

A KLEINIAN ANALYSIS OF HOMOPHOBIA

Carol M. Sussal, D.S.W.*

ABSTRACT

This article uses Melanie Klein's developmental frame of reference to better understand the psychodynamics of especially virulent forms of homophobia. Homophobia is seen as a potential indication of lack of resolution of the paranoid-schizoid position. The defense mechanism of projective identification is extensively used, resulting in impoverishment of the personality. Heterosexual feelings are designated good and are retained while homosexual feelings are split off and rejected as bad. Clinical case illustrations are provided.

Weinberg first created the term homophobia in 1972. He defined it as "the dread of being in close quarters with homosexuals and in the case of homosexuals themselves, self-loathing" (p. 4). The term's efficacy has been debated over the years, and it has sometimes been criticized for being too narrow in its purely psychological focus. Reiter (1991), for instance, prefers anti-homosexual prejudice. Blumenfeld's (1992) are based on the inclusion of the word phobia, which connotes an irrational fear. From my perspective, the term homophobia is useful precisely because it forces recognition of the visceral nature of the phenomenon, pointing towards its infantile psychodynamic roots. Thus, Pharr's (1988) definition of homophobia as "the irrational fear and hatred of those who love and sexually desire those of the same sex" (p. 1) seems most fitting.

Homophobia is present in a range of reactions. For many people homophobia is manifested in the form of discomfort, aversion, awkwardness, and sometimes curiosity. In other instances homophobia expresses itself more dangerously. The term can resonate with images of violence, rape, beatings, rejection, threats, death, and the loss of children (Pharr, 1988). It is in regard to these more destructive reactions, and in relation to those persons who remain stuck in the most hostile of attitudes towards homosexuality, that Kleinian theory provides a possible universe of

* Carol M. Sussal, D.S.W. is Associate Professor and Director of the Post-Master's Certificate Program in Clinical Social Work Practice at Adelphi University. She is also in private practice in New York City and in Lynbrook, Long Island.

illuminative discourse. A Kleinian approach can add to and enrich the already existent and very valuable contributions to the conceptualization of the psychodynamics of homophobia provided by Forstein (1988), Herek (1985), Malyon (1985), Pharr (1988), and Reiter (1991).

Melanie Klein and her followers have developed a rich and profound set of descriptions of the internal psychological forces which govern the darker side of the human condition. Since homophobia is one of the most destructive forces active in the world today, Kleinian theory can be of considerable benefit to clinical social workers in delving into the roots of homophobia.

Kleinians tend to believe in the existence of the death instinct. They are aware of the destructive effects of internal feelings of murderous rage. The developmental schema used postulates that people progress developmentally from a paranoid-schizoid phase, where splitting of love and hate is predominant, to a depressive phase, in which the person realizes and accepts that the beloved mother is also the frustrating mother one has hated. In the paranoid-schizoid phase, terrifying persecution is a prominent emotional experience. Persecution involves the bad object, overwhelming annihilation anxiety, magical denial, and attacks from vicious parts of the self (Segal, 1964). Kleinian concepts describe the most primitive elements in the mind; elements which often do not make sense and which sometimes seem ungraspable.

Marmor (1980) warned that in studying homophobia we are looking at a syndrome that has "multiple and diverse roots" (p. 7). I will suggest, however, that in certain persons the roots and the basic psychodynamic structure are the same, and that it is the form they take which is multiple and diverse. Kleinian theory will be used to understand the roots, which I see as manifestations of the paranoid-schizoid position. I will use Blumenfeld's (1992) fourfold frame of reference, the personal, the interpersonal, the institutional, and the cultural, to explore homophobia's multiple and diverse expressions. I find these categories particularly well suited to this analysis since Kleinians have already applied their theory to the personal (Riviere, 1964), the interpersonal (Klein, 1946/1975), the institutional (Menzies-Lyth, 1989), and the cultural (Jacques, 1955).

THE PERSONAL

Personal homophobia is expressed through a belief system that regards gays and lesbians as "spiritually immoral, infected pariahs, disgusting [and] generally inferior to heterosexuals" (Blumenfeld, 1992, p. 3). What happens in the earliest phase of life to lead to the development of such a belief system? Riviere (1964) describes the forces within us which have

the power to twist our approach to the world from one based on love, to one based on fear. She points out that we all want to live pleurably, and that we do the best we can to rid ourselves of destructive forces, with the goal of achieving as much security as possible. Among the many ways of doing this there are infinitely various, subtle and complicated adaptations. The final expression, however, hinges on two crucial factors: first, the relative power of the hateful and loving forces in us; and second, the impact of the environment. It seems evident that the root of hostile attitudes lies in dissatisfaction with one's lot in life, but an additional source of such pain and loss involves "an *unfulfilled desire* within [which] if intense enough ... [can] create a similar sense of loss and pain, and so rouse aggression in exactly the same way as an attack" (Riviere, 1964, p. 6).

Ultimately, a belief system about homosexuality may be created not only to rationalize this kind of hatred, but also as a character structure. In a thorough and extensive study, Herek (1985) reviewed research about personal attitudes toward lesbians and gay men. Herek found positive correlations between hostile attitudes and variables such as authoritarianism, cognitive rigidity, intolerance of ambiguity and dogmatism. He defined defensive attitudes as those which engaged the individual in "coping with ... inner conflicts or anxieties by projecting them onto homosexual persons" (p. 1). He further believed that projection was the major psychological defense used in homophobia. Rejected, unacceptable urges are projected onto gay men and lesbians without recognizing that the urges are one's own. Among heterosexual men, an important underlying motive for homophobia was their unconscious *envy* of gay men who were perceived as unconstrained by the masculine ideal, thus having much greater sexual freedom. Envy was unconsciously converted into hostility.

Envy can be seen as "the angry feeling that another person possesses and enjoys something desirable — the envious impulse being to take it away or to spoil it" (Klein, 1946/1975, p. 181). Envy arises out of the infant's need to receive the gratifying supplies the good breast has to offer, in conjunction with a profound sense of frustration and anger which results from moments of deprivation. Frustration and anger destroys feelings of gratitude and love, and evokes a need to take the good from the breast while at the same time destroying it. In the Kleinian schema, pathological envy emerges out of a failure to resolve the conflicts of the earliest phase of life, the paranoid-schizoid position.

The paranoid-schizoid position is characterized by primitive defenses, such as projection, arising from anxieties of a primitive nature (Klein,

1946/1975). Even healthy individuals fluctuate between the paranoid-schizoid and depressive positions (Steiner, 1992), but in homophobia, pathological fragmentation occurs due to an overwhelmed ego.

The Paranoid-Schizoid and Depressive Positions

The paranoid-schizoid position is defined as follows:

In the earliest state of mind, persecutory anxiety is met by processes which threaten to (and do) fragment the mind. Severe fragmentation affects the move forward into the depressive position because the integrity of the mind is severely disrupted. Splitting processes typically lead to projection of parts of the self or ego (projective identification) into objects, with a depleting effect on the self. The depleted self then has difficulties with introjection and with introjective identification. (Hinshelwood, 1989, p. 156)

In the paranoid-schizoid position the infant experiences the mother as split into two mothers, a mother of the good gratifying breast and a mother of the bad, frustrating breast. The infant fears the persecutory potential of the bad mother, a result of projections of murderous rage. In time, with enough consistently good experiences, the baby will be able to identify with the mother of the good breast and feel stronger and freer of his or her bad (destructive) impulses. Segal (1964) comments:

When the projection of bad impulses decreases, the power attributed to the bad object will decrease too, while the ego will become stronger as it is less impoverished by projection. The infant's tolerance of the death instinct within himself (sic) increases and his paranoid fears lessen; splitting and projection decrease and the drive towards integration of the ego and the object can gradually take the upper hand. (pp. 67-68)

These changes lead to the onset of the depressive position, in which the child sees that the good and bad mothers are one and the same person, which is both gratifying and frustrating. In becoming aware of both loving and hating the mother, the child rues its murderous rage. This leads to a state of "particularly poignant sadness" (Hinshelwood, 1989, p. 138).

The homophobic person shows evidence of abnormal splitting which results from failure to achieve the depressive position, and is associated with unconscious guilt emanating from hateful wishes toward the loved

one. In the depressive position, anxiety

... is the crucial element of mature relationships, the source of generous and altruistic feelings that are devoted to the well-being of the object. In the depressive position efforts to maximize the loving aspect of the ambivalent relationship with the damaged "whole object" are mobilized (reparation). But so also are the defense mechanisms. These comprise the constellation of paranoid defenses ... and the manic defenses. (Hinshelwood, 1989, p. 138)

Many other problems arise out of pathological splitting. The danger is that "part objects and egos are not just simply split between the good and bad but broaden to include the idealized and the extremely bad. The process is pathological in that it is very difficult for integration to occur" (Crisp, 1987, p. 93). With homophobia, gay men or lesbians become the extremely bad, to be destroyed, controlled or demeaned. They represent all that is bad inside, all that overwhelming guilt cannot handle. A clinical case illustration follows which illustrates how intolerable abuse in early life resulted in homophobia in a bright and otherwise sensitive man.

The Case of Julian

Julian was a 45-year-old pharmacist, married, with two children. He suffered from anxiety, depression, and inability to assert himself appropriately in every aspect of his life. At times he would resort to prescription drugs he could easily obtain to deal with his panic attacks and performance anxiety. He suffered from severe homophobia, mainly directed at homosexual men whom he found disgusting and perverted, and whom he feared might molest his son. His negative reactions were visceral and sometimes resulted in a physical feeling of sickness.

As a teenager, Julian had been approached sexually by a homosexual man while on a teen tour. This had traumatized him, and in remembering the incident he would become enraged, expressing a wish to kill the man and every other homosexual, if he could. Julian had been called "fairy" and "faggot" as a child and teenager due to his inability to stand up for himself in fights. His fantasy life revolved around scenes of being beaten.

The roots of Julian's homophobia can be seen as a regression to the paranoid-schizoid position, due to his inability to resolve his feelings of hatred towards his mother and his father. His father

had been a frustrated and brutal man, who from an early age would make Julian kneel before him while subjecting him to tirades that were supposedly occurring for his own good. During these episodes Julian was not allowed to say a word. His mother, who was weak and ineffectual, had wanted to leave her husband when Julian was a baby but was too frightened to do so. She had never protected Julian from his father's onslaughts, which left Julian feeling betrayed.

Julian described his childhood as follows: "It was like a boxing glove hit you on the side of the head when you least expected it. Of course you'd become paranoid. You'd be angry all the time. How could you learn to trust?"

Upon analysis it was apparent that homosexuality represented the extremely bad and angry part of himself which existed in homosexual submission to his father, for whom he also unconsciously yearned. These totally unacceptable wishes involving his disgust and rage, were projected onto gay men, whom he feared would attack both himself and his son. The pathological split, however, enabled him to continue the relationship with his father, and in addition, to preserve his unsatisfying marriage. In his inner world, homosexuals had become the repositories of everything that was bad.

THE INTERPERSONAL

Interpersonal homophobia is evident "when a personal bias or prejudice affects relations among individuals, transforming prejudice into its active component-discrimination" (Blumenfeld, 1992, p. 4). Verbal and physical harassment, violence, demeaning jokes, abandonment, etc. are all signs of interpersonal homophobia. Projection and projective identification (Klein, 1946/1975) are the major defense mechanisms evident in such cases. The excessive use of projective identification (a defense mechanism and interpersonal process which impoverishes the personality) is rooted in failure to progress from the paranoid-schizoid to the depressive position.

Projective Identification

Projective identification is defined as:

... the prototype of the aggressive object-relationship, representing an anal attack on an object by means of forcing *parts of the ego* into it in order to take over its contents or to control it and

occurring in the paranoid-schizoid position from birth. It is a "phantasy remote from consciousness" that entails a belief in certain aspects of the self being located elsewhere, with a consequent depletion and weakened sense of self and identity, to the extent of depersonalization; profound feelings of being lost or a sense of imprisonment may result. (Hinshelwood, 1989, p. 177)

Bion (1959) makes a distinction between normal and abnormal projective identification. He states that the more hostility and destructiveness exists in the mind, the more a person will engage in abnormal projective identification. Even though the concept of projective identification has been widely debated (Grotstein, 1985; Ogden, 1982; Sandler, 1987; Scharff, 1992) and may be difficult to grasp, it nevertheless provides a way to understand dysfunctional relationship patterns in homophobic families. Such patterns are often characterized by scapegoating homosexual family members. Frequently, a gay or lesbian family member acts out destructive hatred on behalf of everyone in the family. The process is based on abnormal introjective identifications in which the gay or lesbian family member accepts and internalizes abnormal projective identifications originating in other family members.

Homosexual boys and girls are particularly vulnerable to scapegoating when their homosexuality is apparent at a young age, possibly manifesting as gender atypical behavior. The youngster who recognizes his/her own homosexuality early in life is left quite vulnerable and defenseless. If the family is not sophisticated and accepting, such youngsters can easily become lightning rods for abnormal and destructive projective identifications. Projective identifications of this kind frequently reflect the parents' conflictual resolution of their own oedipal conflicts, especially their inability to cope with conflicts about repressed homosexual desires.

Where a homosexual family member is being scapegoated, the whole family functions as an exaggerated composite of splits in the parents' personalities, signifying the parents' failure to achieve the depressive position. These splits often promote feelings of internalized homophobia in the child, who develops a built-in valency for taking in and accepting the larger society's negativity.

Internalized homophobic content becomes an aspect of the ego, functioning both as an unconscious introject, and as a conscious system of attitudes and accompanying effects. As a component of the ego, it influences identity formation, self-esteem, patterns of cognition, psychological integrity, and object relations. Ho-

mophobic incorporations also embellish superego functioning, and, in this way, contribute to a propensity for guilt and intropunitiveness.... (Malyon, 1985, p. 60)

The story of Bobby and Mary Griffith (Miller, 1992) is a particularly poignant description of what can happen when projective identifications run rampant in a family with a homosexual youngster. The hatred takes pernicious forms and can result in a state of dangerous internalized homophobia. From the age of three, Bobby had been the object of his mother Mary's internal conflicts and her constant attempts to change his behavior. Bobby had liked to play with dolls and enjoyed other "girls" play activities. When his parents became aware of his sexual orientation in his teens, Bobby was subjected to four years of severe pressure to become heterosexual which included "Christian counseling." At the age of twenty Bobby "did a backflip off a freeway overpass in the path of a semi-truck and trailer [and] was killed instantly" (Miller, 1992, p. 79). Unfortunately this story is not uncommon. Many gay and lesbian youngsters commit suicide every year. They are at considerably greater risk than their heterosexual counterparts due to internalized, interpersonal homophobia which often began at home, in their families.

THE INSTITUTIONAL

Institutional homophobia is found in government, education, religion, and business, as well as in legal and professional laws, codes, and policies (Blumenfeld, 1992). It often exists in mental health settings as well. Mental health institutions should be paragons of acceptance and caring for all, characterized by neutrality of attitude. They should exemplify the depressive position, demonstrating reparation through the sublimation of good works. Unfortunately, this has often not been the case when dealing with gay men and lesbians.

Mental health practitioners, like many others, have difficulty in relating to each other in groups and larger settings. Menzies-Lyth (1989) describes this difficulty quite well, drawing from her understanding of Bion (1961). She sees

... the human being as a group animal: as such he cannot get on *without* other human beings. Unfortunately, he cannot get on very well *with* them either. Yet he must establish effective cooperation in life's tasks. This is his dilemma. Understanding his attempts at solving this dilemma, at evading it or defending himself against the anxieties it arouses, are central to the understanding of groups and institutions, since these attempts become permanent features of institutions. Such understanding is cen-

tral also to practice orientated to helping institutions and their members to solve the dilemma more effectively and function better. (p. 27)

The historical evolution of prejudice against gay men and lesbians in the field of psychoanalysis is well known (Lewes, 1988). Prejudice developed not as a result of Freud's views, which were remarkably balanced and nonprejudicial in content and tone for his time, but due to his bourgeoisie followers who distorted his views to support their own prejudice. The damage done to patients, by psychoanalysts and other mental health professionals (Sussal, 1989) has been profound. This has occurred in attempts to change the sexual orientation of patients, and to exclude gay and lesbian candidates from analytic training institutions.

The process the American Psychiatric Association went through to change the diagnosis of homosexuality was excruciating. First, homosexuality was labeled a disease. Then it was viewed as a disease only if ego dystonic, and finally it was removed from the list of diseases altogether (Bayer, 1987). It is a most interesting study in understanding Klein's (1940/1968) concept of *reparation*.

Hinshelwood (1989) sees reparation as:

... the strongest element of the constructive and creative urges [taking] various forms, ... manic reparation, which carries a note of triumph, ... obsessional reparation, which consists of a compulsive repetition of actions of the undoing kind without a real creative element, ... and a form of reparation grounded in love and respect for the object, which results in truly creative achievements. (p. 397)

Failed reparation is evident in mental health practitioners who present pathologically grounded views of homosexuality (Scharff, 1982; Segal, 1964; Socarides, 1989), yet insist that their sole motivation is to help gay men and lesbians. One can see their struggle to rise above their own homophobia in professing that they like and respect gay men and lesbians, while at the same time insisting that developmentally, gay and lesbian identity reflects immature, narcissistic fixation. The roots of such difficulties lie in unanalyzed countertransference enactments (Kwawer, 1988), manifestations of oscillations between the paranoid-schizoid and depressive positions. Such persons create institutions with like-minded people and band together to manage their own inner conflicts about repressed gay and lesbian urges.

Menzies-Lyth (1988, 1989), a well-known Kleinian analyst who has done extensive consultation with social institutions, is best known for her

work with nurses in hospital practice. Her knowledge about the way institutions operate can easily be applied to mental health institutions which suffer from institutionalized homophobia. Menzies-Lyth believes that profound unconscious forces operate in institutions which hold significant elements in common. While nurses have to deal with extraordinary anxiety having to do with unconscious fantasies about dead, dying, ill and injured people, mental health practitioners have to deal with unconscious fantasies about mentally ill, potentially suicidal, or homicidal people. In such charged settings, defenses are developed to deal with the anxiety provoking content. These defenses make it possible for practitioners to pursue the task at hand. Staff members tend not to be completely honest when talking about their innermost feelings. Defensive systems may then be set up to deal with despair. Anxieties about having the ability to do the work may be projected onto subordinates or patients. When these defenses are not recognized or acknowledged, the personalities of staff members are affected through sharing and accepting common attitudes toward gay men and lesbians (Herek, 1985). As Menzies-Lyth (1989) says:

If an individual cannot achieve (the dominant institutional) identification, he is unlikely to remain a member. If he remains too different, he is likely to be rejected by the institution because he does not "fit." If he tries to conform to something which is too foreign to him, he may find it too stressful and leave. (p. 42)

According to Menzies-Lyth (1989), the social defense system is designed to help individuals avoid the difficult emotions of guilt, doubt, anxiety and uncertainty. To accomplish this, situations, events, activities, tasks and relationships that cause anxiety are eliminated (as far as possible) because they re-evolve primitive personality remnants. Because staff members are not helped to deal with anxiety provoking situations, they do not develop the capacity to tolerate and deal more constructively with anxiety. In some mental health institutions, anxiety related to a wide variety of issues may be channeled toward and symbolically expressed through repressed homophobia, thus reinforcing homophobia within the institution.

THE CULTURAL

Cultural homophobia is evident when social norms and codes in a society attempt to work to legitimize prejudice against gays and lesbians (Blumenfeld, 1992). The Presidential election campaign of 1992 highlighted the extent and virulence of American homophobia. The

Republican convention provided a forum for anti-gay and lesbian name-calling. Two states proposed ballot initiatives designed to obviate civil rights protection under the law for gay men and lesbians. Oregon's was rejected but Colorado's passed. In the *New York Times* (August, 17, 1992, p. A19), Peter J. Gomes called "hatred of homosexuals ... the last respectable prejudice of the century."

Jacques (1955, p. 478) believed that "many social phenomena show a strikingly close correspondence with psychotic process in individuals." In the 1992 Republican convention, a shared projective identification was employed against a commonly shared external object: gay men and lesbians. The projective identification served momentarily to bind the convention members together by encouraging them to unify with one another against a common enemy. This socially structured defense reduced internal paranoid anxiety by projecting and then attributing bad internal objects and impulses to particular members of society, who had been unconsciously selected. In this way, the delegates could find relief from their own unconscious internal persecutors. Depressive anxiety and sadistic impulses could be denied through vilification of external objects, in this case, gay men and lesbians.

CONCLUSION

Using a Kleinian frame of reference to analyze the multiple manifestations of homophobia deepens our understanding of its developmental roots in infancy. Unresolved conflicts related to the paranoid-schizoid position mandate the use of projection and projective identification, defenses that direct inner hatred outward toward unconsciously selected objects in the external world. The Kleinian framework thus identifies the major defense mechanisms that are employed to maintain gay men and lesbians as bad objects on a personal, interpersonal, institutional and/or cultural level.

REFERENCES

- Blumenfeld, W. (Ed.). (1992). *Homophobia: How we all pay the price*. Boston, MA: Beacon Press.
- Bion, W. (1959). Attacks on linking. *International Journal of Psychoanalysis*, 40, 308-315.
- Bion, W. (1961). *Experiences in groups and other papers*. New York: Basic Books.
- Crisp, P. (1987). Splitting: A survey of the literature. *The Journal of the Melanie Klein Society*, 5(1), 89-136.
- Forstein, M. (1988). Homophobia: An Overview. *Psychiatric Annals*, 18(1), 33-36.
- Gomes, P. (1992, August 17). Homophobic? Re-read your Bible. *New York Times*, p. A 19.

- Grotstein, J. (1985). *Splitting and projective identification*. New York: Jason Aronson.
- Herek, G. M. (1985). Beyond "Homophobia": A social psychological perspective on attitudes toward lesbians and gay men. In J. P. DeCecco (Ed.), *Homophobia in American society: Bashers, baiters, and bigots* (pp. 1-21). New York: Harrington Park Press.
- Hinshelwood, R. D. (1989). *A dictionary of Kleinian thought*. London: Free Association Books.
- Jacques, E. (1955). Social systems as a defense against persecutory and depressive anxiety. In M. Klein, P. Heimann, & R. E. Money-Kyrle (Eds.), *New directions in psychoanalysis: The significance of infant conflict in the pattern of adult behavior* (pp. 478-498). London: Tavistock.
- Klein, M. (1968). Psychogenesis of manic-depressive states. In M. Klein (Ed.), *Contributions to psycho-analysis — 1921-1945* (pp. 282-310). London: Hogarth Press. (Original work published 1940)
- Klein, M. (1975). Notes on some schizoid mechanisms. In M. Klein (Ed.), *Envy and gratitude and other works — 1946-1963*. New York: Dell. (Original work published 1946)
- Kwawer, J. (1988). Transference and countertransference in homosexuality: Changing perspectives. *American Journal of Psychoanalytic Therapy*, 32, 72-80.
- Lewes, K. (1988). *The psychoanalytic theory of male homosexuality*. New York: Simon and Shuster.
- Malyon, A. (1985). Psychotherapeutic implications of internalized homophobia in gay men. In J. Gonsiorek (Ed.), *A guide to psychotherapy with gay and lesbian clients* (pp. 59-70). New York: Harrington Park Press.
- Marmor, J. (1980). *Homosexuality: A modern reappraisal*. New York: Basic Books.
- Menzies-Lyth, I. (1988). *Containing anxiety in institutions*. London: Free Association Books.
- Menzies-Lyth, I. (1989). *The dynamics of the social: Selected essays*. London: Free Association Books.
- Miller, B. J. (1992). From silence to suicide: Measuring a mother's loss. In W. Blumenfeld (Ed.), *Homophobia: How we all pay the price* (pp. 79-94). Boston: Beacon Press.
- Ogden, T. (1982). *Projective identification and psychotherapeutic technique*. New York: Jason Aronson.
- Pharr, S. (1988). *Homophobia: A weapon of sexism*. Arkansas: Chardon Press.
- Reiter, L. (1991). Developmental origins of anti-homosexual prejudice in heterosexual men and women. *Clinical Social Work Journal*, 19(2), 163-176.
- Riviere, J. (1964). Hate, greed and aggression. In M. Klein & J. Riviere (Eds.), *Love, hate and reparation* (pp. 3-56). New York: W.W. Norton & Co.
- Sandler, J. (Ed.). (1987). *Projection, introjection and projective identification*. CT: International Universities Press, Inc.
- Scharff, D. (1982). *The sexual relationship*. London: Routledge.
- Scharff, J. (1992). *Projective and introjective identification and the use of the therapist's self*. New York: Jason Aronson.
- Segal, H. (1964). *Introduction to the work of Melanie Klein*. New York: Basic Books.
- Socarides, C. (1988). *Preoedipal origin and psychoanalytic therapy of sexual perversion*. New York: International Universities Press.
- Steiner, J. (1992). The equilibrium between the paranoid-schizoid and the depressive positions. In R. Anderson (Ed.), *Clinical lectures on Klein and Bion* (pp. 46-58). London: Routledge.
- Sussal, C. (1989, Fall). Comment on Socarides: On being a lesbian and a psychoanalyst. *Adelphi Society for Psychoanalysis and Psychotherapy*, 4(1), 12-15.
- Weinberg, G. (1972). *Society and the healthy homosexual*. New York: St. Martin's Press.

Copyright of *Smith College Studies in Social Work* is the property of *Smith College Studies in Social Work* and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.