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Aspects of the Homosexual Personality and Counseling

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ASPECTS OF THE HOMOSEXUAL PERSONALITY
AND COUNSELING

by

Ronald John Reckamp

A Thesis Submitted to the Faculty of the Graduate School of Loyola University in Partial Fulfillment of the Requirements for the Degree of Master of Arts
June 1970
To My Parents
LIFE

Ronald John Reckamp was born in Des Plaines, Illinois, June 11, 1946.

He was a graduate of Marian Central Catholic High School, Woodstock, Illinois, June 1964 and entered St. Pius X Seminary, Dubuque, Iowa in September of the same year. He was awarded a Bachelor of Arts degree from Loras College, Dubuque, Iowa, 1968.

During the summers of the same period he was employed by the Illinois Circuit Court as a probation officer and by the Mexican Missions of Jalapa, Veracruz, Mexico.

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CHAPTER I

INTRODUCTION

Who is the homosexual in our society? Is he a "normal" person who deviates from the masses of mankind only in his "abnormal" sexual behavior? Does his homosexual orientation in essence include deviation in all aspects of his personal and interpersonal life? Is the origin of homosexuality to be found in genetic structure or is it environmentally induced? Is homosexuality a "disease" or simply a reaction and idiosyncratic adjustment to the situation in which one man might find himself? Is there one predominant cause of homosexuality or are there a multitude of causative variables? These perplexing questions are but a minute sampling of numerous queries which have cloaked the phenomena of homosexuality for centuries. The societal taboos and shrouded inquiries have caused the homosexual to be at best a "mystery" in our society and at worst, a distorted sub-human being to be feared and ostracized. Eric A. Aronson of Northwestern University aptly proposed that:

"The homosexual is perhaps the most poorly understood of social deviants. Depending upon one's theoretical predisposition, he is a psychological misfit, a product of cultural pressures, or the result of hormonal abnormalities....One more or less presupposes that the person who deviates in his
choice of sexual partner must also deviate in his social conduct" 1

Aronson's description is not atypical. The lack of certitude in numerous psychological and sociological areas regarding homosexuality has created a type of freakish mystique. Historically society has asserted its omnipotent "taboo" in labeling the homosexual as a criminal, a psychotic, or a supreme threat to its existing sexual standards. This Victorian taboo is gradually being questioned, re-examined and in some cases altered, by an elite cross-sectional minority in our society which includes lawyers, psychologists, sociologists, and educators. Dr. Aronson also acknowledged the dynamic effects which cultural sentiment has exerted on the present status within which the homosexual finds himself in our society.

Homosexuality is a social problem if only because the public deems it so. Our further knowledge about this phenomenon may help alleviate the problem perhaps by simply providing the public with more reliable information concerning the facts of sexual deviance. The general public ignorance regarding sexual deviances is only beginning to dissipate, as research into taboo topics continues to strive for a more reputable status 2

There is a definite need for increased public knowledge regarding the homosexual before an accurate perspective of this "sexual deviant" may be attained. The lack of society's general knowledge about the homosexuals and the tendency to negatively stereotype all homosexuals has created a

2. Ibid. p. 1-2
position of an occasionally tolerated minority for the homosexual. Linder has observed that homosexuality is not only a source of unhappiness and frustration on an individual personal level, but also a "chronically irritating generator of intrahuman hostility." This sociological awareness is only one of the contributing factors which has drawn researchers into an indepth investigation and evaluation of the mystical, forbidden world of the homosexual.

Scientific probings and psychotherapeutic research have had difficulty in defining homosexuality and differentiating the myriad of variables. In conjunction with psychoanalysis, the term homosexual "has come to be a kind of wastebasket into which are dumped all forms of relationships with one's own sex. The word may be applied to activities, attitudes, feelings, thoughts, or repression of any of these. In short, anything which pertains in any way to relationship, hostile or friendly to a member of one's own sex may be termed homosexual." Such a broad description of homosexuality is contrasted by Braaten and Darling who cite Cory's more specific definition of a homosexual as "a person who feels a most urgent sexual desire which is in the main

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directed toward gratification with the same sex."5 This would include those individuals who possess a covert tendency to behave homosexually. Linder agreed with Cory's primary supposition, but qualified the definition to include only those individuals who "seek (overt physical) gratification of this desire."6 (Author's parenthesis). In discussing these divergent concepts Aronson distinguished between reactive homosexuals whose sexual behavior was situationally induced but who quite generally prefer heterosexuals, and preferred homosexuals whose sexual behavior is consistently homosexual by choice or preference. Thus the quest for homosexual contacts, rather than the frequency of homosexual activities is a primary determinant according to Aronson.7 There is a great diversity of definitions and distinctions regarding homosexuality exceedingly too extensive to be included within the scope of this thesis. The previous definitions, however, are typical of the wide variety of basic discrepancies with which the researcher has been confronted.

The purpose of this paper, then, is to present and evaluate a selective sampling of current literature regarding the homosexual, in an attempt to explore some of the major discrepancies surrounding this sexual deviant.


It is hoped that such an exploration of research will provide pertinent information to the school counselor, and assist him in his counseling experiences with homosexual clients. It is recognized by the author that the school counselor would refer most of these clients to a psychologist or psychiatrist. Yet in order to provide maximum efficiency in the counseling experience, it is essential that the counselor have a basic knowledge of varied personality orientations, whatever they might be.
CHAPTER II

THE PSYCHOLOGY OF THE HOMOSEXUAL

In evaluating the psychology of the homosexual, there are two major areas of difficulty: one is the stereotype, the other is the danger of generalization.

Joana Holverstatt, who has conducted extensive interviews with college-age homosexuals, divulged the following succinct observation regarding the homosexual stereotype. She disclosed that the "swishy queen" who sashays his way through the parks and is assumed to be exclusively homosexual "may be too exhibitionistic to be labeled conclusively at a glance". 1

Holverstatt continued:

Regardless of the validity of the above point of view, people who have read LIFE magazine or visited Greenwich Village hold him as the stereotype homosexual along with the notions that all homosexuals are effeminate, desire other men exclusively, and are totally preoccupied with "cruising" for a "trick" and enjoying long hours of mysterious and perverse activity they believe he does not get married, enter conventional fields of business, or live within the value system held by the rest of society. They are sure that he hates women and withdraws to live in the gay world of "fag" bars, designated streets and forbidden pleasures. 2

These are the false perceptions which are deeply entrenched within the mental set of a large portion of American Society, and which shackle the homosexual into a cultural position as a second-rate human being. Holverstatt

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2. Ibid., p. 213.
While the absurdity of saying that all "heterosexuals" look or act alike is recognized, the true "homosexual" is subjected to such catagorical treatment. Perhaps the flagrand park loiterer is regarded as representative because his image is of another world, far enough away from home to cause no threat to our basically anti-sexual society.3

Holverstatt's interviews with male homosexual college students led her to conclude that there is a significant similarity between homosexual and heterosexual relationships; both reveal more a search for a meaningful interpersonal relationship than for sexual orgasm. She also contended that society's views "strongly argue against the notion that all homosexuals, because they are homosexual, differ radically from the heterosexual in every other aspect of the total person."4 Linder reinforced this premise and stated "homosexuality is to be found among persons at the very apex of pursuits - professional, commercial, artistic, governmental.... 5

Linder attempted to gain a more realistic and scientific perspective of the phenomenon of homosexuality and began to envision it as more encompassing than an "individual psychological problem". He hypothesized that the causes of homosexuality incorporate infinitely more than simply an individual's home environment or genetic composition. To Linder homosexuality is related "directly to the basic issue of man versus society, of individualism versus conformity".6 Is it possible for a man to deviate from "the norm" just in the area of sexual behavior and still be accepted by society? Is a man

3. Ibid.
4. Ibid., p.44.
5. Linder, p. 69.
6. Ibid., p. 79.
permitted by society to truly "be himself" even if that self is basically homosexual; or has the homosexual transgressed the limits of freedom to be uniquely individual?

Reitenbeek substantiated Linder's views by proposing that researchers examine more than the ramifications of the homosexual's family environment in attempting to understand his sexual deviation.

Our fluidly mobile American society has become all but amorphous.

Competitiveness sharpens, and deep personal relationships become a source of competitive disadvantage. Sexual, as well as social roles are harder to learn in such a society and probably less useful when they are learned....

Ruitenbeek maintained that the same society which has ostracized the homosexual has created a situation which has actually increased the potential for the cultivation of that which it ostracizes; homosexuality itself. He postulated that the increase of homosexuality in the United States is part of the existential situation generated by a swiftly changing society which often seems to exist for, rather than to be served by, the technology it is producing. In this society men, are, and even feel themselves, more and more alone.

It was further emphasized by Ruitenbeek that the family structure in the United States is disintegrating. The era in which child and parental roles are firmly established and delineated has diminished. Sibling

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8. Ibid., p.81.
competitiveness for parental attention has increased, and "normal" development is becoming less possible. The decrease of parental influence in the familial social-cultural habitat coupled with the continually changing society provide the substance for the increase of male homosexuality in the United States.\(^9\) As a result:

The male in our society is essentially a lonely being deprived of any real goal except that of acquiring the skills needed to make money enough to 'settle down' into an existence which he accepts rather than chooses.\(^10\)

This then is the environmental milieu from which the homosexual of today arises. He is a product of the same rapidly transient society and disintegrating family, not unlike the vast percentage of our population! And yet is he different? Just how different is he? Is he a deviant in all his behavior; or does he deviate only in his sexual encounters? What is the unique psychological construct of such a person? Can these variables be categorized and generalized? The following section will analyze the psychological factors effecting the homosexual.

All through history men and women have played sharply defined roles in their societies....During this half century, these roles have changed considerably in our Western World....In our world existence has been increasingly linked to the role which society assigns....\(^11\)

A retrospective view of the dramatic female emancipation which has occurred during the last fifty years may accord Ruitenbeek's statements...

\(^9\)Ibid., p. 85.

\(^10\)Ibid.,

\(^11\)Ibid.,
greater perspective. The emerging influence of the female has exerted a
definite effect on the Western concept of masculinity. The American father
is no longer necessarily the one who is the monetary provider and dominant
influence in the family. His masculinity which in the 19th century he
derived from being the authority has been drastically altered. The male's
difficulty in establishing himself in the influential father role is
reflected by the frequently impossible task for the son to identify with
his father. 12

In a society which cultivated rigid family ties, the homosexual would
be obviously outside the societally determined behavioral patterns. In a
society as fluid as ours, the very confusion of roles makes it simpler to
wear a succession of social masks without being truly identified with any. 13
Thus it is possible for the male in our population to vacillate in his
ascribed role. He can be a successful office man, occasionally visit the
"gay" bars, and yet perform adequately as a family man. The swift mobile
nature of our society and the opportunity to remain an anonymous citizen
create the conditions for this vacillating type of interpersonal behavior.

Reitenbeek summarized:

Ironically the radical social mobility of the United States, the
alienation and loneliness of contemporary life, the disorganization
of the family - all the basic causes for the rise of homosexuality
in the present-day American - also make it easier for the homosexual
to function. 14

12 Ibid., p. 86.
13 Ibid., p. 91.
14 Ibid.
Oddly enough the same society which condemned the homosexual, has created an atmosphere which is conducive to his prospering. "In a situation where conformity and early marriage are prescribed, although our sexual mores have lost much of their strictness, it is not surprising to find an increasing number of men accepting homosexuality as a way out."\textsuperscript{15}

Linder commented that homosexuality must evaluate in terms of its relationship to non-conformity. He proposed that the sexual situation in American society reflects a travesty on human nature. The sex drive, being that instinct which "underwrites almost the whole of behavior and the continuation of the species is... the object of every conceivable repressive force."\textsuperscript{16} This in itself is enough to render distortion in human sexual development. The dynamic energy of the sex drive when turned inward and repressed may significantly effect a youth's specific sexual and personal orientation toward life. Linder contended that only within the afore-mentioned context can homosexuality be understood.

Given this picture of a sex-rejective, sex repressive society, inversion must be ... a pattern of sex orientation adapted by certain individuals as their solution to the conflict between the urgency of sexual instincts and the repressive efforts brought to bear upon sexual expression by the reigning sex morality. The condition is, then, in essence, a reaction of nonconformity, a rebellion of the personality that seeks to find--and discovers a way in which to obtain expression for confined erotic drives.\textsuperscript{17}

\textsuperscript{15}Ibid., p. 88.


\textsuperscript{17}Ibid., p. 58.
This hypothesis of homosexuality as a reaction to sexual conformity is not completely explained by Linder. Is this reaction conscious or unconscious? If it is a conscious reaction to conformity is it a choice freely made not to accept the dictated sexual norms? Or does homosexuality subtly and unconsciously arise out of interpersonal circumstances which evolve from a multiplicity of variables.

In contrast, James Bradoford, president of Mattachine Midwest, asserted that the majority of homosexuals do not deliberately or consciously choose their homosexuality. Rather, their homosexual orientation is the manifestation of an unknown amalgamation of social, environmental, and possibly genetic factors. Once the homosexual becomes consciously aware of his sexual preferences, only then is he confronted with a decision. The alternative involves, in most cases, not specifically a decision to be "gay" or "straight" but instead, how to adjust to his homosexual tendencies most effectively. ¹⁸

Ruitenbeek posited that homosexuality may be a defensive reaction to a threatening or potentially devastating psychological situation.

Where the middle-class boy once passed his teens in a kind of intimate comraderie with his friends, today he must be socially successful with girls or be considered 'sissified'. A youth unprepared to meet such emotional responsibilities may well seek refuge from girls and their demands and find reassurance in being accepted homosexually.¹⁹


¹⁹ Ruitenbeek, p. 87.
Ruitenbeek maintained that the modern day societal pressures and familial expectations which confront today's youth push them into a flight from society's masculine stereotype. 20

In examining the effects of modern society on its young people with regard to homosexuality, the question of genetic determinants is frequently raised. If perhaps a man is "born a homosexual," then all the discussion of societal pressures, family environment, and peer group identification is irrelevant. Is homosexuality an "innate disposition, ... an inborn deviation somehow (and unfortunately) 'given' at birth and dooming the neonate forever to a life of shame?" 21

Linder disposed of this question rather succinctly in postulating that,

The position here mentioned, of course, shows up this perhaps comforting but essentially absurd notion for what it is: a rationalization which distorts the scientific facts of heredity to avoid fixing responsibility where it belongs, that is, on these sex-distorted elders who, in transmitting their distortions to the child, provoke his rebellion. 22

Thus, in dealing with the formation of the psychological construct of the homosexual Linder preferred not to examine and evaluate the present homosexual generation itself, but rather their previous ancestral generation. One can deduce from Linder's statement that if homosexuality is designated a societal "problem" then the "cause" must be investigated. It is therefore

20. Ibid.


22. Ibid.
erroneous to castigate the homosexual for his behavioral characteristics since parental and societal incongruence have been causative agents.  

Evelyn Hooker, who has conducted extensive research with the homosexual, has found it difficult to generalize about the psychological characteristics of those who are "gay". She acknowledged that homosexuality is determined by a multiplicity of variables none of which adhere to a hard, fact rule. Hooker in essence has chosen to accentuate the similarities between the "gay" and "straight" life. She also suggested some inherent difficulties in such a position.

But what is difficult to accept (for most clinicians) is that some homosexuals may be very ordinary individuals, indistinguishable, except in sexual pattern, from ordinary individuals who are heterosexual. Or -- and I don't know whether this would be more or less difficult to accept -- that some may be quite superior individuals, not only devoid of pathology (unless one insists that homosexuality itself is a sign of pathology) but also functioning at a superior level.23

Hooker thus advocated that homosexuality is not necessarily psychopathological. Holverstatt and Linder concur with Hooker regarding the psychological similarity between the "gay" and "straight" worlds. Researchers have encountered difficulty discovering a significant number of unique personality traits which are consistently exhibited by homosexuals since they encompass a divergent continuum of personality traits parallel to the heterosexual.

Linder explained that,

Inverts as a group are no more intelligent, sensitive, or anything else than the rest of us. These qualities are distributed among

them in the same proportions as they are distributed among heterosexuals.\textsuperscript{24}

However, despite the disclosures of the research data, universally negative stereotypes of homosexuality still persist.

Holverstatt's studies led her to conclude that:

...many of the characteristics of the homosexual which put him in an isolated world are those which, in fact, can be found running horizontally through class and background levels of both groups, both groups, (homosexual and heterosexual) rather than vertically within either the homosexual or heterosexual worlds. (author's parentheses) \textsuperscript{25}

Holverstatt illuded to the example of homosexual "cruising" for sexual conquest to illustrate one phase of her theoretical position. Although this practice is looked upon with disdain by the straight world, the heterosexual counterpart of "free love" is tolerated if not subtly encouraged by Western society.

One wonders if the homosexual 'cruising' in search of a one night stand, who will most likely remain anonymous and provide nothing more than orgasm, is not more an example of an attitude shared by many men rather than by homosexuals alone.\textsuperscript{26}

Clara Thompson's research acknowledged and further validated holverstatt's position.

Promiscuity is possibly more frequent among homosexuals than heterosexuals, but its significance in personality structure is very similar in the two. In both, the chief interest is in genital and body stimulation. The person chosen to share:

\textsuperscript{24} Linder, p.69.

\textsuperscript{25} Holverstatt, p. 214.

\textsuperscript{26} Ibid., p. 215.
the experience is not important. 27

Re-emphasizing the congruence of the relationship between the "gay" and the "straight" worlds, Thompson also suggests that,

Even as a symptom, homosexuality does not present a uniform appearance. There are at least as many different types of homosexual behavior as of heterosexual and the interpersonal relations of the homosexuals present the same problems as are found in heterosexual situations.28

Irving Bieber, chairman of Research Committee of the Society of Medical Psychoanalysts, attested to the major offerings of Holzerstatt and Thompson regarding similarities between homosexual and heterosexual relationships. He acknowledges that genital gratification and strong interpersonal elements are factors in both situations. However Bieber stated he found more intense negative psychological trends within the homosexual relationships than in those of the heterosexual. He noted that there are additional psychological variables involved in certain phases of a homosexual relationship which cause it to be significantly different from heterosexual relationships.

... in the homosexual pairing, hostile and competitive trends (overt and covert) often intrude to prevent a stable relationship with a partner. We found many homosexuals to be fearful isolated and anxious about masculinity and personal acceptability. 29


28. Ibid., p. 47.

In attempting to explain the source of these "hostile and competitive trends" Bieber suggested that an "inability to sustain a relationship frequently arises from an inability to bring social and sexual relations into a unity." Realizing the homosexuals ostracized position in our society, it can be hypothesized that he especially would experience difficulty in "bringing social and sexual relations into unity." He cannot reveal his sexual orientation in his daily "social" or professional activities for fear of losing his friends or his job. The task of integrating himself, socially, and sexually, as Bieber described, seems a near impossibility for the homosexual.

Aronson observed that the homosexual's struggle to create sound interpersonal relationships within a society which is hostile to him is a significant factor contributing to neurotic adjustment.

... why shouldn't a homosexual have adjustment problems? He is largely a socially condemned individual, he must seek strange and sometimes illegal environments in order to make homosexual contacts, and he is not free to verbalize his homosexual interests with friends who may be heterosexual.

Holverstatt suggests an added dimension to the situation presented by Aronson. She observed that it is not only within the straight world that homosexuals find it difficult to create an in-depth permanent relationship,

30 Ibid.
32 Ibid.
but primarily within their own world, with those of the same sexual orientation. 33

While most homosexuals seem to be looking for a relationship which could replace a heterosexual one - the sharing of ideas, interest and activities, including, but not limited to sex - many admit that this does not seem to be possible. Some are so conditioned by the wounds of every affair that has started with 'this is the one and only and ended two weeks later with unforeseeable hostility that they hold no pretense or hope of a relationship beyond sex. 34

Holverstatt concluded there is basic loneliness which can be found in any homosexual relationship.

This 'basic loneliness' underlies the words of many homosexuals. Whether flagrant or conservative, promiscuous or faithful, immature or well adjusted to their position, the isolation from society, from 'man' is common to all. 35

H. J. Dain, one of Bieber's associates, contended that this loneliness emerges from the homosexual's basically pathological sexual orientation. This pathological orientation has as its matrix fears and inhibitions regarding heterosexuality. 36

Sexual gratification is not renounced; instead fears and inhibitions associated with heterosexuality are circumvented and sexual responsivity with pleasure and excitement to a member of the same sex develops as a pathologic alternative. 37

33 Holverstatt, p. 215.
34 Ibid.
35 Ibid.
37 Ibid.
Kinsey shocked much of the lay and professional world with the findings of his extensive research. Homosexual activity in the human male was much more frequent than was ordinarily realized. Kinsey and his associates related that close to one-third (27.3 per cent) of those males in the unmarried group had experienced homosexual activity to the point of orgasm. He also proposed that approximately eight per cent of the total sexual outlet of teenage boys was of a homosexual nature.38

Elizabeth Mintz, in her therapeutic experiences with the homosexual, had found that

...overt homosexuality may be displayed by many kinds of men, ranging from outright schizophrenic or sociopath to men who appear content with their lives and make notable contributions to society.39

Mintz further explained that for those reasons, it would be impossible to expect that a typical or universal evaluation of the homosexual's psychology could be made.40

Dr. Albert Ellis feels freer to generalize about certain aspects of homosexuality than does Mintz. He proposes that, on the whole, confirmed are exceptionally disturbed people. Since the homosexual surrenders such an important characteristic as his fundamental sex role and is severely frowned


40 Ibid.
upon and persecuted by society, one would naturally expect the sexual
variant's personality to be disturbed. 41

Drs. Saul, Beck, and Hadden tend to agree with Ellis that certain
generalizations can be made regarding the homosexual; especially in the area
of etiology. Hadden contends that although there are exceptions, the major
causative experiences can be placed into three general areas: (1) a disturbed
maternal relationship, (2) a disturbed relationship with the father, and
(3) interparental conflict. 42

Saul and Beck have chosen to categorize the wide variety of determinants
used to describe the genesis of homosexuality into four broad areas: (1) faulty
or inadequate fixed identifications, (2) unusual infantile fixations, (3)
homosexuality as a defense or adaptive mechanism, and (4) homosexuality as a
mode of expression of pre-genital drives. 43

Dr. Lionell Ovesy of Columbia University has elaborated upon Saul and
Beck's concept of homosexuality as a form of adaptive behavior. He envisions
the deviant sexual adaptation psychoanalytically as a result of fear caused
by parental intimidation.

The child may respond to parental intimidation with a fear so great
as to force a partial or complete withdrawal from sexual activity.

41 Albert Ellis, "The Effectiveness of Psychotherapy With Individuals Who
Have Severe Homosexual Problems," Journal of Consulting Psychology, XX (1956),
194.

42 Samuel B. Hadden, "Treatment of Male Homosexuals In Groups," Inter-

43 Leon J. Saul and Aaron T. Beck, "Psychodynamics of Male Homosexuality,"
Later, as the child grows, any heterosexual desires will revive the earlier fear, and an inhibition of normal sexual behavior is established. Such an inhibition may result in a homosexual choice of object.  

Ovesy goes on to explain that he does not view homosexuality itself as a neurosis, but rather as a symptom of a neurosis which is laden with both dependency and power needs. The dependency stems from the inhibited assertiveness caused by parental intimidation while the need for power is an attempt to deny a variety of weaknesses by acting out their opposite. He considers these two strivings or needs as two sides to the same coin.

The power-driven dependent male structures relationships with other men in terms of dominance-submission. These relationships are then placed in a male-female context in which the weaker male is forced to submit as a women to the stronger male.

Ovesy emphasized that even in the overt homosexual, where the goal of orgasmic pleasure is sought, the sexual component does not operate in isolation, but in association with the power and dependency components.

Dr. Samuel Hadden and Dr. Kurt Adler concur with Ovesy that homosexuality is a symptom of maladaptation in a variety of disorders.

In any discussion of homosexuality, especially its treatment, it is necessary to point out that homosexual activity is a symptom of maladaptation in a variety of disorders. It is one common to a variety of psychotic states.


46 Ibid., p. 385.

I should like to point out...that what they really have in common is the particular neurosis, psychosis or personality disorder which their homosexuality is a symptom.48

In explaining the chief complaints of those homosexuals who come to him for therapy Dr. Adler relates it to be their inability to resist or control their impulses for homosexual adventure. Adler also described that most of his patients are married, have children, are often in high social positions and appear to have at least fairly satisfactory relationships with their wives. He views homosexual activity in these cases as a type of self protection from anticipated failure with the other sex, or competition to enter into some form of homosexual activity can be envisioned. The compulsion itself must be more powerful than all the client's volitional resources can manufacture; for the client must deny such obvious facts as his "anatomical sex, defy the judgement of the entire community, set himself in opposition to common and social sense, and live as an outcast by choice."49

Although Adler proposes that there are certain personality traits which are common to the homosexual population, there are many exceptions. Attitudes of obsessive compulsion, suspicion, and paranoia are frequently a component of the homosexual neurosis because the sexual variant has placed himself outside the boundaries of societal norms. On the other hand, Adler is quick to attest that

The neurosis of which homosexuality is a part and symptom may be mild or severe; and homosexuals themselves may be active or passive people.


49 Ibid., p.75.
No two homosexuals are alike. Therefore, although Adler does admit a frequency of certain attitudinal dispositions within some homosexuals, he cautions clinicians and researchers against the tendency toward stereotyping the sexual variant.

Dr. D.J. West, in evaluating the genesis of male homosexuality, has stated that the most widely accepted explanation by both psychiatrists and laymen is the concept of mother-fixation. Clinicians have noted that a disproportionate number of their male homosexual clients have reported a history of a dominant mother and a weak unsatisfactory father. Although these observations have been made, West goes on to say that surprisingly little work has been done to "confirm or refute by systematic, objective observation this general impression about the family patterns of homosexuals." West's research involved the compilation of case histories from two groups: one homosexual, the other heterosexual. He then compared the two groups in terms of parental constellations. The results showed a significantly more frequent occurrence of atypical parental constellations among the homosexual group than among the control group.

The fact that such a marked difference was found between the two groups suggests that specific parental influences do play an important part in the genesis of predominant and exclusive homosexuality in men.

Dr. Eva Bene extended the research of West in an attempt to determine what role the father played in the genesis of homosexuality. Her research

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50 Ibid., p.77.


52 Ibid., 86.
involved two groups of men, one homosexual, the other married. All were given a questionnaire which was used to evaluate each subject's relationship with his father. She found that fewer homosexual than married men thought their father had been cheerful, warm and loving, while more felt that their fathers had no time, love or general positive feeling for them.\(^{53}\)

We can conclude that the homosexuals expressed far more hostility and far less affection both going toward and coming from their fathers than did the married men.\(^{54}\)

Regarding the relationship these subjects had with their mothers, Bene concluded that the mother-son relationships of the homosexuals were no more intense nor loving than those of the married group. Her findings did not verify but contradicted the investigation performed by Dr. West. Dr. Bene concludes by describing the confusion involved in attempting to determine the range of causative variables which have affected the homosexual.

While some authors believe that the disparity between relations homosexuals had with their fathers and mothers is largely due to 'mother-fixation', others blame it mainly on the unsatisfactory relationships homosexuals had with their fathers, while still others believe that the homosexual characteristically had both a 'close-binding' mother and a rejecting, hostile father.\(^{55}\)

Drs. D.C. Kendrick and R.V. Clarke of the University of London have proposed that it is the "learning or conditioning mechanism by which the

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\(^{54}\) Ibid.

\(^{55}\) Ibid., p. 811.
child learns to make its role performance congruent with its ascribed sex that is not understood. It is neither the father nor the mother exclusively who causes the child to become homosexual. Rather it is a series of complex masculizing and feminizing variables which ultimately influence the child's sexual orientation. Kendrick and Clarke administered the "Eysenck Personality Inventory" to a group of twenty homosexual males as well as to a control group of twenty non-homosexual males. The two groups were matched in age, educational level, work record, and type of family upbringing. The test results indicated that the homosexual group was significantly more neurotic than the control group although they were not differentiated on the Extraversion or Lie Scale.

Dr. Adler has stated that if the homosexual is indeed a neurotic he has become so in order to protect some phase of his personality. His homosexual orientation has evolved as an unconscious and occasionally subtle protective goal. One's goals determine how one functions, even sexually.

This means that people's thoughts and feelings about themselves, others, and their relationships with others will determine the use of their organs and functions, including the sexual ones.


57 Ibid., p. 96.

58 Adler, p. 68.

59 Ibid.
I have stressed that men and women who develop along homosexual lines do so, each for his own reason; each uses homosexuality to safeguard his personality ideal, in pursuit of his unique goal.  

When speaking of the homosexual, Adler emphasizes that the concept of mental health is not a question of merely repressing asocial or antisocial wishes or drives. Rather, the sexual variant must be helped to realize, both emotionally and intellectually, that his private interest is most effectively served when it is integrated with, and runs parallel to, the common interest.

Dr. Wainwright Churchill in his writings on the homosexual cautions against viewing homosexuality as an all or nothing proposition. He explains that exclusive heterosexuality or homosexuality has always been recognized, and for the most part, consistently overemphasized. What is important to realize is that there is always a portion of the male population in any culture whose members respond to both heterosexual and homosexual stimuli. There are some persons in whom homosexuality predominates, and some in whom both types of responsiveness play a more or less equal part.

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60 Ibid., p. 74.

61 Ibid., p. 68.

When one learns about the incidence of homosexuality and becomes aware of the heterosexual-homosexual continuum, it appears quite obvious that generalizations about the homosexual apply at most, to very exceptional cases. Most persons lie varying distances from either end of the spectrum. Churchill also relates that since one rarely deals with an exclusive homosexual

It is quite impossible to identify an individual's sexual preferences in terms of his character, personality, physical type, mannerisms, choice of occupation, emotional adjustment, or any other criteria that have been used to arrive at such a diagnosis.

In pursuing this point further Churchill proposes that perhaps there is only one characteristic that is manifested commonly, though not necessarily regularly, by those individuals with a history of homosexuality. In our culture that characteristic is a sense of guilt. The guilt, he states, is caused by the "homoeroticphobic" atmosphere fostered by our society.

Churchill disagrees with many researchers in that he holds that most males with a history of homosexuality resemble most males who lack such a history of homosexuality. Thus, it is just as impossible to "type" the homosexual as it is to type the heterosexual. It becomes evident then, that it is easy to find whatever one is looking for in the homosexual population, because the homosexual population is not homogeneous.

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63 Ibid., p. 41.
64 Ibid., p. 42.
65 Ibid., p. 43.
In examining the causes of homosexuality, Churchill concludes that it is simply a matter of conditioning. All human beings have a capacity for both homosexual and heterosexual response at birth, but there is no inborn tendency toward either. Only after the drive has been conditioned one way or the other can we speak of a tendency toward homosexuality and heterosexuality. This tendency then, is acquired and is a product of learning rather than an element of biological inheritance.\(^{66}\)

One specific complex of events is almost always associated with the learning process: a living organism tends to repeat those experiences which are pleasurable and tends to avoid those experiences which are painful.\(^{67}\)

Churchill goes on to say that no matter how strongly conditioned a person may have become to a given class of sexual stimuli, and no matter how strongly conditioned to the avoidance of some other class of sexual stimuli, the reorientation of one's sexual tastes is always a possibility. He does recognize, however, that complete reversal of one's sexual orientation is far less common later in life, and that generally most sexual preferences tend to be fairly stable after adolescence.\(^{68}\)

Kinsey's research tends to concur with Churchill's perception that sexual preferences are generally stable after adolescence. Kinsey proposes that pre-adolescent homosexual play is carried over into adolescent or


\(^{67}\) *Ibid.*

adult activity "in something less than half of all cases..." He also presents the interesting observation that socio-economic level is a major factor in determining whether pre-adolescent homosexual play will be continued into adolescence or later.

In lower educational levels, the chances are 50-50 that the pre-adolescent homosexual play will be continued... For the group that will go to college, the chances are better than four to one that the preadolescent activity will not be followed by later homosexual experience.

Churchill proposes the same point of view but expresses it within the context of learning theory. If a young person is introduced to any type of erotic situation in the absence of strong learned avoidance by a kind and sympathetic person, chances are that person will tend to repeat the same type of behavior in the future. "The reverse may also be true; early experience with an unsympathetic or obnoxious person may bring about avoidance of such experiences in the future." Dr. Albert Ellis, however, acknowledges that sexual activity with the same sex in adolescence or pre-adolescence does not, in itself, indicate homosexuality. There could be a myriad of reasons why a person at this age might choose to have a relationship with one of the same sex.

69 Kinsey, p. 171.

70 Ibid.

It may occur because it is easier for members of the same sex to be undisturbed and undetected by watchful adults; it may be because threats of punishment for activity with the other sex are too great. Then, also, sexual activity is new for this group; they feel untrained and unsure about it, and some might more easily expose their lack of knowledge to equal novices than to members of the other sex whose sophistication they may over-estimate.\textsuperscript{72}

Dr. L. Honstra, considering pre-adolescent and adolescent homosexual experiences, has presented several general observations regarding the adult male homosexual. He envisions the most crucial effect of the homosexual orientation as one of the loss of sexual and erotic identity. He notes that the homosexual ordinarily has all the "usual possibilities of thought, judgment and action at his disposal but only a limited area of his emotional resources."\textsuperscript{73} Honstra feels that because of this lack of emotional strength the homosexual is not necessarily psychotic, but is at least, deeply affected neurotic. Although all the phases of the personality are potentially present, the mark of individuality, the self, is essentially missing.\textsuperscript{74}

Honstra also alludes to the fact that societal pressures against homosexuality serve a positive purpose for the sexual variant. Since homosexuality for many persons is a type of defense mechanism, the purge by society against him tends to strengthen his sexual defenses. Honstra assumes that this mechanism is best served when the homosexual is able to feel himself ostracized or handicapped.\textsuperscript{75}

\textsuperscript{72}Adler, p.70

\textsuperscript{73}Ibid.

\textsuperscript{74}Ibid., p.400

\textsuperscript{75}Ibid
Dr. G. Henry of the University of New York views the rapid pace of our civilization as contributing to the establishment of homosexuality as a defense mechanism. Those who cannot meet the demanding responsibility of establishing or maintaining a family or our high standards of heterosexual adjustment may well foster substitutive sexual activity.\footnote{G.W. Henry, \textit{Sex Variants, A Study of Homosexual Patterns} (New York: 1941), p.1023.}

It can be seen from this sampling of literature that there is still vast confusion over numerous areas of homosexuality. Both professional clinicians and researchers have produced only partial results in their attempts to understand and explain the sexual variant; various modern day researchers have indicated that there are consistent causative variables affecting the homosexual; others have not. Some have proposed that there is a significant frequency regarding certain personality traits within the homosexual; others have not. Some hold that homosexuality is of necessity a neurosis or symptom of a neurosis; others do not agree. After expending a vast amount of time on research and a multitude of hours formulating theories, there still remains extensive areas of unanswered queries concerning the homosexual.
CHAPTER III
THE ROLE OF THERAPY WITH THE HOMOSEXUAL

There has been a myriad of opinions and conjectures as to the role psychotherapy can and does play in dealing with the homosexually oriented person. In examining the literature it was found that these opinions and conjectures run the full spectrum from being consistently confident that therapy can produce significant behavioral and interpersonal alterations, to bearing little or no hope as to the contributions therapy can offer.

Freud's feeling regarding the cure of any homosexual patient was at best pessimistic.

The removal of genital inversion or homosexuality is, in my experience, never an easy matter. On the contrary, I have found success possible only under special favorable circumstances, and even then the success essentially consisted in being able to open to those who are restricted homosexually the way to the opposite which has been until then barred, thus restoring to them full bi-sexual into a heterosexual is not more promising than to do the reverse, only for good practical reasons the latter is never attempted.1

Samuel B. Hadden, who has done extensive counseling with homosexuals, has explained that this Freudian view remained in vogue for many decades but recently the role of therapy has become more consistently positive. "The pessimistic attitude which has prevailed for so long may soon cease to dominate psychiatric thinking and teaching about the treatment of homosexuality."2

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Hadden based his statement upon his own success in the therapeutic encounter with homosexuals as well as upon some of the current literature which has been presented by different schools of psychotherapy. In the following pages the author will present a selective sampling of the current literature regarding the therapeutic achievements with homosexuality as presented by these varied psychotherapeutic schools. Although these different schools do not agree upon the specific etiology of homosexuality nor upon the psychotherapeutic technique used, it will be shown that the general outlook towards alteration of homosexual behavior through therapy is more positive than it has been in past decades.

It is not unusual that since different schools look to different etiological factors that they would pursue varied courses of methodology. For instance, Hadden expressed what he viewed as the most important etiological or causative variable to be considered regarding homosexuality.

In literature, no general agreement can be noted on specific etiology except that the importance of early experience is increasingly recognized, disturbed child, parent and interparental relationships are seen as contributing to the development of the maladjusted. In my study of the developmental history of men who adopted a homosexual pattern of adjustment, I noted that they were commonly maladjusted at the time they started school.3

Rather than emphasize the causative factors, Dr. Ralph R. Greenson, a professor of psychiatry at the University of California, has proposed that in therapy one should concentrate primarily upon the personal confrontation involved within each client as the patient admits to himself that his sexual orientation is homosexual. He envisioned the homosexual’s conflict as most

3 Ibid.
prominently one of gender identity.

The notion 'I am a homosexual' is perceived as an oppressive, earth-shaking revelation and leads to a sense of impending panic. If we pursue the analysis of the idea 'I am a homosexual' the patient will describe his feelings of loosing a component of his self, a cornerstone he had taken for granted, something central to his sense of 'Who am I', his identity in terms of gender.4

In therapy Dr. Greenson might concentrate his therapeutic efforts on the establishment of a meaningful gender identity for the client rather than explore certain of the specific causative variables regarding the client's homosexuality.

Dr. Lionel Ovesey, of the Department of Psychiatry at Columbia University is in agreement with Greenson but added to the gender identity concept the element of the homosexual need for dependency and/or power.

....homosexuality weakens the patient's masculine identification, inhibits his assertive capacities and hence accentuates either passive strivings for dependency or composatory striving for power, or some combination of both. The end result is a vicious circle in which each motivation leads to the other, irrespective of the motivational impetus with which the circle may start.5

From this perception, Dr. Ovesey has outlined what he sees as the therapeutic task when dealing with the homosexual.

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The therapeutic task is to break up this circle, reverse the homosexual pattern, and establish pleasurable heterosexual relations. This can be done by decreasing the intensity of the...motivations which propel the patient toward genital contact with male objects, while simultaneously enhancing his sexual interest in women.6

Dr. Ovesey viewed the exposure of the homosexual clients' unconscious sexual distortions as a necessary, but secondary therapeutic goal. He is quite explicit as to what must be the primary focus in therapy, and as to what the client must accomplish in order to alter his sexual orientation.

...the primary focus must of necessity, be on the homosexual motivation and the phobic avoidance of the female genital. There is only one way that the homosexual can overcome this phobia and learn to have heterosexual intercourse, and that way is in bed with a woman.7

Ovesey views the secondary focus of therapy as one of decreasing the homosexual's motivations of dependency and power. This can be accomplished by assisting him to a more masculine orientation thru the learning of appropriate patterns of assertion thus increasing his self-efficiency.8

Dr. Albert Ellis, founder of rational emotive therapy, relates a method quite different from that of Ovesey's in dealing with homosexually oriented males. In presenting the case of a 35 year old, self referred homosexual male Ellis described his method as follows:

...a swift frontal attack was made by the therapist on the basic assumptions or philosophies illogically underlying the client's symptom. In the course of this attack the client was shown by the

6. Ibid.

7. Ibid.

8. Ibid.
therapist's rigorously unmasking and inducing the client himself to contradict and act against his irrational beliefs, that his homosexual pattern of behavior and his other neurotic symptoms were not hopelessly ingrained and that he himself could control his own destiny.  

Ellis relates that as the fundamental irrational beliefs which motivated the client's homosexual behavior began to change, the client's symptoms almost automatically began to disappear. Ellis reports this man to have changed from a fixed exclusive homosexual to an almost totally heterosexually oriented person.

Another form of therapeutic approach proposed by Ellis involved an active form of psycho-analytically oriented psychotherapy, in which the goal was to help the patient overcome his heterosexual fear, and through improved sex-love relations with the opposite sex, minimize the homosexual interest and activities. "The therapeutic goal was not that of inducing the patient to forgo all homosexual interest because... that would be unrealistic."  

Ellis explains that homosexuals who are essentially phobic in that they fear sex-love involvement with the opposite sex, can overcome the

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10. Ibid.

neurosis if they will acquire insight into the origin of their fears and begin to participate in the action they fear. He predicts that with therapeutic assistance the patient can confront this fear, and will "usually" succeed in overcoming his homosexual neurosis. He listed several specific therapeutic techniques that were utilized in this study; (1) the therapist was accepting and non-critical and yet insistent upon uncovering neurotic motivations, (2) the therapist did not insist the patient overcome all homosexual tendencies, (3) the therapist revealed his own prejudice toward heterosexual relationships, (4) there was a focusing on the patient's general feelings of inadequacy, and (5) the patient was encouraged to enter heterosexual sex love relationships.

The patients were "treated for their homosexual problems or neurosis rather than for their homosexual desire or activity per se." They were deemed considerably improved when during the course of therapy they began to lose their fears of the other sex, to enjoy heteromantic relations, to be effective partners in these relationships, and to lose their obsessive thoughts about or compulsive actions concerning homosexuality." Although 30 of the 40 patients showed significant improvement, Ellis cautions that

12. Ibid., p.194
13. Ibid.,
14. Ibid., p.191
15. Ibid.
since the research was based upon subjective criterion and there was no control group involved, it could only be said that the patients improved with therapy and not necessarily because of it. 16.

Still another group of therapeutic techniques is offered by the proponents of behavior therapy. Although there is a variety of techniques within behavior therapy, the rational for using these techniques is consistent. Dr. S. Rachman of the Institute of Psychiatry at the University of London, has recently presented a succinct explanation of the rational for behavior therapy.

...the position adopted by this theory is that neurotic behavior is acquired. The process of acquisition implied in the theory is derived from modern learning theory. If neurotic behavior is regarded as being acquired then it must follow that such behavior will be subject to established theories of learning. Current knowledge about the learning process concerns not only the acquisition of new habit patterns but also their elimination. The elimination of learned responses occurs either by the extinction process or by inhibition. 17.

Dr. Rochman goes on to say that based upon the evidence of current research literature it is fair to conclude that behavior therapy "may prove valuable in the treatment of sexual disorders." 18.

Drs. McGuite, Carlisle, and Young, who have done extensive work in the treatment of sexual disorders concur with Rachman's thought that homosexuality is essentially a form of neurosis as well as the fact that

16. Ibid.


18. Ibid., p. 239.
it is the result of conditioning.

"The theoretical basis for such treatment, as for all behavior therapy, is that the symptom or behavior to be treated has been learned at some time in the past and can be changed by the learning of a new pattern of behavior. 19.

Generally speaking, those of a behavioristic orientation view homosexuality as a neurosis. From this assumption, they then proceed to alter the homosexual's behavior through conditioning; both to inhibit or extinct deviant forms of sexual behavior, and to establish new forms of corrective heterosexual behavior. It has been pointed out Drs. M.P. Feldman and M.J. McColloch that in behavior therapy, as in most forms of therapy,

It is not particularly relevant whether it takes ten sessions or thirty sessions to alter the direction of a homosexual's interest. What is vital is that, once established, the new pattern should persist for as long as possible. 20.

Feldman and McCulloch have presented a rather detailed description of one of their experiments involving a particular type of behavior therapy known as aversion therapy. Their subjects were all male homosexuals, and their goal was to alter the sexual orientation of the subjects to one of heterosexuality. Each patient is placed in a chair in a small dark room with a motion picture screen before him. McCulloch and Feldman go on to explain their experiment as follows:


The patient is told he will see a male picture and several seconds later might receive a shock. He is also told that he can turn off the slide by pressing a switch...whenever he wishes to do so, and that the moment the slide leaves the screen, the shock will also be turned off. Finally, he is told that he will never be shocked when the screen is blank. It is made clear to him that he should leave the slide on the screen for as long as he finds it sexually attractive. The first slide is then presented. The patient has the choice of switching it off or leaving it on the screen. Should he switch it off within eight seconds he is not shocked ...Should he switch it off within eight seconds, he receives a shock.21

They go on to say:

When the patient both (1) reports that his previous attraction to the slide has been replaced by indifference or actual dislike; and (2) attempts to switch off within one or two seconds of the slide appearing; we proceed to the next slide and repeat the process.22

Feldman and MacCulloch, realizing that some homosexuals are not merely indifferent to women, but may actually fear sexual contact with them, also attempt to reduce this anxiety, thereby increasing the possibility for heterosexual contact. They consider their research promising in that seven out of eight patients under 30 years of age improved upon the completion of treatment. Of those between thirty and forty years of age, three out of four improved although one relapsed after a period of three months. There most negative results occurred with those over forty years of age, of whom only one out of four improved.23

21 Ibid., 170
22 Ibid., 171
23 Ibid., p. 181.
Feldman relates the most satisfactory feature of the research as perceiving no steady drift back to homosexuality by his patients. In all cases of those who improved excepting one, the improvement noted immediately following treatment was either maintained or advanced during the post treatment period. Finally in order to maximize one's therapeutic efforts with the homosexual MacCulloch and Feldman propose that in behavior therapy, the conditioning treatment should be the result of a joint effort of psychologists and psychiatrists.

Clearly the diagnosis and treatment of psychiatric symptomology, whether this is secondary to the homosexual behavior, or independent of it, together with the description of any co-existent personality disorder, makes it necessary that the conditioning treatment of a sample of homosexuals such as ours be carried out jointly by a psychologist and psychiatrist.

They continue:

It is equally undesirable for patients to be handed over completely to a psychologist without psychiatric training or responsibility, as it is for a psychiatrist, with little or no background in learning theory, to design and carry out behavior therapy techniques such as described in the present paper. It is only by drawing on the combined experience and expertise of psychology and psychiatry that best results will be obtained.

Dr. James Basil's research supported the finding Feldman and MacCulloch as to the worth of aversion therapy regarding sexual disorders.

24. Ibid.
25. Ibid.
26. Ibid.
In describing the results of treatment of a forty year old male whose sexual experience had become exclusively homosexual Basil states:

He himself has felt no attraction at all to the same sex since the treatment, whereas previously this attraction had been present throughout everyday. Sexual fantasy is entirely heterosexual and soon he acquired a regular girlfriend.27

Basil points out that this was the first time in the patient's life that he had lost his propensity toward his own sex so that he has come in all respects, a sexually normal person. Basil, however, did emphasize that the therapeutic method depends very largely on the co-operation of the client and his strong desire to change his sexual orientation.28.

Drs. S. Gold and I.R. Neufeld of the department of child psychiatry, Guy's hospital, London, have noted that sexual disorders and especially homosexuality have always provided a stringent challenge to psychiatrists. Recently, prompted by a generally poor prognosis and rather lengthy treatment dictated by orthodox psychoanalysis, there has developed a more growing interest in applying learning theory to these problems.29

However, they further explain that:

Many psychiatrists have found this approach, relying as it does on the promotion of physically unpleasant sensations in the patient, both ethically and aesthetically unacceptable. The methods described therefore, although often claiming quite good success, have not gained general acceptance.30


28. Ibid.


30. Ibid.
Gold and Newfeld therefore proposed to utilize learning principles in which physically aversive procedures were not used. The aversive stimuli was presented in an imaginary situation, thus overcoming objections inherent in most forms of aversion therapy. As a result of such treatment the client:

- reported improvement in his over all feeling of well-being and
- had been able to avoid the temptation of homosexual contacts both in reality and in factacy. He did, however retain some feeling of attraction for young men and a careful follow up period was therefore planned.

During the follow-up period the patient reported progressive improvement with no relapse.

Dr. Samuel Hadden has proposed that the attitudes of the therapist toward the possibility of curing the homosexual plays a significant role in therapeutic results. He strongly discourages communicating to the client the notion that the most that can be done for him is to give him help in living with his affliction. Hadden points out that this attitude plays into the hands of homosexual groups who use it to justify their organized efforts to influence public opinion and promote legislation to improve the legal and social status of the homosexual. While there is little doubt that the homosexual is difficult to treat and is prone to cut off treatment, this is not in itself sufficient reason to predict failure in the treatment of every homosexual.

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31. Ibid., p. 204

32. Ibid., p. 203

33. Ibid.

Hadden explains that Bugler, Hadfield and Bieber and his associates have demonstrated that positive results can be achieved with the homosexual when the therapists neither anticipate nor accept failure in treatment.

It is thus conceivable that if psychotherapists themselves come to adopt a less pessimistic attitude and view homosexuality simply as a pattern of maladaptation, greater numbers of such patients will be significantly helped.\(^{35}\)

Assuming this attitude, Dr. Hadden conducted group counseling sessions with a number of homosexual males. In reporting his results Hadden noted that excluded from consideration were any patients who had attended less than twenty sessions. This weighted the findings in favor of those who are well motivated. Of the 32 upon which the report was based twelve had progressed to an exclusively heterosexual pattern of adjustment and had showed marked improvement in or disappearance of other neurotic traits.\(^{36}\)

Hadden explained that in order to make each group as homogeneous as possible every client was seen in a number of private interviews before he was assigned to a group. Once in the group the clients were informed that homosexuality is regarded as but one symptom of a state of maladjustment. The therapists emphasize their belief that experiences which occurred in early life, especially in the home and family circle, were at least indirectly related to the client's problem. The patients

\(^{35}\) Ibid.

\(^{36}\) Ibid., p.15.
are also informed that since their homosexual orientation was experientially determined, it is believed that a corrective experience through therapy can alter this orientation. It was made clear that the objective was each client's progression to an effective heterosexual pattern of behavior. Such limited goals as the relief of anxiety so that one might live comfortably as a homosexual were never even mentioned. 

It can be seen here that Hadden's therapeutic goals are quite different from those of Dr. Ellis' which were mentioned earlier. Dr. Ellis proposed that to hope for a complete sexual reorientation was an unrealistic goal while Dr. Hadden chose to concentrate on nothing less than a complete reorientation.

Dr. Hadden goes on to explain one of the more consistent psychodynamic occurrences in these groups.

When a member of the group announces that he has no intention of changing because homosexuality is just what he wants, he is certain to be asked to explain why he thinks homosexuality is desirable. He is hard pressed to defend his statement because his peers are also homosexual and they have not uniformly found homosexuality desirable. They soon break down his rationalization and activate sufficient anxiety for him to want to commit himself to treatment.

Hadden expressed that the group provides a high level of interpersonal support especially when one of the members begins to commit himself to a heterosexual pattern of behavior. One of the most significant factors in the move toward heterosexuality is the encouragement provided by the

37 Hadden, Group Psychotherapy for Sexual Maladjustment, p.328.
38 Ibid., p.332
reality of those in the group who are further along in their readjustment. 39

Hadden concludes that:

There is a growing body of evidence that a group psychotherapeutic approach to sexual maladjustment is a superior approach and one that psychiatrists are coming to utilize with greater frequency and confidence. 40

Closely related to the research of Dr. Hadden is that of Elizabeth Mintz. Dr. Mintz utilized both group and individual psychotherapy in the treatment of overt male homosexuals.

Dr. Mintz proposed that certain basic processes which are generally involved in effective psychotherapy seem to appear with special clarity in combined group and individual treatment. Included in these basic processes are:

The dissolution of surface defenses, the development of a stronger sense of personal identity, the emergence into awareness of anxieties which have hitherto been unconscious or at least unverbalized and the occurrence of corrective emotional experiences. 41

In her experiment all the patients received a combination of once-a-week group sessions, incorporated with individual psychoanalytically oriented sessions ranging from one to three a week. Of the ten homosexual men upon which the report was based, all manifested improved general adjustment. Three of the ten reported satisfactory heterosexual

39 Ibid.

40 Ibid.

relationships and three hoped to achieve it eventually.42

There has also been research conducted regarding the utilization of drugs to control homosexual drives. Dr. L.J. Letky and P. Feniczy administered the drug thioridazine to twelve homosexual patients at a local mental hospital. In the short time of three weeks, all twelve showed a decrease in their desire to homosexual activities as well as a decrease in their general sex drive. In some cases it caused ejaculatory inhibition. However, when the same drug was administered to a control group of non-homosexual males there was less of a decrease in sex drive and no ejaculatory inhibition.43.

In the last half century there has been a significant re-orientation within therapeutic circles as to the effects therapy can offer the homosexual. As was cited earlier, Freud was extremely negative regarding the cure of homosexuality. However current research has consistently indicated that the therapeutic goal of sexual reorientation for the homosexual is not unrealistic. Clinicians agree the task is difficult, but they have shown it can be accomplished. The studies presented here have indicated that approximately one-third of the clients involved in the research have shown significant alteration of their homosexual behavior patterns. The therapeutic possibilities in these cases cover a scope quite different from that of Freud's dismal and rather discouraging prediction.

42 Ibid., p.194

CHAPTER IV

SUMMARY AND CONCLUSION

There are still numerous unanswered queries which cloak the phenomenon of homosexuality. Societal taboos have created a type of freakish mystique regarding those who do not adhere to its sexual norms. As a result the homosexual is probably one of the most misunderstood of social deviants. Society's general lack of knowledge regarding those of an atypical, sexual orientation has caused them to negatively stereotype most homosexuals. While many would feel it absurd to make broad generalizations about the heterosexual, much of the professional and lay public avidly ascribe strict personality traits to the homosexual. Research has shown, however, that those of a homosexual orientation do not comprise a homogeneous group. There are homosexuals among persons of every type of vocational pursuit from menial laborers to business executives.

The pressure involved in the environmental milieu of American culture actually contributes to the occurrence of homosexuality. Rigid societal taboos and the high level of family responsibility have increased the personal and interpersonal risk for those who have a weak sexual identity. Theorists have proposed that the fluid nature of the rapidly changing male and female roles in our culture become prominent causative variables regarding homosexuality.
Researchers have encountered difficulty discovering a significant number of unique personality traits which are consistently exhibited by homosexuals. One frequent occurrence in the homosexual world, the failure to sustain long-term relationships, is primarily the result of an inability to bring social and sexual relations into a unity.

In order to further understand the nature of homosexuality one must become aware that it is not an all or nothing proposition. Sexual preferences extend along a continuum from the ultra heterosexual to the ultra homosexual. Those located on the distant ends of that continuum are by far an exception to the rule.

Freud held little hope for "the cure" of homosexuality. In the past decade this negative outlook has been slowly changing. Research presented by varied schools of psychotherapy has indicated that progress has been made in dealing with the homosexual. Therapeutic techniques utilized by clinicians extending from those of a behavioristic orientation to those adhering to the existential model have indicated increased success in treating the homosexual. The use of group counseling has also tended to be significantly worthwhile therapeutic tool with the sexual variant.

There have been volumes and volumes written about homosexuality and yet there are vast areas concerning it which are not understood. Socially, this fact is not recognized in our culture. The homosexual, because he is homosexual, is frequently ostracized and discriminated against socially and vocationally. It is as if his homosexuality in some way places him outside of the human race or outside of the universal human condition. Those in
authoritarian positions frequently do not acknowledge what has been indicated by current research literature. This lack of acknowledgement in one area is manifested by the rigid laws against homosexual practice, even between two consenting adults, and in another area by the lack of acceptance toward the homosexual within Church and social organizations. Societal guidelines in our culture have consistently condemned the sexual variant. Societal as well as Church norms have chosen to judge the homosexual as if their (Society and Church) position was based upon a solid rationale. Prominent thinkers in psychology, medicine and sociology, however, have indicated that there is much about the homosexual which remains unintelligible. The sexual variant, and all those who in some form transgress social boundaries might well become better understood were societal and legislative leaders to recognize what the experts in the field have proposed.

More research is obviously needed. Although in professional clinical circles the mysterious mystique of homosexuality has been shattered, the homosexual remains a grossly misunderstood phenomenon. Significant strides have been made in recent decades. Yet, in order to maximize the efficiency of the therapeutic encounter with the homosexual much more psychological exploration must be done. These explorations, in order to make a valid contribution toward approaching the homosexual must be accompanied by appropriate follow-up studies.

Dr. S.W. Henry has succinctly summarized the present social situation regarding the homosexual and what must be done to rectify it.
As yet society has no solution for the problems of the sex variant. If he can afford treatment he may be helped in his adjustment by psychotherapy. If he is apprehended because of what is regarded as a sex offense his reputation as a citizen is likely to be ruined, and neither he nor society is benefited by his segregation. This condition will continue until society provides a new type of institutional treatment which combines the desirable features of occupational, psychiatric, and institutional treatment.¹.

It is particularly important that the high school guidance counselor become aware of these varied aspects of homosexuality. In his role as a helper of young people it is essential that he be familiar with the basic facts (or lack of facts) regarding the homosexual. It is during their high school years that many young persons first become acquainted with their own sexuality. For some this is a "natural" growth, exciting and vibrant. For others, the growth into sexual maleness or femaleness is a journey shrouded with confusion, fear, and insecurity. For the vast majority of those involved in this struggle it will entail an adjustment to their own maturing sexuality; for others however, the struggle will have as its matrix the anguish of firmenting their own sexual orientation.

For this last group, it is vital that the counselor be familiar with the varied psycho-dynamics that come into play. What these young persons experience with the counselor, especially in the initial interview, can have an extremely significant effect on their future sexual adjustment.

Insecurity regarding sexual orientation at teen age is consistently accompanied by high levels of anxiety and confusion. Fear and shame are also integral facets of the realization that something has gone awry in their sexual makeup. For the counselor to respond in a startled, clumsy or ignorant manner could easily drive the subject back into his cave of fear and anxiety. If the counselor is to respond adequately he must be aware of the basic facts regarding a sexual struggle of this nature. Lacking this knowledge, the counselor's response could easily be inadequate or judgemental.

It is recognized by the author that most subjects who have severe difficulty with their sexual orientation would be referred by the school counselor to a psychiatrist or clinical psychologist. However, the role the counselor plays for young persons struggling with homosexuality prior to referral is crucial. The attitude of the counselor during his initial explorations with the client can greatly reduce the client's fear and shame. By approaching the client in a sexually mature and knowledgeable fashion he can significantly increase the client's therapeutic readiness. The role of the counselor in this case demands a knowledge and acceptance of the homosexual person and his struggle to reorient himself.

It is for this reason that the author undertook the present study. It is hoped that the facts and perceptions herein will serve as a tool in the school counselor's quest to assist all students: even those who may be homosexually oriented.


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The thesis submitted by Ronald J. Reckamp has been read and approved by members of the Department of Education. The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

May 26, 1970

Date

Signature of Advisor