



# OTHER WOMEN: A GROUP OF QUEER WOMEN ENCOUNTER FREUD AND THE “FEMALE HOMOSEXUAL”

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A STUDY RESOURCE FOR STILLPOINT MAGAZINE

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## I N T R O D U C T I O N

*“Rereading Freud ... is a passionate fiction, whose significance for social struggle and for psychoanalytic, political, or erotic practice may be great or small or none at all, but in any case cannot be assumed, let alone taken for granted.” – Teresa de Lauretis, The Practice of Love*

Why would a group of queer women and non-binary people get together to read and discuss Freud? Many queer people have little time for Freud, who is seen as both misogynistic and homophobic. Some psychotherapists share this view of Freud, whilst others believe it is time to move on from the

difficult history of psychoanalysts' pathologization of queer sexualities. It is a problematic intersection which has generated much literature from both a psychoanalytic and a queer perspective.

I begin with a confession which intentionally identifies myself with the category of queer. In doing so, I recognize with some self-consciousness—and a debt to Judith Butler's work (1991)—that I am performing as “a queer” in the world of psychoanalysis. I also acknowledge how risky it feels to put on this performance, even after many other queer writers, some of them psychoanalysts, have done so.

My need to find a queer space to talk about psychoanalysis arose out of my experiences on a foundation course in psychoanalysis. The course was inspiring and challenging, and the tutors tried to work with different identities of all kinds within the student group. However, I was the only openly queer student that year. Perhaps I was too naive about the challenges of being a queer person in a psychoanalytic space, but I was surprised by how central, and how problematic, my sexuality felt.

For example, in Freud's *Introductory Lectures on Psychoanalysis* (1917), which were suggested as preparatory reading for the course, he uses painful terminology to describe homosexuals—“inverts” with a “fatal deviation” (303). On the other hand, he does talk openly about a full range of human sexual experience, including homosexuality, and his letters show that he was supportive of homosexual men training to be psychoanalysts, unlike some of his followers (Freud & Rank, 1921). After my preparatory reading, I wanted to discuss my powerful and ambivalent feelings about Freud's writing on sexuality in the class. The tutors tried to facilitate safe conversations, but it wasn't easy; I felt that they sometimes reacted defensively (perhaps due to their shame about the harm caused by psychoanalysts through “conversion therapy”), and sometimes wanted to promote a “queer-friendly” version of Freud which glossed over the more problematic aspects of his views on sexuality. The other challenge was that the heterosexual students, whilst generally supportive, didn't always understand why I needed to explore the texts from a queer perspective. I felt that I had to be careful not to overwhelm them by bringing too much of my queerness into the group dynamic. This was sometimes painful and isolating for me.<sup>1</sup> Lacking other queer voices, I wanted a space where I could talk about “queer stuff” without worrying about reactions from heterosexual people. Being a queer woman feels doubly problematic in a Freudian world—Freud struggled with female sexuality overall, and with “female homosexuals” in particular—so I wanted the space to be specifically for anyone identifying as a queer woman, as well as non-binary people who felt close enough to female perspectives for this to be of interest to them.

Stillpoint Spaces in London provided space (at first physically in Clerkenwell, and later online) for us to meet every month and discuss relevant psychoanalytic texts. When choosing texts for the group, I was concerned that reading Freud and his followers in isolation could be difficult for the group members, so I selected contemporary writings on lesbian and bisexual sexuality to read alongside the classical texts each month. I hoped this would enable us to read the classical texts critically from a feminist, lesbian/queer perspective, and provide some psychological anchoring in non-pathologizing literature. I was also conscious that some of the mid-twentieth century writing about lesbian sexuality was deeply pathologizing and possibly harmful for the group to read, so I decided not to set any of these texts for the group.

The following notes summarize the key classical and more recent texts which the group read; the full reading list is appended. A reflection follows, summarizing some of the group's reactions to the texts. Our reactions to reading Freud and his followers as a group of queer women and non-binary people can, perhaps, be seen as a “passionate fiction” following de Lauretis. The rereading served different purposes for each of us individually and as a group—politically, personally, erotically—and at times felt like a work of emotional labour (Goodwin & Pfaff, 2001), to use more recent terminology.

<sup>1</sup> In fairness to the course tutors, when I discussed my feelings with them afterwards, they were very receptive to my feedback and planned to make further changes to the syllabus and course structure to make it more supportive of queer identities.

# SELECTED ANNOTATED TEXTS

*With many thanks to the members of the Other Women psychodynamic and psychoanalytic reading group for their insight and support as we explored these (and many other) texts.*

## **THREE ESSAYS ON SEXUALITY (1905) – SIGMUND FREUD**

Freud's *Three Essays on Sexuality* was published in 1905—although he revised them several times—and represent his first attempt to explore and explain human sexuality and sexual development. In the first essay, he lists, labels, and classifies “sexual aberrations,” from anal sex and fetishes to sadism and masochism, in an approach that attempts to be rigorous and scientific. It is possible to celebrate Freud's willingness to even discuss what he regards as “perversions,” and there is much that is hopeful in the *Three Essays*, including his statement in a footnote from 1915 that everyone has felt homosexual attraction, at least unconsciously. However, his insistence on a normative path to adult heterosexual vaginal intercourse relegates much of the breadth of human sexual experience—even for heterosexual people—to the pathological category of “perversions.”

Freud's discussion of female sexual anatomy has rightly made feminists angry for decades (Mitchell, 1974); he reduces the clitoris to an inferior organ which in mature female sexuality only transmits sexual excitement to the vagina so that heterosexual intercourse can take place. Reading this, I felt rather sorry for Freud's wife. At this stage, Freud's views on female sexuality—both heterosexual and homosexual—are very underdeveloped, and his discussion of “inversion”—his term for homosexuality—is largely a discussion of male “inverts.”<sup>2</sup> From brief comments in this section, we can understand that he believes that homosexual women are more masculine than heterosexual women, although he admits that he doesn't really understand what this means or how the characteristic of masculinity might relate to attraction to different genders. He does not attempt to explain the “female homosexual” at this stage and does not seem very concerned with her.

## **THE PSYCHOGENESIS OF A CASE OF FEMALE HOMOSEXUALITY (1920) – SIGMUND FREUD**

This changed by 1919, when Freud was asked to analyze a young “female homosexual” by her father. This young patient had always focused her affections on women, could not imagine another way to be in love, and was a feminist. She responded coolly to Freud's interpretations and expositions of psychoanalytic material—“Oh, how interesting!” (140)—and unaccountably didn't fall in love with him as most of his young female patients did (Freud, 1915). Instead, Freud felt that she transferred to him her “deep antipathy to men” (140). She resisted any interpretation from Freud, merely complying with the early stages of the analysis at a surface level. From the text of the case study, Freud seems to be perplexed and even angry with his patient, perhaps transferring the complexity of his relationship to his daughter Anna, who also was not interested in men and later had a long relationship with a woman (Bateman, 2004), to his patient.

Freud recognizes before taking the case on—at the insistence of the patient's father—that it is likely to be extremely difficult for him to remove the young woman's homosexuality. He settles for writing up the case as an example in which the origins of her homosexuality can be traced “with certainty and completeness” (125). However, the text is in fact far from clear about the “psychogenesis” of the patient's love for women, rendering his title somewhat ironic. His initial theory imagines the patient turning away from her father (and hence all men) because she unconsciously wanted to have a child with him when she was sixteen, but instead he gave her mother another baby, disappointing her. According to her biography, the patient found this theory outrageous and upsetting (Rieder & Voigt, 2020). Even Freud retreats later in the paper to an unsatisfactory dispositional explanation for her “congenital homosexuality” whilst at the same time warning his readers that classifying homosexuality as either congenital or acquired is fruitless. Perhaps in revenge for the lack of transference love and the difficulty in tracing the origins of the patient's love for women, Freud doesn't even give her a pseudonym, as was by then his common practice when publishing case studies. She is described simply as “a beautiful and clever girl of eighteen” (147), “the girl” (143), “our patient” (145), and a “female homosexual” (124). We can't know whether the patient would have identified with any of these labels. Her real name was Margarethe Csonka-Trautenegg and her biography was published just after her death in 1999 under the pseudonym “Sidonie Csillag.”

## **NEW INTRODUCTORY LECTURES ON PSYCHOANALYSIS: LECTURE XXXIII FEMININITY (1933) – SIGMUND FREUD**

In 1933, Freud is still struggling to explain female sexual development, although his views have evolved, partially thanks to criticism from female psychoanalysts such as Deutsch, Horney, and Lampl de Groot. Freud now sees the importance, for both boys and girls, of the infantile relationship with their mother in awakening the infant's physical desires through the physical contact of bathing and dressing. He admits that little girls can be surprisingly sexually active towards their mothers, in contravention of societal norms about passive femininity. Freud still finds female development more complex than male development, believing that a girl must change her primary site of sexual excitation from the clitoris to the vagina, as well as her object choice from the mother to the father. The baby's sexual wishes towards the mother are frustrated, regardless of its sex. However, only the girl has penis envy, and she blames her mother for not giving her a penis, turning away from her in anger.

Freud sees only three developmental paths for women once they have renounced both the clitoris and the mother: sexual inhibition due to the mortification of being rejected by the mother, a masculinity complex and possible homosexuality because she refuses to accept that she doesn't have a penis, or "normal" heterosexual development when the girl turns to her father searching for a penis and ultimately a baby. But even this "normal" development path, for Freud, leads to incomplete superego formation, because the girl hasn't gone through the same oedipal route as the boy. The lack of any truly satisfactory developmental path for women in Freud's model makes his misogyny very clear.

This elaboration of female sexual development is even more problematic for queer women, because Freud explains their desire for other women in terms of a denial of reality in the context of what he sees as their penis envy. He also believes, possibly influenced by his earlier analyses of Sidonie Csillag and his daughter Anna, that for homosexuality to fully develop, the girl needs to be disappointed by the father as well. Freud can only conceive of lesbian desire in terms of a relationship to the penis and the father.

## **KLEIN: THE PHANTASY THAT ANATOMY IS DESTINY (1993) – NOREEN O'CONNOR & JOANNA RYAN**

O'Connor and Ryan start by gently taking to task feminists such as Orbach, Eichenbaum, and Dinnerstein who laud Klein as a feminist because of her work on the roots of misogyny without examining her pathologizing views about female homosexuality. They remind us that Klein believed that the outcome of any successful psychoanalysis includes heterosexuality. She believed that female homosexuality occurs because of "unresolved differences at the paranoid-schizoid position" and is therefore a sign of inadequate ego development (77). For Klein, all lesbian relationships are therefore inherently "deceptive" because they are founded in an inability to tolerate envy and reach the depressive position. Kleinian analysis, for a lesbian, is depicted as a terrifying experience in which "every utterance of the patient is interpreted in terms of pre-linguistic phantasies related to the breast" in which "lesbians [who believe they are] in emotionally fulfilling relationships are ... in flight from the truth" (82). The writers' anger at these views, which must have been very influential in the training and personal analyses of a whole generation of British Kleinian analysts, is palpable.

## **FAMILY ROMANCES – AND SEXUAL SOLUTIONS (1997) BEVERLY BURCH**

Beverly Burch was one of the earliest psychoanalytic writers to try to elaborate non-pathologizing accounts of lesbian and bisexual sexuality. She emphasizes the fluidity of all female sexuality and its ability to change over a lifetime, and she seeks to understand rather than pathologize this. She starts by criticizing the need to find one story to explain the wide variety human sexuality—Freud's Oedipal complex receives special criticism for omitting the queer parts of Oedipus' story—and instead looks to the whole panorama of Greek myths as potential models for different paths to adult sexuality. She also uses Kinsey's model of a continuum of sexuality, from homosexuality on one end of the scale to heterosexuality on the other (Kinsey et al., 1998), and argues that there can be defensive and healthy routes to all points on this continuum, using the work of Chodorow on compromise formations in heterosexuality (Chodorow, 1992). She leaves room for biological predispositions to particular ranges on the spectrum, but also explores different "family romances" which can influence object choice in a psychodynamic model of sexuality, meaning that her

model can be seen within the context of biopsychosocial models of sexuality which were developing at this time (Denman, 2003).

Burch agrees with Freud's later view that the little girl's early relationship with the mother is key in these family romances. The mother's response to her daughter's infantile "wooing" can be accepting, in which case the daughter can use this transitional "romance" in which mother and daughter are "mutually entranced" as a template to develop positive relationships with her father and then with others (32). Ideally for Burch, this results in a divided bisexual triangle (drawing on the work of Chodorow (1978) and Deutsch (1944)) which can tilt in different directions according to the daughter's innate predisposition and may change over time. However, she notes that if the mother rejects her daughter's overtures due to homophobia, or an inability to tolerate erotic feeling at all from her daughter, this can result in a sense of an erotically rejected self, which can be problematic for both heterosexual and lesbian women. On the other hand, if the daughter becomes too enmeshed with the mother, the father may become an escape, leading to a defensive path to heterosexual development. Burch believes that all sexuality has traumatic roots, and that we should celebrate our ability to reach strategic resolutions of this trauma, not pathologize it.

### **THE PRIMARY MATERNAL OEDIPAL SITUATION AND FEMALE HOMOEROTIC DESIRE (2002) – DIANNE ELISE**

Elise also looks for non-pathologizing routes to adult female sexuality, both lesbian and heterosexual. She agrees with Freud and Burch that the mother is usually the first object of desire for both boys and girls, but instead of calling this a negative oedipal situation, argues for a "primary maternal oedipal situation" involving the mother (when she is the primary caregiver) and a "secondary paternal oedipal situation" (when the father is not the primary caregiver). She argues that what Freud called "penis envy" is actually an object relational injury due to being rejected by the mother. Like Burch, she believes that the mother's internalized heterosexual assumptions, and choice of a male partner, make it difficult for her to recognize homoerotic desires in her daughter. However, she goes further than Burch in arguing that the daughter's homoerotic desire is not just denied, as in the case of the little boy, but unrecognized. This lack of recognition of the daughter's active impulses towards her mother can have implications for both lesbian and heterosexual development.

### **ASSAULTS AND HARASSMENTS (1997) – MAGGIE MAGEE & DIANA C. MILLER**

In this chapter, Magee and Miller address the harm done to lesbians by the "violent acts" of psychoanalysis during the twentieth century in theorizing lesbian sexuality (93). They argue that this violence stems from two problems in psychoanalysis: a general anxiety about female sexuality from Freud onwards, and an over-reliance on phallic synecdoche which makes it impossible to understand female sexuality in the absence of a penis/phallus. They point out that even female psychoanalysts have been guilty of writing about the supposed inferiority of female genitalia, describing it as internal, hard to identify, and in need of more priming before sexual activity than male genitalia. They point to Lloyd Mayer and Irigary's attempts to find a new language to describe the multiplicity of female sexual experience and sensation, and to Emily Dickinson's usage of clitoral imagery (peas, pebbles, beads) in her poetry as possible alternatives.

Magee and Miller agree that lesbian sexuality is even more problematic for psychoanalysis than female heterosexual sexuality, and was often written about as primitive, autoerotic, and narcissistic. What is regarded as normal and natural in heterosexual experience (e.g., mother and child imagery, loss of the ego during orgasmic experiences) is pathologized when describing lesbian sexuality. They use queer theorist Eve Kosofsky Sedgwick's work (1990) to remind us that identical sexual acts have different meanings for different people, that autoeroticism is important to some people and less important to others, regardless of sexual orientation, and that sex is seen by some people as a very gendered experience and not by others. Unfortunately, in reminding us that it is impossible to generalize from individual sexual experiences to a category of people, they discuss the myth of "lesbian low desire" in detail and give—as the sole vignette in the chapter—the example of a successful analytic treatment where a patient's sadomasochistic sexual experiences are identified as pathological and removed by the treatment. This perhaps demonstrates how difficult it is to escape from the pathologizing mindsets historically applied to queer female sexuality.

## **THE HIDING AND REVELATION OF SEXUAL DESIRE IN LESBIANS (2000) – DR. SUSAN C. VAUGHAN**

Vaughan deals with some of the consequences of this historic pathologization of lesbian sexuality, using two clinical vignettes to highlight the continuing impact for her and her patients of the necessity to be secretive about lesbian desire in early life. One patient experiences the emergence of feelings of sexual desire for men in the context of a rupture in her long-term lesbian relationship as deeply shameful, mirroring her childhood experience of being shamed for her sexual desire for a close female friend. Vaughan also writes about the re-emergence of her own early shame about her sexuality, when she is uncertain whether a heterosexual patient knows that she is a lesbian. Both situations are resolved by acceptance from someone else: in the patient's case, her partner accepts her desire for a man; in Vaughan's case, her patient accepts her lesbian sexuality easily, and is much more concerned about the implications of her analyst having a partner regardless of their gender. Vaughan concludes that revealing sexual aspects of the self which feel shameful, and having them accepted by others, increases the integrity of the self. It is important that therapists working with patients of any sexual orientation, but especially those with queer identities, are able to process shameful feelings about sex when they emerge in themselves and in their patients.

<sup>2</sup> Even in his later work on female homosexuality, Freud tends to revert to a veiled discussion of male homosexuality, see Roof (1990).

## **QUEER AND**

## **REFLECTIONS SILENCES**

As a group of queer women, supported by the works of queer female psychoanalytic writers, we tried to come to terms with Freud's views about us. Freud is famous for being contradictory to read, and can be maddeningly inconsistent; sometimes he seems close to accepting queer sexuality as a normal part of the range of human experience, and his view of sexuality can be read as being fundamentally queer (Baraitser, 2019), but he always reverts to a normative heterosexual developmental path. For me, the experience of reading Freud on female homosexuality was like regressing to the state of a misunderstood child who is looking for approval from a parent, ever-hopeful but always disappointed. We wondered in the group if these contradictions reflected the subtleties of Freud's own sexuality, noting his close and sometimes explosive relationships with men, and the limitations that his precarity as a Jewish man in early twentieth-century Vienna placed on him. We could imagine, sometimes, that he would have liked to describe normative development paths to non-heterosexual sexualities, finding a satisfactory parental figure in a "Pink Freud" (Fuss, 1995). But at other times we lost patience with him and stopped wanting to engage with him; Pink Freud seemed like a wishful fantasy.

Reading these difficult texts as a group allowed us space to be angry, upset, and horrified at Freud's views, and especially at the way he tried to enforce narratives on his female patients. We identified with Sidonie Csillag, Freud's "female homosexual," and learned a little about her life in Vienna at the turn of the twentieth century from her biography, which was published in English only very recently (Rieder & Voigt, 2020).<sup>3</sup> It helped to know that Sidonie laughed at Freud for his incompetence, and lived a long and full life during which she continued to love women, although she did have a marriage of convenience to a man. We also looked for other hidden role models from the history of psychoanalysis; we wondered about Anna Freud's long-term relationship and cohabitation with Dorothy Burlingham (Coffey, 2014; Young-Bruehl, 2008), and we discussed Freud's inability to recognize his patient Dora's erotic feelings for a woman in one of his earliest case studies (Freud, 1905).

We thought that our close identification with these figures from psychoanalytic history—both patients and analysts—might indicate that we were trying to address a lack of satisfactory mirroring in our relationships with parental figures. We related this to Elise's theory that there may be a lack of mirroring of a young girl's sexual excitement by her mother, and explored other work on the effect that a broader lack of mirroring from heterosexual parents can have on queer female development (Buloff & Osterman, 1997). But even after decades of feminist and queer work on psychoanalysis, it still seemed difficult to find this mirroring—which heterosexual people generally take for granted in the world of clinical psychoanalysis.<sup>4</sup> To partially compensate for this, we found our individual experiences mirrored within others in the group; similar experiences in relationships with our parents, coming out, psychotherapy with heterosexual therapists, training as psychotherapists in heteronormative environments; and current romantic relationships and family patterns.

We also noticed that the flurry of lesbian analytical writing from the 1990s and 2000s is now between twenty and thirty years old. The lack of recent literature on lesbians and psychoanalysis could be interpreted positively as a sign that female homosexuality is no longer seen as a problem by psychoanalysis, removing the need for separate literature on the topic. However, if this is true, one would question why we still felt a lack of mirroring, or even a silencing, from clinical psychoanalysts (perhaps especially in the UK) on the topic of female homosexuality. Lesbian invisibility has become a trope but has not disappeared; queer female invisibility still feels like a problem in psychoanalysis.

This invisibility is perhaps one reason why it is important to continually engage with and reclaim Freud from a queer female perspective, creating new "passionate fictions" in response to Freud's (de Lauretis, 1994), however painful that process may be. We need to acknowledge the inevitable complexity of queer women's transferences to Freud, and continue working on the "love-hate" relationship between psychoanalysis and queer people (Baraitser, 2019). I hope that the "queer performance" included in this resource will increase psychoanalytic clinicians' understanding of the need to find more space to have these discussions within clinical and training environments, and will increase their appreciation of the inherent queerness of human sexuality, which Freud himself was perpetually on the threshold of acknowledging.

*The Other Women reading group meets monthly online on the second Tuesday of each month. If you are interested in joining, please contact Harriet Mossop at [otherwomxn@pm.me](mailto:otherwomxn@pm.me).*

<sup>3</sup> See Czyzelska (2020) for a review of the biography.

<sup>4</sup> There are of course many other identities which are inadequately mirrored by predominantly white, cis, heterosexual, middle class psychoanalytic clinicians and theory.

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