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**SOME PATTERNS OF ADULT FEMININE IDENTITY AND THEIR
PREOEDIPAL AND OEDIPAL ANTECEDENTS**

City University of New York

PH.D. 1982

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SOME PATTERNS OF ADULT FEMININE IDENTITY
AND THEIR PREOEDIPAL AND OEDIPAL ANTECEDENTS

by

GLENYS LOBBAN

A dissertation submitted to the Graduate Faculty in
Psychology in partial fulfillment of the requirements
for the degree of Doctor of Philosophy,
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1982

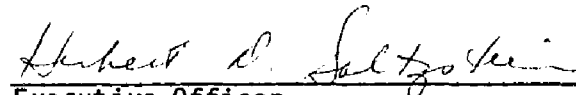
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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

4/22/82
date


Chairman of Examining Committee

April 26, 1982
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CHAPTER I
INTRODUCTION

"That is all I had to say to you about femininity. It is certainly incomplete and fragmentary and does not always sound friendly...If you want to know more about femininity, enquire from your own experiences of life, or turn to the poets, or wait until science can give you deeper and more coherent information."

Sigmund Freud, 1933, p. 135

It is almost fifty years since Freud advised psychologists of their options if they wished to understand more about femininity. During this time, particularly in the last twenty years, analysts have written a great deal about female development (1). There are surprisingly few articles in the literature which attempt an integration of all this material (2). In this study, psychoanalytic writings on the development of feminine identity will be reviewed and normal feminine identity and its developmental antecedents will be explored.

Very few analysts who have written about femininity have specifically addressed the topic of feminine identity (3). Those authors who have addressed it have frequently assumed that there is only one type of normal feminine identity. They have assumed that the female's adult role is prescribed by biological factors and is that of wife and mother, and that her sense of identity will follow naturally from this (4). One reason why many authors have made such an assumption is that psychoanalytic thinking on feminine development was strongly influenced by Freud (5). Freud assumed that the type of sexual identity that is developed by a person is determined by their mode of Oedipal resolution. While he described two types of femininity within the

normal range, he defined only one of these, "definitive femininity" ("endgultigen Weiblichkeit") as the normal way for a woman to be (6).

Certain analysts have attempted to broaden the scope of the definition of normal feminine identity. It has been suggested, for example, that career aspirations are a legitimate aspect of adult feminine identity (7). A new exclusive model of "normal" feminine identity that would replace Freud's model has been proposed (8). Some authors have suggested that more than one type of normal identity exists (9). When new types have been suggested, however, there has frequently been a lack of specificity regarding the developmental conditions that would be associated with each type.

The assumptions that analytic theorists make about normal feminine identity have important clinical implications. If clinicians assume that certain attitudes and concerns constitute a normal feminine identity, this will affect what they define as abnormal or pathological femininity, and it may have an effect on which issues become the primary focus in therapy.

In this study, identity will be viewed as something that has its roots in early development when a sense of self first develops, but which is only constituted in relatively final form in the post-adolescent period (10). Feminine identity will be defined as "a complex group of self representations," both conscious and unconscious, that the woman has about her "body, genitalia, sexual role, behavior, and functioning" (11). (The concept of identity is discussed in detail

in Chapter 4.)

The investigation of feminine identity is complicated by the fact that the term "identity" is used in different ways by different theorists (12). There were various reasons why the concept of identity was utilized in this study despite the fact that it has been criticized for its lack of theoretical and conceptual specificity (see Chapter Four). One of the main reasons was that the concept of identity refers to "both a persistent sameness within oneself (self-sameness) and a persistent sharing of some kind of essential character with others" (13), and the woman's sense of herself as a female involves both these dimensions. It is based on her idiosyncratic attitudes and fantasies about her body, her genitalia and her capacities, but it is also influenced by external factors such as the meaning that her womanliness has had for significant others, how they reacted to her, and how this affected her (14).

In this study, four models or types of normal feminine identity will be investigated. These are the definitively feminine type first described by Freud (15), the "vaginal" type first described by Jacobson (16), the phallic type which is usually judged as normal but far from optimal by analysts (17), and the masochistic type. The masochistic type is the most controversial. Some theorists see this as a separate type, others argue that masochism is an aspect of definitive femininity and others argue that it does not belong in the normal range (these issues will be considered in Chapter Five).

The study will begin with a general review of the psychoanalytic

literature. The aim will be to define the issues the theorists have seen as crucial in the development of feminine identity as well as the factors that would lead to different outcomes as regards these issues. In the latter part of the study, the four types will be discussed in order to ascertain whether it would be possible to specify diagnostic criteria and developmental antecedents for each type, and whether meaningful data could be obtained via sources other than psychoanalyses that would enable us to investigate these types empirically. In summary, the normal feminine identity types that have been described most frequently in the literature will be examined in order to see whether they are distinct or overlapping, and whether they have explanatory utility and are susceptible to empirical investigation.

Certain conceptual issues that relate to the utilization of a typology need to be addressed. As we shall see in Chapter Five, the specification of a typology can be problematic. Critics of typologies argue that they obscure individual differences and assign individuals to artificially discreet categories (18). This study is a study of types of feminine identity primarily because types have been discussed in the psychoanalytic literature. It will not be claimed that the types under investigation necessarily exhaustively describe adult women's identities. It will be argued that while aspects of different types of identity can be found in any given woman, one type is usually dominant. It will be assumed that only a limited number of such different types exist and that constitutional factors (19) and preoedipal and Oedipal experiences determine the woman's pattern of identity (20).

Even if it is accepted that an identity typology is useful, it could

be argued that it is unnecessary to propose specifically feminine types since character typologies and descriptions of neurotic styles that apply to both sexes are already available in the literature (21). When one examines these, however, one sees that certain categories are reserved for one sex only or defined as primarily the preserve of one sex (22). In my opinion, the two sexes should be viewed separately when identity is discussed. At least in our particular patriarchal society, the person's sex or gender functions as a kind of superordinate category or type. Definition by sex is so common that whatever else impinges on the individual tends to do so through the filter of the sex to which they belong, and the same stimulus or event can have entirely different meanings depending on the person's sex (23). The experience of being female has a profound impact on all other aspects of the woman's identity. This occurs both because her experiences of her anatomy and her "inner space" (24) affect her style of experiencing and reacting to the world, and because others treat her as a woman first and evaluate all she does in terms of this. In the chapters that follow, the development of feminine identity will be discussed in detail.

Notes

1. Many of these contemporary articles on female development are reviewed in Chapter Three. In this study, psychoanalytic approaches to female development will be focussed on, as I believe that a theory that accepts the influence of unconscious factors on development is most likely to yield useful information about femininity. A large body of empirical research on female development have been generated (see, for example, Bardwick, 1972; Maccoby, 1966; Maccoby and Jacklin, 1974; and Unger and Denmark, 1975). Most of this relates only to conscious material, but the data will be cited in this study when it is relevant.

2. Overviews of psychoanalytic theories of female development were offered by Chodorow (1978) and Mitchell (1975). Many anthologies of contemporary analytic views on females are available (e.g., Blum, 1976; Chasseguet-Smirgel, 1970; Miller, 1973; Strousse, 1974). Barglow and Schaeffer (1976) reviewed some of these books. Summaries of current psychoanalytic views on development are also available (Panel Report, 1976a; 1976b; 1978a). None of the summaries or anthologies have attempted to integrate the various analytic approaches.

3. Some exceptions are Greenacre, 1958; Jacobson, 1964; and Sarlin, 1963.

4. Viola Klein (1946, 1950), a sociologist, did an historical analysis of scientific formulations about feminine character. She argued that psychologists are on a search for an "Essential Woman" (p. 20). They have assumed that the term woman refers to a psychological type in the same way as, for example, the term "extrovert" and have described the essential woman as passive, nurturant, and emotional and have ascribed the rest of human characteristics to men.

5. Freud's work is discussed in detail in Chapter Two.

6. The term "definitive femininity" was used by Freud (1931a, p. 259). The German version is to be found in Freud (1931b, p. 128).

7. Applegarth, 1976.

8. Jacobson (1976) termed this the "vaginal" type (p. 537). This type is discussed further in Chapters Two and Three.

9. Jacobson, 1976.

10. The development of the sense of identity and its definition are discussed in Chapter Four.

11. Abend, 1974, p. 261.
12. Abend, 1974.
13. Erikson, 1956, p. 57.
14. Stoller, 1976.
15. Freud (1931) used the term "definitive femininity" (p. 259).
16. Jacobson (1976) described the "vaginal" woman (p. 537).
17. This type was described by a number of authors including Freud (1931), Deutsch (1944), and Jacobson (1964). This type of woman has an unconscious fantasy that she is male.
18. Dahlstrom, 1971; Fiske, 1971; Maddi, 1968; Ryckman, 1978; Semeonoff, 1966; and Stagner, 1974.
19. Some of the constitutional factors are the girl's temperament; whether there were problems during early infancy (which would affect the relationship with the mothering person); and the balance of libidinal and aggressive forces in the girl.
20. I will argue (see Chapter Five) that women develop various unconscious fantasies about the type of woman that they are. They also develop multiple identifications that are often conflicting. Intrapsychic conflict occurs because of the contradictions between these various fantasies and identifications.
21. Some examples are Reich, 1961; Shapiro, 1965.
22. This is true of the hysterical style, for example, which is almost invariably used to label behavior of females rather than that of males.
23. I will briefly describe two examples. In the first sex-role, expectations impaired individuals' ability to observe behavior accurately and in the other, they impaired problem solving. The first example is of research on the attitudes of elementary school teachers. They classified the little boys in their classes as more active, although measurement of actual activity revealed no sex difference (Maccoby and Jacklin, 1974). This suggests that if child were male, his teacher would expect him to be active, experience him as active, and reward or punish his high level of activity. An equally active girl's behavior might be interpreted very differently. The second example relates to the attitudes of first year university students. A group of them were asked, as part of a larger study (Lobban, 1972) to explain the following: "A man and his son are driving along in a car. There is an accident. The man is killed and his son is rushed to the hospital and straight into the operating theatre."

The surgeon rushes in, takes one look at the patient and says, 'Oh my God, my son!'" The majority of the students found a variety of ingenious explanations that all began with the set that the surgeon was male. It was suggested that the boy had a step-father, or was adopted and the surgeon was the natural father, and even that this was heaven and the surgeon was God. If people's expectations about sex-appropriate roles impair their ego functions in this fashion, they may also affect their reactions to the female who is or wishes to be a surgeon or to anyone whose behavior is contrary to traditional sex-role expectations.

24. Erikson, 1968, p. 339.

CHAPTER TWO

EARLY PSYCHOANALYTIC THEORIES OF FEMALE DEVELOPMENT

a. Introduction.

In this chapter some of the psychoanalytic literature on female development will be critically discussed. The material will be divided into three sections. The groupings that have been selected are necessarily somewhat arbitrary, the aim was to group authors in a way which would highlight the main themes in the psychoanalytic literature. Freud's views will be discussed first and then those of his early sympathizers and critics will be described. Current psychoanalytic views on female development will be discussed in Chapter Three.

b. Sigmund Freud.

Freud's views on female development formed the basis for much of the later psychoanalytic theorizing about women (1). He described normal female development and two types of identity in the normal range: "definitive femininity" ("endgultigen Weiblichkeit" in the German) and the "masculinity complex" (2). He said that his conclusions regarding female development were tentative and that it is more problematic than male development as the girl has to establish a change in object (from mother to father) and a change in zone (from clitoris to vagina). In this section I will describe the sequence of female development that Freud postulated.

During the preoedipal period the development of females and males is similar and everyone is born with a bisexual disposition. Libido in both sexes is "masculine" or active and all children are intensely and exclusively attached to the mother and feel oral, anal and phallic sexual impulses to her. The girl feels a great deal of affection for her mother (3), she wants to become a woman like her mother and identifies with her. This identification is crucial to the girl's adult feminine identity as it prepares the way for her to acquire feminine characteristics (4).

When the phallic phase begins the girl's sexuality is focused on her clitoris. She is either unaware of vaginal sensations or fails to connect them with sexual stimulation (5). She masturbates clitorally and has fantasies about her mother where she assumes that she is "phallic", that she possesses a phallus and power and omnipotence equal to that of any man. Shortly after the onset of the phallic phase the girl develops a "negative" Oedipus complex; she is passionately in love with her mother, wishing to "get the mother with child and to bear her a child", and she regards her father as merely her rival (6).

At some point during the phallic phase, the girl discovers the anatomical difference between the sexes, that the boy has a penis and she does not. Immediately, she feels that she is lacking (7), she sees the penis as "the superior counterpart" of "her own small and inconspicuous organ" and knows that she cannot hope to compete with the boy in this sphere (8). She experiences her lack as a narcissistic blow, feels humiliated and castrated, and envies the male's penis.

The girl often gives up clitoral masturbation following her discovery of the sex difference. She "fails to obtain sufficient gratification", feels inferior and "does not want to be reminded of the superiority of her brother or playmate" (9). It is not clear what Freud was referring to when he talked about the girl not getting "sufficient gratification", whether he meant that the girl's knowledge that her organ is smaller spoils her capacity to enjoy the genital sensations, or whether he was actually suggesting that the sensations themselves were less gratifying (10).

The girl's relationship to her mother changes after she discovers her castration as she blames her mother for her deficiency. Initially the girl assumes that only she lacks a penis, later she assumes that all girl children have no penis, and finally she has to accept that adult women also have no penis and that the phallic mother is castrated. This discovery leads the girl to devalue her mother and to turn away from her, and her attachment to the mother "ends up in hate" (11).

All girls go through a brief masculinity complex following their discovery that they do not have a penis. They are focused on the phallus and see its possession as a sign of superiority. They refuse to accept that they do not belong in the phallus-possessing class. They wish to get a penis and stubbornly retain the belief they will, or they totally deny that they are without one.

The girl's development can proceed along one of three paths after she discovers her castration. These are fixation at, or regression to, the masculinity complex; sexual inhibition or neurosis, and normal

femininity (12). Each of these paths represents the predominant style of resolution in a particular individual rather than the only one. The same individual can hold contradictory attitudes to her castration, and earlier and later responses can be combined so that it is difficult to separate them. Further, certain attitudes such as penis envy can be replaced by other attitudes in consciousness, but can live on in the unconscious; therefore the question of which level one is referring to becomes important when one tries to diagnose a particular type of femininity (see Chapter Five).

One of the paths open to the girl is that of the masculinity complex. Here the girl continues to refuse to accept that she has no penis, and she either wishes to acquire a penis and become like a man or she denies that she has no penis and believes that she really is a man. Usually, a girl of this type does show some movement beyond the negative Oedipal position. She progresses to the positive position where she is erotically attached to her father and sees her mother as her rival. However, because she feels disappointed in her father or because her relationship with him is disrupted, a regression to the negative Oedipal constellation occurs. Such a regression can occur during latency, puberty or adulthood, in someone who has attained the beginnings of a definitive feminine identity. Guilt concerning incestuous wishes about the father is one factor that can cause the girl to abandon definitive femininity in this way (13). In addition to psychological factors, a "constitutional factor, a greater amount of activity, such as is ordinarily characteristic of a male", is present in women who choose

phallic femininity, and influences their choice (14).

Following regression to or fixation at the masculinity complex, the girl identifies with either the phallic mother or the father (15). She may show overt homosexual object choice, but even if this is not present she retains a great deal of active, masculine energy. She develops masculine character traits, frequently chooses a masculine occupation, and does not develop a wish for a baby (16).

Freud did not specify the nature of the preoedipal and Oedipal relationship with the mother which might result in the development of the masculinity complex (17). In his two case histories of women where the negative Oedipus complex was very prominent, he stated that an early mother fixation was important in the development of the masculinity complex, but he did not explore the patients' relationships with their mothers in any detail and he tended to focus on their relationships with their fathers (18).

A second path that the girl can take results in sexual inhibition or neurosis. This occurs when, following the discovery of the sex difference, an excessive amount of repression and inhibition is instituted. The girl gives up all masturbation and renounces activity in other spheres, and she turns to her father passively wishing for a penis. Freud did not specify the developmental conditions that would be likely to result in this type of resolution.

The third path open to the girl is the winding, complex and circuitous one that culminates in definitive femininity. The girl who embarks on this route shows some inhibition of clitoral activity but not

as much as in the neurotic solution. Her passive sexual impulses increase while her active ones decrease, facilitating her turn to the father. Initially the turn to the father is motivated by a wish to get a penis from him. The positive Oedipus complex begins when the girl substitutes the wish for a baby from her father for the wish for a penis, and her father becomes her love object. Both sexes wish to have a baby during the preoedipal period but this is connected to the attachment to the mother while the girl's wish for a baby from the father is the hallmark of the positive Oedipus complex, the sign that the "little girl has turned into a little woman" (19). In some cases the girl wishes for the baby from her father far more than she wishes to have a relationship with him, showing that the original penis wish remains, but in feminine form. The girl desires a particular kind of baby, a male child who will possess the phallus and embody all her masculine strivings and ambitions.

The definitively feminine girl joyfully enters the positive Oedipus complex, it is the endpoint of a long and difficult development and she sees it as a "haven of refuge" (20). The male fears castration by his father so he represses his erotic attachment to his mother and identifies with his father, and totally destroys his positive Oedipus complex. The girl already feels castrated so she lacks this motive, and never completely demolishes her positive Oedipus complex.

The girl's superego development is affected by the fact that she does not totally shatter her positive Oedipus complex. Her superego is not independent and internalized and she does not behave morally out of

a fear of her conscience and the guilt it induces, as the male does. Her superego is developed as the result of efforts from others to educate her, and their threats of withdrawal of love should she fail to conform. Her main fear is of loss of love and her superego is "never so inexorable, so impersonal, so independent of its emotional origins" as we expect the male's to be (21). She has less concept of justice and morality than the ideal male (22).

It is not clear whether Freud intended his statements about the female's weak superego to apply to women in general or only to the definitively feminine woman. It is, for example, unclear what kind of superego he expected to see in the woman with a masculinity complex, for even if she identified with her father, Freud would expect her superego to differ from his as she was still female and castrated.

While the definitively feminine girl's positive Oedipus complex is never shattered, it does wane and at this point the girl identifies with her mother and rival. This identification intensifies her earlier identification with the preoedipal mother if such an identification occurred. It establishes the girl's femininity. Some girls fight against the identification with their mother because they feel extremely ambivalent to her, and sometimes it is warded off until the birth of their first child causes it to resurface. One would expect the girl who attains definitive femininity to readily identify with her mother and show little ambivalence towards her.

A further development has to occur at adolescence before the girl can really become definitively feminine. A massive wave of repression

is initiated which destroys a large part of the girl's masculine or active sexuality and makes space for her femininity to develop. The hallmark of mature femininity is vaginal dominance which is established during adolescence. Clitoral sexuality continues but the vagina assumes primary importance. Freud did not really offer a psychological explanation of the causes of the repression instituted during adolescence and he seemed to assume that this was biologically determined (23).

The definitively feminine woman shows certain personality traits, some of which are the result of displaced penis envy. Such a woman would show masochism, the enjoyment and sexualization of physical suffering. She would be narcissistic and would make a narcissistic object choice. She would be heterosexual and would feel inferior, jealous, and envious. She would show shame, physical vanity, lessened objectivity and judgement, little interest in anything beyond domestic affairs, and a poor capacity for sublimation. A woman with a masculinity complex would show fewer of these traits as her penis envy is absorbed in the reaction formation of the masculinity complex (24). The issue is not clear with regard to certain traits such as, for example, masochism which can also occur in phallic femininity. The girl may feel guilt about her incestuous wishes to her father, regress to the negative Oedipal position, and show masochistic fantasies of being beaten, which represent punishment for the incestuous wishes (25). Freud distinguished between feminine, erotogenic, and moral masochism (26). It seems that he expected that feminine masochism would always be found in the definitively feminine woman, while the masochism he

described in the phallic woman was of the moral type (27).

The diagnosis of each of the three types of identity the girl can develop is complicated by the fact that a complete Oedipus complex exists in everyone. Both sexes have a positive and a negative Oedipus complex and this results in two identifications being set up in the superego, a mother and a father identification. Different people display different aspects of the complete Oedipus complex depending on their biological allotment of masculinity and femininity. One can see normal positive, complete with positive or negative predominating, and the inverted or negative Oedipus complex (28).

I have now summarized Freud's views on feminine development. The task that Freud set himself was to explain how "a woman develops out of a child with a bisexual disposition" (29). He was interested in psychological, not biological femininity. Despite the fact that Freud wished to offer a psychological explanation of female development, he frequently resorted to biological variables to account for the phenomena he observed. He said, for example, that phallic femininity develops because of a constitutional excess of masculinity and that the wave of repression at adolescence in the definitively feminine girl is instituted by biology. Freud offered virtually no psychological explanations for the girl's choice of one type of identity over another, but instead usually explained it as the result of biology, how strong the currents of masculinity and femininity were in her. He did say that the manner and frequency with which the girl masturbated and the precise attitudes of significant others in her environment to her masturbation

might affect her choice of identity but made no specific predictions. He said, for example, that the prohibition of masturbation might cause one girl to become sexually inhibited while another girl might rebel against the prohibition and develop phallic femininity, but did not specify the factors that would lead to such a difference.

Freud had an evolutionary perspective (30). He assumed that certain aspects of human conduct were necessary for the survival of the species and were therefore biologically programmed into humans. He felt this way about the woman's adult role, he saw the desire to give birth and nurture children as "natural", hence he defined the definitively feminine woman who desired motherhood as normal (31). In my opinion, Freud's views on adult femininity are limited because he felt a woman should mother and failed to offer a detailed psychological explanation of how this tendency comes into being. He also saw certain traits such as feminine masochism and passivity as inevitable correlates of childbearing and therefore viewed these as evolutionarily necessary and "normal". Recently it has been argued (32) that childbearing is not passive, and that it entails the ability to endure pain, not the enjoyment of pain, and hence that the term masochism is a misnomer (33).

My reading of Freud is that he was writing with two contradictory sets of assumptions when he described female development. On the one hand he felt that femininity is psychologically constructed, while on the other he felt that biology demands and produces a particular version of normal adult femininity and all the character traits that are associated with this (34).

Freud's theory of female development, whatever its shortcomings, is replete with insights about feminine psychology. The fact that he delineated two types of femininity within the normal range is important as it allows for a variety of behaviors to be classified as normal (35).

Freud did not address the question of how one might diagnose each of the types of identity he described. He felt that the analyst could identify what type a patient was once they were analyzed. While he wrote about the types as though they were totally distinct at times, in most of his writings he stressed that they were not mutually exclusive, and his case descriptions show how a woman could hold very different attitudes simultaneously. The fact that he saw the identity types as overlapping is a positive one from the point of view of clinical understanding, but it is a disadvantage if we were to try to empirically verify what Freud said, as it makes it difficult to extrapolate diagnostic criteria for each identity type.

Freud's views on female development have been subjected to a great deal of critical scrutiny from both within and outside of psychoanalysis. Some of the critiques of psychoanalysts will be reviewed in later sections.

Before concluding I wish to make a brief comment about Freud's views on therapy. Many of Freud's followers and critics interpreted his statement that "anatomy is destiny" and his characterization of definitive femininity as normal as an indication that he would aim to fit female patients into their "normal" role (36). In my opinion, this represents a misunderstanding of Freud's attitudes to the sexes and the

extent to which he was committed to the notion of bisexuality. He believed that both sexes showed a "repudiation of femininity" which might represent "bedrock" (37) which was based on fears of passivity. He did not see the aim of therapy as that of getting the female patient to accept an inferior feminine role or of limiting her horizons and aspirations. He said that all that the therapist can do is to help the patient to look at her/his attitudes to femininity and thus to change them. In the case of the woman, the therapist can aim to get her to "abandon her wish for a penis on the grounds of it being unrealizable" (38). He was referring to abandoning an unconscious fantasy, not to fitting the woman into a conventional feminine role. I think that this was the spirit in which Freud undertook analyses of women, despite his acceptance of traditional sex-roles in other aspects of his life, and the fact that he encouraged and trained a number of female analysts in the early years of psychoanalysis demonstrates this.

c. Freud's early followers.

In this section the work of Karl Abraham, Marie Bonaparte, Ruth Mack Brunswick, Helene Deutsch, Otto Fenichel, and Jeanne Lampl-de Groot will be discussed (39). These authors all wrote at approximately the same time as Freud. They were not in agreement on all issues but they have been grouped together as they all shared most of Freud's major premises about female development. Their collective position will be briefly summarized and then two areas where they substantially elaborated on Freud's ideas will be discussed.

Their collective position on the normal girl's development was as follows. The girl is bisexual at birth. Her major sexual organ until puberty is the clitoris (40). She feels inferior to the male and envies him his penis (41). Following a period of intense attachment to her mother, the positive Oedipus complex sets in, she feels attached to her father and accepts her castration, becomes more passive and masochistic and wishes for a child from him (42). The latency period begins and the girl abandons masturbation if she has not already done so, due to guilt, frustration, or penis envy. At puberty vaginal responsiveness develops. This is thoroughly activated by the partner following intercourse, on the model of Sleeping Beauty awakened by the prince (43). The adult female may be active in many areas but her essential "feminine core" (44) remains passive, masochistic and narcissistic, and motherhood is the quintessential feminine goal. Her sexuality is less intense and imperative and more "spiritualized" (45) than the male's. Her focus is on internal events and hence her capacity for intuition is greater than the male's, and she also shows more of a tendency towards identification throughout life (46).

Some of this group of analysts substantially elaborated on the nature of the girl's early relationship with her mother. The four female analysts argued that Freud did not sufficiently emphasize the importance of the girl's preoedipal and negative Oedipal attachment to her mother, and stressed the fact that she never fully changes her object or abandons her attachment to her mother (47). The nature of the girl's relationship with her mother, the extent to which she is able to finally feel tender and loving to her and overcome whatever

hostility developed during her Oedipal rivalry with her, is critical in the development of positive attitudes to femininity and a positive identification with the mother (48). During the negative Oedipal period, the girl has intense erotic fantasies about her mother and she can become fixated at this point, impairing normal feminine development. The six analysts disagreed about the content of these fantasies and whether they were phallic, genital, "masculine" fantasies of penetration, or pregenital fantasies of sucking and being suckled (49).

Another area where Freud's views were elaborated was the specification of feminine types. Deutsch and Abraham provided sub-types of Freud's major types. Deutsch described two erotic and one active variant of the definitively feminine woman (50). In all three of these, the early relationship with the mother is particularly positive and they are not envious or competitive towards males as adults. The active type identifies with an active mother (51). Masochism is minimized in the erotic types because it is sublimated and integrated into the personality, while the active feminine woman may show moral masochism. In adulthood the erotic types identify with their male partner and become his helpmate, while the active types often become matriarchs who are more identified with their children (52).

Two types of masculinity complex were described by Abraham (53). In the wish fulfilment type, the girl retains the fantasy that she has or will get a penis, while in the revenge type the girl wants to emasculate the man because he has the penis she longs for. He did not suggest what factors would lead to the development of each type. Deutsch did not propose sub-types of the masculinity complex, but she

did discuss various manifestations of it (54) and emphasized that the female is in almost all cases unconscious of her masculine predilection (55).

None of these analysts saw the masochistic type as a separate type. In fact, Deutsch who wrote most extensively about masochism argued that masochism and definitive femininity had to occur together as the definitively feminine woman is biologically required to curb her activity and aggression and turn it inwards. She would have regarded masochism that was not integrated into this type of character as extreme and an indication of pathology (56).

Many of the comments made about Freud's theory at the end of the previous section apply to these authors as well. What is particularly striking about Deutsch, Bonaparte, and to some extent Brunswick, is the extent to which they utilized biology to explain individual differences between women, and differences between females and males. Women who did not develop definitive femininity were said to possess a greater than normal amount of constitutional masculinity, while constitutional femininity was used to explain why activity and aggression are turned inward after establishment of the positive Oedipus complex. These authors pointed to many important psychological influences on feminine types, including the nature of the relationship with the mother, early experiences concerning masturbation and the content of masturbatory fantasies, but they still retained a strong biological orientation. They also remained within the Freudian model of feminine development which, as we shall see in the next section, was not the case with certain other analysts who were their contemporaries.

d. Freud's early critics.

In this section the views of Karen Horney, Edith Jacobson, Ernest Jones and Melanie Klein will be summarized (57). These four analysts wrote at approximately the same time and shared a model of normal femininity contrary to that of Freud and his early supporters (58). Their description of the development of the normal female, whom Jacobson termed the "vaginal character" (59), and their description of the masculinity complex will be summarized. Jacobson's views on definitive femininity and masochism will then be discussed (60). Finally, an evaluation of their position will be offered.

From birth, the girl is feminine in orientation, receptive and passive. She shows an early primary wish for a baby. Her fundamental fear, analagous to the boy's castration anxiety, is that the inside of her body, her reproductive organs and her capacity to bear healthy children, will be injured (61). Sometime after she is a year old, the girl becomes aware that she has a vagina (62). She experiences vaginal sensations and may masturbate vaginally (63). Normal femininity, the vaginal character, develops when the girl accepts her childbearing capacities and makes an early primary cathexis of the vagina, as distinct from the displacement of a cathexis of the clitoris to the vagina (64). She shows vaginal sexuality and does not show persistent penis envy or a sense of inferiority (65). Instead of feeling like a castrated man, the girl feels her vagina is an organ equal in value to the penis, she feels feminine and feels proud of it.

Normal development occurs when the girl's guilt about her wishes to sieze a man's penis or the contents of her mother's body is not

excessive and she does not have too much anxiety about internal injury (66). It is facilitated if the girl's masturbation is not forbidden and she is offered a "suitable" explanation of sex differences (67) and if her relationship with her father is a positive one. The girl who shows such normal development makes a positive identification with her mother at the end of the Oedipal period, and thereby accepts her anatomy (68). She has the capacity for true object love, does not feel rivalry with men, and shows an "active genital" attitude to her lover (69).

The views of these authors on superego development differed from those of Freud. Jacobson, who wrote on this topic in the most detail, argued that superego development in the normal female is analagous to that of a man, with the counterpart of castration anxiety being fear of injury to the vagina. The girl develops an independent ego ideal with a "maternalphallic" nucleus (70) which can also include part identifications with the father. This is qualitatively different from the masculine superego of men and phallic women (71).

Klein, Jones and Horney assumed that the girl shows heterosexual strivings and turns to her father at a very early age, and that Oedipal fantasies, including fantasies of penetration, occur from the beginning of the second year (72). All girls show an early, preoedipal, transitory penis envy based on the actual superiority of the penis as far as exhibitionistic and masturbatory gratification is concerned (73).

Unlike Freud and his followers and Jacobson, these three analysts believed that phallic stage masculine strivings and penis envy were not an invariable part of feminine development. They saw the masculinity complex, the development of masculine strivings during the phallic

stage, as a secondary defensive phenomenon which develops in those girls where the wish for exclusive possession of the father engenders too much guilt and anxiety (74). It enables the girl to repress her incestuous wish for the father and protect herself from feeling privation and the threat of "aphanasis", the loss of the capacity for sexual enjoyment (75). If the girl has a fantasy that she has a penis, this provides magical protection from the mother's rage, as she then feels her mother would not accuse her of wishing to steal the father's penis from inside her. She can also offer the penis to her mother as a reparation for her destructive wishes to her. When the girl's relationship with her mother is very intense and highly ambivalent she may resort to the masculinity complex. A very intense attachment to the father might lead to it also, as this is more likely to lead to disappointment or guilt. Observations of parental intercourse which lead the girl to see her father as powerful and to be emulated, and favouritism to a brother, are also likely to lead the girl to develop a masculinity complex (76).

Jacobson wrote about the development of masochism in some detail (77). All girls show a preoedipal aggressive wish to seize the male's penis. In cases where the wish to seize the male's penis is very intense, the girl feels so guilty about her aggressive wish that to atone, she renounces her clitoris and stops masturbation (78). She identifies narcissistically with the man and his phallus, and seeks to receive it in intercourse in a way that is analagous to the infant receiving the breast. She feels that the only compensation for her castration is possession of the father's phallus or the father, and

therefore is very afraid of losing the father or the sexual partner who is his substitute, and reacts with pathological intensity when this occurs (79). As an adult she will either be frigid or will show "pseudo genitality" (80) where, although she does not feel her own genital is viable, she achieves orgasm in coitus because she fantasizes that the partner's genital is part of her body. She will have masochistic sexual fantasies. Jacobson did not specify whether she was referring to conscious or unconscious fantasies, nor whether she would expect all women of this type to have them.

The masochistic female projects her superego first onto her father and then onto her mother and fears their censure. Her early introjected "maternal-phallic" (81) superego succumbs to regression. Her superego is archaic rather than weak, and it is repressed or avoided, and occasionally breaks through consciousness in a very harsh, cruel form (82).

Jacobson argued that all women of Freud's definitively feminine type would show some oral, narcissistic and masochistic features, and some superego projection (83). She therefore felt that this was not the healthiest type of feminine identity and argued that the vaginal character is healthier (84). Jacobson did not consider the possibility that some women, perhaps those whose oral aggressive urges to steal the penis are not particularly intense, could simply resign themselves to having no penis, totally substitute vaginal receptivity for oral rapacity, and thus show definitive femininity but escape the type of masochism she described. If one found evidence of such a resolution,

one could postulate two distinct types, the masochistic and the definitively feminine, and try to specify the factors that influence the development of each type.

In summary, these four authors broadened the normal feminine identity types proposed by Freud, as they suggested the addition of the vaginal woman. They all made assumptions about normal female development that differed radically from Freud's. They felt that female and male development proceeds in a parallel fashion, with fear of vaginal injury being the counterpart of castration anxiety, and with each sex making a primary cathexis of their own genitalia. In other words, phallic stage penis envy and the castration complex were seen as only occasional occurrences, usually of secondary, defensive origin. This is radically different from the view of Freud and his followers who saw penis envy as a universal phenomenon, and the girl's struggles with her masculine wishes as a central conflict.

These four analysts' formulation of normal development raises questions on two levels. The first question is whether the girl will be able to value her vagina when she is raised in a society that is patriarchal, where masculinity and the phallus are seen as superior. Jacobson may have had these social factors in mind because she termed the vaginal type a "future female type" (85). She saw it as the exception rather than the rule in current society, while the other three authors felt that healthy vaginal femininity could occur frequently even in patriarchy (86). They offered some suggestions about what factors would facilitate it, but these are insufficiently detailed. One influential factor is the girl's identification with a

healthy vaginal mother, but this begs the questions of the origins of the mother's positive attitudes towards femininity. In my opinion, it is questionable whether a phallogentric society would nurture healthy vaginal women. What is needed is to establish whether this type does occur in patriarchy and, if so, what the conditions are which foster its development (87).

The second question raised by the hypothesis of a parallel in male and female development is whether possession of the vagina would be experienced as equal to possession of the phallus even in a nonpatriarchal society. Pregnancy and childbearing are facilitated by the vagina, but they are future not present realities, while the boy's penis is an immediately available omnipotent organ. This issue was not addressed by these writers (88).

In order to counter what they saw as the masculine bias of Freud's formulation, these analysts tried to show that the sexes were equal and their development parallel and analagous. Ironically, this led some of them to rely even more heavily on biological explanations than Freud (89). Jones, Klein and Horney tended to argue that the sexes were born different, separate but equal, with heterosexuality, passivity and motherliness being inborn feminine characteristics, and they failed to offer psychological descriptions of the development of these tendencies. Some of these analysts (90) did contribute a wealth of detail about the girl's preoedipal fantasies and her relationship with her mother, and the impact of these on identity choices. Various of their ideas about normal development were utilized by many contemporary theorists on female development, as we shall see in the next chapter.

Notes.

1. This account is based on Freud 1905a, 1905b, 1909, 1910, 1914, 1915, 1919, 1920, 1923a, 1923b, 1924a, 1924b, 1925, 1931a, 1931b, 1933, 1937, 1940, 1971.
2. Freud 1931a, p259 (p128 in the original German). The "masculinity complex" is described in Freud 1931a (p251).
3. Later writers described the child's aggressive feelings to the mother during the preoedipal period. Grossman (1976) suggested that the way in which aggression and frustration develop preoedipally affects the way in which the girl reacts when she discovers the sex difference. Negative developments disrupt separation-individuation (see Chapter Three, section d) and the development of the sense of self and "give an archaic narcissistic warp to castration anxiety and penis envy" (p304).
4. Freud seems to have been referring to the development of gender identity here although he did not use this terminology. He was referring to the development of a sense of being female, the girl's feeling that she is a girl, and he seemed to see this as developing in a fairly conflict-free fashion.
5. Freud's idea that there was an absence of vaginal awareness in little girls was much criticized by subsequent theorists as we shall see. Grossman (1976) suggested that Freud meant that even if the little girl discovered the vaginal introitus, she did not yet have the ego equipment necessary to conceptualize the existence of a vagina.
6. Freud, 1933, p120.
7. Freud said in a letter he wrote to Muller-Braunschweig in 1935 (Freud, 1971) that he believed that "narcissistic hurt" is experienced by the girl and that "it is correct that the sight of the penis and its function of urination cannot be the motive, only the trigger of the child's envy." (p329), although no one had stated this. These comments have been interpreted as evidence that Freud knew that something other than awe of the penis causes penis envy (see Grossman, 1976). Freud did not elaborate on these comments or explain them.
8. Freud, 1925, p190.
9. Freud, 1940, pp 97-98.
10. Freud's account of penis envy has frequently been criticized. Most analysts agree that the phenomenon exists but their interpretations of it differ. Schafer (1974) termed Freud's orientation "phallogentric" (p467). He said that Freud assumed that the penis was inherently superior, and therefore did not try to explain why the girl would feel penis envy. Authors such as Greenacre (1964) and Chasseguet-Smirgel (1964) have offered some suggestions about why the girl feels penis envy.

11. Freud, 1933, p121.
12. Freud, 1933, p126.
13. Freud (1919) described this sequence and showed how the women can develop a masculinity complex which has masochistic origins.
14. Freud, 1933, p130.
15. Freud did not contrast these two types of identification or specify their antecedents or implications.
16. Freud did not specify what the fate of the preoedipal wish for a baby was in this type of woman. In the feminine wish for a baby, the wish for the penis is transformed into the wish for the baby. This would not occur in the woman with a masculinity complex.
17. Freud had difficulty penetrating to the preoedipal relationship with the mother in his practice and his theoretical work. He said that the girl's preoedipal relationship with her mother was of fundamental importance in her development but he found it "grey with age and shadowy and almost impossible to revivify" (Freud, 1931a, p254). Schafer (1974) suggested some reasons why Freud found the relationship with the mother so impenetrable.
18. These were the case of a female homosexual patient (Freud, 1920) and the case of Dora (Freud, 1905a). In both cases he tended to focus on material relating to the positive Oedipal period. He explained his homosexual patient's regression to the masculinity complex as the result of her intense disappointment in her father when he gave her mother a son in the patient's sixteenth year. The data given in this case suggests that the girl might have had other motives for masculine identification when her little brother was born. Firstly, she might have wished to be a boy like him because her mother preferred her sons. Secondly, she might have felt such guilt about her competitive feelings to her mother that she chose to abandon the positive Oedipal and retire from the competition in favor of her mother. In the case of Dora, Freud demonstrated that her deepest responses were homosexual; she loved Frau K., an older woman who was her father's mistress. He did not really explore what had led to her fixation at the negative Oedipal position. Freud mentioned repeatedly that no one, including Dora, respected her mother who was not cultivated or clever and who suffered from a "housewife's psychosis" (Freud, 1905a, p28). It may be that one reason why Dora regressed to the masculinity complex was her conflict about identifying with her martyred masochistic mother.
19. Freud, 1925, p195.
20. Freud, 1933, p129.

21. Freud, 1925, p196. Schafer (1974) offered a critique of Freud's ideas on female superego development. Applegarth (1976) suggested that Freud failed to see that, while the content of the female's superego is different from that of the male, its structure is the same.

22. Greenacre (1948, 1950) discussed Freud's views on superego development in girls and made some amendments. She argued that the girl usually feels she has been castrated as a punishment for masturbation. This enhances later guilt feelings. "She has a fund of guilt from which she readily overpays" (Greenacre, 1948, p159), and she tends to feel all encompassing worry and conscientiousness. Blum (1976) suggested that the female superego differs from that of the male but is not less strong. He stressed the important role of a maternal ego ideal in the development of maternal feelings and capacities.

23. Much has been written criticizing Freud's views on vaginal dominance (see for eg., Sherfey, 1966). It is not clear whether Freud was referring to physiological facts or to a psychological attitude that emphasized vaginal genital experience whatever physiological role the clitoris plays in orgasm. Gillespie (1969) suggested that vaginal orgasm be used simply to refer to an orgasm "brought about by thrusting movements in the vaginal barrel" (p497). Sarlin (1963) argued that the transformation from clitoral to vaginal dominance occurs via nipple erogeneity. He said that the nipple is erectile like the clitoris but prototypically feminine, and hence provides the bridge to vaginal sexuality.

24. Freud, 1925.

25. Freud, 1919.

26. Freud, 1924a.

27. Freud did not explicitly suggest that different types of masochism would be found in different types of women. He did suggest that feminine masochism was always found in definitively feminine women. Feminine masochism referred particularly to the capacity to bear the pain of childbirth, to be passive and to be as self-sacrificing as a mother is required to be. Masochism in women was discussed by Deutsch (1944) and Jacobson (1964). The contemporary position on masochism differs from that of Freud (see Blum, 1976; Brenner, 1959; Panel Report, 1956; 1981). A widely accepted current definition of masochism is that it is "the seeking of unpleasure, by which is meant physical or mental pain, discomfort or wretchedness, for the sake of sexual pleasure, with the qualification that either the seeking or the pleasure or both may often be unconscious rather than conscious" (Brenner, 1959, p197). Pain is the condition for pleasure for the masochist but the pain does not necessarily cause the pleasure. Many analysts now argue that masochism occurs in normal people, that masochistic pathology is an exaggerated form of this, and that it can occur in conjunction with a variety of other symptoms. Masochism can stem from Oedipal or preoedipal fixations. It is now widely accepted

that normal women do not show pathological masochism. "Masochism is a caricature of femininity" (Waelder, reported in Panel Report, 1956, p. 536). "An aspect of passive and submissive behavior which is integrated in the normal woman becomes dominant and parasitic" in masochists (Panel Report, 1956, p. 536).

28. Chodorow (1978) argued that the complete Oedipus complex is more typical of girls, and that they can show lifelong oscillations between attachment to the mother and to the father. Boys abandon the negative Oedipus complex early as it entails castration and loss of the penis.

29. Freud, 1933, p116.

30. Schafer (1974) discussed this aspect of Freud's work in some detail.

31. Recent analytic formulations state that motherhood is not a requirement of normal feminine identity, although it might augment it (Panel Report, 1976b).

32. Erikson, 1974.

33. Masochism entails the enjoyment of physical or psychic pain rather than its endurance.

34. Juliet Mitchell (1975) offered a rather different reading of Freud (See also Galen, 1979). Mitchell argued that Freud's theory of female development is the most radical theory available to date. She argued that all societies have been patriarchal and dominated by the fathers and women have been used as exchange objects. She suggested that Freud's theory offers the best available description of how patriarchy is reproduced in each generation's unconscious, leading both sexes to value what is masculine and to "desire to take the father's place and be the phallus for the mother" (Mitchell, 1975, p405). She felt that Freud's evolutionary or biological statements were extraneous to his theory and that his theory could be read as an account of how the two sexes are socially constructed out of the same bisexual foundation.

35. This did not stop many later analysts from classifying phallic femininity as abnormal.

36. The quote about anatomy as destiny appeared in Freud, 1924b, p274.

37. Freud, 1937, p357. Grossman (1976) suggested that Freud was wrong to argue that this applied to all women. He felt it applied only to women who were fixated at an early narcissistic stage where absence of the penis was seen as a profound narcissistic injury. Grossman and Stewart (1976) described some such patients.

38. Freud, 1937, p356.

39. In this section, I utilized Abraham (1920); Bonaparte (1953); Brunswick (1940); Deutsch (1925, 1930, 1932, 1944); Fenichel (1930, 1934); and Lampl-de Groot (1927). A contemporary author who expressed a similar degree of agreement with Freud's views is Nagera (1975).

40. Some of these analysts said no vaginal sensations are experienced prior to puberty while other said they are experienced, but masturbation and the focus of sexuality is clitoral.

41. Two of the authors saw penis envy as a secondary formation, although both of them said that the female feels inferior from the outset. Deutsch argued that the girl's clitoris is biologically inadequate and cannot provide her with adequate tension release so she feels it is inferior. She only discovers the penis later and decides this would provide the release. Lampl-de Groot argued that the girl feels penis envy for the first time following the development of her Oedipal wish to penetrate the mother. She then realizes how small her clitoris is in comparison to the boy's penis and feels he will be better able to satisfy the mother, and envies him.

42. Deutsch wrote most extensively about feminine masochism. Many of her ideas were reiterated by Bonaparte. She argued that the girl is initially active and aggressive like the boy. Following the castration complex biological pressures ensure that this activity and aggression are inhibited and turned against the self and the girl becomes masochistic. Females are more masochistic than males. The more intense the original aggression, the more intense will be her guilt and her masochism. She may then try to defend against femininity and the masochistic surrender associated with it by using masculinity or frigidity. The normal woman's masochism is not this intense, nor does she show moral masochism, that is, a voluptuous enjoyment of guilt feelings. Her masochism is integrated and sublimated and enables her to accept the pain involved in menstruation, defloration and childbirth. This defines "feminine" masochism according to Deutsch. Contemporary views on feminine masochism are different from Deutsch's ideas (see note 27 of this chapter).

43. Bonaparte said that it is preferable that the girl never experience a clitoral orgasm prior to latency as this can lead to clitoral fixation. If she does not have a clitoral orgasm, she enters latency having no memories of an adequate sexual experience. Bonaparte (1953) outlined what occurs later as follows: "Thereupon, like Sleeping Beauty, pierced in the hand - the hand of guilty masturbation - by the mother's phallic distaff, the preformed libidinal organization of the little girl will sink into slumber until such time as the husband's advent through the briars of the hymeneal forest awakes her from sleep. Such would be the ideal development of our girls" (p56).

44. Deutsch, 1944, Vol. 1, p. 281.

45. Deutsch, 1944, Vol. 1, p. 186.

46. It was Deutsch who discussed the female's capacity for intuition. This she defined as "an unconscious process through which the subjective experience of another person is made one's own by association and thus is immediately understood" because it is "re-experienced," "felt as one's own" (Deutsch, 1944, Vol. 1, p. 136). Women have more of a potential for intuition because they are focused on their inner world while men focus on action in the external world. Women may block their capacity for intuition for masochistic reasons or because they wish to be hyper-masculine. Intuition is "the source of woman's genius" and is necessary for her creativity (Deutsch, 1944, Vol. 1, p. 142).

47. Lampl-de Groot argued that male analysts failed to penetrate the negative Oedipal material as it was difficult for their patients and them to go beyond the father transference. It is interesting that it was the four female analysts in this group who discussed the early relationship with the mother while none of the males did, suggesting that the women did get to this level with their patients more easily.

48. Deutsch and Bonaparte particularly stressed the critical role of positive identification with the mother in normal feminine development. Deutsch said that all three of her healthy feminine types were characterized by a very positive relationship to the mother and hence showed minimal masochism and penis envy.

49. Lampl-de Groot argued that a full-fledged negative Oedipus Complex occurs where the girl has fantasies of penetrating the mother. Fenichel, her main critic, argued that a fully developed negative Oedipus Complex is very rare. He said that the sexual fantasies accompanying the little girl's clitoral masturbation are receptive and passive rather than active, and that the girl wishes to give and receive oral gratification from her mother. Deutsch inclined toward Fenichel's position. She argued that homosexual women's fantasies and actions are of alternating playing the mother and child, suckling and being suckled.

50. Deutsch, 1944, Vol. 1.

51. Deutsch saw the active mother as feminine in orientation and as different from the phallic mother.

52. Deutsch suggested various factors that would influence which type would develop, although she did not really suggest how the development of her two erotic types would differ. In both erotic types, the original passive attachment to the mother is maintained but the positive Oedipal relationship develops also. In the active type, there is a period of Oedipal rivalry with the mother, but this is totally overcome. Cultural mores also play a part, the erotic types being more common in Latin American and Mediterranean countries, while the active feminine type abounds in Calvinist countries.

53. Abraham, 1920.

54. See Deutsch, Vol. 1, Chapter Eight.

55. Greenacre (1950) who wrote later than those authors but who, like them, basically agreed with much of Freud's position on femininity, said that the masculinity complex is enhanced when the girl observes the boy urinating or masturbating when she is masturbating clitorally and when a younger male which is born when she is in the throes of the Oedipal period and disappointed at her lack of ability to give the father a child.

56. The kind of masochism shown by the definitively feminine woman Deutsch, following Freud, termed "feminine masochism." She was here referring to the female's capacity to bear the pain involved in menstruation, defloration, childbirth and nursing an infant. She did not mention the necessity for the female to enjoy these pains; she should merely bear with them. It is therefore not clear whether this capacity should then be termed masochism, which entails enjoyment of pain (Erikson, 1974).

57. This section was based on Horney 1924, 1926, 1926-27, 1932, 1933, 1935; Jacobson, 1950, 1964, 1968, 1976; Jones, 1927, 1933, 1935; and Klein, 1928, 1975. (Some contemporary authors who have commented on the views of these authors and Freud are Calogeras and Schupper (1972) and Fliegel (1973).

58. Jacobson proposed a three-fold feminine typology in an article that was originally published in German in 1937. The writings on femininity of the other three analysts appeared between 1920 and 1940. Klein, Jones and Horney offered similar descriptions of normal female development although Horney's explanations of what motivated development were different from those of the other two authors. Jacobson's ideas of the development of the sexes were closer to classical Freudian notions than those of the other three, but she has been included in this section because she shared certain assumptions about normal femininity with them.

59. Jacobson, 1976, p. 537. Jacobson described three feminine types: the vaginal character; the phallic woman; and the oral, narcissistic and masochistic woman. This paper appeared in German in 1937, but was first published in English in 1976.

60. Jacobson argued that her oral masochistic type overlapped with Freud's definitively feminine type, hence I have included a detailed description and evaluation of her comments on this type.

61. Klein (1928) said that this fear is particularly acute because the girl's sexual organs are mainly inside her body where she cannot check them to make sure they are still intact.

62. Greenacre (1948, 1950) also believed that awareness of the vagina could occur this early in development. She argued that this is facilitated if the infant is overstimulated thus prematurely opening up new paths for energy discharge such as the vagina. If the little girl is toilet-trained early or receives repeated enemas or other anal stimulation, this may also cause stimulation of the vagina, and enhance awareness of it. The mouth and the vagina are often equated at this stage of development.

63. Jacobson (1976) said that following their discovery of the sex difference during the preoedipal period, all girls fantasize that they have an "internal genital," an "inner invisible penis" hidden inside their body (p528). This fantasy has a positive influence on development when it stimulates the girl to explore her body and thus discover her vagina and vaginal masturbation. Once this occurs, the inner penis fantasy passes. Jacobson did not state whether it lives on in the unconscious.

64. Jacobson said that the girl experiences feelings of castration and penis envy during the phallic stage after she discovers the sex difference. In this she differed from Klein, Jones, and Horney. Like these three authors, she argued that the discovery of the vagina bolsters the girl's self-esteem as she feels that she has an organ as valuable as the penis. Jacobson said that the girl stops feeling penis envy when she cathects the vagina directly. She fantasizes about the erotic and orgasmic potential of her uterus and vagina. She longs for a child who represents her inner genital rather than the male phallus.

65. These authors stressed the importance of the vagina in early development and Freud stressed the importance of the clitoris. An alternative approach was offered by Greenacre (1950) who said both zones are important preoedipally and Oedipally, and described different possible combinations and emphases.

66. Different analysts discussed different guilt-producing fantasies. I will outline those of Klein and Jacobson here briefly. Klein (1928) argued that the girl develops an exchange model of sexuality where she believes that the mother incorporates the phallus during intercourse, while the father incorporates the breast. She feels that her mother's body is the source of all that is valuable, "the scene of all sexual processes and developments," and that it contains "the father's penis, babies and future siblings" (p204). She longs to destroy and devour her mother and seize these. Her destructive wishes make her feel anxious and guilty, and she fears that her mother will retaliate by destroying her capacity for motherhood and her feminine internal organs. Her guilt may affect her valuation of the feminine role, and lead her to repress her initial pride in her capacity for motherhood.

Jacobson (1976) argued that the girl has to overcome her oral aggressive wish to seize the man's penis. The more intense the wish, the more guilt she will feel, and the more she will renounce her sexuality in an attempt at reparation, and become masochistic.

67. Jacobson, 1976, p532. She did not elaborate on what she meant by a "suitable" explanation. It would presumably be one where the person offering the explanation to the girl believes consciously and unconsciously in the value of femininity. In such a situation, according to Jacobson's formulation, the girl would feel that her anatomy and childbearing capacities were equal in value to the boy's penis.

68. Jacobson (1964) said that, in cases where the girl's relationship with her mother is hostile or overly ambivalent, positive identification is not possible. Klein (1928) said that if the girl's attitude toward her mother is primarily positive, then she can see her mother as good and her vagina as pleasure-giving, and identify with this image. Normally, the girl's negative attitudes toward her mother are transformed during the Oedipal period when she identifies with her mother's devoted kindness, and develops a maternal superego based on a "bountiful mother ideal" (p. 212).

69. Jacobson, 1976, p. 532. She did not elaborate on the "active genital" orientation or state how to identify it.

70. Jacobson, 1976, p. 533. The "maternal-phallic" superego develops during the preoedipal period. The ego ideal of the little girl is to become neat, clean and without sexual or aggressive urges. She formulates this in order to assuage her guilt regarding her aggressive feelings to her mother and her wishes to seize the penis from her. Klein (1928) also described a primitive maternal superego, but she stressed the oral nature of the normal female superego and the girl's passive subjugation to the superego more than Jacobson.

71. Jacobson (1976) did not specify the differences one would find between the normal feminine superego and the masculine superego.

72. Klein (1928) said that the girl turns to the father because she is angry with her mother for depriving her of the breast. Also, Klein, like Deutsch, believed that masturbation does not provide a full resolution of excitation for the girl as it does for the boy, and felt this increases her need for, and fantasies of, genital satisfaction.

73. Jacobson (1964; 1976) also expected to see an early manifestation of penis envy, but her explanation of this was similar to Freud's. She also predicted a longer preoedipal exclusive attachment to the mother than the other three analysts.

74. Jacobson (1976) believed that phallic level penis envy and the masculinity complex were an inevitable part of female development, but she also believed that the masculinity complex was less strong in situations where the girl had already made a primary vaginal cathexis.

75. Jones, 1927, p440. He said that the girl will flee from the feminine Oedipal position to the masculinity complex to avoid feeling

privation at the fact that her sexual wishes regarding her father are not granted. Horney said something similar, that the girl reverts to the masculinity complex out of her disappointment at her father who frustrated her Oedipal wishes as well as out of guilt at her competitive feelings toward her mother. Klein said the reason for flight into masculinity is the girl's guilt regarding her aggressive hostile wishes to steal the contents of the mother's body.

76. Horney, 1926-27.

77. Jacobson, 1976. Horney and Klein also discussed masochism, although not in the detail that Jacobson did. Neither of them saw it as an inborn female trait but their positions were not the same as Jacobson's.

78. Jacobson did not explain what would cause the intensity of the wish for the penis to vary in different females.

79. According to Jacobson (1976), the vaginal character or normal woman feels that possession of the vagina is a total compensation for her lack of a penis.

80. Jacobson, 1976, p531.

81. Jacobson, 1976, p533 (See note 70).

82. Jacobson's ideas about the female superego differed from those of Freud. He felt that the woman's morality was unstable and saw this as a sign of a weak superego. Jacobson saw the female superego as archaic, harsh, and defended against. In order to investigate the relative merits of these two characterizations, one would need a means of defining and measuring these concepts and this is not provided by either of the authors. Schafer (1974) offered a description of the development of the female superego that is somewhat similar to Jacobson's. Klein also argued that the female superego is not weak, but she said it is particularly sadistic and harsh.

83. In my opinion, Jacobson was describing a different type of masochism than the "feminine" masochism described by Freud and Deutsch. These latter authors argued that the definitively feminine woman shows "feminine" masochism, which is a biologically induced phenomenon having to do with the capacity to bear pain. What Jacobson (1976) described is a type of masochism that develops as a defense against the girl's guilt about her aggressive wishes. This resembles what Freud and Deutsch call "moral" masochism. They said that the presence of this is an indication of pathology whereas the presence of feminine masochism is not. Jacobson was thus saying something different than Freud and Deutsch; she was asserting that women who show definitive femininity show pathological masochism. (See Note 27.)

84. Jacobson did not offer clear criteria for the diagnosis of her phallic, vaginal and oral masochistic types. One critical difference between the oral masochistic and the vaginal types is whether the vagina is cathected directly or via displacement of oral strivings, but this would be difficult to assess, particularly without recourse to the data from a complete psychoanalysis.

85. Jacobson, 1976, p537. She said this type developed via the phallic woman and was still a rarity.

86. Horney (1926) specifically discussed the male bias in society. She felt that this made the development of healthy femininity more difficult, but that it was still possible.

87. The diagnosis of this type presents problems as noted above.

88. Greenacre (1953) discussed the awe and envy the penis inspires in the girl because of its omnipotent qualities.

89. This remark does not really apply to Jacobson. Mitchell (1975) provided a critique of the biological orientation of Jones, Klein and Horney.

90. Horney, who focused almost exclusively on the girl's relationship with her father, was the exception.

CHAPTER THREE
CURRENT THEORIES OF FEMALE DEVELOPMENT

a. Introduction.

Contemporary psychoanalytic writings on female development will be reviewed in this chapter. They have been grouped into nine topics or themes. Most of the authors reviewed did not specifically describe types of feminine identity. Some argued that one normal healthy vaginal type of feminine identity exists; some implicitly accepted existing typologies; and others did not address the issue of types. Many of the theorists attempted to identify the particular developmental variables which influenced the ways in which different girls viewed themselves and their femininity. I will concentrate on this aspect of the material as it is relevant to the question of the genetic determinants of different feminine types. In the concluding section of the chapter, I will itemize the aspects of the contemporary literature that are of direct relevance to the topic of feminine identity types.

b. Biological data.

A great deal more is known about biological aspects of masculinity and femininity than was known when Freud was alive. There is not necessarily a one-to-one correspondence between psychological femininity, which has to do with the fantasies that the woman develops about her gender, and biological femininity. It is nonetheless helpful to be familiar with current biological findings.

A large number of studies of sex differences have been done (1). Few consistent sex differences have been documented on psychological variables (2), but four have been unequivocally demonstrated: females excel in verbal ability while males are superior in mathematical and spatial ability, and males are more aggressive (3).

Research on prenatal development showed that the basic biological template is female, "Nature's premise is to make a female" (4). Genetic sex is determined at fertilization and is based on the embryo's sex chromosomes. During fetal development, hormonal and morphological differentiation occurs, leading to the development of ovaries or testes. If testosterone is not produced during a critical period in prenatal development, the child will develop female sex organs irrespective of the chromosomal sex (5). Some authors have used these facts to argue that Freud was wrong to say that the girl's clitoris is an atrophied penis and the feminine anatomy inferior (6).

Constitutional bisexuality has not been shown to exist to the degree that Freud postulated (7). Both sexes are capable of manifesting a wide range of behaviors and feelings, depending on their socialization and other experiences. Children of both sexes identify with father early on in their development and are hence potentially psychologically bisexual (8).

Much more is now known about sexuality. Libido in both sexes is related to androgen levels (9). There is no evidence of a biologically based transfer of sensitivity from the clitoris to the vagina; the clitoris is the executive organ of female sexual responsivity at all times (10), although the woman's experience of

sexual pleasure can intensify with vaginal involvement (11).

"Core gender identity" (12), the person's sense of themselves as a male or a female, has been shown to begin at about 18 months and to be firmly established by the age 2 1/2 or 3 years, and social factors are important in its development (13). If a child is labeled female at birth and treated as such, she can establish a feminine gender identity irrespective of her chromosomal sex (14), although her style of femininity may differ slightly from that of a "normal" woman (15). Some of the forces that shape gender identity are labeling, socialization (16), imitation (17), actively searching out sex-appropriate behavior (18), and identification (19). The writers who have shown how influential social factors are in gender identity development have not minimized the impact of bodily sensations, but they have argued that social pressures are so strong that a person can develop a sense of being female even in the absence of feminine anatomy.

The biological data shows that while biological factors usually contribute to the development of femininity, it can develop in the absence of these. Some of the psychological influences on feminine development will be discussed in the sections that follow.

c. Primary femininity.

The concept of primary femininity has been utilized by a number of writers (20). They approached it in various ways, but what they had in common is the idea that the girl feels feminine very early on in her development, and that she feels positive and unambivalent about

feminine type, and that biological variables have much to do with her development. Freud's ideas about the masculine nature of the girl's development up to the Oedipal period, her fundamental deficit in self-esteem owing to her castration, and the decisive role of penis envy in the development of maternal wishes are all criticized by these primary femininity adherents (22).

The initial early sense of femininity is ascribed by some authors to the girl's experience of bodily, including vaginal, sensations. Greenacre suggested that bizonal development is typical in girls (23). While clitoral sensations usually develop earlier than vaginal sensations, this is by no means always the case, and different sequences of clitoral and vaginal sensations occur in different girls. Erikson stated that the central formative experience in the girl's life is her experience of her "productive inner-bodily space" (24) and that penis envy develops later than this. The girl experiences internal sensations, observes evidence of this space in pregnant women, and develops a positive sense of herself as someone with a "vital inner potential" (25). She actively chooses feminine pursuits and develops the capacity to tolerate pain (26). She shows a spatial mode that differs from that of the male (27) and develops personality characteristics such as inception, holding on, holding in, and actively including, as well as the capacity for empathy and nurturance. The inner space can have negative effects, and cause the girl to feel intensely lonely and empty and to fear being abandoned (28). Attempts to investigate Erikson's ideas empirically have been undertaken (29).

Kestenberg (30) postulated an "inner-genital" (31) phase of development when maternal feelings are generated. This occurs at about age 3 between the urethral and phallic phases. From very early on, the girl experiences diffuse tension and pressure radiating from the vagina, which is uncomfortable and unresolvable (32). She identifies the internal pressure with having a baby inside her and externalizes the vaginal impulses in this way (33). Part of the reason why maternal feelings develop is that vaginal impulses and fantasies embodied in the idea of the baby can then be sublimated into maternal attitudes (34). The inner-genital phase ends in disappointment as the girl fails to obtain release of the vaginal tension and she becomes more realistic in her perceptions and is forced to admit that she does not have a real baby inside her. She denies her "creative inside" (35) and projects her vaginal feelings onto the clitoris (36). The inner-genital issues are replayed during adolescence and pregnancy (37). The factors that would interfere with this phase and the development of maternal feelings were not specified (38).

Other authors also argued that the girl is aware of the vagina and then denies this knowledge. Fraiberg (39) described girls who masturbated vaginally at a very early age and experienced a peak of excitement which involved the vagina during the Oedipal period, which frightened them and led to genital and particularly vaginal anesthesia (40). Barnett (41) suggested that the girl denies her vagina as it causes her anxiety because it is a cavity that she cannot fill and to which she cannot actively prevent access.

A sense of primary femininity may develop in girls in the absence of internal or external feminine genitalia. It may also develop in male transsexuals (42). Studies of these cases demonstrated the critical importance of the early mother-infant symbiosis and primitive identifications with the mother, in the development of primary femininity. This data was not wholly accounted for by the theories about primary femininity that saw its roots in factors related to feminine body image and sensations (43).

Many of the authors reviewed in this section implicitly or explicitly accepted a model of femininity where there is one healthy feminine type which is similar to the vaginal type proposed by Jacobson. This type of woman shows a positive sense of herself as feminine, an early awareness of her vagina, and a primary wish for a child. A problem with many of these formulations is that they are too simplistic. Even if the girl does initially view her femininity positively, the persistence of this attitude will depend upon a number of factors and this is not something which many of these writers addressed. Some relevant influences are the timing of the girl's discovery of the sex difference and the construction that she and others in her environment put upon it; the quality of her relationship and identifications with her mother and the nature of her relationship with her father. It does seem to be true that the girl's gender-identity development is influenced by her physical sensations and body image. All girls may initially have a sense of themselves and their bodies which is entirely positive (44).

In order to understand the genetic determinants of different feminine identity types, it would be helpful to have information about the vicissitudes of early positive feelings of being feminine and the influence on the choice of identity.

d. The preoedipal discovery of the sex difference

The observational research on very young children that Galenson and Roiphe and Mahler (45) have undertaken showed that all the girls experienced penis envy in the preoedipal period. This has been interpreted by some analysts as evidence that a primary positive attitude to femininity does not exist and that girls acknowledge the biological superiority of the phallus very early.

Galenson and Roiphe's work suggested that children discover the sex difference earlier than Freud thought. They did longitudinal observations of 70 children during the second year of life and argued that an "early genital phase" occurs in all children between 15 and 24 months of life (46). It is characterized by masturbation and curiosity about sex differences and is initiated because the maturation of bowel and bladder functions leads to an increase in endogenous genital stimulation. These sensations lead the child to form a "primary schematization of the genital outline of the body" (47) and contribute to the developing sense of self. The child is still focussed dyadic relationship with the mother during this phase and it is free of "Oedipal resonance" (48).

Sex differences were found in the early genital phase and even before it (49). Boys discovered the penis between the seventh and

tenth month while the girls discovered the clitoris and vagina some months later. Masturbation emerged in both sexes at about 15 or 16 months (50) but was more frequent and persistent in boys (51). By the time the "early genital phase" began, the sexes had very different body images built up from bodily sensations and maternal handling (52).

Both sexes discovered the anatomical difference between the sexes between about 14 and 22 months and their reactions were completely different and affected subsequent mood, personality and cognitive style. Only three of the 35 boys showed castration reactions whereas all the girls showed a "definitive and important reaction" and eight developed "extensive castration reactions" (53). The boys denied the sex difference, rapidly identified with the father and showed motor activity of a phallic type. When their denial broke down, they regressed, developed intensified or additional ties to transitional objects and anxiety over separation and anal loss. The girls reacted with the fantasy that they were castrated (54), penis envy, and a sense of loss of varying degrees of intensity, depending on their prior experiences (55). Many of them showed mood changes in the direction of quietness, sadness or depression (56), abandoned manual masturbation and regressed to some degree.

The discovery of the sex difference appeared to stimulate ego development in the girls more than in the boys, their symbolic play and inner fantasy life burgeoned, they attempted graphic representation using crayons and pencils and their range of defenses was broadened. The boys' ego development was restricted by their use of denial and their intense tendency toward action (57). Both sexes

turned to the father following their discovery: The boys identified with him while the girls showed an erotic attitude toward him (58).

A particular pattern of factors were observed in the girls who had severe castration reactions. There was not a turn to the father; instead the girl's "hostile dependence" (59) on her mother increased and she showed intensified ambivalence toward the mother. In these cases, an Oedipal situation where the mother was the primary love object towards whom the girl felt intense ambivalence frequently ensued. This intensified clinging to the mother developed more often in situations where the earlier relationship with the mother was poor, the girl had had physical difficulties in her first year, or a sibling was born before she was 18 months old (60).

Mahler and her co-workers (61) also investigated development during the second year. They found that girls have more difficulty negotiating the rapprochement subphase (62) which lasts from 15 months to 24 months or later. Girls frequently had exaggerated depressive reactions during rapprochement which gave rise to depression as the basic characterological affect (63). Mahler explained this difficulty with reference to the girl's reaction when she discovers the sex difference. Mahler suggested that she feels castrated and narcissistically wounded and covets the penis (64). She blames the mother for her lack of the penis and feels angry with her and this increase in hostility makes it more difficult for her to separate from the mother (65). The little girls they studied tended to "turn back

to the mother, to blame her, to demand from her, to be disappointed in her, and still to be ambivalently tied to her" (66), behaving as if the mother owed them some recompense. The little boy's attempts at separation solidified his gender identity as he turned to his father and had a solid same-sex model but this route was not available to the girls (67).

Even if the mother has viewed her girl-child as perfect up to this point in the rapprochement subphase, she may react to the girl's sudden intense feelings of "imperfection" (68) and unconsciously see her daughter in this way also. She might then withdraw narcissistic supplies from her daughter at a time when her daughter's sense of self-esteem is depleted by her discovery that she is separate, unable to be omnipotent, and also castrated (69).

As we shall see in the next section, other analysts argued that the increased anger, depression and ambivalence observed in girls during the rapprochement subphase is not the result of their envy of the penis per se, and that this conceals other material (70).

The work of Galenson, Roiphe and Mahler suggests that the preoedipal discovery of the sex difference, and the impact of this on the mother-child relationship, would have an important influence on the type of feminine identity the child develops.

It seems possible to combine some of the ideas of the primary femininity adherents with the data on the preoedipal discovery of the sex difference. One could argue that the girl develops a positive sense of her femininity prior to her discovery of the sex difference

which modulates her response to the sex difference. Another possibility is that there are two phases of penis envy (71). This first preoedipal phase does not have negative effects on most girls' development because of the influence of other factors such as their sense of their femininity. The fundamental issue remains the meaning of the penis envy and this is addressed in the next section.

e. Penis envy

Many of the recent writers on penis envy have offered an interpretation of this which differs from the classical one. It has been suggested that the female's penis envy should be seen as a metaphor (72) rather than as envy of the organ, and that an attempt should be made to understand what is actually envied and why (73). As we shall see, a variety of meanings have been proposed. It is argued that the extent of the penis envy and the damage it inflicts on the female's personality will be very variable (74).

A reality-based cause of penis envy was suggested by some writers (75). They argued that the mother does not cathect her daughter in the same way and to the same extent that she cathects her son, and this lowers the girl's self-esteem and makes her prone to envy and to narcissistic vulnerability (76).

Issues related to separation during the preoedipal period might be masked by penis envy (77). Separation is a major conflict for the preoedipal child who sees the mother as omnipotent and all-powerful. Both sexes wish to become autonomous and escape the mother. The girl

envies the boy because he is able to move away from the mother as he feels his possession of the penis to be one point where he is superior to her (78). She has no similar advantage over the mother (79). Her penis envy is the "symbolic expression" of her desire to become a "complete autonomous woman" (80), and it will be particularly intense where the mother is very dominating and controlling.

Penis envy may conceal masturbatory or anal conflicts (81). A girl with a severe controlling anal mother might feel intense conflict about masturbation and experiencing orgasm, as this symbolizes achieving autonomy and wresting control of her bodily functions from her mother. She might idealize the penis and believe that its possession would enable her to achieve genital maturity (82).

Penis envy may have other meanings. The penis may be seen as what is needed to effectively compete with other siblings and the father for the mother (83). It may be viewed as a means of insuring alternating between uniting and separating from mother without damage to either person (84).

Women who fear penetration may utilize penis envy as a defense against this (85). Women who failed to really change their object and who transferred all their feelings for the mother onto the male (86) may use penis envy as a defense against intercourse which is experienced as sadistically-toned penetration and intrusion by the maternal anal phallus (87).

Some authors have suggested differentiating between a preoedipal and an Oedipal phase of penis envy (88). In the first phase, the girl

experiences her lack as a narcissistic injury, but her feelings of injury can be resolved under "optimal conditions" (89). If it is not resolved, or if she has already begun to develop a narcissistic character disorder, then the girl experiences her lack of a penis as one of her many defects or failings (90). A later phase of penis envy occurs during the Oedipal period where it is part of the girl's attempt to use regression to avoid Oedipal conflicts. This type of penis envy is usually unconscious (91).

The research reviewed in this section suggests that if one were to invoke penis envy as a cause of one or other type of feminine identity, one would have to be very precise about what was envied and why, and when the envy began.

f. "Feminine" personality traits

Many modern writers agree that certain personality traits are found more frequently in females than in males. The "feminine" traits include receptivity (92), the capacity for empathy, a rich fantasy life and intense concern with personal relationships and the opinions of others. Females are described as showing a concern with "being" while males are interested in "doing" (93). In this section, I will contrast the explanations of the development of these traits that were offered by Greenacre and Chodorow (94).

Greenacre (95) stressed the role of the girl's anatomy and her particular Oedipal situation in the development of feminine traits. The female's body build and structure prepares her for "conservation and endurance" (96) while that of the boy prepares him for vigorous

activity in the external world. The boy's genitals are external, manipulable and easy to investigate in contrast to the girl's, and this leads him to focus from latency onwards on activity, experimentation, reality testing and "precise externalization" (97). The girl's uncertainty about the precise nature of her anatomy leads her to be less realistic, less concerned with manipulation of the real world, and more focussed on romantic fantasies about people.

These trends are exacerbated by the girl's Oedipal constellation. Firstly, her continued dependence on her mother even after she becomes the Oedipal rival means that the girl develops a tendency to be diplomatic and tactful, and to mold herself into the world rather than acting on it. Secondly, at the end of the Oedipal period, she has to take the possibility that she can one day have a child "on faith" (98) and defer her sexuality on the basis of this, while the boy has evidence of his adult function in the possession of the penis (99). This difference contributes to the development of a rich fantasy life in the girl as well as ideals and ambitions which are not markedly realistic. In some cases, feminine traits do not develop smoothly; instead the girl develops a bisexual conflict and feels both feminine and masculine (100). This type of conflict can occur more frequently in unusually gifted women and can interfere with both feminine identity and the exercise of creativity (101).

Chodorow (102) stressed the role that the girl's object relations play in the development of feminine personality traits and gave minimal explanatory weight to anatomical factors (103). She said that girls have particular preoedipal and Oedipal difficulties because they

are mothered exclusively by women, and this generates certain personality characteristics and needs. Mothers have more difficulty seeing their little girls as separate from them and this leads to an extended period of symbiosis and "primary identification" (104). The daughters experience themselves as less differentiated and individuated from the world, and much more dependent on and defined by it. They also have a more intense need for "primary relationships" (105).

Girls remain in the preoedipal period longer than boys and even when they enter the Oedipal period, their attachment to the mother persists and the tie to the father is secondary and less important. This leads them to develop more "permeable" ego boundaries than boys (106) and to be more comfortable with regression to preoedipal modes and hence more empathic. They may oscillate through life between their attachment to the mother and the father (107). The positive Oedipal attachment is more persistent and less repressed than that of the boy which leads the girl to show a richer fantasy life and a superego that is more open to external influence (108).

The fact that they maintained both parental attachments as children leads girls to have an unconscious need to create such a triangle in adulthood. They see a relationship with a man as insufficient and need to have a child and create a triangle (109). Females' ideas about mothering are based on their expectations of their mothers. They demand the same level of selflessness and self-sacrifice from themselves as they demanded from their mothers.

The function of mothering reproduces itself. It is done only by women, hence the correct configuration of needs, wishes and qualities occurs only in females, their daughters (110).

Greenacre stressed the role of anatomical influences on femininity while Chodorow focussed on the role of object relations, but their views need not be mutually exclusive. Neither of these two authors specifically concentrated on the development of different types of women (111). They were more interested in what differentiates women from men. The variables they each identified could be influential in the development of different types of feminine identity. For example, the nature and degree of bisexual conflict would affect whether the woman showed definitive femininity or phallic femininity; and the extent of primary identification between a mother and daughter could affect the degree of healthy vaginal femininity manifested by the girl (112).

g. Postoedipal female development.

Recently, certain writers have suggested that femininity is influenced by various post-Oedipal experiences.

Many authors (113) have argued that adolescence is an important phase for the consolidation of femininity as well as identity (114). Blos said that particular demands are placed on the adolescent girl as her Oedipal situation is less clearly resolved at the end of the Oedipal phase than the boy's (115). Her primary task, and one which is usually accomplished during pre-adolescence, is the repression of pregenital sexuality and the severance of her tie to the preoedipal

mother. She then moves into an early adolescent bisexual phase where the issue of her masculinity or femininity is the focus. Adolescence itself is initiated by the beginning of menstruation. During adolescence, the girl's heterosexual Oedipal wishes emerge and she gradually relinquishes her parents as sexual objects and begins to feel more feminine. The girl is able to give up her dependence on the mother and identify with her as the "reproductive prototype" (116) provided that her earlier identifications with the mother were not hostile, and there was not intense penis envy or preoedipal fixations due to frustration or overstimulation. Maternal feelings and the wish for a child emerge at this time. Some girls rush into heterosexual relationships too early as a defense against the wish to regress to the homosexual tie to the preoedipal mother, and this leads to an impoverished identity and insufficient personality differentiation (117).

Some writers (118) have suggested that femininity is only consolidated in a final form following motherhood as this experience enables the woman to integrate and work through conflicts related to femininity. It has been pointed out (119) that the importance of latency in the development of feminine identity has been ignored, and that this can be an important time for the development of nurturant behaviors.

The work on postoedipal female development suggests certain diagnostic issues that would arise in formulating a typology of feminine identity. If certain marker events in the woman's life (such as adolescence or more particularly, maternity) have the potential for exerting a profound influence on her identity, then diagnosis of

her type might lack reliability and stability. For example, diagnosis of someone before and after she had become a mother could alter. What is needed is much more specific developmental data regarding whether, in what fashion, and under what conditions, these occurrences do lead to qualitative identity changes (120).

h. Additional types.

Contemporary theorists have made few additions to the types proposed by Freud and Jacobson. As we have seen, Freud proposed two normal types, the definitively feminine woman and the phallic woman. Jacobson added another type, the vaginal woman, and she argued that the definitively feminine woman is oral and masochistic and is not an example of optimally healthy femininity.

Many authors (121) have depicted a healthy feminine type in terms that are very similar to those Jacobson used for her vaginal type. This woman's attitude to her sexuality and anatomy is positive; she is neither masochistic nor particularly passive, and penis envy is not the main motive force of her development. Authors who have proposed this type of healthy femininity see the masochistic woman as a separate type, and argue that feminine and masculine masochism develop as a result of similar Oedipal and preoedipal conflicts (122).

Different types of phallic women have been described (123). McDougall (124) described two types, the homosexual woman and the masculine woman and suggested that there are differences in their etiology. The homosexual woman's type of object choice is masculine; she seeks relationships with women who represent the omnipotent anal

mother and she unconsciously sees herself as the mother's phallus (125). The masculine woman's ego ideals and identity are "basically male" (126). Her fantasy is that she is a castrated male. She identifies with her castrated father whom she sees as the less powerful parent in the family, castrated by her mother. She resists identification with her mother and her identification with her father is defensive (127). The symbiotic needs of the masculine woman are less intense than those of the homosexual woman. She repudiates the omnipotent mother and flees from her, while the homosexual woman seeks her out (128).

A few additional feminine types have been proposed (129). Annie Reich (130) described two narcissistic feminine types: the submissive woman and the as-if type. Both types wish to be the phallus of or for the mother in order to impress and overwhelm her, and they experience their "castration" as a crushing blow. The fundamental wish in both cases is to merge with the preoedipal mother and achieve a state of bliss, and the heterosexual object is a displacement from the mother onto whom all the woman's narcissism is projected (131).

Chasseguet-Smirgel (132) suggested that the woman whom Freud described as narcissistic sees herself as the autonomous phallus (133).

Greenacre (134) proposed a "Medea Type" where the breast represents the penis and the woman is ambivalently dependent on the man.

Chasseguet-Smirgel described the "paternal-penis woman" (135) who wishes to be the penis for her man in order to make up for her wishes to steal his penis (136).

i. Conclusions.

In this section, I will attempt to abstract a few relevant themes from this review of the contemporary literature on female development. In Chapter Five, I will specifically discuss the identity types and the insights about these that the literature offers.

There is not great agreement in the literature regarding which events in early female development are most salient, what effects they have and why they have these effects. Authors disagree about whether there is one type of femininity or more than one type, and about what constitutes healthy femininity. There is also controversy regarding whether it is males or females whose development is more problematic. A further problem is that most of the theorists are insufficiently specific about what developmental events are associated with particular outcomes in feminine personality or identity.

Certain events are cited by numerous theorists as extremely influential in feminine development, although their explanations of why this is the case differ. Theorists point to the critical influence of the girl's preoedipal relationship with her mother on the nature and extent of her feminine identifications and argue that what is particularly important is whether she feels positive or hostile or ambivalent towards the mother. Another important influence on the girl's development is how she manages to deal with the rapprochement subphase and the discovery of the sex difference and the extent to which she is able to come through the rapprochement subphase, and ultimately through separation-individuation, with a positive attitude toward her mother and herself and a fund of healthy narcissism.

The mother's own attitudes toward her femininity and her sexuality, as well as her attitudes to these things in her daughter, will have an impact on the type of identification the girl makes. A number of authors mention the harm that an anal, controlling mother can do to the girl's sense of autonomy and suggest that such a mother-daughter relationship is associated with dependent and masochistic femininity in the daughter. Theorists all agree that the role of the father in "rescuing" the girl from the preoedipal relationship with the mother is very important for her progress towards healthy femininity. Finally, they all agree that the girl can only develop a positive attitude to herself and her femininity when her identifications with her mother are predominantly positive, and that a turn from the mother which is too decisive and hostile impairs her femininity.

Notes.

1. For a review of some of these, see Maccoby, 1966; Maccoby and Jacklin, 1974; and Green, 1976.

2. These studies usually used some combination of paper and pencil, observational and behavioral measures of variables. They only tapped conscious attitudes so their relevance to the types of sex differences that analysts have described is questionable.

3. Maccoby and Jacklin, 1974. They argued that spatial ability has a genetic, sex-linked component, that at least one determiner is carried by the X chromosome and is recessive. Females could only show the "spatial gene" (p. 121) if they inherited a recessive gene from both parents. Males are approximately twice as likely to show the spatial capacity. (See also the work of Peter Wolff described in Panel Report, 1976a.)

4. Money, 1970, p. 7. See also Sherfey, 1966. Barglow and Schaeffer (1976) disagreed with statements of this kind and argued that the production of testosterone during fetal development is also part of Nature's plan. See also Lampl-de Groot (1982).

5. Money, 1970.

6. Sherfey (1966) argued in this fashion. She did not realize that Freud was primarily concerned with the fact that both sexes harbor an unconscious fantasy of feminine inferiority. Such a fantasy could exist whether or not the clitoris is an atrophied penis. Moore (1976) elaborates on this point. Orr (Panel Report, 1968) offered a critique of some aspects of Sherfey's theory.

7. Moore, 1976.

8. Moore, 1976; Benedek reported in Panel Report, 1968. Kubie (1974) suggested that each sex possesses a drive to be both sexes.

9. Money, 1970.

10. Sherfey, 1966.

11. Masters and Johnson, 1966. Also, the girl's fantasies might change, in this sense signifying a change of focus from the clitoris to the vagina.

12. Stoller, 1976, p. 60.

13. Stoller, 1968a; 1968b; 1975; 1976; Money, 1970; Money and Ehrhardt, 1972.

14. "Even when anatomy is defective, so that the appearance of the genitals and their sensations are different from those of intact

males and females, an unequivocal sense of maleness or femaleness develops if the assignment and rearing are unequivocal" (Stoller, 1976, p. 64).

15. Money, 1970; Stoller, 1976.

16. Mothers handle male and female infants very differently from birth, for example.

17. Mischel, 1966.

18. Kohlberg, 1966.

19. Stoller, 1976.

20. Barglow (Panel Report, 1978); Barglow and Schaeffer, 1976; Barnett, 1966, 1968; Benedek, 1949, 1952, 1956, 1959; Blum, 1976; Erikson, 1968, 1974; Kestinberg, 1956a, 1956b, 1968, 1975, 1976; Mead, 1974; Stoller, 1974b, 1976. Many of these authors developed the ideas of the earlier analysts who described primary femininity. (See Chapter Two.) I will not offer detailed critiques of any of these authors or of those reviewed in subsequent sections, except in cases where it is relevant to the issue of identity types.

21. Stoller (1976) said that "A woman can have a fundamental fixed sense of being rightfully a female" (p. 60).

22. Two different issues seem to be contested in the debate between these authors. Much of what primary femininity adherents described is the development of gender identity; the development of the girl's sense of being female, which is established between 18 months and three years of age. Freud was interested in a different phenomenon: The girl's negative fantasies and feelings about her femininity. He took the development of gender identity almost for granted (as I mentioned in Chapter Two). One could compare the situation where the girl develops a feminine gender identity but also judges this femininity as inferior to masculinity, with the situation where she develops feminine gender identity and a positive feeling about femininity. Some of the authors mentioned in this section seemed to assume that if she develops the gender identity, she will automatically develop positive attitudes about femininity as well. The critical question for identity types seems to be what factors determine the fantasies about gender rather than whether or not gender identity develops. Stoller (1976) proposed two stages of female development. Early primary femininity is the first stage and it develops out of the mother-child dyad and identifications with the mother, and leads to feminine behavior. The second stage is later, during or following the Oedipal period, has more to do with conflict, and generates such things as the wish for a child. Stoller said the two stages were relatively independent of each other.

23. Greenacre, 1948, 1950, 1960. She argued that it is more common for the clitoral sensations to develop first, but that vaginal

sensations also develop earlier than Freud suggested, and overstimulation might hasten their onset. She argued that different configurations of vaginal and clitoral development would result in different feminine types. Fraiberg (1972) summarized much of the contemporary research on vaginal sensations and orgasms during latency.

24. Erikson, 1968, p. 339.

25. Erikson, 1968, p. 346. He said that this positive feeling about femininity can develop even in patriarchy, as, at an unconscious level, males fear and revere the female's capacity to create children and women unconsciously know this.

26. Erikson contrasted the ability to bear pain because it is necessary to do so with masochism, where there is pleasure in pain.

27. Erikson (1968) found these spatial differences reflected in the play configurations of children aged 10 to 12 years. The boys constructed scenes that were dominated by "height and downfall and by strong motion and its channeling or arrest" (p. 342). Female spaces were dominated by "static interiors that were open or simply enclosed, and peaceful or intruded upon" (p. 342). Two-thirds of the male configurations were found in scenes built by males, and more than two-thirds of the female configurations were found in scenes built by females.

28. He said that males often interpret this as a reaction to a lack of a penis when its root is an inner emptiness.

29. Fischer and Cleveland (1968) found that the woman's body image is more stable than the man's. Fischer (1973) found more inner space themes in the dreams of female college students, while the males dreamed about free movement. However, Caplan (1979) failed to find sex differences in the frequency with which preschool boys built towers and girls built enclosed spaces. Hopkins (1980) interviewed adolescent girls and found their identity crises to be focused on outer as well as inner space concerns. She suggested that inner space concerns might develop at a later stage. The problem with most of this empirical work is that it focuses on conscious attitudes and manifest content, and this is not really what concerned Erikson.

30. Kestenberg, 1956a, 1956b, 1968, 1975 and 1976.

31. Kestenberg, 1976, p. 214. This occurs in both sexes and is responsible for the development of parenting capacities.

32. Kestenberg said that this lack of resolution occurs because orgasm, particularly vaginal orgasm, is very unusual in a child of this age.

33. Kestenberg (1956b) argued that doll play at this early stage constitutes an externalization of the vagina.

34. Benedek (1949, 1952, 1956, 1959) also discussed the development of maternal attitudes or motherliness. She saw its genesis in the oral dependent stage when primary identifications with the mother, who gives to the infant, occur. She felt that there is a biological need or drive for motherhood and for motherliness. The latter can fail to develop or be defended against if the female's early relationship with her mother was too ambivalent or anxiety-producing. In such cases, infertility can serve as a defense against motherliness and the regression entailed in pregnancy.

35. Kestenberg, 1976, p. 225.

36. Feminine heterosexual attitudes develop later during the Oedipal phase, the inner-genital phase is the source of maternal feelings.

37. Kestenberg (1976) and Benedek (1959) argued that feminine development does not reach its climax at adolescence, that pregnancy and successful mothering enable the woman to master earlier conflicts. Her sense of herself as a good mother leads to new levels of personality integration, and can vastly improve her self-esteem and decrease the harshness of her superego.

38. Chodorow (1978) presented a different explanation of the genesis of the capacity to mother. She argued that both sexes could mother; it is not a skill related to biological sex, but the girl's early experiences predispose her to mother (See section f).

39. Fraiberg, 1972.

40. Most authors agree that girls of latency age or younger do masturbate (Panel Report, 1976a). There is some controversy regarding whether the girls experience orgasm during or before latency. Kestenberg argued that this does not occur. Fraiberg found evidence of experiences of intense excitement but not orgasm proper.

41. Barnett, 1966.

42. Stoller, 1976.

43. Chodorow (1978) attempted to explain primary femininity without recourse to anatomical and body image data but her treatment was problematic (see section f).

44. The issue is whether this is an image that is also feminine. Freud argued that girls saw themselves positively initially but that they did not see themselves as feminine or femininity as positive. Primary femininity adherents argue that girls see themselves as feminine and see femininity as positive.

45. Roiphe, 1968; Galenson and Roiphe, 1971, 1976, 1980; Roiphe and Galenson 1972, 1973; Kleeman, 1976; Mahler, Pine and Bergman, 1975.

46. Galenson and Roiphe, 1980, p. 805.

47. Roiphe and Galenson 1972, p. 334.

48. Galenson and Roiphe, 1980, p. 805. Kleinians would take issue with this as they believe that Oedipal fantasies can be elaborated by 18 months of age.

49. Galenson and Roiphe, 1976, 1980.

50. Galenson and Roiphe, 1976. Masturbation was usually clitoral but some girls inserted a finger into the vagina and many of the girls had discovered their vaginas. Kleeman (1976) observed similar phenomena.

51. It is interesting to note that by 18 months, all the boys had been given a name for their penis by their parents, but none of the girls had been offered a name for their clitoris or vagina. Lerner (1976) discussed the influence of ignoring the clitoris on the girl's inhibitions about masturbation.

52. Galenson and Roiphe (1976) suggested that maternal handling may differ by sex because of the unconscious fantasies of the mother, but they do not elaborate on this idea.

53. Galenson and Roiphe, 1976, p. 47.

54. This was inferred by Galenson and Roiphe on the basis of the girls' requests for penises, their interest in the boy's penis, and their admiration of it.

55. Galenson and Roiphe (1976) mentioned a number of factors that influence the extent of the girl's feelings of loss. Some of these are the mother's conscious and unconscious attitudes toward her daughter; the father's availability; the quality of the girl's relationship with her mother and her earlier experiences of bodily injury or trauma.

56. Galenson and Roiphe argued that there is a causal or connection between the discovery of the sex difference and the girl's feeling of depression. Mahler and her co-workers had a somewhat different interpretation as we shall see.

57. Galenson and Roiphe, 1976, 1980.

58. Various writers(e.g., Abelin, 1971; Panel Report, 1978: Leonard, 1966) have pointed out that the girl's father plays an important role in helping her to separate from her mother and develop independent self-esteem and heterosexual object choice.

59. Galenson and Roiphe, 1976, p. 51.

60. Roiphe (1968) discussed the dynamics of neurotic women patients who manifest an intense and "virtually all-encompassing" (p. 360) castration complex. He suggested that such women had a poor early relationship with the mother, and that their positive Oedipus Complex masks an intense ambivalent maternal attachment. Their reaction to the sex difference during the phallic phase is so intense because their early genital stage fears of self and bodily dissolution are re-evoked.

61. Mahler, 1966, 1972. Mahler, Pine and Bergman, 1975.

62. Mahler, Pine, and Bergman, 1975. In Mahler's scheme, one of the major phases of development is separation-individuation. Rapprochement is the third of the four subphases of separation and individuation. During this subphase, the child must come to accept that she or he is separate from the mother and not omnipotent. This realization can cause the child to feel alone, defenseless and vulnerable. The idea that the parents are deliberately excluding the child from sharing their omnipotent powers often comes up at this time.

63. Mahler, 1966.

64. This leads her masturbation to take on an "aggression-saturated quality" (Mahler, Pine and Bergman, 1975, p. 105) and presumably makes her more guilty about her masturbation fantasies than the boy.

65. Neutralization is more difficult to achieve and she will tend to utilize the defense of splitting. She will turn aggression inwards to protect the mother, resulting in depression.

66. Mahler, Pine and Bergman, 1975, p. 106.

67. Mahler (1981) said "When separation from the post-symbiotic mother becomes a necessity, the boy has the father to support his attainment of personal and gender identity. Under ordinary circumstances, the father offers uncontaminated personality traits, traits in particular which fit the gender identity needs of the boy" (p. 637). The girl's situation is different. She too has to "disidentify from part object representations of her mother" (p. 637), but frequently she "has to go through a tortuous and complicated splitting, repressive and reintegrative process to attain and maintain her self and gender identity" (p. 637).

68. Mahler, Pine and Bergman, 1975, p. 106.

69. For some mothers, their daughter's experience might re-evoke their own repressed reactions to the discovery of the sex difference and the unconscious negative self attitudes. This would make it difficult for the mothers to be empathetically available to their daughters during this time. Mahler said that it is the mother's acceptance and continued availability that helps the child negotiate the rapprochement subphase successfully.

70. Mahler et al. and Galenson and Roiphe stressed the idea that the girl envies the penis because it is anatomically superior, and argued that her lack of a penis is the ultimate cause of the girl's anger and depression.

71. Karen Horney argued in this way. Grossman and Stewart (1976) suggested that two phases of penis envy occur, one Oedipal and one preoedipal (see section e).

72. Chassuguet-Smirgel, 1964, 1976; Chodorow, 1978; Fast, 1978, 1979; Grossman and Stewart, 1976; Karme, 1981; Kohut, 1975; Lerner, 1976; McDougall, 1970; Moore, 1976; Moulton, 1973; Schafer, 1974; Silverman, 1981; and Torok, 1970.

73. Some authors have argued that Freud also saw penis envy as a metaphor as he said in 1935 that "it is correct that the sight of the penis and its function of urination cannot be the motive, only the trigger of the child's envy" (Freud, 1971, p. 329).

74. Kohut (1975) argued that the discovery of the penis does not cause long-lasting damage to self-esteem unless the girl previously received inadequate mirroring and acceptance from her mother. Moore (1976) said that both sexes develop pathological passivity, narcissism and masochism based on the idea that their genitals are impaired when there is a disturbed early relationship with the mother. Fast (1978, 1979) said that both males and females are faced with a blow to their narcissism when they discover that they cannot simultaneously have the attributes of both sexes, and hence each sex envies the other.

75. Chassuguet-Smirgel, 1964; Grunberger, 1970; Moore, 1976. Grunberger (1970) argued that innate heterosexuality leads the mother to relate in a sexually confirmatory way to her son only.

76. Moore (1976) suggested that children of both sexes use the genitals to symbolize their whole person, and thus when the girl feels lowered self-esteem during rapprochement, she represents this concretely as penis envy.

77. Chassuguet-Smirgel, 1964, 1976.

78. "The wish is to triumph over the omnipotent primal mother through the possession of the organ the mother lacks, i.e., the penis" (Chassuguet-Smirgel, 1976, p. 285). This argument is almost diametrically opposed to that of Stoller (1974a) who argued that the boy has to make more of a separation from the mother than the girl, as he has to disidentify in the interests of masculine identity development. Mahler (1981) argued that girls also have to disidentify.

79. The girl tries to effect a separation from her mother by turning to the father. She utilizes splitting and projects many of the positive aspects of her previous relationship with her mother onto the father, while the mother becomes "bad," and she can rationalize and justify her rejection of the mother. In cases where the early relationship with the mother was positive, she does not develop a marked dichotomy between the "good" father and the "bad" mother, and she is able to identify with her mother. In cases where the relationship with the mother was negative, she will idealize the father, resist identification with the mother, decahfect "maternal organs and qualities" and show intense penis envy (Chassuguet-Smirgel, 1976, p. 285).

80. Chassuguet-Smirgel, 1964, p. 118.

81. Torok, 1970.

82. Lerner (1976) made a similar point. She suggested that penis envy may represent the girl's wish to have her mother acknowledge her sexuality and give her permission to achieve sexual satisfaction. Even adolescent girls are rarely given a name for their clitoris or vulva by parents, although the vagina is named at this stage. This can lead the girl to feel that she is not entitled to an organ of pleasure or to pleasure itself. The permission to be fully sexual is what the girls wants rather than the penis per se.

83. Balint, 1954; Karme, 1981; Rubin, 1975.

84. Karme, 1981.

85. Chasseguet-Smirgel, 1964.

86. Chasseguet-Smirgel, 1964. This can occur when the relationship with the original object is too negative or when the father cannot support the girl's idealization of him.

87. Chasseguet-Smirgel, 1964.

88. Grossman and Stewart, 1976. They offered some interesting comments on the clinical interpretation of penis envy. They suggested that the analyst should always treat the woman's wish for a penis as a mental product, like the manifest content of a dream. They said it is incorrect to see penis envy as "an ultimate irreducible and even genetically necessary truth, impenetrable to further analysis" (p. 203). Silverman (1981) argued in a similar fashion.

89. Grossman and Stewart, 1976, p. 211.

90. Bergman (1981) discussed certain female patients who show penis envy and intense conflict about childbearing. For these patients, possession of the penis was seen as the means of solving ambivalent conflicts with the mother.

91. Grossman and Stewart, 1976. It is also more frequently associated with neurotic rather than more severe pathology.

92. There is controversy in the literature regarding the use of the term "passive" to describe females as even conventional females are active in at least the childbirth and child care area. Greenacre (1960) suggested that the term receptive be used instead.

93. Horney (1932) used these terms saying that the female "performs her part by merely being, without any doing...The man on the other hand has to do something in order to fulfill himself" (p. 359). Applegarth (1976) argued that analysts pay insufficient attention to the achievement-related conflicts of female patients as they accept this model of the sexes' tasks in life.

94. Greenacre's explanation is the more traditional. Chodorow is not herself an analyst but I have included her ideas as they are interesting and innovative and are derived from analytic theory and case material. I will not review any explanations of feminine behavior that stress the idea that girls behave in a feminine way as this is the behavior the society demands and rewards. I feel that such treatments are of limited validity and they are also not within the scope of this work.

95. Greenacre, 1948, 1950, 1960.

96. Greenacre, 1960, p. 580.

97. Greenacre, 1960, p. 583.

98. Greenacre, 1948, p. 161.

99. His penis, while it is smaller than his father's, does exist but the little girl's breasts are nonexistent and do not differ from those of her male peers'.

100. Greenacre said that bizonal development, where both the vagina and clitoris are zones for genital sensation, occurs in all girls in the early years. Many girls develop a fantasy that they possess a "clitoral illusory penis" (Greenacre, 1950, p. 246) during the phallic phase. This may pass, or the penis may be displaced inwards to the vagina. In some cases, the fantasy persists into adulthood, leading to two body images, a realistic one based on vaginal sensations, and one where the woman believes that she has a phallus.

101. Greenacre (1960) said that gifted or creative people possess unusual sensitivity to sensory stimulation, and that they often develop two identities, a personal one and an artistic one. Unusually gifted women show enhanced bisexual empathy. Because she is so sensitive to stimuli, a girl of this type may register clitoral sensations and begin masturbating early, making her particularly prone to the illusory phallus fantasy. If she associates her talent with her illusory penis, this can lead to numerous difficulties. She will be unable to create when she feels feminine, e.g., during menstruation, and she may feel guilty about her talent, equating it with the stolen phallus. She may seek to suppress it, as exercising the talents means reexperiencing castration each time she menstruates. She may try to solve the conflict by abandoning her feminine identification in real life, or by abandoning her talents. A more positive pattern of development occurs where there is not a bisexual conflict of this magnitude, and a positive Oedipus situation develops. If the father encourages the girl's talent, she is able to make a partial identification with him and exercise her talents. Greenacre appeared to assume that a masculine identification was necessary for the girl to be creative and productive. She did not discuss whether this would be necessary if the girl's mother were herself an artist.

102. Chodorow, 1971, 1978.

103. She also attempted to explain women's wish to mother from a framework that did not invoke the maternal instinct as the explanatory concept.

104. Chodorow, 1978. When she used the term "primary identification," she referred to an early primitive imitation of the mother. Balint (1963) suggested that girls, more than boys, frequently feel empty and as if they have no self. She explained these feelings as a response to an unempathic mother who has rigid preconceptions about how the child will feel. She did not explain why girls would experience the mother like this more than boys.

105. Chodorow, 1978, p. 203. Relationships with one other person that are the focus of one's life are "primary."

106. Chodorow, 1978, p. 93. The boy's situation is that the mother sees him as other and pushes him to differentiate. This leads him to develop "defensively firmed" ego boundaries (Chodorow, 1978, p. 167), to prevent regression to the original mother-infant symbiosis, and loss of masculine identity. It is not clear what Chodorow meant by "permeable" and "firmed" ego boundaries, nor is it clear how we would measure them.

107. Chodorow argued that girls may show heterosexual object choice based on Oedipal developments, but continue to feel as intense emotional commitment to the mother. In adulthood, this attachment might be transferred to their child.

108. Applegarth (1976) suggested something similar.

109. Chodorow did not discuss why some women do not wish for a child and feel that the relationship with their mate suffices.

110. Chodorow (1978) expressed it thus: "Because women are themselves mothered by women, they grow up with relational capacities and needs, and a psychological definition of the self-in-relationship, which commits them to mothering. Men, because they are mothered by women, do not. Women mother daughters who, when they become women, mother" (p. 209). Chodorow's argument is interesting but limited because she expected that one would find uniformity in the conscious and unconscious attitudes of mothers to their daughters and I do not believe this is correct. Some mothers see daughters as like themselves and worthwhile; others see them as like themselves but to be despised. Some women might see their son as like them, as he represents the fulfilment of an ambition or unconscious fantasy such as that of having a phallus. Mothers' attitudes towards the child will depend on their own fantasies about their gender and the child's gender. It is too simplistic to say that symbiosis is always more intense and prolonged in mother-daughter pairs, and I am not aware of clinical evidence that this is the case. If it is the case, and more mother-daughter pairs remain fused, we need to specify the conditions under which this occurs. Further, Chodorow ignored the influence of anatomical factors on the girl's ego development and she minimized the role of conflict in her development. Taken to its logical conclusion, her argument would suggest that if fathers mothered, boys' psyches would replicate what we now see in girls', and this minimizes the role of anatomical and social variables.

111. Greenacre did describe some different feminine types (see section h). She also argued that different types of femininity are determined by the vicissitudes of the female's bizonal (vaginal and clitoral) development.

112. It would not, however, be sufficient to state that large amounts of primary identification would lead to primary or definitive femininity, as would need to know the degree of femininity shown by the mother herself. Identification with a mother who is not herself feminine would be primary identification but would not lead to femininity. Also, if the mother were feminine, the girl might repudiate this in an effort at separation. Chodorow suggested a variable worth considering, but she did not supply us with sufficient developmental details about it.

113. Balint, 1954; Benedek, 1959; Blos, 1962; Chodorow, 1978; Deutsch, 1944; Ritvo (Panel Report, 1976b).

114. If this is the case, then diagnosis of identity types in females should only be done after adolescence. In depth investigation of adolescence might reveal whether different types of preoedipal and Oedipal conflicts are present in different girls, and how these correlate with choice of identity type.

115. Blos accepted Freud's ideas regarding the Oedipus complex of each sex.

116. Blos, 1962, p. 109.

117. Bardwick and Douvan (1971) argued from a non-analytic framework that identity formation during adolescence is more problematic for the girl than for the boy, because the girl feels feminine and yet also feels that this is a characteristic that our society devalues. Erikson (1974) said that positive attitudes towards femininity can occur in girls in a patriarchal society as women unconsciously know that males' devaluation of them conceals awe and envy of their capacity to create children.

118. Benedek, 1959; Erikson, 1974; Kestenberg, 1976. Benedek (1959) said that development in adulthood, and particularly the experience of maternity, can lead to positive change in the woman's superego, level of anxiety and feelings of self-esteem.

119. Panel Report, 1976b.

120. It would be interesting to try to ascertain if the experience of successful therapy or analysis also leads to such qualitative changes in identity in women.

121. Blum, 1976; Barglow and Schaeffer, 1976; and the other authors described in the section on primary femininity.

122. Blum (1976) argued that Freud saw masochism and femininity as inextricably connected because he utilized a model of female development that accepted the universal myth of the castrated female.

123. Freud treated the masculine woman and the homosexual woman as variants of the same type and some authors have questioned this.

124. McDougall, 1970.

125. She is masculine-identified, and her identification is with the anal father, and she sees herself as bad and dirty. She fears that her mother will reject her entirely if she desires the father, and therefore she regresses to the anal level.

126. McDougall, 1970, p. 176. It is her ego-ideal that is masculine; the homosexual woman shows a masculine type of object choice.

127. It enables her to avoid identification with her mother and to deny her sexual feelings.

128. McDougall offered some interesting suggestions about the development of these two types.

129. Some of these overlap with types already described, while others are highly specific.

130. Reich, 1940, 1953.

131. Reich stressed the preoedipal route to the girl's narcissistic vulnerability. She said that females who had lost their mother in early years or who had suffered a disruption in maternal relationship were more likely to develop these types of problems. She also stressed that the girl's experience of herself as castrated is important in narcissistic pathology. Barglow and Schaeffer (1976) argued that healthy narcissism develops earlier than penis envy and is the result of successful separation-individuation.

132. Chasseguet-Smirgel, 1964.

133. Reich argued that her two types are not the only narcissistic types and they are different from narcissistic type described by Freud.

134. Greenacre, 1950, p. 251.

135. Chasseguet-Smirgel, 1964, p. 124.

136. This type resembles Jacobson's oral-narcissistic-masochistic type.

CHAPTER FOUR
FEMININE IDENTITY

a. Introduction.

In the review of the literature on female development, different types of feminine identity were identified, but the term "identity" was not defined. In this chapter, the concepts of identity, sexual identity and feminine identity will be discussed, with the aim of defining feminine identity and formulating some ideas about its development. There is controversy in the literature concerning the term "identity" and I will begin by discussing this.

b. The concept of identity.

There appear to be almost as many definitions of identity in the literature as there are articles about it (1). Different theorists have argued that the term overlaps with various other terms such as "self," "ego," "personality" and "character" (2). Definitions of identity vary in specificity and in the extent to which they include unconscious as well as preconscious and conscious factors (3).

Erikson offered a very broad definition of identity, arguing that it includes both a person's unique individual characteristics and his or her knowledge of belonging to a particular social grouping. He saw identity as simultaneously "a conscious sense of individual identity,...an unconscious striving for continuity of personal character,...a criterion for the silent doings of ego-synthesis and...a maintenance of inner solidarity with the group ideals and identity" (4).

Greenacre suggested that a distinction be made between the person's identity as observed by others, and the sense of identity, which refers to something that the person registers about herself or himself (5). She said that the latter involves "a socially determined component," and comparison and contrast with others as regards how the person is like them or different from them (6). Jacobson argued that identity formation encompasses all the agencies of the mind, reflecting aspects of the instincts, ego, superego, object relations and identifications (7).

Abend did an extensive review of the literature on identity and then suggested that identity should be restrictively defined as "a loosely organized set of conscious and preconscious self-representations that serve to define the individual in a variety of social contexts" (8). Identity would include the person's interests, profession, social and sexual roles. Sense of identity would refer to the person's subjective experience of their identity. He suggested that the term self be used to refer to "all of those self-representations which refer to the individual as a whole" (9) and that the term sexual identity be used for those self-representations that have to do with sexuality and sexual role.

A variety of authors have criticized the concept of identity, arguing that it is too vague and descriptive (10). Some authors have suggested abandoning it in favor of the term self, while others suggest that both should be replaced with classical structural constructs and the principle of multiple function (11). It has been suggested that the concepts of identity and the self are often reified, and that they should be restrictively defined as referring to a self-representation or class of

self-representations (12). Another criticism of the term "identity" is that therapists classify certain types of pathology as an "identity crisis" and then do not see the crisis as a symptom or examine the unconscious fantasies it conceals (13).

In this study, the concept of identity will be viewed as a theoretical construct that refers to a group of "self-representations" (14), both conscious and unconscious, that define and describe the person's uniqueness and his or her similarities to significant others (15). Every attempt will be made to avoid reification of the concept of identity. The person's identity will not be viewed as something concrete that they can lose or find like a possession, nor as a motivational force that drives them in certain directions. However, identity will be viewed as more than a class of self-representations, and a model proposed by Spiegel will be utilized (16). He argued that the sense of identity is built up of pooled self-representations that gradually become more integrated and cohesive and in a sense form a gestalt. This then serves as a frame of reference for future behavior (17).

c. The development of the sense of identity.

Three female analysts (18) described the early development of the sense of identity which they define as the sense that "I am I" (19). Identity is initially based on bodily sensations, on the gradually developing body image which forms the core of the self-image. The child explores the body, particularly the face and genitals, visually and tactilely, compares the genitals with those of others and incorporates the image of the other's genitals (20). A self-image and self-feelings gradually develop (21). By the time of the anal phase, the child is to some extent aware of his or her

individuality and has developed the beginnings of a sense of identity, which is a fusion of ideas about who he or she is, and who he or she would like to be (22). This is further developed by comparisons with others, especially those seen as rivals for the mother such as the father or siblings.

The phallic Oedipal phase is particularly important in identity development. This provides an opportunity for bisexual conflicts to be resolved, for same sex indentifications to occur, and for sexual identity to be solidified. Both of the parents' attitudes to the child's sexual identity are important. "The distinct feeling of self identity hinges on the solution of the Oedipal conflict" (23).

These three authors agreed that developments in adolescence are crucial in determining the final form of the person's identity. Other theorists (24) have described the role of adolescence in identity development in detail. They have suggested that a period of crisis often occurs at this time as the individual strives to loosen incestuous bonds and reorganize his or her identity. Failure to break free of these ties can result in identity confusion, premature formation of a restrictive identity, or the assumption of a negative identity (25). At the end of a successful period of adolescent identity crisis, all the important identifications are built up into a "unique and reasonably clear whole" (26), which integrates "constitutional givens, idiosyncratic libidinal needs, favored capacities, significant identifications, effective defenses, successful sublimations and consistent roles" (27).

The sense of identity is formed in the post-adolescent period, but it can change with the influence of later life events, such as parenting or vocational experiences (28).

d. Sexual or gender identity.

The terms sexual or gender identity have been used to refer to "a complex group of self-representations, more or less confused and contradictory, and of varying degrees of reality consonance, about the individual's body, genitalia, sexual role, behavior and functioning" (29). Stoller suggested that the term "gender identity" replace "sexual identity" as its referents are psychological (30). He pointed out that gender identity begins with the conscious or unconscious knowledge that one is one sex and not the other. It becomes more elaborated with development, "so that, for example, one may assess himself as not only a male, but a masculine male or an effeminate male or even a man who fantasies being a woman" (31). Erikson stated that the question of sexual identity is the question of "what kind of a male or female one is" (32).

Gender identity development begins early and a "core gender identity" (33) is established by about two and a half to three years (see Chapter Three), which enables the person to identify herself or himself as female or male (34). Developments in the phallic phase are very important in the development of an unambiguous gender identity. At this time, the child usually identifies with the same sex parent, gives up the fused genital image, discards opposite sex genital representations, and abandons the fantasy of the phallic mother (35). Many authors see this "resolution of bisexual identification" as crucial in the development of a sense of sexual identity (36). Adolescence is another important stage in the consolidation of sexual identity. The development of the breasts and the onset of menstruation often cause the girl to renounce remaining bisexual elements in the self-representation (37).

It has been argued that a stable identity can develop even in cases where a gender identity is formed that is the opposite of the actual biological sex (38). In the case of girls, if there is an identification with a "loving but dominant, active 'phallic mother'" (39), then a stable sense of identity can ensue which integrates homosexual object choice, or masculine traits based on the fantasy of an illusory female penis (40).

Severe identity problems can occur when the person struggles against an identification with the same sex parent, or oscillates between identifications with both parents. If a girl has a mother "who played the part of the victimized, suffering, 'castrated' woman (41), she might struggle against a masochistic identification with her, causing identity problems. If the girl saw her mother as phallic, castrating, cold and rejecting, and saw her father as castrated, she might vacillate between identification with the aggressor (her mother) and identification with her father, or struggle to repudiate both identifications (42).

Many theorists have suggested that sexual or gender identity development is more difficult for girls. One reason suggested to explain this is that the girl cannot see her genitals as easily as the boy can and hence she often visually incorporates the boy's genitals and develops a bisexual body image (43). Another problem for the girl is that her unconscious Oedipal fantasies that she was castrated as a punishment for incestuous wishes or masturbation, make it difficult for her to accept that the female genital is actually "undamaged" (44), and hence make the development of a realistic body image problematic.

The development of sexual identity is not only based on genital comparisons in either of the sexes. Curiosity about the parents' sexuality and primal scene fantasies lead children to ask general questions about the behavior appropriate to each sex. Experience of sexual identity "soon expands to the whole bodily and mental person" (45). This fact minimizes the magnitude of the girl's identity problems and many little girls establish a feminine identity even if they have not, or do not, succeed in fully resolving their castration problems (46).

e. Feminine identity.

Feminine identity will be defined in this study as the "complex of self-representations, more or less confused and contradictory, and of varying degrees of reality consonance" that the woman has about her "body, genitalia, sexual role, behavior and functioning" (47). It will be assumed that this complex of self-representations, once it is developed, acts like a frame of reference and affects the woman's behavior in a variety of situations (48).

Having defined feminine identity, the next problem is to attempt to generate diagnostic criteria for it. This is the issue that is addressed in the next two chapters.

Notes.

1. The discussion of identity and its development is based on the work of Abend, 1974; Beres, 1981; Eissler (Panel Report, 1958); Erikson, 1956; Glover, 1966; Greenacre, 1958; Hartmann, 1950; Jacobson, 1964; Kramer, 1955; Kohut, 1966, 1971; Levin, 1969; Lichtenstein, 1961; Mahler (Panel Report, 1958); Sarlin, 1963; Schafer, 1973; Simon, 1978; Spiegel, 1959; Steingart, 1969; and Spruiell, 1981.

2. "Self" and "identity" were used synonymously by Erikson, Greenacre, Jacobson, and Mahler. Vann Spruiell suggested substituting the term "ego" for both self and identity. Some authors (e.g. Glover, 1966) have argued that the terms personality or character subsume the area of identity. Useful discussions of character were offered by Fenichel (1945), Reich (1961), Sarlin (1963), Shapiro (1965), Steingart (1969) and Vann Spruiell (1981). There is also dispute in the literature about the definition of the term character. It is argued that each individual shows consistent styles of response that include "ways of thinking and perceiving, ways of experiencing emotion, modes of subjective experience in general and modes of activity" (Shapiro, 1965, p. 1). The sum total of these styles is the person's character. Character is the result of the simultaneous influence of the id, ego and superego. It is formed during latency following the development of the superego. It can be defined as "the distinctive way in which an individual organizes his psychic functions" (Steingart, 1969, p. 281-282). It refers to predictable, consistent modes of functioning that we can observe in an individual, although he or she may not be conscious of them. Steingart (1969) argued that we should distinguish between character and self. The sense of self is the integration of all identifications, while personality refers to self and character. Sarlin (1963) stressed the role of anatomical factors in identity development, as opposed to that of character. In this study, identity will be viewed as separate and different from character.

3. Abend, 1974; Schafer, 1973.

4. Erikson, 1956, p. 57. His definition was criticized as too diffuse by Jacobson (1964), Schafer (1973) and Simon (1978).

5. Greenacre, 1958.

6. Greenacre, 1958, p. 114.

7. Jacobson, 1964. Jacobson followed Hartmann in distinguishing between self and ego. They argued that self-representations can be conscious, preconscious, or unconscious, and are located in the superego, ego, and id. The self image is a collection of self-representations and narcissism is the cathexis of the self.

8. Abend, 1974, p. 620. His restrictive definition of identity has not been widely accepted.

9. Abend, 1974, p. 615.

10. Some examples are Beres (1981), Glover (1966), Schafer (1973), Simon (1978) and Vann Spruiell (1981).

11. This was the position espoused by Glover (1966).

12. Schafer, 1973. He argues that analysts use the terms identity and self as if they were entities which propel the person in one direction or another. He felt that they were nothing more than a set or class of self-representations.

13. Beres, 1981. He suggested that patients who are concerned about who they are, are often actually asking what they are, and this is related to uncertainty about sexual identity.

14. Jacobson (1964) defined self-representations as "unconscious, preconscious and conscious endopsychic representations of the bodily and mental self in the system ego" (p. 19).

15. Some authors use the term self where I use the term identity.

16. Spiegel, 1959.

17. One might ask how identity, used in this way, differs from the person's character or personality style (see note number two).

18. Greenacre, 1958; Jacobson, 1964; Mahler (Panel Report, 1958).

19. Jacobson, 1964. Other analysts have used the term self for this sense.

20. Greenacre, 1958.

21. Kramer (1955) showed that if the child becomes aware of separateness too early and in a traumatic way, this can lead to disturbances in the sense of identity.

22. Greenacre, 1958.

23. Mahler (Panel Report, 1958), p. 138.

24. Blos, 1962; Erikson, 1956, 1965.

25. Erikson (1956) defined negative identity as "an identity perversely based on all those identifications and roles which, at critical stages of development, had been presented to the individual as most undesirable or dangerous, and yet, also as most real" (p. 87).

26. Erikson, 1956, p. 68.
27. Erikson, 1956, p. 71.
28. Benedek, 1959; Erikson, 1956; Kestenberg, 1975.
29. Abend, 1974, p. 621.
30. Stoller (Panel Report, 1970).
31. Stoller (Panel Report, 1970), p. 166.
32. Erikson, 1956, p. 112.
33. Stoller, 1976, p. 60.
34. Stoller (Panel Report, 1970) stated that the normal mother helps her child develop the appropriate sexual identity "through her nontraumatic, nonconflictual response to the infant's sex" (p. 168).
35. Bak (Panel Report, 1958).
36. Panel Report, 1970, p. 166.
37. Sarlin, 1963.
38. Stoller, 1976.
39. Jacobson, 1974, p. 72.
40. Jacobson (1964) commented that the development of feminine identity is less dependent on heterosexual object choice than analysts had thought.
41. Jacobson, 1964, p. 73.
42. Sarlin, 1963.
43. Greenacre, 1958.
44. Jacobson, 1964, p. 71.
45. Jacobson, 1964, p. 72.
46. Jacobson, 1964.
47. Abend, 1974, p. 621.
48. Spiegel, 1959.

CHAPTER FIVE
DEVELOPMENT OF THE IDENTITY TYPES

a. Introduction.

A large amount of information about female development and female identity has now been discussed. In this chapter and the following one, an attempt will be made to apply this to the issue of types of feminine identity.

b. Towards a definition of "type".

In Chapter Four, identity was defined as the complex of conscious, preconscious and unconscious self-representations that a woman has about her body, genitalia, sexual role, behavior and functioning (1). These self-representations can be widely divergent. There may be contradictions between conscious and unconscious self-representations, or between self-representations at the same level of consciousness, leading to intrapsychic conflict.

In this chapter different types of identity will be considered, and hence the issue of what is meant by "type" becomes important. The term "type" will be used in a very limited sense in this study (2). Female identity will be viewed as a continuum, and the types at issue will be seen as analagous to points on this continuum. As development proceeds, each female develops a number of representations about herself as a woman (3). These may be conscious, preconscious or unconscious, and to various degrees contradictory. It will be assumed that one very influential set of self-representations, that may act as a frame of reference for future actions, is a set of fantasies, usually unconscious, about the kind of

woman that she is. While there will be contradictions between these fantasies, one type of fantasy will predominate in most women, and this will define the woman's identity type. One could identify the predominant fantasy in different women if one had sufficiently in-depth measures, and thus diagnose their identity type (4).

The diagnosis of the different types will be discussed in Chapter Six, and their development is discussed below. In this section, an impressionistic rendering of the type of fantasy about herself as a woman that is typical of each identity type will be offered, in order to begin to define each type. The definitively feminine woman sees herself as daddy's little girl, as a man's woman and helpmate, incomplete without him. The vaginal woman sees herself as active and generative, the locus of fruitfulness. The phallic woman sees herself as a woman who is really a castrated man, sometimes capable of undoing the castration (5). The masochistic woman sees herself as rapacious and defective, at once victimised and deserving of punishment (6).

c. The development of each type of identity.

The four feminine identity types which are under consideration have been widely discussed in the literature, but no single author has described all four of the types, and no other author specifically suggested that there were so many identity variants (7). The definition of each type that will be utilized in this study is therefore somewhat different from previous definitions, and needs to be specified. The variables at issue are subtle and complex, and this makes it difficult to briefly describe

each type. The impressionistic rendering of the typical fantasy of each type that was offered above is perhaps the closest one can come to definition, but this is obviously not sufficient. In this section, the development of each of the four types will be described in detail, and this will more accurately demonstrate the precise scope of each type.

In two of the types (definitive and vaginal femininity) libidinal forces predominate, while aggressive forces predominate in the other two (phallic and masochistic femininity). The descriptions below of each type of development are designed to highlight the differences between the types, and will be idealized or stereotyped as no "pure" types exist. In all four of these types, the girls develop a feminine gender identity, they all see themselves as female, but the fantasies they develop about their femaleness are very different.

Development will be described in relation to certain issues which have a particularly important influence on choice of feminine identity type. These issues will be briefly identified and then the development of the four identity types will be outlined. Some of the issues relate to preoedipal factors while others relate to Oedipal factors. The child's degree of ego development and individuation will affect how she understands and responds to these various developmental events. Other important influences will be the parents' unconscious fantasies about the child's gender and their own gender; the child's constitutional endowment, including the balance of libidinal and aggressive forces within her; and the attitude to femininity of others in her environment.

The issues are the quality of the preoedipal relationship and identifications with the mother; the type of resolution of the early symbiotic tie to the mother; when the discovery of the vagina, vaginal masturbation, and the cathexis of the vagina occur; the type of masturbation practiced and the attitudes of significant others in the environment to this; the impact of the discovery of the sex difference during the preoedipal period, and the type of explanation of this that is offered; the outcome of the rapprochement subphase and separation-individuation; the intensity of penis envy and guilt about aggressive wishes to steal the penis; the preoedipal availability of the father; the fate of clitoral masturbation and sexuality; the degree to which the positive Oedipal phase is attained; the vicissitudes of Oedipal level rivalry and competition; the nature and quality of identifications with both parents at the end of the Oedipal phase; the nature of adolescent development and the vicissitudes the wish to bear children (8).

In definitive femininity, the preoedipal relationship with the mother is a very positive, tender, loving one, and a positive primary identification takes place. Clitoral masturbation begins and is tolerated by the parents (9). The little girl either fails to discover her vagina or discovers it but does not understand its significance or incorporate it into her body image (10).

After the girl discovers the sex difference, her clitoral masturbation decreases. She reacts to the discovery of the sex difference with depression, penis envy, and fantasies of castration. Her parents warm positive attitudes to her and her femininity do not change, and this is an

important source of support for her. She goes through a period of clinging hostile behavior to the mother during the rapprochement subphase, but this is transitory and her mother's loving acceptance of her daughter's ambivalence facilitates its resolution. Her parents offer her alternative routes of narcissistic gratification by praising her feminine behavior or attractiveness, and encouraging a narcissistic investment in her physical self (11).

The girl does experience some disappointment in the mother because she has no penis. This combines with her other disappointments about the fact that she is not omnipotent and omniscient and with her need to separate, and leads her to turn to the father. The father welcomes his daughter's interest in him, treats her as a feminine person, and encourages her to be flirtatious with him. He enjoys this behavior but does not himself become seductive. Her mother is able to watch these developments tolerantly, without becoming competitive with her daughter or her husband. The girl develops the wish to marry her father and have his child, and this wish for a baby replaces her envy of the penis.

There are two typical patterns of Oedipal rivalry with the mother. In one, the girl feels intense rivalry with the mother and wishes to supplant her, but this is resolved because the mother sees these feelings as normal and a very warm mother-daughter bond persists. In the second pattern the rivalrous feelings are relatively absent and the dependent tie to the mother is never really broken. During the Oedipal phase the girl identifies with her mother, and she develops a "bountiful mother ideal" (12) where maternal empathy, unselfish love, and devotion, are incorporated

as part of her ego ideal. Later, usually following the onset of menstruation and development of secondary sex characteristics at adolescence, the girl's clitoral fantasies of sexual pleasure are displaced to the vagina, and vaginal receptivity develops.

A woman with this type of identity is loving, dependent, somewhat passive and unaggressive. She fears loss of love and much of her self-esteem is based on the extent to which others approve of her. She does not feel envious or competitive towards men, instead she loves her male partner, depends on him, and needs his emotional support intensely. In her fantasy about the kind of woman she is, she sees herself as feminine, as daddy's little girl, who is not really complete unless she is in a relationship with a man where she is his loving helpmate and bears his children.

In vaginal femininity, the preoedipal relationship with the mother is also a very positive one. The girl makes a positive primary identification with the mother, who is seen as a loving, benevolent, active maternal force. She masturbates clitorally and she also discovers her vagina and vaginal masturbation, and her parents tolerate this. She is able to integrate a representation of the pleasure-giving vagina into her image of her body. When she discovers the sex difference, she suffers some depression and envy and feels castrated, but these feelings are ameliorated by her knowledge that she possesses a vagina (13). They are also helped by the kind of explanation of the sex difference that her parents offer. They stress that little girls have other valuable sexual organs despite their lack of a penis. She begins to develop fears that the inside of her body and her reproductive capacities will be damaged if she behaves in ways she

is not supposed to.

She receives a level of support during rapprochement which is similar to that given to the definitively feminine girl, and also turns to the father in an attempt to separate from the mother and develop increased autonomy. During the positive Oedipal phase, the girl has active genital fantasies about her father, and feels competitive towards her mother. She is afraid that her mother will damage her insides and her capacity to bear children in retaliation for her wish for an Oedipal victory. The mother's capacity to accept her daughter's rivalry as normal and to continue to be loving and supportive to her helps her to master these fears and to retain a positive image of the mother. She identifies with her and develops a "bountiful mother ideal" (14) which stresses the mother's activity and generativity as well as her selflessness.

A woman with this type of identity has an independent sense of self-worth, her moral judgements are relatively independent, and she is able to express her aggression more easily than the first type. She does not feel envious of or competitive towards men, she feels she is their equal. In her fantasy about the kind of woman that she is, she sees herself as feminine, generative, powerful, and the locus of action. She feels she will be completely fulfilled by motherhood or a comparable creative achievement and an egalitarian relationship with a man (15).

In phallic femininity, the preoedipal relationship with the mother is less positive than in the two types already described. It is often

ambivalent or hostile. The girl develops a fixation at this stage due to frustration or overstimulation, and she feels "hostile dependence" (16) on her mother. The difficulty in the mother-daughter relationship can be the result of the mother's problems, for example her narcissistic needs. Difficulties can also occur when the daughter has a high level of aggression and a low level of frustration tolerance, which cause her to react with intense hostility to normal maternal disciplining. In addition, traumatic events such as the child's hospitalization or the mother's absence or depression can disrupt the mother-daughter bond.

The girl masturbates clitorally, but her masturbation is colored by her feeling of narcissistic injury, her idea that she missed out on something with the mother. A girl of this type develops the idea, perhaps from the mother directly, that she would have received what she misses had she been a boy and that it is possible to get it still if she behaves like a boy. She may discover the vagina but, like the definitively feminine girl, she does not register it (17). When the sex difference is discovered, the girl feels castrated and angry and she blames her mother. She refuses to give up clitoral masturbation and the wish for a penis. In some cases she develops a fantasy that she has a clitoral "illusory phallus" (18). Her feelings of rage and deprivation are exacerbated if there is physical trauma in the first year or a new male sibling has been born.

The rapprochement phase is not negotiated easily and it develops a hostile, clinging quality. The girl feels angry with her mother and stays close to her to extract redress for her wrongs. Simultaneously, she feels that her negative feelings will harm her mother and cannot separate because she needs to protect her. The availability of the father and what he offers as an object of identification now become critical. The girl

turns to her father in an attempt to extricate herself from the ambivalent maternal relationship. If the father is intensely loving and available, and possesses strengths that the mother does not, the girl might proceed to the positive Oedipal position and relatively satisfactory heterosexuality, and develop a partial identification with the father. Disappointment with the father is, however, frequently inevitable, as the girl's narcissistic vulnerability leads her to make inordinate demands on him. If disappointment in the father occurs she will regress to the negative Oedipal position and make a more complete masculine identification, but this need not lead to overt homosexual object choice.

Identification or partial identification with a loved and respected father is helpful to the phallic girl, and facilitates resolution of many of her conflicts. It binds her envy of males, and as she imagines that she is a male, this mitigates her sense of narcissistic injury (19). Her fantasy that she possesses a penis or some symbolic equivalent of it such as a "masculine" intellect enables her to be successful in her work, particularly if her father encourages her ambition. Some women of the phallic type are torn between identification with a phallic castrating mother and a castrated father. They usually choose to identify with the castrated father because of their guilt about their wish to seize the penis. In such a situation, the girl still feels frustrated and the masculine identification has less positive implications for her narcissism (20). Such a woman may feel guilt about achievement in masculine fields which is equated with stealing the man's penis, and simultaneously feel compelled to strive for such achievement (21). A woman with a phallic

identity is intensely competitive with men and often repudiates feminine pursuits (22). She is autonomous and able to express her aggression, and her moral judgements are relatively independent. In her fantasy about the kind of woman that she is, she is not really a woman, she is special and different from other women, she is a castrated man waiting and wishing for a phallus and sometimes attaining it.

In masochistic femininity, the relationship with the preoedipal mother is like that of the phallic girl. It is ambivalent, and the girl develops "hostile dependence" (23) and a sense of narcissistic injury and deprivation but here she seems to feel that she will never get what she feels she missed out on with the mother. The mother is often anal and controlling and does not permit her daughter to express her aggression or to develop real autonomy, and the daughter develops a tendency to turn her aggression inwards, towards herself. If the mother is guilt-inducing and plays the martyr, the girl may react critically and feel hostile towards the mother, but simultaneously make a primitive identification with the aggressor and replicate her mother's behavior.

When the sex difference is discovered, the girl reacts with intense feelings of castration, envy, and depression, and a powerful urge to seize the penis and revenge herself on men (24). She blames her mother for her lack of a penis and this leads to a hostile clinging rapprochement subphase and a less than optimal degree of separation from the mother. The girl masturbates clitorally (25), but following her discovery of the sex difference her masturbation fantasies become "aggression saturated" (26) and arouse intense guilt, and she totally abandons masturbation.

The girl's intense wish to get a penis persists and she turns away from her mother towards her father with the idea that he will give her a penis or she can get his penis. A positive Oedipal phase begins, where the girl makes a narcissistic identification with the father and his phallus, and feels that she is completed by her relationship with him. Any disruption of the relationship leads to anxiety and rage. She feels intense hostile competition with the mother who actually receives the phallus in intercourse. This hostility arouses a great deal of guilt (27) which contributes to the development of masochistic sexual fantasies. At the end of the Oedipal phase the girl identifies with her mother, but the identification leads to conflict because she feels so much hostility towards her.

An adult woman of this type shows frigidity or "pseudo-genitality" (28) where she experiences the man's penis during intercourse as if it were her own phallus. If any vaginal receptivity develops, it occurs primarily through the displacement of oral strivings, and the vagina is experienced as a hungry mouth. Such a woman shows pathological dependence on her heterosexual partner. She may show generalized inhibition of all activities she sees as masculine because she wishes to make amends for the wish to steal the penis.

A woman with this type of identity is intensely competitive with men and feels envious of them, although these feelings may be unconscious. Her self-esteem is impaired and she uses masochism as a defense against the

guilt that she feels about her aggression and hostility. She is in a state of constant conflict as she simultaneously feels feminine and feels that femininity is worthless. In her unconscious fantasy about herself as a woman, she sees herself as a victimized, damaged rapacious woman who got what she deserved.

d. A critical assessment of the four types of identity.

The first question that arises regarding the types is whether they are distinct and different. For example, it might be suggested that there is not an essential difference between the two libidinal types, as direct cathexis of the vagina and cathexis via clitoral strivings both ultimately lead to vaginal genitality. While this is true, the woman's fantasies about womanhood and sexuality would be very different, as would be their degree of dependence on others, suggesting that the two types are distinct.

It could also be argued that the two types where aggression predominates are not essentially different, as each feels a sense of narcissistic injury, envies the penis, and wants to get one. However, the ways in which these feelings are resolved is very different. The phallic type makes a masculine identification which lessens her sense of injury and makes her feel like a member of the penis-possessing class. The masochistic woman makes a feminine identification, but retains her vengeful wish for a penis. She seeks to form a dependent relationship with a man where she can feel that she possesses his penis.

One could also argue that the definitive type and the masochistic type are not distinct. As we have seen, Freud and many other analysts amalgamated these although other analysts such as Jacobson criticized this.

The ratio of aggression to libido in these two types is very different, and therefore it seems advisable to view them separately (29).

A very valid criticism of the types is that they are artificial, that any woman can show aspects of all the types. In fact, part of the fascination of a case study of an individual woman derives from observing the conflicts between different types of identifications and fantasies and how these are resolved.

Various of the attitudes described as typical of one or other of the types can be used defensively by another type. For example, one might see masochism or masculine identification in one of the first two types, where it served as a defense against Oedipal guilt, or one might see exaltation about inner potential and generativity in one of the last two types, which masked profound feelings of narcissistic injury and defectiveness. This makes the description and measurement of feminine identity extremely complicated. It is multifaceted and phenomena exist at a number of different levels of consciousness.

The way in which the etiology of the types has been described could be questioned. It was suggested that the initial division into four types begins preoedipally, and is based on the vicissitudes of separation-individuation and the initial discovery of the difference between the sexes. It could be argued that such a schema minimises the role of Oedipal development and identity formation. This was not the intention, the aim was merely to demonstrate the constructions about femininity that the girl brings to the Oedipal phase.

One deficit in the description of the development of each type is that the role of the father, particularly the preoedipal father, is not discussed in detail. This is because there is a dearth of material in the literature on the role of the father in the girl's development (30).

The extent to which these types are exhaustive and describe all the normal feminine identity variants needs to be assessed. The types were originally selected because they were described so frequently in the literature. They do describe a large proportion of normal women, but the addition of two other types would be important if one wished to make claims about an exhaustive typology. These are the homosexual type where the woman sees herself as a woman with a phallus, and the narcissistic type who sees herself as the autonomous phallus, exhibited for all to admire.

The description of the development of the four types suggests that the sequence of development is different in each type. This raises the question of whether one could predict choice of type if one knew certain facts about the girl's development. Predictions about future behavior would be difficult, but in theory one could diagnose type (see Chapter Six) and then make predictions about what kind of early experiences a particular woman might have had. Even this would be difficult, however, as many of the developmental events outlined are not typical of only one type.

A final issue regarding these types relates to the influence of social factors on them. Social factors determine the distribution of types within a particular society or class, although they are not the sole determinants of an individual's choice of type. Thus, for example, a necessary

condition for widespread vaginal femininity would be a nonpatriarchal society, or a patriarchal society where the contradictions were acute and the old structures were breaking down. Vaginal femininity would not be common in a cohesive patriarchal society where females and their capacities were devalued. Similarly, it is difficult to imagine that the masochistic and phallic types would occur as frequently in a non-patriarchal society. One of the factors that contribute to their development is maternal ambivalence towards the girl because of her gender. This impairs the mother-daughter bond, leads to narcissistic deficits, and lays the seeds of penis envy. One would expect maternal ambivalence to girls to decrease in a society where females were not devalued, and hence one would expect a decrease in the prevalence of masochistic and phallic types.

The diagnosis of the types will be discussed in Chapter Six.

Notes.

1. This definition is based on Abend's (1974) definition of sexual identity.

2. There is controversy in the literature regarding the use of typologies (see Dahlstrom, 1971; Fenichel, 1945; Fiske, 1971; Maddi, 1968; Reich, 1961; Ryckman, 1978; Semeneoff, 1966; Stagner, 1974). Typologies can render continuous data into artificially discrete categories, and may cause stereotyping. Some authors endorse the use of a limited definition of typology, such as the one proposed in this study. The advantage of a typology is that it facilitates classification, comparison, and prediction of individual behavior. There are certain justifications for attempting to set up a feminine identity typology based on the woman's predominant fantasy. Girls, in their early development, have to master a limited set of issues which are specific to females, and based on these issues there are a finite number of unconscious fantasies about herself as a woman that the girl can develop.

3. As previously stated, identity is first established in the post-adolescent period. It is based on preoedipal and Oedipal experiences and the ways in which these were reworked during adolescence. Pregnancy and childbirth offer further opportunities for identity development.

4. This does not mean that this would be her only fantasy. One would expect to see conflict between different fantasies regarding the kind of female she was. One common type of conflict is that between conscious and unconscious fantasies.

5. In a different phallic fantasy, based on a positive identification with a phallic mother, the woman sees herself as a female who possesses a phallus. This is usually associated with homosexual object choice.

6. This type of woman shows "moral" masochism with intense guilt about her wishes to steal the man's penis.

7. Each author who has written about any of these types has defined them rather differently, as was shown in Chapters Two and Three.

8. Pregnancy and childbirth offer the possibility of further identity development. Not all women decide to have children, but they all do devote psychic energy to the issue of having children.

9. There might be some negative attitudes or inhibitions towards masturbation on the part of the parents which contribute to the girl's failure to form a representation of the vagina.

10. This could be because the position of the hymen prevents exploration, because she cannot cognitively conceive of a vagina, because vaginal sensations are minimal, or because they are intense and frightening leading to denial of the vagina. These factors could also lead to absence of vaginal representations in the phallic and masochistic girls.

11. The mother may offer herself as an example of such a resolution of castration conflicts.

12. Klein, 1928, p. 212.

13. This knowledge may develop prior to the discovery of the sex difference or following it.

14. Klein, 1928, p. 212.

15. This type of woman seems to show less intrapsychic conflict than any of the other three types.

16. Galenson and Roiphe, 1976, p. 51.

17. Because her penis envy and sense of narcissistic injury are derived from the earlier problems in the mother-daughter relationship, they are too intense to be ameliorated by the discovery of the vagina. However, girls who discover the vagina may show less narcissistic injury than girls who do not discover it.

18. Greenacre, 1960, p. 587.

19. It cannot dispel it however, as she knows that she is not a real male.

20. There is an admixture of phallic and masochistic tendencies in this type of girl.

21. The pure masochistic type would be more likely to inhibit her ambitious strivings altogether.

22. There is a particularly high degree of conflict related to pregnancy and childbirth, because the woman feels that these will castrate her. She may have fantasies of bodily damage or, if her intellect is the symbolic phallus, she may fear that she will lose her mind during or following the birth.

23. Galenson and Roiphe, 1976, p. 51.

24. The depression occurs because her aggression leads to guilt, and the aggression is turned inwards.

25. She may also have discovered the vagina, but either she does not form a representation of, or she views it like she views her anus, as the mother's prerogative which she is not allowed to explore or derive pleasure from.

26. Mahler et al, 1975, p. 105.

27. In other types, the girl is helped to feel less guilty because her mother loves and accepts her despite her competitiveness. The hostility of this type of girl is so inordinate and guilt-inducing that she tends to project it, and then she experiences the mother as similarly vengeful.

28. Jacobson, 1976, p. 531.

29. A further question could be raised about whether the masochistic type belongs in the normal range. As there are normal forms of masochism (Brenner, 1959), it seems valid to postulate a normal feminine form.

30. See Leonard, 1966; Panel Report, 1978b.

CHAPTER SIX
DIAGNOSIS OF THE IDENTITY TYPES

a. Introduction.

There are certain problems associated with diagnosing the identity types. These will be outlined in this section. Diagnostic criteria and their measurement will be explored in the following section.

In this study, diagnosis of identity type is based on the fantasy about the kind of woman she is that is predominant in a particular female. The diagnosis of each of the types is therefore problematic, because it involves an assessment of the balance of different fantasies within the individual, including the assessment of which fantasies are defensive and which are primary (1).

Further, the hallmark of each type is usually an unconscious fantasy, which means that measures of unconscious fantasies are needed and there are not many adequate methods available. One measure is the data yielded from a completed analysis, but analyses have only yielded information about a small group of people, most of whom are seriously neurotic. One or more of our normal types may have been underrepresented or even totally excluded from the sample of analysands (2). It seems desirable to begin to devise other measures of unconscious fantasies (3) that would facilitate the investigation of identity type in a relatively large group of normal women (4). In the next section, an initial exploratory attempt will be made to specify tools of measurement, and the responses that would be diagnostic of each type in various different areas.

b. Diagnostic criteria.

In this section the diagnosis of the four types will be described. It will be suggested that between-type differences occur in the area of body image, vaginal receptivity, and fantasies about pregnancy, childbirth, and masturbation. Methods for measuring each area will be outlined, as will the responses that would be diagnostic of each type (5).

Body image is one area where differences between the types would be found. Some useful methods for generating data on body image are figure drawings and Rorschach responses, particularly the former. Some of the images of the body that would occur in response to the "Draw-a-person test" (6) will be schematically outlined. The body image of the definitive type would be feminine, somewhat small and child-like, and the focus would be on the surface of the body and external details. The body image of the vaginal type would also be feminine, but it would be larger, adult, rounded, full and powerful, and would radiate strength and rootedness. The internal areas of the body would be focused on, and they would be integrated into the body image. In the phallic type, the body image would be phallic and angular. In some cases there would be an emphasis on the head, as seat of the intellect-phallus, and in others there would be a fantasy of being in disguise. There would be little emphasis on external adornment or inner space. The body image of the masochistic type would be feminine, with indications of low self-esteem. It would be small, unadorned, orally needy and subtly deformed or out of proportion. There would be indications of fear of being overwhelmed by aggressive urges (7).

A related issue that differentiates the types is vaginal dominance. Theoretically, the definitive type cathects the vagina in latency or later, via displacement of clitoral strivings, while the vaginal type cathects the vagina directly, usually during the preoedipal period. The phallic type does not cathect the vagina. The masochistic type cathects the vagina to some degree in latency or later, via the displacement of oral strivings (8).

The measurement of vaginal dominance is problematic. The differences that the theory predicts should be reflected in different fantasies about the vagina. The fantasies of the definitive type would depict the vagina as a passive harbor for the penis. The vaginal type would have elaborate fantasies of active vaginal participation in intercourse, and would see the vagina as *pleasure-giving*. The phallic type would have few fantasies implicating the vagina in orgasm or pleasure. The masochistic type would see the vagina as a hungry, insatiable mouth, and in some cases it would be seen as dangerous and destructive. The problem would be that of eliciting the woman's unconscious sexual fantasies. The standard projective tests (9) do not provide this degree of detail about sexual fantasies, and it would be difficult to find a method that more explicitly presented sexual material yet did not arouse excessive anxiety or defensiveness.

Differences between the types would also occur in the area of fantasies about pregnancy and childbirth, and these might be easier to measure. Women could be asked directly about what they thought pregnancy and

childbirth would be like. The dreams of pregnant women, preferably with associations, could be collected, and patients' attitudes to pregnancy in the therapist could be studied. It might also be possible to generate a set of pictures related to pregnancy and childbirth and ask the subjects to make up stories about these (10).

The four types would have different fantasies about the unborn child. The definitive type would see the child as a gift from and for father, as a phallus achieved at last. The vaginal type would see the unborn child as her product and creation, the externalized version of her powerful inner space. The phallic type would see the baby as a dangerous growth within her which threatened castration. The masochistic type would view the baby as a tithe extorted from the man in partial payment for her suffering as a woman, and then her guilt at these ideas would lead her to fear that her baby was damaged or defective.

Different fantasies about childbirth would occur in each of the types. The definitive type would see childbirth as a potentially painful procedure that involves a difficult separation but which can easily be endured because it yields a symbolic phallus. The vaginal type would not expect childbirth to be painful, she would see it as a triumphal climax, akin to orgasm, proof of her tremendous creative potential. The phallic woman would equate childbirth and castration, and would fear loss of her masculine capacities. For example, she might fear that she would lose her mind and become psychotic after birth, or she might fear that she would lose her analytic abilities and objectivity. The masochistic type would fear that childbirth would damage her or the baby, she would particularly

fear damage to the baby, the illicit phallus, and would feel that she deserved punishment. Differential diagnosis between the fantasies of the phallic and masochistic type would be difficult, as they are similar in content.

Patterns of masturbation would differ in the four types. There would be differences in the amount, preferred mode, and fantasies about masturbation. Amount of masturbation could not be accurately measured. Preferred mode of masturbation could be established using direct questions if one were able to establish a relationship with the subject that allowed them to be honest, but this might be difficult. Eliciting masturbation fantasies from subjects would pose similar problems.

The type of masturbation in the definitive type would be clitoral and vaginal. The vaginal woman would show more vaginal masturbation, while the phallic woman would concentrate on clitoral masturbation. The masochistic type would not masturbate, or would show intense conflict about masturbation. Masturbation fantasies of the four types would also vary, and an impressionistic picture of the types of fantasies one would see will be offered here. The definitive type would have some masochistic fantasies of being in a man's power and being forced to be exhibitionistic. She would show many variations on the fantasy where the knight on a white charger rescues, finds, saves or discovers her. The fantasies of the vaginal type would focus around her being powerful or succeeding arm-in-arm with her man. The phallic type would imagine that if her disguise was lifted and her real wealth or power was revealed, or that she won out in competitions with men. The masochistic type would have sexualized fantasies of humiliating men or of being humiliated by them.

This concludes the discussion of the issues that differentiate the types and how these could be measured (11). One strategy that would assist the accurate diagnosis of type would be to classify each individual on the basis of her responses on a number of variables. In the section that follows, problems in diagnosis will be briefly discussed.

c. Problems in diagnosis.

In this chapter a number of issues that make the diagnosis of the types difficult were identified. The diagnosis of the types is based on fantasies which are often unconscious and we need a means of measuring these. They are defined by the predominant fantasy, and this is difficult to identify. It is difficult to specify exactly what fantasy will be shown by each type in a particular area, and even when this has been done, there is a further problem as the fantasies can only be assessed indirectly. One has to decide what measure to use and what response on the measure will be regarded as definitive of that particular fantasy.

It is clear that even if one designates a number of types of feminine identity, precise accurate diagnosis is subtle and difficult because the female psyche is so varied and complex. It could be argued that one should therefore abandon all attempts at a typology. In my opinion, however, the introduction of a typology of normal femininity, where the subtlety and complexity of diagnosis was accepted, could perform two useful functions. Firstly, it would encourage us to think systematically regarding focal events in female development and their consequences. Secondly, it would demonstrate that normal femininity is a multifaceted phenomenon and deter those who are still searching for the essential woman.

Notes.

1. The defensive use of the fantasies is discussed in Chapter Five (section c).
2. It is possible that this is the cause of the one-sidedness of the descriptions of women that many theorists offered. The women who they studied in depth were not a representative sample, as very few definitive and vaginal women sought treatment because their choices were in accordance with the social definitions of normal femininity and therefore less likely to cause conflict.
3. Some other measures of unconscious fantasies exist, and some of these are discussed in the next section.
4. If one undertook a study of normal women with the aim of ascertaining their identity type, a preliminary step would be necessary where one established that the group all saw themselves as female. Methods of establishing gender identity would have to be established as no standard methods exist.
5. A woman of one type could hold fantasies typical of another type in any given area. Diagnosis would be based on which type of fantasy was recurrent and predominant in a number of different areas.
6. Machover, 1949; McElhaney, 1969.
7. No one response on the "Draw-a-person test" is taken as diagnostic of fear of aggression or a focus on the inside of the body, or any of the other variables described. These are diagnosed on the basis of clinical judgement. If one did an empirical investigation of types, one would need to establish specific criteria for each of these body image variables and establish inter-rater reliability regarding these.
8. The masochistic type might also fail to cathect the vagina, in which case differential diagnosis would become problematic.
9. See Rapaport, Gill and Schafer, 1968.
10. For example, the Thematic Apperception Test contains one card where a woman is pregnant and others that might be relevant to this issue.
11. These are not the only issues where differences would occur between the types. Other issues which could be explored are the attitudes to the mother, the style of mothering and attitudes to children, the relationship with the sexual partner, and attitudes to career, achievement, and creativity.

CHAPTER SEVEN

CONCLUSIONS

In this study the topic of feminine identity was explored. It was suggested that there are different types of normal feminine identity which are differentiated in terms of women's predominant fantasy about the kind of women that they are. In this chapter some further implications of this formulation will be considered and some conclusions will be suggested. The information generated in this study suggests that the factors which mold females' identity in a patriarchal society (1) are different from those which influence the development of males' identity. There are certain developmental issues that arise for girls specifically because of their gender, which are crucial in the development of their sense of identity. In particular, the female's identity focuses on her anatomical characteristics and reproductive capacities in a way that the male's does not.

The focus on anatomy and reproduction occurs for a number of reasons. The most obvious one is that women are the sex who have the capacity for pregnancy and childbirth and possess an inner space. Another reason is that girls' genitalia are more hidden, mysterious and difficult to explore than males', which makes girls more likely to develop bisexual fantasies. Social factors also affect the focus of the girl's identity. The society assigns the bulk of human endeavor and achievement to males, and reserves only child bearing and child rearing for females. A higher level of social prestige is associated with the male's anatomical characteristics and

capacities. This means that one aspect of the girl's identity formation is her attempt to find a way to come to terms with the social devaluation of her sex (2). As result of all these factors, the woman's sense of identity is strongly affected by her reactions to her body and to her capacity for childbearing, and by the way in which she compares herself with males. She develops a core fantasy about the kind of woman that she is that affects many of her choices and behaviors.

Males may develop core fantasies about themselves that are central to their sense of identity, but they seem likely to be of a different type, focused more on comparison and competition with the father in a variety of spheres (3). It is instructive to attempt a literal translation of our feminine types into male types, as it demonstrates that there is not neat parallelism between the sexes as regards identity. The translation yields four male types. The first type would be the definitively masculine type, who saw himself as a mummy's little boy. The second would be the procreative male type who longed to father and procreate. The third type would be a vaginal type who imagined that he was not really a man and that he possessed a vagina. The fourth type would show masochism as a defense against his wishes to sieze the vagina (4).

The fact that identity development is not parallel between the sexes in our society gives support to a suggestion made at the outset of the study that sex or gender be viewed as a superordinate category. It was argued that much of what the woman does or experiences is in terms of her sex. She experiences herself as female, and she is treated by others as first and foremost a woman. It seems more accurate, now that the feminine types

have been delineated, to argue that the woman is perceived and reacted to by others in terms of their fantasy about the kind of woman she is. She also sees herself as a particular kind of female. Significant others in the female's environment develop a dominant fantasy about her type in the same way that she does. This fantasy colors what they expect of her, how they interpret her actions, and the ways in which they respond to her.

This process can be illustrated by a hypothetical example of a mother whose fantasy is that her daughter is phallic, that she is not really a girl but a male seeking a phallus (5). A number of other factors would develop from such a fantasy, some of which will be briefly sketched (6). The mother would expect her daughter to be successful at masculine pursuits and to be like her father, to eschew dolls and babies and to strive for independence and autonomy. If she saw phallic femininity as desirable (7) she would encourage her daughter's achievement, bids for autonomy, and identification with her father or other males (8). She would encourage her daughter to deny the sex difference and the daughter's positive reactions to feminine pursuits would go unnoticed. If the daughter showed competition with her mother, this would be interpreted by the mother as deriving from the girl's sense of superiority because she was phallic. The mother might feel that her daughter was special but also feel her to be alien, and she might have problems feeling close to her.

The fact that the girl and others in her environment develop a dominant fantasy about her type of femininity could be a source of conflict. There could be cases where the same parent held two conflicting fantasies about

the daughter. For example, the mother might consciously see her daughter as the definitive type, but her unconscious fantasy might be that she was the phallic type, or she might have two conflicting unconscious fantasies of equal valence about her daughter. Another source of conflict would be the situation where the two parents had different fantasies about their daughter's type of femininity. Finally, a situation could develop where the girl's fantasy about herself differed from that of one or both of her parents.

In the majority of situations the parents would have a similar fantasy about their daughter's type and this shared fantasy would have an important influence on the girl's development. It would be presented to her as something she should aspire towards, and the parents would interpret their daughter's actions through the filter of their fantasy about her.

The issue of how girls learn femininity and why particular girls develop in the particular way that they do has been much debated, and various aspects of sex-role socialization have been described (9). The results of this study suggest a new interpretation of sex-role socialization, namely that the parents and others develop a fantasy about the type of female that she is and present it to the girl, and react to her in terms of it. In situations where there is agreement between the parents and a predominantly positive relationship with the child, the girl will often develop a fantasy about her type of femininity which is consonant with that of her parents. Once such a fantasy is developed it shapes the girl's behavior, by influencing her choice of identification figures,

interests and aspirations. The connection between the parents' fantasy and the daughter's fantasy will not always be such a direct one because of the existence of the various causes of conflict discussed above. However, one of the end results of the socialization process in all cases will be that the girl develops a dominant fantasy about her type of femininity which shapes her subsequent behavior and choices.

The suggestion that an aspect of the girl's socialization consists of her being presented with a definition of the type of female she is has clinical implications. Earlier in the study it was stated that the clinician's views on normality influence what is defined as pathology. Here I would suggest that, in addition, the clinician's fantasies about the particular type of woman a patient is, could be, or should be, might influence the focus of the treatment, particularly if the fantasies remained unconscious and were not explored. Further, if a clinician held onto a notion that there is only one type of normal woman, then her or his ability to identify these fantasies might be impaired.

This study began by quoting Freud's views about the need for a further examination of femininity which he felt to be an area that was still a mystery for psychologists. Perhaps part of the reason that analysts have felt so puzzled about the nature of femininity has been their wish to come up with the essential feminine type. This study will have been successful if it has conveyed to the reader the idea that normal femininity is a highly complex, multifaceted phenomenon, that cannot be reduced to one set of attitudes.

Even when a variety of types of normal women were suggested, it was found that they were difficult to define and diagnose. This is because women may manifest a dominant fantasy, but further examination may reveal this to be defensive and to mask other fantasies, and because all women manifest some aspects of each of the types. Despite these problems, this study suggests that research which focused on feminine identity types would be useful, as it would highlight the fact that there is no one route to normal femininity, while simultaneously attempting a systematic examination of it.

Notes.

1. I will restrict my remarks to women in Western, patriarchal societies.

2. This attempt might not be conscious or framed in specifically these terms, but all women do have to deal with the society's and their own phallic biases and integrate them into their identity in some way. The types proposed in this study do this in different ways. The definitive and vaginal types are able to accept and value their femininity while the phallic and masochistic types tend to believe that males and masculinity are superior and devalue their own sex.

3. Part of the reason why males compare themselves less with females is related to the differential social status of the two groups. It is more usual for those who are dominated to compare themselves to the people who dominate them than vice versa.

4. Males who showed each of these fantasies as adults could be found. In addition, these fantasies might have occurred in many males during their early years and have been repressed. However, none of these fantasies are as psychologically pivotal for numbers of adult men as the corresponding fantasies are for women. It would be interesting to try to generate masculine identity types and to see the extent to which these overlap with traditional analytic character types.

5. Such a fantasy might occur in a mother who wished for a boy child or herself wished to be male. In such cases she would be likely to view phallic femininity as desirable. She might have the same fantasy for different reasons that would lead her to feel more ambivalent to her daughter. For example, she may have felt that she had been supplanted by the birth of a brother, and her daughter might be seen as another version of the brother.

6. This will be an oversimplified description, but it will hopefully illustrate the phenomenon.

7. See note number 5.

8. She might also encourage her to admire and identify with phallic women.

9. Various aspects of sex-role socialization were discussed in Chapter Three. Mischel (1966) described imitation. Identification has been extensively described by analysts (see for example, Jacobson, 1964). Kohlberg (1966) described cognitive learning where the girl realizes she is female and then actively researches what the society expects of females and acts accordingly.

REFERENCES

- Abend, S.M. Problems of identity. Theoretical and clinical applications. Psychoanalytic Quarterly, 1974, 43, 606-637.
- Abelin, E. The role of the father in the separation-individuation process. In J.B. McDevitt and C.F. Settlage (Eds.), Separation - Individuation. New York: International Universities Press, 1971.
- Abraham, K. Manifestations of the female castration complex (1920). In E. Jones (Ed.), Selected papers on psychoanalysis. London: Hogarth Press, 1927.
- Applegarth, A. Some observations on work inhibitions in women (1976). In H.P. Blum (Ed.), Female psychology. New York: International Universities Press, 1977.
- Ash, M. Freud on feminine identity and female sexuality. Psychiatry, 1971, 34, 322-327.
- Balint, A. The early years of life: A psychoanalytic study. New York: Basic Books Inc., 1954.
- Balint, E. On being empty of oneself. International Journal of Psycho-Analysis, 1963, 44, 470-480.
- Bardwick, J.M. Readings on the psychology of women. New York: Harper and Row, 1972.
- Bardwick, J.M., and Douvan, E. Ambivalence: The socialization of women. In V. Garnick and B.K. Moran (Eds.), Woman in sexist society. New York: The New American Library, 1971.
- Barglow, P. and Schaeffer, M. A new female psychology (1976). In H.P. Blum (Ed.), Female psychology. New York: International Universities Press, 1977.
- Barnett, M.C. Vaginal awareness in the infancy and childhood of girls. Journal of the American Psychoanalytic Association, 1966, 14, 129-141.
- Barnett, M.C. "I can't" versus "He won't": Further considerations of the psychical consequences of the anatomical and physiological differences between the sexes. Journal of the American Psychoanalytic Association, 1968, 16, 588-600.

Benedek, T. The psychosomatic implications of the primary unit: Mother - child (1949). In T. Benedek (Ed.), Psychoanalytic investigations: Selected papers. New York: The New York Times Book Company, 1973.

Benedek, T. Infertility as a psychosomatic defense (1952). In T. Benedek (Ed.), Psychoanalytic investigations: Selected papers. New York: The New York Times Book Company, 1973.

Benedek T. Psychobiological aspects of mothering (1956). In T. Benedek (Ed.), Psychoanalytic investigations: Selected papers. New York: The New York Times Book Company, 1973.

Benedek, T. Parenthood as a developmental phase (1959). In T. Benedek (Ed.) Psychoanalytic investigations: Selected papers. New York: The New York Times Book Company, 1973.

Beres, D. Self, identity and narcissism. Psychoanalytic Quarterly, 1981, 50, 515-534.

Bergmann, M.V. Women who cannot integrate sexuality, motherhood and career: Psychoanalytic perspectives and treatment problems. Paper presented at a workshop sponsored by the National Institute for the Psychotherapies, New York, November 21, 1981.

Blos, P. On Adolescence. New York: The Free Press, 1962.

Blum, H.P. Masochism, the ego ideal and the psychology of women (1976). In H.P. Blum (Ed.), Female psychology. New York: International Universities Press, 1977.

Blum, H.P. (Ed.), Female psychology. New York: International Universities Press, 1977.

Bonaparte, M. Female sexuality. New York: International Universities Press, 1953.

Brenner, C. The masochistic character: Genesis and treatment. Journal of the American Psychoanalytic Association, 1959, 7, 197-226.

Brunswick, R.M. The preoedipal phase of the libido development (1940). In R.D. Fliess (Ed.), The psycho-analytic reader. New York: International Universities Press, 1948.

Calogeras, R.C. and Schupper, F.X. The origins and early formulations of the Oedipus complex. Journal of the American Psychoanalytic Association, 1972, 20, 751-775.

Caplan, P. Erikson's concept of inner space: A data-based reevaluation. American Journal of Orthopsychiatry, 1979, 49, 100-108.

Chasseguet-Smirgel, J. The feminine guilt and the Oedipus complex (1964). In J. Chasseguet-Smirgel (Ed.), Female sexuality: New psychoanalytic views. Ann Arbor: University of Michigan Press, 1970.

Chasseguet-Smirgel, J. Freud and female sexuality. International Journal of Psycho-Analysis, 1976, 71, 275-286.

Chodorow, N. Being and doing: A cross-cultural examination of the socialization of males and females. In V. Gornick and B.K. Moran (Eds.), Women in sexist society. New York: The New American Library, 1971.

Chodorow, N. The reproduction of mothering. Berkeley and Los Angeles, California: University of California Press, 1978.

Clower, V.L. Theoretical implications in current views of masturbation in latency girls (1976). In H.P. Blum (Ed.), Female psychology. New York: International Universities Press, 1977.

Dahlstrom, W.G. The theory of types and some exemplification in psychopathology. In R.B. Cattell (Ed.), Handbook of modern personality training. Chicago: Aldine Publishing Company, 1971.

Deutsch, H. The psychology of women in relation to the functions of reproduction (1925). In R. Fliess (Ed.), The psycho-analytic reader. New York: International Universities Press, 1948.

Deutsch, H. The significance of masochism in the mental life of women (1930). In R. Fliess (Ed.), The psycho-analytic reader. New York: International Universities Press, 1948.

Deutsch, H. On female homosexuality (1932). In R. Fliess (Ed.), The psycho-analytic reader. New York: International Universities Press, 1948.

Deutsch, H. The psychology of women (Vol. I). New York: Grune and Stratton, 1944.

Erikson, E.H. The problem of ego identity. The Journal of the American Psychoanalytic Association, 1956, 4, 56-121.

Erikson, E.H. Childhood and society. Middlesex, England: Penguin Books, 1965.

Erikson, E.H. Womanhood and the inner space (1968). In J. Strouse (Ed.), Women and analysis. New York: Dell Publishing Company, 1974.

Erikson, E.H. Once more the inner space. In J. Strouse (Ed.), Women and analysis. New York: Dell Publishing Company, 1974.

Fast, I. Developments in gender identity: The original matrix. International Review of Psycho-Analysis, 1978, 5, 265-273.

Fast, I. Developments in gender identity: Gender differentiation in girls. International Journal of Psycho-Analysis, 1979, 60, 443-453.

Fenichel, O. The antecedents of the Oedipus complex (1930). In H. Fenichel and D. Rapaport (Eds.), The collected papers of Otto Fenichel (First Series). New York: W.W. Norton and Company, 1953.

Fenichel, O. Further light on the pre-Oedipal phase in girls (1934). In H. Fenichel and D. Rapaport (Eds.), The collected papers of Otto Fenichel (First Series). New York: W.W. Norton and Company, 1953.

Fenichel, O. The psychoanalytic theory of neurosis. New York: W.W. Norton and Company, Inc., 1945.

Fisher, S. and Cleveland, S.E. Body image and personality. New York: Dover Press, 1968.

Fisher, S. The female orgasm. London: Allen Lane, 1973.

Fiske, D.W. Measuring the concept of personality. Chicago: Aldine Publishing Company, 1971.

Fliegel, Z.O. Feminine psychosexual development in Freudian theory: A historical reconstruction. Psychoanalytic Quarterly, 1973, 42, 385-408.

Fliess, R. Female and preoedipal sexuality: A historical survey. In R. Fliess (Ed.), The psycho-analytic reader. New York: International Universities Press, 1948.

Fraiberg, S. Some characteristics of genital arousal and discharge in latency girls. The Psychoanalytic Study of the Child, 1972, 27, 439-475.

Freud, S. Fragment of an analysis of a case of hysteria (1905). In S. Freud, Collected papers (Vol. 3). (J. Strachey, Ed. and trans.). New York: Basic Books, Inc., 1959. (a)

Freud, S. [Three essays on the theory of sexuality.] (J. Strachey Ed. and trans.), London: Hogarth Press, 1970 (Originally published, 1905). (b)

Freud, S. Analysis of a phobia in a five-year-old boy (1909). In S. Freud, Collected papers (Vol. 3). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S. Contributions to the psychology of love. A special type of choice of object made by men (1910). In S. Freud, Collected papers (Vol. 4). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S. On narcissism: An introduction (1914). In S. Freud, Collected papers (Vol. 4). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S. Some character-types met with in psychoanalytic work (1915). In S. Freud, Collected papers (Vol. 4). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S. "A child is being beaten." A contribution to the study of the origin of sexual perversions (1919). In S. Freud, Collected papers (Vol. 2). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S. The psychogenesis of a case of homosexuality in a woman (1920). In S. Freud, Collected papers (Vol. 2). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S. [The Ego and the Id.] (J. Riviere, trans., J. Strachey, Ed.). New York: W.W. Norton and Company, 1962. (Originally published, 1923). (a)

Freud, S. The infantile genital organization of the libido (1923). In S. Freud, Collected papers (Vol. 2). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959. (b)

Freud, S.: The economic problem in masochism (1924). In S. Freud, Collected papers (Vol. 2). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959. (a)

Freud, S.: The passing of the Oedipus complex (1924). In S. Freud, Collected papers (Vol. 2). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959. (b)

Freud, S.: Some psychological consequences of the anatomical distinction between the sexes (1925). In S. Freud, Collected papers (Vol. 5). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S.: Female sexuality (1931). In S. Freud, Collected papers (Vol. 5). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959. (a)

Freud, S.: Über die weibliche Sexualität (1931). In S. Freud, Gesamelte Schriften. Wien: Internationaler Psychoanalytischer Verlag, 1934. (b)

Freud, S.: Femininity. In S. Freud, [New introductory lectures on psychoanalysis.] (J. Strachey, Ed. and trans.), New York: W.W. Norton and Company, 1965. (Originally published, 1933).

Freud, S.: Analysis: terminable and interminable (1937). In S. Freud, In S. Freud, Collected papers (Vol. 5). (J. Strachey, Ed. and trans.), New York: Basic Books, Inc., 1959.

Freud, S.: [An outline of psychoanalysis] (J. Strachey, Ed. and trans.), New York: W.W. Norton and Company, 1949. (Originally published, 1940).

Freud and female sexuality: A previously unpublished letter. Psychiatry, 1971, 34, 328-329.

Galen, A.F. Rethinking Freud on female sexuality: A look at the new orthodox defense. The Psychoanalytic Review, 1979, 66, 172-186.

Galenson, E., and Roiphe, H. The impact of early sexual discovery on mood, defensive organization and symbolization. The Psychoanalytic Study of the Child, 1971, 26, 195-216.

Galenson, E., and Roiphe, H. Some suggested revisions concerning early female development. (1976). In H.P. Blum (Ed.), Female Psychology. New York: International Universities Press, 1977.

Galenson, E., and Roiphe, H. The pre-Oedipal development of the boy. Journal of the American Psychoanalytic Association, 1980, 28, 805-827.

Gillespie, W.H. The concept of vaginal orgasm. International Journal of Psycho-Analysis 1969, 50, 495-497.

Glover, E. Metapsychology or metaphysics. A psychoanalytic essay. Psychoanalytic Quarterly, 1966, 35, 173-190.

Green, R. Human sexuality: Research and treatment frontiers. In S. Arieti (Ed.), American handbook of psychiatry (2nd Ed.). New York: Basic Books, 1976.

Greenacre, P. Anatomical structure and superego development (1948). In P. Greenacre (Ed.), Trauma, growth and personality. New York: International Universities Press, 1952.

Greenacre, P. Special problems of early female sexual development (1950). In P. Greenacre (Ed.), Trauma, growth and personality. New York: International Universities Press, 1952.

Greenacre, P. Penis awe and its relationship to penis envy (1953). In P. Greenacre (Ed.), Emotional growth (Vol. 1). New York: International Universities Press, 1971.

Greenacre, P. Early physical determinants in the development of a sense of identity (1958). In P. Greenacre (Ed.), Emotional growth (Vol. 1). New York: International Universities Press, 1971.

Greenacre, P. Woman as artist (1960). In P. Greenacre (Ed.), Emotional growth (Vol. 2). New York: International Universities Press, 1971.

Greenacre, P. A study on the nature of inspiration. Some special considerations regarding the phallic phase (1964). In P. Greenacre (Ed.), Emotional growth (Vol. 2). New York: International Universities Press, 1952.

Greenson, R.K. Disidentifying from mother. International Journal of Psycho-Analysis, 1968, 49, 370-374.

Grossman, W.I. Discussion of "Freud and female sexuality." International Journal of Psycho-Analysis, 1976, 57, 301-305.

Grossman, W.I., and Stewart, W.A. Penis envy: from childhood wish to developmental metaphor (1976). In H.P. Blum (Ed.), Female Psychology New York: International Universities Press, 1977.

Grunberger, B. Outline for a study of narcissism in female sexuality. In J. Chasseguet-Smirgel (Ed.), Female sexuality: New psychoanalytic views. Ann Arbor: University of Michigan press, 1970.

Hartmann, H. Comments on the psychoanalytic theory of the ego. The Psychoanalytic Study of the Child, 1950, 5, 74-121.

Hopkins, L.B. Inner space and outer space identity in contemporary females. Psychiatry, 1980, 43, 1-12.

Horney, K. On the genesis of the castration complex (1924). In H. Kelman, (Ed.) Feminine psychology. New York: W.W. Norton and Company, 1967.

Horney, K. The flight from womanhood (1926). In H. Kelman, (Ed.), Feminine psychology. New York: W.W. Norton and Co., 1967.

Horney, K. Inhibited femininity (1926-27). In H. Kelman, (Ed.), Feminine psychology. New York: W.W. Norton and Co., 1967.

Horney, K. The dread of women. International Journal of Psycho-Analysis 1932, 13, 348-360.

Horney, K. The denial of the vagina (1933). In H. Kelman, (Ed.), Feminine psychology. New York: W.W. Norton and Co., 1967.

Horney, K. The problem of feminine masochism (1935) In H. Kelman, (Ed.), Feminine psychology. New York: W.W. Norton and Co., 1967.

Jacobson, E. Development of the wish for a child in boys. The Psychoanalytic Study of the Child, 1950, 5, 139-152.

Jacobson, E. The self and the object world. New York: International Universities Press, 1964.

Jacobson, E. On the development of the girl's wish for a child. Psychoanalytic Quarterly, 1968, 37, 523-538.

Jacobson, E. Ways of female superego formation and the female castration conflict. Psychoanalytic Quarterly, 1976, 45, 525-538.

Jones, E. The early development of female sexuality. International Journal of Psycho-Analysis, 1927, 8, 459-472.

Jones, E. The phallic phase. International Journal of Psycho-Analysis, 1933, 14, 1-33.

Jones, E. Early female sexuality. International Journal of Psycho-Analysis, 1935, 16, 263-273.

Karme, L. A clinical report of penis envy: Its multiple meanings and defensive function. Journal of the American Psychoanalytic Association, 1981, 29, 427-446.

Kestenberg, J. On the development of maternal feelings in early childhood. Observations and reflections. The Psychoanalytic Study of the Child, 1956, 2, 257-291. (a)

Kestenberg, J. Vicissitudes of female sexuality. Journal of the American Psychoanalytic Association, 1956, 4, 453-476. (b)

Kestenberg, J. Outside and inside, female and male. Journal of the American Psychoanalytic Association, 1968, 16, 457-520. (b)

Kestenberg, J. Children and parents. Psychoanalytic studies in development. New York: Jason aronson, 1975.

Kestenberg, J. Regression and reintegration in pregnancy (1976). In H.P. Blum (Ed.), Female psychology. New York: International Universities Press, 1977.

Kleeman, J. Freud's views on early female sexuality in the light of direct child observation (1976). In H.P. Blum (Ed.), Female psychology. New York: International Universities Press, 1977.

Klein, M. The Psycho-analysis of children. New York: Dell Publishing Company, 1975.

Klein, M. Early stages in the Oedipal conflict (1928). In M. Klein, Contributions to psycho-analysis (1921-1945). London: Hogarth Press, 1968.

Klein, V. The feminine character. London: Kegan, Paul, Trench, Trubner and Company, 1946.

Klein, V. The stereotype of femininity (1950). In R.K. Unger and F.L. Denmark (Eds.), Woman: Dependent or independent variable? New York: Psychological Dimensions, Inc., 1975.

Kohlberg, L. A cognitive developmental analysis of sex-role concepts and attitudes. In E.E. Maccoby (Ed.), The development of sex differences, Stanford, Calif.: Stanford University Press, 1966.

Kohut, H. Forms and transformations of narcissism. Journal of the American Psychoanalytic Association, 1966, 14, 243-272.

Kohut, H. The analysis of the self. New York: International Universities Press, 1971.

Kohut, H. A note on female sexuality. In P.H. Ornstein (Ed.), The search for the self. Selected writings of Heinz Kohut. 1950-1978 (Vol. 2). New York: International Universities Press, 1978.

Kramer, P.: On discovering one's identity: A case report. The Psychoanalytic Study of the Child, 1955, 10, 47-74.

Kubie, L.S. The drive to become both sexes. Psychoanalytic Quarterly, 1974, 43, 349-426.

Lamp1-de Groot, J. The evolution of the Oedipus complex in women (1927). In R. Fliess (Ed.), The psycho-analytic reader (Vol. 1). New York: International Universities Press, 1948.

Lamp1-de Groot, J. Thoughts on psychoanalytic views of female psychology 1927-1977. Psychoanalytic Quarterly, 1982, 51, 1-18.

Leonard, M.R. Fathers and daughters: The significance of "fathering" in the psychoanalytic development of the girl. International Journal of Psycho-Analysis, 1966, 47, 325-334.

Lerner, H.F. Parental mislabeling of female genitals as a determinant of penis envy and learning inhibitions in women (1976). In H.P. Blum (Ed.) Female psychology New York: International Universities Press, 1977.

Levin, D.C. The self: A contribution to its place in theory and technique. International Journal of Psycho-Analysis, 1969, 50, 41-51.

Lichtenstein, H. Identity and sexuality. A study of their interrelationship in man. Journal of the American Psychoanalytic Association, 1961, 9, 179-260.

Lobban, G. The attitudes of female and male university students to sex-roles and themselves. Masters dissertation, University of the Witwatersrand, 1972.

Maccoby E.E. (Ed.) The development of sex differences. Stanford, Calif.: Stanford University Press, 1966.

Maccoby, E.E. and Jacklin, C.N. The psychology of sex differences. Stanford, Calif.: Stanford University Press, 1974.

Machover, K. Personality projection in the drawing of the human figure: A method of personality investigation. Springfield, Ill.: C.C. Thomas, 1949.

Maddi, S.R. Personality theories: A comparative analysis. Nobleton, Ontario: Irwin Dorsey, Ltd., 1968.

Mahler, M.S. Notes on the development of basic moods: The depressive affect. In R.M. Loewenstein, L.M. Newman, M. Schurr and A.J. Solnit (Eds.), Psychoanalysis - A general psychology. New York: International Universities Press, 1966.

Mahler, M.S. Rapprochement subphase of the separation - individuation process (1972). In Selected papers of Margaret S. Mahler (Volume 2). New York: Jason Aronson, 1979.

Mahler, M.S., Pine, F. and Bergman, A. The psychological birth of the human infant. New York: Basic Books, Inc., 1975.

Mahler, M.S. Aggression in the service of separation-individuation: Case study of a mother-daughter relationship. Psychoanalytic Quarterly, 1981, 50, 625-638.

Masters, W.H., and Johnson, V.E. Human sexual response. Boston: Little, Brown, 1966.

McDougall, J. Homosexuality in women. In J. Chasseguet-Smirgel (Ed.), Female sexuality: New psychoanalytic views, Ann Arbor: The University of Michigan Press, 1970.

McElhany, M. Clinical psychological assessment of the human figure drawing. Springfield, Ill.: C.C. Thomas, 1969.

Mead, M. On Freud's view of female psychology. In J. Strouse (Ed.), Women and analysis, New York: Dell Publishing Company, Inc. 1974.

Miller, J.B. Psychoanalysis and women. Middlesex, England: Penguin Books, Inc., 1973.

Mischell, W. A social-learning view of sex differences. In E.E. Maccoby (Ed.), The development of sex differences, Stanford, Calif.: Stanford University Press, 1966.

Mitchell, J. Psychoanalysis and feminism. Middlesex, England: Penguin Books, Inc., 1965.

Money, J. Sexual dimorphism and homosexual gender identity (1970). In J.M. Bardwick (Ed.), Readings on the psychology of women. New York: Harper and Row, 1972.

Money, J., and Erhardt, A.A. Man and woman, boy and girl. Baltimore: Johns Hopkins University Press, 1972.

Moore, B.E. Freud and female sexuality. International Journal of Psycho-Analysis 1976, 57, 287-300.

Moulton, R. A survey and reevaluation of the concept of penis envy. In J. B. Miller (Ed.), Psychoanalysis and women, Middlesex, England: Penguin Books, Inc., 1973.

Nagera, H. Female sexuality and the Oedipus complex. New York: Jason Aronson, Inc., 1975.

Panel Report. The problem of masochism in the theory and technique of psychoanalysis. (Reported by M.H. Stein). Journal of the American Psychoanalytic Association, 1956, 4, 526-538.

Panel Report. Problems of identity. (Reported by D.L. Rubinfine). Journal of the American Psychoanalytic Association, 1958, 6, 131-142.

Panel Report. Female sexuality. (Reported by W.J. Barker). Journal of the American Psychoanalytic Association, 1968, 6, 123-145.

Panel Report. The development of the child's sense of his sexual identity. (Reported by V.L. Clower). Journal of the American Psychoanalytic Association, 1970, 18, 165-176.

Panel Report. Psychology of women: 1) Infancy and early childhood 2) Latency and early adolescence. (Reported by E. Galenson). Journal of the American Psychoanalytic Association, 1976, 24, 141-160. (a)

Panel Report. Psychology of women: Late adolescence and early adulthood. (Reported by E. Galenson). Journal of the American Psychoanalytic Association, 1976, 24, 631-646. (b)

Panel Report. The psychology of women: (Reported by E. Galenson). Journal of the American Psychoanalytic Association, 1978, 26, 163-177. (a)

Panel Report. The role of the father in the preoedipal years. (Reported by Robert C. Prall). Journal of the American Psychoanalytic Association, 1978, 26, 143-161. (b)

Panel Report. Masochism: Current concepts. (Reported by N. Fischer). Journal of the American Psychoanalytic Association, 1981, 29, 673-688.

Rapaport, D., Gill, M.M., and Schafer, R. Diagnostic psychological testing (Rev. Ed.). New York: International Universities Press, 1968.

Reich, A. A contribution to the psychoanalysis of extreme submissiveness in women (1940). In Annie Reich: Psychoanalytic contributions. New York: International Universities Press, 1973.

Reich, A. Narcissistic object choice in women (1953). In Annie Reich: Psychoanalytic contributions. New York: International Universities Press, 1973.

Reich, W. Character analysis (3rd Ed.). New York: Farrar, Strauss and Giroux, Inc., 1961.

Roiphe, H. On an early genital phase: With an addendum on genesis. The Psychoanalytic Study of the Child, 1968, 23, 348-365.

Roiphe, H. and Galenson, E. Early genital activity and the castration complex. Psychoanalytic Quarterly, 1972, 41, 334-347.

Roiphe, H. and Galenson, E. Object loss and early sexual development. Psychoanalytic Quarterly, 1973, 42, 73-90.

Rubin, G. The traffic in women: Notes on the "political economy" of sex. In R. Reiter (Ed.), Toward an anthropology of women. New York: Monthly Review Press, 1975.

Ryckman, R.M. Theories of personality. New York: Van Nostrand, 1978.

Sarlin, N. Feminine identity. Journal of the American Psychoanalytic Association, 1963, 11, 790-816.

Schafer, R. Concepts of self and identity and the experience of separation-individuation in adolescence. Psychoanalytic Quarterly, 1973, 42, 42-59.

Schafer, R. Problems in Freud's psychology of women. Psychoanalytic Quarterly, 1974, 43, 459-485.

Semeonoff, B. Personality assessment. Middlesex, England: Penguin Books Inc., 1966.

Shapiro, D. Neurotic styles. New York: Basic Books, Inc., 1965.

Sherfey, M.J. The evolution and nature of female sexuality in relation to psychoanalytic theory. Journal of the American Psychoanalytic Association, 1966, 14, 28-128.

Silverman, M.A. Cognitive development and female psychology. Journal of the American Psychoanalytic Association, 1981, 29, 581-605.

Simon, B. Review of "Dimensions of a new identity: The 1973 Jefferson lectures in the humanities" by E.H. Erikson. Psychoanalytic Quarterly, 1978, 47, 458-464.

Spiegel, L.A. The self, the sense of self and perception. The Psychoanalytic Study of the Child, 1959, 14, 81-109.

Spruiell, V. The self and the ego. Psychoanalytic Quarterly, 1981, 50, 319-344.

Stagner, R. Psychology of personality (4th Ed.). New York: McGraw-Hill Book Company, 1974.

Steingart, I. On self, character and the development of a psychic apparatus. The Psychoanalytic Study of the Child, 1969, 24, 271-303.

Stoller, R.J. The sense of femaleness. Psychoanalytic Quarterly, 1968, 37, 42-55. (a)

Stoller, R.J. Sex and gender (Vol. 1). New York: Science House, 1968. (b)

Stoller, R.J. Facts and fancies: An examination of Freud's concept of bisexuality. In J. Strouse (Ed.), Women and analysis. New York: Dell Publishing Company, 1974. (a)

Stoller, R.J. Symbiosis anxiety and the development of masculinity. Archives of General Psychiatry, 1974, 30. (b)

Stoller, R.J. Sex and gender (Vol. 2). London: International Psychoanalytic Library and Hogarth Press, 1975.

Stoller, R.J. Primary femininity (1976). In H.P. Blum (Ed.), Female psychology. New York: International Universities Press, 1977.

Strouse, J. (Ed.), Women and analysis. New York: Dell Publishing Company, 1974.

Torok, M. The significance of penis envy in women. In J. Chasseguet-Smirgel (Ed.), Female sexuality: New psychoanalytic views. Ann Arbor: University of Michigan Press, 1970.

Unger, R.K. and Denmark, F.L. Woman: Dependent or independent variable? New York: Psychological Dimensions, Inc., 1975.