

A PSYCHODYNAMIC VIEW OF MALE HOMOSEXUALITY:

OEDIPAL AND PRE-OEDIPAL

Marianne Wilson, B.A., B.A.(Hons)

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ABSTRACT

For many years psychodynamically oriented research into homosexuality has been a topic for controversy. The "gay" community as well as many more sociologically oriented researchers see any investigation of the psychodynamics of this orientation as implying pathology and therefore contributing to stigmatization of homosexuals. More recently, however, psychoanalytic writers have questioned traditional assumptions and pointed to a need to look at the diversity of homosexual adaptations. Of interest in a more recent perspective is Socarides' (1979) classification, distinguishing between pre-oedipal and oedipal types of homosexuals. This paper argues that while generalization about "homosexuals" is impossible, a psychodynamic approach is useful in looking at the meaning and adaptive function of the homosexual orientation in each individual client and thus understand it in relation to personality organization and behaviour.

A brief summary of psychoanalytic theory of male homosexuality is given with an emphasis on Socarides' classification. Two case studies are presented in an attempt to illustrate the usefulness of a psychodynamic approach and of the oedipal - pre-oedipal distinction. It is suggested that this distinction be seen more as a continuum of varying levels of ego-functioning.

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1. INTRODUCTION

An abundance of previous research literature shows that homosexuality has been investigated from within many different disciplines and theoretical frameworks, adopting widely divergent approaches and producing confusing and contradictory findings. This has frequently given rise to debate between researchers coming from different theoretical backgrounds and adhering to opposing ideological points of view, a debate, therefore, which easily deteriorates into vehement polemics, often politically motivated. The controversy can broadly be seen as taking place between two camps: those who consider homosexual life-choices to be pathological (this view is usually ascribed to psychodynamically oriented researchers) and those who see them as a non-pathological alternative orientation, made maladaptive because of intolerance by a normative heterosexual society (this position is often adopted by more sociologically oriented researchers). In this debate the psychoanalytic community, held to conceptualize homosexuality as developmental deviation from the "healthy" norm of "mature" heterosexuality, has come to stand for a prejudiced, "homophobic" view, especially in the eyes of the "gay" community for whom it represents the enemy of their individual rights and freedom. An implicit assumption appears to be that any investigation of early dynamics implies "pathologizing". Opponents of this approach therefore refuse to search for etiological factors which they claim to be too "complex" and, in any event, "unknowable".

The debate is not only confined to the area of etiology, but extends to that of treatment, where the goals of psychoanalytically oriented therapy have traditionally been seen as sexual reorientation of the homosexual client, which is widely condemned as contributing to further lowering of self-esteem through entrenchment of internalized social stigma.

Whereas some substantiation may be found for the accusation that psychoanalytic

researchers (such as Bieber et al, 1962) have been influenced in their goals and interpretation of findings by a need to "prove" psychoanalytic principles and pathology (eg. by choice of patient populations and method of data collection - see section 2.3.), scientific objectivity appears to have been equally obscured in the opposing "camp" (eg. by defensive and unsubstantiated postulates of "natural" and "healthy" bisexuality, suggesting social pressure as the determinant of an exclusive sexual orientation, heterosexual or homosexual).

In spite of the impression of polarization given here, there is, however, a large "middle ground" of researchers, more or less "neutral", who look at earlier and later developmental history as well as adult adjustment and problems in the lives of homosexual men (Saghir & Robins, 1973; Schofield, 1965). Furthermore, within the last decade, influenced by these various criticisms, there has been a growing tendency among psychoanalytic researchers to question previous assumptions about homosexual clients, their "pathology", early background factors responsible for their orientation as well as, more particularly, therapeutic goals and techniques. Among all researchers there also seems to be a growing consensus that "homosexuality" is not a unitary "condition" or "syndrome", but a complex variation of human experience with diverse manifestations and a multifactorial etiology which necessitates, at the very least, a distinction between different types of homosexual men. This has led sociological researchers, such as Bell & Weinberg (1978) to establish a "typology" based on certain salient characteristics of life-style and sexual partnerships, and psychoanalysts, such as Socarides (1979), to postulate two major "types" of homosexual males differentiated in terms of primarily oedipal or pre-oedipal dynamics.

The above controversy, although in itself a topic for research, is not going to be the focus of this paper. It does appear, however, that a new look at the homosexual client as encountered in clinical practice is necessary, both in terms of conceptualizing his "problem" and in terms of treatment offered. In my

opinion it appears that rejecting a psychodynamic approach, with its investigation of early background and conflict and emphasis on insight therapy, on the basis of a political stance, is robbing the clinician (as well as the researcher) of an important tool with the danger of lapsing into defensive anti-intellectualism and what Mitchell (1978) calls "strategic obscurantism" with assumptions of an unfathomable "human nature" as a "black box" outside the realm of scientific investigation. It must be remembered that since its inception as a theory searching for causes and cures of pathological symptoms, psychoanalysis has become a developmental theory, exploring the dynamics of all personality functioning, healthy as well as pathological, without any pejorative implications or value judgement. The clinician needs, however, to have a broad knowledge of the various points of view and research findings in order to counteract his/her own possible bias.

This study comprises two sections. In the first section a brief (far from exhaustive) summary of the psychoanalytic theory of male homosexuality, with a special emphasis on the distinction between pre-oedipal and oedipal types, will be presented. A comprehensive review of the literature cannot be attempted within the limited scope of this paper, but some of the most relevant research inspired by a psychoanalytic framework will be pointed to. In the second section the usefulness of a psychoanalytic approach will be illustrated by reference to material from two cases of homosexual men with whom I worked during a hospital internship. At the outset I wish to emphasize that my use of psychoanalytic theory does not necessarily imply my adherence to all the personal viewpoints and deductions of individual theorists.

2. THE PSYCHOANALYTIC PERSPECTIVE

2.1 Classical Freudian Theory

Freud saw homosexuality as a manifestation of developmental anomaly but disputed the disease concept as "(1) Inversion is found in people who exhibit no other serious deviation from the normal (2) It is similarly found in people whose efficiency is unimpaired and who are indeed distinguished by especially high intellectual development and ethical culture." (1905 : 49). In his famous "Letter to a Grateful Mother" (1935) he further stated that "homosexuality ... is nothing to be ashamed of, no vice, no degradation, it cannot be classed as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development" (p 786). He saw the etiology of male homosexuality, as of all psychosexual development, as lying on a continuum from constitutional to experiential factors where "the diminishing intensity of one factor is balanced by the increasing intensity of the other" (1905 : 165). He postulated a constitutional bisexuality in the child (male or female), who is "polymorphously perverse" (Freud, 1905; Laplanche & Pontalis, 1980). Furthermore, object choice is initially independent of gender and only later restricted "in one direction or the other" (1905 : 57), leading to a final choice, homosexual or heterosexual, after puberty. He thus declared that the capacity for a homosexual object choice is universal, and that such a choice has, in fact, been made in the unconscious of every human being.

Freud distinguished between 1. "Absolute Inverts", where homosexuality is exclusive; 2. "Amphigenic Inverts", who are bisexual, and 3. "Contingent Inverts", where homosexual object choice is contingent on unavailability of heterosexual partners. The oedipal phase was considered crucial for the development of both the neuroses and the perversions, among which he counted exclusive homosexuality. Whereas in the former regression to a pre-genital

stage results in conversion of a libidinal impulse into a neurotic symptom, in the latter the perverse impulse finds more direct expression.

Freud thus saw male homosexuality as having two main roots:

- (1) During the narcissistic phase of development object cathexis is achieved only partially. The male child identifies with the mother and seeks a love object "who resembles (himself) and whom (he) may love as (his) mother loves him" (1905 : 56) - i.e. the love of another, representing the infantile self in relation to the early mother, expresses the yearning to perpetuate the blissful dyadic relationship.
- (2) Predominance of the negative Oedipus complex, due to unresolved oedipal conflict and as a defense against severe castration anxiety, intensified by the discovery that females lack the prized penis. This may lead to devaluation and avoidance of females and regression to "perverse" sexual practices of pre-genital stages.

Freud concluded that the connection between sexual instinct and object is probably less "intimate" than first thought and that they are "merely soldered together" (1905 : 59), thus placing less emphasis on constitutional factors. He later suggested the absence of a strong father, or presence of an unloving, cruel father as increasing difficulties in male identification for the future homosexual. His conclusions, however, were tentative, and he left to future researchers the formulation of a theory of homosexuality as well as a model for therapeutic intervention.

2.2 Subsequent Psychoanalytic Formulations

2.2.1 Socarides' View : Oedipal vs Pre-Oedipal Types

Although classical Freudian theory tended to see the oedipal phase as "the nucleus" of homosexuality (as of the neuroses), considering the appearance of pre-oedipal conflict to be due to regression, Freud's views on primary pre-oedipal disturbances were tentative, and it is to the post-Freudians (eg. Klein, Mahler, the Object-Relationists) that we owe the major theoretical advances in this area. More recently psychoanalytic theorists (eg. Socarides, Glasser, Limentani, McDougall, Stoller) have increasingly come to see pre-oedipal conflict as of major etiological significance in homosexuality. They find evidence for this viewpoint in the analysis of numerous clinical cases. Most of these theoretical formulations owe much to Margaret Mahler's developmental theory, which is based on detailed clinical and longitudinal observational studies of children, and has had a decisive influence on American psychoanalytic trends.

Socarides, however, in his more recent work (1979) agrees with critics (such as Wiedeman, 1974), who doubt that severe pathological features necessarily characterize all homosexual interaction. He thus distinguishes between five categories of homosexuality, of which the two major types are of particular interest:

- a) The pre-oedipal type he sees as "the true homosexual" for whom homosexual activity is ego-syntonic, obligatory and a defense against unbearable anxiety related to very early conflict. He postulates two theoretical "pillars" in the etiology of this type:

- (i) A primary pre-oedipal fixation arising from intensification of what Glasser (1979) ¹ calls "the core complex" in the development of the individual: Deficient mothering in the early oral-symbiotic phase, resulting in overpowering anxiety, insecurity, and problems in progression to the phases of separation-individuation leads to ambivalence : A deep need to merge with mother leads to fear of engulfment/annihilation of self, therefore arousing aggression with threatened obliteration of the object, thus causing fear of abandonment and renewed need for dependence - a vicious circle (a pathological exaggeration of the process taking place in Mahler's (1968) "rapprochement" phase). One prototype for this interaction would be a narcissistic mother who uses the infant son symbiotically to satisfy her own needs, being, at the same time overmothering and neglectful of his emotional needs, thus intensifying for him the struggle between fear of engulfment and fear of abandonment. This may lead to a split in the introjected object and in the primitive ego, which seeks to contain the aggression by various mechanisms, such as displacement, in early stages self-directed and resulting in psychosomatic or depressive symptomatology. Later on split-off aggression may be displaced outward towards father or other obstacles to the paradoxical need to re-establish contact with mother, who thus remains pure and idealized. Aggression may further be projected, resulting in paranoid ideation.

In addition to the above mechanisms, in "the perversions", according to

¹ Here Glasser's (1979) article has, in my view, been useful for complementing Socarides, as he is attempting a broad formulation of the perverse position and the role therein of aggression.

Glasser (1979), the ego commonly tries to solve the vicious circle of the core complex by sexualization: Aggression, which would destroy the object, is converted into sadism, which is an attempt to preserve, control and hurt it - a revenge. "In his narcissistic object choice, the homosexual not only loves his partner as he himself wished to be loved by the mother, but reacts to him with sadistic aggression as once experienced towards the hostile mother for forcing separation" (Socarides, 1979 : 248). Sadism is often disguised by its complementary opposite, masochism.

The early mother is thus experienced as contradictory and dangerous, threatening abandonment while, at the same time, working against separation. Later on the homosexual male runs away from all women to avoid annihilation anxiety, hunting compulsively for male partners in whom he seeks his own image and thus narcissistic completion, reproducing mother-infant unity, while, at the same time, keeping a "safe distance" from mother and remaining faithful to her.

- (ii) The Hans Sachs mechanism is the second "pillar" of Socarides' theory. This principle constitutes an elaboration of the Freudian concept of neurosis as the negative of perversion in stating that the perversions, far from being the direct expression of a libidinal impulse, can equally be seen as a defensive compromise of the ego, which has adopted a piece of infantile sexuality tolerable to the superego, and used to keep repressed other more dangerous conflicts and libidinal strivings (i.e. primary identification with mother, intense aggressive and incorporative wishes towards her, simultaneous pull towards engulfment and separation). This partial instinctual drive, allowed to remain conscious, modifies the resolution of the oedipal conflict, survives through latency and puberty to emerge as fully fledged homosexuality, where it serves, simultaneously, to reassure

against castration anxiety and earlier pre-oedipal conflict.

Defense mechanisms used to maintain repression are displacement, identification and substitution: Wishes to penetrate mother's body, to incorporate or injure her breast are displaced on to the male partner with whom the homosexual man identifies to reassure against loss of ego boundaries and masculine identity, and, through incorporation of his penis, also against castration anxiety. The penis of the partner is substituted for the maternal breast. Through the sexual act severe regression and psychotic disintegration are thus avoided.

Clinically the above implies, according to Socarides, a primary and secondary feminine identification in the pre-oedipal homosexual (unable to separate from mother intrapsychically, and later adopting the negative oedipal position), resulting in a compulsive need for "magical reparation" of impaired masculinity. The intense need for frequent repetition of the sexual act to ward off severe disintegrative anxiety leads to characteristic stereotyped and promiscuous sexual behaviour. In spite of the defensive nature of the behaviour, repressions are inadequate, ego functioning inevitably impaired, with severe regressive and pathological symptoms being apparent or becoming manifest in therapy, and relationship to self and others is characterized by oral and anal erotic and sadistic impulses and fantasies. The fear of engulfment, dissolution and loss of ego boundaries may be experienced as oral fantasies of being incorporated, devoured or chopped to pieces, stemming partly from primitive, projected aggression and fused with oedipal-phase incestuous and castration fantasies. The equation of the vagina with the cannibalistic, devouring mouth may thus lead to colpophobia (fear of female genitalia), and many different symbolizations may serve to express ambivalent and complex feelings towards parents of early and later infancy.

- b) The oedipal type is more directly due to conflicts arising in the oedipal phase and partial regression to pre-oedipal conflicts, but here active (male) separateness from the primary identification with mother has been achieved and reversal to a feminine identification and negative oedipal position occurs as a result of castration anxiety. Homosexual impulses and activities are ego-dystonic, not compulsive, much less stereotyped and may be partly relegated to the unconscious, as in dreams and fantasies. As this type does not result from developmental arrest, the Sachs mechanism does not characterize it, and the sexual act is motivated by needs for dependency and power in relation to same-sex objects. Often external stressors, such as experiences of loss or failure "trigger" this temporary regression. Socarides suggests that this type may be named "homosexual behaviour".

Socarides appears to conceive of gradations within these types in terms of severity, so that the mildest pre-oedipal forms are characterized mainly by oedipal conflicts with relatively intact ego functioning (Payne, 1977).

Three additional types are: "Latent homosexuality", seen by Socarides as "the presence in an individual of the underlying psychic structure of either the pre-oedipal or oedipal type without overt (homosexual activity)" (1979 : 257); "a situational type", corresponding to Freud's "contingent invert", and "a variational type", roughly equivalent to Freud's "amphigenic invert", implying simply that the motivations of these individuals differ. Some come from environments where homosexual behaviour is tolerated or encouraged (eg. Ancient Greece), others engage in same-sex activities out of boredom or a flagging sex drive, and others again may be psychotic, psychopathic, or alcoholics.

2.2.2 Stoller and the concept of gender-identity

Socarides sees pre-oedipal homosexuality as definitely pathological with its substructure of narcissism and sado-masochism, and its weakness of ego structure, resulting in "compensating deviant structures" (p. 253) having been formed in different developmental phases, such as character deficiencies or, especially, gender-identity disturbance. Although gender-identity and sexual orientation have increasingly come to be seen as separate concepts in non-psychoanalytic circles, there appears to be some discrepancy between the psychoanalytic notion of gender-identity (referring to a deep unconscious identification) and the more culture-specific concept of gender-role preference and behaviour. A discussion of this controversy is, however, outside the scope of this paper. Most psychoanalysts still see the two as inevitably linked and feel that a cross-gender identification, even if unconscious, is present in the majority of even masculine appearing homosexuals (Person in Payne, 1977; Wiedeman, 1974).

Robert Stoller is the American psychoanalyst who, together with physiologists such as Money and his associates, has modified the classical psychoanalytic concept of sexual identity as the outcome of the child's oedipal identifications by postulating a "core gender-identity", developing from birth, based on 1. anatomical and physiological sex, and 2. behaviour and attitudes of significant others, the latter factor of primary significance and usually overriding the former (although normally deriving from it). From this basic core (usually well-established by age 3) later masculinity and femininity gradually develop (through the well-known processes postulated by Freud). This concept enables Stoller to distinguish between two categories of "feminine" males:

The childhood (or primary) transsexual, who has a feminine "core gender-identity", due to a prolonged blissful and conflict-free symbiotic relationship with mother, believing he is a female, "imprisoned" in a male body.

The homosexual (and the transvestite), where enough separation from mother has been achieved in infancy to arrive at a masculine "core gender-identity", although emerging masculinity has often been threatened by a "castrating" mother (and father), resulting in intrapsychic conflict with rage, aggression and effeminate behaviour as revenge in an attempt to caricaturize femininity.

Stoller thus agrees with the significance of symbiosis anxiety and gender-identity disturbance in homosexual males, and suggests that due to the boy's primary feminine identification, the development of a separate (male) identity is a far more hazardous task for him than for the girl, proposing that "the more feminine the boy, the more likely will he desire someone of the same sex, the earlier will overt homosexuality begin, and the less likely will either the femininity or homosexuality be reversed by psychoanalysis" (Payne, 1977 : 184).

In summary, it appears to me that three major mechanisms in homosexuality as seen by psychoanalytic theory may be singled out:

1. A flight from females out of fear (symbiosis/annihilation anxiety, aggressive wishes, castration fear);
2. A narcissistic object choice;
3. Reinforcement of (depleted) masculinity through incorporation of the partner's masculine attributes.

2.3 Large scale research derived from the psychoanalytic perspective

Socarides may be criticized for his sometimes dogmatic assertions and attempts to generalize from admittedly abundant clinical case material. Stoller (1985) on the other hand, objects to such rhetoric, calling into question the scientific testability of psychoanalytic theory. This theory however, has given impetus to much valuable research into early environment, both within the confines of its framework and outside it. Although most of its formulations as well as attempts to validate them have been based on individual case studies of patients in therapy, such as Socarides', Bieber and his associates (1962) were the first to do a large scale psychoanalytic study with patient samples of both homosexuals and controls sufficiently large to permit statistical analysis of data, providing, at the same time, illustrative case examples. They concluded that a parent-child triad with a close-binding, intimate, and sometimes seductive as well as restrictive mother, who devalued her husband and a hostile, detached father was significantly more common in the background of homosexual patients. A poor marital relationship made mother attempt to fulfil her romantic longings with the son, who was often her favourite, whereas father, acting out his unconscious rivalry and competition with males in the relationship with the son, usually preferred other siblings. Emotions felt towards father were therefore a mixture of hatred, fear and longing. The shy and fearful young boy avoided masculine pursuits, such as competitive sport, and preferred the company of girls.

Bieber postulated that the double-bind situation, prevalent in the childhood of his homosexual subjects, of sexual overstimulation and anxiety about sexual behaviour may lead to precocious genital excitation and compulsive (albeit secretive) sexual activity. He found support for this thesis in his finding, confirmed by subsequent researchers (Saghir and Robins, 1973; Stephan, 1973),

that his homosexual group had begun sexual activity earlier than heterosexual controls. Fear of genital injury and colpophobia were frequently found.

The study, in spite of its value for subsequent research, has been widely criticized for, among other things, its bias in data collection (analysts providing the data on patients) and the unrepresentativeness of the patient sample.

Evans (1969) tried to replicate Bieber's study with a non-patient population (never in therapy) and a self-report questionnaire and found support for his findings, but was criticized by Hooker (1969) who feels that psychopathology should be explicitly screened out. Siegelman (1974) also pointed to the potentially contaminating effects of psychopathology as well as gender-identity in his non-clinical samples, but in a 1981 replication of his study with British subjects found less close father-son relationships among homosexuals, even with these factors controlled. Freund and Blanchard in their 1983 study suggested that the emotionally distant father-son relationship is related more to feminine gender-identification than to homosexuality per se. Bene (1965) and Stephan (1973) both found evidence for poor father-son relationships, but not for over-involved or intimate mothers.

This was equally the case in Saghir and Robins' comprehensive 1973 study. They treated gender-identity as a separate variable, and although they did not find parental relationships significantly related to cross-gender behaviour in childhood, did report this behaviour to be predominantly represented among homosexuals. Other researchers have confirmed such early indicators of later homosexuality (Zuger, 1966; Green, 1976; Whitam, 1977, 1980). Apart from early background factors, Saghir and Robins were interested also in later developmental

processes and characteristics of homosexuals as well as in their present functioning, a factor often neglected in psychodynamic research. They found no significant predominance of pathological tendencies (as manifested by psychiatric symptoms and functional disability) in their homosexual group, confirming other research findings with non-patient samples (Hooker, 1957; Schofield, 1965).

Some writers (Evans, 1969; Zuger, 1980) have attempted to reverse the temporal/causal sequence of poor father-son relationship - sexual orientation (apparently in an effort to relieve parental guilt), suggesting the son's characteristics (possibly innate) to be responsible for father's hostility and distance. This is the familiar "chicken - egg" argument, which appears to be nearly unsolvable. However, all etiological relationships are likely to be interactional rather than linear, and what "came first" seems to me to matter less than that a relationship exists.

In spite of contradictory findings I tend to agree with Thompson and McCandles (1976) that "the congruence between research findings concerning the poor father-son relationship among male homosexuals and paternal characteristics important to the development of sex-typical gender-identity among boys is impressive" (p. 180). Many psychoanalysts emphasize the crucial significance of the father, not only oedipally, but also pre-oedipally, in helping the boy extricate himself from the mother-child unity, thus establishing the foundation for a stable sense of self and gender (Ross, 1979, 1982, 1985; Blos, 1984). A fourth dynamic in male homosexuality (added to the previous three) may therefore be seen as the intense yearning and search for the unavailable, frustrating father (Person in Payne, 1977; Stoller, 1985).

3. SOCIOLOGICAL RESEARCH : MOVING AWAY FROM CAUSES TO MANIFESTATIONS

The Kinsey Report (1948) can be seen as pivotal in the study of human sexuality in general and male homosexuality in particular. In spite of extensive criticism levelled against it, with its suggestion of homosexuality as being wide-spread among adult American males and its classification of "degrees" of homosexual - heterosexual behaviour and feelings, it prompted a change in attitudes as well as research trends.

Within the last 20 - 30 years sociological inquiry into homosexuality has become the predominant trend with an emphasis on adult homosexuals and their present functioning within a predominantly "straight" society, whatever the origin of their sexual orientation. The aims of these studies are diverse. Some compare homosexuals and heterosexual controls on dimensions of "normality", "adjustment", "happiness", "personality", etc (Bell and Weinberg, 1978; Schofield, 1965). Others investigate the process of achieving a "gay" identity (Troiden, 1979; Troiden & Goode, 1980). Other descriptive studies again are devoted to specific aspects of homosexuality, such as for instance "gay" locales, and sexual and social activities taking place there (Humphreys, 1970; Weinberg & Williams, 1975). Implicit in many of these is the importance of labelling in the homosexual's experience of himself and the world, and his adjustment to society.

The Bell & Weinberg (1978) study is one of the most comprehensive and important in this framework, with its description of variety among homosexual men and women and establishment of a "typology". Through factor analysis they found evidence for five "types" of homosexuals: "close-coupled", "open-coupled", "functional", "dysfunctional", and "asexual". Comparing these groups among themselves and with heterosexual controls they found that only "dysfunctionals" and "asexuals" could be said to fit the stereotype of the lonely and tormented homosexual, whereas the

"close-coupled" hardly differed from controls in terms of various measures of adjustment, happiness, etc and in certain respects were better adjusted, more exuberant and self-accepting (thus a clear contradiction of the stereotype). This study, however, has several important flaws, and in my opinion, their failure to provide a similar typology for the heterosexual group seriously invalidates their findings, in that they neglect the importance of levels of sexual adjustment and partnership among heterosexuals, suggesting heterosexual adjustment to be uniform, "not a problem" - a criticism often levelled against psychoanalytic researchers. The study, however, provides much valuable information and supports suggestions (Stephan, 1973; Schofield, 1965) that research should differentiate between homosexual adults in terms of lifestyle, commitment to and stability of partnerships, etc.

4. CHALLENGES TO PSYCHOANALYTIC RESEARCH

In the beginning of this paper I pointed out that psychoanalytic research and treatment has been challenged by mental health professionals, not only outside but inside psychoanalytic circles, questioning assumptions of "pathology" of homosexuality vs "normality" of heterosexuality (Isay, 1985; Cornett & Hudson, 1985), as well as the belief that sexual preference in itself demands an explanation or that such an explanation in terms of early background factors can ever be satisfactory (Leavy, 1985). Many of these critics also question the ethics or appropriateness of traditional psychoanalytic treatment with homosexual clients, involving interpretation of "a homosexual defense", and, especially, attempts at reorientation, which may, even when requested by the client and apparently successful, result in further self-abasement and/or later symptomatic depression and social problems (Leavy, 1985; Goldberg, 1984). A modified approach is preferable, aiming at resolving conflict, of whichever origin, leading to greater self-acceptance and fulfilment (Coleman, 1978; Herron et al, 1980). Therapeutic flexibility is thus crucial. Stoller (1985) objects to the

concept of "the homosexual", when it appears clear that homosexuality, far from being a homogenous "condition", is as heterogenous as heterosexuality. In agreement with this view I suggest that we may question the usefulness of looking at homosexuality as a clinical entity or even entities (this seems to be supported by its exclusion from the psychiatric classification system of the DSM). It does not mean that certain characteristic conflicts are not common among homosexual men, nor that certain groups of dynamic factors may not be operative in this sexual orientation, but it is my opinion that these conflicts are manifested and dealt with in such a variety of ways, and that such a complex interaction of psychodynamic, cognitive, socio-cultural and probably constitutional factors, intervening at different developmental stages, all play a part in etiology that the establishment of a clinical category or categories whose central feature is the sexual orientation per se, may not only be impossible, but futile. It would appear to be more useful to look at the meaning and adaptive function of the sexual orientation in each individual client, as sexual behaviour in homosexual individuals (like in heterosexuals) may be more or less adaptive, express more or less underlying conflict and defensive compromises.

PART II

CLINICAL STUDY

5. TWO CASE STUDIES

In this section, two cases of male patients with a homosexual orientation are presented. Psychoanalytic theory will be used in order to make sense of the clinical data available to the clinician. The psychodynamic formulations arrived at are tentative hypotheses, whose fruitfulness and truth value could only be properly assessed in terms of a more drawn-out therapeutic process in which they are deployed. Given the fact that both patients were only briefly and irregularly seen in therapy, these formulations fulfill a different function. They are initial hypotheses which help the clinician to interrogate and make provisional sense of various aspects of the cases and raise questions about treatment, therapeutic forecasting and prognosis. The author is fully aware that they are a creative exercise in meshing theory with fact so as to help gain more clarity about the richness and complexity of the case material.

An attempt is made to show that, although both men have a homosexual orientation, we are dealing with very different dynamic constellations, where it is, in fact, possible to distinguish between a preponderance of oedipal and pre-oedipal fixation respectively. This is reflected in characteristics such as level of ego-functioning and object relationships, which, rather than sexual orientation per se, influence their adaptations and particular problems in living.

A brief relevant history will be given, based almost entirely on clients' self-reports. This is followed by a psychodynamic formulation, including, where relevant, themes and issues brought up during interviews and therapeutic sessions. In the interest of confidentiality names and certain other identifying details have been changed or omitted.

It must be pointed out that inferences, which appear to have been made about the historical reality of the men's early backgrounds and relationships must not be taken to imply firm causal explanations. What we are dealing with are the

clients' fantasies and interpretation of events, i.e. their psychic reality, which, although reflecting historical facts, cannot be taken to reproduce these with any accuracy.

Following other writers (Schwartz : 1982), the author has decided to refer to herself in the first person in order to avoid the artificiality of separating her roles of writer and clinician.

5.1 THE CASE OF JOHN : "AN OEDIPAL HOMOSEXUAL"

John, a 22 year old drama student, was referred to me by his previous (male) therapist, with whom he had been in therapy over a period of ± 8 months the previous year, with somewhat irregular attendance. Referral was precipitated by the therapist's move to another city. I saw him intermittently over a 10 months' period.

Presenting Problem

John described his problem rather vaguely as "homosexuality", felt to be unacceptable in himself or others, causing tension, discomfort and work inhibition due to inability to reveal his orientation and fear of being "found out". He was equally vague about the goals of therapy : "Find out who I am and get in touch with my feelings". "Either learn to accept my homosexuality or change it". It soon became apparent that behind the homosexual label was a more fundamental fragile self-esteem, a feeling of masculine weakness and inadequacy, and consequent fear of being proved inadequate and impotent by females (and males). In the process of trying, rather impatiently, to come to terms with his orientation and form stable, intimate love relationships, he became increasingly concerned about his failure in this regard.

Sexual History

John was aware of admiring and being attracted to older, physically stronger and masculine looking males from age 12/13 without being conscious of sexual implications. At 16, he was seduced by a youth pastor, a very traumatic experience (especially as he found it sexually pleasurable), which left him with feelings of self-disgust and depression to the extent that academic performance deteriorated and he "scraped through" Matric the following year.

He had his first sexual-emotional relationship at 19 in the army with an officer ("tall, strong and good-looking"), who broke off the affair without explanation after 3 months, leaving John feeling "devastated" and betrayed. The involvement had given him his first experience of love, acceptance and increased self-esteem and he has never really got over its break-up, using it as a yardstick against which subsequent feelings and relationships are measured.

A series of superficial and transitory sexual liaisons over the next two years in an attempt to find emotional involvement were unrewarding. More recent attempts to enter into intimate committed relationships have foundered, mainly it seems, due to John's lack of trust and his strong emotional ambivalence about relationships.

John has no experience of heterosexual intercourse or necking. Sporadic attempts at kissing or dating girls in high school or afterwards were met with disinterest or rebuttal. He has many female friends (some of whom are reported to be attracted to him), enjoys their company as long as there is no suggestion of sexual intimacy, but is not aroused by them. He feels unable to give a woman the security she needs, due to his own security needs and lack of physical strength, and fears his inability to live up to women's sexual expectations, because "with them the sexual aspect is 95% of the relationship, whereas with men sex is only 5% and the emotional aspect uppermost". Women are described as "weak", "insecure", "passive/submissive", "superficial" and "emotionally unstable". The

same traits are seen to characterize "gay" men, who, in addition, are "crude about sex". He consequently abhors "gay" society, immersing himself in the "straight" world, enjoying "masculine" and "active" pursuits with his many "straight" friends who do not suspect his orientation. He reports regretting that he cannot get married and have a family as "a marriage contract and children cement the bond between partners, provide security and stability in a relationship".

Family History

John's parents who live in a small town in another part of the country, are ambivalently portrayed. He has a distant relationship with an autocratic father to whom he claims similarity in many respects, such as intelligence, rationality, musical talent. Deep resentment is expressed towards father for his oppressive style, never allowing John self-expression or adult status. John has never forgiven him for a severe beating received at the age of 14 and speaks with contempt of father's inability to express or understand feelings. Mother is described with some irritation as "too soft", "submissive", "a bit thick" and "very over-protective of me". He has never been able to show physical affection towards mother, and as a child, used to pretend to be asleep to avoid her kissing him goodnight. Yet "in a strange way" he was close to her. There is a lot of sibling rivalry towards a 2 year older brother, good looking, "very macho", popular with women and emotionally closer to parents, especially to father. Home atmosphere was "indifferent", but John felt his growing self-assertion and independence severely stifled by both parents who would not allow him to go to parties at night until age 16 (whereas his brother enjoyed this privilege from age 12), and somehow can still not accept he is grown up. The parental relationship was good "on the surface", but not overtly affectionate. John reported that he could therefore never imagine the existence of a sexual relationship between them.

Personal History

John was a hoped-for baby as mother had had a previous miscarriage and wanted another child. Birth was by Caesarian section with a minor complication when the doctor, expecting the baby to be in breech position, marked his face by a cut close to the eye. He was a delicate baby but developed normally. He sucked his thumb, had a security blanket till age 6, and slept with a favourite Snoopy doll till age 12. Several childhood fears include fear of the sea and of various nocturnal noises, such as sounds of dripping rainwater from plants outside (resembling steps approaching). Also a recurrent nightmare of being chased and shot by a man in the attic of an empty house. John did very well in primary school, which, on the whole, he enjoyed in spite of occasional bullying by older boys. He was captain of the swimming and cricket teams, prefect in std 5 and had several friends. In high school, however, he was very unhappy. He was the smallest boy in std 6, felt ridiculed and humiliated by initiation ceremonies, was teased, bullied and rejected by other boys, and became a loner, feeling weak and physically inferior, afraid of being hurt, avoiding sport and preferring the company of girls. He occasionally feigned illness to avoid school and would have liked to be sent to boarding school. His sexual initiation and subsequent disappointment have been described previously. Sex was a taboo subject at home, and no guidance was given by parents.

Mental State

John presented as a short, very young-looking, but fit and well-built youth, neatly and sportily dressed, "masculine" in appearance and demeanour, with an almost studied easy-going, cheerful manner, behind which a hint of tension and wariness was detectable. He was well-spoken and articulate, related well, and was not visibly depressed or anxious. Sensorium and reality contact were intact.

Psychodynamic Formulation

5.1.1 Relationship Ambivalence

A striking feature of this case is John's ambivalence towards male figures (i.e. father, brother, homosexual lovers). To me he expressed intense anger, hostility and rivalry towards father and initially denied loving feelings. Outside the therapeutic situation, however, this anger was mainly expressed in passive-aggressive ways. Thus John took some pleasure in his choice of profession (knowing that father was against it), as well as in knowing his father's loathing for homosexuals (while unbeknown to the family, being one himself). Angry feelings and passive aggression was also manifested in continuous conflict with authority figures (such as teachers). Obvious rivalry with brother and jealousy of his privileged position as parents' favourite was denied by a professed indifference to parental care and concern, and wish to be "left alone", and he defended against his feelings of inferiority in relation to both father and brother by claiming intellectual superiority and their jealousy/envy of him (projection or reality?) ²

There is, however, a clear positive identification with male models: John admired and strove for his father's competence and had internalized many of his values and beliefs, such as for instance the strict sex dichotomy, in which men are seen as strong, rational and dependable, whereas women are weak, submissive and dependent, where emotional expression is seen as weakness, and the individual has total control over how he feels. Furthermore, underneath the overt hostility to father, there was clearly tremendous hurt and bitterness at his distance, apparent rejection and favouritism towards brother, and a deep need for his love and acceptance.

² Ross (1982) and Blos (1984) point to the father's "Laius Complex", his emotional ambivalence and strong, often unconscious hostility and envy towards the young heir and rival.

The father figure is thus the feared and hated, domineering, restraining and castrating rival of the oedipal triangle (his childhood dream of being shot has a clear oedipal flavour), but in the struggle to emulate him, John seems to have come out the loser, with feelings of smallness and inferiority, and to have adopted the negative oedipal position of submission, craving paternal love in his relationship to partners.

Towards female figures his ambivalence is equally strong, but here fear and avoidance appear to predominate. Women are seen as dangerous and emasculating creatures in their overpowering sexuality, constantly threatening to reveal John's impotence ("castration"). He referred with obvious concern to incidents, where women friends had cruelly mocked previous lovers for their sexual ineptitude.

Anger/irritation was expressed towards mother for her infantilizing overprotection. Yet simultaneously, she was experienced as not supportive enough, and he resented her submissiveness to father, and not taking John's side in arguments with him. On the one hand she restricted autonomy and was avoided, on the other he needed her and resented her "betrayal". This "core ambivalence" between fear of engulfment and fear of abandonment runs as an important theme from early on in John's life. He often referred to childhood fears of being abandoned, "left behind" by parents. There were thus nursery school memories of strongly identifying with two small friends, crying because their mother had not come to fetch them, and he remembered how he always avoided going to the toilet at the last minute when leaving on family holidays for fear that parents would leave without him. He immediately and angrily, recognized that these fears were totally unfounded as mother would "never leave me alone, was always fussing and worrying about me".

Further evidence of such basic anxieties may be seen in a dream, which John reported in therapy, concerning a desperate struggle against being washed out to

sea and drowning, whereas a solitary rock between him and the beach appeared to be "somehow significant" in reaching safety. He associated to his fear of the sea (and of water in general) as fear of helplessness, "getting lost in it" and suffocating ("but under the water, if you were a fish or had an aqualung, it would be very nice"), went on to speak of parents (especially mother) "suffocating" him with their overprotectiveness, making him feel "helpless", then spoke about his fear of sexual relations with women (jokingly referred to as "rapists") because this would reveal his impotence and rob him of masculinity. The dream thus seems to express the primitive fear of merging with/engulfment by mother (also the "phallic", "castrating" female) whereas the rock illustrates his narcissistic isolation, when trying to separate from her ³

Whereas a character of oedipality can thus be seen in the ambivalence towards the paternal figure, pre-oedipal issues of separation - individuation and "the core complex" are evident in the ambivalence towards the maternal imago: the aggression/rage felt towards mother for restricting autonomy and threatening abandonment, in return makes mother/females seem dangerous and capable of destruction (through projection), but, at the same time there is an intense, unfulfilled need for maternal nurturance. John defends against these strong feelings, needs and fears by denial and contempt for the feminine (seen as weak, passive, insecure, superficial, emotionally unstable), whether in men ("gays", himself) or women. In his fear and avoidance of heterosexual intercourse it is, however, also possible to see oedipal "castration anxiety" and fear of emasculation.

³ Glasser (1979) points out how intensification of the normal alternation between desires for loving closeness and separateness, makes the former appear as permanent loss of self/annihilation, whereas the latter is experienced as desolate isolation. In the dream, John reaches the beach on his own, from which, miraculously, everybody has disappeared, but somehow this does not seem a satisfactory solution. This appears to indicate his bereft aloneness when achieving separateness.

Both the oedipal struggle for power, control and phallic superiority, and the pre-oedipal "core complex" anxieties are clearly evident in all John's relationships. In his transference relationship with me he expressed the strong ambivalence towards the maternal figure. He had a great need for acceptance, a need to please and be a "good" and "interesting enough" patient (while denying angry feelings), but his behaviour betrayed both his need for and fear of closeness, approach and angry flight. He arrived very late for some therapy sessions and early for others, "dropped out" of therapy without explanation (at a point where rapport was deepening and feelings becoming more accessible), only to reappear on the scene months later, needing help, but full of gratitude for the "tremendous help" received earlier. He indirectly expressed admiration for the therapist's "male" characteristics of intelligence, rationality, professionalism (characteristics which mother lacked), combined with "female" ones of sensitivity to feelings, psychological insight and concern (qualities which father did not possess), and oedipal concerns were suggested in his speculation about the kind of woman he might want to marry, who would have to be a rational but caring and insightful woman in a professional career - i.e. a combined mother/father/therapist. But in his claim (in response to a transference interpretation of his fear of my disapproval of his homosexuality) that I only had an academic/professional interest in his "problem" and did not have personal feelings about him, may be seen a covert accusation of indifference/rejection and a need for nurturance and acceptance. At the same time it reassured him that I would not get too close. ⁴

In his relations to both lovers, friends and authority figures there was evidence of argumentativeness and angry assertion of superiority and control, covering insecurity and feelings of inadequacy and a need for acceptance. John was

⁴ This "double message" and covert expression of needs was characteristic of John : His claim that he was pleased that parents showed more concern for his brother (who was dyslexic) because this proved that John was more capable, could manage on his own, clearly covered deeper feelings of hurt and need for care.

hypersensitive to criticism and to being "proved wrong" (therefore always wanting to be "sure of (his) facts" and "knowing (he) was right"), rebelling against authoritarian imposition of the will and decisions of others, yet often fearful of making decisions, and asking for advice. There was a simultaneous need for angry assertion of individuality and fear of expressing anger directly.

In John's love relationships his anger and lack of trust, as well as his insatiable hunger for love soon became evident. He became extremely jealous, demanding and possessive, accusing partners of neglect, demanding exclusive attention and total commitment, constantly fearing losing the lover to someone else "more interesting". This inevitably resulted in failure of the relationship, thus confirming John's accusations and fears. In this behaviour may be seen the early infantile yearning for all-satisfying, all-encompassing, absolute care - a Utopia. However, these relationships have a strong flavour of the search for the more powerful paternal figure, and simultaneously, the struggle against him.

5.1.2 Defensive Strategies

John's emotional ambivalence was evident in his defensive style. He used denial, intellectualization, rationalization and minimization of feelings to defend against his vulnerability to rejection and, at a deeper level, against his fear of closeness and intimacy by maintaining distance through a "facade". He would thus shrug-off feelings, laugh when feeling sad, find good reasons why he should not (and therefore could not) feel certain things. Paradoxically he accused others of disregarding his feelings, automatically assuming: "John won't mind!" This facade, he also claimed, helped to preserve an air of "mystery", thus spurring the curiosity and interest of others, as well as helping him to maintain control (during his first love affair he remembered having felt in danger of losing control of his feelings). It was, however, recognized as self-defeating and isolating. It may thus be hypothesized that the intensity of these feelings

and needs (love, rage, deprivation) if allowed free range in consciousness, could cause fantasied damage both to others and to the self (i.e. annihilation). Through this mode John also partly identified with father's values and defensive style, warding-off fears of femininity and inadequacy. These, however, represent mainly high-level defenses, and in comparison to the second case, the use of more primitive mechanisms (i.e. splitting, projection, idealization) was less strongly in evidence.

The realization, inside and outside the therapeutic situation, that others could really care about how he felt brought some loosening-up of feeling expression and real warmth, as well as growing awareness and acceptance of his need for father's caring interest alongside the more strongly felt anger.

5.1.3 Gender Identity

John appears to have achieved a primarily male identification. He sees himself as male, behaves in a natural, not exaggerated, masculine manner, has identified with male/paternal characteristics, values and ideas, and enjoys "masculine" outdoor activities. Furthermore, his primary-school achievement of the status of prefect as well as captain of sporting teams appears to indicate that problems and anxieties related to maleness were a later phenomenon, becoming apparent at a stage where genital sexuality and power conflicts start to predominate in reality (i.e. at adolescence). However, clear insecurities and feelings of not being accepted (and acceptable) as an adult male are evident in John's need to reject or negate any aspect of his personality and physical being which may be seen as immature or feminine : sensitivity, inclination towards the arts rather than sport, passivity and dependency, together with physical characteristics of youthful appearance, small stature and lack of strength. He is hypersensitive to remarks referring to these "feminine" qualities, eg. being called a "sweet guy", "gentle-piece", "little boetie", etc and consequently attempts to emphasize his maleness by exclusive pursuit of "masculine" interests and company, and adamant

rejection of the "gay" community (whose characteristics he recognizes in himself).

Mother's perceived over-involvement and over-protection (possibly stemming from her earlier miscarriage and strong wish for a baby) together with father's overbearing restrictiveness, seem to have perpetuated in John feelings of weakness, immaturity and inferiority and his fear of non-maleness appears to be, in reality, uncertainty about being "grown-up" enough and accepted as father's equal. The femininity which he defends against thus seems to be a secondary response to feelings of inferiority and inadequacy ("castration") in relation to the domineering father (i.e. the negative oedipal position) rather than a deep-seated, primary pull towards femininity. His anxiety appears related to perceived failure to live up to cultural (and parental) expectations of "masculinity", equated with power/success/superior strength, and a concomitant inability to integrate within himself characteristics seen as dichotomous within the conventionally rigid parental value system.

5.1.4 Identity Problems/Diffusion

John frequently referred to feelings of emptiness, of "not knowing who I am". He furthermore deeply resented recognizing in himself characteristics of his parents and brother ("I speak and act just like them"), suggesting their "moulding" of him, that he lacked "individuality".

Pine (1979) stresses the importance of distinguishing between pathology of the separation-individuation process (i.e. lack of a separate identity), and higher-level problems in the relationship to "the differentiated other" (in which separation-individuation issues may emerge like they do transiently even in "normal" people). I feel that John's identity problems are of the latter kind, expressing painful feelings of abandonment, loneliness, need for care, and anger towards a significant other, and, consequently, a prolongation of the

stabilization of identity and "search for self" typical of the adolescent phase. Although speaking of not knowing who he is, he speaks of this in a rational, lucid manner, and there is clearly a differentiated self (albeit ambivalent and unsure), with distinct values, goals, interests and independent strivings, and a clear awareness of others (therapist, parents, lovers, friends) as separate and distinct individuals.

As Pine also points out, the child individuates (paradoxically) "largely by taking into himself characteristics of the significant others in his life" (ibid.:226). Due to John's anger/anxiety re parental lack of recognition and confirmation of his adult masculinity, he cannot accept elements of the parents in himself, because this would confirm his feelings of not being "grown-up", independent and equal, compounding low self-esteem. He defends against painful feelings by distancing himself, and his rejection of parental identification therefore resembles more adolescent rebellion against parental control, "the cutting of apron-strings", than a threat of merging and losing identity.

What John wanted from both therapist and lovers appeared to be "the phase-appropriate mirroring" (Adler, 1986) which he felt to have been deficient in his relationship with parents, in order to acquire a secure and comfortable adult self, feel accepted and worthwhile. He "practised" relating in therapy, and, feeling affirmed and more secure, would "try on" a new relationship outside the therapeutic situation, "reporting back", asking for advice and approval. What he seemed to mainly want from me was to help him establish a relationship, but, conversely, he would lament that he just could not completely "break down the wall" within himself and get in touch with the real him and his feelings, and bring this to me, but "just wait till I get involved in a serious relationship, then I will become much clearer about who I really am and tell you about it".

Clear separation-individuation issues and anxieties therefore emerge, but once again, I feel that uncertainties about identity are a regressive response to

feelings of inadequacy in relationships, leading to a need to strengthen his sense of masculine self through identification with partners.

5.1.5 An Oedipal Homosexual

My tentative classification of John on the oedipal side of the homosexual spectrum rests on various assumptions and clinical observations.

It appears to me that John has entered the oedipal phase with its characteristic triangular relationships and conflicts of jealousy, rivalry/competition with male figures, "castration anxiety" (eg. fear of impotence, emasculation and inferiority), and inhibition in heterosexual situations (Malan, 1979).

Clinically he presents as a relatively well-functioning individual apparently within Kernberg's (1980) normal/neurotic category, with no obvious severe pre-oedipal pathology or ego-defects, such as identity diffusion, predominance of primitive defenses (eg. splitting) or deficient reality testing. Furthermore, he has no history of psychiatric problems (eg. severe depression, psychotic episodes), intense affect, or impulsive behaviour (eg. suicidal attempts, drug abuse, promiscuity).

As pointed out, there are clear pre-oedipal issues and "core complex" anxieties, which, however, lack the intensity encountered in the second case. John experiences no panic or severe guilt in the company of girls (even if sexually propositioned), but does not get aroused by them, thereby confirming his "castrated" state, revelation of which would strike a further blow to narcissistic pride and self-esteem. His sexual behaviour lacks compulsivity, as it is not a defense against more primitive conflict, rather an attempt to secure father's love and disarm this more powerful oedipal rival through seduction, at the same time strengthening his own sense of masculinity. In these relationships, however, the earlier insatiable demand for maternal love is also

apparent (like it is in very many love relationships, homosexual or heterosexual). The sexual act does not succeed in restoring strength, confirming as it does, his submissive "castrated" state, and leads to anxiety and need to regain power and control of the partner.

Pre-oedipal fixation, although present, has thus not been strong enough to distort or prevent entry into the oedipal phase, but during adolescence when oedipal conflicts around sexuality and competition are reactivated and exacerbated, the negative oedipal position was resorted to, as well as regression to pre-oedipal conflicts. John's homosexuality thus resembles more a neurotic solution.

Blos (1984) and Ross (1979) point to the fact that father's importance in the child's development does not start at the oedipal phase, and stress the importance of the pre-oedipal dyadic, non-competitive father-son relationship, where ideally, father takes pride in (and elicits) his small son's phallic, assertive strivings, and thus helps him to separate from the symbiotic unity with mother. This loving relationship to the paternal "protector", instills in the young boy a sense of security and helps to pave the way for later identification in the oedipal phase, while "an indestructible residue of (it) carries over into the tumultuous arena of the triadic struggle" (Blos, 1984 : 317), and underneath the oedipal rivalry is always discernable the negative complex, "intrinsically fused" with the pre-oedipal, pre-competitive "father hunger", which has taken over some of the intensity of the early mother-infant attachment. Blos further contends that, whereas the resolution of the positive Oedipus complex precedes latency, the negative complex is only completely resolved during adolescence, where the struggle between the passive/castrated/submissive and the active/phallic/assertive aspects of the personality is at its height, powerfully fuelled by genital sexuality.

It may be hypothesized that mother's overprotection together with apparent deficiencies in the paternal provision of this positive confirming experience for John (therefore felt to have been "abandoned" by father in mother's sphere of influence) would have intensified his insecurity and struggle against the threat of re-engulfment (his early anxieties and need for comforters appear to indicate a basic insecurity). The negative Oedipus complex thus became predominant and was not resolved at adolescence because of continued and exacerbated conflict with father (eg. the physical punishment and lack of recognition), combined with rejection by male peers and potential heterosexual partners, further intensifying fear of genital self-assertion.

We may, therefore, say of John that " although primitive ... psychic mechanisms ... appear due to regression (they are) intermittent ... and do not lend a stamp of pre-genitality to the character of the individual as in the pre-oedipal types" (Socarides, 1979 : 255). His sexual pattern, however, lacks the flexibility and potential for heterosexual arousal postulated by Socarides as characteristic of the oedipal type. Homosexuality, albeit ego-alien (disliked and secretive), appears to be a conscious choice, and not relegated to actualization in dreams and fantasies. Inhibition of heterosexual activity seems strong, deeply ingrained and, although having clear oedipal characteristics (fear of impotence, emasculation) is also linked to pre-oedipal anxieties (fear of engulfment). Although in comparison to the second case John may be seen as an oedipal homosexual (mainly on the basis of ego-development), he does not fit the extreme oedipal pole of Socarides' spectrum, but perhaps a more intermediate position?

5.2 THE CASE OF BRIAN : "A PRE-OEDIPAL HOMOSEXUAL"

This depressed man was seen by me as an in-patient over a period of approximately 3 weeks(8 sessions), during which time I took a psychiatric history and worked in a supportive framework. Additional information was provided by the patient in a written personal account of his life history. Despite the hypothetical nature of the formulation (given the extreme briefness of our association and lack of in-depth therapeutic work), some interesting trends emerge from the facts of this case.

Presenting Problem

Brian, a 42 year-old unemployed man, referred himself for hospital admission, complaining of increasing depression, strong suicidal impulses, inability to work, alienation from friends and family and loss of control of himself and his life - a feeling of "coming apart". In addition he reported sudden bouts of rage and irrationality, hatred of self (his body) and of others (parents, religion), a feeling that God hated him (in spite of "not believing in Him anymore"). Over the last few months he had also become "obsessed with sex", the only thing that seemed to have any meaning, losing interest in everything except being with beautiful young boys. Lately he was masturbating compulsively 3 - 4 times a day, felt he was "not a man but a woman, wanting to be raped by young men". All his masturbatory fantasies involved young, blond, athletic-looking boys, and he admitted looking for his "ideal self". This most recent depressive episode was precipitated by the break-up + 6 months previously of an 18 months' relationship with a 16/17 year-old lover, a habitual dagga-smoker, who manipulated and used him, then left him to his deepening depression and increasing dagga abuse.

Previous Psychiatric History

Brian's first depressive episode about 6 years previously was precipitated by a turbulent relationship with an 18 year-old promiscuous "tough guy", who used and humiliated him sadistically, culminating in Brian making a serious suicide attempt

(overdosing on anti-depressant medication), getting hospitalized for a month, and receiving psychiatric treatment for a year after that with good results. A second episode 4 years later appeared to have been precipitated by a stressful work situation and loneliness and cleared up after brief out-patient treatment.

Sexual History

Brian's parents (especially his mother) were described as having narrow views on sexual morality, and sex was a taboo subject. At the age of 5 he was reprimanded by mother for indulgence in genital play with a little boy. At 7/8 he was discovered by father while attempting sexual intercourse with a female cousin (together with her brother and a friend) and was severely reprimanded. At the start of puberty 12/13 began what he termed his "sin complex": a continuing conflict between his sexual urges and yearning for religious involvement and atonement. At 13 he was introduced to mutual masturbation by male peers, experiencing no guilt. His first proper attempt at heterosexual intercourse at 13 was unsuccessful as he was overcome with guilt and religious fear and vowed never to try again. A subsequent attempt had the same result. Although father did not know about this, he threatened him shortly afterwards with eviction from home should he ever make a girl pregnant ("the only sex education he ever gave me"). At ± 14, Brian experienced his first homosexual intercourse at a church camp and felt less guilt ("boys do not become pregnant"). Gradually, however, he experienced more conflict, leading to an alternation between periods of an "immoral", promiscuous life and attempts to atone, be abstinent. After the death of his mother (when he was 17) he started his escape into "a pleasure binge to dull the pain": frantic enjoyment of (mostly) homosexual activity and driving fast cars, the only two factors, which assumed any importance in his life. At 18 he once more became attracted to girls and had some "relatively enduring" heterosexual affairs, while continuing homosexual activity, which was the predominant pattern ("girls were for fun and, perhaps later, marriage"). He was engaged to "a gorgeous German girl" for ± 2 years, but the relationship broke

off over his homosexual involvements. After this Brian became more overtly and indiscriminately promiscuous, but all heterosexual activity finally ended when a condom broke during intercourse with a casual "pick-up", he was overcome with remorse and fear of pregnancy and again vowed to God never to repeat the experience if only she did not become pregnant. During the following years he had a multitude of homosexual liaisons, all of them with very young males (16 - 18 years), claiming to have been "madly in love" several times, yet unable to stop his promiscuous life-style and restrict himself to his partner. He once "made a pact with Satan to exchange my very soul" to be able to seduce an initially reluctant 16 year-old lover, and succeeded! Brian accepted his homosexuality, which he did not want to change, and saw his "problem" as "passivity" and "lack of self-assertion", inability to persevere with any one direction chosen and therefore get on in life.

Family History

Brian's mother with whom he had an "exceptionally close", physically affectionate relationship, was described as quiet, gentle and "devoutly baptist", but also "austere", overprotective and "censoring excessively". Brian suspected she "might have been depressed", as she was socially withdrawn, not allowed by father to participate in activities outside the home, apart from church and charity work. Brian was devastated when she died suddenly (aged 50) of ulcerative colitis, when he was 17 and writing Matric. He had a distant, antagonistic relationship with his father, described as "an ogre", autocratic, bad-tempered, "negative", but "a hard-working catholic", mostly absent from Brian's daily life. After mother's death their relationship improved somewhat, and Brian is still financially dependent on father (now 82 and living in a distant town), who has always subsidized his rather extravagant life-style and is being manipulated by Brian. There was an equally antagonistic, but now distant relationship with a 6 year older brother, married and living in England for the past 20 years. The home atmosphere was described as unhappy and insecure, characterized by "turmoil":

a conflictual parental relationship with father always "bickering" and arguing with mother (he slapped her shortly before her death) as well as with the older son, although he rarely "picked on" Brian, with whom there was no communication whatsoever. Parents were restrictive and did not encourage independence or responsibility in Brian. Shortly before mother's death father had a brain-haemorrhage and was close to death himself. There are various unspecified psychiatric problems in the family: two uncles are "inadequate personalities", who cannot function independently. Father and a maternal aunt have had "nervous break-downs".

Personal History

Brian was delivered by Caesarian section, and mother had a hysterectomy shortly afterwards. Although very little information about birth and early development is available, he has a strong conviction that "something traumatic or disastrous" happened pre- or peri-natally or in very early post-natal development, but cannot explain or elaborate, and family members deny this. He was an insecure and passive child, who often cried himself to sleep, experienced occasional nightmares and sleepwalking. He had various paranormal experiences in childhood: At age 4 he clearly saw a man, dressed up as a bishop, and was later told that a bishop (now deceased) used to live next door. He would also sometimes feel "a presence or power" behind him and "go cold all over", and see "weird astral forms" in the night. At age 10 while seeing a war film he suddenly came out in a cold sweat and knew with absolute certainty that he was the reincarnation of a Nazi from World War II who took part in killings and atrocities (he is still convinced of this). Much later (at age 30) he became involved in spiritualism, which, for a while, seemed to answer his need for direction and influence attempts to lead a controlled, rational, almost "monastic" life. Brian was a sickly child, frequently in bed with colds and allergies until the age of 12. At these times mother cared for and pampered him diligently, and father became more placid. At 12 he contracted double pneumonia and was prone to bad bronchitis since then. He did well in primary school (has few memories of the years 6 - 12), but repeated

std 6 due to the conflictual home situation. In high school he obtained top marks in Science, English and Biology, failed Matric due to mother's death, but passed the following year (with a C aggregate). He was unsuccessful in sport and athletics, was made fun of by tougher peers, but had "one or two special friends". His ardent religious involvement (Sunday school, youth groups) has been mentioned earlier. His post-school record is erratic. After one year in the army he had a number of very brief (3 weeks to 6 months) university enrollments (Medicine, Psychology, Building Science, Business Science) with which he could not cope in spite of an allegedly high I.Q. (140 +), as he invariably developed severe migraine-like headaches under stress. In between he had numerous short-lived jobs. His longest employment (in a senior administrative position in which he did well) lasted 5 years and had ended 5 years previously, when he became bored with the job. Since then work performance had been poor. Brian had been suffering from allergic rhinitis and severe headaches since childhood, leading to heavy use of medication, especially codeine-based analgesics (± 8 a day since std 6/7). No other substance abuse was reported apart from the above-mentioned limited dagga use during his latest love relationship and for a while after the break-up. Certain visual and tactile hallucinations were reported, related to the use and giving-up of dagga.

Personality

Brian described himself as "basically an optimist, easily contented, but easily bored", pleasure and adventure-seeking, with frequent mood swings between rage, depression, irrationality and exuberance. This latter "high", however, was described as his "normal" mood prior to the onset of his first depression.

Brian presented as a tired-looking, slim, middle-aged man of somewhat unkempt appearance (unshaven and rumpled), with a fatuous smile and restricted affect. His speech was soft and often indistinct, but he gave an adequate account of himself in spite of occasional vagueness, was cooperative and pleasant.

Psychodynamic Formulation: Major Psychoanalytic Trends

5.2.1 Aggression and Sexualization

Brian's history strikingly illustrates the theme of aggression: the overpowering fear of the individual's own destructive potential, and, consequently, disintegrative and persecutory anxieties. His excessive fear of impregnating a woman together with the vague and amorphous, but firmly held belief that "something traumatic" had happened in his life pre- or peri-natally I suggest may be related to very early aggressive/intrusive wishes towards mother, fantasies of having damaged/torn her body and deprived her of its internal riches. His knowledge of mother's hysterectomy shortly after his birth may have been seen as substantiation of this belief. Similar fears of having mutilated (or "castrated") mother have been reported by homosexual patients who, during childhood, had witnessed the birth of a sibling, seeing the placenta coming away, and vowed never to cause such suffering again. In these feelings also appear to be elements of the simultaneous fear and longing for engulfment by mother's body, in which the birth process is seen as traumatic and dangerous separation. In the act of impregnation he thus simultaneously becomes the infant, re-engulfed by mother and annihilated, and the destructive annihilatory force.

More recent evidence of Brian's omnipotent, destructive fantasies was provided in his account of once having tortured a "wax dummy" he had constructed to represent an enemy ("persecutor"), who was killed shortly afterwards in a motorcar accident. His conviction of being the reincarnation of a Nazi murderer and torturer also evidence his aggressive fantasies and fears. He thus seems to have severely damaged, split and persecutory introjects.

Brian's promiscuity, his compulsive search for beautiful bodies of young boys illustrate the defensive use of sexualization. In an attempt to provide a genetic hypothesis for the predominant use by some individuals of this defensive mode,

Coen (1981) describes one "infantile prototype" (among probably several others) for this development. He suggests that a depressed and self-absorbed mother, unable to relate empathically to her child as a unique individual with special needs and feelings, may tend to use the child to counteract her own feelings of deadness and emptiness, concentrating her attentions "on the external surface of the body, its appearance, its sensations, as well as on hypochondriacal anxieties and sexual feelings instead of what is inside, what each really feels" (p 910). The child therefore learns to use the sexual mode to relate to others as the only way in which he can satisfy his intense need for maternal nurturance and, at the same time, defend against his helpless rage at mother's unpredictable, insufficient care by focussing on his self-image as "an omnipotent, irresistible seducer" (p 910). Coen thus speculates that "an unusually large quantity of aggression from early frustration, deprivation and ... overstimulation can be successfully defended against through sexualization" (p 912).

This prototype (similar to those proposed by Socarides (1979) and Glasser (1979)) appears to resemble closely what is known and may reasonably be assumed of Brian's early relationship with mother: She seems to have been depressed, withdrawn, preoccupied with her own problems and marital tensions, therefore probably not fully available, but at the same time, he was "mother's baby" up till the time she died and "exceptionally close" to her in a physical way. The frequent periods spent being ill in bed during childhood, "pampered" by mother, can be hypothesized to have been a way of compensating for her relative unavailability by using the most effective way he knew for relating to her - i.e. through physical contact and through drawing her attention to bodily symptoms and sensations. We may hypothesize that mother enjoyed this contact as well and used it in a defensive, substitutive way, thus fuelling Brian's reparative fantasies of having restored mother to health and happiness.

The precocious genitality found by researchers (Bieber et al, 1962; Greenacre, 1979) to be characteristic of the "perversions" is evident in Brian's early

attempts at sexual contact and may relate (as hypothesized by Bieber) to the "double-bind" situation of sexual overstimulation and mother's austere morality and sexual taboos.

5.2.2 Self-directed Aggression : Depressive Symptomatology

Internalized aggression is manifested in primitive guilt (feelings of "badness"), self-hatred (of the body) and self-destructive urges, somatization and masochism. His excessively harsh, punitive, destructive and envious super-ego appears to sabotage any attempt at academic or occupational success through work inhibition and psychosomatic illness. Success would be proof of active strivings, of having separated and individuated from mother, thus causing severe, disintegrative anxiety, guilt and need for punishment, with regression to a primitive state of passivity and inertness.

His psychomatic illness can therefore be seen to have served various purposes: It succeeded in securing for him mother's loving attention, at the same time providing punishment for the sexual pleasure experienced, "placating" internal persecutors. It furthermore fulfilled a reparative function towards mother.

Other reparative urges and attempts may be seen in Brian's religiosity and needs for atonement, in his wish to become a healer (a "doctor", "surgeon" or "psychiatrist") and in his relationship to his latest young lover whom he dreamt of rehabilitating and "saving" from dagga abuse. All his relationships may be seen as sexualized attempts to repair his damaged internal object.

On extremely rare occasions Brian's aggression was expressed in more direct ways: Apart from sadistic/aggressive attacks on the "wax dummy" (see above), he once, uncharacteristically pursued the same "enemy" and tormentor with a loaded gun.

5.2.3 Splitting and Idealization

To deal with disintegrative anxieties of having harmed or destroyed mother, Brian uses splitting : Mother is idealized as a victim, pure, saintly and good. Split-off aggression is both projected and displaced on to father, who is described as "an ogre", denigrated and used. (Father slapped mother shortly before her death and can thus be "blamed" for her destruction. The stroke he suffered can be seen as punishment for his behaviour towards her, and as proof of the destructive power of Brian's feelings). There is a strict dichotomy in Brian's world and his ego between good/abstinent/Godlike and evil/sexual/ Satanic, this split reinforced through the "double message" received from his austere and pious mother. The failure of integration between the two resulted in alternation between periods of "immoral", pleasure-seeking promiscuity, and an abstinent, religious life of atonement and reparation. When "exhortation to the God-power" had proved useless, he made "a pact with Satan" to possess a young lover and succeeded! The evil part has thus taken control.

We may raise the question whether Brian's depressive symptomatology signifies actual depression, or more the deadness and emptiness characteristic of borderline personality organization. His severe guilt does appear to be more a feeling of thorough badness, of destroying everything good, and therefore of terrifying internal persecutors, rather than the grieving for loss with genuine concern for the object predominant in the depressive position. His clear reparative fantasies, which may be seen as desperate attempts to prevent complete fragmentation, do, however, suggest that depressive anxieties and mechanisms exist, although at a fairly rudimentary level.

5.2.4 Oedipus Complex

The poor parental relationship, paternal absence and Brian's own physical closeness to mother would have confirmed his omnipotent illusion of being adequate

as mother's lover and protector from father and further hampered a male identification in the oedipal phase. The pre-oedipal conflict has thus "distorted" the Oedipus complex (Glasser, 1979): The son-father rivalry and identification encountered in the first case are almost absent here. There is no apparent anxiety related to competition or failure, no conflict with authority figures. Instead of castration anxiety more fundamental destructive/annihilatory urges and fears are evident. Brian's superego is not the more rational representation of internalized paternal prohibitions and demands, but a more primitive derivation of persecutory introjects. However, mother predominates in Brian's emotional life (she is the disciplinarian, "the phallic woman", he is her "legitimate" lover) and father, treated with contempt and indifference, has a clearly inferior status. The oedipal situation therefore "verges on a dual relationship rather than a triangular one" (Glasser, 1979 : 279) and if there is some entry into oedipality, this does not in any significant way lend its "stamp" to Brian's personality functioning. His foothold on this position thus appears extremely tenuous.

5.2.5 Relationships : Heterosexual failure, narcissism, sado-masochism

The extreme anxiety and guilt experienced by Brian during his earliest and unsuccessful adolescent attempts at heterosexual intercourse appear to illustrate his intense "core - conflict": Heterosexual activity would be a "betrayal" of the relationship with mother, an attempt at separation from her, therefore provoking severe engulfment anxiety as well as fear of his own destructive potential. Homosexual activity however, provided a "safe" outlet, free of guilt. Mother's death, experienced as proof of his destructive power, reactivated guilt and depression, but also more severe disintegrative anxieties, and heralded an escape into sex and pleasure-seeking activities, whose function may be seen as attempts at reparation of the damaged introject, and also as an effort to restore the fragmenting ego to intactness. The death of mother at first appears to have released him from the taboo: separation from and replacement of her could now be

sought in heterosexual relationships, while homosexual activity was still necessary to strengthen his fragile ego and prevent re-engulfment. The breaking-off of his engagement, signifying failure of his reparative efforts, resulted in more frantic and indiscriminate sexualized activity. Splitting is evident in his later heterosexual liaisons, which appear to have been possible only with the devalued, "bad", sexual female, thus keeping mother pure, idealized and asexual. But the contraceptive failure finally and powerfully reactivated his early primitive anxieties and made further heterosexual attempts impossible.

The narcissistic and sado-masochistic character of Brian's love relationships is apparent: He is desperately searching for young boys, representing his "ideal self" in relation to the all-giving, nourishing breast-mother, thus recreating the early unity, while, at the same time using the partner's penis and body fetishistically to strengthen his precarious sense of self, and prevent re-engulfment. There is evidence of symbiotic blurring of ego boundaries and dual identification in his inversion fantasy in which he is, at the same time, the rapist (of mother) and the woman raped. In his relationships he is thus simultaneously in the position of the passive infant, masochistically enjoying love and suffering inflicted by mother, the omnipotent mother, and the omnipotent sadistic infant, inflicting pain on the helpless mother. The masochistic self-punishment makes sexual pleasure "safe", while ensuring control of the object, and providing a safeguard against destruction of both self and object.

In spite of the brief therapeutic contact a strong positive transference reaction was evident in Brian: He bonded with me immediately, talked freely and openly, readily revealing much sexual material, without the resistance and wariness seen in the first case. He enjoyed sessions and felt miraculously well and restored afterwards, expressing confidence in the healing powers of the therapist, who thus appeared to have become almost a "magical object", making him well and whole again.

5.2.6 Identity Problems

In Brian I therefore suggest that we do see evidence of failure of achieving a secure, separate identity, including a stable masculine gender-identity. The blurring of boundaries and narcissistic object relationships, his passivity, dependence on others and lack of persistence and goal-directedness, his recent inversion fantasies, all suggest a faulty sense of self related to early developmental failure. As sexualization fails increasingly to deal with his primitive anxieties, more regressive and disintegrative symptomatology is becoming evident.

5.2.7 A Pre-oedipal Homosexual

In Brian, the much earlier onset of problems in comparison to the first case (as suggested by unusual perceptual experiences and oddities in behaviour and thinking from age 4) seems to indicate pre-oedipal fixation. As has been pointed out, this fixation appears to have been strong enough to have prevented proper entry into the oedipal phase. The paternal figure seems strangely unimportant and it appears that the pre-oedipal father - "rescuer" has not even featured prominently enough to generate the yearning and "father-hunger" characteristic of the first case. Partners are thus representatives of the youthful self of the narcissistic unit.

Even at a fairly superficial glance there is evidence of more profound and long-standing disturbance with functional impairment in a variety of areas, such as academic and occupational underachievement, extreme dependence on others, disturbed object relationships and ego-defects - i.e. identity diffusion, predominance of primitive defenses (splitting and idealization) and tenuous reality contact.

6. SUMMARY AND CONCLUSIONS

The preceding discussion has of necessity been brief, and many aspects have not been dealt with. Although my analyses of John and Brian must be seen as speculative and tentative, and the conclusions thus be drawn with extreme caution, I suggest that an oedipal - pre-oedipal distinction may be drawn between them.

In John there seems to be evidence of oedipal-phase conflicts with their characteristic triangular relationships, rivalry, competition and anger towards more powerful male figures, and a predominance of the negative oedipal position due to fear. The homosexual behaviour lacks the compulsivity and character of "sexualization" apparent in the second case. It is ego-dystonic, expressing the conflict between needs for dependency and power in relation to dominant same-sex objects, representative of father, a yearning for paternal love. Pre-oedipal issues of engulfment anxiety and fear of femininity appear to be a regressive response to anxiety re failure and inadequacy. There is evidence of a differentiated masculine and quite well-integrated self in spite of these anxieties.

In Brian, on the contrary, it appears that the oedipal phase has not been properly entered into and therefore has a clear pre-oedipal character, with dyadic relationships predominating. Homosexual behaviour is ego-syntonic and may be seen as a sexualized defense against primitive, disintegrative anxiety re destructive urges and maternal re-engulfment. Relationships are masochistic, with narcissistic object-choice in an attempt to restore wholeness. Ego boundaries are blurred with a poorly differentiated and integrated self in constant danger of re-absorption and fragmentation, and a passive, feminine identification. Brian appears to have a borderline personality organization.

The classification of the two men has been done on the basis of certain apparent

"underlying structural characteristics" (Kernberg, 1980 : 1083): i.e. differential use of defensive operations (primitive splitting vs higher-level defenses), different levels of identity integration and reality contact, and a superego "heir to the Oedipus complex" in contrast to a more primitive persecutory one. The result is thus differences in types and severity of anxiety (disintegrative vs "castration anxiety"), in the quality of relationships and in the use of sexuality. However, they have been classified relatively to one another, and it is not suggested, for instance, that splitting mechanisms are never used by John, nor that rivalry/competition may never be issues for Brian. Lengthy, in-depth therapeutic work might have uncovered both more significant primitive material in John, and oedipal-type conflicts in Brian, thus blurring even further the distinction. As pointed out by Socarides (in Payne, 1977) "oedipal conflict and castration fear may defend against deeper fears, and pre-oedipal fantasies may defend against the emergence of oedipal material. There is always an interplay between the two" (p 191). Thus, while suggesting that John's more primitive anxieties are due to regression, it seems that pre-oedipal fixation must exist for regression to occur.

A stringent classification, would therefore appear to be problematic, and we may understand the pre-oedipal - oedipal distinction more in terms of a continuum, where different quantities/severities of pre-oedipal disturbance/fixation have resulted in more or less unhampered entry into the oedipal phase with, again, its varying intensities and amounts of conflict.

This paper has not been trying to settle the question of whether homosexuals are more or less "pathological", "maladjusted", "conflicted" or "unhappy" than heterosexuals. Instead it has attempted to suggest the infinite variety and complexity among homosexual individuals, including their lifestyles and the psychodynamic significance of their object choice. Many homosexuals are never seen in clinical practice as they do not need or seek our help. Do similar or quite different dynamics apply to them? I do not attempt to answer this

question, but it is clear that we cannot generalize about homosexuality.

As clinicians the homosexual individuals we encounter are people with various problems, related in varying degrees to their sexuality. Treating these clients as "homosexuals" would result in preconceived notions and lack of depth in our understanding. We need, however, to place the sexual orientation and understand its dynamic significance in relation to personality organization and behaviour.

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