytic imperative to heterosexually resolve the Oedipus complex became a procrustean bed into which homosexuality could fit through a process of either juvenilization or pathologization. And later psychoanalysts ultimately came to explain the "homosexual" nonconformity with the expected Oedipal outcome by focusing "preoedipal" aspects of development. Based upon Freud and ahim's (1924) theory of psychosexual stages, analysts looked to the sable unfolding of events occurring in the years prior to the resolution of the Oedipus complex. Thus, homosexuality was commonly attributed by psychoanalysts to traumatic experiences that either arrested development (the individual never reached the positive Oedipal stage) or caused a regression (the individual reached Oedipal development but went back to an earlier psychosexual stage due to some trauma). If a gay man preferred sexual acts, such as placing his penis in a mouth or anus, or in his own hand, or in another person's hand, these were thought to represent the satisfaction of infantile, pregenital wishes. Infantile behaviors, of course, could be practiced by either heterosexuals or homosexuals (Freud, 1908) and were sometimes referred to as forepleasure (Freud, 1905), or the satisfactions that come before the main event. But in the psychoanalytic theory of immaturity, genitality, or inserting the penis in the vagina, is the main event and is the concrete representation and expression of a mature human sexuality.

A significant, corollary belief to pregenital sexuality and the psychoanalytic centrality of the Oedipal complex was a technical emphasis on interpreting clinical data from patients in developmental metaphors ascribed to the first five years of life. "If the memory which we have uncovered does not answer our expectations, it may be that we ought to pursue the same path a little further; perhaps behind the first traumatic scene there may be concealed the memory of a second, which satisfies our requirements better and whose reproduction has a greater therapeutic effect; so that the scene that was first discovered only has the significance of a connecting link in the chain of associations" (Freud, 1896b, p. 195). This belief also informed Freud's (1899) concept of screen memories, which hypothesized that significant early childhood events are obscured by later, sometimes apparently insignificant memories. Screen memories "are compromise formations like parapraxes or slips and more generally symptoms" (Laplanche and Pontalis, 1973) and therefore subject to analysis. One consequence of an interpretive stance that telescoped significant developmental phenomena into the first five years of life was that the oral, anal, and genital psychosexual stages were regarded as the most significant analogies through which all later experiences were defined. And consequently, much of the psychoanalytic literature on homosexuality primarily preoccupies itself with oral and anal explanations for the difficulties in living experienced by gay men (Lewes, 1988). In these formulations, analysts concern themselves with the developmental period before the ages of three to five. Combined with a belief that the subsequent years are only a latency period, analysts have a theoretical bias toward the formative effects of early life experiences that may lead them to diminish the relative importance of later ones:

The literal interpretation of the term latency period to mean that these years are devoid of sexual urges—that, sexuality is latent—has long
ago been superseded by an acknowledgment of clinical evidence that sexual feelings expressed in masturbatory, voyeuristic, exhibitionistic, and sadomasochistic activities do not cease to exist during the latency period. However, no new instinctual aim appears at this stage. What does change in the latency period is the growing control of the ego and the superego over the instinctual life. This shift is substantially promoted by the fact that "object relations are given up and replaced by identifications" (Freud, 1924). The shift in cathexis from an outer to an inner object may well be called an essential criterion of the latency period [Blos, 1962, pp. 53-54].

Because of metapsychological beliefs like these, that no new instinctual aims emerge after the first five years of life, and that patient descriptions of later trauma are actually screens for earlier ones, many psychoanalysts are skeptical about interpreting post-Oedipal memories at face value. They believe that a deeper analysis, one which finds traces of later memory in stages leading up to the Oedipus complex, is both necessary and more psychoanalytically meaningful (Freud, 1914b). Taimly, as any analyst can attest, careful attention to the multiple meanings of a memory is clinically useful in the treatment of any client, regardless of sexual identity. However, Spence (1982), among others, has shown how studies of memory may not support these historical psychoanalytic assumptions. He makes the point that narratives in psychoanalysis may not actually emerge from memories at all but may instead be shared constructions of the analyst and patient. Stern (1985) makes a similar point:

In contrast to the infant as observed by developmental psychology, a different "infant" has been constructed by psychoanalytic theories in the course of clinical practice (primarily with adults). This infant is the joint creation of two people, the adult who grew up to become a psychiatric patient and the therapist, who has a theory about infant experience. This recreated infant is made up of memories, present enactments in the transference, and theoretically guided interpretations. I call this creation the clinical infant, to be distinguished from the observed infant, whose behavior is examined at the very time of its occurrence [p. 14].

In addition to the problem of reconstructing memories that emerge, data from contemporary infant research also raises significant challenges to the assumptions that typically underlie post-Oedipal analyses of homosexuality. In the Freudian model, attachment to another was linked with the oral phase. Bowlby (1969), drawing upon the work of Lorenz (1953), emphasized that attachment did not necessarily depend upon feeding behaviors or putative sexual drives (Goldberg, Muir, and Kerr, 1995). Bowlby's work throws into question a host of psychoanalytic assumptions about the "orality" underlying gay relationships. Similar questions are also raised regarding Socarides' adaptation of Mahler's (1975) developmental model of separation and individuation, in which he claims homosexuality is a "resolution of the separation from the mother by running away from all women" (1968, p. 60). He believes that the homosexual is, in fact, caught between psychological fusion or symbiosis with the mother and the early phase of attempting to separate from her. This pre-Oedipal assumption unflatteringly locates a gay man's character structure at a developmental level somewhere between those of a psychotic individual and a borderline personality disorder. Although Socarides treats Mahler's theory as a proven fact of normal development, Stern's (1985) concept of an emergent self questions the unproven assumptions of Mahler's developmental and, by extension, Socarides' pre-Oedipal theory as well:

The idea of a period of differentiation that is subjectively experienced by the infant as a form of merger and dual-unity with the mother is very problematic, as we have seen, but at the same time it has great appeal. By locating at a specific point in lived time those powerful human feelings of a background sense of well being in union with another, it gratifies the wish for an actual psychobiological wellspring from which such feelings originate and to which one could possibly return.

Ultimately, this kind of notion is a statement of belief about whether the essential state of human existence is one of aloneness or togetherness. It chooses togetherness, and in doing so it sets up the most basic sense of connectedness, affiliation, attachment, and security as givens. No active process is needed for the infant to acquire or develop towards this basic sense. Nor is a basic attachment theory with purposeful moving parts and stages a necessity. Only a theory of separation and individuation is required to move the infant on developmentally, which Mahler goes on to provide.

Attachment theory does the opposite. It makes the achievement of a basic sense of human connectedness the end point, not the starting point, of a long active developmental course involving the interplay of predesigned and acquired behaviors [pp. 240-241, emphasis added].

Stern contends that contemporary infant research based on attachment theory does not support Mahler's model of symbiosis preceding separation. And sex researchers outside psychoanalysis also offer data...
Are directly at odds with preoedipal theories. Bell, Weinberg and Immersmith (1981) questioned 979 homosexual and 477 heterosexual men and women about their early family relationships. Their results did not verify the smaller, psychoanalytic study of Bieber et al. (1962) which imputed that homosexual men had dominating mothers and withdrawn hostile fathers.

Thus, contrary to certain theoretical models, unusually close mother-son relationships in general do not appear to be important in accounting for the development of homosexuality among the men in our study. In other words, some boys who have this kind of relationship with their mothers may, for whatever reason, go on to become homosexual, but such cases appear to be the exception rather than the rule. It should be remembered that over half of the homosexual respondents did not report this kind of maternal relationship. Thus, neither unusually close nor unusually negative mother-son relationships can be considered important in the development of homosexuality among our male respondents [Bell, Weinberg, and Hammersmith, 1981, p. 45].

Unfortunately, an analytic conviction that the gay patient's intrapsychic and interpersonal difficulties are of preoedipal origin frequently results in a denial of the ways in which later experiences are important in an individual's development and dynamics. In fact, some analysts (e.g., Ziegler, 1956) adopted a theoretical and clinical stance that dismissed subjectivity of the adult gay man by denying the impact of their infuential, traumatic encounters with antihomosexual attitudes. And such an stance also overlooked the possibility that these later, traumatic experiences may have had greater explanatory power than preoedipal theories in explaining the adult, interpersonal difficulties of gay patients. Though some psychoanalysts argued that a gay man adopts a homosexual orientation as a result of fantasized beliefs about human sexuality in relationships, it may be more theoretically parsimonious to argue that gay patients' fantasies about the meanings of their sexual feelings powerfully resonate with cultural prejudices about homosexuality. That is, say that as gay men were growing up, they internalized the culture's antihomosexual symbolism as a way to explain their own same-sex feelings. Or, it may be the therapist who, when confronted with a gay man's preconceived assumptions, goes looking for a supposedly deeper anxiety. Consider the following session with a gay man who was lecting on the painful fact that he had not recently heard from a man who was dating:

A: Martin and I had a hard time getting together for the first couple of weeks. He'd say he was working late or wasn't feeling well. My sense is that is really what is going on. I can remember there was a time when I would have turned that all around. I would wonder, "Is he really working late? Is he not interested? Is he seeing someone else?" This time I said to myself "That sounds right." If it's not what is going on, he has his reasons for not getting together. My attitude is the same at work, where things are going relatively well. My boss knows I'm gay. He's very supportive. I'm getting involved in some good projects and stepping into a role that is exactly what I want. All that has made me feel more comfortable in dealing with people professionally. In negotiations, I'm finding myself more able to think on my feet and less panicked. There haven't been any major confrontations. I'm not really sure what will happen when there is really a conflict with somebody. The other night I got a call to represent the agency where I do volunteer work. This is exactly the sort of thing I like doing, being involved with organizations like this one and being out front. I was thinking about the time when I would be more panicked about being out front for a gay organization, or even joining a gay group.

Th: What would panic you?

A: I was thinking about when some friends who were trying to get me involved in a gay political group. That was when I was still working at my previous job which was a pretty homophobic place. What the organization was doing was appealing, but I was worried what would happen if someone at work knew I was involved in work like that. I'm involved in a conservative, corporate community. A friend of mine, in a similar situation, was interested in working for the gay agency where I volunteer work. This is exactly the sort of thing I like doing, being involved with organizations like this one and being out front. I was thinking about the time when I would be more panicked about being out front for a gay organization, or even joining a gay group.

Th: What is the anxiety about people finding out?

A: On a rational level, I'm not sure what I have to be worried about.

Th: And on the anxiety level?

A: It's not so rational. It's not that you will lose your job. It's an anxiety about abuse, or confrontation.

Th: What comes to mind?

A: Well, whether its rational or not, somebody yelling something at you. "You faggot" or something along that line. Rationally, in the circles that
I'm traveling in, even if someone is thinking that, they probably wouldn't say that to your face. But the images coming up are that. Or gossiping behind your back that, "Oh well, A is gay" and being dismissive of anybody who falls into that category. That's what comes to mind when I think about that anxiety.

Th: Who is doing the yelling and the dismissing?

A: It doesn't have a particular face, but it's definitely male. The image is male figures, not female figures. This goes back to something I talked about before: people internalizing prejudices. Women internalize prejudices about women, blacks internalize prejudices about blacks, gays internalize prejudices about gays.

How do developmental theories affect how a psychoanalytically-oriented therapist listens to this material? For example, is the patient's resistivity to rejection due to an early, preoedipal narcissistic vulnerability (Freud, 1914c)? Is this the same narcissistic vulnerability that caused homosexuality or are the two traits independent variables? Is the tient simply an overly-sensitive injustice collector (Bergler, 1956)? Does this patient fear paternal reprisals and castration for desiring his other (Blos, 1962) or does he fear social opprobrium for being gay?IGHT not growing up gay in a heterosexual world expose an individual experiences that heighten a pre-existing narcissistic vulnerability? Are y men postoeedipally traumatized by rejecting experiences that lead to her regressive behaviors or dissociative tendencies? Where should a therapist focus the psychotherapeutic work with such a patient?

Any theory that does not account for the impact of early experiences adult behaviors is not likely to be considered a psychoanalytic one. It a central tenet of psychoanalysis that early relationships affect the ture and quality of later ones. And it should be emphasized that the alyses and meanings of early, dyadic experiences are as clinically use-to gay men as they are to heterosexual patients. However, an unfortu-nate consequence of the psychoanalytic emphasis on preoedipal planations of homosexuality are the sometimes well-intentioned, and other times ill-considered attempts to convert gay patients into hetero-normals. For these patients and therapists, the goal of analysis is to help tients resolve the preoedipal difficulties they presumably experienced the early, dyadic relationship with the mother. If this can be done, the tient might take a further developmental step, enter the Oedipal trian-gle, and achieve heterosexuality. Although the obstacles along this theo-ed path can be both arcane and tortuous, it is believed by some that ce gay men understand, in preoedipal terms, why they are homosexu-al, they stand a chance of getting back on the path to heterosexuality.

Unfortunately, the theoretical designation of the positive resolution of the Oedipal complex as the universal key permitting entrance into mature adulthood inevitably led to psychoanalysis' denigrated, hypothetical homosexual, endlessly caught up in a metaphoric cycle of immaturity and regression.

**Oedipal Homosexuality**

Although preoedipal theories of homosexuality predominate in the psychoanalytic literature, in recent years, some theorists have attempted to redefine affirmatively the Oedipal meanings of homosexuality within the traditional psychoanalytic canon. Rather than throw out the Oedipal baby with the bath water, these newer psychoanalytic formulations attempt to integrate existing psychoanalytic theories of development with the growing cultural belief that homosexuality is a normal variant of human sexuality. Greenberg and Mitchell (1983) refer to this strategic approach toward psychoanalytic theory as *accommodation*. Analysts with an accommodationist bent do not dispute the primacy of the Oedipal metaphor but instead claim that homosexuality can occur as a normative resolution of the Oedipus complex. Thus, Lewes (1988), Morgenthaler (1984), and Isay (1989) all pose respectful challenges to mainstream psychoanalytic theory without challenging its central dogma. They present normal variant theories of the Oedipus complex's resolution that make the case for a "mature" homosexuality. Lewes (1988), for example, takes the aforementioned psychoanalytic tradition of mathematical metaphors to creative heights. He charts a dozen possible oedipal outcomes, six of which are heterosexual and the other half homosexual (p. 83). He elaborates upon Freud's theory of the negative Oedipus complex in which the boy identifies with his mother and seeks an object resembling his father. Lewes hypothesizes remarkably complex but mathematically elegant interactions between "instinctual aims," "identifications," and "object choices." Lewes's creation of a narrative for oedipally neurotic (that is, normal or higher functioning) homosexuals is a theoretical developmental step that elevates gay men out of the preoedipal muck and mire of immaturity and pathology. It also illustrates the contortions theorists may perform to locate themselves in the center of an unquestioned belief in Oedipus.

It is not accurate to speak of "normal" or "natural" development in the case of the Oedipus complex, since these terms suggest an orderly efflorescence of possibilities inherent in the individual before he enters
the oedipal stage. The mechanisms of the Oedipal complex are really a series of psychic traumas, and all results of it are neurotic compromise formations. Since even optimal development is a result of trauma, the fact that a certain development results from a "stunting" or "blocking" or "inhibition" of another possibility does not distinguish it from other developments. So all results of the Oedipus complex are traumatic, and, for similar reasons, all are "normal." Some are more pathological than others, but the reason for considering them so cannot be derived from the operations of the Oedipus complex. Those writers who think otherwise ignore the traumatic origins of even optimal results and, in effect, disguise a moral judgment about what is "natural" as a pseudobiological argument [Lewes, 1988, p. 82].

With a different theory, but with a similar proclivity for accommodation, Morgenthaler (1984) explains the dynamics of neurotic homosexuality within an Oedipal framework that avoids pathologizing them:

Neurotic homosexuality can be termed a regressive adaptation that prevents an oral regression. It serves the defense and is the expression of the repression of the Oedipus complex. The incest wish and castration anxiety provoke a regression that rests on two fixation points—one is sado-anal; the other, phallic-narcissistic. The castration anxiety chases the homosexual from one level of regression to the other, while the incest wish finds gratification in either one or the other libido positions. The two libido positions, the sado-anal and the phallic-narcissistic, can be interchanged with the greatest ease. The homosexual fixation is found in this double track of the regression procedure. The homosexual cannot do without it, because of the threat of a further regression. This regression to oral fixations would lead to a complete dissolution and disintegration of the ego [p. 34].

Morgenthaler and Lewes both demonstrate how the dynamic unconscious can be, in fact, a blank screen upon which analysts project metapsychological constructs of theorists with whom they disagree. Ovesey (1969), for example, writes from an adaptational (Rado, 1969), pathological view of homosexuality and offers an alternative explanation regarding the relationship between castration anxiety and homosexuality:

The child will abandon important gratifications to insure dependency status. A good example is infantile sexuality. Here, excessive parental discipline confronts the child with two great dangers: physical punishment and the withdrawal of love. The former is frequently extended in fantasy to imply bodily mutilation (castration) and death; the latter means loss of dependency. In either case each is a threat to survival and the child responds with the emergency emotion of fear. This fear may be so great as to force a partial or complete withdrawal from sexual activity. Later, as the child grows, any sexual situation will revive the earlier fear, and an inhibition of normal sexual behavior is established. This inhibition of healthy function by fear in response to an imagined danger is the core of the neurotic process.

Such an inhibition is the take-off point for a homosexual adaptation. The person reacts with such intense fear in relation to a heterosexual object that he fails in heterosexual performance. His sexual need, however, continues unabated and is diverted to a "safer" object. This object is a homosexual one, and it derives its added safety from the reassuring presence of the penis, which allays the patient's castration anxiety. Homosexuality, in this light, is a deviant form of sexual adaptation into which the patient is forced by the injection of fear into the normal sexual function [pp. 20-21].

As is often found in political debates, opposing factions may use the same words but imbue them with different meanings. Here, for example, Ovesey, unlike Morgenthaler and Lewes, does not define neurotic as normal. Like Socarides (1968), he uses the term to mean that homosexuality is a curable neurosis rather than an untreatable developmental arrest. Discrepancies like these, which are common in the analytic literature, undermine the credibility of the universality of the Oedipus complex, particularly when even the advocates of this theory are unable to agree among themselves about the complex's actual meaning.

**Postoedipal Homosexuality**

Postoedipal theories are relatively rare in the psychoanalytic literature and are mentioned here for the sake of inclusiveness. A postoedipal theory of homosexuality does not necessarily have to deny the importance of early developmental issues. For example, Friedman (1988) believes that intrauterine factors biologically cause a precoedipal gender dysphoria that is the precursor for adult homosexuality. However, a postoedipal developmental stage explains why adult gay men do not have a gender identity disorder:

As I see it, during adolescence and young adulthood the capacity for abstract reasoning and theorizing increases and the person's social world greatly expands. In addition, the meaning of the categories masculine and feminine change. Despite the existence of a homosexual
script, self-labeling can change to accommodate a masculine label. According to this model, many boys become homosexual in a preadolescent environment in which they felt unmasculine and remain homosexual after they learn to view themselves as masculine. A large number of homosexual men thus seem to leave behind the childhood psychopathology associated with gender disturbance. In these individuals, superego and ego ultimately evolve normally despite childhood gender-self impairment. It is possible that, using Kohut’s terminology, key transmuting internalizations occur in these individuals, but later than normal and long after homoerotic fantasies have become differentiated. With such internalization comes self-repair: the self is no longer perceived as damaged and self-esteem regulation is internalized and normalized [p. 243].

Friedman’s locates the causes of homosexuality within the womb—homosexuality is not just preoedipal, it is actually prenatal—thus underpinning the arguments of preoedipal theorists who use their own hypotheses about family constellations to justify psychotherapeutic consequences of sexual identities. His theory further defines homosexuality as originating from a pathological process, a gender identity disturbance, at eventually corrects itself postoedipally. Thus, later developmental periences can overcome the difficulties presumed to appear in the first years of life. Friedman’s theoretical strategy is more subversive than an accommodationist reliance upon the negative resolution of the Oedipal complex. Like Rado and Bowlby, he uses scientific research outside of psychoanalytic inquiry to buttress his own arguments. These findings, however, are presented as a harder, and therefore purer truth than the softer science which characterizes psychoanalytic inquiry. Appropriately, this stance ultimately leaves the worth of purely psychoanalytic findings in question. As Friedman notes,

As Freud acquired more experience with psychoanalysis, however, he tended to justify his assertions about scientific matters not only on the basis of superior insight but also because he and his colleagues were using a method of treatment and research that no one else had access to. At times, the complex and evolving psychoanalytic method was treated as if it were an invention like the microscope or the light bulb. The “discoveries” of psychoanalytic research were reported in the form of “conclusions” based on personal observation [p. 53].

Coming from an entirely different perspective is Sullivan’s postoedipal theory of homosexuality and its placement of the significant developmental epoch of homosexual expression, “preadolescence,” between eight and a half and ten years of age. Sullivan believes it is a time when boys show “a specific new type of interest in a particular member of the same sex who becomes a chum or a close friend” (1953, p. 245) and describes these relationships as chumships. In this developmental model, homosexual behavior between boys of the same age is normal and expectable. It was also not a predictor of adult homosexuality but rather just a part of the normal process of learning about other people’s bodies. However, Sullivan believed that a chumship between a preadolescent boy and an older, adolescent boy could traumatize the younger boy and be a postoedipal cause of homosexual feelings and arousal patterns that persisted into adulthood.

Sullivan’s theoretical approach attempts radically to undermine the Freudian canon by developing a psychoanalytic approach based upon social theory (Perry, 1982; Greenberg and Mitchell, 1983; Lionells, et al., 1995). His resort to juvenilization illustrates further that a developmental theory’s timing of the acquisition of homosexuality can be independent of the theorizer’s belief about its potential valued or denigrated meanings. And finally, that Sullivan himself was a closeted man who lived with a homosexual lover (Chatelaine, 1981; Perry, 1982; Ortmeyer, 1995) serves to highlight the ways in which the social denigration of homosexuality can be internalized by a gay man himself.

The Invisible Gay Adolescent

One unfortunate result of the psychoanalytic emphasis on the preoedipal meanings of homosexuality has been the field’s neglect of gay teenagers. The invisibility of gay adolescents in the psychoanalytic literature stems from another, unproven analytic assumption: that adolescents are too young to have a fixed gay identity. This is actually not the case of many gay men who recall strong, same-sex attractions from an early age. Many teenagers can and do identify themselves as gay (Martin, 1982; Hetrick and Martin, 1988; Herdt and Boxer, 1993). Usually, parents only learn about their children’s same-sex feelings at a much later age than when they initially emerged. Puberty can sometimes provoke the first public “coming out” of these feelings, for example, when an anxious and confused child tells his parents about being attracted to other boys. At other times, the parent learns about these feelings inadvertently, as when they find the child in a compromising position or discover a cache of nude male photographs. One parent reported the discovery of gay web pages listed in their fifteen-year-old son’s Internet bookmarks. These discoveries often lead to a “heterosexual panic” in the family and an increased
rutiny of the child. Often, the child is taken to a mental health profes­
onal and sometimes even hospitalized. A classical example of these
mental responses was seen in Freud's (1920) treatment of a young,
homosexual woman. Although Freud noted that she was not ill and had
symptoms, she did, however, attempt suicide as a result of being
tensely caught up in a struggle with her parents to give up her homo­
sexual infatuation with another woman (Harris, 1991). Further illustrat­
ging psychoanalysis's selective inattention to gay teenagers is the absence
of any significant literature that addresses the problem of suicide among
them. (For nonanalytic discussions of this problem, see Bell and
Einhorn, 1978; Hetrick and Martin, 1988; Hendin, 1992; Herdt and
Oxer, 1992; Remafedi et al., 1998.)

Fraiberg's (1961) treatment of a male adolescent troubled by his
homosexuality is illustrative of the psychoanalytic bias that ignores and
may even do harm to gay teenagers. Her encouragement of her patient's
heterosexual activities, and discouragement of his homosexual ones, led
to his sexual experimentation with a female prostitute followed by a sub­
sequent avoidance of contact with members of either sex. Fraiberg
thought it was most important to keep her patient from finding a homo­
xual partner to whom he was bound through love (p. 107). In Fraiberg's
view, the teenage boy's sexual experimentation with a prostitute was still
considered a superior option to his forming loving attachments with
another man. Ironically, Fraiberg's work with this patient ultimately led
im to attempt to find a solution to his sexual dilemma that echoed a
other common cultural belief about how to "cure" homosexuality. (See
Jay, 1996, for a more detailed discussion of this case.)

Of course, there are children who do have homosexual interests in
dolstice that do not necessarily lead to an adult, gay identity (Kinsey,
Homeroy and Martin, 1948). And perhaps it is this phenomenon that
contrtributes to the psychoanalytic presumption that all children are het­
xosexual until proven otherwise. But in their attempts to avoid a non­
heterosexual outcome, psychoanalysts have rationalized coercive onversions of gay teenagers. And in their efforts to save any potential
heterosexual they may encounter, psychoanalysts sometimes seem will­
ning to inflict damage upon the self-esteem of the children who eventually
grow up to be gay. The latter are frequently traumatized by treatments in
which a therapist communicates the expectation that the child would be
better off if he conformed to heterosexual expectations. Jay, for example,
was a patient I treated as an adult who was in treatment as a child and
adolescent with a psychoanalytically-trained therapist. When Jay was fif­
een, he told his therapist he was gay. The therapist explained to Jay that
homosexual feelings were normal in adolescence and just because he
had them did not mean that he was gay. The therapist also said that he
himself had "bisexual" feelings as a young man but he was now happily
married with a wife and children of his own. He strongly urged Jay not
to discuss this with his parents, as he believed that coming out to them
might undermine Jay's eventual ability to develop a firm, heterosexual
identity.

However, as treatment proceeded, Jay's therapist was repeatedly
pressed by the parents who wanted to know if their son was gay. The
therapist repeatedly told them that Jay was not. When Jay eventually did
come out to his parents at age eighteen, he did so over the objections of
his therapist. The parents were angry at the therapist because they had
been led to believe that the treatment would prevent such an outcome.
Coming out inevitably led to the end of a treatment relationship that had
lasted many years. Jay felt the therapist did not support him for who he
was, and the parents felt they had been deceived by the therapist. Jay,
reentering treatment in his early twenties as a self-identified gay man,
welled up with tears when he told this story and didn't wish to speak of
his feelings about the previous therapist. When contacted regarding the
details of Jay's treatment, that therapist explained that the patient had
always been confused about his own identity, that he had very serious
psychological problems, and that he was only defining himself as gay as
a way to avoid dealing with these more serious problems.

This therapist's approach to Jay was not unusual. A psychoanalytic
unwillingness to see gay teenagers, supported by many unwarranted the­
oretical assumptions, renders them invisible. Often, this invisibility is,
part, linked to the wishes of the parents who bring their children into
treatment. Parents often have a strong desire for heterosexual progeny
who resemble themselves and who will not live outside their beliefs and
values. They will sometimes designate a shamanistic psychoanalyst to
provide the role of male guide when the usual methods believed to incul­
cate masculinity and heterosexuality have failed. That some psychoana­
lysts believe they should provide this masculinizing function reflects not
only their theoretical biases, but their ignorance of human sexual diver­
sity and about normal gay male development as well (see Corbett, 1996).

The Observed Gay Man

Clinicians treating gay male patients may find themselves in the unenvi­
able position of sorting out the complex frames of reference created by
the standard preoedipal and oedipal narratives. Given the wide range of
native possibilities, it is unclear that listening to a patient’s material about his penis, a filter of theory is always helpful:

B: The first dream, which I don’t remember, left me with an all-alone feeling of being abandoned and everybody not liking me, including my [female] friend Bobby to whom I felt a strong attraction. She doesn’t like me. Then, in the second dream, there was some girl teaching me this game. It wasn’t a game but something to do. She is fearful and disgusted by me but feels sorry for me and is trying to teach me the game. I can see by looking in her eyes, her dislike for me now. It was something I did in the first dream that made everyone hate me. I fucked something up. Is it being gay? I don’t remember.

The first two dreams, both describing uncomfortable dyadic relationships with a woman, might easily be interpreted to have preoedipal antinities. The patient goes on, however, with dream material about his enmity relationship that could be linked to oedipal issues:

B: Then the final dream which was fresh in my mind. I feel like shit, very depressed, unloved and unwanted. My Dad comes home, finds me watching TV and asks why didn’t I fix this remote gadget. He showed me this remote and told me he wanted it fixed. Now I remember the object but I don’t know what I’m supposed to do with it. He starts screaming. I start to cry. I tell him I’ll do it right away, after dinner. He is angry and has to punish me. He pushes me on my side and lightly slaps me on my butt. I said, “What is that for? I’m sorry. I fucked up. I didn’t get it done. Why did you have to hit me? What did that prove?” All hell breaks loose. My Mom is there. I try to explain that I am in therapy now and that is why I want to discuss this situation. “Why did you hit me? Is this your way of proving you are a tough guy?” I’m afraid of really being hurt and I’m afraid of saying this to him. I get up the nerve to say “You were a lousy father” and I don’t know what I’m supposed to do with it. He starts screaming. I start to cry. I tell him I’ll do it right away, after dinner. He is angry and has to punish me. He pushes me on my side and lightly slaps me on my butt. I said, “What is that for? I’m sorry. I fucked up. I didn’t get it done. Why did you have to hit me? What did that prove?” All hell breaks loose. My Mom is there. I try to explain that I am in therapy now and that is why I want to discuss this situation. “Why did you hit me? Is this your way of proving you are a tough guy?” I’m afraid of really being hurt and I’m afraid of saying this to him. I get up the nerve to say “You were a lousy father” and I remember, in the dream, trying to come up with an analogy. I said “I hated you more than glass in my eye or glass in my penis.” When you think of it, what are the two worst feelings? He is sitting at the dinner table and picks up a large pair of scissors. I’m afraid he will throw them at me.

Historically, psychoanalysis’ preoedipal formulations focused on the “causes” of homosexuality. A gay man’s low self-esteem, for example, might be attributed to his difficulties in acquiring ego strengths during that early period of development. Within the confines of the oedipal narrative, this dream, considered in all three parts, might be interpreted as either a preoedipal identification with the mother (Freud, 1910a) or a regressive inhibition to avoid oedipal conflict and aggression (Freud, 1923a), or both. Castration and competition metaphors abound in support of an oedipal interpretation. What is a therapist to do?

I would suggest that treating this gay man is best accomplished when the therapist first begins by acknowledging the patient’s subjectivity in growing up to be gay. In this case, the patient never quite mastered the rules of the heterosexual game. He is expected to operate the way his father does, but his equipment doesn’t seem to work according to the expectations of father, mother, or anyone else. Something is wrong with him and no one can show him how to make things work properly. His parents lacked the ability to explain how to make sense of not only his homoerotic feelings, but of all his feelings. People don’t like him, not only because of what he feels, but because he cannot do what is expected of him. This has left him feeling alone, criticized and incompetent. He
ver mastered the role of heterosexual boy to which he had been signed at birth and into which he was supposed to develop. Not surprisingly, an individual’s incompetence in the heterosexual arena does not easily or automatically translate into competence in gay relationships. Thus, this man came into treatment seeking help in working on doing a gay relationship because he felt incompetent and inadequate to it task as well.

**Conclusion**

Traditional psychoanalytic developmental literature’s perspective on homosexuality as failed heterosexuality was based on cultural beliefs that psychoanalysts shared with patients and their families. As part of this cultural bias, the historic privileging of data obtained from antihomosexual psychoanalytic narratives led to the creation of developmental myths known to be at odds with data from other sources. Psychoanalytic approaches that described the psychological and interpersonal difficulties gay men in preoedipal terms were frequently reductionistic and often novel from the actual reported experiences of gay men. And preoedipal theories of homosexuality were primarily used to explain interpersonal difficulties that developed in the postoedipal era.

The cultural belief that one is supposed to be heterosexual in order to produce is a powerful one. In fact, homosexuality is always inappropriate when reproduction is the teleologically reasoned goal of human sexuality. This belief is not confined to psychoanalysts, although some (Carides, 1994) claim the ubiquity of this belief across cultures. ‘‘Homosexuality is pathological (by the same reasoning, the ubiquity of a belief in God across cultures would prove the existence of higher being). Contending with cultural constructions of masculinity and femininity is a major stressor for men who grow up to be gay. That is why the psychological and interpersonal difficulties of gay men who enter into treatment are often more comprehensible when viewed as aptations to later life experiences rather than preoedipal ones.

Contemporary psychoanalytic clinicians should be able to incorporate data from other fields that conflict with traditional psychoanalytic conations of homosexuality. One valuable achievement of psychoanalytic growth and understanding is the ability to tolerate mutually contradictory ideas. Rather than insisting on the veracity of psychoanalytical rationales that simply recapitulate antihomosexual cultural beliefs, clinicians need to acknowledge the present uncertainty in our understanding the origins of human sexuality. To avoid retraumatizing gay patients in treatment, the principal therapeutic goal should be to help them understand how they make sense of their homoerotic affects, rather than assuming one can determine why they are gay. In doing so, a psychoanalytically-informed treatment can help gay patients come to understand the meanings that they, their families, and their culture attribute to homoerotic attractions. In the analytic exploration of the way these meanings have been internalized, new and respectful meanings may ultimately emerge.