

INFORMATION TO USERS

This reproduction was made from a copy of a manuscript sent to us for publication and microfilming. While the most advanced technology has been used to photograph and reproduce this manuscript, the quality of the reproduction is heavily dependent upon the quality of the material submitted. Pages in any manuscript may have indistinct print. In all cases the best available copy has been filmed.

The following explanation of techniques is provided to help clarify notations which may appear on this reproduction.

1. Manuscripts may not always be complete. When it is not possible to obtain missing pages, a note appears to indicate this.
2. When copyrighted materials are removed from the manuscript, a note appears to indicate this.
3. Oversize materials (maps, drawings, and charts) are photographed by sectioning the original, beginning at the upper left hand corner and continuing from left to right in equal sections with small overlaps. Each oversize page is also filmed as one exposure and is available, for an additional charge, as a standard 35mm slide or in black and white paper format.*
4. Most photographs reproduce acceptably on positive microfilm or microfiche but lack clarity on xerographic copies made from the microfilm. For an additional charge, all photographs are available in black and white standard 35mm slide format.*

***For more information about black and white slides or enlarged paper reproductions, please contact the Dissertations Customer Services Department.**

UMI University
Microfilms
International

8601688

Rees, Katharine Elizabeth

**EVOLVING PERSPECTIVES ON THE NEGATIVE OEDIPAL COMPLEX IN
GIRLS**

City University of New York

PH.D. 1985

**University
Microfilms
International**

300 N. Zeeb Road, Ann Arbor, MI 48106

Copyright 1985

by

Rees, Katharine Elizabeth

All Rights Reserved

EVOLVING PERSPECTIVES
ON THE NEGATIVE OEDIPAL COMPLEX IN GIRLS

by

KATHARINE REES

A dissertation submitted to the Graduate Faculty
in Psychology in partial fulfillment of the requirements
for the degree of Doctor of Philosophy, The City
University of New York

1985

COPYRIGHT BY
KATHARINE REES
1985

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.

July 9, 1985.
date

Lawrence J. Gaudel
Chairman of Examining Committee

July 18, 1985
date

Hubert D. Saltzman
Executive Officer

Irving Stein Dr. I. Steingart

I. H. Paul Dr. I. H. Paul

Lawrence J. Gaudel Dr. L. J. Gould
Supervisory Committee

Abstract

EVOLVING PERSPECTIVES
ON THE NEGATIVE OEDIPAL COMPLEX IN GIRLS

by

Katharine Rees

Adviser: Professor Laurence Gould

The purpose of this theoretical and clinical study is to review and revise Freud's original concept of the negative oedipal complex in girls, in the light of recent developmental research and contemporary psychoanalytic viewpoints. Freud's formulation, that the girl starts off her oedipal development by wanting to play the father's role toward her mother, has been widely questioned.

A main argument of this thesis is that Freud may have been mistaken in his developmental account, which was largely derived via reconstruction from adult clinical material. But that his general theory of psychic functioning which emphasizes developmental continuities, unconscious fantasy, anxiety and defensive identifications still offers a highly useful way of understanding female as well as male development.

The relevant literature is reviewed and extensive clinical material is presented from ten girls between the ages of three to twenty. Three patients were in treatment with the author and seven published psychoanalytic cases are summarized.

The material available suggests that the classical concept of a universal "negative oedipal stage" does not accurately describe the multiple dimensions of the little girl's sexual development. There is already ongoing sexual differentiation in her relation to both parents and in her emerging identity. Whereas cognitive and ego immaturity may still at times allow her to wish to be both male and female, ongoing maturation brings increasingly clear differentiation. Wishes to be male are seen as already the result of various narcissistic deficits or efforts at conflict resolution.

The negative oedipal position is therefore seen as evolving within the establishment of the positive oedipal complex, and to be essentially a defensive constellation. A fixation in a negative oedipal position is due to extensive early ego pathology and/or considerable pathology in the parents. Masculine identifications are seen as complex mental composites and defensive resolutions, and are not the continuation of an early masculine stage.

The important clinical implication is that apparent negative oedipal material be understood as having many layers of meaning, and be interpreted in terms of anxiety about assuming the feminine identification rather than as derivative from a discrete negative oedipal stage.

ACKNOWLEDGEMENTS

I want to express my appreciation to the faculty of the Clinical Psychology Program for offering me the opportunity to participate in this program.

It was a unique experience, after twenty years of psychoanalytic work -- I learned much that was new, and had the chance to rethink old issues in this unusually stimulating environment. Among many other benefits it enabled me to undertake this clinical and theoretical study. I believe this is also in the spirit of my former teacher and mentor Anna Freud, who was always eager to understand, through clinical paths, more and more about the mysterious inner life of the child.

I especially wish to thank my advisor, Professor Laurence Gould, as well as all the members of my committee, for their important ideas and suggestions. Also, many colleagues with whom I have discussed this topic. I am particularly indebted to Dr. William Grossman and Dr. Donald Kaplan whose illuminating manuscript has shaped much of my thinking. And for their permission to quote extensively from it. I also thank my young patients for sharing so much of their experience with me.

I am very grateful for the secretarial assistance of Elizabeth Armour, with whom it was always a pleasure to work. Above all, my love and gratitude to my husband Charles King for his help in challenging and clarifying many issues as well as his humor and loving support.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS		vi
Chapter		
I.	INTRODUCTION	1
II.	THE CLASSICAL VIEW	8
	The Complete Oedipus Complex	8
	The Phallic Phase of the Girl	10
	The Negative Oedipal Stage	11
	Some Questions About the Negative Oedipal Stage	14
	Pre-Oedipal Development	16
	THE DISSENTING VIEWS	20
	SOME LATER CONTRIBUTIONS	28
III.	CONTEMPORARY VIEWS	32
	Early Female Development	32
	Cognitive Theory	39
	Meaning of Penis Envy	43
	The Girl's Phallic Phase	47
	The Girl's Negative Oedipal Stage	58
	The Girl's Oedipal Stage	62
	The Latency Period of the Girl	69
	The Girl's Adolescence	73
	The Negative Oedipal Complex in Adult	
	Female Psychopathology	78
	Female Homosexuality and the Masculine Woman	81
IV.	CLINICAL MATERIAL	89
	Seven Published Cases	89
	My Own Cases - Sara	102
	Ruth	106
	Jill	111
V.	THEORETICAL AND CLINICAL DISCUSSION	119
	Early Pre-Phallic Development of the Girl	119
	Feminine Gender Identity	119
	Early Relationship to the Mother	121
	The Role of the Father	124

The Girl's Phallic Phase	126
Meaning of Penis Envy	126
The Phallic Narcissistic Phase	129
Vaginal Awareness	131
A Universal Negative Oedipal Stage	134
The Girl's Oedipal Complex	139
Latency and Adolescence	143
Adult Female Psychopathology and the Negative Oedipal Complex, Homosexuality and the Masculine Woman	147
VI. CONCLUSIONS	149
BIBLIOGRAPHY	154

Katharine Rees

EVOLVING PERSPECTIVES ON THE NEGATIVE OEDIPAL COMPLEX IN GIRLS

"If I can't marry Daddy, perhaps I'll marry Mommy."

(Sara, age 5)

CHAPTER ONE: INTRODUCTION

The purpose of this theoretical study is to review and revise Freud's original concept of the negative oedipal complex in girls, in the light of recent developmental research and contemporary psychoanalytic viewpoints.

Freud's formulation, that the girl starts off psychosexual development as 'a little boy', in a phallic relationship to her mother, has been widely questioned. There are new propositions such as those concerning the early establishment of feminine gender identity, the complexities of the pre-oedipal relationship to both parents, meanings of penis envy in the girl, and implications from cognitive theory about the development of gender differentiation -- all of which necessitate some revision of the understanding of this complex.

My plan is first to outline Freud's contributions and those of the early psychoanalysts on this concept, then review the recent literature and research in areas relevant to it, and then to discuss further the theoretical and clinical issues which are raised. I will also look at some of the published clinical data, and make use of psychoanalytic

material from three of my own cases, a 4-year-old, a 12-year-old, and a 17-year-old.

I will then attempt to draw the discussion together to formulate a revised, more comprehensive understanding of the girl's negative oedipal complex, and point to the clinical implications of such a revision.

First, a brief review of the classical formulation. As Freud evolved his theory of sexual development and of the universality of the oedipal complex, he focused at first on the positive aspects of this complex, which he saw as similar for boys and girls. He proposed that each child takes as his or her sexual object the parent of the opposite sex. He subsequently also suggested that there is a negative oedipal complex, in which each child takes the rival parent of the same sex as a sexual object too. He at first saw this as primarily due to the innate bisexuality of human beings. (Freud, 1905b, 1923a)

But as he explored the development of childhood sexuality further he began to see female sexual development and the female oedipal complex as more complicated than that of the male. She has to come to terms with her lack of a penis. He believed that all children at first think there is only one kind of genital, the penis. She also has to make the change from her first love-object, her mother, to a new one, her father.

Freud therefore proposed that the little girl must first go through a negative oedipal phase (preceding the positive) in which she is psychically in all respects like a little boy, with phallic aims towards the mother, rivalry with the father, and still believing both she and mother have a penis. It is only her final realisation of her lack of a penis, and her disillusionment with her mother, that propels her to turn

toward her father with a wish for a penis equivalent, for a baby from him, i.e., into the positive oedipal stage. She does not become fully aware of her vagina until puberty. This would be the path of normal feminine development. The alternatives are fixation or regression to the "masculinity complex," or sexual inhibition and neurosis. (Freud, 1933) Anxieties about positive oedipal wishes and fears of rivalry with the mother can cause regression to the masculine negative oedipal position.

A main argument of my thesis will be that Freud may have been mistaken in his developmental propositions, largely derived as they were via reconstruction from adult clinical material. But that other aspects of his metapsychological theory, e.g. his formulations regarding the transformation of libidinal fantasies from one phase to another, of the nature of unconscious anxiety, conflict, regression and defensive identification, do throw light on the negative oedipal complex.

In approaching Freud's writing on the subject of feminine development, I have found most helpful a view most clearly put forward by William Grossman and Donald Kaplan in an as yet unpublished manuscript (1979) which view I will specifically apply to the study of our concept. They suggest that Freud offers three different kinds of commentary on femininity which are not always clearly distinguishable. One commentary consists of generalizations scattered throughout his writing about what are true feminine character traits as opposed to masculine ones. He at first emphasizes their biological basis but later sees also the cultural contributions. But Freud increasingly came to see that such generalizations have little useful meaning "that pure

masculinity and femininity remain theoretical constructions of uncertain content." (Freud, 1925, p. 258)

Secondly, there is a developmental commentary, which tends to ignore the diversity of the developmental process which is inherent in the rest of his psychoanalytic theory. He tends to assume that "the specification of nodal events and the conflicts related to them as they are uncovered in clinical analyses specifies the developmental process as well" (Grossman & Kaplan, 1979, p. 310) -- and then these become overgeneralized into a hypothetical developmental scheme. "A mere ordering of salient developmental issues cannot embody the causal implications that appear in Freud's narrative. The psychological opportunities which each crisis contributes to developmental outcome do not correlate with the actual weight each contributes to outcome from individual to individual." (ibid., p. 310) For our purposes this would mean that negative oedipal material appearing in an adult does not necessarily mean that this derives from an infantile stage or similar sequence in childhood.

Freud's third commentary on feminine development, which I find the most helpful one, derives from psychoanalytic theory which transcends the special problem of gender, i.e., "his formulation that mental processes of every phase of development are modified, obscured and distorted by their reorganization at subsequent phases of development and that "the outcome of infantile reaction is complicated by birth, individual history, and present mental process and will be complicated further by future events." (ibid., p. 311)

The main issues to be referred to in the literature review and taken up in subsequent discussion can be grouped into six main areas.

1. Early Pre-phallic Development of the Girl. There are new propositions about the early development of a core feminine gender identity and of primary femininity during the first two years of life though some controversy as to how far this derives from parental messages, social learning, early bodily experience, or the primary identification with the mother. Also, "feminine identity" may be a very complex entity that only evolves slowly over time.

This leads to another area which has been much explored, that of the whole process of identity formation in itself, particularly the work on the stages of separation and individuation from the mother. Again, this is relevant to the topic of early feminine identity formation in particular.

Thirdly is the observation or research suggesting that the little girl's relationship to the father begins at a very early stage and may then also evolve into an earlier positive oedipal relationship than had been supposed.

2. The Nature of the Girl's Phallic Phase. Many questions have been raised about this including the very name "phallic phase" as itself a misnomer for the girl. Rather, the girl may be occupied with discovering her own feminine identity and differentiating this from the boy. There is research and discussion about early vaginal awareness but also controversy about the psychic meaning of this to the very young child. Also a renewed controversy as to the role of the clitoris in female experience and fantasies.

Various writers have discussed the meaning of "penis envy" in the girl both in its normal and pathological manifestations. Cognitive theorists have also suggested that there are cognitive maturational issues involved in the girl's understanding of gender differentiation.

3. A Universal Negative Oedipal Stage. There are some writers who still use this concept as Freud originally formulated it but others who, in light of the issues above, raise many questions about there being a universal masculine stage of development and that this would necessarily have to precede the positive oedipal phase. They question the path to the positive oedipal complex that Freud lays out.

4. The Girl's Oedipal Complex. Recent observational research suggests that there is an early onset of the positive oedipal complex in little girls or an early coexistence of positive and negative aspects of the oedipal complex. Many early as well as recent writers have proposed that negative oedipal moves are primarily defensive against positive oedipal disappointments or anxieties rather than regression to a masculine negative oedipal stage.

There are also some propositions about the characteristics of the oedipal stage itself, the level of ego and object relations required to attain and maintain this.

5. Latency and Adolescence. Recent writers particularly on adolescence consider the characteristics of the girl's oedipal complex at these later stages of development, the oscillating moves and nature of age appropriate regressions and defenses. One question raised is the distinction between the regression to negative oedipal versus pre-oedipal positions.

6. The Negative Oedipal Complex in Adult Psychopathology, Female Homosexuality and the Masculine Woman. A brief discussion of some contemporary views on the genesis of female homosexuality and "masculinity" in women which suggest that this is not a straight derivative from the negative oedipal stage.

CHAPTER TWO: THE CLASSICAL VIEW

The Complete Oedipus Complex

Freud first encountered the oedipus complex in himself via his own self-analysis, then began to see it as a universal phenomenon, and finally as the nuclear, unconscious complex in all neurosis.

He at first saw only the positive oedipal complex, i.e., sexual love of the parent of the opposite sex and consequent death wishes toward the parent of the same sex. And he saw the complex as the same for boys and girls, i.e., girls love the father and are rivals with mother. (Freud, 1900, 1905b)

But through his case histories and further theoretical formulations we can see how his view of the intricacies of the oedipus complex unfolded further. In the "Dora" case (1905a) he came to see her unconscious homosexual love for her mother which lay behind the oedipal love for father, and in "Little Hans" (1909) he saw not only the little boy's oedipal love for mother but also his wish to be like mother and have babies too. However, at this stage he was seeing this mainly as an outcome of childhood polysexuality and the inherent bisexuality of human beings. In the "Ratman" case (1909) he also sees the importance of regression from the oedipal to the previous sado-masochistic phase and the neurotic formations that ensue. In a study of paranoia and homosexuality in a woman (1915) he sees how heterosexuality may disguise latent homosexuality and an earlier "mother fixation."

It is in the study of the "Wolfman" (1918) that he first began to delineate an early childhood negative oedipal complex in the boy (though

he did not use this term, and emphasized the feminine and masochistic wishes to the father rather than the triangular oedipal relationship). Then in his 1919 paper "A Child is Being Beaten" he shows how a latency girl can regress from the oedipal conflict to masochistic wishes and resolution. But in his 1920 case of a female homosexual he emphasizes this as mainly caused by an adolescent revengeful reaction to the revived oedipal disappointment.

Then in 1923 in "The Ego and the Id" he formulates more clearly what he now calls "the complete oedipal complex" with both its positive and negative components which he here still relates to inherent bisexuality. He sets out the full range of object choices but also of identifications with the lost love object that result from the complex (Freud, 1923a), i.e., the girl's mother identification will preserve the object relationship to father, which belonged to the positive complex, and will at the same time replace the object relationship to the mother which belonged to the negative complex. The girl's father identification will likewise preserve and replace the object relations of both aspects of the complex. "The relative intensity of the two identifications in any individual will reflect the preponderance in him of one or other of the two sexual dispositions." (Freud, 1923a, p. 34) Interestingly enough this version of "the complete oedipal complex" as rather the same for boys and girls is one that might be more acceptable again today (the full turn of the circle).

But Freud, having at first seen the girl's "simple oedipal complex" as indeed more simple than the boy's, i.e., just love for her father, now began to think of her complex as more complicated, before of his concept

of her early masculine phallic phase. This meant she had to give up her hope for a penis, her masculine clitoral sexuality (without a knowledge of the vagina) and to give up her first love object, mother, before she can turn to father and move into the positive oedipal complex.

The Phallic Phase of the Girl

From the Three Essays on Sexuality (1905b) onward Freud continued to maintain that both little girls and boys believe in a universal phallus, and that the vagina is not discovered until puberty. At this phallic phase both boys and girls react with extreme anxiety to the visual perception that females do not have a penis, to "the castration shock" and have magical beliefs that the penis is somewhere hidden inside the female, may yet grow, has been cut off as a punishment, and so on. These beliefs and their derivatives persist in the unconscious even when conscious knowledge attempts to correct them.

Freud also believed in a physiological bisexuality, with the strength of male and female components varying in each person. "For it appears that a certain degree of anatomical hermaphroditism occurs normally. In every normal male or female individual traces are found of the apparatus of the opposite sex." (Freud, 1905b, p. 141) He saw the clitoris as "homologous to the masculine zone of the glan's penis." (ibid., p. 220) He maintained that clitoral sexuality was always accompanied by masculine aims and fantasies.

The little girl feels her clitoris to be an inferior penis with no knowledge of her own alternative sexual anatomy. The sight of the boy's penis makes her desperately want the same organ, to feel inferior and castrated without it. This has many repercussions on her later uncon-

scious life, in persisting feelings of inferiority, wishes to acquire a penis, envy of males, or behaving in a masculine way as if she did indeed have a penis. Abraham also contributed on this theme (Abraham, 1920).

Freud thought that the strength of clitoral sexuality depended on each female's biological constitution and that penis envy represented a biological "bedrock" in each woman. (Freud, 1937, p. 252) He does often speak as if she must resign herself to accept her "inferior organ" (rather than that this might be a fantasy of inferiority). He usually thought in terms of a "complemental series" in which constitution, infantile experience, and adult experiences interact (Freud, 1916, p. 362) but in this instance he placed the weight on the infantile experiential factor (Freud, 1933, p. 126), i.e., early penis envy.

The Negative Oedipal Stage

The little girl in the negative oedipal stage is in exactly the same libidinal position as the boy in the positive oedipal stage. The little girl is "a little man." (Freud, 1933, p. 118) She wants a penis not only because of the narcissistic feeling of inferiority but because she needs it to woo her mother who is her first love object. This idea was first proposed by Lampl-de Groot (1927) but then wholeheartedly endorsed by Freud (1931, 1933).

Now what happens in the little girl? She, too, takes as her first love-object the mother who feeds and tends her. She too, retains the same object as she passes through the pregenital phases of libidinal evolution. She, too, enters upon the phallic stage of libido-development. Moreover, the little girl has a bodily organ analogous to the little boy's penis, namely, the clitoris, which gives her pleasurable

feelings in masturbation. Physically she behaves exactly like the little boy. We may suppose that in the psychic realm also children of either sex develop up to this point in an entirely similar manner; that is to say, that girls as well as boys, when they reach the phallic stage enter into the oedipus situation, i.e., that which for the girl is negative. She wants to conquer the mother for herself and to get rid of the father.... (Lampl-de Groot, 1927, p. 185)

Freud and his colleagues vacillated somewhat between seeing the girl's phallic relationship to the mother as sometimes pre-oedipal, still within a dyadic relationship, or within a triadic oedipal one which would include a rivalry with the father which seems to be Freud's final view. But they all saw the negative oedipal as necessarily preceding the positive oedipal stage.

The girl's clitoral sexuality has been aroused by mother's bathing and caring of her, and her earliest phallic fantasies are passive ones of wishing to have the genitals touched by the mother. (Brunswick, 1940) (This paper of Brunswick's was written in collaboration with Freud and is said to represent his views.) The girl then develops active phallic wishes to touch the mother's genital. Then, just as boys connect the excited state of their small penis with their ideas of sexual intercourse "little girls do the same thing with their still smaller clitoris." (Freud, 1933, p. 118) There are wishes "to get the mother with child and a corresponding wish to bear her a child" (ibid., p. 120). She at this point becomes a sexual rival of the father (ibid., p. 119). It is only the little girl's anger and disillusionment that the mother has not given her a penis, that she is unable to woo the mother with a penis, and that mother herself is "castrated" that makes her give up mother, her first love object, and change to her father.

There are now three alternate routes for her to take. (Freud, 1931, 1933)

1. She could turn to her father primarily wanting a penis equivalent from him in the form of a baby, preferably a boy baby. This is the path of "normal feminine development." With the girl it is the castration complex that leads to the positive oedipal position.

2. She can cling to her wish to have a penis, or refuse to admit her castration and develop a "masculinity complex." This may in some instances lead to a manifest homosexual object choice.

3. She can become sexually inhibited. With the giving up of clitoral masturbation she may repress all sexual feeling.

The girl always therefore has a biphasic oedipal complex. The first phase is masculine before she can move into the second feminine one, though the full feminine genital position is not reached until the discovery of the vagina at puberty.

Later oedipal disappointment can lead to a defensive masculine position and identification with the father, but Freud saw this as essentially always based on the early masculine phase. "If the defense against femininity is so energetic, from what other source can it draw its strength than from the masculine trend which found its first expression in the child's penis envy and therefore deserves to be named after it." (Freud, 1931, p. 243)

Freud states that "their hostile attitude to the mother is not a consequence of the rivalry implicit in the oedipus complex but originates from the preceding phase and has merely been reinforced and

exploited in the Oedipus situation. And actual analytic examination confirms this view." (Freud, 1931, p. 231)

Some Questions About the Negative Oedipal Stage

As we have seen the concept was introduced in 1927 by Lampl-de Groot, not by Freud himself. In his 1931 paper he accepts her proposition saying that it is well proved by clinical evidence. However, he admits he has not found this in his own cases, though believes this may be because he is a male analyst. Lampl-de Groot's proposition was based on limited adult analytic material as she acknowledges, e.g., in which a homosexual transference developed in an adult woman and from which she reconstructs a negative oedipal stage.

Freud also states that it is very unclear what the phallic aims of the girl are.

Lastly, intense active wishful impulses directed towards the mother also arise during the phallic phase. The sexual activity of this period culminates in clitoridal masturbation. This is probably accompanied by ideas of the mother, but whether the child attaches a sexual aim to the idea, and what that aim is, I have not been able to discover from my observations. It is only when all her interests have received a fresh impetus through the arrival of a baby brother or sister that we can clearly recognize such an aim. The little girl wants to believe that she has given her mother the new baby, just as the boy wants to; and her reaction to this event and her behaviour to the baby is exactly the same as his. No doubt this sounds quite absurd, but perhaps that is only because it sounds so unfamiliar. (Freud, 1931, p. 239)

He also says that although the father is a rival at this phase her hostility towards him never reaches such a pitch as does the boy's. Brunswick also emphasizes that the girl can never achieve a full identification with the sexual activity of the oedipal father and sees her

more as "the young page in an opera." Quoting a patient, "It isn't that I want to be a man. I think I really want to be a little boy."

(Brunswick, 1940, p. 245)

Freud also acknowledges:

that we are not as yet able to distinguish in this field between what is rigidly fixed by biological laws and what is open to movement and change under the influence of accidental experience. The effect of seduction has long been familiar to us and in just the same way other factors--such as the date at which the child's brothers and sisters are born or the time when it discovers the difference between the sexes, or again its direct observations of sexual intercourse or its parents' behaviour in encouraging or repelling it--may hasten the child's sexual development and bring it to maturity. (Freud, 1931, p. 242)

He refers to "a few isolated reports of early vaginal sensation as well. But it would not be easy to distinguish these from sensations in the anus or vestibulum. In any case they cannot play a great part."

(Freud, 1933, p. 118)

Freud feels too that Lampl-de Groot did not emphasize enough the girl's hostility to her mother as causing the change of object (he sees this as being caused by many frustrations but primarily frustration at not being given a penis). Freud at times also emphasized the importance of the regression from the oedipal complex, e.g., in 1933 he says that "female homosexuality is seldom or never a direct continuation of infantile masculinity. Even for a girl of this kind it seems necessary that she should take her father as an object for some time and enter the oedipus situation. But afterwards, as a result of her inevitable disappointments from her father, she is driven to regress into her early masculinity complex." (Freud, 1933, p. 130) Here he may be referring to Deutsch's paper of 1933 on female homosexuality.

There she states that even in the phallic masculine form of female homosexuality "it is my impression that this...is sometimes brought into evidence for the very purpose of hiding the more infantile but nonetheless predominating tendencies. The mother/child relationship at pre-genital levels...dominated the perversion." (1933, p. 227) Yet she also saw the effect of the oedipal complex as important "in every one of my cases...the light or the shadow cast on the original relationship by the father's presence has played an important and necessary part." (ibid., p. 228) "It was not a question of simple fixation on the mother as the first love object but rather a complicated process of returning." (ibid., p. 225-6) Deutsch emphasizes the dangers and guilt of the positive oedipal situation and the frequent masochistic solution. Both Freud and Deutsch basically subscribe to the theory of the phallic negative oedipal stage as preceding the positive oedipal though Deutsch especially had also become interested in the pre-phallic contributions to the masculinity complex and homosexuality and the effects of oedipal regression.

Pre-Oedipal Development

Freud and his collaborators turned to the investigation of the earliest mother/daughter relationship with some excitement. "Our insight...comes as a surprise, comparable in another field with the effect of the discovery of the Minoan-Mycenaean civilization behind that of Greece." (Freud, 1931, p. 226) "Since there is time during this phase for all the fixations and repressions which we regard as the source of the neuroses, it seems that we shall have to retract the

universality of the dictum that the oedipus complex is the nucleus of neurosis." (ibid., p. 226) Pre-oedipal development in the girl was seen as leading up first to the negative oedipal complex and then the positive one.

Again, the interest in this came via the analysis of adults where the Freud group had become impressed by the length and intensity of many womens' attachment to their mothers, and the way in which this could become transferred to their heterosexual objects.

Freud is impressed with the many reasons for attachment but also frustration and hostility that develop in the long early mother/child relationship through the oral, anal, phallic, libidinal and aggressive impulses toward the mother.

When we survey the whole range of motives for turning away from the mother which analysis brings to light--that she failed to provide the little girl with the only proper genital, that she did not feed her sufficiently, that she compelled her to share her mother's love with others, that she never fulfilled all the girl's expectations of love, and, finally, that she first aroused her sexual activity and then forbade it--all these motives seem nevertheless insufficient to justify the girl's final hostility. Some of them follow inevitably from the nature of infantile sexuality; others appear like rationalizations devised later to account for the uncomprehended change in feeling. Perhaps the real fact is that the attachment to the mother is bound to perish, precisely because it was the first and was so intense. (Freud, 1931, p. 234)

And it is this attachment and hostility that can also be turned against future husbands.

The vicissitudes of the girl's passive, yet also active, aims towards the mother is also a subject taken up by Brunswick (1940) representing Freud's view too. She sees three early pairs of antitheses--

active-passive, phallic-castrated, masculine-feminine (the last only characteristic in adolescence). At first the mother seems all powerful, active and omnipotent, the child is passive until gradually identifying with the mother's activity. This activity is therefore to some extent a defense against passivity, and she also stresses the fear of the omnipotent mother. But part of the girl's identification with the active mother is a wish to have a (doll) baby as mother does, i.e., there is pre-phallic identification with the active maternal role (and the baby is not only a later penis-equivalent). Brunswick discusses the problem for the girl of identifying with the active mother who is also seen as phallic, and later having to combine this with an identification with the passive castrated mother to become passive in her relationship to the phallic father.

Brunswick also explores more fully the early libidinal fantasies and how these consequently shape the interpretation of the primal scene. The pre-oedipal child imagines the parents engaging in the pleasures she already knows and identifies the father with herself, e.g., the mother suckles the father or the mother is suckled by the child or by the father. (Brunswick, 1940, p. 242) In the phallic phase the fantasies are of mutual touching of the genitals (since the vagina is still unknown). "Thus we see that while the parental coitus is incorporated into the oedipal fantasy life of the child and into its masturbation, nevertheless the understanding and interest which the child brings to the parental coitus are based on the child's own pre-oedipal physical experiences with the mother and its resultant desires." (ibid., 243)

Freud had also concluded that "a woman's identification with her mother allows us to distinguish two strata: the pre-oedipus one which rests on her affectionate attachment to her mother and takes her as a model; and the later one from the Oedipus complex, which seeks to get rid of her mother and take her place with her father... But the phase of the affectionate pre-Oedipus attachment is the decisive one for a woman's future: during it preparations are made for the acquisition of the characteristics with which she will later fulfill her role in the sexual function and perform her invaluable social tasks. (Freud, 1933, p. 134)

Despite the interest in pre-oedipal development, the theory of the girl's phallic phase and of the negative oedipal phase remains intact.

Helena Deutsch plays an interesting role here. Her 1925 paper (published in the same year as Freud's) describes in great detail the girl's oral and anal fantasies about the paternal penis as transformations from the breast and nipple, particularly as these fantasies are revived in intercourse and child-birth, but holds that for the little girl the bisexual character of development interposes between anus and vagina the masculine clitoris as an erotogenic zone. "The hidden vagina plays no part" (p. 168), i.e., the clitoris interrupts the transformation of these fantasies to the vagina. Her analysis of homosexual women (1932) led her to emphasize the murderous hate toward the mother for a series of pre-phallic as well as phallic frustrations. "The hate against her mother and the libidinal desire for her were much older than the oedipus complex." (p. 213) Most of her homosexual patients were in a more or less consciously recognized mother-child relationship with their

love-object. Sexual satisfaction was obtained in all these cases from the following practices: close embraces, mutual sucking at the nipples, genital and (more prominently) anal masturbatory stimulation, and intense mutual cunnilingus. Of special interest is the prominence given to the double role" (ibid., p. 214-5), i.e., active-passive rather than male-female roles. Again she is emphasizing the pre-phallic underlying the phallic fantasies.

THE DISSENTING VIEWS

It is often not known or remembered that there was a lively and intense controversy among the early analysts in the 1920's and early 30's about these very issues and some radical disagreement from Freud. The main dissenting views were expressed by Karen Horney (then one of Freud's circle), Ernest Jones and Melanie Klein, but also by Fenichel on the particular concept of the girl's negative oedipal stage. This piece of history has been very interestingly reconstructed and described by Zenia Fliegel. (Fliegel, 1973)

Karen Horney's paper "On the Genesis of the Castration Complex in Women" (1924) in fact predates the first in Freud's series (Freud, 1925). In this paper she proposes that the masculine position is essentially a defensive formation, i.e., in response to the disappointment and fear of the oedipal attachment, the little girl renounces her oedipal wishes and replaces them with an identification with the father. Horney acknowledges that there is a primary penis envy, based on the girl's perceived disadvantages compared with the boy's urethral and masturbatory advantages, but also that the little girl's oedipal attachment develops and matures from an innate femininity. Horney assigns far

greater importance to the defensive oedipal resolution than to the regressive revival of the early penis envy. "We have seen that the anatomical structure of the female genitals is indeed of great significance in the mental development of women. Also it is indisputable that penis envy does essentially condition the forms in which the castration complex manifests itself in them. But the deduction that repudiation of their womanhood is based on that (penis) envy seems inadmissible. On the contrary, we can see that penis envy by no means precludes a deep and wholly womanly love attachment to the father and that it is only when this relation comes to grief over the Oedipus complex (exactly as in the corresponding male neurosis) that the envy leads to a revulsion from the object's own sexual role." (Horney, 1924, p. 52-3)

Horney quotes case material on which she has based her conclusions, e.g., a patient Z in whom there was an apparent repudiation of the feminine role, revengeful feelings against men and an unconscious homosexual tendency. "It was only when the analysis penetrated into deeper strata, under the greatest resistance imaginable, that it became evident that the source of the penis envy was her envy on account of the child (brother) that her mother and not she had received from her father, whereupon by a process of displacement the penis had become the object of envy in place of the child. In the same way her vehement anger against her brother proved really to have reference to her father, who she felt had deceived her, and to her mother, who instead of the patient herself, had received the child." (ibid., p. 47)

Horney suggests it is easier for women to express feelings of inferiority and "castration" than grapple with their oedipal conflicts.

She also sees another root of the castration complex as a basic fantasy of having suffered castration through the love relationship with the father. For example a patient Y whose castration fantasies of being abnormal in the genital area or having suffered some injury there, were due to rape fantasies, and were designed to prove the reality of her love relationship with her father.

As Fliegel (1973) points out, Freud's 1925 paper seems to ignore and directly contradict Horney's findings instead emphasizing the primacy of the girl's phallic phase penis envy.

Horney (1933) maintains her disagreement with Freud's view and here quotes Josine Muller's and other gynecologists and pediatricians observations of normal children (which Freud himself had recommended) giving evidence of early vaginal masturbation as at least as common as clitoral. Horney's main thesis is that behind the "failure to discover" the vagina is a denial of its existence due primarily to fears of internal injury because of the large size of the paternal phallus, observation of menstruation, and anxieties about damaging herself via masturbation. So the cathexis of the clitoris is a defensive move.

Ernest Jones also enters the fray. In his 1927 paper "The Early Development of Female Sexuality" he essentially supports Horney's view. "Freud's phallic phase in girls is probably a secondary, defensive construction, rather than a true developmental stage." (p. 451) The fundamental fear is unbearable Oedipal frustration and the destruction of all sexual desire (aphanisis). At this point the girl must give up her father (via displacement to other men) or give up her vagina. In

the latter case she remains tied to her father by identifying with him (the masculine complex).

He also believes there is a pre-oedipal auto-erotic penis envy (agreeing with Horney's formulation of this) but that this must be distinguished from the Oedipal version. The wish for a penis of her own is a regressive defense due to frustration of the wish for the penis in intercourse with the oedipal father. In his subsequent papers (Jones, 1933, 1935) Jones again emphasises that the phallic phase, for both boys and girls, is not a normal phase but is a neurotic compromise, due to oedipal anxiety, and therefore not a phase to which she regresses, as Freud formulates it. He disagrees with Freud's view of the clitoris as masculine, stressing that it is a part of the female sexual organ, and clitoral masturbation can be accompanied by entirely feminine fantasies. (1933, p. 470-1) He believes the girl is from the start more concerned with the inside of the body than the outside. Frustrations at the breast lead to early fantasies about a more satisfying penis, the first origin of the girl's oedipal relationship to the father which Jones believes can already be seen beginning in the second year of life.

He thought that it was often excessive oral-sadism that could lead to attacking, penetrating impulses toward the mother and some forms of homosexuality. He sees Freud's emphasis on the effect of the "perception of anatomical differences" as only toward the end of a long sequence of development.

Jones agreed with and developed many of the ideas about the girl's pre-oedipal psychic life that Melanie Klein had also proposed, which views came to be known as those of the London Psychoanalytic Society

which they formed. In Klein's 1928, 1932 papers she offered her formulation that the girl sees the mother as having incorporated the father's penis, and as the possessor of all good things--the milk, the penis, and the babies. The girl has oral and anal sadistic fantasies of devouring these for herself and destroying them in the mother. But she then feels intensely guilty and fearful that mother's retaliation can lead to the destruction of her own internal organs. It is this fear that can lead to the "repression" of the vagina though the clitoris then takes over the feminine fantasies. She may envy the boy's penis as a sexual organ that can be reassuringly seen as undamaged. And she also may make an identification with the paternal phallus seen as sadistic, to destroy the frustrating mother, with fantasies of drowning and poisoning the mother's body by means of a sadistic penis. These are the aggressive homosexual fantasies, but paternal identification can also have the aim of repairing the damage caused to mother and of replacing the penis she stole from her. The girl's own early sadistic fantasies and fear of retaliation lead to the introjection of a very sadistic maternal super ego. Thus both Jones and Klein saw the little girl as having primary feminine wishes and fantasies about the father's penis (developing along a mouth/nipple, anus/feces, vagina/phallus continuum) and emphasized the primitive sadistic fantasies and fears of retaliation from mother. Jones suggests that the Viennese group view is that the girl turns to her father because she is disappointed in her clitoris; the London group thinks she wants a penis because of the obstacles she encounters in her love for her father.

In two important papers of 1930 and 1934, Fenichel took up the argument especially focusing on the proposition of a masculine negative oedipal stage in the girl as put forth by Lampl-de Groot. His papers are in the spirit of pursuing Freud's new interest in the pre-oedipal stage of the girl, and particularly in the way she can make her "change of love object" (which he says was Freud's primary interest). Fenichel says that his clinical material confirms Freud's view that the girl moves over to the father and a desire for a child as a reaction to disappointments in the mother, in which the discovery of the lack of a penis and blaming of mother for this played an important part. But, he adds, the idea "my mother has castrated me" was coordinated with other frustrations and reproaches that the mother had poisoned her (oral) and robbed her of her strength (anal), though the lack of a penis must play, economically, the most important part. He sees female sexuality as built on a basis of partial incorporation, on the idea "My mother has stolen it, my father must give it back." (1930, p. 201) He agrees with Jones that there is both a pre and a post-oedipus penis envy but says "Nothing in our material bore out the suppositions of Lampl-de Groot. The original mother attachments were most markedly, exclusively pre-genital. The only masculine genital wishes observed in one case (a female patient's wish to place her own leg between her mother's thighs) arose at a much later, post-oedipus period long after a secondary identification with the father had taken place. (ibid., p. 201)

He sees the crucial factors to be the pre-genital attachment to the mother, its necessary "break-up" via disappointments, the turning to the father, but the carrying over to him of pre-genital tendencies and

sadistic reactions. "The subjects bisexuality manifests itself in the varying degrees in which the relation with the father is clouded by the importation of hate tendencies really relating to the mother" (ibid., p. 201-2), i.e., masculine identifications and homosexual object choices are a secondary regression from the oedipal conflict.

In his second paper (1934), Fenichel brings four long clinical cases and then addresses three questions.

1. What are the instinctual aims of the pre-oedipal attachment to the mother? He sees oral (together with skin erotism) and anal sadistic attitudes as by far the most prominent, and that the "phallic traits are not found with anything like the obviousness of the pre-genital ones, the urethral impulses cannot by any means be regarded as being in the first instance phallic. They attach themselves to the phallic impulses when once penis envy has become established, but by that time the process of turning away from the mother has also started. In the material before us the wish to have a child with the mother was of an anal rather than a phallic kind. Clitoridal masturbation was practiced (and forbidden)...it could not be shown, however, that it was accompanied by fantasies of wanting to penetrate with the clitoris into some hollow organ of the mother's...Not one of my cases gave evidence of the father appearing as a rival who interfered with the patient's love of her mother--not one, that is, gave evidence of a well-defined negative oedipus complex as a forerunner of the positive. Further evidence is necessary...but I am inclined to suspect a fully developed negative oedipus complex is relatively exceptional." (1934, p. 279)

With regard to phallic aims in reference to the mother Fenichel comments "In my cases the ideas seem to have been of a purely pre-genital kind. The idea of having a child with the mother was clearly present only in one case, but there the mother figure was thought of as the donor and the patient herself as the bearer of a child which was pictured anally. I occasionally came across the idea that a newly born baby sister was a child of the little girl and her mother but it was always...no more than a reaction-formation to the wish 'this should be my child and not yours.' The interest in producing a child seemed in the pre-oedipal period to be wholly anal." (ibid., p. 282)

2. What are the reasons for the passing of the pre-oedipal attachment to the mother? That "women are in the end attracted by men is certainly biologically determined, and the loss of their homosexual beginnings is comparable to that of their milk teeth. The occasion for the change is supplied by the disappointments inevitably experienced from the mother." (ibid., p. 283) Since boys, despite their disappointments, do not generally turn away from their mothers, the important factor for girls is the castration complex. The earlier disappointments "...bring it about that this new disappointment too is regarded as the fault of the mother...But how all this is to happen depends on experiential factors which exercise a formative influence on the transition from one phase of the libido to the next higher one." (ibid., p. 283)

3. Concerning the infantile erotogenicity of the vagina and the turning from mother to father, Fenichel says we often do not see the cessation of clitoral masturbation that Freud expects. Although we do not see vaginal masturbation, we do find a continuation of clitoridal

masturbation to the accompaniment of feminine fantasies relating to the girl's father, though accompanied by feelings of shame and fears of genital injury (fears which have pre-oedipal forerunners). The sexuality of the vaginal orifice does exist in girls, but is an occasional phenomenon and does not dominate any stage of libidinal organization rather it accompanies anal and oral receptivity.

Fenichel questions Freud's formulation of the sexual life of women as being regularly split up into two phases, the first of which is of a masculine character while only the second is specifically feminine. He would concur that girls envy the penis as better than the clitoris which leads to their change of object. But "if this means that the girl's fantasy of inserting this highly sensitive organ into a hollow organ habitually precedes the desire to have something inserted into a hollow organ of her own, then, according to my present findings it seems questionable. Clitoridal erotogenicity and masculinity (wishing to penetrate) are by no means always connected with each other. Analytic observations leave no doubt that clitoridal masturbation can also be accompanied by feminine-receptive fantasies." (ibid., p. 287-8)

Despite these strongly dissenting views, Freud defended and maintained his formulations. This became part of the orthodox psychoanalytic canon for many decades, the dissenting views were silenced and only recently has the whole controversy become revived, and is still not entirely settled.

SOME LATER CONTRIBUTIONS

Edith Jacobson wrote a paper relevant to this issue in 1937, although it was not published in English until 1976. She believed that

the little girl does feel penis envy but that this then stimulates the search for an internal penis which then leads to the exploration of her own body and discovery of the vagina. Once she has cathected her vagina this bolsters her self-esteem and penis envy can eventually cease.

She thought there was a phallic negative oedipal stage in which mother is the first love object. The girl has to relinquish oral-sadistic as well as her phallic aggressive strivings toward mother. She also has oral-aggressive as well as oedipal wishes to steal father's penis. Her guilt and fear of retaliation from mother may make her renounce sexuality and become masochistic. There is "a maternal phallic" superego in which the girl's ego ideal is to become neat, clean and without sexual or aggressive urges.

Helena Deutsch was later (1944) to formulate a somewhat different revised developmental theory. She saw the little girl as at first wanting a baby as an envied possession, then wanting to produce a baby in partnership with the mother--to receive a baby from mother or create one by herself. This can be a foundation for later active motherhood (1944, p. 282) or the baby game can subsequently become transformed into a sexual situation in which forms of childish instinctual gratification are repeated in the framework of a homosexual relationship. (ibid., p. 346)

Deutsch also developed her concept of a biologically determined genital trauma in girls. The little girl feels herself to have "nothing" with which to express her activity. She gives up clitoral activity as inadequate. But when she turns to passivity she is confronted with her lack of a functioning vagina. "Her genital trauma with its

numerous consequent manifestations, lies between the Scylla of having no penis, and the Charybdis of lacking responsiveness of the vagina." (ibid., p. 230) Penis envy is not the cause of this trauma, but is the projection on to the external world of her inner feeling of lack though "in the analysis of adults it is impossible to separate the primary genital trauma from penis envy." (ibid., p. 237, 319) Alternatively the genital trauma can mobilize regressive tendencies and passive masochistic submission to mother. Her activity also tends to be converted into oedipal masochistic rape fantasies which in turn lead to defensive masculinity.

She saw the female as having a constitutionally determined conflict over the expression of or sublimation of passive and aggressive drives, and that many life situations stir up this choice--a wish to be active and masculine but not wanting to give up being feminine. If activity can be integrated it need not disturb femininity.

She disagrees with Horney's assumption of vaginal sensations in childhood, believing the fantasies of dismemberment really refer to other internal organs and orifices.

Greenacre (1950, 1953) was to suggest that there is an early vaginal awareness in many females, sometimes as a pathway to the discharge of bodily stimulation and excitement and that this might well come earlier than clitoral sensation. She emphasized the variety of types of early bodily and genital sensation in little girls, and their interorganization in the pre-oedipal phases. She also differentiated between reactions of envy or awe toward the penis, and the different

repercussions, i.e., acquisitiveness and competitiveness versus idealization, that might result.

Elizabeth Zetzel in her paper on "The Incapacity to Bear Depression" (1965) was also one of the first to emphasize more specifically the early developmental failures in ego or object-relations development that can lead to an overly active phallic orientation in women. Responding to Freud's idea of penis envy as a biological "bedrock" which "brings our analytic activities to an end" (Freud, 1937), she says:

Biological factors, though they represent bedrock in the sense that they are unalterable, do not represent unalterable features of psychic life. Rather, intense penis envy at a phallic level may well be determined by a relative failure to achieve acceptance of reality and genuine object relations during pregenital development....Where penis envy and a phallic orientation are essentially defensive and motivated by underlying passive wishes for approval, however, the incapacity to tolerate depression derives from a regressive solution of the oedipal situation, which falls within the category of analysable character neuroses. Early developmental failure that results in a relatively unalterable limitation must thus be differentiated from symptomatology and character defences attributable to a regressive solution of the infantile neurosis. (p. 107)

CHAPTER THREE: CONTEMPORARY VIEWS

Early Female Development

Stoller (1977) summarizes his important contributions to this issue:

if the first stage in female development is different from Freud's description--if a fundamental, fixed sense of being rightfully a female is established in earliest childhood--then our psychology of women needs repair. (p. 76-7)

He suggests that the factors that make up this stage are 1) a biological "force" (the effect of circulating fetal sex hormones on the brain of the fetus); 2) sex assignment: the announcement at the time of birth to the parents that they have had a boy or a girl; 3) parental attitudes: the effects of the sex assignment on parents, then reflected back onto the infant; 4) "biopsychic" phenomena: early postnatal effects caused by certain habitual patterns of handling the infant; and 5) the developing body ego: sensations, especially from the genitals, that define the child's dimensions.

I suggest that one can divide the development of femininity in females into two phases, both of which lead to adult femininity, but each of which contributes in a different manner. The first, nonconflictual in origin, contributes a sense of femaleness and some of what allows for one's looking feminine; the second, the result of conflict, especially oedipal, produces a richer and more complicated femininity, not merely one of appearances, but one enriched by desires to perform with the substance, rather than just the facade, of femininity. (p. 77)

In support of his view of the overriding importance of environmental input he quotes some "experiments from nature" that test his hypotheses, e.g., that male transsexuals have a core feminine identity due to prolonged mother-infant symbiosis and failure to separate from the mother's

female body. Whereas female transexuals have had a severely disrupted symbiotic phase, inadequate identification and closeness to mother and often encouragement from father to identify with him instead, in a primary way.

Money and Erhart (1972) from their research on genetically and hormonally deviant girls have also concluded that, even here, feminine gender identity is primarily dependent upon neither prenatal gonadal hormones nor genetic endowment, but upon the sex of rearing.

Mahler's work has emphasized the importance of the girl's early identity formation as arising out of the gradual separation/individuation process from the mother. Drawing on psychoanalytically informed and systematic observation of young children she has delineated the main stages by which this occurs, and also the kinds of pathology that may arise if these stages go awry.

As the infant moves from the first autistic to symbiotic phase she is in a stage of hallucinatory omnipotent fusion with the representation of the mother and in particular the delusion of a common boundary of the two actually and psychically separate individuals. In a "good enough" symbiosis the baby begins to acquire a predominately trustworthy sense of self combined with other, that also lays the foundation for important early ego functions, e.g., capacity to tolerate frustration and delay of gratification and the beginning of inner and outer body sensations and awareness. If symbiosis is disturbed either because of innate endowment problems in the child, the mother's difficulty in "cuing" to the infant, or a mismatch between the two, the "good" illusory oneness is disturbed with deleterious effects on the little girl's nascent sense of body and

psychological self and other. The infant begins by needing the mother as a continual "mirroring frame of reference" which gradually becomes absorbed into the child's own sense of identity.

An optimal symbiotic phase promotes the beginning of differentiation, the first subphase of the separation process, in which the little girl begins to separate out her self-representation from the hitherto fused one. This is followed by the practicing phase (approximately 10-16 months) during which the child's maturation allows for greater physical separateness and explorations and burgeoning development of ego functions. It also leads to an exhilarating sense of grandiose omnipotence, before awareness of the vulnerability of separation has set in.

In the third subphase, rapprochement, which follows, the little girl has indeed become aware of the dangers of separation and is torn between wishes to separate further, the wish for reunion with mother, and yet consequently also the fear of re-engulfment by mother. The mother here needs to be optimally emotionally available, supporting the little girl's autonomy and separateness yet also allowing renewed closeness and meeting her need for reassurance and approval. Ideally, this promotes increasingly secure internalized self and object distinctions, representation and consequent emotional object constancy. However, if this "rapprochement crisis" goes awry, this can lead to increased regressive clinging, dependence on external approval, heightened ambivalence, the splitting of the object world into "good or bad," attempts at coercion of objects, and lack of integration of loving and aggressive drives. Both self and object representations can end up as predomi-

nantly "bad," and contrasted with a regressive longing for idealized narcissistic states and objects.

Mahler points to certain special problems in the little girl's early development. One is that the discovery of genital differences is now thought to occur at around 15-18 months, i.e., during the practicing subphase so that it coincides with the wish for and loss of omnipotence.

But,

In favorable cases, successful repression and transient solution of this very early penis envy occurs in the latter part of the third year. At that time, true ego identifications with mother, especially with her mothering function, in terms of transmuting internalization, may take place. This identification with mother forms a basis for feminine gender identity, but often a typical early tomboy behavior, or anal and phallic aggressive acquisitiveness betrays continuation of the wish for a penis, a reaction formation against dependent feminine wishes. (Mahler, Pine & Bergman, 1975, p. 214)

The little girl's other special problem is of how both to identify with, yet also disidentify from the mother during this whole process. Her initial primary identification is with the mother which provides the foundation for a feminine identity, but, as we have seen, in each subphase there are many potential crises and conflicts between mother and daughter that can lead to over-identification or fears of identification. (Mahler et al., 1975, Bergman, 1982)

However, in contrast with Freud's original view, it may be that the girl has for these reasons an easier task in establishing her primary feminine gender identity, whereas the boy has to struggle to disidentify from his primary feminine identificatory object. (Greenson, 1968, Stoller, 1968)

Abelin's work (1971, 1980) indicates that all infants have a specific relationship to the father even in the symbiotic phase, though with a more definite turning towards him at the beginning of the practicing subphase (10-12 months) and that girls tend to attach themselves to the father earlier than boys. Father is increasingly clearly differentiated from mother and his presence is very necessary to her in her separation from her mother and in the resolution of the ambivalence of the rapprochement subphase.

In Abelin's "triangulation" theory he proposes that the self can only become represented via a triangular situation, i.e., in the loving interaction of one attachment object with the other the toddler perceives and recognizes for the first time his own frustrated wish for the object. In girls the self-image is feminine because they still mirror the mother's body but this is only implicitly feminine not in reference to another gender. In what he calls the Madonna Constellation the girl's wish is "I (small child) want mommy (big)" alternating with "I (a child) want baby (small)." It is only later in the oedipal triangulation where the father is included that genital self-differentiation develops. (Whereas for boys, disidentification from mother and identification with the rival father leads to earlier sexual-core-self classification.)

Galenson and Roiphe (1977) from their psychoanalytically oriented observational research on infants and toddlers have concluded that genital discovery occurs much earlier than Freud thought, i.e., between 16-19 months. They think that girls do discover their genital area at this time. They observed manual manipulation, erotic excitation and

reports of vaginal exploration but say it is difficult to observe this exactly. And it is unclear from their evidence whether fantasies of mother are yet involved. But the authors also agree with Freud that experiences of penis envy have a crucial organizing effect on a girl's development. However, they believe these occur earlier than he had anticipated, they are closely intertwined with fears of object and anal loss, and they shape an already developing, although vague sense of femininity, stemming from early bodily and affective experiences with both parents. Also castration reactions vary in intensity from child to child to a marked degree.

We have presented data from direct observational research indicating that the little girl's early relation with her mother, as well as her early bodily experiences, are important in determining the effect upon her when she discovers the sexual anatomical difference at about sixteen to eighteen months of age. At this juncture, depending upon the nature of her earlier experiences, as well as the availability of the father, she may either turn more definitively to the father, or she may remain even more ambivalently attached to the mother, a choice having fateful consequences for the oedipal constellation shortly to emerge. (1977, p. 54-55)

They see this as a phase of sexual differentiation and consolidation, similar to Edgcombe and Burgner's phallic narcissistic phase, only dated two years earlier.

In a discussion at the New York Psychoanalytic Institute (1982) they stated that they see the "normal" path as the girl's oedipal turning to father who appreciates her without a penis, with no evidence of a negative oedipal stage. This only occurs if there is a pathological relationship to and response from the mother.

Kleeman (1977) sees the study of early gender identify formation as having effected a major correction in Freud's theory, calling this "The Missing Link." He quotes the research on parental assignment of gender and on innate differences between male and female infants. But he emphasizes the maturation of cognitive functioning as playing a much more prominent role in the evolution of core gender identity than most analytic contributors suggest. He quotes Kohlberg's (1966) work indicating that the girl's conscious and not-so-conscious labelling of herself as a girl is a primary and basic organizer of gender identity. Kleeman concludes that cognitive functions play a more important role before age 3 than identification processes, castration anxiety, envy of male genitals, or genital sensation. (p. 16)

He reports on his observational study of genital self-stimulation in girls up to 3 years of age. He starts by stating that pleasurable genital self-stimulation should not be labelled masturbation before the middle of the third year when limited fantasy content is associated with it. He feels that early genital sensations and self-stimulation do contribute to body awareness and thus to core gender identity but disagrees with Galensen and Roiphe that this is a major organizer-- compared to the importance of cognitive maturation, and object relationships.

Female infants seem to have spontaneous rhythms of vaginal lubrication. There is an effervesence of genital sensation, awareness and self-stimulation around 15-24 months reflecting "maturation processes, progressive awareness of one's own body, the quality of maternal care, and the interaction of the child and the mothering person" (p. 20) and

contribute to the awareness of gender. But the categorization of gender (who is a girl; who is a boy), largely a cognitive function, starts around 15 months, i.e., before more elaborate genital exploration and differentiation. However, the girl's genital stimulation is on the whole less vigorous and focused than the boy's, and she has a vague representation of her genitals because of the lack of a visual modality and the parents' difficulties in naming the different areas of her genitals for her. Many girls continue to masturbate, others relinquish it for reasons other than penis envy--i.e., observation "denies the single routine pattern Freud claimed to be universal." (p. 23)

Barnett (1966) summarizes her hypotheses to account for the repression of vaginal awareness in girls. The girl having no voluntary muscle control over the vagina is faced with a threat to body integrity. In addition the vagina as a cavity has several characteristics which are unfamiliar to the girl and which make it difficult for her to incorporate this organ in her body image. (a) There is no voluntary control of the orifice, (b) there is nothing contained in the cavity, the nature of which would help the girl learn about this organ. (c) There are no contents which can be viewed by the girl as an actual part of herself. As a result of the inability to maintain awareness of the vagina without anxiety, clitoral hypercathexis emerges to assist in vaginal repression.

Cognitive Theory

Kohlberg (1966) proposed the theory that basic sexual attitudes are not patterned directly by either biological instincts or arbitrary cultural norms, but by the child's cognitive organization of his social world along sex role dimensions. His or her sexual identity is main-

tained by a motivated adaptation to physical-social reality and by the need to preserve a stable and positive self-image. However, cognitive distortions characteristic of childhood sexual concepts may become fixated by certain interpersonal experiences that stabilize distorted conceptions of body interactions and body feelings. The cognitive developmental view holds that the child's difficulties in establishing a constant gender definition (before the age of 5-6) closely parallels difficulties in establishing stable definitions of physical concepts in general and that the former are resolved as the latter are, i.e., when she is categorically certain of gender unchangeability.

Kohlberg's experiments yield information that awareness of genital differences does not directly lead to their use as the primary criterion of gender categorization or of gender constancy.

He holds that sex-role stereotypes are not a direct reflection of parental behavior but are based on perceived sex differences in bodily structure (size, strength, etc.) and extrafamilial roles (males as in positions of power, prestige, aggression and exposure to danger, while females are in roles of nurturance and child care). He suggests that the psychological meaning of genital differences is determined by (or symbolizes) masculine-feminine stereotypes of power, aggression, angularity, etc., rather than that the meaning of these stereotypes is determined by (or symbolizes) genital imagery.

In discussing the role of identification with parents, Kohlberg again criticizes both Freudian and social learning reinforcement models, and suggests that the child has cognitive-developmental wishes to imitate those of the same sex rather than this being determined by the

affectual bond--although eventually the desire to copy the model will lead to the need to be near her and get her approval and enjoy a vicarious sense of success which will solidify the identification.

Kohlberg also concludes that the girl's sex role identification is very much based on complementarity to father's role, i.e., she defines her femininity in terms of male acceptance and approval. He believes that it is only if family reality is extremely or grossly discrepant from the usual stereotypes that the child's usual sex role values do not develop strongly.

Irene Fast (1979) proposes a differentiation model as an alternative framework to conceptualize feminine development. The differentiation process is hypothesized to be patterned in ways similar to those of other major developmental differentiations, i.e., "an initial narcissistic, undifferentiated period; recognition of limits with response of protest, sense of loss, denial, etc.; and a recategorization of experience in which one differentiation product is integrated as part of self, the other recognized to be independent of self, the two in productive relationship." (p. 452)

In the early undifferentiated stage, the child's state is a narcissistic one of unlimited possibility, i.e., she believes it is possible to become both sexes. The gradual transition to greater differentiation and awareness of what is subjective and objective involves a sense of loss or deprivation, a giving up of omnipotence or self-other unity. "The penis as focus for her sense of loss and her demand for restitution is not a wish to be male but a wish for unlimited possibility." (p 446) The differentiation process which ensues involves a recategorization of

her experience in gender terms. Notions of masculinity as well as femininity become completely articulated. Both have validity, one (femininity) within the self, the other (masculinity) independent of self and in reciprocal relationship to it. (p. 446)

Fast goes on to reinterpret the familiar clinical material of female patients which expresses feelings of having lost a male genital, repudiation of femininity, and of wanting a male organ. She would interpret this as expressing residues of an early stage in the differentiation process. They represent the female's awareness that she is not limitless in sex and gender potential and her protest against these limits. Fast claims that the characteristics of penis envy itself support this interpretation. The maleness that is envied is not maleness as it objectively exists. It is envy of a maleness which would give one infinite power for good or evil, total security, absolute freedom, immunity from anxiety or guilt and the fulfillment of all wishes. The various forms of wishes to be male are seen to involve the wish to be both, not to give up being female, e.g., children who want mother to have a penis still want her to be female and mother.

Rather than continuing to see her genitals as "partly male and partly female," clitoral genitality is absorbed in the context of genital experience as a whole and integrated into her body image as 'girl' and into her feminine gender identity. (p. 449) In favorable development she would not turn away from genital excitement and pleasure, but categorize this as specifically female.

Disturbances in the process of differentiation lead to narcissistic problems in which the girl may alternately see one sex as narcissisti-

cally complete and the other as totally lacking.

She normally learns to relate to each parent in specifically gender terms, to identify with her mother without losing self-other differentiation, to maintain an object relationship without the intrusion of notions of narcissistic unity...and to relate to her father now as specifically male in relation to her own self as female. The oedipal relationships are therefore a product of increasing differentiation rather than a turning to father in repudiation of the mother who will not give her a penis, or as merely a displacement from mother.

Meaning of Penis Envy

Grossman and Kaplan (1979) raise many very pertinent issues regarding the meaning of penis envy and processes of gender identity formation.

In their discussion of the concept of penis envy, these authors emphasize that penis wish and penis envy refer to fantasies of childhood. "Never thereafter can such fantasies be taken to have the same significance as when they originally arose at one or other moment in development...their persistence into adult life occurs in regression and transformation." (p. 206)

Penis envy is simply a reaction to another event (like the reactions to weaning and toilet training) in the child's early developmental experience of bodily function and image and is subject to the same later representation and transformation in fantasy, dreams, character, symptom formation. It can be understood as a special case of envy with many latent fantasies, wishes and conflicts. (p. 208)

From birth the infant's sex will evoke fantasies and values in the parents to which the child will gradually respond. Inevitably each child sees the other sex as having entitlements and permissions not granted to them and, in girls, penis envy can be one of the reactions to this. But, at first, observation of genital differences is more concerned with difference than with the later meanings of the genital. The girl is at this time concerned with the increasing discovery of her own body and its mental representation, acquiring a sense of ownership of her own body, serving individuation and establishing narcissism--the coherent sense of self. But the authors stress that early gender identifiability by other people does not once and for all establish the child's own gender identity which is destined to involve a long process of development. (p. 219)

The child is at this time caught up in the whole process of self-differentiation and individuation from the mother, where every awareness of separation and difference also seem to jeopardize the old sustaining alliance with the mother. The girl's underlying fear is of reemerging with the mother from whom she is also trying to separate and one provisional solution is to acquire a penis to establish difference from mother.

At this time the child's fantasies of the parents' power can lead to feelings of narcissistic injury, idealization and envy. "In the struggle to resolve narcissistic conflicts in the incompleteness of her sense of narcissistic integration the wish for a penis may be one form taken by fantasied solutions to feelings of helplessness, damage or deprivation in the discrepancies between the child's self and her

idealized objects leading to the generalized idealization of the penis. A later derivative of this can become an idealized version of the narcissistic advantages of men." (p. 227-8)

As the child moves forward to the next stage of object relationships there is also a greater maturational and cognitive awareness of permanence including that of the body stability that parts cannot suddenly come off or be added, and for girls the possibility is increasingly foreclosed of becoming a boy as the solution to the problems of individuation from the mother. A greater sense of autonomy and selfhood allows her to begin to scrutinize the relationship between her parents, affording opportunities for further gender differentiation. This suggests opportunities to procreate in the future, to identify with her mother and new satisfactions in being a girl, where the old wish for a penis is a longing relegated to the unconscious. However, at this moment she is also very vulnerable to social stereotyping and valuations. In a family where girls and woman are disparaged, the little girl will identify with the mother only with conflict and reluctance. Regression will revive the earlier wish for a penis with purposes similar to the earlier wish, i.e., to avoid merger with the mother, and development can become arrested to some degree. (p. 229-32)

In later life the emotional value of the penis as a representation of unfulfilled wishes emerge in the analysis of women in fantasies, dreams and recollections of childhood envy of boys and men. "Penis envy is thus always the manifest content of something else...it was brought to bear for reasons the patient may now find it better to relinquish." (p. 238)

Grossman and Stewart (1976) emphasize that penis envy is a symptom with latent meanings and is an attempt at conflict resolution; and that it can derive from either earlier narcissistic issues or the later more object-related oedipal conflicts. They present clinical material showing how analytic interpretations of penis envy had been reacted to as if this was something very concrete rather than as symbolic.

Peter Blos, Sr. (1970, 1980), as part of his extensive work on female adolescent development, to be further summarized later, has written about his understanding of the earlier meanings of penis envy. He believes that a general sense of loss in the girl's early relationship to the mother can become symbolized in penis envy which is idealized and becomes a representation of the lost breast.

The search for a lost body part is really a search for the lost mother.

An early deficit in body image formation represents a defect in the early object relationship. While a primary stable object relationship leads to a sense of completeness and identification with the mother, primary loss and instability can lead to heightened ambivalence, difficulty in attaining object constancy, splitting tendencies and the development of an ambivalent sense of self, ambiguous body image and an unstable sexual identification. The girl is unable to identify with the "bad" mother and often the wish for a penis represents a wish for restitution. The continued search for a preoedipal mother yet fear of regressive dependency and passivity can lead to a defensive identification with the father. Alternatively aggression can be deflected from mother to the male genital and later fixation to the masculine complex.

From the French school of psychoanalysis, Chassequet-Smirgel (1964) emphasizes the girl's (and the boy's) unconscious fear of the archaic, omnipotent mother. The author would see penis envy as accompanying a simultaneous turn to the father in the girl's effort to free herself from mother. Women do not wish to become men, but want to detach themselves from the mother and become complete and autonomous women. Penis envy as a defense against fear of the attacking penis, can often be traced to the fear of the intrusive maternal anal-phallus and early fears for the body's integrity. Some girls try to solve the oedipal conflict by becoming a "complement" to the father as a part object, protected from the mother, loved by the father, and forever dependent on him. She is not taking mother's place because she is not identifying with her, but instead stays more a child than a woman. She thereby protects herself from mother's castration.

The girl's own projected hostility makes the mother an even more frightening image, reinforcing the girl's own sense of narcissistic depletion and impotence. The girl will tend to split--mother into bad object and father into the idealized good one. She has enormous fear of her sadism toward mother and of retaliation for this, but then is also afraid of her oral sadism toward father's penis.

The Girl's Phallic Phase

Edgcumbe and Burgner (1975) propose "that close scrutiny of clinical and observational material reveals distinct differences in forms of drive derivatives and in the nature of the child's relationships in the pre-oedipal phallic phase as compared with the phallic oedipal phase."(p. 162) In the former, exhibitionism and scopophilia

are the most pronounced drive components. In the child's object relationships correspondingly the real or fantasied use of the genital serves primarily exhibitionistic and narcissistic purposes to gain the admiration of the object...and the one-to-one relationship is still dominant, since the rivalry of triangular relationships has not yet developed. They go on to delineate the main tasks of this phallic narcissistic phase (a term suggested and subsequently used by Anna Freud). The child has to come to terms with the differences between the sexes in the physical formation of the genitals...and also the immaturity of his or her own genital apparatus. Normal development in the phallic narcissistic and oedipal phases therefore requires a gradual divergence in boys and girls of drive derivatives, fantasies, sexual identifications, and modes of relating to the object, as well as a difference in the sex of the object to be chosen for the oedipal relationship.

As to sexual activities and fantasies, both boys and girls entering the phallic phase stimulate their own genitals autoerotically, and "if pleasure is sought from the object, the child envisages it as taking the same form...in the wish for mutual sexual activity there is little role differentiation between self and object." (p. 166) Intercourse fantasies during the phallic narcissistic phase show a similar lack of differentiation of sexual roles: characteristically they are expressed in terms of activities belonging to earlier drive phases, e.g., oral impregnation and anal birth, or the mixing of urine and feces produced by two people, but with no clear differentiation between the activities of the partners, e.g., a 3-1/2-year-old girl had wishes to urinate and

defecate in the female therapist's company so that they could make a baby together but there was no clear indication that this involved displacement of a rival or that the partners had differing sexual roles. Sexual wishes and fantasies are essentially still expressed within a one-to-one relationship. The third person may be seen as an unwelcome intruder but this intruder has not yet been awarded by the child the full status of the oedipal rival.

During the phallic narcissistic phase the most noticeable component drive wishes are exhibitionism and scopophilia with either parent as the object of these wishes. The child now demands that her objects admire her entire body self and the gratification received from the object is subsequently internalized. But for girls these activities are of shorter duration because she is so quickly plunged into the problems of her lack of a penis and penis envy.

She has gradually to accept her female body, a process depending on her narcissistic organization, level of ego development, and interaction with important objects, though the process is not completed until the end of adolescence, if at all. But feelings of envy derived from earlier phase as well as phallic narcissistic envy, and their concomitant lowering of self esteem, may interfere with the development of feminine sexual identification.

The authors state that examination of their clinical material and the literature suggest that the development of sexual drive activity and fantasies during the phallic narcissistic and oedipal phases is less well understood in girls than in boys and is a subject that deserves further study.

Stanley Greenspan (1982) concurs with Edgcumbe and Burgner's designation of an early phallic narcissistic phase but thinks "they do not fully consider the implications of this stage of development for internalized object relations, and the development of basic ego functions and the flexibility of the ego." (p. 592) He uses material from the analysis of a 5-1/2-year-old girl to show how the early phallic phase is a transitional one between dyadic and triadic, and pre-oedipal and oedipal levels. A phallic drive organization is on the ascendancy while full object-constancy is not yet sufficiently consolidated to permit the shift from dyadic to triadic patterns and the accompanying consolidation and differentiation of basic ego functions. Pre-oedipal fears of separation, loss and fragmentation exist alongside phallic wishes and fears of moving ahead into a full oedipal configuration. His clinical example will be given later.

Kestenberg (1982) has outlined her theory of an Inner Genital Phase (at approximately age 3-4) which precedes a phallic negative oedipal (around age 4) and then the positive oedipal phallicized phase (from around age 5). This correlates to some extent with small increases in estrogen (age 2-1/2 - 3) and of androgen at age 4. Her material comes from longitudinal observations and analysis of young children, as well as adult reconstructions. In her view, all modalities--oral, anal, urethral, inner genital and phallic are present from birth--but are reinforced or inhibited by a combination of hormonal change and external stimulation into successive organizations. For example, feelings of oral or anal loss can lead to feelings of the loss of fullness, loss of a baby, loss of a penis, of being empty and dirty. In the urethral

phase there is an easy overflow of excitation to and from the vaginal opening with an increasing ability to contain and close off access to the inside. Pride in this can counterbalance urethral-sadistic shooting fantasies.

Kestenberg sees the subsequent inner genital phase as neutralizing the sharpness of pre-genital and phallic discharge forms. It promotes receptivity, curiosity about people, empathy, reaction formations, and the desire to please. There is now an important transition from the dyadic relationship of the pre-genital phases to the triangular maternal attitude of the inner genital phase. Food, feces and urine become the prototype of a third object, which feels like a joint product linking her and mother. Since the inner genital sensations yield no product, these are externalized in the form of the doll representing a baby. The girl's quest for an inside baby alternates and fuses with the wish to have one outside and with wanting to be a baby herself and become her own mother. In a newly created triangle of "me-baby-mother" the phase begins with a state of disequilibrium between regressive and progressive forces. Preenatal experiences gradually become integrated mainly via externalization through the important activity of doll play. By assuming the role of mother to her baby, the little girl recreates not only her own babyhood, but also the mother of her infancy. In this process, she builds an image of her procreative inside, modeled after the shape of a baby. It is difficult for her to understand that she has a container without a content. When she finally grasps the fact that she has no baby inside, the empty container becomes worthless and she feels dead inside. While closeness to the mother, feeling alive inside

and having a baby to share with the mother are all signs of life, feeling rejected or abandoned by her mother seems like the loss of the illusory baby inside her...the death of the mother, of herself and of the baby. The end of this phase brings a depression about the loss of the illusory baby, a denial and closing off of the introitus, and creation of an illusory penis instead. However, the clitoris cannot serve as a true phallic organ since it cannot enlarge like a penis, intrude or penetrate and it disappears at the height of excitement. The disappointed girl masturbates through thigh pressure and holding back urine permitting her to maintain the fantasy of an illusory penis. Although she continues to try, via play and drawings, to represent her inside she does not achieve a sense of organ-belonging as the boy does and her image of herself remains an open system subject to future shifts and changes.

The negative oedipal phase is one in which outergenerality flourishes at the expense of the acknowledgement of inner genitals which are now denied. The girl admires the father who now becomes an organizing object in his own right. She identifies with him, but also hates and competes with him. The triangle "girl-baby-mother" shifts to an oedipal triangle "girl-father-mother" with the mother as the love object and father as a rival. The narcissistic union of mother-baby-girl is transformed into a more object-directed love affair, first with mother, then with father. There is a wish to please the mother by giving her a child. "Adorned with an illusory penis she can now forgive the mother and she can generously offer to give her more babies than the father had

given her." (p. 122) The wish for a baby becomes subordinated to the wish for a baby-bearing penis.

Phallic tendencies in the girl are at the core of her bisexuality, but they are not masculine in nature. For instance, they can never be as outward oriented as they are in the boy and the identification with the father is less deep seated than that with the mother. The turn to the positive oedipal phase may occur very quickly.

The positive oedipal phallicized phase which follows is one in which sensuality threatens to break through the barrier of denial of the introitus as entry to the vagina. A fantasy of having an inner, hidden penis coexists with a desire for penetration and being filled by the father's penis. Inner genital modalities are phallicized and the representation of the shape of the inner genital shifts from that of a female to a male baby. In the renewal of her identification with the mother she is now also treated as a rival with whom the little girl vies to be more alluring to the father. With the repression of incestuous wishes in latency there occurs also a repression of the image of the inner genital and of the wish to be penetrated. In a drive derivative form, the latency girl consolidates her femininity, drawing from pre-genital as well as from the three early genital phases. While the inner genital phase contributes to the development of maternal attitudes, the phallic negative and phallic positive oedipal phases contribute to two other feminine attitudes--respectively those of worker-provider and a sexual partner to man.

Glover and Mendell (1982) suggest a new developmental sequence for a 'Pre-oedipal Genital Phase.' They use material from the dreams of six

adult women psychoanalytic patients or ex-patients to reconstruct this developmental phase between the anal and the oedipal. "We consider the term 'phallic' to be inappropriate for a developmental phase which, in females, is concerned with female anatomical structures and with establishing a female identity and which contains specifically female fantasies." (p. 135) This phase encompasses both the period of Kestenberg's inner genital phase and Edgumbe and Burgner's phallic narcissistic phase approximately 2-1/2 - 4-1/2 years of age. They found a sequence of four specific themes in all six patients and felt this pointed to the possibility of a valid developmental sequence--though acknowledged that with such a small and selected sample "further clinical and observational investigation is needed to ascertain the validity of the themes we have noted and of the discrete phenomena within them." (p. 135)

They saw four sequential development subphases. (1) First a focus on inner bodily sensations and a beginning awareness of the female sexual apparatus. The little girl's interest is directed inward, making an inventory of her sexual parts and beginning to distinguish these from the anal orifice and sensations. (They note the similarity of their findings to Kestenberg's inner genital phase.) But the girl also assumes that she should have both male as well as female genitalia, and looks for a hidden penis, feeling the clitoris as inferior in comparison. (Here they feel this material agrees with Fast's that the girl at this age has yet to accept gender limits.)

(2) In the second subphase the girl turns her attention to her father as a sexual being, not yet as an oedipal object, but more as a

complementary male figure toward whom she begins to develop a female sexual identity vis-a-vis his maleness. There is at first a heightened awareness of his penis (this might be described as a normal "penis-awe") with a consequent excitement but also fear of being penetrated and damaged. She tries to defend herself by manipulating his sexuality and aggressivity in part by identification with her mother's intra-psychic and interpersonal defenses--e.g., by emotional "castration", withholding gratification, or identifying with mother's role as nurturer and becoming aware of father's vulnerability to separation (her self-protective devices are often mistaken as defenses against penis envy). There is intense fear of penetration, of being intruded upon sexually, of feeling helpless, being taken from, or overwhelmed by her own sexual response. She may defensively draw back from vaginal to clitoral sensations, and temporarily identify with the (aggressor) phallic father. However, father encourages her to identify with his projected idealized female imago rather than with his phallic aspects. By the end of this subphase the girl moves beyond a passive sexual position to an active, aggressive receptivity and begins to demand a degree of phallic protectiveness, sexual response and active support for her femaleness from her father. She begins now to stimulate and use her own sexuality and to use father's phallic strengths to help her separate from mother.

(3) The third subphase is characterized by the girl's awareness of and interaction with her mother as a genital sexual being. She notices mother's sexual responses to men and is aware of the mother's anxieties, defects and developmental lacks comparing her with other females and with father's female ideal. The girl attempts to identify selectively

with the aspects of mother which contribute to feminine development and to attempt new resolutions of problems mother has not solved. (At this stage the impact of father's sexual style seemed less important than mother's.)

The girl also now is aware of mother's destructive attitudes to her daughter's sexuality, or her covert homosexual seductions. Mother is seen as opposing new genital interests and threatening to withdraw nurturance as a punishment, rearousing separation anxiety. The girl fantasies being starved, poisoned or dying, or her symbolic babies being damaged. A homosexual seduction back to a pre-oedipal position is felt as tempting but demeaning and hostile. These conflicts with the mother, however, also promote differentiation and a clearer self and body representation encompassing both separateness and the possession of female genitalia.

(4) Finally, in the fourth subphase, there is a focus on the total genital self and she becomes actively exhibitionistic in the service of her emerging genital narcissistic needs. (This phase is closest to that described by Edgumbe and Burgner (1975) as the phallic narcissistic phase.) She is developing a cohesive sense of self that is both genital and feminine. The component instincts of exhibitionism, voyeurism and genital sadism are vividly expressed as she competes with everyone for a sexual response including from her mother. Inner genital processes are outwardly displaced, e.g., in processes of empathy, intuition, creativity and nurturance which the girl actively displays and through which narcissistic needs are gratified. At the same time the identification with the phallus is expressed by the body-moving-through-space,

e.g., jumping, running, climbing and stunts. (The authors here disagree with Kestenbergl that the girl is now denying her inner space and agree with Parens that phallic processes are outweighed by outwardly placed inner genital processes.) The phallic identifications are melded into the female self-representation rather than being an indication of masculinity.

The girl does experiment with playing different gender roles mostly concerned with how one is superior or inferior. She can at times also compete with either males or females to satisfy narcissistic needs (so they would not label this as negative oedipal phenomenon) but these experiences become integrated into a consolidated sense of self as unique and female. Gradual sublimation of inner genital, phallic penetrating and fusion of aggressive drives occur with themes of exploration, curiosity, nesting and productive achievement in the outer world and creative achievement in the inner world. The girl begins to bring father (and boys) into her own "inner space" using her powers of nurturance and protection. There are fantasies of pregnancy, birthing and care of the neonate, though she does not yet connect this with intercourse, or her father, or indeed any necessary "cause."

In summary the authors conclude "our findings are not consonant with the Freudian hypothesis that the little girl goes through a masculine stage of development, with penis envy and castration shock as primary organizers of female development." (p. 163) Rather they were impressed with the urgency of the girl's need to consolidate a sexually differentiated feminine identity which included an anatomical body image, the mental representations of both parents and reality based

conceptions of female roles and functions. At no point did they find that the girl had regarded herself as a boy. They re-emphasize the many developmental steps that occur in the girl's reaction to the penis (not only envy but fear, awe, desire, pleasure and identification with father's phallic assertiveness). Also, in her fears and pleasures in her inner genitality. They also conclude that the girl does not go through a negative oedipal period in which she contends with her father for the love of her mother. Rather she identifies with the power symbolic in the father's phallus as an aid in her struggle to sexually separate from her mother. She will use either mother or father to support her narcissistic needs which are geared towards consolidating the sense of self as female. (p. 168)

The Girl's Negative Oedipal Stage

Nagera (1975), in his study of the female oedipus complex, follows the classical view. He also sees two distinct stages and three constellations within each of these stages of the complex. (See diagram.) In the first stage, the girl is predominantly phallic and masculine toward both (a) mother and (e) father although there is also as part of the girl's bisexuality, a less cathected constellation in which she feels (c) feminine to father. Unlike other authors, he distinguishes between an inverted complex (e) and the more normal negative complex [at this stage, constellation (c)].

FIRST STAGE PHALLIC-OEDIPAL		SECOND STAGE OEDIPAL	
<i>Positive</i> ♂ MOTHER +++ ♀ FATHER --- (a)	<i>Inverted</i> ♂ FATHER +++ ♀ MOTHER --- (e)	<i>Positive</i> ♂ FATHER +++ ♀ MOTHER --- (b)	<i>Inverted</i> ♂ MOTHER +++ ♀ FATHER --- (f)
<i>Negative</i> ♂ father + ♀ mother - (c)		<i>Negative</i> ♂ mother + ♀ father - (d)	

Nagera's Diagram of the Female Oedipus Complex

The diagram indicates by capitalization and the number of pluses and minuses the object in each constellation which receives strong or weak cathexis, be it of a positive or negative sort. The size of the sexual symbols reflects the dominant sexual position of the drives (masculine and feminine).

In the second stage, the girl has given up her belief in the female penis and shifted to a feminine position with (b) father as the primary sexual object though she may also, in the inverted constellation, have (f) a feminine object choice towards her mother. The negative oedipal constellation here is (d) the masculine attitude to mother.

Rose Edgumbe et al. (1976) from the Hampstead Child Therapy Clinic undertook a study of the psychoanalytic material of 27 girls, categorized in their research index. They were questioning whether there is evidence that this is a normal developmental phase.

Of the 27 cases studied, 12 girls were under 5, and 7 were between ages 5-7 at the start of treatment. Of the 27, only 7 (unfortunately, ages not given) had clinical material indexed under the heading "Instinctual-Zones and Levels of Development; Negative Oedipal" (and in 2 of these the therapist stated that there were only a few manifestations).

These 7 cases were then studied intensively and compared with 5 (aged between 3 and 13 on beginning treatment) where no material was indexed under this heading.

It appeared that only 4 of the cases gave any material indicating an active phallic relationship to the mother (the nature of this is not described), while in the others the material given under this heading referred only to preference for the mother over father, or dislike of his intrusion into the one-to-one relationship with mother.

There was ample evidence of pre-oedipal fixations in all the cases, i.e., the girl's difficulty in giving up need-satisfying dependence or in extricating herself from the anal-sadistic relationship to the

mother. These were seen as elements contributing to a negative oedipal complex. The cases also showed conflicts around penis envy, feelings of castration, low self esteem and exhibitionism--but the authors see these as related to phallic narcissistic issues sometimes mistakenly called negative oedipal.

In the girls who had difficulty in achieving a predominantly positive oedipal relationship, the material suggested that environmental factors played a crucial role, e.g., an absent father, a seductive mother or a mother who was an unsuitable model for feminine identification. But even here, oscillation between negative and positive oedipal positions was mostly seen as defensive rather than fixation to a phase. (Only one therapist gave material which she saw as indicative of a negative oedipal phase.)

The 5 cases studied in which no negative oedipal material was indexed showed a similar range of phallic narcissistic conflicts and pre-oedipal arrests or regression. But 3 of these cases "moved into positive oedipal relationships after varying degrees of delay in resolving conflicts in the pre-oedipal relationship to the mother, and no negative oedipal material is reported." (p. 56)

In the other two cases, there had developed some negative oedipal oscillation as defense against anxiety over the positive, but this was not seen as fixation to a phase.

The authors conclude that the concept of the negative oedipal phase as classically described is little used either in the literature or among therapists conceptualizing their clinical material. "We suggest that this is because the concept does not accurately fit the observable

clinical evidence. No writer actually gives evidence indicative of a clearly negative oedipal phase in the girl in which she is active and masculine in her oedipal relationships with her parents, without awareness of her lack of a penis and without feelings of being different from boys. Nor have we found unambiguous evidence of such a phase among our own clinical material." (p. 40)

Evidence from children in analysis suggests, rather, that they are already developing gender identity in their early years, but the awareness of sexual differentiation acquires crucial importance with entry into the phallic phase of development. But "it might...be more appropriate to describe the early phallic phase as narcissistic for both sexes rather than as negative oedipal for the girl (and positive oedipal for the boy)." (p. 58) "Given optimal conditions it appears the girl does not have great difficulty in achieving femininity. She may move quite smoothly into an oedipal phase in which positive aspects predominate over negative ones. This was true even of some of our neurotic patients once their pre-phallic conflicts had been analyzed. In those girls who did have difficulty in achieving positive oedipal relationships our material suggests that environmental factors played a crucial role in distorting their development." (p. 58)

The Girl's Oedipal Stage

Parens et al. (1977) offer a reformulation of the girl's entry into the oedipus complex based on detailed observational research on three normal girls in their first three years. They suggest the following series of hypotheses: that the wish to have a baby during the first genital phase does not necessarily follow upon or depend on the wish to

have a penis. Similarly, increasingly ambivalent and rivalrous feelings and behavior toward mother associated with a heterosexual attitude toward father may arise in parallel with, rather than follow upon, the emergence of the castration complex. And not in every case does the girl enter her oedipus complex by way of the castration complex. While in many of its aspects Freud's hypotheses regarding the castration complex in both boys and girls is supported by our direct observational findings, the 1925 hypothesis is not satisfactorily confirmed, indeed, in some instances seems rejected by our direct observational findings. The authors, therefore, propose that some force other than the castration complex thrusts the girl into her oedipus complex.

We hypothesize this force to be the child's (girl and boy) biological, constitutional disposition to heterosexuality, which expresses itself in the somatopsychic continuum...at this time. Central, it seems to us, among these constitutional dispositions, is a differentiation in what Freud called "the sensual current" of the libido. This differentiation, in accordance with Freud's views, is biologically "programmed" to occur at this time: the biological modification in the libido from undifferentiated (i.e., gender-nonspecific and pregenital) libido into heterosexual (protogenital) libido. (p. 103)

In discussing the special characteristics of the girl's oedipal stage, Grossman and Kaplan (1979) are also critical of Freud's developmental hypothesis that penis envy and disappointment provide the girl's main route into the oedipal complex. Rather they would stress that there are many pathways, determined by the girl's pre-oedipal experiences, fantasies, and their inner transformations which will then shape the way in which the oedipal situation is experienced. They propose that there is an interacting series between (a) pre-oedipal experiences which will

include available ego modes, resources, defenses, the balance of activity/passivity, degree of envy, level of object relations, narcissistic solutions achieved, and so on; (b) the particular meaning of oedipal, triangular issues within the family; (c) the interaction of (a) and (b) and; (d) the later contributions of sexual maturation and social experiences. (p. 312)

The oedipal girl is confronted with many new issues, particularly that of working out her relationship to two libidinal objects who have special libidinal supplies for each other. She must necessarily construct a primal scene fantasy and how this is perceived and reacted to will depend on previous libidinal (and aggressive) experiences, gratifications, frustrations, fantasies. The child may, for example, experience the oedipal situation in an anal mode and attempt to use the anal mode solution she had previously evolved. (Throughout development, anxiety and conflict can lead to retroactive libidinization of previous modes.) (See also Kaplan, 1982.)

The authors emphasize that the solution of the oedipal conflict makes taxing demands on the child's ego, e.g., the toleration of new frustration, of narcissistic blows, feelings of disappointment and humiliation, the need to recognize reality. If such ego strengths are not available, regressive solutions are sought. But if the ego can rise to the demands made on it, important new internal structures are formed, particularly clearer self-object representations and differentiation and the internalization of the superego with all that this means in terms of inner regulation and the development of the moral and social sense. The child learns to preserve affectionate ties, while inhibiting erotic

impulses, and to overcome feelings of humiliation by identification with the parent as an ideal, thereby regaining narcissistic satisfactions. By giving up sexual desires toward the parents, the child is freed to identify in a non-sexual way with both parents. Pre-oedipal needs become integrated within oedipal and the more primitive defenses and the struggles against external control are replaced by appropriate repression and internalization of conflict.

In terms of the negative oedipal conflict for the girl, the authors see her as facing a poignant "crises of desire and limitation, of ambition and inadequacy." (p. 232) The new oedipal idea of "giving pleasure" is linked to the role of the genital and she must realize that she can never love her mother in quite the same way as her father does. The longing to do so is slated for repression, transformation, displacement or fixation--the last with pathological derivatives. The crisis can therefore also lead to a developmental achievement as the child begins to understand the limitations of herself, but also of parental power and resources. Admiration and envy of the father's penis may also motivate her identification with him in a positive way, adding to the original identification with the mother. Alternatively she may also become interested in men who resemble, in traits, temperament, responsiveness, her mother.

But the oedipal child will usually also intensify her means of conflict resolution...by identifying with her mother's maternity along genital lines and thus repress the longing to have mother as a genital libidinal object. This transformation is impelled also by the girl's increasing reality sense and cognitive maturity, her observation of

mother's role with father, and curiosities about her own past, present and future potentialities. (p. 230)

But throughout the oedipal period and subsequently the girl is also all the time concerned with what it means to be a girl, the characteristics of male or femaleness, how this plays a role in her parents' relationship, her own potential role with her parents. (Grossman, 1975) There is a continual learning going on, from the oedipal objects, and new issues to be dealt with, resolved according to the interacting series described above. This can involve regressive as well as progressive moves. One of the tasks of puberty will be for the girl not only psychically to integrate the experiences of bodily changes but also to overcome infantile fantasies of femininity and masculinity, to rescue genitality from pregenitality.

Alan Krohn (1978) makes use of Nagera's systemitization in his own monograph on "Hysteria: The Illusive Neurosis." Particularly relevant for our study is his attempt to clarify the characteristics and pathologies deriving from the phallic narcissistic and oedipal phases.

Whereas the oral phase deals with issues of self/object boundaries, early drive modulation, the struggle to be active, structure and early defense formations and the anal phase with issues of control, domination, coercion, in the phallic phase the concern is with the wish to be admired, show off and impress. The genitals are valued for themselves but also to exhibit, with a focus of interest on self-presentation to others. The child is concerned with imitation, comparisons, competition and feels herself to be both giving and receiving love from her parents

by showing off actively and assertively with them. The wish to look and to show are important component instincts.

In contrast, the child in the oedipal phase becomes more concerned with the relationship between her parents and herself, with the wish to evoke the same kind of response from the object that the child observes the parents eliciting from each other. There is a new interest in appreciating, being appreciated, pleasing, entertaining and in being complementary to the object, not just the same. She is more aware of differences in roles between the sexes and particularly the capacity of the parents to assume active and passive roles with each other. She begins to construct an elaborate fantasy about the parents' relationship. This also develops into her own theory of human interaction, and the wish to give and receive love in a very particular way. There is a wish for the kind of relationship she sees as shared by two others, a capacity for vicarious enjoyment of others' pleasure, and empathy with them.

At the same time the child becomes more aware of her own limitations vis-a-vis the parents, that objects have varying roles towards each other, and she struggles with the realization that the wish for an exclusive relationship means that another must be excluded.

Along with the cognitive work goes the realization that she must renounce certain pre-genital impulses in order to please the parent and get the response she emulates.

Leowald (1979) emphasizes the continuity of the struggle between the wish for narcissistic unity versus the wish for individuation--from

pre-oedipal origins through and beyond the oedipal drama, in fact, throughout development.

Not only the Oedipus complex is a constituent of normal psychic life of the adult and, as such, again and again active. A psychotic core, related to the earliest vicissitudes of the ambivalent search for primary narcissistic unity and individuation, also is an active constituent of normal psychic life. Its activity, through a variety of investigations into archaic mental life, has become more apparent and-- partly in their wake--more prominent in the pathology of patients and in modern life in general. These deeper unconscious currents, having been uncovered and reentering modern sensibility, influence the organization of mind, experience, and action. (p. 774)

The early pre-oedipal identificatory bonds seem threatened by the oedipal object-libidinal fantasies. He sees the incestuous object as an intermediate, ambiguous entity, neither a full-fledged libidinal "objectum," nor an unequivocal "identificatum." The oedipal rival is not so much destroyed as internalized, in a relationship that is continually changing, mourned and recreated in new versions of the basic union-individuation dilemma, though the superego, as the culmination of individual psychic structure formation, represents something ultimate in the basic separation-individuation process.

Gertrude Blanck (1984), in a re-evaluation of "The Complete Oedipus Complex," sees this as a fourth "organizer" of development in which genital drive development must converge with ego and object relations development. In the earlier anal phase the child must already have acquired the ability to tame drive wishes to please his or her objects-- a capacity which is a very necessary precursor for the solution of the oedipal conflict. She sees the phallic narcissistic phase as involving a necessary regression to narcissistic concerns in order to consolidate

sexual identity before a move on to the object relatedness of the oedipal phase can again take place.

The "so-called negative oedipal position" is conceptualized as at the border between pre-oedipal and oedipal object relations. "The clinical appearance is of an oedipal wish combined with cathexis of a pre-oedipal object representation." (p. 336) It is the passive position to either parent which prevents the active position needed to maintain the oedipal competition and identifications. This is evidently seen as the crucial issue for both sexes. (p. 335)

Rather than a triangular model, she proposes we try to visualize a straight line with the child in the middle, fluctuating between identifications with the parents at either end of the line. The oedipal complex is essentially resolved by selective identifications in which the child increasingly takes on more adult functions for him or herself.

The Latency Period of the Girl

Selma Fraiberg, in a careful study of genital arousal in latency girls (1972), quotes child analytic cases of her own which "add to a growing body of literature in which the vagina has not been 'silent' for many small girls and where flight from an erotic conflagration points to an unsuspected capacity in some girls for an explosive discharge that has the characteristics of orgasm, even if it may not be identical with orgasm." (p. 474) She cites cases of small girls (from age 3 onwards) reporting or recalling the discovery of the vagina and experiencing excitement there, though also of the latency girls' extreme fear of potentially orgasmic excitement, often leading to genital anesthesia and/or other symptomatology. She stresses that in latency the erotic

and aggressive components of sexuality are necessarily fused in the masturbatory act, and that the lack of consummatory relief is due to the fear of the aggressive/sadistic fantasy component. She quotes one example--a 9-year-old girl's favorite daydream, "the Damsel in Distress Story" in which a girl is kidnapped by bad men and carried off to a tower. The bad men strip the girl of her clothes. Then they stand around and look at her. "You know", she said, "I never finish that daydream." (p. 455) Eventually one of the bad men was unmasked as her father, but other masked men appeared instead. (This girl obtained discharge via nocturnal enuresis.) Fraiberg also used Masters and Johnsons research (1966) indicating that clitoral or mons area, or even breast stimulation alone, can produce vaginal sensation and orgasm, even without vaginal penetration.

Virginia Clower (1977) continues this discussion. Her conclusions are drawn from a growing body of literature on clinical work with adult women and girls of all ages as well as direct observation. Latency girls do not usually abandon masturbation. Freud's belief that they would turn away from the clitoris in disappointment does not prove so. She emphasizes that the sole function of the clitoris is limited to initiating or elevating levels of sexual tension (unlike the penis which has many functions). Masturbation in latency girls typically involves indirect stimulation of the clitoris, not usually manually. Vaginal masturbation is very rare--probably due to the unreadiness for penetration of the vagina before the hormone-induced changes of puberty. There is as yet little lubrication or elasticity and often hymeneal membrane making intrusion painful. In addition the confusion of

orifices with the "dirty" anus and urethra discourages vaginal exploration. Clower's research shows that accounts of masturbatory activity and accompanying fantasies of girls are not easily elicited, even in child analyses, due to the harsh superego reactions which are also projected. She quotes the one patient of her own who, relatively unanxious about sexuality, was able to report details of her childhood masturbation from age 7. This showed a clear sequence--a move from clitoral masturbation (with fantasies of skating together and being finally embraced by an older boy), to a stage of wish/fear of vaginal penetration in early puberty (leading to fantasies of vaginal intercourse with an unidentified man), and finally to clitoral masturbation as the trigger and focal point of radiating genital excitement augmenting readiness for coitus (in fantasy, and in two affairs in her late teens). Latency girls who have no masturbation or genital sensation are seen as pathological, indicating incomplete resolution of separation conflict from the mother. She would dispute Freud's propositions that the girl feels she must give up sexuality altogether or cling to a masculinity complex by maintaining clitoral masturbation thinking of herself as a man, often with homosexual object choice. Also that her wish for a baby comes via penis envy. Rather awareness of how babies are born and where they grow comes from early learning in every culture.

Martin Silverman (1982) has presented a comprehensive summary of more current views on the latency period of the girl. He stresses that the oedipus complex is far from being fully resolved by six years of age. Its apparent disappearance at that time actually results from a combination of partial resolution and, perhaps even more important, the

utilization of multiple mechanisms to suppress, disguise and divert its expression into acceptable derivative forms. He outlines the mechanisms used, one being repression which is aided by the cognitive move to concrete operational thinking. He suggests that, although the latency girl has many fears of penetration, masochistic sexual fantasies and phobic fears of being attacked, she also maintains her oedipal competitive wishes for father's love and for narcissistic supplies from him. But then she has also to deal with the narcissistic injury that she cannot really compete oedipally with mother. She also has had to give up a wish for an exclusive relationship with mother and knows she cannot really compete with father and brother as mother's heterosexual love object.

Since repression of oedipal sexual wishes cannot be complete, there is also regression to pre-oedipal drive organization, especially sado-masochistic, and also the reaction formations against this. Other defense mechanisms used are avoidance and displacement from parents to the world of peers, where triangular relationships are often played out. The "best friend" relationship of latency is a displacement from both the lost pre-oedipal mother and from positive oedipal yearnings, "regressively worked into a homosexual theme that affords relief from the bitter narcissistic injuries that his (father's) rejection of her as a love object entails." (p. 212) There are occasional brief episodes of sexual exploration and excitement as well as quarrels. Girls may also invite mutual exposure of genitals with boys but often succeed in getting the boy blamed as a revenge on males.

Masturbation fantasies, largely oedipal, exhibitionistic, and sado-masochistic, are reworked into romantic daydreams and stories often with a masochistic component, e.g., the girl who is kidnapped, ill-treated but rescued. Narcissistic-exhibitionistic wishes displaced to the mind and the whole body fuel competition in intellectual and sport activities. Girls "cannot give up their quest for recognition and appreciation from the oedipal father, which they pursue directly, by proxy, in fantasy and via displaced sublimatory activity." (p. 222)

However, because of the "unseeable" inside, they may also feel, genitally, that they have "nothing" to show compared with boys and adult women, and this may have become attached to earlier penis envy symbolization. This, together with narcissistic vulnerability and oedipal shame and guilt, can contribute to intellectual impairment.

He sees the ego and superego development of the girl as producing greater control in girls than in boys though with more tendency to masochism, resignation or over-control.

The Girl's Adolescence

Peter Blos, Sr. (1962, 1974, 1979, 1980), in his major and extensive work on adolescence has emphasized that the oedipal complex, with its positive and negative aspects, is not completely resolved in early childhood--rather it is held in suspension until the final reworking and resolution in adolescence. This is not a mere repetition of the earlier oedipal conflict since the adolescent is now in a new conflictual struggle to accept his or her sexual maturity and establish a sexual identity--a developmental process in its own right which is connected with, but also very different from, the childhood stage. The ego

development and conflict resolutions of latency have since intervened. Blos then later suggests "that the oedipus complex, in its positive aspect, undergoes a resolution, normal or abnormal, before the latency period can set it, but that the negative oedipus complex reaches a conflictual crisis and undergoes a resolution, normal or abnormal, not until adolescence." (Blos, 1979, p. 22) He, in fact, sees this resolution of the negative oedipus complex as the major task of adolescence. However, when speaking of the adolescent girl he is very often describing the resolution of the pre-oedipal dyadic tie to the mother. In his 1980 paper he states "in the realm of object relations the most profound and obdurate complex resides in the boy's oedipal attachment to his father, and in the girl's pre-oedipal bond with her mother." (p. 15)

Blos sees the adolescent period as involving necessary temporary regressions through which old conflicts are revived and reworked, providing a second chance and a second individuation. He has delineated a series of stages in this process. In the first, the pre-adolescent stage, there is a marked regressive search for the pre-oedipal mother. Many pre-oedipal drive conflicts are refought, though now complicated by the burgeoning sexual drives of puberty. Passive, dependent longings conflict with the attractions of independence, often leading to defensive negativism, bossiness and pseudo-independence. In early adolescence, the girl begins to move further away from mother to close attachments to other girls, "the best friend" or "crushes." There are intense identifications and shared secrets and the object choice is essentially on a narcissistic basis. She has to come to terms with many bodily changes, leading to bisexual oscillation in her wishes, fears,

identifications and self-image. In adolescence proper there is a more decisive move away from the parents towards a heterosexual object choice, though this can often still be an "oedipal defense," i.e., a defensive heterosexuality which guards against fears of regression toward the pre-oedipal mother. The effort to disengage from the parents is often accompanied by loud denigration and devaluing of them, especially the mother. (Erotic tactile yearnings for mother are displaced on to boy friends.)

Blos sees, as a crucial task for adolescence, the giving up of infantile narcissism and of the idealization of the parents (which also leads to their denigration) since this is an essential step towards the ability to identify with the parent of the same sex. "The negative oedipal attachment is essentially a narcissistic object tie ("I love what I wish to be"). (1979, p. 12) He believes the idealization within the negative oedipal relationship is then converted into the ego-ideal. (1974, 1979)

Late adolescence is seen as a period of consolidation when conflict resolutions and identifications become crystalized into the adult neurosis or character pathology.

Penis envy, with all its symbolic meanings in terms of the deficits in the mother-daughter relationship described above, can seriously interfere with the feminine identification with the mother throughout adolescence and adulthood.

Louise Kaplan (1984) also emphasizes that the adolescent's main task is to give up childhood narcissistic wishes and idealizations of

the parents and of herself so that she can instead identify with the mother both in her sexual and social, moral role.

The little girl has wished

to give to her mother what she imagines the father is giving to the mother and to get from the mother what she imagines the father is getting from the mother. These wishes necessarily engender envy of the parent of the opposite sex--the one who has the wished-for powers of gratification, the one who has received the longed-for sexual gifts. On the other hand, a young child's narcissism is protected and enhanced by the exalted idealizations he or she attributes to the parent of the same sex....The little girl loves in her mother what she wishes to be. (p. 163)

In childhood, boys and girls can tolerate the coexistence of masculine and feminine strivings. Sexual maturity, however, demands some final resolution of gender identity.

The homosexual-narcissistic passions of a girl's relationship to her mother, of a boy's relationship to his father, are always infiltrated by the persistent wish to surrender one's body and soul to an all-giving, ever-present, magical caregiver, who will mirror everything one wishes to be. (p. 165)

However, adolescents usually also fight against their regressive wishes with all the energies at their command. Many adolescents struggle with their wish to idealize or denigrate the mother which prevents identification and likewise prevents the identification with social and moral demands and responsibilities. The girl's desexualization of her relationship to her mother allows for these homoerotic, narcissistic energies to be invested in the social realm as impersonalized ideals that might be realized in the future. Her compassion for both her parents, her ability to forgive them for being less than she had once imagined them to be, will go a long way toward humanizing standards by which she measures her own self and other people.

Nancy Chodorow (1978) emphasizes the crucial importance of the girl's ongoing relationship with the mother, so that the relationship to the father (or later husband) is only added on to as secondary to this. She reiterates the intensity of the mother/daughter primary identification, symbiosis and haziness of boundaries. This becomes internalized into a rich and complex inner world of emotions and the need for this "involved" kind of relationship to be perpetuated with other women. Meanwhile, mothers treat their sons as "other" and they grow up to be men who fear close emotional involvements and are thus unable to supply this need in women.

Girls do turn to their fathers as an escape because of their fear of overinvolvement with the mother, often projecting on to him the idealized "good" mother image. He does usually activate heterosexual genitality, but not an exclusive emotional attachment. A girl retains her pre-oedipal tie to her mother "...and builds oedipal attachments to both her mother and her father upon it. These attachments are characterized by eroticized demands for exclusivity, feelings of competition, and jealousy....For girls, then, there is no absolute change of object, nor exclusive attachment to their fathers." (p. 192-3)

In adolescence girls tend to remain attached to their mothers and preoccupied with pre-oedipal and oedipal issues in relation to her even while becoming heterosexual. Even if the father is idealized, adored and an object of internal fantasy, he is not the same primary, internal object as her mother and therefore cannot, finally, counteract his daughter's primary identification with and attachment to her mother.
(p. 140)

The Negative Oedipal Complex in Adult Female Psychopathology

Alan Krohn (1978), using the classical formulation particularly as described by Nagera, describes the possible consequences of fixation to the negative oedipal stage as he sees it. He, along with Nagera, sees there being two distinct oedipal phases for the girl, that in the first she is predominantly masculine with all the subconstellations which Nagera describes. He then delineates the characterological and symptomatic consequences of partial fixation to these constellations. In a fixation to the positive oedipus complex the unconscious wishes can lead to the search for older men, or choice of men exactly opposite to the father, conflicts over competition with women in triangular relationships, fears of the large penis leading to sexual anxieties and phobias or choice of "castrated men," the need to get pregnant or hysterical fantasies about childbirth, and difficulty in shifting to non-incestuous love objects.

A positive oedipal fixation, together with a partial fixation or regression to the phallic-masculine position towards women, can result in greater ambivalence to men, both as the lost love object and also as a rival, ambivalence about being a woman, unconscious competition with men, interest in the other woman of a triangle, choice of a more feminine man, conflicts about being active or passive (e.g., simultaneously seductive and rejecting), and hidden conflicts over having a hidden phallus or magically receiving this.

A partial fixation or regression to the inverted, first stage position (a masculine attitude towards father) can lead to a view of herself as the man's little girl or boy, or alternating wishes to love

father as another man or as a woman. There is an intense competitiveness with women in which she may see herself as a superior man and wish also to be "one of the guys" when with men. There may also be contempt for women, difficulties in identifying with them, and unconscious death wishes to them, and ambivalence about being active or passive in relation to men.

A fixation in stage two, to the inverted position where there is a feminine aim but choice of mother as love object, is seen as often resulting from fear of mother's retaliation for oedipal wishes, fear of the phallus, or actual object loss. It results in turning towards women as safer and less threatening, alternating submissiveness and competition, and the absence of masculine strivings and penis envy as central neurotic conflicts.

A complete fixation at the first stage (without move on to the second) would lead to an overt masculine position, often a conscious wish to be a man, assertive self-sufficiency, and choice of a woman as the primary love object.

Maria Bergmann's 1982 paper on the female oedipus complex states that "clinical observations have not eliminated the ambiguities inherent in the concept of the negative oedipus complex as it was originally conceived." (p. 183) She suggests that "instead of a shift from mother to father...as Freud thought, we may conceptualize oedipal object relations as simultaneous identifications of varying strengths directed toward either parent, or of identificatory disturbances weighted with shifting valences at different periods of intrapsychic struggle and growth." (p. 187) She stresses the importance of the ongoing mother

identification, also that the ability to move through the positive complex is now seen in terms of ego functions and separation-individuation developments as well as drive manifestations. Regression to the negative oedipal phase may be an attempt to cling to a parent with the reawaking of omnipotent fantasies. The idealization of the mother and subsequent devaluation effect ego-ideal and superego formation, with potential for narcissistic character pathology. She sees the fantasies of the negative oedipal complex as pre-genital and pre-oedipal in content and characterized by the girl's longing for the mother of the pre-oedipal period. She describes a group of female patients aged between 30-40 where there was an early over-close narcissistic alliance between mother and the daughter who was also encouraged to share the maternal role toward her younger siblings. These patients grew up to feel oedipally "entitled" to replace either parent, though this would conflict with pre-oedipal wishes to be the mothered child. They made alternating identifications, e.g., with phallic aspects of the mother or maternal aspects of the father. They chose sexual partners who represented the idealized mother and who were unconsciously experienced as bisexual, to whom they were phallic, e.g., making life decisions for them, but with whom the mother-child dyad was also replayed. A particular conflict bringing them into analysis was stirred up by the decision about having a child of their own.

She stresses here the pre-oedipal issue of insufficient separation and autonomy from the mother who was felt as "forcing" on an oral, anal, and phallic level, leading to a defensive identification with this aspect and also the narcissistic unity and idealization of the mother so

that the idea "I want a child" was a narcissistic wish competing with the mother and excluding the father though really a restitutorial wish in the service of overcoming trauma in the preoedipal mother-child relationship.

Phyllis Tyson (1982, 1984) suggests it may be useful to differentiate between gender identity, gender role identification and love object choice. She believes that the concept of a negative oedipus complex is still a useful one in describing one line of development. In her case of an example of an adult woman, she describes some negative oedipal material where the patient wished to be loved by her woman analyst, compete with the analyst's husband and her twin sister's husband. But she concludes "Mary's analysis illustrates the intimate relationship between separation/individuation conflicts and all aspects of gender identity. The analytic material suggests that Mary's gender identity and gender role identification was female although unresolved aggression toward her mother interfered with selective feminine identifications. Rapprochement conflicts perpetuated difficulties in self esteem regulation which sometimes led her to feel that a male role was the more desirable, and that a female object choice would protect her from abandonment. Her relationship with women as manifested in the transference was primarily dyadic with passive wishes and struggles against such wishes predominating." (1984, p. 19)

Female Homosexuality and the Masculine Woman

Joyce McDougall's (1970) discussion on homosexuality in women distinguishes between two main groups of women, both of whom repudiate an identification with the genital mother. (1) The masculine woman

feels herself to be like a man but a castrated one. She is not identified with them in their sexual role, nor does she seek women as her sexual object. She seeks non-sexual, collegial relationships with men.

She has retreated from the oedipal conflict where her father was usually seductive, and has to be denied as a sexual object. He remains idealized, however, in all his non-sexual aspects. The mother is seen as castrating to the father, so the daughter cannot identify with her. Instead she identifies with the castrated father and sees herself as a castrated man. She devalues and disparages femininity, yet is also fearful of rivalry with the powerful oedipal/pre-oedipal mother. Although she wants men as colleagues, she is "castrating" of their sexual role. Although often married, there are sexual problems in the marriage and she tends to end up in conflictual relationships with both men and women, often also leading to work inhibitions. Ultimately, her work is not experienced as her own and she feels she has nothing good that is feminine to offer.

(2) The homosexual woman presents a quite different picture. She attempts to deal with exclusion from the primal scene by disavowing and negating the relation between the parents and reconstructing this using pre-genital aims and objects.

The father is neither idealized or desired. Instead of a phallic image, there is regression to an anal-sadistic, disgusting one, which is then introjected by the daughter. There is an unconscious identification with the father, not as an object of libidinal investment, but as a mutilated image possessed of disagreeable and dangerous (anal) qualities. In her identification with this analized father, the

daughter feels despised by other women, yet has to preserve this identification to prevent merger with the mother.

The mother is entirely idealized, but this defends against a deep underlying hostility to her. Consciously, the mother is seen as vulnerable, a victim of father, disliking both him and the primal scene. She seeks to recreate the mother/daughter closeness, excluding father.

But on another level the mother is felt as rigidly controlling and rejecting of anality. The girl consequently feels her body as rejected and unlovable and turns to fantasies of loving another woman's body.

Penis envy is conscious but it is divested of the usual meanings as representing the father's phallus. Instead "when the homosexual claims that she is playing a masculine role to a woman, it is not to give her something like a penis, but is to mask a deeper desire to take from the partner something magic or phallic in the symbolic sense." (p. 197) The wish is for narcissistic recuperation, to complete herself at the expense of the other women, e.g., by absorbing her magical powers, or becoming both mother and child. Then the partner is seen as destroyed and the homosexual lives out a fantasy of repairing her, she has "something precious to offer a woman which no man could supply." (p. 197)

In analysis, the homosexual woman reveals her underlying feeling of being completely controlled by the mother, as her phallus or fecal object, but even more fundamentally, as a symbiotic extension from which she dare not separate, living in a terrifying oral-symbiotic universe with her, in which projective identification makes the mother ever more dangerous.

In making a homosexual attachment, the girl seeks to escape her mother, but, of course, eventually repeats the same relationship with another woman defending against deep ambivalence by over-concern and submission. In summary, the female homosexual attempts to maintain a narcissistic equilibrium in the face of a constant need to escape the dangerous symbiotic relationship claimed by the mother imago through conserving an unconscious identification with the father, the latter being an essential element in a fragile structure. This identification, costly though it may be, helps to protect the individual from depression, or psychotic states of disassociation and thus contributes to maintaining the cohesion of the ego. (p. 211-2)

Ruth-Jean Eisenbud, in writing of the determinants of lesbian choice (1983), suggests that primary lesbian erotic love originates in a precocious turn-on of erotic desire mandated by the ego and that this has a progressive purpose, not regressive. It occurs when the child has been excluded from "good enough" or "long enough" primary bliss and so seeks inclusion by a sexual bond and sexual wooing.

She stresses that the lesbian has a feminine gender identity and that the "masculinity complex" is now understood to include some form of a negative identification with mother, an opposition to an excluding but seductive mother, or to a coercive and puritan mother. She describes three main etiologies. (1) Exclusion from being mothered, where the girl struggles for "a way in" by turning on to mother. (2) Exclusion from identification with mother, in which the mother conveys a "double bind," that the girl is supposed to be feminine yet also to be mother's male and husband, or the mother's masculine self. Sometimes mother is

the "queen" and identification with her is covertly forbidden and so renounced by the girl. (3) Escape from inclusion--the active stance. This is where the girl tries to reverse mother's erotic domination by erotically conquering her. To avoid being used and controlled, she tries to reverse the roles though ultimately flight is her only survival.

Now that the many contemporary contributions to this issue have been explored, I propose to look at the clinical evidence from my own, as well as others, case material to see whether the classical point of view or the alternate points of view seem to offer more fitting explanations. We are here up against the problem in all clinical research of the degree of certainty with which one can interpret the meaning of any clinical communication, particularly in child analysis where much is brought in non-verbal or symbolic form. There are additional problems that all such communications are over-determined, can be understood at different levels, and have to be seen in context. We would be looking at the internalized as well as external self-object relationship, as it emerges in the clinical material and transference.

The clinical evidence for the classically formulated negative oedipal complex has not been made very clear by any authors, since the time when Freud confessed himself unsure what the phallic aims of the girl towards her mother consist of. The classical formulation is essentially in drive terms.

To support the classical formulation we would look for evidence of an early, exclusively masculine, oedipal stage preceding the positive oedipal, where the girl has fantasies towards mother similar to a boy's,

and wants a penis in order to act as husband and giver of babies to mother in rivalry with father. She has no knowledge of the vagina and only turns to father and the positive oedipal complex because of rage at not being given a penis by mother. The wish for a baby would be for a penis equivalent from him.

If she cannot accept her "castration" she would, in latency and adolescence, continue in or regress to these masculine fantasies and position, unconsciously wanting a penis or believing she has a penis in order to act as husband to mother, competing with father, with phallic sexual fantasies and aims. The vagina is undiscovered until puberty.

Derivatives of her negative oedipal wishes would be seen in her wish to be admired by females for "phallic" qualities, e.g., intellectual achievements and bodily display; competing with the husband to be a better admirer, protector and father; intrusive, penetrating fantasies in her relationship to women, that might also appear in dreams or symbolic form.

The classical formulation did not address the problem of the level of object relationships and ego involved. It would now be thought important to assess this as well as the drive expression, i.e., the complex must be on an oedipal level of object relationships and ego development.

The alternate views that have been proposed would suggest that we look for evidence that there has been an early female core gender identity and gender role differentiation in her relationships and self and object representation, also an early awareness of the female genitals. That there is early on a basic feminine identification with

mother and that the separation and individuation issues are of crucial importance to the later feminine oedipal identification. That the father, as well as the mother, plays an early role as an important object and that the girl may move straight into a positive oedipal phase. The wish to be a mother and for a baby may be related to her early pre-oedipal and oedipal identification with mother rather than primarily wanting a penis equivalent.

In the alternate formulation it has been proposed that, rather than a negative oedipal stage, there is a phallic narcissistic phase in which the girl is already differentiating herself from the boy, with her own feminine fantasies. Some envy and wishes to be boy or father coincide with pleasure in being admired as a girl. This may also be a stage of cognitive immaturity where the girl still does not quite understand she cannot be both girl and boy and have everything. But cognitive maturation continually consolidates gender differentiations.

Penis envy is seen as "manifest content" with many latent meanings, often representing narcissistic deficits in the mother-child relationship, rather than a primary masculine stage.

Many identifications with the father may be seen as part of the healthy development of the girl rather than necessarily involving giving up of her feminine sexual role. Also, aggression, assertion, competition with men in intellectual achievements need not necessarily mean sexual rivalry with men.

The oedipal phase and fantasies are seen as shaped by many other pre-oedipal developments besides the castration shock, and the degree to which it is reached and resolved will depend on the level of previous

ego, object relationship and drive development.

We would look for evidence to support the formulation that penis envy and masculine identifications are not primary but secondary to oedipal disappointment and anxiety over sexual excitement and fear of rivalry with mother.

Many later authors have also emphasized the importance of the parental characteristics in determining phallic narcissistic and oedipal identifications and object relationships.

In latency we would look for evidence that there is genital awareness, that oedipal and feminine sexual fantasies persist though anxiety might cause repression and defensive masculinity; or regression to sadomasochistic fantasies, sometimes leading to a defensive masculine position.

In adolescence we would expect to see the critical resolution of the oedipal conflict which is re-aroused when sexual maturation brings the need to establish a feminine sexual identity. We would see if this involves persistence or revival of the negative oedipal complex; or alternatively, the revival and the final adolescent resolution of pre-oedipal bonds and conflicts, including giving up of idealizations and narcissistic demands. Throughout latency and early adolescence the girl still has needs for nurturance, affection, ego support and narcissistic supplies from mother and/or girlfriends which would not necessarily imply a negative oedipal complex.

Many of these issues will be taken up again in the discussion section.

CHAPTER FOUR

Clinical Material

I will first give a brief summary of seven published psychoanalytic cases of girls between ages 3 and 20 and then a somewhat more detailed account of three cases of my own. All of them come from basically intact families, where the issue of the negative oedipal complex is raised, but as we shall see there are varying ways of looking at this material.

An overview of published reports also confirms the findings of Edgcumbe et al (1976) that many child analytic authors do not describe negative oedipal material nor use the concept in their case reports.

Kestenberg (1969, 1982) describes the analysis of Dorie, when aged 3 and 4 years old, who could not separate from her mother to start nursery school. "Her physical separation from her mother could not be accomplished until she remembered and understood her separation and past losses of familiar objects" (1969, p. 370). These particularly revolved around the family's move of house and the birth of her brother when she was about 20 months old. This included the search for a body part, her father's penis and scrotum. When Dorie understood she did not have these, she began to try and re-create her own babyhood, demanding to regain her "oral" and "anal" mother. This was also a method of trying to create a baby. When she realized none of these attempts would work, she began to deny the existence of her introitus, and, now aged 4, moved into the phallic phase. From being shy and thoughtful, she became exuberant and exhibitionistic, using "phallic" stunts and drawings to get mother's attention. She became curious about the father's part in

babymaking, and when she realized he would not give her a seed, she began to compete with him to gain the female analyst's admiration, wanted to be tall and strong like him, and was pleased to be addressed by the analyst as "Daddy." But her turn to interest in her father evoked fears of loss of her mother, "she was not quite ready to turn to him as a love object . . . needing privacy to develop feelings for her father which would blend with her genital excitement" (1969, pp. 374-5). She was helped to locate the true sources of her genital excitement. These were connected with different wavy rhythms in her body and with high jumping and were represented by her drawings of 1) a house in which mother and baby resided and 2) concentric circles from which rays emanated. Once she grasped this, she set about finding a suitable love object. She was at first angry with mother and analyst for rejecting her daring phallic overtures. "With the developmental task of the inner genital phase completed, she began to woo her mother like a suitor. She invited her to see the leaping into space which she practiced in my office and she was eager to finish her treatment to please her mother" (1982, p. 105). She temporarily regressed again. Only then did she turn to father instead. The analysis was then terminated to give Dorie time to turn to father and for this to counteract the pull of regressive, pregenital forms of gratification.

John McDevitt (1967) describes the first year of treatment of Becky, aged 3.2 when she started, who had severe anxiety about separation from her mother, and a fear of being bitten by a man with a mous-

tache. Becky had one older stepsister and a younger sister born when she was two years and four months.

McDevitt emphasizes the pre-oedipal problems in the mother-daughter relationship and the intensity of Becky's penis envy which he saw as resulting from "early disappointments in the mother-child relationship; oral and anal narcissistic fixations and subsequent regressions; the frequent observation of the father's penis; and the wish to succeed as a rival to her father and her siblings for her mother's love, as well as the need to assume a masculine role, in defense against feminine wishes that were so frightening to her" (p. 27). The separation anxiety was seen as a neurotic symptom, the result primarily of the ambivalent tie to the mother during the early oedipal phase. Her wish was to dispose of both mother and sisters and thus to have father to herself. She wanted to have a sado-masochistic relationship with father, to get both a penis and a baby from him (p. 51).

At age 3.2 she starts off treatment with positive oedipal wishes though these quickly frighten her and make her turn back to mother and try to exclude the male analyst. Interpretation of these oedipal wishes decreased her fear of a man with a moustache. But an attempt to start nursery school and the sight of boys urinating stirred up her penis envy, anger and increased separation fear. Her anger with her mother for not giving her a penis and leaving her at nursery school was interpreted. By the eighth month of treatment Becky could be glad she was a girl, accept that she had a clitoris and not a penis and began to express a wish to have a baby (from the male analyst as well as from her father).

The subsequent material revealed simultaneous wishes to take father's penis (an oral, biting wish), to take father, and get a baby from him, for all of which wishes she feared mother's retaliation. Interpretation of this led to increased predominance of the wish for a baby and wishes/fears of competing with mother. However, "the masochistic fear of the father, the penis envy, and the ambivalence toward the mother led her to reverse the sexual roles in complicated ways."

During one hour she threw the boy doll to the fish (to be eaten), then shot him with a gun; she loved the girl doll and then me; finally she stuck her finger in my eye. Suddenly she became afraid that a witch might punch her mother in the eye, and she ran to the waiting room to check on her mother's safety and to leave a gun for her protection. Spreading her legs apart, she demonstrated how she intended to attach a penis to herself, advising her mother to do the same. (p. 41)

McDevitt suggests that in this sequence we see evidence of the negative oedipal strivings which mobilized the wish to possess a penis. There is identification with the male as the aggressor, the envy of the man and the anger with him, and the sexual aggression directed toward the mother. However, it was her concern for her mother that led Becky to advise her to obtain a penis for protection. He feels that, although it is phase specific, the negative oedipal complex is exaggerated in Becky's case, because of the intensity of her penis envy and her fear of the feminine role. Mother was here helpful in explaining to Becky that she herself was not afraid of being a girl, that she liked being a girl and that she hoped Becky would also. The author does not give any other material labeled as negative oedipal.

Subsequent interpretations concentrated on her anger with her mother for not providing a penis, her fear of the feminine role, and the

defensive wish to be a boy. "The most difficult problem for her to deal with continued to be her anger towards her mother" (p. 49) and she was only gradually able to manage separations and start nursery school by the termination of treatment when she was five.

In summary, McDevitt emphasizes the extent of Becky's pre-oedipal ambivalence and aggression to mother, the symbiotic tie and difficulty in reaching the level of object constancy, the ego development failures, e. g., in neutralization of aggression, leading to marked fear of object loss when she reached the phallic oedipal phase. Added to this was the father's over-seductive behavior at this phase. In Becky's efforts to manage her conflicts there was partial regression to the oral sadistic and anal sadistic phases and a defensive heightening of the negative oedipal wishes (p. 52). Becky may be seen as having entered the positive oedipal phase by age 3 and the negative oedipal moves are seen as defensive because of her fear of the sado-masochistic feminine fantasies toward father and of the oedipal witch-mother. The main emphasis is on her penis envy and pre-oedipal problems with her mother and her fear of her anger with mother.

Greenspan (1982) describes his patient, S., in analysis at the age of 5-1/2, who had symptoms characteristic of the early phallic stage. She had had a rather tense, depressed mother, caring but somewhat seductive father, and two sisters, aged 2-1/2 and 12. She had suffered the loss of a much loved nanny when aged 2. Her symptoms were impulsivity, exhibitionism, unstable self-esteem, impersonal ways of relating to objects with indications of underlying lack of full attainment of object constancy, a number of pre-oedipal fears, and attempts to move towards

oedipal patterns. While S. wanted admiration for her prancing and dancing, she also showed an unstable, fragmented self-representation. It was necessary to work through important pre-oedipal issues of her sense of narcissistic entitlement, desire to control everything, jealous rage at her younger sister and sense of badness. This led to a greater degree of object constancy, improved self-esteem and strengthening of ego functions, and permitted a shift to triangular and oedipal level concerns. Greenspan emphasizes that this also entails "a shift to a higher level of organization where there is a self, a significant other, and the observing self in a relatively more differentiated form, which also provides the ego functioning intrinsic to a full working alliance" (pp. 589-590). The move onto the oedipal level therefore also permitted more working through of pre-oedipal traumas and regressions and of the defensive use of the phallic organization. This was followed by the ability to experience affects of sadness and loss and working through of negative as well as positive oedipal wishes. The negative oedipal material was seen in her almost symbiotic possessive closeness to a girlfriend, fears of loss of her mother, and a phallic, aggressive, primal scene fantasy of her father cutting mother open in which S. could take either role. This occurred concurrently with positive oedipal themes, wishing to take mother's place and get rid of her. There was further working through of these issues now at the oedipal level, then on her need to relinquish oedipal wishes and re-experience loss and mourning again in this context. Consequently, she was able to move forward into latency.

Elizabeth Holder (1982) describes the analysis of a 7-1/2 to 10-year-old girl who was referred because "there is something spoiling my life because I want to be a daddy when I grow up" (p. 55). Since age 3-1/2 there had been a total refusal to wear dresses. Gay had been much loved and cared for by both parents. By the time she was three she was almost overfond of father and he "perhaps pushed her off a bit." Then he had to move away to start a new job and for a few months Gay saw him only at weekends. Her admired older brother also began teasing her for being a girl. By age seven she was, according to mother, "resigned to being a girl, but feeling a great sadness about this, constantly expressing her wish to be a boy . . . She wished to marry her closest girlfriend but was also 'engaged' to one of her boyfriends" (p. 56). She had one brother aged 11 and two sisters, aged 9 and 5.

The diagnostic question was whether Gay had reached the oedipal stage and had regressed defensively to the negative one. Was she identifying with the "lost" father and the rejecting brother? Alternatively, she might be identifying with the masculine-appearing mother.

"The analysis proved the symptom to be an attempt to negate the injury to her self-esteem at the oedipal level, which revived a very much earlier narcissistic blow. That is, to show how her wish to be a boy was reinforced by an earlier longing to regain the position she had lost of being the chief object of her mother's love and attention" (p. 57).

The treatment began with Gay's acquisitiveness and rivalry toward siblings and female therapist. She enviously wanted everything they had. Ultimately she wished for a penis, for a baby, and wished to be

the baby. As the latter longings emerged in the transference, she was for the first time willing to wear dresses. She revealed how very painful separations were for her, and her regressive longings for an idealized babyhood state. As the reality of pre-oedipal disappointments in her mother and her displacement by her younger sister when she was 2-1/2 became clearer, she showed her angry demandingness and denigration of others and wished to be omnipotent (which meant having a penis or being a baby). She felt deprived of idealized love as well as a fantasy penis and retaliated by being depriving and hostile to others, as well as highly envious. As this material was worked through, Gay was able to relinquish the intensity of her wish for mother's love and penis envy which symbolized her feelings of narcissistic depletion, and was able to turn again to her father and to pleasure in being a girl. There is no reference to "negative oedipal" material as such in the analysis. She did, e.g., sing some love lyrics to the therapist which were taken as expressions of her pre-oedipal longings.

Sarah Kut (Rosenfeld) (1953), in describing the analysis of Joy, age 10 to 13, makes a very extensive use of the concept of a negative oedipal stage. Joy was well socially adjusted but had a severe learning inhibition and an underlying, rigid, obsessional character formation. She was the eldest of five children. At age 3, she had had to share her parents bedroom, cope with father being away in the Army for frequent periods, the birth of her sister when she was three and her brother when she was four. From age four to about five (?) she was sent off to boarding school because of wartime conditions. After this there was a stable family situation with intelligent, caring, middle class parents.

The analysis began with the fantasy of the omnipotent mother of the pre-phallic phases. At this time, Mother became pregnant and another baby brother was born. Gradually penis envy came to the fore, the wish to be mother's boy child and then an identification with her father and wish to be husband to mother and female analyst. The writer does not give specific sexual fantasies nor the specific content of Joy's "wish to marry me" (p. 365). The material given indicates possessiveness and rivalry for mother's time, Joy saying "if it isn't the other children, it's Daddy" taking up her time, and curiosity about the analyst's private life. She boasted of her skill in drawing, seen as an identification with her father. This was understood as wooing the analyst with her drawings (penis). "The analysis of this part of the phallic phase resembled the analysis of a boy. She was to all intents and purposes a boy, so tenacious were her fantasies. Interpretations were experienced as "castration" (p. 366).

The material shifted to a wish to be a boy child to get near her father, then the envy of the phallic mother who has everything--clothes, children, husband. Next was the recurring wish to present mother with a baby in identification with the phallic mother. This took the form of helping her with the younger children and presenting gifts of her artwork to mother and analyst. This went along with the wish to become a children's artist.

"The passive wish for a child was also directed toward the phallic mother long before it emerged as a positive oedipal wish. . . . I had to provide 'the ideas' (sperm) for her pictures, or discuss technicalities

of her schoolwork. . . . Interpretations stood for 'babies' she demanded from me" (p. 370).

The collapse of the fantasy of the "phallic mother" occurred when mother was mourning a relative, and Joy had to become more of a parent to her, stimulating her competition too to be a better mother. This coincided with the onset of menstruation. "The urge for independence has replaced the wish for a penis-child" (p. 371). Joy became increasingly interested in boys and father figures in fiction, then she and her girlfriend would invent stories in which they took turns to be the lover, the rejected lover, or the love object. But in the transference it seemed "she has not yet reached the genital level of development, but is repeating the passive, homosexual love relationship which belongs to the phallic phase" (p. 374). The example given is that when Joy wanted to stay out later, she tended to give up this wish. "If to be active means to be aggressive, Joy's first reaction is still to give up activity" (p. 374).

Sprince (1962) and Levy (1960) described the simultaneous analyses of an adolescent girl and her mother. Debby was referred at age 12-1/2 because of chronic school phobia, extreme anxiety over separating from mother, yet also was extremely controlling and clinging to her. She was an only child. Both parents were very over-involved in her physical care and had many health anxieties of their own. From the material it emerged that the mother's oedipal conflict had been revived by her daughter (who was a displacement from her own mother and sister). The mother dealt with her rivalrous death wishes by becoming highly overprotective and masochistic with an intensely close bodily pre-oedipal tie

to the daughter. Debby was seen as having reached the oedipal phase yet constantly regressing to negative oedipal and pre-oedipal gratifications. Debby had strong oral and anal fixation points, poor ego controls over regressive impulses and a persistent infantile tie to mother, precluding adequate internalization. Her envy and poor self-image led to a strong penis envy. She showed homosexual longings which seemed mostly based on the wish to perpetuate the pre-oedipal bodily gratifications. These also served the purpose of keeping mother away from father. However, the homosexual longings were also seen as a retreat from fear of oedipal and heterosexual wishes (which were made more frightening by an early seduction by her uncle which Debby had kept a secret until her analysis). Interestingly, although it seemed as if mother was expressing her own homosexual wishes by often allowing the daughter to sleep in her bed, this hypothesis was not confirmed by the mother's analytic material. Much more marked, was mother's overprotectiveness through fear of her own aggression to the daughter, nor did the mother herself have important oral and anal fixations, though the father did. Debby did engage other girls in mutual masturbation activities which were both anal and genital in character in which each partner took the active and passive role in turn. Pencils and similar objects were used for penetration. There was also evidence of a developing perversion, i.e., she used the dog's penis to masturbate, pretending it was her own. She also had homosexual fantasies about the women teachers, e.g., of their torturing her and sticking witches' thistles up her vagina. She was both exhibitionistic and seductive to teachers, yet terrified of their over-response. The process of reaching heterosexu-

ality was characterized by a flight from homosexuality and her tie to her mother. She would chase boys to prove she was not homosexual and to possess a penis. At age 17, Debby made a heterosexual relationship with a man who was 10 years older than her, planned marriage and left the analysis. This followed the mother terminating her own analysis which had revived some of Debby's homosexual fears. This new relationship was seen as partly a sign of progression but also as a flight into heterosexuality with a replaying of many of her pre-oedipal dependency and sado-masochistic needs with this somewhat older fiance. She also remained very tied to her own family.

Peter Blos (1962) describes the psychoanalytic therapy of Judy, age 14 to 17, which he supervised. She was one of triplets, the two others being boys, and had also a brother six years older. Despite the unusual family constellation, Blos feels the case reveals particularly clearly the crisis of adolescence proper, and allowed for unusual clarity of reconstruction of her childhood. At age 14 she was unhappy and angry, with an acne skin condition, endlessly fighting with mother yet spending most of her time at home. She had no close friends. She also shared her mother's bed during weeknights with the rationale that father was out on nightwork.

Judy had been the healthiest and least demanding of the triplets. Because she progressed so well, she received least attention, and defended against dependency needs by precocious ego and intellectual achievements, also fueled by aggressive competition with her brothers. In order to get close to mother, she identified with her activity, helping with the other children.

At age five, she became disappointed with father's relative unavailability to her and turned her affection to her older brother who then also disappointed her, especially on his marriage when she was 15. She dealt with these disappointments as she had with earlier ones, by becoming self-sufficient and snobbish (e.g., her adolescent fantasy of living as a princess in Buckingham Palace). There was a massive repression of sexuality though she managed to provoke the seductive approach by her uncle in puberty.

As she moved further into puberty and adolescence, she became terrified by her own sexual feelings and need for love, which drove her to seek refuge with her mother in her bed. She longed for close, heart-to-heart talks in bed, yet also slapped her mother in her sleep. The details of the sleeping habit which only gradually emerged "leave no doubt that this clinging to the mother was but a continuation of pre-oedipal wishes that had never been given up" (p. 50). Judy was then able to separate physically from mother via her new relationship to her woman therapist, whom she took as a new ego ideal and model for identification. During the process, Judy's sense of completeness and worthiness emerged; simultaneously, her aggressive competition subsided and her hostile identification with mother receded. Sexual fantasies moved into the foreground and she developed crushes on male teachers whom she idealized. She gradually gained a greater feeling of control over her own sexual feelings, less fear of mother's possessiveness, more sense of herself as physically complete and pleasure in her femininity and heterosexual relationship. Her vocational choice of becoming a

nurse expressed a healthy, active sublimation of her original regressive longings.

My Own Cases

Sara was 3 years 10 months at the time of diagnostic consultations and 4 years 3 months when she started psychoanalytic treatment five times weekly which continued for two years. The referral symptom was a longstanding sleep disturbance in which she would wake up several times during the night and go to her parents asking for reassurance that she was a good girl.

Her mother suffered from serious depressions alternating with rather manic high spirits and hyperactivity. She had been for two weeks in a psychiatric unit of a hospital when Sara was just three. Her mother had lived a somewhat Bohemian life as an adolescent. She was a gifted dancer. She converted to Roman Catholicism and then married the father who was 15 years older than her. He was the manager of a restaurant, non-practicing Jewish. There was a younger brother, Joe, born when Sara was 2-1/2. The maternal grandmother also lived with the family. Both parents were intelligent, charming and consciously fond of their children. However, mother's intermittent depression imposed a constant strain on the family with father taking on many nurturing roles. When not in a depression, the mother could be loving, playful and conscientious about Sara's care. In many ways Sara had developed well, was also charming but with precocious ego and superego development and guilt about her aggression. Her I.Q. was in the superior range. All other ways of dealing with the sleep disturbance had failed so

treatment was undertaken. The mother was also in psychotherapy and later psychoanalysis. In brief summary of the early development, she was a welcome child. Mother had some preference for a boy though said "never mind, next time it will be a boy." Mother at first tried to breastfeed but became "edgy" and transferred Sara to a bottle which went successfully. Sara received much attention and cuddling from both parents. At eight months, she "weaned" herself towards solids and also began using a pacifier and having wakeful nights. When Sara was 15 months, her mother began to get depressed again and at 20 months Mother became pregnant with Joe, the brother. At this time Sara "went off her food and has been a finicky eater since." She continued to use a pacifier until 3-1/2. At 2, toilet training was introduced. At first Sara was afraid of the pot but quite soon became trained though bedwetting occasionally at night until 3-1/2. Joe was born when she was 2-1/2 and at first Sara was very nice to him, jealousy appearing later. She was curious about his penis and questions about her own anatomy were answered factually. She knew about and had explored her vagina. When she was 3 years 2 months, her mother entered the hospital unit for two weeks for increased depression with suicidal ideation. On her return she was on antidepressant medication which made her at times drowsy and withdrawn. During this year the sleeping disturbance increased.

Meanwhile Sara was otherwise seen as a competent, sociable child, well-liked by all. She was thought to have reached the oedipal stage (with phobic symptomatology) though with some remaining oral and anal and phallic phase conflict. There was no specific mention of evidence for a negative oedipal stage. In brief summary of the main themes of her

treatment. She began by showing a wish to be pleasing and likeable, with well-established reaction formations against less approved of impulses and affects. There was a well-controlled jealousy of other children. She began enacting fantasies but only gradually revealed her stronger affects. Her first fantasy revealed many major themes. I had to play her grandfather (she had never known her real grandfathers) and we had our baby with us. We went to her home but no one was there. We then went to her father's restaurant and found a bed outside it. I had to say "Stop it, Sara" when she tucked the baby into his crib. We went to sleep and when we woke up we found her mother and father back again. This fantasy was reenacted in various elaborations and with increasingly punitive characters. It was understood as a derivative of her masturbation fantasies also containing her guilty anxiety about losing her mother. As her affects about this were interpreted, she became gradually more able to express her sadness and anger at what she experienced as mother's withdrawal into sleepiness and unwillingness to care for her, her wish to turn to father, death wishes toward mother, and fears of retaliation. Some of her anger with mother was expressed in terms of jealousy of the greater care she thought Joe got, envy of his penis and demands for one for herself. However, her more basic jealousy emerged to be of him as a younger child who she saw as more indulged. She gradually revealed her death wishes towards him. Her fantasies had many eating up and biting themes. Meanwhile, she also showed intense primal scene curiosity and fantasies, evidently perceiving this as a stealing of father's penis, e.g., first mother then she stole candles at night from giants and were then punished by giants and ghosts. She told me

her parents "put on a show," jumping on each other's shoulders and that father was naughty and put his finger in mother's bottom, then biting the father doll where the penis would be. She also played at being 'cut up' by giants, with both excitement and fear--which we understood as her fear of the father's penis as too big and dangerous. The parents had in fact allowed Sara to be overinvolved with them at night. Sometimes she would end up sleeping with father while mother moved to her bed. As this overstimulation was reduced and her guilty anxiety lessened, she could more easily express phallic narcissistic and early oedipal wishes, e.g., to dance and be admired by father and men teachers, and her love for her father with a fantasy of going off in an airplane with "Father Murphy" though only to be pursued by a witch. The oedipal triangular rivalry was replayed in treatment in her fear that she could not love both mother and myself, else one would be jealous of the other, and her wish to change places with me and be the grown-up woman. She asked me to provide a wedding dress for her to get married, saying she had three boyfriends at school, but one wants to chase her, another offered to protect her and have her in his gang, while another was in love with her but "the trouble is he has a penis" (understood as the frightening, protective and exciting aspects of the male). She later sadly explained that in her family she can't marry her father so perhaps she'll marry Joe or else Mommy. "If I can't marry Daddy, perhaps I'll marry Mommy." At this point the mother became again more depressed, reintensifying Sara's anger, guilt and anxiety, with a need to cling to and woo the mother. She had a fantasy of us living together in a little house when she had turned a little cowboy out of it. She wanted to be given "more

and more" candy, time, etc. She developed a fear of herself dying, and confessed to touching her "pee hole" at night and saying "I think Mommy's inside my baby hole." She expressed her confusion. How do babies get out, did she have a baby in her tummy now? and pretended to be a mommy who ate candy and had a baby in her tummy (thus denying father's part) and wanted to cut mine open. She pestered her father for a constant supply of candy. When her mother was away for a few days, Sara showed wishes for her to be punished in hell, but then became her rescuer. She had a dream in which her mother came back, said hello, and then went away again. She also had a fantasy that she and I, as her mother, got married and lived together, though each then got cooked in an oven by a witch. On her mother's return, Sara was again angry but less guilty and more understanding about the appropriate reasons for her angry feelings and could also become more loving. As the mother's depression lifted, Sara was able to replay the oedipal drama with less anxiety. She was more able to see her parents as whole people and to identify with the mother's good qualities.

At six years old and in first grade, she moved increasingly toward her peers and latency. The overharsh pre-oedipal and oedipal superego had been modified. She could feel closer to her mother and there was a less sexualized relationship with father. She still found it difficult to comprehend entirely her mother's illness. The sleeping disturbance was no longer in evidence.

Ruth was first seen diagnostically when she was 9-1/2 because of poor academic progress, inability to make friends, and constant

complaints that everyone was unfair to her. She was initially for a short period in psychotherapy, then in psychoanalysis from age 12 to 15.

Her father was a lawyer, her mother an editor in a publishing firm, and she had one younger brother born when she was 4-1/2. The family were practicing, conservative Jews. The mother was a somewhat rigid, controlled personality, who appeared exasperated with Ruth, had little good to say for her, yet felt constantly guilty towards her as well. She by now rather clearly preferred the easier and more successful younger brother. She seemed closely tied to her own mother whom she visited daily. The father appeared more benign towards Ruth, though he too became exasperated by her complaints.

Mother described each developmental stage as "a battle, beginning with the feeding situation." Mother developed breast abscesses yet persisted with painful breastfeeding for five months, though using supplementary bottles. Every feeding time was a struggle. Ruth cried a great deal, slept very little and had to be rocked off to sleep each time. She slept in her parents' room until she was 1-1/2. There were struggles between mother and daughter over every routine and activity. Toilet training was not an exceptional battleground, though Ruth was often constipated. However, Ruth was also a lively toddler who got much attention from the maternal grandparents. She was said to have been "a daddy's girl," running to him rather than mother, and also a great favorite of maternal grandfather until he transferred his attention to the brother. She was not jealous of her brother at first, but became more so as he became more of a competitor. She became unhappy as soon as she started nursery school. She has disliked school ever since,

complains about the other children and teachers picking on her and constantly complains that the parents favor her brother. Psychological testing revealed an I.Q. of high average. The referring psychiatrist saw Ruth as locked in an ambivalent struggle with her mother, with fixations at the negative oedipal as well as phallic, anal and oral stages.

Ruth started therapy at age 9-1/2, hoping I would be a kind of fairy godmother who would be infinitely kind and sympathetic and protect her from the other children and teachers. It took much time to help her see the inner conflicts from which her problems derived and as within her own power to change. She had immediately expressed her jealousy of her brother whom she saw as favored because he was a boy. But she was also jealous of all the other children I saw, with a conviction I would favor them, and longing for an exclusive protective relationship like that of a small child. I worked at helping her see that some frustrations had to be tolerated, and stressed our need to think more about the various reasons for her anger with her mother and try to find other ways of dealing with these rather than her projections, masochistic complaints and regression.

After Ruth began analysis, when almost 12 years old, she also started to bring her conflicts about growing up, and oedipally-tinged stories, e.g., of two girls in rivalry for a boy; one wins and runs away with the boy, but then gets hungry and is brought back and poisoned by a witch-like woman. Finally she is rescued by the boyfriend and the woman is killed. Ruth was anxious about the approach of menstruation, wanting this as a sign of maturity, but also afraid of the messiness and losing

control, of not being able to cope with this and of other people seeing the mess. She showed her envy of what she saw as her mother and my intellectual success and wished she could change the roles. She should be the superior one and I should feel inferior and demeaned. She imagined being an assistant to her father, or having an indulgent husband who gave her everything she wanted, and made other girls jealous. She began eating non-Kosher snacks on her way to therapy, with then a need to confess this to her mother, understood as due to her loyalty conflict and anxiety about being more separate from mother, as well as a derivative of guilt over masturbation.

Meanwhile Ruth had still also often expressed her fear of herself as ugly, unlikeable and stupid, her envy of boys and eventually, her complaint that her mother had not given her a penis or fed her enough. She felt that males have penises, women menstruate and can have babies and she has nothing. At one point, she began to write the story of her life, her jealousy when her brother was born and wish at that time to have a baby in her tummy, but now, knowing "the facts of life" and about menstruation, she is not so sure. She then stopped and began complaining about her pen, wanted to be given mine and became enraged that I spoiled her writing, did not give her a better pen, etc. At the time this was reconstructed as her anger when a little girl at not being given the penis, feeling deprived and damaged as a girl and disappointed at not being given a baby either. However, this brought about little change until she could see more clearly again how she had turned her feelings of envy into masochistic complaints that had focused on penis

envy. Also that she was now at puberty, regressing from her fears about assuming the feminine role.

She became increasingly curious about my sexual life, with wishes to know what was going on and complaints that I would exclude and forget her, and refusing to leave sessions on time. She would alternate between wishing it was she who had the boyfriend, and being afraid of losing me to a boyfriend, that I would marry, have a baby and neglect her. At this time she also had dreams indicating primal scene curiosity, e.g., of a man diving or falling off a rock and she trying to see what was happening, also of a volcano blowing up, and a mother and child getting killed. At one evening session, she was convinced I was going out with a man-friend afterwards and expressed her wish to push her foot in my vagina. She then explained her wish to prevent my having intercourse, as it would mean she would be forgotten, but then also her wish she could be the one going out with a boy. Also her curiosity and fears about intercourse and about her ability to be liked.

At this time I helped her to see the derivatives of her oedipal rivalry and her regressive and masochistic moves away from this. But I also stressed the necessity of her gaining greater control over possessive, intrusive wishes and need to accept temporary exclusions--problems which had also been hampering her ability to form friendships with peers.

Further work was done on Ruth's fears of assuming the adolescent feminine role, and reluctance to explore, know more about and value her own body. This was related to her early conflicts with her mother (who seemed to have projected much of her own "badness" onto Ruth), her self-

representation as bad and messy and general feelings of narcissistic depletion. Her self-esteem as a girl only improved as she understood this better and her own counter-projections as well as attempts to get gratification by sado-masochistic provocations and regression, and gained more control over these. She also gradually became more aware of her intense fear of growing up and becoming more competitive with mother for which she feared witch-like retaliation. This increased her wish to please her father and meet his expectations, and identify with him in a helpful way. She gradually gained more confidence in her own intelligence and attractiveness, more control over passive, regressive and sado-masochistic wishes and became more appropriately independent of her mother, active and competitive with other females.

Jill referred herself for treatment at the age of 17 because she felt lonely and miserable. She had not done well at school and had no close friends. She had no clear plans for the future. She was in psychoanalytic treatment lasting until she was 20. Her father was an English Literature lecturer in an English university, was articulate and charismatic. Her mother was a secretary, depressed and rather masochistic. There was one brother, 3-1/2 years younger.

Jill had for long been moody and negativistic towards her mother, was highly critical of her yet also dependent and unable to move further away into an adolescent peer group, despite two brief sexual affairs with boys at school. She was of superior intelligence. The referral diagnosis was of a character disorder with depressive and hysterical acting out features. She was seen as having progressed to the phallic-

oedipal level though with significant pre-genital fixations and regressions.

Jill was clearly involved in a complicated triangle with her parents. She admired and joined her father in some of his intellectual interests, yet was also critical of his personality and his treatment of her mother, to whom she would then become protective. She often seemed to be taking a negative oedipal position in which she competed with father as mother's, protector, advisor, etc. However, early on in treatment what emerged was how much the parents were also facing a crisis in their marriage as the children were growing up and often using her for their own needs, father "seducing" her into an intellectual companionship his wife did not provide and mother wanting to keep her daughter close to her as support and companion and protection against father. The question arose as to how far Jill was really reacting to the current family situation as well as mostly retreating from intense anxiety over oedipal competition made worse by unresolved pre-genital conflicts with her mother.

Jill seemed to have had a lot of attention in her first 3-1/2 years from both parents and found it very difficult to accept the arrival of her younger brother. She remembered feeling both jealous of the attention given to him and also jealous of her mother for having a baby. She had wanted to share in his care but mother did not encourage this. Jill would then become provocative and constantly get herself punished. The brother developed as the good, more compliant, yet academically successful child of whom Jill was very jealous though also scornful and she needed to seem the opposite of him. At school Jill had been a mediocre

student underachieving her potential which was clearly much higher. She also set up passive-aggressive, sado-masochistic struggles with her teachers as well as her mother. She had become apparently scornful of school and the prospect of college.

In the first year of analysis we worked towards the establishment of the therapeutic alliance, clarification of her wishes for herself, and increased internalization of the anxieties and conflicts that interfered with these. She became gradually more aware of her anxieties over competitive and aggressive wishes and of her characteristic defensive patterns and how often she tended to defeat herself and provoke angry reactions. In the second year of treatment, she enrolled as an English Literature student in college with a conscious wish to achieve more for herself, but some unconscious wishes to fail. As we began to explore these in more detail in the school situation, she described fantasies of "seducing" the male teachers by writing brilliant papers for them and cooperating in their work. At the same time she felt quite unable to write them and would regress to "messing things up," passivity, helplessness and lethargy. Similarly at home, she would join her father in exciting intellectual conversations, excluding her mother. However, this would be followed by her doing things to get herself punished by both parents and she would then feel further dependent on her mother. She would also get herself into triangular situations with boyfriends who had another girlfriend around, but end up getting herself excluded. In the transference, she would want to join me as the oedipal father (yet feel an insufficient response) or alternatively feel inferior or superior to me as the oedipal mother, wanting to exclude me, or feeling

excluded. Through these many repetitions she came to understand the way in which she currently established triangles; her fears of competition, yet how much she also wanted to intervene between the couple; and her self-punitive need to identify with the depressed "unsuccessful" mother.

She began to see further how she alternated between identifying with her father as successful but also as the aggressor, and at other times with her mother as ill-treated and masochistic. She would play her father off against me, expecting me to succumb in a masochistic way like her mother and was very surprised to experience that a woman could react more assertively. This also helped loosen her identification with her mother's masochistic defense patterns, and helped her to feel she as a woman could express her aggression more constructively. This led her to acknowledge and work on further understanding her own need to be sadistic, and tendencies to masochistic self-punishment. A major theme was the conflict over competition with her brother. Again in class she felt intensely competitive with other students, yet inhibited this competition, increasing her sense of her own inadequacy. In the transference she felt competitive with a young boy patient, in particular, assuming him to be the good, cooperative patient, and instead of competing, regressed to feeling helpless and less loved. She became more aware of her competitive feelings towards boyfriends as representative of her brother. She now brought further memories of childhood experiences, especially around the time of her brother's birth, when she was 3-1/2. These memories helped us to better understand the childhood conflicts of which we'd been seeing the derivatives, i.e., the oedipal disappointment, retreat from identification with the active mother,

conflicts over her aggression, and the origins of her regressive and defensive patterns and identification with the masochistic mother. In the analysis at this time, Jill recalled that at age four she was masturbating by pressure on bicycles, chairs, etc. to the point of orgasm but did not recall the fantasies. She thought there was both clitoral and vaginal exploration and sensation. She had been given detailed information about her anatomy. She remembered her mother seeming disapproving of her masturbation. She recalled fantasies of men forcing her to exhibit herself, both defecating and genitally. Now at adolescence she had had fantasies of men forcefully seducing and overwhelming her. These were understood as derivatives of her own anal sadism transferred to the genital, sado-masochistic scenario.

Jill had now become more achieving and competitive at school, had an improved self-image as a woman and had established a less competitive relationship with a boyfriend, but there were still further derivatives of her pre-oedipal conflicts to be unraveled and she was now able to work further on these within the transference. She became more aware of her transference fantasies that I wanted to make her suffer, that I might easily feel punitive and angry and wanting to get rid of her. I took these up as a need to perpetuate a sado-masochistic relationship. With considerable hesitation she was able to reveal her own envy, particularly of my job, wished to "mess it up" and make me a failure, and hurt me. Behind this lay other wishes--to be pursued, controlled, made to suffer, and to be helpless--repeated in her fantasies of submitting to an aggressive male.

She then revealed more of her fears of vulnerability, including warding off "having to care" about me. This proved to mean her fears of passive longings and "homosexual" feelings. These latter emerged as wishes for an exclusive relationship with me, excluding male rivals, wishes and dreams of us living together, where she would be cared for and fed by me with a few fantasies of wanting to look at my breasts. But the passive longings also led to complaints that I did not do enough for her, lapses into helplessness and resentful lethargy. She realized the repetition of the longings for exclusiveness and closeness to the mother and difficulties in giving up the longing for passive gratifications. I also showed her how these longings were displaced to her boyfriend where she felt he was not giving her enough, felt resentful and then ungiving herself. As the associations deepened she had also brought dreams revealing many fears of damage to her body, recovering early memories of hearing about her aunts breast cancer and mastectomy. She also dreamed of her boyfriend having no teeth and her own teeth falling out, i.e., punishment for oral aggressive impulses to men. Another dream was of having a baby which turned out to be fecal lump, and of her body being robbed and emptied, with a need to fill it up again, related again to her fantasies of needing to be filled up by men. These fantasies were connected to her more archaic fears of her mother, bodily sensations of messiness, loss of control, badness and emptiness, and fears of punishment for her own fantasied aggressive attacks. With the analysis of her more archaic fears, her anxieties about her aggression greatly lessened. There was further improved body image and self-esteem. She was by now graduating and had begun working for a literary

journal. She needed to work through her remaining conflicts about competing with me as well as with her mother who was now embarking on her own career. Jill now could feel that both of them could be successful and distinguish between her mother's problems and her own.

During this last year as we moved toward termination, she was aware of her reluctance to give up our relationship, but also of her wish to become more independently active. She took increasing pleasure in her new capacities, strengths and self-understanding. She had also made a more careful choice of a boyfriend on whom she could make appropriate demands and enjoy mutual sharing.

This clinical material will be further discussed in different sections of the next chapter, but in brief, overall review, we can see that evidence for the classically formulated, negative oedipal stage and complex is not clear (the exception is the case of Joy, though there does not seem enough evidence given in the history or sexual fantasies to back up the theoretical formulation).

There is not clear evidence in any of the cases of the sequence Freud proposed, for the girl going through a masculine negative oedipal phase believing she is a boy before entering the positive oedipal. In fact, there is much evidence of early positive oedipal interests even in the most disturbed cases.

In the case where there is clearest evidence of phallic sexual drives towards mother and other females (Debby), this is seen as heavily related to pre-oedipal drive, narcissistic and ego pathology rather than that she is mainly functioning on an oedipal level. Similarly, Ruth's phallic drive expression is related to strong pre-oedipal fixations.

At the top end of the developmental spectrum, girls like Sara seem very engaged in a positive oedipal relationship and only turn back to mother at times out of guilt and need for reassurance. There is no evidence for a negative oedipal stage. With Dorie the evidence seems to be for a phallic narcissistic stage rather than a negative oedipal relationship with the mother. Becky and S show more evidence again of early narcissistic and phallic narcissistic rather than negative oedipal pathology.

With Jill we do see her involved in an oedipal triangle, but turning to mother because of wishes for narcissistic entitlement, and some wishes to get/be everything to her. She has difficulties in identifying with her Mother because of both oedipal and pre-oedipal conflicts, which have led to competition with boys and to some masculine identifications. But she has not really turned to mother as her sexual object with phallic sexual fantasies. The evidence is of an early positive oedipal rather than negative oedipal stage. There are similar constellations in varying degrees with Judy, Gay and, I would think, Joy.

I will now turn to further discussion of the clinical material under the six headings.

CHAPTER FIVE

Theoretical and Clinical Discussion

Some of the issues involving very early female development cannot be illustrated from this clinical material, since they require further direct infant and toddler observational research, e.g., for evidence about early processes of identity formation, when genital discoveries occur, etc.

But as we have some historical material from the parents, it may be possible to reconstruct some aspects of early development more clearly from child than from adult material. And we see some later processes of the girl's development (from 3-1/2 onwards) in statu nascendi via the clinical material. This cannot, of course, provide answers to all the points which have been raised so I will concentrate on those where the clinical material seems to shed some light.

Early Pre-Phallic Development of the Girl

Feminine Gender Identity

The concept of a "feminine identity" emerges as a more complex one than some have suggested. It must always be a complex mental composite which is an amalgam not only of bodily experience and cultural attitudes but also of conflict and neurotic distortion (Grossman, Kaplan, 1979).

This has to be distinguished from the related concept of gender identity, which refers to the girl's, mainly cognitive, categorization of herself as a girl rather than a boy. Core gender identity as formu-

lated by Stoller occurs by the age of two, which may well be before full discovery and understanding by the girl of her own anatomy and anatomical difference from boys. Some authors (Stoller, 1976; Kleeman, 1976) see this as mainly a cognitive developmental process thought to come from basic parental assignments, and social and familial messages. Once set this is unalterable. Others (e.g. Galenson & Roiphe, 1976) see the early discovery of genital differences, around 16 months, as a crucial organizer.

Since a person's sense of identity is a very complex, conscious/unconscious mental content, it is not entirely visible and demonstrable even clinically, but it would seem that all these girls had a sense of being a girl, despite wishes/fantasies at times of being a boy.

The concept of the early establishment of core female gender identity would redress implications from classical theory that the girl at first might believe herself to be of the masculine gender (or could regress to this belief). Even most overt lesbians acknowledge they are of the feminine gender (Eisenbud, 1982).

However, cognitive theory indicates that there is a developmental dimension even to the gender concept, e.g., that the pre-operational child still is unclear that she cannot be both. We do see some indications of this in the clinical material of the younger girls, e.g., Dorie, Sara and Becky, where there is a primary process element in their wishes and fantasies about now being a girl, then being a boy.

Yet, in them and even more in the older girls, the wish for the entitlements of both sexes or to be a male would appear to me to be an attempted solution of complex conflicts which emerge and fluctuate with

ongoing psychical and physiological development. For example, Sara's feelings of self esteem as a girl were supported by her environment, yet she could often feel very bad because of conflicts, particularly over her aggression, and at these times began to feel that she might be more loved if a boy. The eventual nature of the girl's "feminine identity" is therefore a long and complicated process.

The Early Relationship to the Mother

We can see that in all the cases described the pre-oedipal relationship to the mother emerges as a crucial focus in the clinical material and work--a shift of focus that Freud had already presaged. In addition to conceptualizing this in drive terms, however, there has been an increasing emphasis on early ego development, coming from ego psychology theory and self and identity theory. One clinical and theoretical problem, however, is that while the work of Mahler and others on the early processes of separation/individuation and identity formation appears seminal to further understanding of the developmental process, it is often difficult to reconstruct clinically these pre-verbal processes and to be certain what are their derivatives, in children as well as adults. I think we can easily make the same mistakes that Freud made in reconstructing back from later material. Many authors, including Mahler herself, have cautioned against too glib a use of these concepts as if they could easily be transferred from describing an infantile developmental process to describing complex conflicts in a maturing personality. The self psychology models would seem most useful with more disturbed patients though even here have to be combined with drive/ego models which are central to neurotic pathology.

All reports emphasize the importance of early and ongoing interchanges with the mother on the girl's emerging sense of her own identity and inner representational world, her unconscious and conscious self image and self esteem. For example with Ruth, both the history and the ongoing interchange with mother indicate how mother's own conflicts over "bad" impulses are projected onto Ruth, seriously affect her self esteem as a person and a girl and continually increase her envy of her brother. We can see in all these girls their struggle with longings to maintain or revert to passive gratifications from mother, and a protected and idealized state; with many conflicts over early libidinal and aggressive wishes to mother; conflicts over identifying with and internalizing mother's ideals and demands and in building inner ego controls and defenses. The clinical evidence seems to me to indicate that these many early developmental issues are of the utmost importance in shaping how "the sight of anatomical differences" is then experienced; and as ongoing organizing factors in the little girl's development and subsequent neurotic conflicts or character structure. For example, there is an interesting sequence in Gay's treatment where the first wish to wear girl's clothes follows the understanding of her early longings towards mother.

The role of aggression towards the mother is explicitly and implicitly emphasized by many authors. As is well known Freud had not fully integrated his ideas about an aggressive drive within his theory of neurosis and other pathology. The early Kleinians had begun to stress the primitive, aggressive fantasies and fears of retaliation from mother and the early severe maternal superego precursors. Ego psychology has

further emphasized the importance of the growth of ego controls over aggression for feminine development and identification with mother.

In all these cases this did indeed prove a crucial issue--the pre-oedipal conflicts over aggression culminating in the conflict over oedipal competition. Conflicts over oral and anal aggressive/sadistic impulses and the degree of control achieved were central themes in the girl's ability to move into and solve the problem of the final crucial oedipal identification with mother and these pre-phallic issues seemed more basic than that of penis envy 'per se.' For example, Sara's material revealed intense sadistic fantasies and death wishes toward her mother. Much of this was aroused by not getting the care and attention she wanted and jealousy of all that seemed given to her younger brother (two of the frustrations that Freud also cites). Although the latter was at first expressed in terms of penis envy, it ultimately appeared more related to anger at the indulgences shown to a 2-1/2-year-old that were not allowed to a 4-year-old. But also, when she would turn to father with oedipal death wishes towards mother, this would arouse the pre-oedipal superego precursors as well as oedipal fears of retaliation and abandonment, at times, making her cling on to mother, wanting her exclusively to herself (though for reassurance rather than in a negative oedipal identification).

Rather similarly, Ruth and Jill suffered from crucial conflicts over oral and anal sadistic impulses and primitive superego reactions to these which were causing the clinging to mother and were underlying the inability to resolve the oedipal conflict and form an oedipal identification. The interpretation and working through of these conflicts were

central to their recovery. The expressions of penis envy were again mostly related to envy of the (supposedly) indulged younger brother, whom they thought escaped the frustrations they had to suffer.

This leads, however, to another point I consider of great importance for the later oedipal constellation--the degree of ego control gained over pre-oedipal drives.

Sara, despite the intensity of her wishes and fantasies, had firm if even precocious ego control over her behavior and ways of relating, with appropriate renunciation of pre-oedipal wishes, allowing her to move on to age appropriate gratifications and sublimations. There was a basic pre-oedipal identification with mother's standards and demands which had become internalized, and allowed her to move into oedipal concerns and eventually an oedipal identification with her mother.

With both Ruth and Jill, it would seem that combinations of over gratification and deprivation of pre-oedipal drives and aggression, and also the libidinization, particularly of the sadomasochistic drive, prevented the establishment of adequate ego controls and defenses, and prevented the pre-oedipal identification with the mother, thus perpetuating the tie to her and preventing oedipal resolution and identification. However, a crucial difference between the two girls lies in Jill's better ego functioning, better control over her drives, lesser degree of regression, and more reality-oriented progressive moves.

The Role of the Father

We have only historical information from the parents, but this indicates that in many of the cases the father plays an important role as an early nurturing object (e.g. Gay, and Sara (where we also see this

in the clinical material),). Or as an alternate "good" object (Ruth and Jill). We can see the ways in which the father is used to help the girl separate from her mother, and the positive identifications with his helpful qualities (e.g. Sara, Ruth, and Jill). The identification with father as the aggressor to mother can however be harmful if it becomes the main avenue of aggression. He also seems to arouse sexual interest early on, e.g., Becky, Sara and Dorie. Quite striking in all the material is the earliness of the oedipal interests and the anxiety this causes in terms of feared retaliation from mother. We also see the little girl's fears of her own excitement and of father's sexuality. However, the degree to which the girl can move further into an oedipal object relationship and oedipal identifications seems to me to depend on the level of previous ego development. For example, Ruth, though she shows oedipal interest in her father, has great difficulty moving from a more infantile relationship to mother to oedipal competition and identification.

We do also see, however, how the pre-genital conflicts are transferred from mother to father, and even more clearly are transferred in adolescence to boyfriends (e.g., Jill and Debby) when the move to establishing new object relationships re-arouses many dependency and control issues. This would support Fenichel's view of the way in which pre-genital conflicts are carried over from mother to father, e.g. sado-masochistic conflicts with mother make the male role seem sadistic and cause a turning back to mother (seen very clearly with Becky).

While we do not have early observations, the clinical material indicates that the early wish for a baby from the father is combined

with an early attachment and object relationship to him (e.g., Sara and Jill). The father is not just turned out of disappointment in the mother. The wish for a baby appears as a wish to replay the nurturing relationship with both mother and father as well as a wish to receive the gifts the oedipal mother gets, rather than just as a penis equivalent. A capacity for maternal behavior, for example to siblings, seems to vary with the nature of the relationship to the mother (for example, Judy's maternal behavior to her siblings compared with Ruth's lack of maternal behavior).

The Girl's Phallic Phase

Meanings of Penis Envy

There has been a major shift in thinking within the last decade to examining the early developmental issues which lie behind "penis envy" and the girl's reaction to the sight of anatomical differences.

As we have seen Freud's own theory did provide the model whereby each new developmental issue and phase could be seen as shaped by fantasies and solutions from the previous one though, for reasons not entirely clear, he did not use this model for the phenomenon of female penis envy which he rather saw as a biological "bedrock." I believe that he did not consistently apply to his understanding of penis envy material in female neurotic patients his own theories of psychic transformations and regression.

Meanwhile, the observational study of early childhood has highlighted the girl's struggle to deal with many earlier issues than penis envy, especially that of differentiation and separation of self from

mother, and narcissistic self-evaluation. This has led to further clinical understanding and interpretation of the ways in which penis envy symbolizes narcissistic problems and various deficits in the mother-daughter relationship. In the published case reports, we have an interesting historical view of how the earlier published cases, e.g., Joy (1953), differ from the more recent, e.g., Gay (1982), in the understanding and interpretation of penis envy material. In my own case of Ruth I found that many months of interpretation of penis envy in the classical mold were ineffective and would now interpret this much more in terms of the complex narcissistic problems and conflicts this symbolized.

Freud's concept of physiological bisexuality included the theory that the clitoris was a masculine organ which must promote phallic sexual fantasies. This theory has now been disputed, i.e. the clitoris is seen as essentially a part of the feminine genitals and its sensations accompanied by feminine fantasies (though it is still not entirely clear what the little girl's fantasies are at the earliest relatively undifferentiated phase).

I believe that the reality-oriented cognitive maturation of the girl means that she increasingly gives up the option of being a boy as a viable solution. Phallic sexual fantasies toward mother either have not existed or have been put aside. If these later appear, they may be later formations as Fenichel suggests and also may be transient (e.g. Ruth). I think we can see here the important differences in ego development between girls like Jill and Ruth, and even more, the seriously disturbed girls like Debby, where there is little control over primitive kinds of libidinal and aggressive drives and fantasies. And even here,

the phallic fantasies may have various latent meanings (McDougall, 1970).

The penis envy in the case material seems more often related to a general envy of male siblings and boys in relation to mother, than of the father's sexual role. Conflicts over wishes to have entitlements of both male and female in turn produces feelings of being not fully either, which can create envy of other more "feminine" females, and a complicated dependency on them (e.g. Jill).

Where the penis envy material is a concretized symbol from the later more object related level and defensive masculine identification, it still appears to me to be a symbol with complex contents, often expressing a wish for narcissistic invulnerability, or of an imagined idealized state of the opposite sex, rather than a more concrete wish to be a man. At times, Freud is clearer that he sees bisexuality in terms of identifications and object choice rather than as biological instinct, and this would seem the more useful view. There are many reasons for the arousal of wishes to be both sexes, to deal with many deficits and conflicts (Kubie, 1974). At times, girls do wish to see or present themselves as boys (e.g., with body-as-phallus fantasies (Lewin, 1933)). But again, these can be understood as defensive fantasies, dealing with many conflicts.

In an interesting recent vignette, Meg, aged five-and-a-half, is expressing envy of mother having a baby (she has one younger brother, aged one-and-a-half) and fantasies in which the mother dies and she lives with grandfather. In the next story, she is given a lot of jewelry, but then is afraid of being stolen or kidnapped by a man so she

turns herself into an old woman or else into a boy. At the same time, she was telling me she wished she could be a daddy, explaining seriously "it's nothing to do with the penis. You know, he's big and strong. He has a strong lap" which I took to mean a wish to merge with his strength.

Most often penis envy material seems to me to represent a complicated amalgam of early narcissistic problems, object related identifications, and defensive elements (e.g. Gay).

The Phallic Narcissistic Phase

This was a concept adopted by Anna Freud, in agreement with a proposal of Edgumbe & Burgner (1975), and taken up by subsequent authors. It could be argued (Fliegel 1982) that it is very similar to the concept proposed by Horney some forty years ago. It attempts to define the phase where the girl is intensely interested in her own anatomy and sexual differences from a boy and beginning to use sexual display as an egocentric way of engaging attention from others, the dominant drives being scopophilia and exhibitionism. I feel that the nomenclature "phallic narcissistic" is still unfortunate since the main issue is that it is not essentially "phallic" for girls. I agree with Edgumbe et al (1976) that penis envy of the four-to-five-year-old girl is usually more evident of phallic narcissistic behavior than negative oedipal, and expresses the little girl's efforts to get narcissistic gratifications and sort out the meaning of sexual differences (e.g., Dorie, Becky, Sara and S). I would also agree with Greenspan (1982) who sees this phase as one of transition and necessary consolidation of ego development as well as feminine self-representation before an oedipal

relationship can become possible, and with Fast's (1979) emphasis on the cognitive developmental maturation issues involved. Although material used by Glover and Mendel (1982) does come from adult women's dreams rather than child observations, I find that the transitional stages they describe of the girl's interests in her own and her parents' sexuality is a rather apt description of what one sees clinically with little girls.

The case of Sara, age 4 to 5, certainly indicated a great deal of curiosity about her parents' sexual activity at night, scopophilic wishes (part of her sleep disturbance), and interest in her own anatomy and appearance, and wishes to exhibit and attract others with this. Again, although she openly expressed a wish for a penis, she was equally concerned with her own appearance and its possible advantages. She was confused about her own female anatomy (see below) but envious of the perceived advantages of older females, their breasts, jewelry, clothes, etc. She was a child who received encouragement and admiration for being an attractive little girl. However, her self esteem was often also threatened by her underlying feeling of badness about her aggressive feelings towards her brother and mother, in particular.

She did show many of the qualities Glover and Mendel (1982) suggest, i.e., a certain fascination with, yet fear of, father's penis (the giants) and experimentation in play with her notions of both roles in intercourse and male and female social roles. She also actively demanded admiration and protection from her father. She had turned to him for nurturance in previous phases, but it was now with more awareness of her appeal as his little girl to which he very much responded.

One could see a transition in her from primary process kinds of wishes and fantasies towards a more secondary process reality-oriented judgments and assessments of her own role and that of others.

All three of my girl patients seem to have been "daddy's girls" and encouraged in feminine pursuits by their father (though with the older two these can only be retrospective judgements). As far as the mother's attitude is concerned, Sara's mother seemed most genuinely supportive of her daughter's femininity whereas with both Ruth and Jill, one sensed some unconscious early resentment and rivalry which then interfered with their daughter's pleasure in femininity.

Vaginal Awareness

There has now been a good deal of evidence that little girls can have vaginal sensation from infancy onwards. The controversy is more about what the meaning of this is to them. At first all inner bodily experiences must be diffuse, and only gradually followed by bodily and self-differentiation and later, again, the awareness of sexual differences, functions and meanings. The capacity for fantasy only slowly develops and this dimension is perhaps not made important enough by Galenson & Roiphe, i.e., the discovery of genital differences at age one-and-a-half must be mostly related to body image and differentiation, as distinct from later awareness of sexual potential. Many authors including Freud have emphasized how early bodily sensations and interchanges, e.g., oral and anal, contribute to how the vagina is experienced, but Barnett has especially stressed the experiential quality of the vagina itself, e.g., as an organ over which there is little control.

It is notoriously difficult to discover, even from girls in psychoanalysis, what their genital sensations and experiences are. I think this is due to their confusion about their anatomy, inability to put their experience into words as well as the guilt and shame carried over from earlier stages. My impression from Sara and other small girls is that the modern parents' efforts to explain the girl's genital and reproductive anatomy to her do give her permission to be curious, to explore and to "know" she has vagina in some sense, but that her internal anatomy is still very unfathomable to her. Cognitive theorists have pointed out the difficulty for the younger child of abstract conceptions and need for the concrete and visual. But parents too still have much difficulty in naming and talking about sexual anatomy to girls despite conscious efforts to do so (which can sometimes result in too much confusing talk about this as well as too little). We can see in the case of Dorie how she was helped by the analyst to locate her own different genital sensations, which evidently was very helpful to her.

I believe that the little girl's concept of her "inner space" is a complex one. There does seem to be an identification with the mother who has a place for babies to grow inside her--but her own experiences of her inside in the oral and anal phases leave complicated fears which re-emerge with menstruation, and her fantasies of intercourse and childbirth (e.g. Ruth and Jill). Yet the developing body ego and social experience of the girl is necessarily different from the boy's and creates different fantasies about herself and her objects.

All three of my own cases had conscious knowledge of their female anatomy, apparently from early on, but varying kinds of confusion or

anxiety about it. Sara could talk of her knowledge that she had a vagina. But her brother's penis was evidently a symbol to her of his having advantages she did not (which turned out to be the advantages of the younger child) rather than envy of his proficiency in urinating, etc. There was a lot of humorous talk in this family about penis envy which seemed to encourage her to use this symbol of her envy. Despite saying she wanted to be given a penis, she never gave any indication that she saw her clitoris as a small penis. But she was also very puzzled by her own inner space, e.g., asking did she have a baby already inside, where was it, would it come out. She seemed very unable to understand that these were potentialities for the future. Her question (quoted above) as to whether her mother was in her baby hole I took as part of her effort to differentiate herself from her mother which would include definition of her own genital, reproductive anatomy and fear of the oedipal mother. Sara's masturbation fantasies seemed to center around exciting thoughts about father's penis, oral and aggressive wishes to "steal it," and excited feelings of being overwhelmed. She had been told about intercourse and penetration which seemed too frightening to her since it was seen in the context of a sadomasochistic scenario. (In this family, she was not allowed to repress enough.)

Ruth also consciously knew about her female anatomy and, in spite of expressed wishes for a penis, she also did not equate the clitoris with a penis. With approaching menstruation she became increasingly curious and somewhat fearful, especially of "making a mess," i.e., this aroused anal connotations. She was envious of adult females and wanted to compete although was very conflicted about "having to grow up." Her

masturbation fantasy derivatives seem to revolve around feminine wishes, at first around the exhibitionist wish to be a very competent woman, appreciated by her male boss and envied by younger women. She also imagined engagement parties, of being engaged to a young man, though at the last moment he breaks off the engagement and goes off with another girl. She seemed to use more clitoral than vaginal masturbation, with some fear of further vaginal exploration and confusion about her anatomy. This had the quality of denial through anxiety about assuming the female role since this conflicted with her preference to "not know" and remain a child. The masturbation fantasies also indicated her regression from oedipal rivalry to sadomasochistic depriving and being hurt issues with females (which later became repeated in relationships with boyfriends).

A Universal Negative Oedipal Stage

We have seen that this was first formulated by Lampl deGroot from a few adult analyses of female homosexual patients and that Freud himself had not found this material, thinking it was because he was a male analyst. But its formulation was partly derived from Freud's assumption that the clitoris is a male organ which must promote phallic fantasies to mother and that the vagina and the many fantasies associated with this and its subtle implications for girls were unknown. The girl was said to have exactly the same impulses and fantasies as the positive oedipal boy. But it was never clear to Freud what the phallic aims of the girl were and here Fenichel was emphatic that he could find no evidence of fantasies of the clitoris penetrating mother's vagina. (One problem in the classical theory here (for boys too) is that, if at this

junction, mother is still thought of as having a penis and the vagina is undiscovered, the nature of penetrating fantasies is even more unclear.)

It would seem that penis envy material was often taken as a wish to be masculine toward mother, whereas as we have seen, penis envy is a wish or a fantasy which may contain many meanings, both in early childhood and in later clinical material. Edgcumbe et al (1976) have reported that from their extensive survey of child analytic material and a perusal of the literature, they could find no unambiguous evidence of this stage.

I believe that the word "phallic" applied to girls (and women) is used in a very loose way, often referring to "assertion," "ambition," "activity," "competition," and so on and that clinically it would be preferable to be more specific about what is really meant (the case of Joy provides many examples of this).

Some authors still use the concept of a negative oedipal stage in the classical way, in their account of development and therefore also in their interpretation of the clinical material (Nagera, 1975; Krohn, 1978). Others amend it, e.g., Kestenberg's idea that it is secondary and defensive after an inner genital phase (yet still prior to the positive oedipal) adding that the girl's masculinity can never be the same as the boy's (1982). The early observational data on the girl's core gender identity, her differentiation of sexual roles, and her identification with the mother-who-has-babies and her dawning awareness of her own sexual anatomy, all run counter to the original formulation that she starts off psychosexually seeing herself in the role of the little boy. Also her early attachment to the father would suggest a

view that the relationship to both parents is concurrent and the change of object from mother to father is now seen more as a change in the nature of relationship to both objects, as sexual roles become clarified.

Recent observational data (Parens, 1976, and Galenson, 1976) suggest that a negative oedipal stage is not universal and that most girls move straight into a positive oedipal stage. This would support Fenichel's original position that a negative oedipal stage is rare. The case material of Edgcumbe et. al. (1976) shows that once pre-genital conflicts have been analysed the girl moves straight into the positive oedipal relationship.

Many authors have stressed the importance of parental pathology, e.g., the mother who may be seductive and an inadequate feminine model, or the absent father as the main reason for a girl to be drawn into a strong negative oedipal relationship, i.e., that this is pathological rather than the normal situation. We can see the parental pathology in the example of Debby.

There is another new perspective based on cognitive, narcissistic theory, that the girl does go through a period where she wants to be both girl and boy with the advantages of both until she realizes this is impossible. This is also seen as a reluctance to give up her narcissistic, omnipotent wishes and it may be these that persist in older girls in the wish to be "everything" to her mother (including "husband") but that this need not necessarily express wishes to take the male sexual role towards mother.

In my cases, Sara, who was chronologically at the age for a negative oedipal stage, had always had a strong concurrent relationship to both parents. Being "modern" parents, they were both involved in her care, but also the family situation meant that the father took over more of her care than is perhaps usual, (though this is not so unusual today). Whilst wanting love and care from both parents, she seemed also very involved in defining her feminine sexual role with father, identifying with her mother and with a good deal of rivalry toward mother. I could find no evidence of her going first through a major stage of phallic sexual wishes toward mother before turning to father or of the path that Freud laid out as the girl's route to the oedipal complex, i.e., she only turns toward father because of the castration shock. Rather she already had a strong pre-oedipal relationship with father based on his nurturing relationship to her, which shaped the oral interpretations of her oedipal complex, e.g., her stealing longings and oral fantasies towards his penis, heightened by her fear of mother as depriver of nurturance. She was also struggling to give up her narcissistic wishes to have entitlements of both boys and girls. We do not see evidence of her wanting to "be everything to mother" in a phallic way nor of rivalry with father in his sexual and oedipal role.

In the case of Dorie, we again do not see quite the route Freud laid out, i.e., she goes first through an inner genital phase of awareness of a space within her and of longing to create a baby as a replay of her own mother/baby relationship, before turning to father's penis for a baby. Next she moves into a phallic phase, and then wants a baby from him, and in disappointment identifies with him. It is only then

that she turns to mother to woo her, though the material given indicates more phallic narcissistic wishes for admiration than wish for a penis to give mother a baby etc. Disappointment in this turns her back to father again in a positive oedipal relationship.

We see, therefore, many concurrent, overlapping constellations. The general impression is of her defining her role, giving up wishes that she could have both sexual roles and becoming clearer about her own anatomy and destiny.

The case of Becky is a complicated one, too, as she is seen as in an early positive oedipal position when the symptom emerges and the negative oedipal material is seen is mainly defensive. The concept of a negative oedipal stage is used but no historical material is given for this. Penis envy is seen as mainly dealing with narcissistic and phallic narcissistic issues, not so much the libidinal negative oedipal relationship towards mother on an oedipal level of object relationships and ego development.

With the case of S, too, the material points to phallic narcissistic, ego and object developmental issues which have to be resolved before she can truly reach the oedipal level. She is seen as in a diadic phallic narcissistic stage rather than a negative oedipal. And the only negative oedipal material is seen as representing old symbiotic attachment wishes.

I therefore see this as a stage where there is a confluence of developmental factors, of cognitive maturation, ego, object relations and physical development. The girl is still wanting the erotic bodily and emotional tie to mother but is also defining her more sexual self

representation and role in differentiation from the boys. The clinical material from these younger girls shows them to be mainly struggling with early narcissistic issues, pre-genital impulses and superego precursors, envies that become symbolized by penis envy, and anxieties over separation from mother which is further aroused by positive oedipal moves. There is not clear evidence of the wish for a penis to woo mother, of a phallic sexual rivalry with father, or the wish to give mother a baby in a phallic way.

I believe we should now think less in terms of over-simplified "stages" in development than of ongoing experiences which always are accompanied by complex conflicts (and this may have sometimes been Freud's view) so that even at this early time, the wish to be male is the result of complicated conflicts.

The Girl's Oedipal Complex

Freud's extraordinary discovery of the oedipal complex and its unconscious ramifications in normality and pathology is continually reaffirmed by most psychoanalytic clinicians and in the material presented. Parens (1976) and others' observations also show how early the positive oedipal wishes and relationships can begin.

Strangely, though, in the original controversy, it was Horney who saw the resolution of the oedipal complex as crucial to the girl's adoption of the feminine role, where Freud was emphasizing penis envy as the stumbling block. Although previously in such papers as "A Child is Being Beaten" (1919) he had shown how it is regression from the oedipal complex that can lead to complicated psychopathology in the girl.

Freud's developmental theory of the route by which the girl reaches the positive oedipus complex has been called in question, as we have seen. Other aspects of his theory have suggested that there are many routes based on the variety of the little girl's previous fantasies and experience which shape the meaning of the oedipal encounter for her, e.g., for Ruth it represented unlimited indulgences of which she was deprived. For Jill it was often a sadomasochistic encounter.

A new perspective on the oedipus complex is now to focus on the qualities of ego and object relationship achievement necessary for full engagement and resolution of the oedipal complex. As the girl becomes aware of the sexual and emotional reciprocities between her parents and her necessary exclusion from much of this, many ego capacities are drawn on, e.g., the capacity for object constancy, to tolerate frustration, renounce and redirect needs, accept emotional vulnerability and further separation, modulate aggression and rivalry and so on. Ideally, identification with the same sex parent not only resolves the rivalry but provides an avenue for further pleasurable development and ego ideal and superego consolidation. But the resolution is bound to be incomplete and neurotic to some degree.

The normal resolution is for the girl to continue to identify mainly with the mother, now in a more sexually delineated role. There is also a post-oedipal identification with the "lost father," though not necessarily in his sexual role. This will be based on earlier identification with characteristics, defenses etc. of both parents.

The girl's ability to empathise with the experience of the male (emotional, intellectual and sexual) is an important element in hetero-

sexual relationships and derives, I believe, from the development of earlier capacities for empathy with others (a giving up of more egocentric, competitive attitudes), e.g., we can notice Ruth's self preoccupation and lack of empathy whereas this capacity was considerably more developed in Jill which enriched, yet also complicated, her oedipal involvement.

Cognitive theory would emphasize that the younger oedipal child is capable of whole relationships in a more advanced way than previously, but is still in many ways egocentric and limited in her capacity to understand others. Leowald's concept of the oedipal complex as ongoing with evolving conflicts and evolving identifications seems a helpful one. For instance, we can see that as Jill's understanding of her parents' own personalities and conflicts grew so did her fantasies become enmeshed in their relationship and her own conflicts more complicated. This may be one of the ways in which the oedipal resolution has to be finally reworked and resolved in adolescence (Blos, 1972).

Even where there is serious pre-oedipal, narcissistic and borderline pathology, the oedipal encounter creates a crisis of progressive versus regressive moves and tends to crystallize early pathology (e.g., Becky, Ruth and Debby).

G. Blanck has recently (1984) readdressed the problem of the negative oedipal complex as due for reconceptualization, seeing it as similar for boys and girls and involving essentially the issue of giving up the passive relationship to the parent of the same sex and identifying with and internalizing that parent's activity. This is made possible by not only drive progression but adequate object relationship

and ego development. She would see the negative oedipal position as on the border of pre-oedipal and oedipal, but she deliberately sidesteps a discussion of the controversies over the girl's phallic phase, the possibility of phallic activity towards mother, and the girl's masculine identifications (p. 333).

In my view the partial failure to resolve the oedipal conflict depends on the fantasies involved and must, to some extent, implicate pre-oedipal conflicts. But we can see a number of different kinds and levels of reaction to the oedipal challenge which may alternate or combine and be of varying strengths and eroticised at different times, e.g., Jill at various times in her treatment showed many of these responses. 1) identification with mother, yet submissiveness to her, with a fear of competition and inhibition of this, though the relationships remain on an oedipal level; 2) defensive masculine identification with the lost love object due to oedipal disappointment; 3) A "masculine" identification which expresses more a wish for narcissistic invulnerability; 4) overt expression of narcissistic wishes to compete in the triangle and be "everything to mother" in an active way (competing with father in the role of protector, comforter) or in a passive way (wanting to receive everything the mother gives father). If the former is a major position in the girl, it would indicate narcissistic aggressive pathology. It may also be subtly encouraged by the parents, or the absence of the father; 5) regression to the sadomasochistic level, which can lead to fear of the feminine role as masochistic and fear of oedipal rivalry as sadistic; 6) regression to wanting to be cared for, nurtured, controlled by the mother. This can be a minor

or a major regression. And 7) persistence of the libidinal tie to mother that has continued from pre-oedipal fixations and early narcissistic and ego pathology, and now becomes increasingly sexualized. This may sometimes be expressed in phallic form (most clearly shown with Debby).

In my view the feminine oedipal identification is achieved more via appropriate ego control over all the pre-oedipal libidinal and aggressive drives, rather than via the route of a masculine stage and its renunciation.

I agree with the dissenters in the Great Debate who saw masculine identifications as essentially secondary not as primary. But I would see these as arising from more complex pre-oedipal sources than they were aware of e.g. early narcissistic problems and ego deficiencies as well as oedipal fears of femininity or identification with the "lost" father. Both feminine and masculine identifications must arise from a long developmental process.

A negative oedipal fixation of rivalry and identification with father may less evolve from early penis envy and phallic drive than problems in giving up mother, narcissistic-aggressive envious wishes that derive from complex pre-oedipal conflicts with mother, or regression because of oedipal anxieties, all of which then prevent the feminine oedipal identification.

Latency and Adolescence

I believe we have three main new perspectives on latency. One of these is the cognitive/maturational view that the "concrete operational" girl is now more reality oriented, increasingly clearer about differen-

tiations and categories, distinguishing between self and other and no longer able to believe you can be both girl and boy (despite wishes and fantasies). Instead she is occupied with exploring her position in the world, the advantages and disadvantages and meanings of being a girl in her family and society, as well as becoming increasingly knowledgeable about her own body.

A second perspective suggests that the vagina has been discovered and is known about in latency, that vaginal sensations do occur but also that these cause confusion and anxiety, partly because the inner organs are difficult for the girl to conceptualize, partly because it feels a very vulnerable organ, difficult to sense and control. She therefore often avoids direct vaginal masturbation but there is a combination of clitoral-vaginal excitement and sensation accompanied by feminine fantasies and defenses against these.

The third new perspective is that of ego developmental psychology, which suggests that there are continuing positive oedipal fantasies and wishes but these are masked in latency by an age appropriate defense organization that deals with these by repression but also regression to sadomasochistic fantasies and reaction formations against these. Thus, masturbation fantasies often combine oedipal and sadomasochistic and regressive, pre-oedipal elements. Wishes to be a boy or tomboy-ish behavior is often defensive against oedipal and masochistic fantasies rather than the continuation from a negative oedipal masculine stage. Freud's paper "A Child is Being Beaten" (1919) itself provides a beautiful example of this. Ideally in latency, there are ongoing identifications with the mother, but we can also see in this clinical material the

girl's ongoing struggle to give up old pre-oedipal gratifications with the mother to which she partly regresses because of oedipal anxieties.

The three latency girls, Gay, Joy and Ruth (in her earlier treatment), provide examples of some of these perspectives. For example, with Gay, we see her early positive oedipal involvement, the latency tomboy-ishness, as a defense against oedipal disappointment and how this disappointment relates to reluctance to give up pre-oedipal longings towards the mother.

With Ruth, the longing for pre-oedipal kinds of gratifications is so strong that there are inadequate latency controls and defenses necessary to accept frustrations and move her on to active identification with the oedipal mother. But we see her struggling on a cognitive level to understand her own body, to revise old distortions (e.g., her "anal" concept of menstruation), to search out the pleasures of a feminine role as well as counteracting her idealization of infancy and idealization of being a boy.

With Joy, although the material is interpreted as showing the continuation of a phallic, negative oedipal relationship to mother in latency, one might also, in the light of these new perspectives, think that the material could now be interpreted somewhat differently. For example, her conflicts about staying out late would seem to be age appropriate conflicts over submission-competition with mother rather than "that she has not yet reached the genital level of development, but is repeating the passive, homosexual love relationship which belongs to the phallic phase" (Kut, 1953, p. 374).

A main new perspective on adolescence is also to see this from a more ego psychology point of view as a developmental stage in itself with its own expectable stages, regressive moves and progressive reorganization. Although all conflicts are re-aroused and worked through, these are not just a replica of the infantile ones, but a part of the adolescent process itself.

Blos, in particular, is the proponent of the view that the oedipal conflict is not resolved in early childhood, but awaits adolescence and sexual maturation for its final resolution. Whilst he emphasizes that the solution of the negative oedipal complex is the main task of adolescence, it is my impression from his clinical examples that he is generally talking about passive longings towards the mother in the girl as the crucial issue, as well as himself emphasizing the pre-phallic meanings of phallic manifestations in girls (1979, 1980).

In the case of Judy, whom he uses as an example of the adolescent process (1902), he emphasizes that her wish for excessive closeness to mother turned out to be compounded of old, pre-oedipal wishes and fears of forward heterosexual moves.

Similarly, as Ruth moves into puberty and adolescence, we can see her clinging on to longings to be indulged, possessive and protected, conflicting with more active, competitive strivings towards women. In Debby, these conflicting strivings are even more stridently and aggressively acted out in erotic wishes towards mother for old, bodily gratifications, possessiveness, exhibitionistic wishes for admiration from both females and males. She finally follows the path that Freud had

already begun to see of heterosexual object choice in which pre-oedipal conflicts with the mother are played out.

The oedipal/pre-oedipal conflicts do seem to emerge more strongly in adolescence as the girl is faced with more realistic competition with her mother and as old, pre-oedipal conflicts over dependency, control etc. have to be worked out with new objects in the external world.

Adult Female Psychopathology and the Negative Oedipus

Complex, Homosexuality and the Masculine Woman

The clinical material presented here cannot provide direct illustrations for this topic of adult female psychopathology. But the childhood and adolescent material tends to substantiate some of the perspectives described in the literature.

I have described how "phallic" material and masculine identifications represent complex mental composites, even in children, and are not the result of a discrete, masculine stage to which they regress. And this is so for adult psychopathology too.

"Normal" female homosexuality revolves around regressive wishes to repeat the old erotic bodily and emotional love ties with mother, and often appears clinically in oral fantasies e.g. Jill at the end of treatment. An underlying wish to intervene between the oedipal parents often turns out to be the wish to receive feeding and nurturing that mother is felt to be giving father, and to re-establish the old pre-oedipal diadic tie (e.g. Phyllis Tyson's (1984) case of Mary).

The adult cases quoted by Maria Bergman (1982) are seen as having early, unresolved conflicts with mother and early narcissistic problems,

leading to problems in maternal identification with her, and defensive, post-oedipal masculine identifications.

From the early days of Helen Deutsch's studies in female homosexuality, she was already seeing its pre-phallic roots, which are even more strongly emphasized as a study of the pre-oedipal mother/daughter relationship has been expanded, especially by the French school of psychoanalysts. Joyce McDougall emphasises that for some women the fear of merging with the dangerous engulfing mother leads to an identification with father as a necessary defense against a frightening oral symbiotic universe. She describes how manifest phallic sexual behavior has latent meanings of attempting to wrest power from the omnipotent mother. (In the case of Debby, we do not know enough about what were the underlying meanings of her phallic sexual activity.)

The concept of the "masculine" woman and the "castrating" woman who acts in a "phallic" way was originally seen as due to competitive, revengeful reactions organized around feelings of castration and penis envy. I would see these characteristics as less related to an early "masculine stage" than to a retreat from the oedipal complex and/or many early narcissistic issues and conflicts, especially over her aggression. There can be many reasons for envy of males and fear of being female. There is often the wish to be both male and female or a feeling that she is neither quite one or the other. Her femininity is given over to other women.

CHAPTER SIX

Conclusions and Clinical Implications

This study has revealed that the negative oedipal stage and complex of the girl as formulated by Freud is indeed in need of rethinking and revising.

His attempt to reconstruct the early psychosexual development of the girl which lays so much stress on penis envy and the castration shock as the primary organizer has been critically reviewed and questioned by many psychoanalytic researchers and authors who would emphasize instead the many other developmental dimensions which have been discussed above. I would characterize his developmental account as too limited to encompass the multiple phenomena involved.

On the other hand, Freud's general theory of psychic functioning which emphasizes the way in which each developmental phase shapes the next, and the intricacies of unconscious fantasy, anxiety, and defensive identifications would seem to me to offer a highly useful view in looking at female as well as male development.

In addition, the study of early development in terms of ego psychology, processes of identity formation, cognitive maturation, and narcissistic and object relationship development has, I believe, provided new and evolving perspectives on earliest female psychic life. Freud himself was not clear what the girl's phallic aims toward her mother are and there is still controversy about this and the need for further clinical observation and theoretical conceptualization of the girl's phallic drive and phase. In the clinical material presented, we do not seem to

see phallic sexual fantasies clearly except in the more disturbed girls. In other girls, either such fantasies do not exist, or cannot be described. Or they are firmly repressed, displaced and sublimated so the origins are obscured. Or in normal development the reality body image counteracts these though they may appear transiently. Such fantasies do seem to appear more in adult female analytic transferences (though again often transiently) indicating that they are later neurotic formations. This issue is complicated by the fact that all sexual fantasies contain elements from many levels. We also need further study of the content of girl's masculine identifications.

From this study, and our new perspectives, I would now understand what Freud saw as the "negative oedipal stage" as less the little girl's desperate wish to woo her mother as "a little man" unaware of her femaleness, than a stage related to the child's emotional, ego and cognitive immaturity. It is a period in which the girl still at times wishes she could have everything and be both a girl and boy, is not fully aware of principles of constancy and unchangeability, and is still just learning to share either her mother or father with others and to give up narcissistic and omnipotent wishes in favor of reality limitations. It is also a so-called "phallic-narcissistic" phase in which the girl is establishing a more sexually aware female identity, so that wishes to be male are already the result of narcissistic deficits and efforts at conflict resolution, rather than a discrete stage.

In most girls, there develops a basic sexual body image and identification as a female, though there is an ongoing identification also

with father's characteristics including with his role of care-giver and protector toward females (which also can aid differentiation).

Where there is a more serious negative oedipal fixation, I believe this derives from many different preoedipal conflicts, leading to persisting possessiveness of mother, continuing wishes for the entitlements of males as well as females, or defensive masculine identifications because of fear of the feminine one. This relationship can become an eroticized tie to mother. A very deprived or overly sexualized relationship to mother can draw the girl into overt homosexuality, partly in her attempt to overcome the hostility in the relationship.

In my view, the fixation in a negative oedipal complex should now be seen less in unidimensional terms of penis envy and the "wish to be a man" than in terms of multiple defensive and/or pre-phallic pathology, even when its manifest appearance is in "phallic" form.

The clinical material seems strongly to indicate that it is the very early development of attachment to, identification with, and individuation from mother, the growth of ego controls over libidinal and aggressive drives, and the level of object relationships, that are crucial in the way the child reaches the triangular oedipal complex, and that also shape the oedipal fantasies, conflicts and consequent identifications. Subsequent masculine identifications have many latent layers of meaning. And it would seem to be only the very early severe disturbances in the mother/daughter relationship that can lead to overt or serious latent homosexuality even when this has a later phallic form.

This brings us to the observation that the classical concept of the girl's negative oedipal complex is not much used in recent clinical

reports. The reason seems to be that analysts now tend to explore this in terms of its oedipal defensive purposes, or in terms of preoedipal and narcissistic problems in assuming the feminine role rather than a bedrock wish to be phallic and masculine. (The term is often used nonspecifically to cover any aspect of the girl's preoedipal tie to her mother.)

The revised version I propose appears more appropriate to describe this constellation. Whereas Freud sought to understand it in terms of an inevitable wish to be a man, it now seems clinically more useful to explore all its possible latent meanings in terms of anxieties about being female.

I believe a more general issue emerges -- the need to see the line of female development as necessarily different from the male's, for both biological and sociological reasons. The girl's oedipal stage and complex is not therefore a mirror image or tidy parallel of the boy's. This issue of a separate line of female development needs further exploration. Even if there is envy and identification with males, the girl's fantasies are bound to be different from the boy's.

It is of interest that the concept of the negative oedipal complex is far more used in the clinical understanding of the boy's development. This may be because it fits more clearly the issue of his continuing passive wishes toward both parents and conflict over moving on to the active identification with father.

Clinically, I believe it is of the utmost importance to see apparent negative oedipal material as having many possible layers of meaning and as deriving from different conflicts and levels of develop-

ment. Also, this should be interpreted in terms of anxieties about assuming the feminine identification rather than as the simpler regression to a primary masculine stage, and consequent wish to be a man as in Freud's original formulation.

BIBLIOGRAPHY

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.

Abelin, E. Triangulation, the role of the father and the origins of core gender identity during the rapprochement subphase. In R. Lax et al. (Eds.). Rapprochement - the central subphase of separation-individuation. New York: Jason Aronson, 1980.

Abraham, K. Manifestations of the female castration complex (1920). In E. Jones (Ed.), Selected papers on psychoanalysis. London: Hogarth Press, 1927.

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.

Bergman, A. Considerations about the development of the girl during the separation-individuation process. In D. Mendell (Ed.) Early Female Development, New York: Spectrum Publications, 1982.

Bergmann, M. The female oedipus complex: It's antecedents and evolution. In D. Mendell (Ed.) Early Female Development, 1982.

Blanck, G. The complete oedipus complex. International Journal of Psychoanalysis, 1984, 65, 331-338.

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

Blos, P. The Young Adolescent. New York: The Free Press, 1970.

Blos, P. The epigenesis of the adult neurosis. The Psychoanalytic Study of the Child, 1972, 27, 106-35.

Blos, P. The genealogy of the ego ideal. The Psychoanalytic Study of the Child, 1974, 29, 43-88.

Blos, P. Modifications in the classical psychoanalytic model of adolescence. In The Adolescent Passage, 473-497. New York: International Universities Press, 1979.

Blos, P. Modifications in the traditional psychoanalytic theory of female adolescent development (1980). In S. Feinstein (Ed.) Adolescent Psychiatry, 1980, 8, 8-24, Chicago: University Press.

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.

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. 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.

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.

Edgumbe, R. and Burgner, M. The phallic-narcissistic phase - a differentiation between pre-oedipal and oedipal aspects of phallic development. The Psychoanalytic Study of the Child, 1975, 30, 161-180.

Edgumbe, R. et al. Some comments on the concept of the negative oedipal phase in girls. The Psychoanalytic Study of the Child, 1976, 31, 35-61.

Eisenbud, R.J. Early and later determinants of Lesbian choice. The Psychoanalytic Review, 1982, 69:1, 85-110.

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

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.

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

Fliegel, Z.O. Half a century later: current status of Freud's controversial views on women. The Psychoanalytic Review, 1982, 69:1, 7-28.

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

Freud, A. The ego and the mechanics of defense (1936). In The Writings of Anna Freud, vol. 2, New York: International Universities Press, 1966.

Freud, A. Normality and Pathology in Childhood. New York: International Universities Press, 1965.

Freud, S. Extracts from the Fliess Letters 71 (1897). In Standard Edition, 1, 263-6. London: Hogarth Press, 1966.

Freud, S. The interpretation of dreams (1900). In Standard Edition, 4 & 5, London: Hogarth Press, 1953.

Freud, S. Fragment of an analysis of a case of hysteria (1905a). In Standard Edition, 7, 7-122. London: Hogarth Press, 1953.

Freud, S. Three essays on the theory of sexuality (1905b). In Standard-Edition, 7, 130-243. London: Hogarth Press, 1953.

Freud, S. Analysis of a phobia in a five-year-old boy (1909). In Standard Edition, 10, 5-149. London: Hogarth Press, 1955.

Freud, S. On narcissism: an introduction (1914). In Standard Edition, 14, 73-104. London: Hogarth Press, 1957.

Freud, S. Mourning and melancholia (1915). In Standard Edition, 14, 243-58. London: Hogarth Press, 1957.

Freud, S. A case of paranoia running counter to the psychoanalytic theory of the disease (1915). In Standard Edition, 14, 262-271. London: Hogarth Press, 1957.

Freud, S. Introductory lectures on psychoanalysis (1916-17). In Standard Edition, 15 & 16. London: Hogarth Press, 1963.

Freud, S. On transformations of instinct as exemplified in anal erotism (1917). In Standard Edition, 17, 125-134. London: Hogarth Press, 1955.

Freud, S. From the history of an infantile neurosis (1918). In Standard Edition, 17, 7-122. London: Hogarth Press, 1955.

Freud, S. 'A child is being beaten.' (1919). In Standard Edition, 17, 179-206. London, Hogarth Press, 1955.

Freud, S. The psychogenesis of a case of homosexuality in a woman (1920). In Standard Edition, 18, 145-174. London: Hogarth Press, 1955.

Freud, S. Some neurotic mechanisms in jealousy, paranoia and homosexuality (1922). In Standard Edition, 18, 221-234. London: Hogarth Press, 1955.

Freud, S. The ego and the id (1923a). In Standard Edition, 19, 12-66. London: Hogarth Press, 1955.

Freud, S. The infantile genital organization of the libido (1923b). In Standard Edition, 19, 141-153. London: Hogarth Press, 1955.

Freud, S. The economic problem in masochism (1924a). In Standard Edition, 19, 159-172. London, Hogarth Press, 1961.

Freud, S. The dissolution of the oedipus complex (1924b). In Standard Edition, 19, 173-179. London: Hogarth Press.

Freud, S. Some psychical consequences of the anatomical distinction between the sexes (1925). In Standard Edition, 19, 248-258. London: Hogarth Press, 1955.

Freud, S. Civilization and its discontents (1930). In Standard Edition, 21, 64-145. London: Hogarth Press, 1961.

Freud, S. Female Sexuality (1931). In Standard Edition, 21, 225-243. London: Hogarth Press, 1961.

Freud, S. New introductory lectures on psycho-analysis. XXXII. (1933). In Standard Edition, 22, 112-135. London: Hogarth Press, 1964.

Freud, S. Analysis terminable and interminable (1937). In Standard Edition, 23, 216-253. London: Hogarth Press, 1964.

Freud, S. An outline of psychoanalysis (1940). In Standard Edition, 23, 144-205. London: Hogarth Press, 1964.

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.

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

Glover, G. and Mendell, D. A suggested developmental sequence for a preoedipal genital phase. In D. Mendell (Ed.) Early Female Development. New York: Spectrum Publications, 1982.

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.

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

Greenspan, S. Analysis of a five-and-a-half-year-old girl: indications for a dyadic-phallic phase of development. Journal of the American Psychoanalytic Association, 1980, 28, 575-603.

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

Grossman, W.I. and Kaplan, D.M. Female Sexuality: Problems and paradigms of psychoanalytic theory (1979). Unpublished manuscript.

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.

Holder, E. A latency girl's struggle towards femininity. Bulletin of the Hampstead Clinic, 1982, 5:1, 55-70.

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

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

Joffe, W. A critical review of the status of the envy concept. International Journal of Psychoanalysis, 1969, 50, 533-545.

Jones, E. The early development of female sexuality (1927). In Papers on Psychoanalysis (Fifth Edition). London: Bailliere, Tindall and Cox, 1948.

Jones, E. The phallic phase (1933). In: Ibid., 452-484.

Jones, E. Early female sexuality (1935). In: Ibid., 485-495.

Kaplan, D.M. Some technical aspects of the oedipus complex (1982). Unpublished manuscript.

Kaplan, L. Adolescence: The Farewell to Childhood. New York: Simon and Schuster, 1984.

Kestenberg, J. Problems of technique of child analysis in relation to the various developmental stages: prelatency. In Psychoanalytic Study of the Child, 1969, 24, 358-383.

Kestenberg, J. The inner-genital phase - prephallic and preoedipal. In D. Mendell (Ed.) Early Female Development. New York: Spectrum Publications, 1982.

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

Klein, M. The Psycho-analysis of children (1932). New York: Dell Publishing Company, 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.

Krohn, A. Hysteria: the elusive neurosis. In Psychological Issues Monograph, 45;46. New York: International Universities Press, 1978.

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

Kut (Rosenfeld), S. The changing pattern of transference in the analysis of an eleven-year-old girl. The Psychoanalytic Study of the Child, 1953, 8, 355-378.

Lampl-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.

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.

Levy, K. Simultaneous analysis of a mother and her adolescent daughter: the mother's contribution to the loosening of the infantile object tie. The Psychoanalytic Study of the Child, 1960, 15, 378-391.

Lewin, B. The body as phallus. Psychoanalytic Quarterly, 1933, 2, 24-47.

Loewald, H. The waning of the oedipus complex. Journal of the American Psychoanalytic Association, 1979, 27, 751-775.

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

McDevitt, J. A separation problem in a three-year-old girl. In E. Geleerd (Ed.), The Child Analyst at Work. New York: International Universities Press, 1967.

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

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

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: 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)

Parens, H. et al. On the Girl's entry into the oedipus complex
(1976). In H.P. Blum (Ed.), Female psychology. New York:
International University Press, 1977.

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

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

Silverman, M.A. The latency period. In D. Mendell (Ed.), Early
Female Development. New York: Spectrum Publications, 1982.

Sprince, M. The development of a pre-oedipal partnership between
an adolescent girl and her mother. The Psychoanalytic Study of the
Child, 1962, 17, 418-450.

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

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.

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

Tyson, P. Female psychological development: an exploration of the
role of bisexual conflict. Unpublished paper read at the American
Psychoanalytic Association meeting, December 1984.

Tyson, P. A developmental line of gender identity, gender role,
and choice of love object. Journal of the American Psychoanalytic
Association, 1982, 30, 59-84.

Waelder, R. The principle of multiple function. Psychoanalytic
Quarterly, 1936, 5, 45-62.

Zetzel, E. On the incapacity to bear depression (1965). In The
Capacity for Emotional Growth, Theoretical and Clinical Contributions.
New York: International Universities Press, 1970.