patient is not satisfactorily comprehended within the confines of what has summarily been called the homosexual or "negative" transference. Is there any substantive difference to be observed in cases where the male patient's analyst is a woman?

Under these circumstances, we might ask, is the patient's isogender ("negative") complex in the transference the manifestation of a homosexual father fixation, as a prevalent interpretation claims it to be? We have probably paid too little attention to the threat a woman analyst poses at one point for her male patient. He reexperiences in her the dyadic "reengulfing mother" who becomes in the transference the castrating woman from whom the adult male patient seeks protection in his flight to the sanctuary of isogender partnership. This position is identical with what we refer to as the dyadic isogender ("negative") complex. Evaluating this defensive position from a developmental point of view, we must affirm its growth-promoting potential. Speaking of the "castrating woman," we imply a sexual specificity which has become welded at later stages to the early avoidance of the mother as the tempting source of passive dependency; this renders her a "feared" object who becomes generalized and prototyped as "woman."

What Freud (1923) has referred to as "an affectionate feminine attitude [of the boy child] to his father" is not *prima facie* feminine, because this very position serves to protect the boy's masculinity and his progressive development against stunting or destruction by the "reengulfing" or "castrating" mother or, more precisely, by the child's fear of his own menacing surrender to his regressive pull. This normative stage in infantile object relations I have extensively dealt with in this essay. Extension of all normative stages beyond their normal timing leads to a lopsided development, namely, to some form of maladaptation. This applies certainly to the boy's dyadic father complex, which represents his effort to distance the symbiotic mother. A fixation at this stage leads in the male's allogender object relations to all kinds of avoidances and fears or to compulsive affirmations of their opposites. When this fixation is finally drawn into the physical process of sexual maturation, it is no surprise to witness that the father complex brings homosexual trends to the fore as an unavoidable complement to a never abandoned father idealization and vigilant resistance to maternal dependency.* This all now awaits its fitting into the realm of clinical psychoanalysis. I think the question of the "negative" complex in the transference of the male patient to the female analyst can only be answered by a woman analyst. I therefore caution myself not to voice opinions which have no authentic foundation in my analytic experience by virtue of my being male. I want to mention just one of Dr. Karne's (1979) findings; she states that in her case ". . . a

* This schema offers by no means a valid etiology for male homosexuality in general.

paternal homosexual transference did not develop . . . the maternal transference persisted" (p. 266). No analogous transference limitations or restrictions were observed by her within any other gender combination of analyst and analysand, nor were they reported by other analysts, male or female.

I have spoken extensively throughout this presentation about the boy's relationship to the father of the dyadic and triadic stage, about the continuities and discontinuities in the transition from one to the other, and, particularly, about the influence of this relationship experience on the fate of the isogender ("negative") complex on male personality formation. I feel now called upon to give the inferred discrimination between the dyadic and triadic father some substantive specificity. First and foremost, the dyadic father becomes heir to the infantile split into the good and the bad primordial mother, into that dual "other" who arouses pleasure or pain, satiation-comfort or need-tension. Mahler (1975) has referred to this infantile split into part objects as "ambitendency" in contrast to "ambivalence," because the latter term implies the existence of object constancy and whole-object representation. Ambivalence proper is not acquired and fully developed before the triadic stage. Adolescent analysis has taught me that the preoedipal father provides the boy with a source of security and the implicit protection against the powers of regressive needfulness; in addition, the preoedipal father actuates in the little boy the experience of male congruity and sameness. Partaking in the father's maleness represents the early stage of gender identity; here lie the tender roots of identification. In their fully developed strength they will, at a later time, bring the oedipal stage to its decline. In relation to the preoedipal father we are ready to say that the dominant affect of the little boy is one of affection, body contact pleasure, involving large-muscle activity with imitation of movement, and, furthermore, attachment behavior in continuity and expansion of mother-infant interaction. In the balance between passive and active trends the latter normally gain in ascendancy with age, which augurs well for the boy's gender-specific development during the triadic confrontation. If the father continues to remain subject to the infantile split in object relations, then a condition arises which weakens and possibly aborts the oedipal challenge. It has been my impression from the observation of adolescent transferences that the preoedipal son-father attachment is normally without any narrow genital focus; excitation and pleasure arise as a sensory response of the whole body—especially its musculature—of which the penis is a component, a *primum inter pares.*

The dyadic isogender attachment emotions do not implicitly promote a feminine orientation in the boy. Therefore, the determinant of male homosexuality is not to be found in this stage of development. However, should a preoedipal father fixation prevent the boy from renouncing the