This paper examines the use of the term “primary femininity” in current psychoanalytic thinking. The concept of primary femininity arose in reaction to early theories about female sexuality and development; based on a model of male development, these presented problems when applied to females. The author attempts to demonstrate the clinical advances that have resulted from the idea of primary femininity. At the same time she argues that the idea has been used to carry widely differing meanings, and has reflected many writers' differing frames of reference, which range from gender identity through biological traits, object relations, genital anxieties, and bisexuality. Like the terms it originally was intended to replace or augment, it has come to be used reductionistically or loosely. The author warns against its misuse and argues that primary femininity is not a unitary concept, but rather encompasses a related group of ideas about the female body and mind.

The concept of “primary femininity” has been heralded as an advance in the re-examination of psychoanalytic views of women and of female psychosexual development. Early views of female development, which were modeled upon development in the male, conceived of femininity essentially as a secondary reaction to an original masculinity. Ideas about primary femininity were advanced as antidotes to what was perceived as the phallocentrism of these theories. The concept of primary femininity has contributed substantially to the psychoanalytic understanding of females, yet I believe that it harbors new conceptual problems of its own. Not a unified or clear concept at all, it has been used in widely differing and sometimes ill-defined ways, and from many different frames of reference. It has been used in conjunction with concepts as varied as gender identity, innate biological traits, early object relationships, aspects of the self, and types of anxieties. The terms “primary” and “femininity” themselves both pose problems, raising questions about what is primary, as opposed to secondary, and also about what is meant by “feminine.” Thorny clinical questions persist about how to apply these newer ideas and how to integrate them with older ideas about penis envy and castration. Like some of the theoretical formulations it was meant to replace, “primary femininity” is now frequently used in a reductionistic or shorthand manner, as a mere label replacing understanding and covering a lack of clarity.

In this paper I will attempt to demonstrate these definitional and conceptual problems with the idea of primary femininity. I will begin with a brief history of its origin, then selectively review the theoretical and clinical inconsistencies in the ways it is currently used. Finally I will call for caution in its application, and suggest that it may have outlived its usefulness, except as a crude guide in our efforts to explore and revamp our theories of female sexuality and female psychosexual development. Just as many of our early theories of psychosexual development rested upon concepts of primary masculinity, so ideas of primary femininity have, implicitly or explicitly, influenced a broad range of contemporary psychoanalytic writings about female development. I will, however, focus primarily on those writings in which the concept of primary femininity is used explicitly.

It is my opinion that there is no such entity as “primary femininity” per se, any more than “primary masculinity” is a single entity. I think it would be preferable to separate the different areas subsumed under the term primary femininity—female gender identity, body image, object choice, representations of femininity, identifications with the maternal object, and psychosexual developmental phases—and try to articulate more clearly the early contributions from inborn biology, developing object relations, and societal influence to each of these, both clinically and in developmental theory and research. In the area of gender identity, Elise’s recent suggestion (1997) that we think in terms of “a primary sense of femaleness” rather than “primary femininity” has brought needed clarification.
Origin of the Concept of Primary Femininity

The idea of a primary femininity was proposed by psychoanalysts in opposition to Freud's original theories of female psychosexual development, which were founded on notions of a primary masculinity. For Freud, the development of the little boy and the little girl were identical at first, as captured by his now infamous words, “the little girl is a little man” (Freud 1933, p. 118). He asserted that until the age of three or four neither the girl nor the boy has any knowledge of sexual differences or of the existence of the vagina (Freud 1925). Both the girl and the boy go through a preoedipal “phallic stage,” with phallic, masculine sexual aims focused on the mother. The little girl's sexual sensations are concentrated in the clitoris, which was conceptualized as analogous to the penis. Moreover, Freud (1905) stated that libido itself was “masculine” (p. 219). Thus the girl's sexuality begins as masculine and her future development depends on a reaction to, or a renunciation of, the original primary masculinity. Penis envy, her reaction to her lack of an adequate organ, initiates both the triangulation of her object relations and the turn toward oedipal interests, and forms as well the motivational basis for the wish for a baby. In Freud's account, the course of feminine development toward heterosexuality and motherhood was extremely convoluted. These formulations did not include ways to think about how a positive sense of self as female, of agency over sexual pleasure, or of pride in the female body might develop, or develop easily. (For a thorough discussion of the question of agency over female desire, see Hoffman 1996.)

From the start, contemporaries of Freud challenged his theory on the grounds that it lacked such concepts of primary femininity. Both Horney and Jones mounted early and serious, and to my mind compelling, challenges to Freud's ideas; these unfortunately were not heeded, in part because of the political climate in psychoanalysis at the time (Fliegel 1973). Horney (1924, 1933) did not use the term primary femininity, but advanced the idea in her argument that a little girl's sense of being inferior was not primary, but acquired and culturally reinforced. She (1926) also argued that a girl's reproductive urges did not necessarily stem from the compensatory substitution of a baby for a missing penis, but rather from identification with her mother, an idea which, we shall see, re-emerges in contemporary concepts of primary femininity (Tyson and Tyson 1990). Horney and others such as Jones (1927, 1933) and later Greenacre (1950) insisted that the girl does have early knowledge of her own vagina, although this is often repressed. In these early writings first appears the idea of a primary quality of femininity: early feelings about the female body that do not carry with them meanings of inferiority.

Jones (1933) also questioned the phallic phase in girls, which he felt was secondary and defensive. He posited that there was a primary femininity for girls.—“the earliest stage of their development is essentially feminine” (p. 31)—and he believed in an inborn bisexuality. As described by Jones, this primary (heterosexual) femininity took the form of early, inborn, oedipal impulses that impelled girls toward their fathers and brought genital fears of penetration. Thus for Jones, penis envy did not provide the girl's impetus into the oedipal phase. Jones's psychobiological notions reflected Kleinian notions of innate oedipal fantasies and inborn sexual knowledge.

Primary Femininity as Gender Identity

While the idea of primary femininity originally came up in the context of early formulations of psychosexual drive development, the term was first used in an entirely different context: the study of the development of core gender identity. The implications of primary femininity as gender identity have been far-reaching and clinically useful. At the same time, this broad applicability has often been accompanied by theoretical looseness. Even though gender identity is primarily a sociopsychological concept, writings about primary femininity as gender identity often slip into simple “essentialist” or biological types of explanations, which seem unwarranted and reductionistic. Primary femininity is often advanced as a kind of protofemininity, an inborn state of femaleness, that forms the core of a primary gender identity.

The term primary femininity was originally used by Stoller (1968) in his studies of the development of core gender identity and its disorders. First he attempted to counter Freud’s notions about the primacy of masculinity, which had rested in part on a nineteenth-century view of embryology. In Freud's time it was thought that the sexual organs were originally male, and that the female organs differentiated from this...
original form later in fetal development. Hence, masculine sexuality was seen as the primary state. Stoller (1976) pointed out that modern embryology tells us the opposite: with the secretion of testosterone, male sexual organs differentiate from an original female configuration. In that sense, it is femininity that is “primary”: at least if one is going to use that kind of teleological reasoning. Stoller then argued that femininity for both females and males was primary in another sense as well, in that the first object of identification for the infant is female, the mother.

Stoller (1975) also applied this concept of primary femininity to the psychology and the psychopathology of males. Here the concept of primary femininity is a particular kind or state of object relatedness. Like Greenson (1968), Stoller suggested that boys have the difficult task of disidentifying from their mothers in establishing their gender identities and sense of masculinity. That is why, he thought, more men than women are transsexual, or manifest other gender identity disturbances.

Stoller's work on core gender identity also reflected ideas of primary femininity. “Core gender identity” refers to the most basic sense of being a male or a female, which is now known to be set early, at about eighteen months. Stoller (1968, 1972, 1976) argued from a large body of research that different sources contribute to gender identity: inborn biology, sexual assignment, parental attitudes, learning and conditioning, and the body ego. He hypothesized that core gender identity is largely a matter of learning, based on parental assignment and developing out of the conflict-free sphere of the ego. In this view, the first conviction a girl has of herself as a female is free of conflict. Stoller did attend to the role of conflict and defense, however. For example, he wrote (1972) that the repudiation of femininity in men and the girl's wish for a penis are to be conceptualized as defensive maneuvers, not the biological bedrock that Freud imagined. Although he used entirely different frames of reference, Stoller's views of primary femininity, and of a secondarily defensive masculinity, resemble those of Horney and Jones.

Many have questioned Stoller's ideas. As Birksted-Breen (1996) has pointed out, the notion of a non-conflictual primary femininity is not accepted by many British and French psychoanalysts, for whom there is no area of cognition that is free of ambiguity, conflict, and unconscious fantasy. Person and Ovesey (1983) criticized Stoller's views along different lines. Stoller's notion is that primary femininity is a protofemininity from which both males and females must disidentify and separate. Person and Ovesey questioned whether the early undifferentiated “symbiotic” state is one that confers gendered behavior or identity. That is, why should having been merged with mother during infancy in terms of self and object confer on the infant a cognitive sense of femininity? They also argued that transsexualism is not necessarily nonconflictual. According to Stoller, primary femininity is an early state from which transsexuals never move; for Person and Ovesey, it is a complicated, partially defensive construction: a result of fantasies of merger used defensively against the fear of separation.

I share the doubts of such writers as Person and Ovesey that initial lack of separation from the mother imparts a primary sense of femininity. There is a difference between separation and disidentification, and between a lack of separation and identification. I see development of gender identity and the development of differentiation of self and object as two related, but different, lines of development.1

Coming from the perspectives of sociology and object relations, Chodorow's early writings (1978) about gender differences resemble Stoller's ideas of a kind of primary femininity in the development of the sense of self and gender identity. Although Chodorow did not use the term primary femininity as such—and in fact has recently placed herself in opposition to the “primary femininity theorists” who define femininity in terms of “an inevitable developmental bodily-based primary cathexis of the female genitals and/or fears of injury” (1996, p. 219)—her ideas about gendered differences based on early maternal identifications (or disidentifications) imply concepts of primary femininity in the establishment of gender identity. Both Stoller and Chodorow stressed that the implications for the developing child are different, according to whether the need to separate involves a same-sexed or a different-sexed object. Chodorow speculated that some clinically and sociologically observed differences between males and females reflect

1 In contrast, Fast's (1979) formulations about the development of gender identity do not rest on ideas of a primary femininity. Fast asserts that gender identity is first undifferentiated. The young child gradually learns and takes in what a given family or society presents as “masculine” or “feminine,” and must come to grips with the narcissistic blows inherent in this process. As with Stoller, this is a learning process, although not necessarily without conflict, and in the context of enfolding object relations. Fast states succinctly that if biology has a contribution, it is minimal, usually in the same direction as the biological sex of the individual, and able to be overridden by environmental influences. Thus for Fast there is not a primary femininity or a primary masculinity in terms of gender identity, but a primary undifferentiated state.
differences in their respective developments based on how separation proceeds in boys and girls, given that the primary caretaker is typically the mother. She deduced that females, because they must first separate from the same-sexed object, experience themselves as less separate than do males; and conversely that males, in separating from the opposite-sexed object, strive more for a sense of independence than do females. Women, more than men, will be more open to and preoccupied with the very relational issues that go into mothering. In contrast to boys, girls need to identify with their mothers or want to be like their mothers, and usually are encouraged in this.

Criticized for overgeneralizing and “essentializing,” Chodorow has modified these positions. In her most recent writings (1994) she has taken a strong stance against universalizing about femininity and masculinity, and suggested that we should think in terms of “femininities and masculinities.” I agree that Chodorow’s early work can be criticized for overgeneralization. Nevertheless, her point about the possible differential effects of separation from a same- versus a different-sexed parent is a powerful one, and it was a major contribution to psychoanalytic thinking about feminine development. Chodorow’s, and before her Stoller’s, ideas about the gendered asymmetry in object relations have had broad influence. Similar ideas about asymmetry in the development of males and females have been applied to many different areas: clinical psychoanalysis (Miller 1982; Silverman 1987), philosophy of science (Keller 1985), literature (Foley 1994), feminism (Benjamin 1988), and psychological research (Gilligan 1982), to name only a few. The most poetic expression of these kinds of ideas can be found in the work of the French philosopher/psychoanalyst Irigaray (1994): “Woman's subjective identity is not at all the same as man's. She does not have to distance herself from her mother as he does—by a yes and especially a no, a near or a far, an inside opposed to an outside—to discover her sex” (p. 18; emphasis Irigaray’s).

Theories that conflate separation of self from object with structuralization of gender identity are problematic. Many broad conceptual leaps are made: from objective behavioral data to unconscious processes and inferred abstract concepts such as individuation; from specific singular observations to universal declarations about the differences between women and men. In this context primary femininity no longer refers to a basic sense of being female—a phenomenological concept belonging to the self system—but instead to ideas about early identifications that shape the relationship between self and other. In some places it takes on an undefinable essence, an almost cellular female quality. Although Stoller made it very clear that his idea of primary femininity was a psychological “bedrock” and not a biological one, in some writings the term is used in ways that evoke Freud’s ideas of embryologically basic masculinity.

Greenberg (1993, p. 520) quotes Rosbrow-Reich as suggesting that “a sense of primary femininity develops in the preverbal stages of early infancy as gender identity is imprinted upon the child during this period of intimate bodily closeness with the mother.” Here primary femininity is a kind of imprinting upon the psyche, like a cloning of the mother's femininity onto the infant's identity. This is what I mean by the overly concrete ideas of primary femininity as gender identity, and an example of how they may be conflated with object relations.

It should be pointed out that this entire line of investigation (of gender identity and primary femininity) has taken psychoanalysis into an area outside of Freud's scope of interest and investigation. Freud was not interested in gender identity per se. His notion that the girl was in all respects “a little man” pertained to the area of sexual development—of libidinal aims and fluctuations—and not to this more cognitive concept. Surely, if Freud had thought of it, he would not have claimed that the little girls around him identified themselves as little boys. Criticisms of Freud, as Compton (1983) has pointed out, are more pertinent if they focus on his ideas about libidinal development in girls, and not on concepts that came after his time and that overstep his area of investigation.

When applied clinically, however, ideas about primary femininity as gender identity or core gender identity have been interesting and useful. For example, a clinically astute use of these concepts can be found in the work of Welldon (1988), who applied Chodorow's reproduction of mothering to a study of the reproduction of perverse mothering. Welldon explored the psychopathological expressions mothering can take in perversions or prostitution. Welldon's examination of the dynamics of motherhood falls within the framework of primary femininity as it relates to core gender development: “The female core gender-identity includes a preopausal identification with mother which becomes well established by the second year of life, when body awareness and internal representations have become distinct and therefore differentiation between the sexes has been acknowledged.”
The wish for a baby has become by then part of the ‘primary femininity’ (pp. 44-45).

Many of the writers who have applied the concept of primary femininity as core gender identity most judiciously have been child and adolescent analysts, who tend naturally to use these concepts in less static and more process-oriented contexts. Tyson and Tyson's broad writings (1990) on development stressed ideas of primary femininity in the sense of core gender identity and gender identity. In a panel on female sexuality (Grossman 1994), Phyllis Tyson, echoing Stoller, stated that if there is a bedrock of femaleness, it is primary femininity, or core gender identity. The latter precedes identifications, which become embroiled in conflicts in latter development. Elsewhere Tyson (1982) traced a line of development of gender identity for the girl as it is influenced by, and interacts with, object relationships, drives, changing ego capacities, and superego developments. She stressed that the girl's sense of herself as feminine depends on the quality of the mother-child relationship and on the mother's sense of her own femininity. Such concepts of primary femininity as gender identity have been put to good use clinically, as in Tyson's own clinical examples, or those of other child analysts (Yanof 1986).

The conceptual problems, as I see them, come with the theoretical gyrations around the ideas of primary femininity, more than in clinical applications, which stick closer to observation. I am in essential agreement with a recent article by Elise (1997), who clearly pointed out that the concept of primary femininity has brought important advances in our understanding of the psychology of women, as well as accompanying contradictions and problematic assumptions. She argued that the term imparts the erroneous idea that femininity is primary, derived in a preordained way from the female body, and that gender identity and heterosexuality are also inherently linked. She proposed that we use the phrase “primary sense of femaleness” instead of “primary femininity.” This proposed shift would focus our explorations in the right direction—toward studying the multiple influences on the little girl's development of a positive sense of being female—and at the same time diminish the misleading and faulty conceptual ties to ideas of bedrock determinism.

However, the problems with the concept extend farther than Elise takes them, and would not all be solved by this substitution. “Primary femininity” has not been confined to studies of gender identity or the “primary sense of femaleness” (the area stressed by Elise), but has appeared in numerous other contexts and frames of reference, which I will outline below. These meanings are burdened by the same conceptual issues clarified by Elise with regard to gender identity, as well as by other clinical and theoretical dilemmas on which she did not focus.

**Primary Femininity as Female Genital Anxiety**

A second major context in which “primary femininity” appears is the topic of female genital anxieties: that is, anxieties related to fears of damages or loss to female bodily parts, as opposed to envy of and fantasies about loss of male attributes. The current psychoanalytic inquiry into female genital anxieties follows the line of critical reaction to Freud's early formations about women that I traced back to Horney and Jones above. Both Jones and Horney wrote about the fantasies and fears of genital damage from penetration aroused in the little girl by what she perceives as her father's huge and dangerous penis. Ideas about female genital anxieties have their roots in the arguments that girls are aware of their own genitals, and that their ideas about themselves are not confined to their fears about losing or damaging what they already possess. There has been a shift in theoretical and clinical interest from girls' and women's beliefs about what they lack genetically, to their fears about losing or damaging what they already possess.

A major contributor to the literature on female genital anxieties has been Arlene Kramer Richards (1996), who explicitly puts her ideas in the context of primary femininity (p. 261). Expanding on Bernstein's classification of three female genital anxieties (1990)—fear of access, fear of penetration, and fear of diffusivity—Richards emphasized the flexing of the perineal musculature in the development of female genital awareness and sensation. The contraction of these sphincter muscles in toilet training results in a spreading sexual excitement that is experienced as genital. Richards also described a primary fear of castration in women, which she saw in terms of a loss of pleasure from, or function of, the female genital apparatus. Richards asserted that girls fear that their capacity for sexual excitement may be subject to loss as punishment for forbidden oedipal wishes, These ideas have commonalities with Kestenberg's (1968, 1982) theories about the centrality of inner genital sensations for girls. Richards's use of the term primary femininity suggests the meaning of primary as early and basic: “All of this is to say that the sensory experience a little girl has of her genital may not be one she can put into words, but it is deep, going back to her
earliest life. It is permanent as the result of flexing and relaxing the sphincters and surrounding musculature, and it is valued as it gives a great deal of pleasure” (1996, p. 279).

In her influential work, Mayer (1985) proposed another primary feminine genital anxiety, which she called the “female castration anxiety.” This female anxiety involves the feared loss or closing of the genital opening, and allied fears of the loss of openness as a trait of the personality. Mayer argued that a little girl's primary femininity—that is, her knowledge of her uniqueness, her body, and her genitalia—informs her feminine identity and can contribute to a valued sense of herself. The little girl's fantasy that “everybody must be just like me” is an aspect of the early narcissistic investment of the self. Mayer's contributions have led many analysts and analytic therapists to focus clinically and usefully on their female patients’ conflicted yet positive feelings about their femininity. A random sampling of the clinical papers in this journal's recent (1996) supplement on the psychology of women reveals how pervasively Mayer's ideas have shaped current clinical understanding of women’s conflicts and fantasies about their bodies. In her stress on the idea that the girl cherishes her own female body and genitals and fears for their loss, Mayer has made a most significant contribution to a transformed perspective on clinical analytic work with women and girls.

In elaborating these ideas further, Mayer (1995) compared female castration anxiety with traditional phallic castration anxiety as it manifests itself in girls. The girl values her feminine parts and she fears losing them; hence she experiences signal anxiety at the anticipatory threat of such a loss. On the other hand, the little girl can also envy males for their prized penises and feel that she is inferior or lacking. The sense of loss makes for a sense of depression over the phallus that she fantasizes she had once, and then lost. This traditional phallic castration anxiety is signaled by the presence of depression. Mayer made another major suggestion, namely that these two types of anxieties, the traditional phallic castration anxiety and the newly conceptualized female castration anxiety, are organized along two separate lines of development.

This interesting attempt to integrate the radical new ideas about female development with the older ones raises problems, however. First, it does not always seem possible to differentiate the two types of castration anxiety in women by differing affects: that is, anxiety at

the fear of losing female functions (“female castration anxiety”) and depression at the idea of loss of the phallus (“phallic castration anxiety”). Mayer is careful to say that this division is only a generality, and that these affects tend to be organized within these two complexes in this way. Many women feel depressed at the fantasy of having lost aspects of their femininity or their own female genitals, as well as at the loss of the imagined phallus. In many cases women feel depressed, inferior, or lacking in comparison with other females, not just “superior” males. Many women feel dejected that other women have bigger or more beautiful breasts, and this concern is not always a displacement from penis envy. One of my patients was convinced that her vagina, in comparison to other women’s, was misshapen, ugly, and inadequate. As is often the case, guilt over masturbation as a child contributed to these feelings of mutilation and loss. Sometimes the masturbation and masturbation fantasies express the wish for a penis and/or the fantasy of punishment by the loss of a penis once possessed. At other times, however, a girl's fantasy is that she has damaged or mutilated her own female genitals by her masturbation or other sexual misdeeds.

On the other hand, anxiety in a woman does not necessarily signal the threatened loss of a feminine part or attribute. Women frequently anticipate with fear the loss of a fantasized phallus, or an inner phallus. It could be argued that such a fantasy is already evidence of, and a defensive reparation for, loss and depression; but in any case, anxiety and loss are intermingled in its content. I am reminded of an obsessive-compulsive teenage girl I once saw who feared she would lose her intelligence if she did not obey her compulsions. It was clear from her dreams and her symptoms that her intelligence was her phallic power. She felt that wearing pink was not intelligent, and some of her compulsions had to do with avoiding objects of a pink color. Her fear of losing her intelligence was “castration anxiety,” linked to guilt about sadomasochistically tinged fantasies and masturbation urges.

Secondly, I find it difficult to think of phallic castration anxieties and female genital anxieties as separate lines of development. Olesker (1998), using both child observational data and analytic material from women and girls, also argued against a separate line of development for female genital anxiety. There are dangers and disadvantages to dividing these phenomena along gendered lines. First, posing a phallic castration line of development takes us straight back to the early psychoanalytic theory of psychosexual development for the girl, with
its intrinsic empirical problems and phallocentric biases. Such problems cannot be addressed simply by conceptualizing a feminine line of development alongside the contested one. Furthermore, there is another possible danger in this separation: it seems to me that this idea could be boiled down to a “feminine” line of development that corresponds to the side of the girl that is happily female, and a “masculine” line of development that corresponds to the side of the girl that is not happy, and wishes to be male. Psychoanalysis has struggled with, and been completely tangled up in, the dialectics of masculine and feminine (and active and passive, and sadism and masochism) from the beginning. Masculine versus feminine lines of development, or masculine versus feminine genital anxieties, bring us back to this dialectic. On the other hand, the idea of an autonomous woman’s voice, submerged beneath patriarchally given law, as delineated by the feminist writer and scholar Gilligan (1982), has much appeal. Such ideas fit congenially with the idea of two lines of development, “masculine” and “feminine.”

Lax (1995) used the concepts of “primary” and “secondary” genital anxieties in a somewhat different sense than the above writers. For her, primary genital anxiety, an early phenomenon, is the fear of losing the genitals the little girl possesses. Secondary genital anxieties, which can be equated with phallic castration feelings, come subsequent to the girl’s discovery that she lacks a penis. Such feelings of penis envy and devaluation of the self are directed onto the mother as loved but disappointing object during the end of the negative oedipal phase. Thus, “primary” and “secondary” refer to developmental chronology. Lax’s descriptions of secondary genital anxieties sound like Jones’s secondary phallic stage and Horney’s idea of a secondary and defensive stage characterized by feeling of inferiority and penis envy. In contrast to Mayer who proposed separate lines of development for two seemingly different kinds of anxieties, Lax proposes anxieties characteristic of sequential subphases of development. Again, I wonder

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2 Others such as Goldberger (1993) have voiced their concerns about using the term “castration” to apply to female phenomena. I, too, think that the term “castration anxiety” should not be used with women unless there is clear evidence of a fantasy of losing an imagined phallus. Mayer has acknowledged the argument, made by many psychoanalysts, that the term is misleading and misused with regard to women. Like many of our psychoanalytic terms, it can be used reflexively, allowing us in the clinical situation to blur over the phenomena to which it is attached. I prefer the term genital anxiety, which I think is more generally accurate (or less inaccurate), and which allows room to understand specifically what the anxiety might be. Moreover, “castration anxiety” does not cover the range of genital anxieties experienced by men, either.

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-1367-

whether, at our current state of knowledge, and without much more research, we can make the general statement that anxieties of differing contents come from differing subphases of development. Only on a carefully restricted case-by-case basis might we be able to infer with more confidence if one set of conflicts and fantasies precedes or follows another developmentally. When working with adults it is not possible to reconstruct with certainty when a particular genital anxiety comes from an earlier developmental level than another. Whether one type of anxiety or fantasy covers another defensively is not self-evident; it calls for complex clinical inference. This latter point was also made by Shaw (1995).

Thus, these (and most) accounts of female genital anxieties struggle with the question of how such anxieties fit, clinically and theoretically, with traditional ideas about penis envy. Authors who try to fit newer ideas in with familiar theories meet with mixed success.

Another issue concerns the distinction between fantasy about the body and bodily sensations. It is important to keep in mind that primary and secondary female genital anxiety refer to fantasies and feelings girls have about their genitals, and not to genital sensations themselves. At times the literature seems to confl ate primary genital anxiety with a “primary” and given set of bodily sensations. If we add to this argument Kubic’s (1974) notion that we all want to be both sexes, and Fast’s (1979) related proposal that we all grapple with a narcissistic sorting out of what we can and cannot be in the course of development, I conclude that “masculine” and “feminine” fantasies, wishes, and anxieties about the body and the genitals coexist and commingle in both sexes. I think that even penis envy is a feminine genital anxiety or conflict-laden affect, and should not be classified as masculine. It is a feeling females have as part of the course of female development. Penis envy and feelings of inferiority as a female very frequently are used defensively, and often cover over other kinds of anxieties about feminine sexuality. Many woman fear and experience their “feminine” sexual impulses as too intense, potentially uncontrollable, or bad. This is so in women with anal fixations in particular (Kulish 1991; Richards 1992). Shaw (1995) has addressed this issue. Presenting illustrative clinical material, she concluded that the attempt to separate masculine versus feminine genital anxieties is conceptually ambiguous and clinically artificial, and that the fantasy formations are complementary.

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-1368-
In summary, do our newer concepts about female genital anxieties, derived from ideas about primary femininity, have clinical validity? What is to be gained by viewing clinical material from women in these new lights? Do female genital anxieties exist side by side with penis envy and castration anxiety? Are the two “types” of anxieties, if that categorization is correct, to be conceptualized as defenses against each other? Which and what to interpret first? Is one developmentally later than the other? In spite of some thorny theoretical questions, the current psychoanalytic literature is replete with examples of how clinicians have put these ideas about female genital anxieties to very good use (Birksted-Breen 1996; Evert 1991; Kalinich 1993; Olesker 1998; Renik 1992; Shaw 1995; Wilkinson 1993). My sense is that those who write about female genital anxieties have adhered more closely to the clinical situation, and have therefore avoided some of the pitfalls of biologizing or essentializing that have plagued some of those writing about primary femininity as gender identity.

Primary Femininity as an Aspect of Bisexuality

Still other meanings beyond these two major categories have been associated with concepts of primary femininity. In some writings, particularly earlier ones, primary femininity is pictured as one side of an inborn bisexuality, as in a fascinating study of George Sand by Deutsch (1928). Deutsch speculated that Sand's troubled background did not allow her to develop her “femininity” and thus fostered her “masculinity.” Deutsch wrote: “Masculine and feminine evolved out a primordial original unity that survives as a bisexual constitution in everyone…. Thus there are always male components in women and female components in men” (p. 446). Similarly, Paren's (1980) described a basic inborn bisexuality and neutral genital libido, from which “heterosexual libido deriving from primary masculinity and primary femininity” differentiates (p. 110).

Elise (1997) discussed the compatibility of concepts of bisexuality with concepts of primary femininity as gender identity. According to many psychoanalysts, Phyllis Tyson (1982, 1989) for one, primary femininity—in the sense of gender identity, which is a culturally derived and learned experience—does not seem to allow for an inborn bisexuality. Elise argued that an early sense of feminaleness, a description that

she prefers to primary femininity, can and does develop alongside of bisexual identifications, which do not necessarily rest on constitutional factors. Furthermore, she pointed out that the fantasy of unlimited gender potential would be a different experience for each sex. I would emphasize that there is more than one way of conceiving bisexuality, just as there are differing concepts of femininity and masculinity, primary or otherwise. Bisexuality has many referents: from inborn biological predispositions and factors to inborn psychological predispositions to conscious and unconscious fantasies of being both sexes to bisexual identifications, the mix of self-representations that define or make up “feminine” or “masculine” aspects of the self. These different referents need to be specified and clarified.

Primary Femininity as a Specific Psychosexual Stage

Concepts of primary femininity have led to ideas about renaming or revising the traditional psychosexual stages of development, particularly the phallic phase. Many psychoanalysts, including myself, question the appropriateness of a normative developmental stage for girls that is named for and dominated by conflicts, sensations, and defenses that relate exclusively to the male organ. Thus, instead of a primary masculine or phallic phase which all children must traverse, some have suggested that we might think in terms of a “primary feminine” phase, or an early “genital” phase.

A step in this direction is Edgcumbe and Burgner's (1975) suggestion that the phase be more aptly called the “phallic-narcissistic.” They stressed that it is characterized by psychically narcissistic fantasies and reactions. In emphasizing the narcissistic aspects of this stage, and deemphasizing the phallic aspects traditionally proposed to characterize both sexes, they anticipated Fast’s (1979) ideas of the “narcissistic sorting-out” that accompanies gender identity development.

Kestenberg (1982) proposed a new genital stage, “the inner genital stage.” She suggested that there are inner genital sensations, with characteristic patterns of rhythm, discharge, and defense for males and for females. These are prominent in a prephallic stage, from the ages of two and a half to four years. She asserted that women's identities are strongly based on this inner genital core and on the vicissitudes of inner sensations throughout development.

More traditionally, Roiphe and Galenson (1981) proposed an early genital phase concomitant with the rapprochement phase, at
sixteen to twenty-four months. This phase, which they do not elevate to a delineated stage, includes manipulation of genitals, sexual curiosity, and a generally heightened genital awareness. According to their research, these early phenomena mingle with anal-urinary and phallic urges. Both Kestenberg's and Roiphe and Galenson's suggested sexual phases of development are nongender-specific, and allow some room for the development within them of a “primary” femininity. Although they have been criticized as constrained by traditional rubrics and biases, Roiphe and Galenson's hypotheses about these early sexual manifestations fit coherently within the developmental framework of the standard psychosexual stages. In contrast, Kestenberg's proposed inner genital stage seems to be tackled onto the classical psychosexual sequence in an unintegrated way.

More radical is the suggestion by Glover and Mendell (1982) that psychoanalysis replace the “phallic” stage with a “pre-oedipal genital” or “genital” stage. The dominant zone in this stage is the actual genital: in the case of the girl, the genital is the female genital, and the characteristic affect is penetration anxiety. Others, including Chehrazi (1986), Parens (1990), Tyson (1994), and Dorsey (1996) have made similar proposals. These have grown in many instances out of ideas associated with primary femininity, but have in general fallen on deaf ears. I agree that a more generic name would be desirable, and more in keeping with contemporary psychoanalytic thinking about female development.

**Conclusion**

As I have attempted to demonstrate, the term *primary femininity* has been used in many ways. It takes on different meanings and applications depending on author and context, and covers a hodgepodge of concepts. It can have specific bodily referents: an early awareness of the existence of the vagina, and of vaginal sensations or more general inner genital sensations. It can mean an inborn biological disposition toward heterosexuality in the female of the species, as in Jones. Sometimes there are added connotations that such inborn or early experiences are pleasurable, non-defensive, and without conflict. In other contemporary usages primary femininity is related to unpleasure, to female genital anxieties. Other connotations address the cognitive and interpersonal areas. In one prevalent meaning it refers to core gender identity, or more broadly to the sense of being female. Some meanings imply a mode of object-relatedness, a closeness between infant and mother that defines a primary state of identity. These many frames of references range from the specifically biological to the highly abstract, from the sociological to the fantasied, from the observable to the inferred, from the conscious to the unconscious. In addition, newer concepts of primary femininity are sometimes loosely mixed with traditional familiar concepts; often these juxtapositions do not fit, as in the attempts to add in a new genital psychosexual stage within the classical developmental paradigm.

In addition to the problems of definition and of varying and inconsistent usage, there are theoretical issues with regard to both the “primary” and the “femininity” aspects of the concept. In her recent paper, Elise (1997) has cogently argued that both terms in the phrase *primary femininity* are in need of definition and clarification. To start with, it is not clear what is meant by “primary.” Does “primary” simply mean first chronologically? As I have shown, this is its meaning for some writers, as in Lax's construction of the sequence of development of primary gender anxieties. Other writers imply, sometimes explicitly and sometimes not, that they mean something different or more; they mean primary in the sense of basic, or core. For others, such as Horney and Jones, primary means primary to a secondary defensive organization. Thus, core gender identity means chronologically first, set in the earliest stages of development, and also “core” in the sense of central and organizing to the whole personality. Primary can imply that which is unconsciously and topographically bedrock: that is, what is “the deepest” in the unconscious. For example, in a work by Herman (1989) we find a kind of celebration of primary femininity as bedrock (replacing Freud's repudiation of femininity as bedrock): “Is there or is there not in the experience of women, however buried and obscured by cultural and other factors, a concept of primary femininity, present from infancy to slowly ripen and mature to full exultation of its potency in time?” (p. 18).

These are differences with clinical implications. In line with much contemporary psychoanalytic thinking, Grossman and Kaplan (1988) argue against treating any psychoanalytical constellation as primary. They point out that Freud's position was that
nothing about sexuality should be taken at face value. They argued that psychoanalytically there is no concept of the primary. Therefore it follows that there is no primary femininity or masculinity. That is to say, nothing should be considered primary and without antecedent, especially in terms of the psychoanalytic method of inquiry in the clinical situation. I agree that within the psychoanalytic treatment situation the attitude of taking any fantasy, behavior, or expression as primary forestalls analytic inquiry and exploration. Those of us who have argued against taking feelings of penis envy, feminine inferiority, or masochism as primary or “bedrock” see similar problems with ideas of primary feminine genital anxieties.

Perhaps a bigger problem comes with the “femininity” side. The question of what femininity means gets into many of the thorniest philosophical and scientific issues raging in contemporary psychoanalytic discourse: questions of causality and evidence, the challenges of intersubjectivity and postmodernism, the efficacy of the single-case method in building a general theory, the relationship of psychoanalysis to other disciplines, the dilemma of reconciling the theoretical differences within psychoanalysis. Some of the literature on primary femininity, however, seems to skip over these issues too blithely.

A central concern is the issue of “essentialist” versus “constructivist” views about gender. Many who write about primary femininity take an essentialist viewpoint, stating that there are essential feminine characteristics—an essential femininity, however this may be influenced by biology, anatomy, neonatal hormones, brain chemistry, environment, object relations, and parental and societal attitudes—or interactions among these. Elise (1997) demonstrated that the concept of primary femininity is often used in such a manner as to convey the impression that femininity is innate, and linked to innate heterosexuality and the desirability of same-sex identification.

I will bow to Chodorow’s (1994) excellent critique of this issue (which includes a critique of her own earlier position). She argued that psychoanalytic thinking on gender and sexuality has tended to subsume individuality and difference in the interest of universalist theories. She warned us to distinguish between subjective and observed gender, and to attend to the relationship between individual uniqueness and commonality. She offered one universal observation to which she holds: that every individual constructs a gender and a sexual subjectivity. Chodorow pointed out that many primary femininity theorists fall into the mistake of making universalistic claims about women, and of implying they can describe the core experience or essence of femininity or masculinity (p. 217).

Psychoanalytic thinking tends not to be sufficiently cognizant of the inextricable linguistic and cultural biases in our theorizing. Many contemporary writers on primary femininity began their work with a critique making just this point as it applies to traditional theories about women. Yet they sometimes fail to see that they may slip into similar errors, and leave themselves open to the same criticisms they themselves have leveled. The traditional theories had an inherent phallocentric bias and assumption of male superiority. Unfortunately, newer writings turn the tables and subtly suggest that what society and culture take for granted as intrinsically feminine is not inferior, but may be superior. For example, beginning with the presumption that women’s identities are more organized around sexuality, Sherfey (1966), in opposition to Marie Bonaparte’s early writings, claimed that the female is more, not less, endowed with libido than the male, in that she is “insatiable.”

The nature/nurture controversy is an old and fruitless one, but its shadow falls across the writings about primary femininity. Recently Robbins (1996) intrepidly took up this issue in an essay on the origins of gender differences. He stressed the role of culture and its interaction with biology in the development of gender identity. Neurobiological scientists who investigate gender-related differences in the structure of the brain and in hormonal activities warn about the danger of taking a narrow view, or coming to set conclusions, in interpreting their findings. For example, a review of the research on sex differences in brain organization (Springer and Deutsch 1993) ends by posing a series of questions, which I think would guide psychoanalysts well: Are the differences between males and females real? What is the adaptive advantage of such differences? How does brain organization relate to other patterns of higher mental function? How is brain organization affected by maturation? How do differences in child-rearing practices affect brain asymmetries?

I do not mean by all this to say that I think that the concepts that fall under the umbrella of ‘primary femininity’ have not advanced our understanding of female sexuality and development. I believe that they have, in spite of the contradictions, inexactitudes,
and dilemmas I have found within them. The concepts embraced by this term have proved useful clinically and theoretically, but they need to be clarified and worked out much more carefully and rigorously. Clinically, they have provided us with powerful ways of understanding our female patients that were not possible with our older theories. The danger is that we may repeat the mistakes of the past and not ask the next question, “Where do we go from here?”

References


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