CLINICAL IMPLICATIONS OF CONTEMPORARY GENDER THEORY

The current intellectual scene in psychoanalysis is marked by vigorous theoretical controversies about gender. The ideas being debated have important implications for clinical work, which have not been thoroughly explicated or integrated into common practice. These implications include the following: gender can accrue idiosyncratic meanings; gender identity is considered fluid and rigidity of gender identity deemed problematic; gender-related conflicts are typically described as divergent; analysis of superego conflicts related to gender becomes particularly important; and, finally, gender-related biases are seen as inevitable and must be taken into account in the clinical situation. A detailed clinical example illustrates the application of these ideas. While the more dramatic cases related to gender have been more frequent subjects of study, conflicts about gender are everyday occurrences for our patients and deserve further attention.

The current intellectual scene in psychoanalysis is marked by fascinating and vigorous theoretical controversies over gender, with feminists and gender theorists, as well as clinicians of all stripes, joining in the dialogue. The ideas emerging from this discourse have important implications for clinical work, and are increasingly finding their way into psychoanalytic practice. At the same time, because our assumptions about gender, both in psychoanalytic theory and in society at large, are changing so rapidly, the clinical ground for working with gender-related problems is shifting. Both theoretically and clinically, there are no longer—and perhaps there never were—clear-cut and uniformly recognizable guideposts in approaching issues related to gender. In this paper I will review the current psychoanalytic thinking about gender, outline what I see as its major implications for clinical practice, and then illustrate these ideas with clinical material. My goal is to illustrate how I have struggled with these challenges.

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and ambiguities, and tried to integrate some of these new ideas into my clinical work.

I believe that conflicts about gender are everyday occurrences for our patients—probably as frequent as conflicts about libido, aggression, dependency, or narcissism. However, it is the more drastic, flamboyant, or controversial cases—of “gender disorder,” of transgender, of cross-dressing, of individuals who feel they are prisoners in the wrong-sexed bodies—that have caught our attention. Certainly in these cases the gender issues stand out in strong relief, making their examination inescapable and in a sense easier. One might question whether we can generalize from these more conspicuous cases to more subtle ones, or whether these cases are exemplary or relatively unusual. One certainly might question whether we can use such cases to build theories about gender development. A research study group on gender in which I participated asked why for some individuals gender assumes a distorted and exaggerated role in the subjective sense of self. The group concluded that in the cases studied gender served many functions and that gender disturbances were never primary, but rather were secondary to various difficulties in integration, cohesiveness, separateness, depression, and problems with aggression and rivalry. In these individuals, gender frequently played an important role, in various ways, in their family backgrounds (Olesker 2003).

**SELECTIVE REVIEW OF THE LITERATURE**

Contemporary thinking about gender can be organized into five major areas, all interrelated: (1) the social construction of gender; (2) the complexity and fluidity of gender; (3) the separation of gender and object choice; (4) normality vs. marginality; (5) embodiment. Several other issues could also be addressed, but I have chosen to focus on those I find most relevant to the clinical material I will present.

**The Social Construction of Gender**

In a groundbreaking and well-known paper, Fast (1978) proposed that gender identity develops through a process of differentiation. Children at first know no limits to their gender; the sense of gender is boundless or undifferentiated. Through a process of learning, largely within the family, children gradually distinguish what constitutes maleness or femaleness. (Fast acknowledges that inborn factors can and do influence gender.) This developmental process of differentiation entails narcissistic disappointments as the child
comes to grips with the fact that he or she cannot be everything. Current gender theorists (Bassin 2000) have begun to quarrel with Fast’s theory, not happy with the idea of “renunciation” implied in the child’s having to limit the boundlessness of its gender possibilities. Still, Fast’s clear and seemingly simple conceptualization helped turn psychoanalytic thinking about gender theory in a new direction. Before Fast, concepts of gender had been framed in terms of Freud’s concepts of psychosexual development (1925); that is, his account of how the young child’s discovery of the anatomical differences between the sexes—and the resulting castration anxiety or penis envy—influences male and female development, conflicts, and personality.

Freud did not use the terms gender or gender identity, or operate in those frames of reference, but generations of psychoanalytic theorists have grappled with the questions about gender that his original ideas on psychosexual development raised. These questions include: (1) The nature/nurture question: that is, are characteristics of gender inborn or environmentally induced? Is anatomy indeed destiny? (2) Are there gender-linked characteristics? (See Schafer 1974.) (3) Does femininity really arise from an inborn masculinity, achieved through the series of renunciations, of aim, object, and organ, as Freud proposed? I will not reopen these questions here. By now they are old stomping grounds for psychoanalytic debate and, though they still haunt us, are hopefully beginning to be put to rest.1

Starting from the idea that gender is socially constructed, many gender theorists, such as Foucault (1978) and Butler (1990), question the basic premises and terminology of gender. For such theorists, the terms masculinity and femininity, or male and female, have no real or fixed meanings, but are always defined by context and culture. Layton (2000) argues that gender inequality is the result of a culturally induced and changeable splitting of the world into two categories. Masculinity and femininity are defined by each other, by what the other is not (see also Benjamin 1998) and have no intrinsic meaning. Dimen (1991) agrees: “at the heart of gender is not ‘masculinity’ or ‘femininity’ but the difference between them” (p. 335).

The Complexity, Multiplicity, and Fluidity of Gender

Contemporary conceptualizations of gender identity stress its fluidity and complexity (Elise 2000b). Harris (2005) argues that gender is socially

1The idea of primary femininity was advanced as an antidote to the perceived phallicentricism of the early theories. Not a unified or clear concept at all, primary femininity has been used differently in various frames of reference. Both of the component terms of this concept—primary and femininity—are problematic (Elise 1997; Kulish 2000).
constructed, is mediated by family and society, and emerges in the context of personal interactions between self and others. She coined the idea that gender is “softly assembled”—that is, that gender is not hardwired, with a predictable unfolding from a given starting point, the way inborn sexual variables may be. Rather, the gender “package” in different people has different patterns and different contents; it follows multiple pathways to unfixed outcomes, serves various psychic and social functions, and is influenced by a large number of variables, intrapersonal and interpersonal, conscious and unconscious. The idea of “assembly” emphasizes process rather than structure. For a possible model for the psychic development of self and gender, Harris turns to contemporary chaos theory resting on nonlinear dynamic systems, in which outcomes cannot be predicted from initial conditions.2 The clinical applications of chaos theory to psychoanalytic theory and practice have at this point been demonstrated only sketchily.

In her arguments Harris puts aside the stalwart psychoanalytic model of developmental lines, which, she asserts, provides too rigid and absolute a blueprint for human development. Corbett (2001b) warns us to think of developmental lines as metaphor not fact. If we keep this caution in mind, I think, we need not be so quick to throw out the concept, which can provide useful guidelines for child development, if not applied in a rigid, lock-step manner, like a yardstick.

Attempting to expand concepts of gender, Benjamin (1996) argues that psychoanalytic theories of oedipal development leave us with too narrow an idea of gender identifications. Oedipal logic, she says, is a logic of binary opposites—a seamless identification with the same-sexed parent, and a sexual object choice of the other, an either/or logic. She describes the “post-oedipal” development of gender as not so dichotomized, ideally allowing for a sense of self that can accommodate multisidedness: “Differentiation in the oedipal phase is not the final achievement that often has been supposed by psychoanalytic theory” (p. 33). (I think that in fact most psychoanalytic theorists today do not subscribe to the fixed view described by Benjamin.)

Young-Bruehl (2003) is another who questions old categorizations, instead favoring complexity and fluidity: “ours is an era in which much psychoanalytic interest is focused on phenomena that call the categories Woman

2Coburn (2000) describes the characteristics of a nonlinear system: its developmental trajectory is determined by mutually organizing components of that system and their continually changing configurations. “The results of a system’s nonlinear, dynamic process tend to violate the traditional expectations inherent in the notion of teleological, epigenetic progression” (p. 753).
and Man, Masculinity and Femininity, directly into question as categories. . . . Historians working in the relatively new subdiscipline history of sexuality have shown the many ways in which even physiological and anatomical differences between the sexes, once thought to be matters of objective knowledge, are always interpreted” (p. 158).

These changing ideas of gender have in recent years been illustrated with rich clinical accounts. For example, Balsam (2001) proposes that mature gender identity in women is made up of an integrated and complex blend of male and female identifications and bodily representations. She convincingly illustrates this complexity of gender representations as expressed in her patients’ fantasies and body images and as played out clinically in their transferences. Similarly, Yanof (2000), in a compelling case of a little girl in analysis, traces her patient’s feelings and fantasies about gender over the course of a five-year treatment. The case illustrates how multiple meanings become attached to gender and how gender functions as a solution to shifting conflicts. In agreement with Harris, Yanof concludes that gender development is not linear, but rather more chaotic and complex, based on interactions between biology and environment and subject to continual reorganization.

Diamond (2004a,b, 2006), in a series of clinical papers about male development, argues against the prevailing idea that a boy must “disidentify” with his mother to achieve masculinity, and shows how gender identity can be reworked over the course of men’s lives. He is one of many psychoanalysts (Ross 1986; Elise 2001; Fogel 1998, 2006; Reichbart 2006) writing about masculinity who have tried to “unpack” the rigid phallic modes and ideals embraced by their male patients and embedded in psychoanalytic theories. Fogel (1998) widens the meaning of castration anxiety in men by identifying an interior bodily genitality, split off from experience, that he deems “feminine.” All these clinical accounts make evident that gender fluidity is itself not constant; even in a given individual, gender identity seems fixed at one time and, at another time and in a different context, more fluid.

**Gender and Object Choice**

Contemporary psychoanalytic writers agree that it is important to distinguish between gender (and gender identity) and object choice (Tyson 1982). In a brilliant set of essays, Chodorow (1994) makes the argument that both heterosexuality and homosexuality should be viewed as compromise formations and that “normal” heterosexuality cannot be taken as
a given that need not be questioned, whereas homosexuality is automatically questioned. Chodorow asks us to unpack the tight connection between gender identity and object choice. She attacks assumptions that psychoanalysts have heretofore taken for granted: that identification with one parent necessary leads to erotic desire for the other. “How,” she wonders, “do we reconcile a complex and varied view of the multiplicity of sexualities and the problematic nature of conceptions of normality and abnormality with a dichotomous, unreflected-upon, traditional view of gender and gender role or an appeal to an undefined ‘masculinity’ and ‘femininity.’ . . . [For example,] developing homosexual boys are ‘feminized,’ as if it is only by being feminine that someone could desire a male . . . ” (p. 60).

Thus, on the contemporary scene both heterosexuality and homosexuality are to be questioned, but the origin of homosexuality is not “relevant.” This approach is put most clearly by Corbett (2001b): “The overwhelming majority of my gay patients approach their sexuality with a certain inevitability that does not brook questions of specific origin or legitimization. Through this assertion, I do not mean to imply that I do not set out with my patients to understand—to the degree that we can—in what manner their sexuality has developed. But our efforts in this regard are guided by the question ‘How homosexuality?’ (With what meaning and to what effect?) as opposed to what I consider to be the ill-conceived etiologic project of ‘Why homosexuality?’ ” (p. 325).

In these discussions the concept of bisexuality is often evoked. Butler (1995), another influential gender theorist, weaves concepts of bisexuality into her theories about object choice. She posits a bisexual base in the individual from which society and family shape and guide children to a sexual object choice of the opposite sex and to a suppression/repression of homosexual impulses. She bases her arguments on her understanding of Freud’s “Mourning and Melancholia” (1917) and his theories of psychosexual development, in which heterosexuality is attained at the end of a complicated and difficult developmental pathway. She then elaborates her idea that this laborious and uncertain accomplishment of a tenuous state of heterosexuality wards off a repudiated homosexuality. The situation leaves an eternally unmourned and unmournable state of being that is covered over by same-sex identifications and a conventional and socially sanctioned heterosexuality. In a critique of these ideas, Balsam (2007), argues that Butler downplays the fate of ambivalence and internal aggression so crucial to Freud’s theory of melancholy.
The concept of an original bisexuality, which is part of Butler’s thesis, is endorsed by a long string of psychoanalysts, though they have conceptualized it in a variety of ways. Parens (1980), a child analyst, describes a basic inborn bisexuality and neutral genital libido out of which “heterosexual libido deriving from primary masculinity and primary femininity” differentiates (p. 110). Layton (2000) argues that bisexual behavior should be recognized as an acceptable sexual solution independent of heterosexuality and homosexuality.

**Normality vs. Marginality**

Contemporary theories of gender challenge traditional guideposts and assumptions about what is normal vs. pathological gender. Corbett (1997, 2001a,b) argues forcefully that traditional developmental models of gender were dominated by a normative logic of centrality, with limited accounting for the necessity of marginality. The homosexual or “invert” was at the margin. This logic has been replaced by a “queer ethic” that all manner of things are “fabulous,” aims to expand mental freedom, and gains its meaning and energy by its oppositional relation to the norm. For Corbett, the sign of health is mental freedom. At the same time, he warns that both polarities—coherence and similarity vs. difference and ambiguity—have associated problems. He argues that gender can have a regulatory effect, constraining a person by its embedded social stereotypes and rules about roles. While dissimilarity and incoherence may be celebrated, he believes that the significance of (and I think the need for) similarity and coherence must also be taken into account. Patients suffer from nonintegration and depersonalization and the pain of being a nonconforming subject faced with the “strong arm of culture.” Cautiously and wisely, he concludes that “we must champion paradox, but not idealize it” (1997, p. 270).

Consider how “gender diffusion” or categories of “transgender” are thought about in the contemporary theoretical literature, in which there is a call for acceptance of all varieties of sexuality and gender-related behavior. Take for example, Benjamin’s plea “in defense of gender ambiguity” (1996). We are listening to a new series of voices from the edge, from the intersex and transgendered communities, which demand acceptance and call for our giving up traditional binary categories of gender and “normality.”

Corbett (2001b) admonishes clinicians for mistaking gender normality for health. He and many others argue that gender is not an entity, but functions in multiple and overdetermined ways as surface, performance,
and psychic solution. Psychoanalysts, he feels, have positioned themselves as gender border guards, with one size to fit all. He points to the transgendered subjects who have had no voice in the dialogue and are labeled deviant. Of course lurking behind these arguments is the long, and unfortunate, history of psychoanalysts trying to “cure” homosexuals of their homosexuality (Goldberg 2001).

Another take on the normality/abnormality question comes from Crawford (1996), a self psychologist who puts strong emphasis on gender in the clinical situation. For her, too, it is gender identity itself (a tightly packaged one) that poses a trauma, a narcissistic one. The socialization process mandates rigid enforcement of what is acceptably masculine or feminine and make self-restitution impossible (Ulman and Brothers 1988). The process leads to a sense of inadequacy, of incompleteness, and basic lack of trust in the self and others becomes her focus clinically. Like Corbett, she would focus on “freedom” as the goal for gender-related problems.

**Gender Biases**

There has been much discussion of the gender biases of therapists, frequently with writers of different vantage points hurling insults about biases back and forth over theoretical divides. Layton (1998) contends that “all self-disclosures and interpretations are loaded with content that reflects one’s gender and sexual positioning” (p. 738). Some analysts feel they can escape such biases by focusing on the patient’s psychic reality. Kaplan (1990), for example, argues that a critical or philosophical exploration of the ideals of femininity and masculinity—laid down by the social order—has never been the purview of clinical psychoanalysis, but belongs more specifically to applied psychoanalysis and other disciplines. The analyst’s role is to explore the patient’s use of repression in conflicts around social values vs. internal unconscious urges. Kaplan acknowledges that psychoanalysts over the years have been misled by gender stereotypes, especially theoretically, but he holds—more optimistically than I do—that keeping the focus on the patient’s conflicts about masculinity and femininity can keep the clinical process free of such bias. In the clinical situation, he believes, the social reality of gender is always a resistance, as adherence to one set of social values closes out consideration of another, and masks unconscious conflicts. In this discussion, Kaplan offers an interesting perspective on the development of conformity and the narcissism of difference and similarity.

A few analysts (Greenberg 2006; Hirsh 1993; Mitchell 1996) have written openly and movingly on their gender-related biases in clinical cases.
To me, these accounts offer the most useful approaches to coming to grips, clinically, with such biases.

Embodiment

Closely related to the issue of social construction of gender is the issue of embodiment. Many contemporary theorists are leery of concepts about bodily influences on gender, anxious to stay clear of old reifications and old saws like “anatomy is destiny.” Since the prevailing idea is that gender is articulated and mediated in the interpersonal communicative sphere, such theorists are more trusting of, and more comfortable with, relational and intersubjective clinical approaches (Harris 2005). One can sense this discomfort in Dimen’s introduction to a colloquium on gender and the body (1996). She begins by noting that in postmodern thought the body has become a “linguistic cultural co-production” (p. 386). Contemporary inquiry focuses on embodiment rather than constitution, on how patient and analyst communicate with one another, and how an individual uses the body to represent or communicate a fantasy, dissociated feelings, or unverbalizable thoughts. (For an interesting clinical example of how the body is used to represent fluctuations in a person’s sense of gender, see Elise 1998.)

In this sense, then, the body is a variable and individualized subject matter for representations of gender. For Diamond (2006), “destiny is what we make of our anatomy” (p. 1103). He tries to bridge the polarities between social constructionism and biological essentialism by offering a more complicated and ambiguous understanding of gender, constructed fundamentally out of early identifications with each parent, but leaving open the possibility of influence by biological variables. Stimmel (2000), Elise (2000a), and Layton (2000) join in this dialogue by arguing, from somewhat different positions around the pole of constructionism (as against essentialism), that bisexuality takes its meaning from the meaning ascribed to it by a given individual, and not from necessarily intrinsic biological givens.

CLINICAL APPLICATIONS

These contemporary understandings of gender have important implications for clinical practice.

1. If gender is multilayered, complex, and fluid, and if its meanings change over time and in different contexts, and are not fixed by innate imperatives, it can become attached to, or entangled with, an unlimited range of thoughts and fantasies in a given individual. It can accrue idiosyncratic
meanings. These entanglements may need to be addressed explicitly in the clinical situation. In many ways, until recent explorations, gender has been held to be immune from the concept of overdetermination.

2. If gender is socially constructed, or to the extent that it is, clinicians must become aware of the gender-related biases and countertransferences, and the deeply embedded assumptions about gender, that interfere with or cloud our judgments and assessments. Many psychoanalysts (I am one of them) assume that these attitudes are inevitable and cannot be avoided.

3. Underlying assumptions about what is psychopathological in the realm of gender and gender identity have shifted. A hundred years ago, psychoanalysis was complacently unaware of its socially based perceptions of what constitutes “normality” in the area of gender (Schafer 1974). If a person deviated from socially accepted norms in certain ways, then these drew attention as symptoms or problems. Moreover, the pendulum has shifted in other areas as well; fluidity or even instability in gender identity is now considered more “healthy” and constancy or rigidity more “unhealthy.” In much of contemporary thinking, in fact, rigidity in gender identifications or identity is a frequent though unacknowledged sign of pathology.

4. Gender-related conflicts cannot always be conceptualized in familiar drive vs. defense terms. Gender-related conflicts may be more readily described and understood in Kris’s terms (1985), as divergent rather than convergent. In divergent conflicts two forces pull in opposite directions, as in a fantasy of being independent and “masculine” and, at the same time, pampered and “feminine.” In convergent conflicts, which are more familiar, two forces, say a drive and a defense, are aimed at a single object (e.g., hating and at the same time being dependent on one’s mother).

5. The analysis of the superego or what has come to be known as “ego ideals” may be especially cogent in the treatment of gender-related conflicts. Patients often feel in conflict around values or ideals surrounding masculinity or femininity that cannot be met.

CLINICAL EXAMPLES

Following are two clinical vignettes and a longer case study demonstrating the varied ways in which ideas of masculinity or femininity may fit into the self-concept, take on narcissistic meanings, serve defensive functions, and infiltrate unconscious fantasies. The clinical material is meant to illustrate the social construction of gender, its incertitude, and its relation to object choice.
Case 1

For some time I supervised a psychoanalytic candidate, a serious and responsible young man, who was struggling to balance his many roles and responsibilities. He was married with two young children, and was very actively involved with his family. He also held down a demanding position at a local university, had a clinical practice, and was in psychoanalytic training. His control case was a young man around his own age, and like him married with two young children. But the similarities seemed to stop there. Before he began his analysis, the patient had quit a full-time job in computers to set up a free-lance design business. His wife’s family had money, though she worked as an adjunct professor for very little pay. Her trust fund, in essence, supported them and his low-fee analysis.

The patient suffered from depression and anxiety, and from a general dissatisfaction with himself. He spent hours and hours obsessively constructing and perfecting his projects, anxiously ruminating about his occasional jobs, and periodically masturbating to internet porn. He did take good care of his children, for whose care he was largely responsible. In his sessions he ruminated at length in an intellectualized monotone. Needless to say, he drove his analyst crazy. And I could sympathize.

This patient had been devastated by his parents’ divorce when he was five years old. His father had left his mother to marry another woman, with whom he had already fathered a baby, and eventually left the state. The patient was left to take care of his childish and overseductive mother.

Underneath his intellectualization, we discerned a father hunger in this man. We speculated that he had an angry need to defeat his father and his analyst by defeating himself and backing away from his competitive oedipal triumph. We pointed to his anxiety and clear anguish and conflicts around masculinity. For him, being a good dad meant never separating from his children. His idea of “masculinity” was all mixed with selfishness and sexual unfaithfulness.

My supervisee and I sometimes asked ourselves the following question: What if this patient were a woman? A more or less stay-at-home mother, supported by her spouse, doing work she had always wanted to do at home and beginning to make money at it? Would we look at her situation, would we pathologize it, in the same way? Probably not. But neither the candidate nor I could rid ourselves of our gender-related standards.

And neither, we argued to ourselves, could the patient, who grew up in the same society and was in conflict with his own internalized standards. For the time being we decided, uneasily, that our formulation was right,
that we had untangled our own values and conflicts from those of the patient. But I also think it was important and useful that we thought this through, together, and that we continued to think it through as the analysis and supervision continued.

Case 2

When she began her analysis, Mrs. A., a forty-year-old businesswoman, was anxious and resistant. She seemed sensitive to separations, though she could not, or would not, talk about her reactions to them and missed a lot of sessions herself. In analysis she worried that she was getting nowhere and also that she could not express herself well. I was struck by how Mrs. A. referred to her father as “Les” and to his family not as “my grandmother” or “my aunt,” but as “Les’s mother” or “Les’s sister.” I speculate that this reflected the bitterness and distance of her mother toward Les. Shortly after the patient’s birth, Les abruptly left the mother for another woman.

One day toward the beginning of the analysis, Mrs. A. came early to a session. She recounted that to pass the time, she had walked around in the vicinity of my office and encountered a mail carrier. “When I was growing up,” she remembered, “I had wanted to be a mail carrier. I haven’t thought about that in a really long time. I grew up in such a sterile environment that to be a mail carrier seemed like something that was a lofty goal. My stepdad was a factory worker; my mom worked as a salesclerk or at the bar. On my [biological] paternal side, Les’s mother did go to two years of college, and Les’s father owned a small business. On my mother’s side I was the first to go to college. Later my [maternal] uncle did go to college. One evening we and I were talking philosophy and I got excited and told my mother about how neat it was to be talking to him. She slapped me across the face and said, ‘You think you’re so goddamn good, you’re just like Les. He would use a fifty-cent word for anything.’ I guess I equated wanting to be intelligent with being crazy, and maybe masculine, like Les. If my report card would be good, my stepdad said, ‘We don’t want an all-A student.’ I was not allowed to read, like for pleasure. They said that meant I was just like Les.”

I remarked, “So to do well means you were masculine and crazy, or abandoned.” This simple remark seemed to calm her anxiety and gave me a basis for approaching her resistance in this early phase of the analysis. Here “masculine” had idiosyncratic meanings—“too” smart and also someone to be rejected before being rejected.

This vignette demonstrates the elasticity of gender—how meanings can accrue to it like Velcro. “Masculine” had accrued the meanings, idiosyncratic
and particular to this woman’s background, of bad, smart, crazy—bringing rejection one way or another. In treatment, the meanings, often unconscious, can be unpacked and unstuck, and thus free anxiety and open disavowed aspects of the self. It is an instance of the everyday kind of conflicts around gender that we encounter in our patients.

**Case 3: Christina**

I will draw more extensive process material from a case in which the issues about gender were predominant. Christina came from a family that made much of gender. Additionally, the issues about gender are especially clear because the patient was very self-aware and self-searching.

Christina was a woman in her early forties who sought treatment for a rather severe reactive depression. Some months before, she had discovered that her long-standing female partner had betrayed her with another woman. The subsequent separation left her lost and aimless, and forced her to return to the area where her family lived. An artist, she soon found a job as a teacher at a local magnet art and technical school. When I first began seeing her, Christina was involved with a man she had met at her athletic club, who wanted to marry her. She considered him a good friend and found him sexually attractive, but felt they were too different to get married, as he did not share her intellectual interests and she was leery of his tendency toward alcohol abuse.

Christina came from a traditional Italian Catholic family, one of eight siblings. Her father, an autoworker, drank too much; her mother was a homemaker. Christina described her father as cold and cruel. His sharp, sarcastic, and demeaning tongue was feared by all the children, but he was especially hard on Christina, who never toed the family line. He made no bones about the fact that he preferred males, but his sons were not spared his wrath.

Christina had no conscious early sexual memories, except for some sexual play with a brother in the bathtub, but she wondered about possible sexual abuse of some sort. In the analysis we reconstructed an experience at age three in which the father spanked her, nude, over his lap. Her sense was that her father was probably sexually aroused, and perhaps had an erection.

Christina’s mother was more accessible, but always backed up the father and defended him. She treated her daughters as a unit when they were girls, wanting to dress them alike in frilly outfits for church or, when they were adults, wanting to have an all-female day of shopping. Christina resisted her mother’s attempts to dress her in dresses and hats and preferred the company of her brothers. She was especially close to her brother, a year
older, who was her parents’ favorite, the “golden boy” who excelled at sports. The family tolerated Christina’s tomboyishness until grade school, when her brothers turned their backs on her; in her adolescence the pressure to be “more feminine” became even more intense. Her sisters all followed very traditionally feminine, even “hyperfeminine,” pursuits such as modeling. Christina took solace in her exceptional athletic abilities, which put her through college and earned her much acclaim. Later her talent in art won her a prestigious graduate fellowship abroad.

In general, Christina felt that in order to have her own identity, she had to distance herself physically and psychologically from her family, and from their unwavering rituals and demands for conformity.

Christina took readily to my suggestion of analysis. A sense of her distress at that time led me to be especially careful not to proceed too quickly or assuredly. She was a self-reflective person and comfortable with fantasy and dreams, but much of her history was repressed. “I don’t do narrative,” she said. In the early months of treatment she would bring in her artwork, which she would use to show me her fantasies and memories. Before she began analysis, she would come into the office and lay her prints down on the couch, waiting for me to respond to them. I didn’t say much—I didn’t know what to say, except to ask her to tell me about the pieces and to remark on their striking effects. Her art was beautiful and powerful. At this stage of her analysis, she was making collages of layered objects—razorblades, spools of thread, baseball mitts, leaves, hands—in jarring but strangely pleasing arrays. This aspect of her treatment, which related to issues of creativity and how it relates to verbalization, is especially fascinating, but demands more focused attention in its own right.

As you can infer from this brief history, Christina could be called bisexual in at least two meanings of the term. She was bisexual in object choice, in the sense that either a female or a male partner was okay with her; she was more sexually attracted to males, but preferred females emotionally. In terms of her gender identity, Christina had never been happy being female; she had wished she were, and tried to be, a boy. This discontent, which mixed in with her depression, was a primary focus of her treatment. She could not identify comfortably with either parent—not with her father, whom she saw as a mean bully, or with her mother, who was his handmaiden. In the course of the analysis, however, we uncovered many unconscious identifications and disidentifications with both mother and father, and along with them conflicted fantasies, conscious and unconscious, about femininity and masculinity. (I make no attempt here to define these terms;
I am referring to what the patient, idiosyncratically, meant by femininity and masculinity. From this dense and ultimately successful analysis I am going to pick and choose moments to show how we worked through this interwoven material about gender.

The following is from a session early in the analysis. Christina complained of hot flashes. (Her signs of menopause added to her depression, as we came to understand in the course of the analysis; it meant to her the waning of her body and its athletic abilities and, at a deeper lever, the reality that she would never have babies.) She referred to a dream she had had two nights before, and commented that if she were a boy she wouldn’t have the fears and worries that she did. ‘Many times I feel asexual. I don’t have either identity. It’s uncomfortable to float there. In that dream my mother was working on something on her lap, like cross-stitching. That makes me think of the time when I went to my mother about something I was upset about and she said, ‘Don’t worry. Let’s do cross-stitching.’”

In retrospect, I wonder to myself whether cross-stitching perhaps had another unconscious meaning—“cross-dressing”—but at the time I linked this to the feelings she frequently expressed about my silence.

“It brings up the feeling that I’m not there for you. Not a safe harbor.”

“You’re right. I’m waiting for the repercussions from you. To show emotional honesty was not allowed at my house. Certain expressions were disallowed. We had to adopt a formal false language. In English, you couldn’t call my mother ‘she.’ You had to refer to her as ‘mother’ or you could get whopped by the side of the head [by the father].”

At this point in the analysis, the transference alternated rapidly between a disappointing mother who could offer no words of comfort, but only traditional gender-related diversions, and a harsh critical father sitting behind her, who might “whop her by the side her head.” At this time I could not appreciate or associate to the many layered meanings of “lap,” which later emerged in the analysis—lap was linked to her father, the bodily site of his abuse of her, and to her longed-for mother’s lap, which appeared repeatedly in dreams and images of me, sitting in an armchair, inaccessible, and to her own lap and the sexual feelings harbored there. Later in the analysis she confessed shamefully that she once masturbated as a child by putting a little kitten in her lap.

Three months later, she spoke of liking her female internist, how much memory a new computer had, how some married friends seemed to be getting along well, and her wish to work with glowing light in her art. She referred to a dream we had worked on in the session before, in which
she—dressed as a tomboy and innocent—was hiding in the attic, scared. An adult male, perhaps a sculptor, was looking for her. She remembered actually dressing like that and wanting to be ten forever.

I pointed out that it is not unusual for kids to want to be ten forever: “They can still play, and there is not yet adult sexuality. In the dream you were dressed as a tomboy, and that suggests that you needed to be a tomboy as a way to hide out from a scary adult male and from sexuality. Of course, being a tomboy also meant you could be the kind of person you wanted to be, play the games you wanted to play.”

“That’s true. With the sculptor in the dream there was interest and fear.”

I stated that she was very conflicted about sexuality and said, “As you begin to try to sort it all out, as a young adolescent, in this dream, or here, things are not clear about where you are: Do you want to be sexual, and with a man or a woman?” I concluded, “There were mixed-up feelings about it all, and there still are.”

“I agree. It’s extremely helpful, figuring out the origins and meanings of my responses. My parents played stuff out with me too, which made it worse.”

At this point early in the analysis, I was beginning to comment on her conflicts about sexuality and gender. Perhaps there was a tilt in my phrasing, which many contemporary gender theorists would sharply criticize, toward suggesting that she needed to make a binary choice; perhaps she unconsciously thought that I, like her parents, was “playing something out with her.” What I was trying to respond to and understand, however, was her fear of sex. At this point I did not comment on the obvious transference implications, of which she was clearly aware—her liking her female doctor, or how much memory I had. She also perceived me as the scary male sculptor in the dream, who might mold her into something else or handle her sensually and erotically. Such homoerotic, heterosexual, preoedipal transferences were explored in much depth in the course of the analysis. Her obvious appreciation and penchant for our analytic work was gratifying.

In the months that followed, many complex and shifting identifications emerged. For example, she designed a business card with a geisha image, dark hair cut straight and short. Her associations were to the Nancy comic strip she liked during childhood, and to the submissive role of women in her family. She linked this with a growing awareness of identification with another Nancy, me: “I’m more curious about you. We have sort of similar temperaments. Both have allergies. We both like helping. Just like the
little girl puppet. . . . At some point I gave up wearing dresses. I played with my brother and his friends. Yet I had a crush on this little boy when I was five. I did have crushes on boys. Then in junior high I joined the softball group. My parents tried to pressure me to be something else. . . . I’ll never repay the debt of what softball did for me, and what the woman coach did for me. She was not a lesbian.” She had begun to cry. (The reference to the coach not being lesbian is important. Christina told me how many of the coaches she had had over the years had crossed boundaries with the woman athletes, and how she found this abhorrent.)

I said, “In looking at me and thinking that we have the same temperament, the question is, What kind of woman am I, and what kind of woman are you, will you be?” Note that the identification with me at this point was as another handmaiden (a geisha) but had another component—the spunky cartoon character of Nancy.

A month later she returned to these themes in the transference, which was heating up: “I had a dream. I’m making love to an Asian man. [She laughs.] He has amazing skin. We are lying side to side, head to foot. He is caressing my buttocks. I pleasure myself. I have this long clitoris, almost like a penis. [This image reminded me of the practice Christina had confessed earlier in the analysis of masturbating by pulling her labia and pretending she had a penis.] Then he’s above me. I have a desire to be part of this amazing skin. I’ve said I was repulsed by my mother’s skin, which actually was so soft. Yesterday I asked what it means to be phallic. It means to have power. My mother belongs to The Mothers with Penises Club [laughs].”

I explicitly commented on the bisexual images in the dream—her dreams were full of bisexual images—and then asked, “Aren’t you saying it would be nice to get it all from one person—from me?”

Agreeing, Christina laughed and said, “Isn’t that what heaven’s for?”

Thus, narcissistic, gender-related, and sexual conflicts are represented and repaired through concrete bodily fantasies.

So far we can view an amalgam of conflicted and complex identifications and love-objects: Christina as a boy like her bothers; Christina who had crushes on little boys; Christina as a little puppet, a geisha; Christina as a self that can pleasure itself; Christina with both a penis and a clitoris; Christina identifying with a phallic mother; Christina longing for the soft skin of a mother or of a male lover; Christina being chased by a threatening but somehow alluring male; Christina helped by a non-lesbian coach; Christina crushed by a lesbian lover. Her wish to be all and to get it all puts us in mind of Fast’s formulations about young children’s narcissistic wishes.
around gender. It also very clearly illustrates what contemporary gender theorists like Harris and Young-Bruehl posit: that gender serves to solve internal psychic problems and that gendered identifications and meanings are multiple, layered, and shifting. Here Christina’s sense of her gendered self is fluid and unfixed, with pieces of brothers, sisters, mother, and father in the mix. So too is her fantasized love object—a male who has what she defines as feminine characteristics (e.g., soft skin). As sexual subject, Christina has bisexual power—both male and female genitalia. Thus, she need not feel vulnerable to potentially painful and disappointing longings for the other, or devalued experiences of self.

The middle phase of the analysis was marked by themes carrying primal scene meanings in which the patient quickly and often confusingly oscillated in her identifications and desires, wanting to be or have the father, then the mother, both being unacceptable, frightening, and unattainable; then later by periods of more sustained homoerotic transference that might be characterized as “negative oedipal.” That is, Christina yearned for my love, often in highly erotic terms, and felt jealous of the males she imagined as her rivals, just as she had always felt that her father and brothers came first in her mother’s heart. Her jealousy of her brothers and father was intense and aroused much guilt. We were able to understand how she fantasized that to be a male would help her achieve that love. She also wished for her mother’s nurturance and care, wishes that she had disavowed until they became activated in the interaction with me. She summarized these insights: “I did want her attention, but I rejected her completely. There was a big conflict.” We speculated that wanting to be a boy pulled together a lot of fantasies; besides getting closer to mother, it represented a wish to gain acceptance from her father. In all of this, I was often thrown by the shifting sands and searched for more coherence. I think this was both a projective identification of Christina’s confusion (perhaps reflecting primal scene–like experiences) and search for coherence, and my own personal need quite apart from hers.

A few months later she began to allow herself more open homoerotic feelings toward me. In one session she began by talking about a series of situations in which men were always in charge. Then she reported a series of dreams. In one was a naked beauty contest, in which a male was in charge, with women who were “visually stimulating.” They had different colors of genital hair—blond, red, or reddish-blond—but one also had hair on her abdomen, “like on a man’s body”: that was the one for her. She associated to a movie starring the red-haired actress Julianne Moore. She admitted
having such thoughts about me, but felt it was “taboo” for her as a woman to look at women.

Following is a session about a year later, which shows considerable working through of these ideas and less oscillation between identifications.

“Well, you are going away. Anywhere special or just a break? I’m not teaching that class at night. Been given a double message about whether I need to or not. I got a letter from my mother saying she came across a box of my trophies from my challenging years. So maybe I would want to come get them. Ha!”

In answer to my query if she would go to get her trophies, Christina said, “Yes, it’s worth it to me. She has to lure me with a toy, though. She doesn’t have enough self-esteem. It’s disappointing ultimately.”

“We have to leave this and go to my dreams. I remember how badly I wanted to be a boy. Like how I pulled one of my lips [i.e., labia]. Pain and pleasure all mixed—screwed up. In this dream I’m kind of in and out of it. All boys . . . a couple of exercise bikes. Friday night I ate at a Vietnamese restaurant. An Asian man was there kind of flirting with me. So there was an Asian man in the dream, with some tying going on—of legs . . . red yarn being wrapped around sexually . . . I don’t know. It was sexually exciting. More men, boys come into the room, like a sauna. I’m thinking my brothers. I think I can’t participate. They’ll be doing things sexually with each other. I was left out. . . . See what happens when you go away? He’s getting manipulated by a hand under water. Creamy white stuff like ejaculate on the surface.”

She continued: “First of all you’ll be going away a long time. I don’t want you to . . . I saw the movie Pleasantville yesterday. It’s about a mother-son relationship. They get their color when they find their passion . . . I bought myself a purse. [Typically she carried a backpack.] A huge symbol! I can’t be too feminine.”

Note that the reference to the movie Pleasantville, in which the mother and son find their passion, is a clue to the countertransference in this period. There were times when I unconsciously pulled back from the patient’s erotic longings—by changing the subject, by focusing on her conflicts around gender identity, by confusedly losing sight of the transference—not, I think, because of their homoerotic contents, but because of their intensity.

“What’s the connection with my going away and this talk about wanting to be male, or not too feminine?”

“If you go, I’d kill myself?”

“If you were a male, maybe you’d be going with me?”
“Certainly your husband will be going with you.”

I pointed out how much of what she was talking about expressed the feeling of being excluded by me, her brothers, her mother—she wanted her mother to say directly she wanted to see her.

She agreed and said, “Yes, and I get what you’ve said. My mother left me in the tub. If I were a boy this wouldn’t happen to me.” In a more forgiving tone she mused, “Mother’s letter—it is a way of communicating,” but then, more bitterly, “It’s little wonder if that’s what passed for love in my family, I have been so crippled. What’s the use?”

In this vein, some months later, the patient mused, “There’s a seductive thing turned around here. I thought I was like my mother and I was competitive for my father, but this is the other way around, isn’t it? She, not my father, was the desired one for me. It’s one more way that I couldn’t win though, isn’t it? I couldn’t get my father, and I couldn’t get my mother. I was always competing for Daddy too; I think I was the one who looked like my mother. But what is natural is this—I watch my little niece with my brother, and she is coy and flirtatious and it’s lovely. I think that’s the way it is with little girls and their dads.” Here she recognizes her dilemma of having sexual yearnings for both father and mother, neither of whom could reciprocate with appropriate affection. She longs for, in imagination, what she (and culture) labels “normal”—the positive oedipal situation between little girls and their fathers.

Beginning in the fourth year of analysis, the patient began to approach some deeply conflicted, shameful wishes to be more “feminine.” She linked them to the shameful position of females, as she perceived it, in relation to males: “The tie between the victim and her abuser. The currency of my parent’s relationship. Mutual shame and service. I can see how I reject everything to do with my mother, anything. That idea of feminine beauty; it affected me and her relationship with me. A lot of who I was—I felt it was killed. Feeling good about who I was as a person and with my sexuality.” That is, she felt that in order to be accepted she had to accept a false femininity, the kind of femininity that was prescribed by her family and, at the same time, to give up important aspects of herself that were unacceptable to them, aspects labeled masculine—athleticism, being adventuresome.

In our analytic work she painfully had to acknowledge other “masculine” aspects of herself—identifications with her father, the aggressor, that is, her sadism and cold anger. For instance, in one session after describing the power plays at her school among her fellow teachers and how she
situated herself in the dynamic, she observed: “My father. Being like him. I will have the power, and then I won’t get hurt. Is that what this is about? I can’t think or say my father and love in the same sentence. Dad was a dictator. Like with the Jews in Europe who collaborated with the Nazis. When the Nazis come knocking at the door to say ‘Turn in so-and-so or we’ll kill you’—that makes them collaborators. Although then they’ll come back in three months and get you anyway. But my mother was the real collaborator. In order to make my mother happy and get her approval you had to try to please my dad.”

In the last year or year and a half of analysis, the sessions became very intense and painful, as they were filled with Christina’s now more openly expressed yearnings for me to be “the one” she was searching for to love and to love her—her very significant other. She had figured out that she and I shared interests in common—art, cinema, literature, psychology. I had all she might want. At the same time she knew this was impossible, and reflected her never-to-be fulfilled wishes toward both her parents. The last months of analysis were marked by her mourning for what would never be, within the transference and her family. At the same time, an acceptance of herself and the possibility of a better, more hopeful future emerged.

Christina came to understand that in her rage about her mother’s rejection of her, her lack of support and empathy, she rejected all things about her mother—all things she perceived as “feminine.”

“It’s just amazing how strong my feelings of rejection toward her are. I was looking at this stuff in some stores. I went shopping the other day. I need some pants and there were some cool summer dresses I was looking at, so I tried on a black cool dress, like loose, plain and sleeveless. I can’t even go there . . . I look in the mirror and I see my mother. I can’t be that, I can’t!”

I commented, “You can’t because you reject her, and reject wanting something from her.”

“My mother, who was beautiful, had a black dress like that. I remember. I look like my mother. . . . Black dresses are like whores, too.”

The following session is taken from the week of termination. More comfort within the transference and increased ability to work out her feelings herself were accompanied by changes in her feelings about gender.

Christina began: “Spring is in the air and I got a book on gardening. Listen to this dream: I had a small sewing machine. I would really like one. I couldn’t use it because it had no thread. Then somebody found the thread. Reminds me that actually in class the kids found a solution to a
problem in an art project we were working on. In the dream, the thread was in basic colors, and then they found all the colors. This is a great dream. I’ve used that thread imagery in a lot of my work, but sewing, threads, I have rejected all of that from my mother. We talked about that. Now, it’s an indication of accepting that and it equals knowledge of all the colors, a sense of completion there. It’s related to here, completion from you.” This attitude toward herself and her sense of femaleness contrasts with the earlier fantasy of cross-stitch, cross–dress. Her gender identity is more integrated—full of many colors, and not a clashing two-tone of masculinity/femininity.

I spoke of the sense of choice and creativity, to feel free to choose to be what kind of woman to be. Like she had been talking recently about what to wear.

“Yes, just yesterday I went shopping and there are huge sales. I need a robe. My robe is like a man’s—plaid—it’s ugly. I was looking for an identity; it has to be just right, though. I know what I have in mind. A few months ago I found one. It was too much money. It was silk with an exotic Asian print. Maybe I’ll go back and get it . . . The kids helped in the project and it’s good I can depend on them.”

The frequent Asian references reflect Christina’s special liking for things Asian. Her parents had a small “oriental” black table in the house, clearly a special object, handed down from a distant but admired relative on the father’s side. Christina considered it an “art” object and more sophisticated than anything else in the household. Here then was an object that carried condensed meanings with maternal/paternal and feminine/masculine connotations.

When she terminated treatment, Christina was much happier in general, and specifically within herself in regard to feelings about gender. She was more content with herself as a woman, more free to accept aspects, behaviors, and desires she (and society) deemed “feminine”; she also accepted with less guilt the aspects and identifications she deemed “masculine.” Her art had changed too. Still powerful and beautiful, it now was less jarring, the compositions no longer fragmented, and with brighter, more vibrant colors. She had worked through a long period in the analysis of giving up and mourning the fantasy that her special person would be the analyst. At that point, she was looking for, but had not yet found, a mate—the someone with whom she could share love, sex, and life. She had decided
that it would be easier and she would prefer that the someone be a male; but if a woman came up she would keep that option open.

**DISCUSSION**

I believe that these clinical examples, and this last most particularly, demonstrate contemporary ideas about the fluidity and complexity of gender. I have tried to show that conflicts about gender are common, everyday occurrences, acquiring idiosyncratic meanings and functions, yet mirroring shared cultural beliefs.

For Christina, gender had become entangled with meanings and fantasies about power, acceptance, and lovability. Analysis revealed her fantasy of obtaining magical power through a bisexual love object. She felt she could not get the unconditional love she yearned for—by either being male or being female, which left her uneasy and unhappy about her own gender. I have included examples in which I addressed these fantasies and conflicts explicitly in the clinical situation and tried to demonstrate how the attached meanings changed over the course of our work. Following the process material, we can see how gender was at one time or another fluid or fixed, linked or unlinked to sexuality.

I tried to keep in mind my own gender-related biases and countertransferences as I worked with Christina’s conflicts around gender, to separate mine from hers. As I look back on this material now, I can detect in the transference the patient’s fears that I would try to seduce her into femininity, as her mother had, or beat and bully her into heterosexuality, as her father had. I think that she did intuit a bias in me to “make her feminine,” and I ask myself if I shared her conviction that heterosexuality might be an easier lifestyle for her and pushed her in that direction. Perhaps. But I really think that I felt that if she could find that true soul mate, of either gender, I would be happy for her. I could always appreciate and admire the expanding creative potential in this woman that reflected the multifaceted identifications and aspects of herself.

I think that all individuals have multiple identifications with both males and females, although in most people these may be less visible and more seamlessly integrated within their personalities than they were in Christina. My experience has also led me to believe that especially creative individuals like Christina seem to have more comfort with and more
access to bisexual fantasies and multigendered identifications than other people (Kulish 2006). At the same time, she was not comfortable with the incoherent and inconsistent sense of herself and her sexual identity. In any case, Christina’s background of painful rejections at the hands of both parents, which were explicitly linked with gender, contributed to her gender-related conflicts.

**CONCLUSION**

Contemporary gender theorists have tried to move us away from binary categories of gender and constricted ideas of normality. For them, gender pathology is more closely tied to conformity to societal norms and constrictions than to intrapsychic conflict—a culturally inflicted malady, if you will. In my first example, my supervisee and I asked ourselves if we were attributing such “pathology” to his patient. Indeed, countless people suffer from overrigidity in the meanings and values they ascribe to gender and that govern their lives: men who cannot let themselves acknowledge fear, or to be vulnerable and cry, or to earn less than their wives (Reichbart 2006); women who cannot let themselves experience anger lest they not be “nice,” or who force themselves at great cost to meet societal, familial, or internalized standards of beauty (Lieberman 2000).

At the same time, I do not feel that the dictum “anything goes” makes for psychic happiness or “health.” People need some sense of continuity and cohesiveness of self—and, I think, of gender. I certainly thought it was better for Christina to accept and like herself as a female than it was to stay “floating,” asexual, with no sexual identity, as she was when she began treatment.

Those who decry the old certainties can in turn create new rigidities and closed-mindedness. For example, it is not politically correct in today’s climate to try to understand and unravel object choice; that is, to question the “origin” of homosexuality, when heterosexuality is taken as the norm. But I believe that the “whys” of any object choice—homosexual or heterosexual—are important areas of investigation in a psychoanalytic inquiry. Christina is a case in point: she was interested in why she chose one sex object over another, in terms of sex and “gender,” as well as its likeness and difference vis-à-vis loved and hated, fantasized and remembered aspects of her mother, father, sisters, brothers, and members of her extended family. The investigation of these meanings and the background of these
choices and identifications proved both illuminating and ultimately helpful to her. Ideally, we should be able to approach and utilize such clinical evidence—and evidence from other sources—without preconceived notions in any one direction. So I make a plea for tolerance: I think we need to be open-minded not only clinically, but also scientifically. We need to accumulate more scientific and clinical evidence about gender.

It is not possible, I believe, to rid oneself of one’s gender-related biases. What I have tried to do, in working analytically with my patients, is to try to become aware of them as I focus on the patient’s psychic reality and affects. Whether we admit it or are aware of it or not, I think we all have some notions of “health” and “non-health,” even if they are not guided by social norms or statistical bell-shaped curves. Corbett argues that psychoanalytic theories of gender should accept and have a place for marginality, but at the same time not idealize it. I find this argument compelling but would add to it that psychoanalysis should investigate the margins and the center as well.

Contemporary gender theory both elucidates and decries our need for certainty about gender and for the comfort of binary categories. As I have tried to apply the contemporary gender theories to my clinical work, I am well aware of and struggle with that paradox.

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