

---

Original Article

## “Do you love me?”: The question of the queer child of psychoanalysis

**Max Cavitch**

Department of English, University of Pennsylvania, 3340 Walnut Street,  
Philadelphia PA 19104-6273, USA.  
E-mail: cavitch@english.upenn.edu

**Abstract** Queer children and LGBT youth often continue to find in the psychotherapeutic setting and the clinical literature an ill-prepared and even aversive reception. Suicidality among such children draws especially sharp attention to the need for better alternatives to current treatment modalities—the focus here is chiefly on the relational area, with its emphasis on the coupling norm and attachment theory—and, more broadly, for the further comprehensive development of queer- and LGBT-affirmative psychoanalytic theory and practice. In advocating for at-risk queer children, I also argue that the queer child is a meaningful transference figure for the improved life-chances of psychoanalysis itself and for the enhanced role of psychoanalytic theory and practice in the realm of social transformation.  
*Psychoanalysis, Culture & Society* (2016) 21, 256–274. doi:10.1057/pcs.2015.22; published online 21 May 2015

**Keywords:** children; homosexuality; gender; queer; relationalism; suicide

---

Lesbian, gay, bisexual, and transgender (LGBT) people are often left on their own to confront the mystery of their survival. That has been the unexceptional case with me, despite three decades spent consulting and working with numerous relational psychotherapists and analysts and many years as a teacher and scholar of theoretical and clinical writing. Why and how so many of us have evaded the constant endogamous and exogamous threats to our survival, when so many others have not, is a question that comes as both a blessing and a burden—a question about which, in my experience as both patient and scholar, the relational field has, I believe, much to offer, but as of yet far too little to say. All my life, I’ve watched other LGBT people—many of them young children and adolescents—die by murder, the slow death of cumulative trauma, and suicide. Many of us could have done much more to stem this awful tide, including the

psychotherapists who treat them and/or theorize about them. In turn, psychoanalysis could have been doing much more to save itself from various forms of rigidity and attenuation, and consequent uneven efficacy and relevance, not least by paying better attention to what LGBT people—and queer children, especially—have to share concerning maladjustment, love, perversion, and world-building. This essay is a non-clinician's as it were experience-near critique of present psychoanalytic conditions and prospects. It is also an open, opening plea for the development of a relational modality that would relinquish what has become its widespread devotion to the multiple, interconnected normativities of attachment-based intimacy, and, in so doing, clasp hands with its own unruly, creative, aversive, and delightful queer-child object, to help us *all* live on into the world as it might otherwise be.

In her 1991 essay, "How to Bring Your Kids Up Gay," Eve Kosofsky Sedgwick criticized the psychoanalytic and psychiatric communities for dishonoring their post-DSM-III promise to care for gay and lesbian youth. Genuine care, she argued, would require facing what was still only a rarely confronted "desire that gay people *not be*" (Sedgwick, 1991, p. 26). This desire, Sedgwick argued, was socially pervasive, though frequently unconscious, and one of its consequences was a disproportionately high rate of suicidality among gay and lesbian youth—self-harm in desperate competition with harm done by others.

A quarter-century later, it is still "always open season" (Sedgwick, 1991, p. 18) on LGBT youth. They are subject to ostracism, media vilification, parental neglect and abuse, sanctioned institutional discrimination, prophetic sentimentality (e.g., "It gets better"), political exploitation of homophobia, religious hypocrisy, bullying, and murder. Small wonder, in a world where homosexuality is criminalized in at least 76 countries and punishable by death in at least 8 (Itaborahy and Zhu, 2013). Moreover, these brutal legal and administrative sanctions—commonly wielded against children as well as adults—pale in comparison with even more pervasive, often well organized and financed, extrajudicial sanctions.

In the U.S., LGBT teens who are not shot in the head in their classrooms, like Larry King (Surdin, 2008), or stabbed to death at bus-stops, like Sakia Gunn (Smothers, 2003), or strangled and bludgeoned at parties, like Gwen Araujo (Wronge and Reang, 2002), or kidnapped and tortured to death, like Matthew Shepard (Florio, 1998) and Fred Martinez (Nelson, 2001), or beaten to death with fire extinguishers, like Angie Zapata (Frosch, 2008), or kicked to death by their own mothers, like Zachary Duto (Smith, 2014), or seduced by bullies and pop divas into killing themselves, like Jamey Rodemeyer (Tan, 2011), can still only dream of a future in which they would enjoy full constitutional and civil rights. Open and covert discrimination at home, at school, and in social service contexts gives many little reason to be hopeful. Those lucky enough to escape violence and systematic oppression are left to count the dubious blessings of tolerance and liberality.

In such a world, one still has every right to ask, as Sedgwick did so long ago, "Where, in all this, is psychoanalysis?" Where is it, in other words—both as a

diverse family of treatment methodologies and as a comprehensive set of theories of subjectivity—with regard to those children whose relation to norms of gender and sexuality (see Harris, 2005; Salamon, 2010; Saketopoulou, 2014a) is most atypical? Where, now, are psychoanalytic theory and practice—especially in the dominant area of relationality—with regard to Sedgwick’s child-centered call for a “strong, explicit, *erotically invested* affirmation of many people’s felt desire or need that there be gay people in the immediate world” (p. 26)? The answer is, by and large, disappointing. There are still insufficient signs of such an investment in the clinical and theoretical literature.

Brilliant and forceful exceptions exist, as I will underscore in the following pages. As a rule, however, what Sedgwick characterized (p. 26) as “many people’s felt desire or need that there be gay people in the immediate world” remains minimally affirmed in the “strong, explicit, *erotically invested*” (Sedgwick, 1991, p. 26) way she envisioned (and by which she meant, among other things, a recognition and overcoming of the iatrogenic effects of “tolerance” and post-DSM-III complacency regarding the profession’s enduring homophobia). Indeed, in much of the analytic domain, this “desire or need” remains *disaffirmed*, even as the influence of the few remaining psychoanalytic champions of anti-gay “conversion” or “reparative” therapies continues to diminish. The forms this disaffirmation now takes seem less strongly motivated by unrecognized or unexamined countertransferences. Yet unconscious fantasies persist and, when allowed to remain unexamined, can do substantial harm. As Gilbert Cole writes, “that fantasmatic history has not simply resolved.... Remnants of this history, transformed and defended against, circulate among and through us still, even in this more open-minded, inclusive time” (pp. 980-981).

Cole has written with an admirable combination of compassion and tough-mindedness about some of his peers’ persistent, symptomatic processes of repudiation and projection with regard to openly gay colleagues like himself, noting a “lingering taint of specimen-hood” in certain claims of distinctiveness for gay identity (p. 981). Indeed, it is precisely the repudiation of Sedgwick’s “erotic investment” that characterizes “the evacuation and sequestration of a certain kind of erotic love into someone who has apparently identified himself as amenable to containing and expressing something about this kind of love” (p. 982). That is, the invitation, however congenial and sincere, to explain the difference of one’s love means being placed in the position of having to ask: “Do you love me?” And, if this is the position in which an openly gay psychoanalyst like Cole (2005) can still find himself, then it should not be difficult for anyone to imagine how commonly LGBT patients struggle with the need to do so in the clinical setting.

As Susie Orbach (2002, p. 25) reminds us, transference love is both real and projected. The question of love is at once a question of capacity (“Can you love me?”), of intimacy or relational style (“Do you love me?”), and of object-choice multiplicity: “Do you love me?” means “Do you love the many things you

perceive in me?"—the disturbing? the anomalous? the not-straight? the resistance to being known? In parental and other forms of normative love there is always a degree of splitting—for example, choosing what's loveable and rejecting or denying what's not: the sinner, but not the sin; the child, but not the child's deviation from the parent's sense of normative erotic investments. For the youngest queer children especially, love is also about the perceived implications of gender performance for a future or unconsciously present object choice. To confront the feeling of *having* to ask "Do you love me?" is agonizing for any adult under any circumstances. How much more so must it be for a child? Is it not probable that many suicides committed by LGBT youth are mute protests against the need to ask this question of some person or persons—or indeed of an entire society—in readiness to ward them off?

That readiness is, in "this more open-minded, inclusive time" (Cole, 2005, pp. 980-981), largely unavowed (or unavowable) among psychoanalytic practitioners. And the sad reality is that much of the practice and theory of psychoanalysis continues to encourage those children most conspicuously inclined to embrace their queerness to identify, instead, with some form of erasure (I use the term "queerness" throughout to encompass a broad range of child-positioning, from the most fluid gender-variance in very young children to various counternormative sexuality- and gender-ascriptions of late adolescence). Even in psychoanalytic schools of thought and practice where heteronormative ego consolidation is not the explicit goal, there still exists no powerfully direct challenge to the desire for gender-conforming and even non-gay outcomes—an observation confirmed by theorists of such diverse perspectives as Kiersky (2005) and Isay (2009, p. 4). Too many psychoanalysts continue to treat queer subjectivities as unlivable, while imagining themselves to be sexually and culturally enlightened.

As many have noted, the much ballyhooed depathologization of "homosexuality" in DSM-III was accompanied by the introduction of a new diagnostic category, "gender identity disorder," as a way of continuing, however indirectly, however unconsciously, to target homosexuality (Zucker and Spitzer, 2005, refute this claim, but see also Goldner, 2011, p. 164). As recent debates concerning the diagnostic criteria of "Gender Dysphoria" in DSM-V (American Psychiatric Association 2013) reminded us, nominalism is never neutral; the desire to name, so as to confirm the existence of, a scene of disturbance that requires diminution or reorientation is always shaped, to some extent, by a fantasized investment in efficient, usually conservatively structured, outcomes. The new nominalism of DSM-V may still help pathologize non-conformity to assigned natal sex and gender roles—to exacerbate the inability to tangle with loving and being loved—even when perceived impairment is largely the consequence of societal prejudices and cultural constructions. "The condition," according to the "Diagnostic Criteria" for children (302.6 [F64.2]) and for adolescents and adults (302.85 [F64.1]), "is associated with clinically significant distress or impairment in social, occupational, or other important areas of

functioning” (American Psychiatric Association, 2013). The clinically vague and rhetorically passive construction, “is associated with,” sidesteps claims made elsewhere in DSM-V regarding its supposedly enhanced incorporation of insights from social psychology and cultural theory. To what extent might these latest criteria perpetuate the confused diagnostics of “disorder,” “dysphoria” and “variance,” thereby continuing to legitimate and encourage the often homophobic collusion between parents and clinicians in the imposition of “gender-reparative” treatments on already victimized children?

The specter of child-torturer George Rekers (Anderson Cooper 360 Degrees, 2011) has long haunted the fringes of psychoanalysis, where analysts as different from one another as Charles Socarides and Robert Spitzer have aggressively promoted (in the case of Socarides) or indirectly facilitated (in the case of Spitzer, who certainly never shared Socarides’ malice, but whose belated retraction of and apology for his severely flawed 2003 study could not reverse the damage it had already done [Spitzer, 2003]) less overtly brutal ways of exorcising the sissy-demon of femininity from little boys and casting it into the bodies of little girls where it belongs. Their “reparative” notions have been rejected by most responsible psychotherapists, yet their legacy among clinicians—including some of the more responsible and compassionate ones, like Susan Coates—has by no means faded to the point of insignificance (M. King, 2011).

Light-years away—at the other end of the psychoanalytic spectrum—are theorist-practitioners, including Ken Corbett, Diane Ehrensaft, and Avgi Saketopoulou, who bravely and energetically seek *life-affirming* approaches to the familial distress that so often swirls around a queer child. Yet while representing a much broader recent shift in attitude—building on the work of Jessica Benjamin, Muriel Dimen, and others—consulting rooms like theirs seem still to be few and far between, and their contributions to the clinical literature, though vital, thus far amount to groundbreaking preliminaries.

One reason for this is that, despite the diversity of psychoanalytic theories and practices, it is in the relational area that one is most likely to find signs of explicit, affirmative attention to the needs of queer children. This is not surprising, given the tendency of relational approaches to emphasize interpersonal dynamics rather than drives; to privilege intersubjectivity rather than subjects and objects; and creatively to combine object-relations theory, attachment theory, and contingent models of development. These relationalist tendencies have greatly enhanced the field’s recognition of homosexuality as non-pathological and, consequently, its more salutary treatment of queer children and LGBT people.

Yet these relationalist tendencies have also ramped up emphasis on the perceived motivational priority of interpersonal dynamics over and against libidinal and aggressive motivations (Samuels, 2010), as if attending to the latter two presupposed the dichotomous approach of unreconstructed drive theory or a simple equation of aggression with frustrated need. Yet, as Lacan reminds us, Freud himself made far greater demands on our understanding of the relation

between erotic pleasure and violence. Lacan's (1992) reinterpretation of Freud's writings on narcissism, for example, includes a moral and political critique of object-love and of the idealization of its transitivity. Minimizing Lacan's challenge to the entire psychoanalytic endeavor in his decades-long elaboration of the concept of *jouissance* (and subsequent efforts to critique and extend that elaboration [see, for example, Rose, 1982; Benjamin, 1998]) is just one of the impediments to radical relationalist innovation in contemporary psychoanalytic treatment.

Even as relational approaches have helped augment compassion for, and insight into, the presenting problems and overall experience of LGBT patients, they have also brought some clinicians to a place of unwarranted skepticism, and even confusion and defensiveness, with regard to styles of intimacy focused not on long-term affiliations and connections, but on other forms of relatedness, including sexual relatedness, that may be no less annealing, dignified, and creative for being temporary, non-reciprocal, impersonal, and non-homeostatic (see Borinsky, 2011, p. 152). Such forms of relatedness are largely alien and alienating to contemporary practice, which is more likely than not to entangle clinician and patient in protracted enactments—enactments that may have serious traumatic effects and may lead to therapeutic derailment and termination. Without disputing the frequent efficacy of psychoanalytic psychotherapies (including the potentially therapeutic possibilities of working through precarious enactments) for treating debilitating neurotic, and even psychotic and neurologic illnesses in queer children and LGBT people, and despite the impressive record of lives paroled from relentless anguish and blocked creativity, these goals have too often been pursued through the prioritization of such patients' adaptation to various combinations of social and developmental norms.

For example, on the subject of masculinity in the writing of psychoanalysis, Corbett rightly notes that "much has been presumed" (2009b, p. 5). Yet even Corbett himself has some trouble negotiating the powerful shaping force of his own libidinally invested fantasies of "busy bodily boyish life" (p. 21). In *Boyhoods: Rethinking Masculinities*, Corbett's few, brief clinical vignettes of gender-variant boys focus chiefly on the melancholic grievances they so commonly and heartbreakingly enact. And he writes eloquently, but without great optimism, about the largely unmet need to cultivate the analyst's space as one of free improvisation, in order to help such boys "metabolize" (p. 164) their variant subjectivities in ways that even the least normativistic homes and other social spaces cannot. Corbett notes, crucially: "Psychic and social coherence do not reside only in normative expressions of masculinity. But unless and until potential space that is open to a range of subject positions is actively created, a more variegated culture will not enter the consulting room" (p. 169). Indeed, clinicians should seek to provide such spaces. But they will not find sufficient guidance even in Corbett's important book, where one looks in vain for the same erotically invested affirmation of the *need* for gender-variant boys that he lavishes, instead, on the "full-bodied muscular eroticism colored by vigorous exhibitionism and

phallic narcissism” that he gratefully discovers in “many (perhaps most) boys” (p. 14).

It is important to explain here that the present article is skewed toward the experience of natal boys because of its preponderance in the extant literature—including the influential recent work by Corbett and Saketopoulou I explore at some length. Also, when considering the variables affecting the apportionment of attention, natal boys’ rates of high-risk-attempted and completed suicide are much higher than those of natal girls (Karch *et al*, 2013)—drawing extra public as well as professional attention. Boy-queerness tends to generate much more disgust and anxiety among peers, parents, and practitioners alike, as well as in the writing and practice of psychoanalysis, from Freud to the present day (Cohen-Kettenis *et al*, 2003). Moreover, the clinical articles are often grounded in constraining theoretical assumptions, for example regarding the essentialism of gender, and “are largely without phenomenological data about the children” (Schwartz, 2012, p. 462). The published empirical research on queer children is extremely limited (Corbett, 2009b, pp. 215–16; Drescher and Byne, 2012, p. 297). And very few clinicians seem to start from the *premise* that childhood gender variance is “healthy” (Ehrensaft, 2007, p. 273) or to be “relished for its ideality” (Corbett, 2009a, p. 358).

Like Corbett, Ehrensaft has devoted much attention to socialization, especially in the home environment, as one of the still largely unacknowledged (or actively resisted) keys to improvement of psychotherapeutic practice. Moreover, in the figure of the non-facilitative parent who is most distressed when his or her queer child is happiest, Ehrensaft, like Corbett, recognizes a valuable object-lesson for psychotherapists unable to cope with their own countertransference difficulties. These are tremendously important insights. But so much attention to parents and to psychotherapists begs the question of the continued displacement of the queer child—especially the queer child *without* major trauma or severe attachment disruptions—in the literature. This in turn highlights the postponement of the necessary engagement of psychoanalysis with its *own* queer-child object, with which it continues broadly to refuse positive, libidinally unapologetic cathexis.

Postponement of the recognition and validation of queer childhood is perhaps the originary, paradigmatic form of LGBT adolescent *and* adult experience captured by Masud Khan’s (1963) concept of “cumulative trauma” and its social correlative in Lauren Berlant’s (2007) concept of “slow death.” The quotidian wearing out and wearing down of creative adaptive capacities can lead both to individual suicide and to collective experiences of a death-like living-on. With an otherness considered only, if at all, retrospectively—with queer identities “only recognized as having existed after their expiration date has passed” (Saketopoulou, 2011a, p. 38)—it is hardly surprising that some queer children *without* as well as with major trauma or severe attachment disruptions take a suicidal route of enraged protest and escape, not only from present hells of abuse and neglect, but also from the slow death that can still be

so commonly predicted for those children's extremely various future adult selves and communities (Ehrensaft, 2012, pp. 342–43).

Such devastation should inspire further attention to some underexplored shortcomings of the relational area, whose theorists, by and large, give insufficient scope to sexuality and its complex relation to gender in their writings on the play of the intrapsychic and the interpersonal—favoring instead, as Fonagy (2009) observes, “explanations that focus on the long-term consequences of the vulnerability and dependence of the human infant” (p. 7). Most relational theorists in this way bypass possibilities for fundamentally reconceiving social organization, kinship, and intimacy. One seeks largely in vain even for gestures toward what Leo Bersani and Adam Phillips call “radical relational inventiveness”—the process of discovering, for example, forms of “impersonal intimacy” in which sexual pleasure and its relation to aggression are affirmed and variously explored as “indifferent to personal identity, antagonistic to ego requirements and regulations, and, following a famous Freudian dictum, always engaged in group sex even when the actual participants are limited to the two partners of a socially approved couple” (2008, pp. 42–43).

At their best, relationalists acknowledge the inherent dangers—the risks, taken by patient and therapist alike, of being made to feel overwhelmed or violent by experiences of shame, self-dissolution, regression, frustration, etc.—of the analytic situation, without seeking merely to limit and contain them. Yet safety (Stern, 1997; Hart, 2009), balance (Corbett, 2001), and affect regulation (Bromberg, 2011) remain heavily prioritized—chiefly through “the increasing tendency to seek to incorporate the whole of social relationships and behaviour within attachment, often with an assumption that anomalous patterns must represent insecurity” (Rutter *et al*, 2009, p. 530). Safety is valued so highly that few patients seem able to find the risk-embracing clinical environments they often want and need, environments in which the spirited play of their competing aspirations to perversity and normality would have sufficient room to be shared and known. There can be no question that concern for the patient's feeling of safety facilitates the emergence of new meaning. However, concern, like attention, can easily slip into defensive perseveration. And the conscious or unconscious insistence that the patient's feeling of safety is both the necessary and sufficient condition for new meaning to emerge may, on occasion, derive from the analyst's own reluctance to be and feel at risk. Perhaps more commonly than we realize, these unwelcome sensations of risk are projected onto the patient as signs of a negative therapeutic reaction.

Why? Because even in relational psychotherapies, as the literature to date shows, the clinical dyad has become strongly predicated on an idealization of early attachment-security, making little room throughout the real *or* imagined life-course for intimacy-styles based on other forms of relatedness, including sexual relatedness, that may be disorganized, non-homeostatic, temporary,



impersonal, and/or non-reciprocal in ways that frustrate the normative psychometrics of security-insecurity.

Post-Bowlbian attachment theory is at the gravitational center of even some of the most salutary excursions of contemporary theoretical and clinical innovation and institutional reform. Its pull is felt, for example, in Corbett's (2001) misleading characterization of post-Foucaultian aspirations to queer counter-normativity, as if such aspirations required (or even desired) the possibility of escaping or denying any relation to normativistic social arrangements and processes. In the Foucaultian tradition, "counter-" means "struggle with," not "negate" (Foucault, 1977). Yet Corbett himself, in this particular article, splits off a queer-theorist object in order to negate it, instead of struggling with the specific theories and theorists he prefers, here, comprehensively to dismiss. Corbett adopts, that is, what in the standard language of attachment theory would be characterized as precisely the same dismissive-avoidant attachment style that he mistakenly attributes to a composite figure of the "nonredemptive and verily Rousseauian" queer, who is accused of denying circumstantial reality altogether (2001, p. 320).

Most astonishing is Corbett's cascade of animadversions—couched in the form of rhetorical questions—against his queer-theorist object:

Queer theorists have had much to say about the oppression of regulatory force and the dulling consequences of normativity. But what of the strain of living outside the regular, the reliable, the customary?... Might the illusory queer underestimate the potential of living in reliable relations with others as opposed to always living through opposition to others?... Although queer theorists may have succeeded in moving the homosexual from a Freudian couch, do they now leave the homosexual to squirm in a heap of relationally unbounded free associations...? (p. 321)

This passage is confounding in its apparent disavowal of the fact that most queer theorists have lots to say about "the strain of living outside the regular, the reliable, the customary" and that none advocates "always living through opposition to others." Moreover, the image of homosexuals "squirm[ing] in a heap" is difficult not to connect with Corbett's typically negative portrayals, throughout his clinical writings, of gay men who engage in briefer forms of sexual relatedness with multiple partners as eschewing intimacy and as being, therefore, the victims of early insecure object attachments—developmentally arrested men engaged in the dysfunctional pursuit of oedipal conquests.

Elsewhere, Corbett writes extremely perceptively about the misapprehension of pain by some observers of gender-nonconforming boys: "How the feminine boy challenges social order is too easily mistaken for pain. The resistance and play of the nonnormative are too easily characterized as lacking in freedom, as opposed to granting more autonomy to the categories we

employ toward understanding the human" (2009a, p. 360). But, not least in order better to understand and help queer children, shouldn't this same principle hold for adult gay men (and other queers of whatever gender) "squirming in a heap"? Might not they, too, be experiencing something less like traumatic pain and more like the psychically annealing scrapes and chafes sustained in the counternormative pursuit of social renovation—what Saketopoulou (2014b) has called "perversion's aspiration"? Why are alternative modes of adult sexual relating still regarded, even by someone as sympathetic as Corbett, as pathologically inferior to, for example, what Cheuvront has recently reminded us tends to remain the psychoanalytically privileged developmental achievement of the "coupled relationship" (2010, p. 40; see also Harris, 2005)? If we are to improve the life chances of queer (indeed *all*) children through psychotherapeutic approaches, then these same improvements must apply to the treatment of the adults so many of these children have been, and will be, becoming.

Currently, psychotherapists and their patients too commonly and unreflectively reenact the conventionally coupled relationship—and thus restore and reinforce, at every life stage, the value and valor of infantile strivings for safety and security characteristic (as established empirically by Bowlby and his followers) of our earliest experiences. Over and over, psychoanalysis hits this fantasy like a wall. Breaking *through* this wall (for example, by paying more attention to the difference between *feelings* and *structures* of security) could greatly improve its chances for continued viability as a diverse and salutary range of treatment modalities *and* as a theoretical discourse of the broadest relevance to social and cultural critique.

In the meantime, there continue to be tragic consequences of resorting to this norm, consciously or unconsciously, in order to symbolize and therefore help manage the painful vicissitudes of aspirations to a less despair-heavy relation to desire. For today's psychotherapists—including many LGBT-identifying therapists—continue with lamentable frequency to indulge unreflectively in the narcissistic fantasy that psychoanalysis itself has fully succeeded in overcoming its formerly virulent and unapologetic splitting-off of a heteronormative part-world—the world in which, in fact, its professional adherents, consciously or unconsciously, seem still to imagine themselves to be: a world of shame-based wishes and conjugal dreams.

This defensive splitting is evidently experienced by many contemporary clinicians as suppressed conflict with internalized patriarchy; they are seemingly unwilling or unable to exit an earlier institutional-developmental stage of self-congratulatory self-reparation. Their LGBT patients want and need them to do so (i.e., to get over their pride at being "gay-affirmative"), but these same patients also often experience guilt at the wish to be free from the merely tolerant, homosexuality-is-nothing-to-be-ashamed-of (Freud, 1951, p. 787) part of their therapists—as if that were asking such therapists to renounce too much of themselves.

LGBT patients are encouraged to resist their sense of victimization by the persistent homophobia of many psychotherapists and of psychoanalysis generally, just as all patients are encouraged to resist “the need to make one’s failures and deficits a monument to the (often real) failures of one’s parents” (Mitchell, 2002, p. 167). Such encouragement is often extremely helpful; all sorts of capacities for change can be blocked by self-pity. However, the obstacles to compassionate self-regard for queer children and LGBT people are so grotesquely exacerbated by the full range of both well- and ill-meaning parents, teachers, healthcare and social-service providers, employers, clergy, police, judges, and elected officials that what might be good advice under some circumstances can, under others, have deadly consequences. And the rare and cautious soundings in contemporary psychoanalytic discourse of the “unconscious strivings, anxieties, and defenses” that characterize its history of lethal homophobia suggest that the “intrinsic” relation between psychoanalysis and homophobia persists in an unconsciously collusive atmosphere of avoidance (Lewes, 2003, p. 189; Gelé *et al*, 2012). Ultimately, an incapacity for bearing guilt makes not only for some not-good-enough therapists but also for many dead or devalitized queers.

LGBT cohorts and their advocates (including parents of queer children) must require more from clinicians—especially from those who present with accommodationist symptoms of a yet unavowed reluctance to replace the normative scripts and regulatory priorities of attachment theory with a broader sense of diverse aspirations to relatedness. They need to help their psychotherapists help themselves to imagine, practice, and reflect upon what may seem initially to both parties like damaged and impracticable forms of relatedness—seeming so because they frighteningly reveal the present sociorelational order to which we defensively cling to be a cruel ruse for perpetuating the semblance of ontological safety, whether in the consulting room or in any of the other atomizing institutions in which we dutifully pursue our devalitizing, often fatal, adaptations to the “real” world (Kupers, 2009).

And let’s be clear: these adaptations include, tragically, the unconscious urge to individual and collective self-effacement on the part of many LGBT people themselves, which has helped collapse many of the progressive gay political movements of the past half-century and more into the desperate pursuit, not of the civil rights to which everyone is entitled, but of the approval and legitimation by church and state of gay identity. Instead of seeking to rebuild a fundamentally corrupt and broken world, more and more LGBT people clamor for the right, *as* LGBT people, to “openly” help the state kill its *other* enemies in defense of the status quo, and vigorously to promote the socially comprehensive degradation of intimacy—often including the specific form of such potential degradation known as marriage.

Parts of many societies treat suicide itself as an unspeakable degradation. Even in places like the U.S., where research and prevention initiatives exist,

statistics on suicidal behavior and ideation are still difficult to compile and interpret. Stigmatization and the rudimentary state of psychological autopsy-ing are just two of the factors that contribute to widespread underreporting and misclassification, and the distortion and abuse of existing statistical information is common—problems further compounded in relation to queer children and LGBT people (Waidzunus, 2011). Yet no legitimate scientist or statistician questions the seriousness of the social problem. And uncertainty about the nature and magnitude of the problem ought not to be exploited by anyone as an excuse for apologetics, defensiveness, and delay. (The early years of the AIDS crisis remind us how deadly such maneuvers can be.) Indeed, the scientific taboo against tolerating uncertainty must itself be questioned. For the ontological instability of the queer child (Stockton, 2009) is not only a challenge to the prediction and retrospective determination of suicide with regard to this cohort. The queer child is a figure that “links [LGBT] identity politics inextricably to a critique of identity” (Hardt and Negri, 2009, p. 335) and is thus also a potential foundation for revolutionary action, such as the “radical relational inventiveness” (Bersani and Phillips, 2008, p. 42) that could help facilitate the emergence of new modes of psychoanalytic theory and practice less closely wedded to its homophobic tradition and other corpse-heavy encumbrances.

The queer child may find in the clinical setting an ill-prepared and aversive reception that matches or exceeds that of the child’s home or school (Brady, 2011)—an atmosphere of misrecognition and rejection that can foster suicidal protest and escape. Since 2010, freshly appalling reminders (especially the expanded media attention given to certain cases of LGBT teen suicide) of the lethal suffering inflicted on queer children have heightened many people’s (not just queer-identifying people’s) conscious awareness of the deadweight of the psychic encumbrances we’re all heaped with and carry around with us, unless and until we actively seek to cast them off. Psychoanalysis was invented in order to help us do so. That was Freud’s mandate—a mandate radically unlike that of any other element of the healthcare professions, which is why, in my view, it bears a distinctive, though by no means exclusive, responsibility to spearhead progressive social change (Cavitch, 2013). This mandate has been reinforced in different idioms by certain theorists and clinicians across the decades (e.g. Lacan, Marcuse, Wolfenstein, Altman, and others), but it continues to be diminished, forgotten, and all too often actively opposed by most psychoanalytic schools of thought and practice.

The freer development of psychoanalytic theory and practice, when it has occurred, has often depended on recognizing atypicality where there had formerly been seen only psychopathology. The overwhelming tendency, however, has been to compromise these moments of recognition (e.g. the depathologization of homosexuality) by treating them as opportunities for the atypical individual’s adjustment to social norms, rather than for

psychoanalytic interventions in the normative social framework. Consequently, psychotherapists and their patients often get stuck repeatedly enacting their shared but unacknowledged devotion to the same social norms whose power to marginalize and punish atypical traits and behaviors has caused much of the suffering that brought the patient to the therapist in the first place. The clinical setting tends to be a place for forgetting that the broader social order often inflicts a pressing need, as Martin Luther King, Jr. put it, “to be maladjusted” (1986, p. 14). And the queer child is one of the most salient contemporary figures of that need—never more so than when, as Saketopoulou (2011b) has sharply underscored, gender is problematically apprehended as a wholly distinct and separately “treatable” constituent element of a child’s more comprehensive identity.

Saketopoulou’s clinical vignette of DeShawn—an African-American, “seriously ill, genderfluid inpatient biological boy”—speaks powerfully to the still largely unmet obligation of “the helping professions” (Sedgwick, 1991, p. 18) to help the most atypical patients satisfy their basic, life-affirming need to experiment with the potentialities of their maladjustment, while also effectively treating the psychopathologies that can easily obscure or overwhelm their atypicality. DeShawn is ejected from his family, confined by the state, and openly spurned by the inpatient-unit staff members he leaves reeling with transferenceal disgust. Yet Saketopoulou is able to establish a singular bond with this untouchable other—a child who has been simultaneously policed and neglected, and who copes with his traumatic history, his biological illness, and his proliferating interior world of rejecting objects in a near-constant, sometimes physically violent and sexually aggressive mania of gender-variant inventiveness. Saketopoulou comes to recognize in this mania what no one else has: an expression of variability that has been (“annexed” (2011b, p.194)) for meaning by substantial emotional pain emerging along other axes of identity, especially that of race. The sociohistorical implications of this insight, and the transformational implications for DeShawn himself, could not be more extensive or profound, and it is for the intensive pursuit of this insight—indeed, “to imagine a world that does not yet exist” (p. 204)—that Saketopoulou’s article argues most compellingly. “What about you?” (p. 205) she demands directly of her colleagues.

At the same time, Saketopoulou bravely recounts a representative example of the repeated psychoanalytic abandonment (in this instance, her own) of the queer child. Shortly after reaching the insight that could, conceivably, have flung open the door to DeShawn’s successful treatment—the insight that he “was dealing not just with straight-up homo/transphobia but with its radically queered equivalent, saturated in intergenerationally transmitted anxieties about preserving black identity”—Saketopoulou “left the hospital and I left DeShawn” (p. 204). Later, DeShawn—to whom Saketopoulou’s article gives the last, ambiguous word—tracks her down with the help of his new therapist, who delivers the handwritten message: “I very miss you. I’m sorry I pulled your hair. Do you love me?” (p. 206).

Some might want to read this queer child's pursuit of the abandoning analyst as a sign of his having achieved and—despite this latest, grievous loss—held on to a more secure attachment style. Perhaps DeShawn did find in Saketopoulou a more secure attachment-object than any he had previously known. But, inscribed in DeShawn's message, as in the entanglements of his many unruly, discomfiting, unpredictable non-psychotic traits and behaviors, is a more difficult question: should it be the chief aim of psychotherapy to make people swap their atypical, maladjusted liveness—even (or especially) when others find that liveness so threatening that they violently repudiate it—for what might, even if life itself can go on, be a mere crypt of being? What, after all, might be motivating DeShawn—repulsed, in both senses, by the future toward which he is nevertheless being drawn—to pursue Saketopoulou in this way? Does "I very miss you" mean "I long for you," or does it mean "I am excited to elude you"? Does "I'm sorry I pulled your hair" mean he wants to share a newfound ability to express remorse, or that he wants to repudiate his previous enactment of projective identification? Does his question "Do you love me?" beg reassurance of her love, or does it question her capacity (whether or not this was her intention) to introduce him to an optimistic style of attachment not ordained to waste itself on the most customary disappointments?

"Do you love me?" is, under any circumstances, a dreadful question to feel compelled to ask. But it's the question the queer child will continue to pose for psychoanalytic theory and practice, at least until the terms of the question itself are better understood. This queer child is a real child: DeShawn, and all the actual children who deserve to be brought up alive, not already dead, or to be killed, or provoked into dying at their own hands. And this queer child is also the figure of psychoanalysis's own potential self-redemption and freer development in the realm of social transformation. Here is what the queer child does:

- The queer child struggles to live prospectively, even if known only retrospectively. The queer child intuitively wants the psychotherapist to know that one can have myriad prospects on the past.
- The queer child harbors uneasy suspicions of the imprints of infancy, of archaic objects—not necessarily to deny their existence or meaningfulness, but with an unregulated impulse to tease and worry and harass them out of their apparent omnipotence.
- The queer child finds ways to aggravate the psychotherapist—not always to reject her attention or thoughtfulness or even her love, but to remind her that the child's world cackles at her orthodoxies, however unorthodox they may appear.
- The queer child never confines phallic strivings to the consulting room, but brings them out of doors, with the intuition that there could be such a thing as sexual culture, instead of merely the cramped illusion of conjugal privacy.

- The queer child rebels at being asked to live always in the shadow of attachment. The queer child is often unusually brave, even under the most forbidding conditions, in seeking contact with the other, come what may.

This is what the queer child does. Could a queer child of psychoanalysis survive?

The hope that the answer to this question could be yes is *not* the specious, mass-mediated hope that things will, somehow, “get better,” but, rather, a commitment to the spirit of perverting unquestioned limitations on and in the present. The queer child must not be reduced to yet another identitarian emblem of structures of victimization—just as psychoanalysis must not be reduced to a homogenizing imperative to adjust to such structures. Yet psychoanalytic theory and practice, generally, continue to overlook in the experience of queer children—and not only those brought into the clinical ambit—the lie that their lives (and, too frequently, their deaths) give to the safety of such reductions. Queer children, even in the nascent, incomplete, suppressed languages of childhood, often reflect back to psychoanalytic discourse its own best articulations of the possibility that the world, and we who live in it, could be otherwise—indeed, that society and the individual within it *will* be otherwise. It’s time to press harder than ever on the question: otherwise, *how*?

DeShawn and Saketopoulou briefly tussled with, warmed to, tore at, and both found and failed one another as *they* tried, together, to imagine how. They did so by interweaving DeShawn’s trenchant, albeit minimally articulate, nihilistic insights with Saketopoulou’s dazzling, eloquent diagnosis of a psycho-social impasse—and by together intuiting an ethical response to the refusals of those around them (and their own inevitable contamination by those refusals) to insist that the world be otherwise. Both the violence and the love required for that transformation—it cannot occur if questions of libidinal aggression are left side-stepped—have been insufficiently addressed in the relational area, which reinforces, at so many turns, perseveration on the safe sequestration (both literally and figuratively) of the analytic couple. Patients need their analysts’ receptivity, but they also need their analysts’ capacity to be with them to help relieve their abandonment and to work together toward building a more receptive world for their mutual mutations—*not* for their adaption to the world-as-it-is or for their transgenerational or institutional or authoritative legitimation. If psychoanalysis is to recapture its rightful place among the institutional processes of revolution, then DeShawn needs more than a reprieve from horrendous, internalized brutalization, just as Saketopoulou needs more than the congratulations of her peers on her recognition of a racially othered patient’s historical trauma. He needs a full, multitudinous world beyond the clinic’s door in which to pursue his creative and destructive maladjustments. Any psychoanalytic modality in which caring for DeShawn is thought to entail no obligation whatsoever to help bring that world to him is bringing him up to be something other than alive.

## Acknowledgements

Many thanks to Lauren Berlant, J. P. Chevront, Diana Fuss, Robert Grossmark, Lynne Layton, Heather Love, Maggie Robbins, Mari Ruti, Avgi Saketopoulou, and Dawn Skorczewski for their generous and transformative readings of various drafts.

## About the Author

Max Cavitch is Associate Professor of English and Psychoanalytic Studies at the University of Pennsylvania. He is the author of *American Elegy: The Poetry of Mourning from the Puritans to Whitman* (2007, Minnesota) and of numerous articles on American literature, poetics, gender and sexuality, and cinema. His most recent articles on psychoanalysis appear in the journal *Contemporary Psychoanalysis*. He is currently completing a book entitled *Notions: The Archive, Race, and Psychotic Poetics*.

## References

- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn. Arlington, VA: American Psychiatric Association. [dsm.psychiatryonline.org](http://dsm.psychiatryonline.org), accessed 5 August 2014.
- Anderson, Cooper 360 Degrees. (2011) The sissy boy experiment. CNN News. 7,8,9 June.
- Benjamin, J. (1998) *Shadow of the Other: Intersubjectivity and Gender in Psychoanalysis*. New York: Routledge.
- Berlant, L. (2007) Slow death: (Sovereignty, obesity, lateral agency). *Critical Inquiry* 33(4): 754–780.
- Bersani, L. and Phillips, A. (2008) *Intimacies*. Chicago, IL: University of Chicago Press.
- Borinsky, A. (2011) California love story. *n+1* 12: 143–155.
- Brady, M. (2011) "Sometimes we are prejudiced against ourselves": Internalized and external homophobia in the treatment of an adolescent boy. *Contemporary Psychoanalysis* 47(4): 458–479.
- Bromberg, P. (2011) *The Shadow of the Tsunami and the Growth of the Relational Mind*. New York, NY: Routledge.
- Cavitch, M. (2013) Irregulars. *Contemporary Psychoanalysis* 49(3): 410–419.
- Chevront, J. (2010) Life-long coupled relationships and psychoanalysis: Reconsidering developmental milestones and measures of normality in clinical theory. *International Journal of Psychoanalytic Self Psychology* 5(1): 37–58.
- Cohen-Kettenis, P.T., Owen, A., Kaijser, V.G., Bradley, S.J. and Zucker, K.J. (2003) Demographic characteristics, social competence, and behavior problems in children with gender identity disorder: A cross-national, cross-clinic comparative analysis. *Journal of Abnormal Child Psychology* 31(1): 41–53.



- Cole, G.W. (2005) Categories as symptoms: Conceptions of love in the psychoanalytic relationship. *Psychoanalytic Quarterly* 74(4): 977–987.
- Corbett, K. (2001) More life: Centrality and marginality in human development. *Psychoanalytic Dialogues* 11(3): 313–335.
- Corbett, K. (2009a) Boyhood femininity, gender identity disorder, masculine presuppositions, and the anxiety of regulation. *Psychoanalytic Dialogues* 19(4): 353–370.
- Corbett, K. (2009b) *Boyhoods: Rethinking Masculinities*. New Haven, CT: Yale University Press.
- Drescher, J. and Byne, W. (2012) Introduction to the special issue on “The treatment of gender dysphoric/gender variant children and adolescents”. *Journal of Homosexuality* 59(3): 295–300.
- Ehrensaft, D. (2007) Raising girlyboys: A parent’s perspective. *Studies in Gender and Sexuality* 8(3): 269–302.
- Ehrensaft, D. (2012) From gender identity disorder to gender identity creativity: True gender self child therapy. *Journal of Homosexuality* 59(3): 337–56.
- Florio, G. (1998) Slaying spurs debate on hate crime. *The Philadelphia Inquirer*. 13 October A01.
- Fonagy, P. (2009) Psychosexuality and psychoanalysis: An overview. In: P. Fonagy, R. Krause and M. Leuzinger-Bohleber (eds.) *Identity, Gender, and Sexuality: 150 Years after Freud*. London: International Psychoanalytic Association, pp. 1–19.
- Foucault, M. (1977) *Language, Counter-Memory, Practice: Selected Essays and Interviews*. Translated by D. F. Bouchard and S. Simon. Ithaca, NY: Cornell University Press.
- Freud, S. (1951) Letter to an American mother. *American Journal of Psychiatry* 107(10): 787.
- Frosch, D. (2008) Death of a transgender woman is called a hate crime. *The New York Times*, <http://www.nytimes.com>, 2 August, accessed 28 February 2015.
- Gelé, K. *et al.* (2012) Emerging views on gender and sexuality: Celebrating twenty years of new perspectives on lesbian, gay, bisexual, and trans people. *Journal of the American Psychoanalytic Association* 60(5): 949–967.
- Goldner, V. (2011) Trans: Gender in free fall. *Psychoanalytic Dialogues* 21(2): 159–171.
- Hardt, M. and Negri, A. (2009) *Commonwealth*. Cambridge, MA: Harvard University Press.
- Harris, A. (2005) *Gender as Soft Assembly*. Hillsdale, NJ: Analytic Press.
- Hart, A. (2009) Analytic safety through the analyst’s availability as a subject. In: B. Willock, R. Curtis and L. Bohm (eds.) *Taboo or Not Taboo? Forbidden Thoughts, Forbidden Acts in Psychoanalysis and Psychotherapy*. London: Karnac, pp. 267–289.
- Isay, R. (2009) *Being Homosexual: Gay Men and Their Development*. New York, NY: Vintage Books.
- Itaborahy, L.P. and Zhu, J. (2013) *State-Sponsored homophobia, a world survey of laws: Criminalisation, protection and recognition of same-sex love*. Brussels: International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), <http://www.refworld.org/docid/519b6c2f4.html>, accessed 2 August 2014.
- Karch, D.L., Logan, J., McDaniel, D.D., Floyd, C.F. and Vagi, K.J. (2013) Precipitating circumstances of suicide among youth aged 10–17 years by sex. *Journal of Adolescent Health* 53(1): S51–S53.

- Khan, M. (1963) The concept of cumulative trauma. *Psychoanalytic Study of the Child* 18: 286–306.
- Kiersky, S. (2005) Revenge and forgiveness in psychoanalysis: Commentary on Stephen Wangh's "revenge and forgiveness in Laramie, Wyoming". *Psychoanalytic Dialogues* 15(5): 771–778.
- King, M.L. Jr. (1958, 1986) The power of nonviolence. In: J.M. Washington (ed.) *A Testament of Hope: The Essential Writings and Speeches of Martin Luther King, Jr.* New York, NY: HarperCollins, pp. 12–15.
- King, M. (2011) The queer relationship between psychoanalysts and their gay and lesbian patients. *Psychoanalytic Psychotherapy* 25(4): 308–318.
- Kupers, T. (2009) The turn away from social activism in psychoanalysis. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 37(4): 581–586.
- Lacan, J. (1992) The paradox of jouissance. In: J.-A. Miller (ed.) *The Ethics of Psychoanalysis, 1959-1960: The Seminar of Jacques Lacan, Book VII.* Translated by D.Porter. New York, NY: Norton, pp. 163–240.
- Lewes, K. (2003) Homosexuality, homophobia, and gay-friendly psychoanalysis. In: D. Moss (ed.) *Hating in the First Person Plural: Psychoanalytic Essays on Racism, Homophobia, Misogyny, and Terror.* New York, NY: Other Press, pp. 161–195.
- Mitchell, S. (2002) *Can Love Last? The Fate of Romance Over Time.* New York, NY: W. W. Norton.
- Nelson, A. (2001) Vigil held to remember slain gay teen-ager. *Lincoln Journal Star.* 7 September, p. B1.
- Orbach, S. (2002) *The Impossibility of Sex: Stories of the Intimate Relationship Between Therapist and Patient.* New York: Touchstone.
- Rose, J. (1982) Introduction 2. In: J. Mitchell and J. Rose (eds.) *Feminine Sexuality: Jacques Lacan and the École Freudienne.* New York: Norton, pp. 27–57.
- Rutter, M., Kreppner, J. and Sonuga-Barke, E. (2009) Attachment insecurity, disinhibited attachment, and attachment disorders: Where do research findings leave the concepts? *Journal of Child Psychology and Psychiatry* 50(5): 529–543.
- Saketopoulou, A. (2011a) Queer children, new objects; the place of futurity in Loewald's thinking. *DIVISION/Review: A Quarterly Psychoanalytic Forum* 1: 38–39.
- Saketopoulou, A. (2011b) Minding the gap: Intersections between gender, race, and class in work with gender variant children. *Psychoanalytic Dialogues* 21(2): 192–209.
- Saketopoulou, A. (2014a) Mourning the body as bedrock: Developmental considerations in treating transsexual patients analytically. *Journal of the American Psychoanalytic Association* 65(5): 773–806.
- Saketopoulou, A. (2014b) Perversion's aspiration. Paper presented at Postdoctoral Program in Psychotherapy and Psychoanalysis, New York University, NYC, 21 November.
- Salamon, G. (2010) *Assuming a Body: Transgender and Rhetorics of Materiality.* New York: Columbia University Press.
- Samuels, A. (2010) Shadows of the therapy relationship. *European Journal of Psychotherapy and Counselling* 12(3): 207–215.
- Schwartz, D. (2012) Listening to children imagining gender: Observing the inflation of an idea. *Journal of Homosexuality* 59(3): 460–479.
- Sedgwick, E. (1991) How to bring your kids up gay. *Social Text* 29: 18–27.

- Smith, E. (2014) Jessica Dutro murder trial: motive for Tigard killing was 4-year-old's perceived homosexuality, prosecutors say. *The Oregonian*, 27 March, <http://www.oregonlive.com>, accessed 25 February 2015.
- Smothers, R. (2003) Man charged with bias crime for girl's killing in Newark. *The New York Times*, 25 November, p. B8.
- Spitzer, R.L. (2003) Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior* 32(5): 403–417.
- Stern, D. (1997) *Unformulated Experience: From Dissociation to Imagination in Psychoanalysis*. Hillsdale, NJ: Analytic Press.
- Stockton, K. (2009) *The Queer Child; or, Growing Sideways in the Twentieth Century*. Durham, NC: Duke University Press.
- Surdin, A. (2008) Gay youth's slaying spurs call for tolerance. *The Washington Post*, 29 March, p. A02.
- Tan, S. (2011) Teenager struggled with bullying before taking his life. *Buffalo News*, 20 September, p. B1.
- Waidzunas, T. (2011) Young, gay, and suicidal: Dynamic nominalism and the process of defining a social problem with statistics. *Science, Technology and Human Values*. Prepublished March 23, doi:10.1177/0162243911402363.
- Wrong, Y.S. and Reang, P. (2002) Suspects in boy's killing will face hate crime charge. *Contra Costa Times*. 19 October A12.
- Zucker, K. and Spitzer, R. (2005) Was the gender identity disorder of childhood diagnosis introduced into DSM-III as a backdoor maneuver to replace homosexuality? A historical note. *Journal of Sex and Marital Therapy* 31(1): 31–42.