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## Gay-Friendly Psychoanalysis and the Abiding Pleasures of Prejudice

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### ABSTRACT

Psychoanalysts in North America have mostly rejected the theory that homosexuality in men is “caused” by developmental arrest. Most have also rejected the belief that the Oedipus Complex is the main determinant of adult sexuality (a belief that used to be the very foundation of psychoanalytic thinking). Today’s “gay-friendly” psychoanalysts deplore the mid-20th-century analysts who, in the name of bedrock Freudian principles, pathologized homosexuality and believed they could “cure” it. However, the author argues, this wholesale expulsion of a giant body of mainstream theory has two downsides: It pressures us to fudge our clinical perception when we encounter that rare patient who actually does fit the profile of the “sick” homosexual of the past. And it lets us elide the likelihood that fashionable moralism and self-interest may still be distorting our clinical judgment today.

I begin with a story about keeping a secret from a supervisee: Several years ago I supervised the first year of treatment of a young man whose presenting complaint was “a problem with incompletes.” Eric, the patient, had been referred for therapy to avoid expulsion from college; in two years he had finished fewer than one-third of his courses. “I’ve always been this way,” he told his therapist. “I know I have the talent to do really well but I have zero motivation to work at anything. I start every semester with enthusiasm—like, THIS is going to be the semester I really shine! But then somewhere around week 4 I get bored, or frustrated, and something sets in where I just stop going to class.” Something similar happened in his close relationships: He would lose interest in friends, and his one important romantic relationship—a girlfriend he was together with for two years—was “sort of in a twilight state at this point. I know I don’t want to break up with her, but it hasn’t really felt like a romance since the first few weeks.”

The therapist treating him at the college clinic was perplexed. “I can’t figure out what makes Eric tick,” she said a few times. We set about trying to figure out what Eric DID care about: He had reported being treated in high school for “major reactive depression” triggered when a foreign student whom he had become close friends with moved back to Ecuador.

“Boy or girl?” I asked the therapist. “Boy.” And what classes has he passed? “Dramatic arts,” she said. “It’s his minor.”

“Could Eric be gay?” I asked the therapist. “I’ve brought up the possibility,” the therapist said. “He denies it. He says he’s uncomfortable around gay people—he was in a gay bar once and he panicked. He felt that all the men around him would want him to ‘be the girl.’” In addition, there was no reason to believe that Eric would keep it a secret: He had a gay brother, 15 years older, who had been out “forever” and who was accepted and beloved by both parents.

About a year into the treatment the patient mentioned that he was in the habit of carrying a knife—every day at school and almost any time he left the house. The therapist asked why, and the patient launched into a complex matrix of evasions that boiled down to paranoia and preoccupation with

men as a group. He didn't just think men wanted to penetrate him anally, he felt at risk of being jumped and beaten up at any moment.

Once Eric started talking about his fear of other men, he could start talking more openly about conflict over his sexuality: No, he definitely wasn't gay, but he was sexually excited by men and masculinity—and masturbated to gay pornography. But he had “zero interest” in having sex with a man, much less a relationship. He kept dating women and enjoying sex with them, but the same “incomplete” that brought him to therapy kept showing up after a few weeks. And despite attending his twice-weekly sessions avidly and always being ready with emotion-laden material, his behavior hadn't changed at all: more final exams not taken, final papers not written, part-time jobs lost due to not showing up for shifts. Threats of suspension were raised and just barely dodged. He crammed for and barely passed Spanish 1—the college had said he must, or lose a singing part in the college production of *Oklahoma!*

The supervision ended with the supervisee still “perplexed” about Eric and with me feeling that I could have done more to help this beginning psychologist help this patient if I had been less secretive with her about my own clinical hunches. In my mind, the patient's cluster of symptoms—robust but nonromantic heterosexual functioning, paranoia and idealization about men, and a remarkable disinterest in engaging with any pursuits other than ones in which he could be fabulous—brought to mind older (and disavowed) psychoanalytic theories about what “causes” homosexuality in men: For example, Socarides (1988) posited the idea that boys destined to become homosexual can, in “the healthiest cases,” develop to a position of object choice in relation to the mother (which Socarides saw as a strong outcome). However, because of subsequent maturational regression to a narcissistic position, they're left with erratic self-esteem, “projective anxieties,” and spotty reality testing and impulse control manifesting in neurotic homoerotic object choice.

I was reluctant to bring these developmental ideas up when thinking about Eric because they had been discredited (e.g., Schafer, 1995; Auchincloss and Vaughan, 2001). Homosexuality in men and women, I had been taught, can't be “caused” developmentally any more than heterosexuality can. I worried that in invoking, for instance, Freud's ideas about origins of paranoia in “Certain Neurotic Mechanisms in Jealousy Paranoia and Homosexuality” (1922), I would be called out for thinking the unthinkable and I would risk losing credibility with my supervisee. (In my fantasy—perhaps driven by my own “projective anxieties”—my supervisee's peers were saying “Your supervisor is using Freud in a dynamic formulation of a patient with bisexual fantasy material? What a Luddite! What a hater.”)

I remembered this case recently when I set out to write about “ghosts of homophobia in the field of psychoanalysis.” This project was part of a workshop presented by a writing group I am in, led by Adrienne Harris (Harris, Klebanoff, and Kalb, 2016). “Ghosts” is our shorthand for the clandestine ways the past haunts the present. Broadly, it's a way of thinking about intergenerational transmission of trauma: How do residues of that which is unmoorable because it is unthought—perhaps because it's too dreadful to know—get passed on unawares from parent to child, teacher to student? The idea of an abrupt and frightening encounter with that which one believes to be dead and buried is nearly universal in human language. As Harris writes in “The Tank in the Bedroom,” the ghostly encounter is the moment when History—systems of power, regulation, oppression—crashes through the walls we put up in order to protect our spaces of intimacy, truth, and goodness.

I wondered if there was a link between the homophobia in our discipline's institutional history and intergenerational transmission of trauma. And is it possible that reexamining theories of homosexual development that have been morally and theoretically renounced could actually illuminate ways that homophobia of the past still haunts, unwittingly, psychoanalysts of today? Does this history constrict which ideas we will and will not consciously tender? This led me back to my inhibitions with my supervisee, and, further back, an experience from graduate school.

I began my training as a psychologist in 1993, in a Ph.D. program that I had been warned was steeped in homophobic theory. In applying to the program I had been open about being gay, and that I wanted to research gay men's decision making about HIV-risky sex. I was surprised to find

that no one in the program gave me any kind of pushback about either. Faculty—notoriously elusive in the program—seemed to go out of their way to talk to me about my research ideas. Psychoanalytic theory pervaded the curriculum. But developmental models in which homosexuality was discussed as a pathological developmental outcome were rare: A passing reference in Kernberg to “orally determined homosexuality” (1995: *Aggression in Personality Disorders and Perversions*) or in Freud to superego pathology in homosexuals (1910: Leonardo paper) would be ignored in class discussion. And if someone brought these items from the reading up in class discussions, faculty members would roll their eyes as if to say, “Oh we don’t believe that anymore.”

The one exception to this was the course on the history of psychoanalytic theory, which was taught by a professor who was a couple of decades older than the other faculty members. This man didn’t go out of his way to apologize for the way homosexuality was understood in American psychoanalysis. What he did do was show us that orthodoxies in psychoanalysis can change dramatically over time. And that for psychoanalysts of the 1940s through the 1980s, the idea that homosexuality was the product of catastrophic developmental arrest was regarded as theoretically sound—both morally and intellectually—in the same way that ideas like multiculturalism or intersubjectivity are emblematic of a contemporary relational sensibility.

I remember feeling troubled by the fact that theories that were clearly ignorant and damaging weren’t being renounced in this course, as they were in others. But in retrospect it seems like a useful reminder that everything we do is time- and culture-bound, and that in the 1950s and 1960s, homophobic theory wasn’t regarded as merely a present-day set of hypotheses: Believing in these theories was, in its time, an issue of basic decency and even public safety. (The first *Diagnostic and Statistical Manual: Mental Disorders* [DSM], published in 1952, actually listed male homosexuality under the rubric of “Sociopathic Personality Disturbance.”) To question these theories would, at the time, put a psychoanalyst at risk of looking stupid or crazy in the eyes of his peers—peers whom he regarded as responsible and progressive, and whose approval he needed, emotionally and economically.

Many psychoanalysts of the 1940s and 1950s and 1960s had gay male patients who didn’t fit the profile of the pathological sorts in the psychoanalytic literature. For the most part they kept silent (Friedman, 1988). I will return to the issue of shame and silence; for now, what I want to stress is that while the culture (if not the deep curriculum) of psychoanalytic training in my graduate psychology program in the mid 1990s seemed completely free of the homophobia I had been warned about, also completely absent was any discussion of how so many psychoanalysts could have bought into a body of theory that was so clearly determined by societal and cultural pressures rather than fundamental psychoanalytic practices and principles (Schafer, 1995). Moreover, what are we to make of the fact that now, after decades of promulgations, homophobic theories of homosexual developmental arrest are just gone?

Alongside this striking absence was another: In lectures, in class discussions, and even in supervision, there was no discussion whatsoever of the role of the Oedipus Complex in the structuring of adult sexuality. This fact is, in retrospect, stunning to me: In my doctoral training I was fortunate to have supervision with several prominent contemporary Freudian analysts. None of them, not one, ever talked about the basic elements of the Oedipus Complex as having a formative effect on the psychosexual organization of the patient, whether gay or straight, under discussion.

It seems even more so today: Contemporary Freudians by and large don’t speculate on how the Oedipus Complex might imprint sexual orientation. In fact, they tend to reject the 20th-century-Freudian idea that the Oedipus Complex is the bedrock for personality organization (e.g. Greenberg, 1991, Balsam, 2010). Although their focus isn’t specifically Oedipal, contemporary Freudians still listen for the ways early relationships get coded as intrapsychic structures, and they still think in terms of developmental compromises and internal conflict, probably more so than psychoanalysts with a relational or interpersonal orientation (see Druck, Ellman, Freedman and Thaler, 2012). The contemporary Freudian take on the Oedipus Complex is also shaped by rejection of the “one-person” psychology of “Classical” Freudians, that is, the belief in the analyst as an objective observer of the fixed and unvarying patterns of neurosis in the patient. On the contrary, contemporary Freudians tend to think of the transference/countertransference as a two-person creation, and believe that the symptoms of the patient will present differently depending on

who the analyst is and what kind of day both parties are having (Ellman, 2010). Another way that contemporary Freudians differ from the classical Freudians and ego psychologists of last century is in what they consider useful clinical data: Whereas ego psychologists admitted only the spoken words of the patient, contemporary Freudians use the patient's behavior, particularly in the enacted dimension (Katz, 2013), and attend to the analyst's countertransference as a source of information on derivatives of early unconscious fantasy that show up in the transference. That being said, there's still a great deal of interest in Oedipal events as organizers of instinctual life (Greenberg, 1991), as shapers of the dialectic between dyadic and triadic experience (Brown, 2002), as foundations of intrapsychic conflict (Brenner, 2002), and even as powerful influencers of intimate relationships in adolescence and throughout life (Levy-Warren, 2008). But on the question of sexual object choice—how people end up erotically desiring one sort of person over another—contemporary Freudian writers are mostly silent. Many have even made a point of showing that Freud himself was agnostic on the topic of how sexual orientation forms, and that Freud's work specifically rejects any association between sexual orientation and psychopathology (Heenen-Wolff, 2011)

Many openly gay contemporary Freudians have made use of the Oedipus Complex in discussing other aspects of relational health and pathology in gay men. Many recent developments follow from Isay's (1986) groundbreaking work showing how Oedipal dynamics play out in "prehomosexual" boys—boys who enter the phallic period with a biological predisposition to take the father as their primary erotic object. Isay showed that a homosexual outcome was optimal in these boys—a successful resolution of the challenges of the Oedipal period, rather than a defensive regression to the less erotically charged "negative" Oedipus Complex that was the latent bisexual underside of healthy heterosexuality for Freud. In Isay's model, the "close-binding mother and hostile or distant father" (Friedman, 1988) configuration that the mid-century Freudians had identified as the "cause" of homosexuality was considered, instead, the *result* of the prehomosexual boy's moving closer to the mother both because of common interests and sensibilities, and as a way of dealing with real or imagined rejection from a father made uncomfortable by the boy's natural erotic attentions. Other Freudian writers over the past two decades have used the Oedipus Complex to explain aspects of sexual inhibition and relationship troubles in neurotically organized gay men (Phillips, 2003; Goldsmith, 1995; Lewes, 1998). Although these writers have provided compelling and robustly Freudian counterarguments to the few writers who are still pushing a "pathology" model for the acquisition of homosexuality (Bergeret, 2002; Philips, 2002), their silence regarding the issue of "object choice" per se appears to be total.

These two absences—a silence about how psychoanalysts got it so wrong for so long, and the sudden outright removal of the question of sexual object choice from our purview—is taken up by Kenneth Lewes in a paper called "Homosexuality, Homophobia, and Gay Friendly Psychoanalysis" (Lewes, 2003). In the 1980s Lewes wrote the authoritative text on the history of psychoanalytic theory of male homosexuality (Lewes, 1988, 2009)—its agnostic origins with Freud, its pathologization in the ego psychology of post-World War II America, and the gradual questioning and then rapid renunciation of those theories in the 1970s and 1980s. Lewes finds contemporary psychoanalysis much as I found my graduate program: It could not be more welcoming to gay men at this point in history. But, he asks, shouldn't we be worried about that the fact that a gross irrational prejudice against homosexuals had been there in the first place? How is it, he asks, that a body of hateful theory was espoused so comfortably and for so long by thousands of psychoanalysts who professed the psychoanalytic ideals of sympathy and neutrality? And what are we to make of the fact that as soon as it was seriously challenged it collapsed utterly and completely? In fact, Lewes argues, we should probably be asking, even now, whether there is anything really keeping us from the same unwitting corruption of genuine psychoanalytic values—chiefly, an open-minded and imaginative sympathy about what it is like for a given patient to live in the world and be with other people. How do we know, really, that we're not still hating, albeit in some righteous and culturally syntonic way—in the same way our forebears did? And if we're not, then what happened to the hate?

Lewes doesn't propose a direct answer to this question, but in this paper and his earlier writings, Lewes spends a lot of time looking at the disappearance of the Oedipus Complex in the discourse of sexual object choice. This absence is striking not only because the Oedipus Complex was, for the first hundred

years, the cornerstone of psychoanalytic thinking about sexuality. It's also interesting because for many contemporary postmodern psychoanalysts, thinking about sexuality really has no cornerstone. Postmodernism rejects stock formulations of this-causing-that, and focuses on relative fluidity in a multifactorial frame. As a result, many relational and postmodern psychoanalysts believe that young children's experience of gender and erotic desire is responsive to both enigmatic intromission and social messaging, but they still listen for the massive influence of the child's early experiences of love, sexuality, possession, and loss in relation to parental figures (e.g., Atlas, 2015; Saketopoulou, 2017). Likewise many contemporary Freudians believe that young children's experience of gender and erotic desire is much more fluid and multiply configured than the psychoanalysts of the early and mid 20th century did. Contemporary Freudians tend to reject formulations that imagine sexuality and gender as fixed and reified compromise solutions to intrapsychic conflict. But many still believe, as Freud did, in infantile constitutional bisexuality (e.g., Covitz, 2007). Relational writers seem less likely to use this idea, maybe because they reject the male–female binary, honor the ways that desire and identity come into being in an interpersonal context, and question the intellectual and moral legitimacy of categorization itself (Drescher, 2007). But all seem to agree that childhood sexual experience contains multitudes and can end up developing in a million different ways.

So given all this multiplicity in our early erotic experience, how is it that somehow, most adults still end up thinking of themselves as mostly or totally gay or straight? Many writers across the theoretical spectrum look for the answers in the forces of culture and ideology that whittle and contort polymorphous childhood sexuality into something more reified and normative.

Freudians might argue that these forces are exerted upon children first and foremost through their caregivers. A contemporary view of the Oedipus Complex sees its beginnings at weaning, as Klein (1928) theorized, and imagines it as an umbrella rubric for all the dramas of passion and jealousy that the child undergoes as the relational pleasures and agonies of social reality are visited upon him. For Freudians, contemporary and otherwise, it is dramatic indeed: It starts with a crisis of possession and dispossession (“the one I love and need, it turns out, loves someone else. This must mean she has stopped loving me! I will die”). Followed by murderous rage (“I will be made whole by destroying the one who wants to steal the love that keeps me alive”), and then terror at the level of a “Saw” movie (“I am about to be mangled of body and soul by a capricious and captor against whom I am utterly powerless”). Violence to the body and soul is traded out by violence to identity itself (“I will mollify my foe by willing myself into becoming him”).

Dramatic, yes, and never this straight forward: I am using the 20th-century heterosexual boy scenario here for the rhetorical luxury of cliché. In reality, 21st-century Freudians focus on the ambivalence of Oedipal objects, and recognize that any child—boy or girl—desires and fears both parents, and the final identification is never entirely with any one given parent to the exclusion of another. I also don't mean to suggest that a “healthy” resolution of the Oedipus Complex requires a family with two parents, or two parents of opposite sexes. Nor am I suggesting that in order to turn out fully healthy and human, a child must at some point undergo a crisis of dispossession, jealous rage, and dismemberment panic. Many don't and turn out fine. My point is only that when you “believe” in the Oedipus Complex, it's hard to think of any system of sociocultural forces that could come close to it in directing which aspects of instinctual life are allowed to survive as part of something like “identity,” and which get repressed, which erotic identifications are nurtured and which ones are “refused” (Butler, 1995), which ones disappear, through normative unconscious processes (Layton, 2006), into the wallpaper of status quo power structures, and which ones are demolished (Freud, 1924)—not repressed so much as blown to bits, never to be heard from again (Loewald, 1979).

The forces of love and fear that are at work in the Oedipus Complex are actually at the core of prominent theories of sexual orientation development that are altogether outside of psychoanalysis. The sexologist John Money believed that a person's *lovemap*, their lifelong template for who and what they desired erotically, was formed in early childhood by an interaction of biological predisposition with interpersonal experience, like intensely arousing experiences with caregivers (Money, 1990). Money was not always friendly to psychoanalysis, but the idea that environmental experience

brings about repression—some avenues of desire are blocked off and forgotten, while others are imprinted immutably in consciousness—is intrinsic to his work.

Contemporary psychoanalysts have very good reasons to avoid theorizing about the origins of sexual orientation (Auchincloss and Vaughan, 2001). But I wonder whether, in that reticence, there is a betrayal of an important aspect of the mission that exposed and brought down institutional psychoanalytic homophobia in the 1990s, namely, the interrogation of “psychoanalysis’s investment in orthodoxies of desire and identity” (Harris, in Domenici and Lesser, 1995, p. xi). The idea that psychoanalysis should recuse itself from speculating on the origins of sexual object choice was not fundamental to this mission. Many analysts of the late 20th century felt that psychoanalytic tools should be brought to bear, albeit in a broader and fairer way, to illuminate the idea that all adult sexuality—gay, straight, bi, a—is a result of compromises within a social environment. As such, it’s always forged in an encounter between the individual and the world (Benjamin, 1995; Domenici, 1995).

Contemporary analysts don’t seem interested in using psychoanalytic theory to explore object choice. In fact, I think the idea that sexual object choice is beyond our ken has become a new orthodoxy. So I am proposing that we reopen the discussion about whether the significant relationships in a child’s early life can fundamentally shape their lifelong conscious sexual desire and fantasy program. Specifically, I propose we entertain the possibility that there is a subgroup of gay men—not all gay men but some gay men—who aren’t born gay, but arrive at homosexual object choice as a result of early interpersonal experiences and fantasies. Is it possible that sometimes boys whose primary biological/genetic/epigenetic “nature” is to end up sexually responsive to females end up instead, through a process of love, desire, terror, frustration, identification, and repression, with a primary erotic fantasy object that is mostly or exclusively male? In other words, is it possible that in some minority of cases, the Oedipus Complex can in fact make you gay?<sup>1</sup>

I think this question is worth asking because at this point we have very little to go on when we try to put the pieces together in a case like Eric—patients who don’t fit neatly into categories of gay or straight, and whose psychological functioning has other glitches as well. Eric sought treatment because he had trouble getting himself to do things that weren’t immediately gratifying—studying for classes, showing up for shifts at work. As the treatment unfolded, it turned out that he had a duality in his sexual life: He functioned well sexually and emotionally in a stable and unthrilling relationship with a woman, but his romantic and sexual fantasy program seemed to be mostly about males, as indicated by a deep depression after a buddy crush in adolescence, and masturbation to gay pornography in adulthood. He also showed an instability in his sense of self—feeling sometimes like he was amazing and talented, and at other times like he was despondent and broken, unable to do things everyone else his age can like get themselves to work or the library. As treatment unfolded, it turned out he also had a fear of being raped.

Here’s a first pass at how I would use the Oedipus Complex to think about someone like Eric: He started with an infantile bisexual disposition that leaned toward the heterosexual. At some point in the Oedipal period something went wrong and his mission to lay exclusive claim to his mother went awry: Maybe his mother was depressed or schizoid and couldn’t meet and mutualize his love, maybe she was too available and her sexuality was too much (Benjamin and Atlas, 2015), terrifying, overwhelming. Maybe she was too busy and the wish to get her to pay attention was just too frustrating, maybe dad was too scary. For whatever reasons, phallic-stage Eric gave up on desiring mom and, thanks to the polymorphous nature and plasticity of early childhood erotic desire (Heenen-Wolf, 2011), turned toward dad and let a primary erotic desire cook up around him.

This homosexual desire was different from his original libidinal impulse toward his mother in three ways: One, it was a desire for which the native power was secondary to the one for his mother, so it created a cathexis that was less stable and less permanently binding than the original one

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<sup>1</sup>Again, I am using males and gayness for the sake of clarity; I don’t doubt that if this phenomenon is real then it applies equally to females, and that it’s equally possible for a child whose “nature” is prehomosexual to end up heterosexual by the same Oedipal means.

(maybe this partially explains why Eric “didn’t really feel gay”). Two, it was for a figure who had started out as an Oedipal rival, so the erotic object that was desired was also an object that was potentially castrating (maybe this explains Eric’s terror of “being made to be the girl”). And three, it was an object choice made on a narcissistic rather than anaclitic basis, a “narcissistic object choice” (Freud, 1914; Reich, 1953; Phillips, 2003).

This last element, narcissistic vs. anaclitic object choice, is not part of the traditional layout of the Oedipus Complex. Lewes (2003) thinks it should be, and he has proposed an expanded theoretical model that includes it and several other factors that follow from a close reading of Freud. The idea that an Oedipal object choice can be made on a narcissistic basis is, I think, potentially useful in thinking about men like Eric. But it is an idea that is remarkably undertheorized: Freud talked about it and many writers have mentioned it without elaboration, but there is scant literature on exactly how narcissistic object choice might manifest in specific patterns of sexual desires and acts. Lewes believes it occurs when we take as an object someone with the same genitals as us. Because of this erotic identity between our Oedipal object and our self, the person we end up indelibly drawn to and sexually aroused by can be thought of as a displacement—an object that represents either the self as we know it, or how the self used to be, or how the self would like to be, or someone who was once part of the self—these are the four types of narcissistic objects that Freud describes in his 1914 paper on narcissism. The two writers who followed Freud’s format for describing narcissistic object choice (Reich, 1953; Eisnitz, 1969) use the concept to explain people who experience dramatic and sudden shifts in the valuation of objects, starting with idealization, as the object seems to bring first a glorious and longed-for completion to the early megalomaniacal self—and then rapid and total devaluation as it turns out otherwise.

While the ontological status of narcissistic object choice may be tentative, most contemporary psychoanalysts seem to agree that there is such a thing as narcissistic love. And they agree with Reich and Eisnitz that this kind of love is powered by idealization. Idealization is inherently thrilling, and inherently involves projection rather than realistic discernment of qualities intrinsic to an object (Kohut, 1966; Bach, 1994). This seems like a reasonable way of thinking about why Eric found his homosexual feelings more exciting, but also more confusing, than his heterosexual ones: An object that soberly meets our real-world present-day needs can never be as thrilling as one that restores us to an ancient state of oceanic megalomania and perfection. The erratic nature of narcissistic attraction—it always fluctuates between idealization and devaluation (Kohut, 1972)—could help us understand why someone like Eric might have “zero interest” in trying to establish a stable sexual relationship with another man.

The other thing that’s clear about narcissistic *object choice* is that it is not the same thing that mid-20th-century Freudians were referring to when they said that a regression to a narcissistic stage of development was the “cause” of homosexuality in males (e.g., Socarides, 1988). In that scenario, the object world was completely renounced and real feeling for other people in the world was impossible (maybe this was why homosexuality could be classified in the DSM as a “sociopathic” disturbance). I don’t see any direct evidence of sociopathy in Eric; no doubt he had a weak superego (his motivation was poor and his self-awareness was patchy), but he wasn’t without feeling for others or reflectiveness about his fears. He carried a knife but, as far as I know, never used it. This is an important difference: A real narcissist—a person whose character is based on a regression to an infantile position where all that’s good in the world is inside of him—could not love and mourn another person (as Eric clearly did with his friend in high school), could not maintain a sexual relationship of several years (his boring one with his girlfriend), and would be unlikely to engage and sustain a relationship with a therapist over a period of years—particularly a young and inexperienced therapist at a training clinic in a poor part of the city. Narcissistic object choice, Freud famously wrote, is still a cathexis of an object rather than the self.

Some contemporary Freudian writers have found the idea of narcissistic object choice useful in understanding patterns of attraction in gay men. Phillips (2002), for example, notes that some element of narcissistic excitement is inevitable when you have an object that is the same gender as yourself: Part



of the attraction to the object is inevitably aspirational, with the object representing some more-perfect aspect of the self (which is probably true of erotic love in general). But the patients Phillips discusses are different from Eric in that Phillips believes that these patients, like Isay's, entered the Oedipal period with a constitutional predisposition to cathect the father, and their homosexual object choice in adulthood represents a more or less "successful" resolution of the Oedipus Complex in that they are capable of "object love" for a man other than the father (whose loss as an erotic partner has been mourned). In other words, despite the element of self-completion in the love these patients feel for other men, they are capable of imagining their objects as separate subjects (Benjamin, 1995), mixes of good and bad like themselves. They can love another man despite his imperfections, and they can trust their own love not to disappear when their object disappoints them.

Patients like Eric don't have this trust. And it's not just the avoidant and paranoid patients: Many of us have known patients who present as comfortable being gay and successful in work and friendship but who can't sustain a sexual attraction to another man. This doesn't seem to change very much even in therapies that go long and deep. This is where Lewes's expansion of the Oedipus Complex is useful. Lewes's model started as a way of showing that heterosexual object choice was not the only "healthy" outcome of the Oedipal matrix as Freud originally imagined it. Lewes's radically Freudian Oedipal matrix centralizes the bisexual disposition of the child entering the phallic phase, and focuses on the child's ambivalence—there is love and fear in relation to both parents, and with both there is rivalry and identification that plays out in erotic fantasy. Moreover, the child brings to these relationships a biological predisposition toward an active or passive stance in object choice (independent of the gender of self or object), and this shapes the role of "castration anxiety" in an identification with the mother: Whether the mother identified as the "castrated" one or the powerful phallic one is seen to influence how active and passive erotic strivings are reconciled in the psychic and lived in erotic life. Then, in the final axis of Lewes's model, is the object experienced as a separate subject who provides something that is acknowledged to be fully outside the self (Lewes calls this "anaclitic object choice)? Or is the actual separateness of the object obliterated in fantasy, making what the object provides merely an aspect of the self that had temporarily gone missing (narcissistic object choice)?

Back to Eric: Lewes's model might say that Eric ended up this way because as an Oedipal-age boy he had forsaken his natal primary object (the mother he was biologically predisposed to desire) and chosen as his main erotic object his father. Having claimed his father as his and his alone, young Eric would have fantasized about ways to get rid of mother, who was fantasized as his chief competitor for father's love, enthusiasm, attention, time, protection, and so on. This wish to eliminate mom would generate anxiety: a fear that mom will retaliate by attacking the area of his body that feels like the leading edge of his erotic pull toward dad, his penis. Young Eric would deal with this castration anxiety by deciding to renounce his claim on ownership of dad, but would resolve that at some point in a distant adult future he would find a man who will thrill him in the same way that dad does now. In the traditional configuration, this renunciation of the claim on the primary object is carried out partly by identification with the Oedipal rival; this would mean that young Eric would decide that in order to become able to attract a man like dad, he would find a way to make himself more like mom. In the treatment that I supervised I didn't hear very much about Eric's maternal side (except perhaps for the fear of men wanting to force him into being "the girl"; maybe with a different therapist in a different supervision more aspects of a maternal identification would have emerged).

But whatever his identifications, if in fact Eric was biologically predisposed to lean toward a heterosexual object choice, then rejecting the mother and turning toward the father would require a significant internal shift in the nature of the attraction. Using Lewes's model and the language of 20th-century psychoanalysis, we might theorize that young Eric's redirection toward the father was centered on his sense that his father's genitals were like his own. (Many Freudians still believe that Oedipal children know what their parents' genitals look like even if they haven't seen them, and the difference between prepubertal and adult versions doesn't prevent them from knowing what's like them and what's different)(Freud, 1908). Lewes's Oedipal model might say that because Eric's native anaclitic libido pointed him toward his mother, rejecting her and choosing his father as a primary

love object may have required a different energy source, which would be narcissistic libido. (The idea that there was such a thing as “narcissistic libido” as a separate fountainhead of love energy was widely accepted by 20th-century psychoanalysts.) This would leave Eric with a primary object that is mostly founded on narcissistic libido, a narcissistic object choice.

But that is not all. Lewes’s model, like Freud’s, stipulates that multiple object choices can coexist. Eric’s present-day sexual behavior would suggest that he finished up his Oedipal period with essentially two Oedipal object choices: his mother, in a tie that is heterosexual and anaclitic (as indicated by his ability to enjoy and value a long-term emotionally dependent and sexually under-exciting tie to a particular woman, his girlfriend), and his father, in a tie that is homosexual and narcissistic (as indicated by the fact that he had both a masturbatory fascination with gay pornography, and a somewhat paranoid erotomanic preoccupation not with one man in particular but with the sexual idea of men as a group).

A theory like this one could have permitted me and my student to consider that there was a qualitative and nondefensive difference between Eric’s heterosexual desires and his homosexual ones. Instead, with little else to go on, we were left with broad 21st-century explanations that didn’t fit the data very well—chiefly the idea that Eric was probably primarily homosexual but had, under the sway of homophobia in his family or in his social world, managed to alienate himself from any wish to love and be loved by another man. We could think of Eric’s split between homosexual sex and homosexual love in terms of relational trauma and dissociation (Bromberg, 1996) or foreclosed identification (Butler, 1995), or any number of other social and cultural factors that have been identified as deterrents to acceptance of a gay identity (e.g., Cass, 1979).

I reject these explanations for three reasons: Chiefly, I don’t see compelling evidence of severe homophobia in the data around Eric’s familial and social life as it was described in the treatment and presented to me. Remember that he had an older brother who has been out “forever” and who, along with his partner, was a beloved and accepted part of his family of origin. Eric himself was a theater major at a large and diverse campus in a major U.S. city; I didn’t get the sense in 2008 when I was supervising this case that Eric had a huge fear of loss of straight white male power and privilege if he were to come out.

In saying this, I don’t mean to reject the possibility that Eric was under enormous social and/or intrapsychic pressure not to recognize himself as gay: My read of the “reality” of his circumstances could be totally different from Eric’s, both in fantasy and in his experience of himself and his relational world. Certainly his parents may have transmitted to him, overtly or subtly, the message that one gay son was enough for them. And it’s easy to imagine that for someone who was as confused and helpless as Eric, heterosexuality, and whatever moral or cultural prestige it imparts, might have been hard to imagine relinquishing. But we stay closer to the facts in the case if we take Eric at his word: He didn’t “feel” gay. Nor was he homophobic in the strictest sense: behavioral scientists sometimes use ideas like violently repressed latent homosexuality, projection, and paranoia to theorize about what motivates men who commit hate crimes against gays (e.g., Herek, 2004). Eric was not a gay basher: He was afraid of men wanting to rape him, but he never, in my experience, showed any inclination to violence other than as self-defense. Moreover, if Eric’s putative heterosexuality were a result of coercive pressures toward normativity, why would the homosexual excitement be allowed to stay conscious while the wish to love and be loved underwent repression? Wouldn’t a homophobic solution (a sublimation like joining the army) work the other way around?

When I supervised the work with Eric in 2008, I had read Lewes’s book years before and I had vaguely remembered something in it about an expanded Oedipus Complex. But at the time, it didn’t occur to me to have a second look at it because nothing, as far as I knew, had ever really become of that formulation—I hadn’t ever seen it cited in the literature on gay development I had read. Today I am struck by this and I wonder why Lewes’s critique of Oedipal development has not become broadly known and adapted to our discussions about psychosexuality in men. Maybe it has to do with how complicated Lewes’s model is: There are six different conditions on the object axis instead of two, and 12 different potential outcomes. The outcome, Lewes says, results from “a bewildering

series of transformations, some of which turn preoedipal conditions into their opposites.” Lewes’s model is hard to grasp without a strong grounding in ego psychology, which was not part of my training in the contemporary Freudian world. It’s easy to imagine that the lexicon of ego psychology is foreign to us now for the same reason that theorists like Lewes aren’t part of the mainstream discussion: Both draw our attention to a time that present-day psychoanalysts might be unwilling or unable to really think about. Again, the idea of shame and silence.

Along that line, maybe Lewes’s model hasn’t caught on because despite its rejection of pathologizing and respect for complexity, it has the look and feel of mid-20th-century Freudianism, which pounded the table in defense of its proscribed developmental sequences for normalcy and pathology (Bieber, 1976; Socarides, 1991). Much of that theory of the Oedipus Complex has been interrogated and discredited by the work of contemporary relational writers influenced by postmodernism and third-wave feminism (Domenici and Lesser, 1995). This has been good for everyone, particularly women and gays. But interestingly, it is writers in the relational tradition rather than the Freudian one who seem, in recent years, to be using the Oedipus Complex—albeit in meticulously 21st-century ways—as a tool for deepening and enriching their thinking about what makes their patients tick sexually.

Some of their work takes up the idea of the “negative” Oedipus Complex: Francisco Gonzalez (2009), drawing on Kristeva, Dimen, and Bion, shows how in the absence of a cultural concept of homosexual love as an ordinary and acceptable thing, a proto-homosexual boy’s Oedipal love for his father might overwhelm and disorganize the father, leaving him unable to metabolize and contain his son’s erotic excitement as well as his own. Affect regulation that would enable the son to represent erotic impulses and internalize a coherent and vitalizing erotic object is thwarted in a scene of panic. Without such an internalization, erotic objects are not well elaborated and desire is exiled to a projected deficit, a gap, into which flows everything dark and perverse that the positive (wholesome, heterosexual) Oedipus Complex pushes out of the picture. “Something will be missing in the reverie returned to the child,” Gonzalez (2009) writes. “This is a social-psychic event: social repudiation inscribed as psychic structure through internalization.” The result, Gonzalez shows, is a precocious sense of the self as different in a way that is inscrutable and bad. Gonzalez doesn’t cast this in terms of narcissism, but he makes it clear that he’s describing a specifically Oedipal object choice, one that is internalized as deep and arcane damage to the sense of self. Gonzalez proposes this version of the “negative” Oedipus as a way of thinking about men who don’t question their gayness but who struggle, partner after partner, to make contact with an object who can contain, recognize, and transform their sexual desire into something that feels enlivening and truly their own in a reliable and coherent way.

Davies (2015) also uses the idea of Oedipal object choice to think about how an individual’s erotic life can be impoverished when “negative” (Davies proposes we substitute the less-value-laden word “secondary”) object choices go unrecognized, repressed, unrepresented, unmourned (Butler, 1995), or otherwise banished from awareness. Davies starts with the idea that all children enter the phallic phase with a bisexual constitution but a predisposition toward homo- or heterosexual choice of Oedipal objects, but she shows how actual Oedipal experience is far more complicated than Freud and the 20th-century Freudians believed. Drawing on complexity theory (Harris, 2004), Davies shows how the “kaleidoscopic” interplay of a myriad of dyadic and triadic self-with-other experiences—not just with parents but with all kinds of caregivers, siblings, and fantasy figures—can shake out into a vast variety of identifications and experiences of erotic desire. Davies uses Fairbairn’s idea of the tantalizing object—the object who excites but can never be possessed in a satisfying way—to show how it’s possible for an object choice made on the basis of enormous frustrated fascination to end up more stably foregrounded than one based on gratitude for needs met and tensions assuaged.

Davies doesn’t use the idea of narcissism or narcissistic object choice to explain how a “secondary” homosexual inclination might end up blocking out a more primary heterosexual one. And she makes it clear that that she does not believe that Oedipal experience can determine a person’s sexual orientation. But her model shows clearly how a contemporary and “complexified” theory of the

Oedipus Complex can illuminate possible ways that a child might adopt a “primary” sexual orientation that is not the same as the biological predisposition that they entered the phallic period with. For Davies, a good analysis brings more fluidity to the kaleidoscopic shifting of figures and grounds of a person’s Oedipal object choices. Notably, she opens and closes her paper with a sketch of a patient who is a lifelong gay man who, for whatever reason, has fallen for and married a woman with whom he is “deeply in love, sensually on fire”—even as his masturbatory fantasy life remains exclusively homosexual. Davies doesn’t work this case material into her discussion of the Oedipus Complex. But she closes her argument with this reminder that we don’t have a literature on uncloseted men whose identity and masturbatory life are robustly gay while their passionate and abiding real-world sexual object choice is heterosexual.

Neither Davies nor Gonzalez would say that we should use developmental data about our patients to think about what “caused” their sexual orientation or orientations. Like many contemporary writers, they find the “whys” of sexual orientation theoretically problematic and much less clinically useful than close attention to the particulars of any given case. But both writers show that it’s possible to think developmentally (Levy-Warren, 2018) about patients’ sexuality without falling into the positivistic and pathologizing traps that many contemporary writers associate with 20th-century Freudianism. In fact, it seems like Lewes’s project has much in common with writers like Gonzalez and Davies. “Complexification” is at the core of his model just as it is central to Gonzalez’s and Davies’s critiques, and his purpose is to show that it’s impossible to designate any outcome as healthy or pathological on theoretical grounds: He writes: “It is not possible to speak of “normal” or “natural” development in the case of the Oedipus Complex,”

It is not possible 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 Oedipus Complex are really a series of psychic traumas, and all results of it are neurotic compromise formations. Since even optimal development is the 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 all other developments. All results of the Oedipus Complex are traumatic, and for similar reasons, all are “normal.” (2009; p. 70)

In addition to the suggestion of linking sexuality with neurotic mechanisms of defense, I think there’s more to why Lewes’s model hasn’t been more broadly taken up by 21st-century psychoanalysts who write about sexuality. Many analysts doubt that it is possible to use the theory of the Oedipus Complex in a way that is free of covert oppression, misogyny, and privileged meaning-making (e.g., Schwartz, 1999). What Lewes says about all Oedipal outcomes being traumatic and thus “normal” is not that different from what Freudians have been saying on and off the record for generations: that all adult sexuality involves neurotic compromises (e.g., Lasky, 1993). The supposed theoretical neutrality of the Oedipal scenario hasn’t prevented generations of psychoanalysts from consigning its neurotic resolution to perversion in ignorant, procrustean, and mean-spirited ways. In contrast to the variability in adaptive postures toward Oedipal trauma that Lewes’s critique sourced, there was only one pattern of defense that the psychoanalytic establishment of the 20th century sanctioned to be “normal.” Certainly we’re right to be skeptical of the phobic reductionism that hijacked Oedipal interpretation for much of our discipline’s history, especially when we’re thinking about something as complex and multiply determined as sexuality.

But there is a downside to the taboo on thinking about the Oedipus Complex as formative of sexuality *in some cases*. Remember that for most of the 20th century, mainstream psychoanalysts thought this was how all adult sexuality was formed. Are we really sure that all of those analysts were completely wrong all of the time? And if there is, in fact, such a thing as a type of object choice that is not fundamentally object related, shouldn’t we have a model for thinking about how this comes to be?

I am not suggesting that we should readopt the Oedipus Complex as the universal crucible of sexual orientation. Or that we should definitively label some object choices as narcissistic and some

as anaclitic, and organize our clinical goals accordingly. I am only suggesting that we be allowed to consider the possibility that these things are useful heuristics in some cases. And in this sense my position is less scientific and ontological than political: I think we should be allowed to entertain the possibility that some of the theory that was used hatefully by psychoanalysts of the 20th century may—*may*—actually help us open up our thinking about some of the patients we work with today.

I think that what I am questioning in gay-friendly psychoanalysis is very much like what Dimen (2016) referred to as “minus-K in the service of protecting the container.” The “container” Dimen was referring to was the institution of psychoanalysis itself, and the minus-K (Bion, 1962) was the stillborn discourse around sexual boundary violations—the weird silence not just around committing them but actually around thinking about and especially around listening to people who had been involved in them. Dimen said that the idea of sexual boundary violations—their destructiveness, their ubiquity—can be deeply threatening to psychoanalysts’ ability to continue to love our field. Consequently, she said, we protect psychoanalysis by “unknowing” this threat; we regress it from alpha back into beta, where it gets communicated about not with words but with projective identification. Thus, the discourse becomes less a discussion than a group-preserving exercise in contagion and expulsion. “Why is she doing this to us?” asked a psychoanalyst after Dimen had presented a paper describing her own experience as victim of a boundary violation.

Homophobic theory was destructive and ubiquitous in mid-20th-century psychoanalytic literature. And now it’s gone, and although we all talk about how bad it was, we don’t seem to be thinking much about why it was so influential to so many (Lewes, 2003), why it held up for so long despite the fact that many analysts knew that much of it was prejudiced and scientifically shabby (Friedman, 1988), and why so many psychoanalysts who knew the published literature on it didn’t match the clinical reality didn’t speak up (Mitchell, 1981). Our silence around these questions—particularly the question of why so many psychoanalysts appear to have found such transparently crappy theory clinically useful—is analogous to the silence that Dimen notes around sexual boundary violations. To think seriously about both is to touch on the possibility that all psychoanalysts, including us, may sometimes abuse our patients in ways that are not apparent to any of those involved while underway. Dimen’s project was simply to broaden awareness: to bring something barely thinkable further “into the realm of K.”

I don’t know what happened to Eric after 2008. But I don’t think he matured into the type of gay man who Lewes (2003) says are the ones envisioned by gay-friendly psychoanalysis—the ones on the “weddings & celebrations” page who have children and dogs together. In the discourse of gay-friendly psychoanalysis, Lewes writes, gay men are just like straight men, in the sense that their sexuality can be expected to lead them to a partner with whom they can ultimately form an emotionally stable and sexy-enough relationship (provided they can, with our help, work through their neuroses and inhibitions and ideologies). Others may disagree, but in my reality, some homosexual men are just not like that; their sexual desire might lead them to thrilling and romantic and even stable and intimate relationships, but the sexual excitement itself is not something that can be expected to hold up over time, and no amount of working through their internalized homophobia or fear of femininity or fear of intimacy seems to change this. I think we should have more to offer to gay patients who keep losing interest in the men they’re dating—man after man, year after year—and figure it’s just that they just haven’t met the right guy. Likewise, we should have a more nuanced way of thinking about patients who are ashamed to admit that, decades into a stable and nurturant relationship, they have had no sex with their partner, and “zero interest” in having it, since month six. Psychoanalysis has rich developmental models for thinking about people who have sexual feelings that can’t be brought into the service of stable object relationships. I think we should be free to use these models, not for diagnosing and categorizing, but for broadening and deepening the way we listen to our patients, and for thinking about the possibility that for some patients, the linking of sex and love is not an appropriate treatment goal. Ultimately what matters isn’t whether we use words like “Oedipal” or “narcissistic” to think about these patients, only that we not let the stench around such words send us into minus-K and restrict our awareness of what we’re doing.

And this is where it starts to feel like a ghost story: In the mid 20th century, thousands of men underwent psychoanalytic treatment that was predicated on the idea that homosexuals can become heterosexual through a process of love for and identification with a benevolent and appropriate fatherly transference figure (Mitchell, 1981). This model for personal transformation didn't work most of the time (Tripp, 1975; Duberman, 1991). Postmodern agnosticism about the nature of gayness protects our patients from this kind of loving and futile coercion. But if our working theories see all gay men as actual or potential “weddings pages” gays, we're channeling, perhaps more subtly, that spirit of coercion: We are tacitly notifying patients like Eric that there is no robustly elaborated place for their sexuality in our minds, unless they can reimagine themselves as something that we, and they themselves, can only wish they could become.

## Notes on contributor

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