Casework intervention with a homosexual adolescent

Mental health professionals must see the gay client as a person who frequently needs supportive casework in an often hostile, prejudicial environment.

Russell Needham is a psychiatric social worker, New York State Department of Mental Hygiene, Queens Children's Psychiatric Center, Bellrose, New York.

For the adolescent, there is surely no emotional area more sensitive, conflictual, and anxiety-provoking than the feelings and reactions of a burgeoning sexuality. Today's youngster, regardless of class or background, has the difficult task of coping with inevitable biological urges within a society of ever-changing, inconsistent, and ill-defined sexual standards and role models. Once taboo, our society has in the past decade witnessed a parody of homosexuality. Gays have come out of the closet, abandoning shame or apology, and now dwell in a public arena of some controversy, much curiosity, and increasing acceptance of their lifestyles. Quite expectedly, this more open awareness and greater prevalence of homosexuality has had an impact on the adolescent. Indeed, the adolescent is apt to be more affected than others, for during the early teens libidinal urges become so strong as to seek release in impulsive, ambivalent, acting-out behavior. Sexual activity between members of the same sex often leads to a child being erroneously labeled homosexual. On the other hand, many adolescents have sufficient sexual experience and awareness to decide that they are gay and wish to be open about their preference with their parents and friends.

This article concerns the treatment, over a period of six months, of one such self-styled homosexual boy. "Treatment" is herein defined as casework intervention with the client and his milieu in order to effect a maximum possible personal growth with a minimization of detrimental intrapsychic conflict. In essence, treatment of today's homosexual rests on the fundamental social work ethic of "accepting the client where he is." Thus, the worker accepts the client's sexual orientation as a valid and viable aspect of his personality. The treatment goal is to work with the client to achieve his coping with the attendant problems of the chosen lifestyle. Only if ambivalence in sexual orientation is noted should the social worker be concerned with a possible "change" from homosexual to heterosexual orientation. Therefore, the heterosexual social worker should guard against any latent bias subtly directing any ambivalence toward a favored heterosexual pattern.

A review of the literature

The important writings on the psychodynamics of homosexuality which are relevant to Western cultural attitudes might as well begin with the theses of Sigmund Freud. It seems that those who look on homosexuality as a pathology or mental illness have essentially posited their views on a basis of Freudian theory. Gays, and other supporters of

---

1 This article is based on the author's previous experience as a probation officer.
the viewpoint that homosexuality is not a mental illness, seem forever to be attacking some Freudian or neo-Freudian theory of psychogenesis. The literature here discussed will refer basically to homosexuality in the male. Lesbianism has some similar psychological reference, but female sexuality (and homosexuality) has many variant psychological and sociological implications requiring discussion beyond the scope of this article.

Freud held that at birth the child was basically bisexual or polysexual, seeking and receiving sexual pleasure from various animate and inanimate objects. The orthodox Freudian sees homosexuality, when adopted as a primary sexual practice in adulthood, as a manifestation of sexual libido arrested at an infantile experiential level. A warped fixation of interest on a parent of either sex impedes or inhibits normal sexual growth. Freudian logic follows that an over-identification or love of the mother prohibits the child from giving or seeking sexual love from another female. Freud posits that all males go through this stage and, it is hoped, resolve the conflicts inherent in the “Oedipus complex” to the healthy extent that love objects of the opposite sex can be found, and interact with to allow a satisfactory heterosexual relationship. Overidentification with the father leads the male to see himself as feminine and to seek the love of a father or substitute male figure.

A corollary based on this Freudian theory was posited by Irving Bieber in a study he conducted of male homosexuals. He discovered a prevalence of family constellation of a strong, dominating, mother figure coupled with a weak, passive father figure. This theory of homosexual etiology is still popular with laymen. It seems, however, to have been discredited by the fact that many heterosexuals have similar parental constellations, and contrarily, many homosexuals do not come from such family patterns.

Post-Freudians have enlarged upon Freud’s theories to provide a basis for many of the myths still promulgated regarding the “cause” of homosexuality. One such psychoanalytical theory holds that a castration anxiety in the young male heightened by a knowledge of lack of penis in the female causes him fear or aversion to female genitalia. This theory is the widely held “phobic reaction to women” viewpoint, which ignores the fact that many homosexuals have had, and continue to have occasional, sexual relations with women.

Another psychoanalytic view sees homosexuality as a result of an arrested psychosexual development at the oral stage. With similar logic, would a gay male preferring anal intercourse have an arrested development at the anal stage? Freud did realize that boys do go through a quasihomosexual state in adolescence when they are in close contact with other boys in peer activities. Although there is some eroticism in regard to a peer’s body, boys presumably grow beyond this state into heterosexual orientation. If they do not, Freidians posit an “arrested” sexual development.

The question of genetic or hormonal imbalance may be raised, but according to psychologist Evelyn Hooker, there is no evidence that sexual orientation can be changed with hormone injections. Homosexuals who were given hormone injections had increased sexual desire but did not change in orientation to heterosexuality. In the early 1950s, Hooker conducted a pioneering study of sixty men (thirty gay and thirty straight) who were administered personality tests. Experienced clinicians looked at the results and rated each person on a scale of adjustment from superior to disturbed. Results revealed that as many gays as straights rated as superior, and the same number in each group rated as disturbed. Hooker concludes that homosexuality, in and of itself, is not a psychopathology.

Any review of the literature on a sexual topic should include reference to the monumental work of Alfred Kinsey and his Institute of Sex Research at Indiana University. Although Kinsey was not primarily a theorician regarding the psychology of sex-

---


3. Ibid.
ual practices, his chronicling of such practices is seen as an important factor in society's understanding of the pervasiveness of homosexuality. Kinsey's 1948 study of 5,300 males yielded data which are still cited by gay liberationists and sex researchers. Kinsey posits:

1. Three to 5 percent of adult males are exclusively homosexual after adolescence.
2. Ten percent of American males are exclusively homosexual for at least three years between the ages of sixteen and thirty-seven.
3. Thirty-seven percent of total male population has had some overt homosexual experience.
4. Over 50 percent of American males, if never married by age thirty-five, are probably homosexual in orientation.
5. Fifty percent of the males interviewed acknowledged having been sexually aroused by another male's body.*

Kinsey's research gives significant credence to the belief that homosexuality is practiced by millions of males in America, and millions of others are desirous of practicing it. Such a pervasiveness minimizes the notions of mental illness or abnormality: Can such a large number of the populace really be "sick" or "perverted," or are society's values and norms too narrowly defined and outdated? Social scientists know that "norms" and "accepted behavior" are relative and closely tied to the degree of actual practice or occurrence. Anthropologists Clellan Ford and Frank Beach studied seventy-six societies that have existed in history and reported that in 49 percent homosexuality was found to be socially acceptable or "normal."*

The contemporary American view of homosexuality has changed drastically since the beginning of the Gay Liberation Movement in the late 1960s. The literature it has generated and the events it has helped to occur have been monumental in nature; homosexuality is no longer seen as a mental illness. The American Psychological Association in December 1973 removed homosexuality from its diagnostic category of character disorders. The American Psychiatric Association has similarly removed such a stigmatic classification. The literature published since then seems to view homosexuality from a behavioral-environmental approach, marking a return to earlier anthropological thinking. Ford and Beach state the case well:

One cannot classify homosexual and heterosexual tendencies as being mutually exclusive or even opposed to each other. Human sexual behavior is controlled and directed primarily by learning and experience. It is possible, by a process of cultural and individual conditioning, to make a person an exclusive homosexual, and this can be done precisely because human sexuality is so labile, so dependent upon individual experience. . . . The basic mammalian capacity for sexual inversion tends to be obscured in societies like our own which forbid such behavior and classify it as unnatural.†

New writings tend to see sexuality as a biological drive with no specific goals except gratification. The source of the gratification, or object-partner, is selected through a complex process which involves some learned behavior (from societal mores and standards) as well as diverse psychological needs, desires, and fantasies which C. A. Tripp, in his well-received book, defines as "seeking completeness."‡ In Tripp's analysis, our society fosters in the young male the striving for an ideal masculine image, a certain physique, and other prized bodily characteristics. The male may eroticize (extensive longing for, admiration, or worship of) these attributes which can lead to an actual attainment through body or sexual interaction with another male. The male object-partner may, in reality or in fantasy, be the embodiment or personification of the long-desired "completeness." The enjoyment or success of such actions or attainment reinforces a continuation and broadening of the homosexual behavior. Societal restraints or

---

†Ibid.
taboos only increase the desire; Tripp feels eroticism is maintained and fostered by tension, distancing, and some difficulty in obtaining the desired goal.9

Case illustration

Robin was brought to Family Court on a Person-in-Need-of-Supervision (PINS) petition by the Bureau of Attendance because of truancy. The court found the truancy charges to be factual, ordered a mental health study by the court clinic, and sent the case to probation for a psychosocial evaluation and treatment plan. The case had been postponed for disposition because of Robin’s missing several court appearances and mental health clinic appointments. First efforts to engage Robin were met with resistance; thus, a final warning letter stated that a failure to keep another appointment would result in a warrant for his arrest. Resistance is commonplace in court services because of the authoritarian nature of the setting; clients do not seek services voluntarily as a rule. In Robin’s case, resistance was seen as a fight against the controls of a grandmother (the legal guardian) and his projection that his lifestyle would be challenged and, perhaps, even punitive measures (being placed in an institution) would ensue.

During the first interview, Robin was reticent and withdrawn. He wore a hooded jacket to conceal his height which was pulled back tightly in a small bow. He was tall, slender, and had smooth brown skin, large eyes, and pretty white teeth. Objectively, he looked feminine, primarily due to his facial appearance, and the half-dozen or so silver bracelets he wore on one wrist.

The psychosocial study revealed a fifteen-year-old black youth, with an unstable, often traumatic life history. His mother died when he was eleven; she was acknowledged to have been an alcoholic. The father, separated from the mother most of Robin’s life, lived somewhere in the suburbs, was unemployed, and supported by veteran’s assistance. The father was acknowledged to have been physically and verbally abusive to Robin, often over the issue of Robin’s gay lifestyle and manner. The father never responded to messages left by the social worker, and had recently been banished from visiting his mother, Robin’s grandmother and guardian, due to altercations that always seemed to ensue. A cousin and an uncle of Robin’s had died violently during the previous year, thus removing two close male figures in his life.

For most of his life, except for a brief period when he lived with his father, Robin had been reared by his paternal grandmother. In her late sixties, Mrs. G was seen as energetic and concerned, but rigid and controlling in outlook. Reared in the South, Mrs. G worked all her life on farms, as well as caring for white children. After moving to New York, she worked in factories. She was separated from her husband during the depression; her one son (Robin’s father) was born out-of-wedlock. Highly verbal and ingratiating, Mrs. G wanted Robin to go to school to get “an education I did not have a chance to get and be somebody.” She often argued with Robin over his late hours, his friends downtown, his playing loud music, and his dressing in her clothes and wigs.

Psychodynamically, Mrs. G was seen as a woman of many unmet emotional needs who was able to give (indeed, lavish) Robin with physical and material comforts. From this giving she hoped to garner love and some esteem; she was unconsciously pushing Robin to achieve that which she was unable to during her life. She reacted angrily and punitively at Robin’s attempts to separate himself from her. Mrs. G’s separation and estrangement from her own husband and son lend further evidence to some inadequacies in maintaining interpersonal relationships, particularly with males. Clearly, she was able to maintain control over Robin through infantilization (spoiling him) and feminizing him (allowing him to dress in her clothes in early childhood).

Reverend B, sister of the grandmother and thus Robin’s great aunt, was an important “significant other” in his life. A minister in the neighborhood, she was pious in speech and reputation. Despite her religious beliefs against homosexuality, she was openly affectionate to Robin and seemingly understanding and tolerant of his gayness. Verbalizing a

---

9Ibid.
common sense and patient attitude, she believed that Robin would grow out of such ways. Robin went to her church in earlier years and sang in the choir, but ceased attending when parishioners (including some other relatives) were hostile and critical of his effeminacy and his avant-garde dress.

From a psychodynamic viewpoint, Robin was seen as still in an oral stage of development to some degree; he sought gratification from others and saw such people in terms of their abilities to meet his own needs. The grandmother admitted indulging him with clothes and toys as a child as well as allowing him to dress up in her clothes and high heels. The attention he received from this exhibition served to reinforce and encourage transvestite behavior. Although he encountered no difficulty in elementary school, in junior high school he became the brunt of classmates’ derision and even physical attack. Truancy was Robin’s way of withdrawing from such pain and emotional discomfort. Further acting-out and egocentric behavior was manifest in his staying out all night with friends downtown, playing loud music, and otherwise taunting his grandmother. In some small ways, Robin exhibited anal stage characteristics; striving to separate himself from dependent others and to seek and establish his own identity as a person.

Robin spent much of his time (often staying overnight) with a nonrelated family unit in another part of the city. This family unit was composed of Robin’s twenty-year-old lover, the lover’s younger brother (also gay and practicing cross-dressing), a sister, brother-in-law, nieces, nephews, and grandparents. This other family seemed to provide Robin with the warmth and support that was lacking in his natural family. Robin admitted that this family liked him, found him amusing, and seemed totally accepting of his behavior. It is no wonder Robin found solace there, for this group of people was meeting many needs: physical love, sex, peer acceptance, self-esteem, personal gratification, and approval.

Robin’s transvestism is seen as operant of three psychodynamic conditions: gratification and approval needs, a degree of narcissism, and lack of self-esteem. The literature on transvestism reveals that it is not usually a component of homosexuality; transvestites are most often heterosexual. Freud believed the condition resulted in part from an erotic attachment to a female person during childhood. Robin, coincidentally, slept with his grandmother in the same bed until puberty and was further cathexed to his great aunt, herself an imposing figure, and to his natural mother whom he verbally cherished in memory. Robin’s transvestite tendencies, reinforced since childhood, are seen as an effort to gain attention and personal favor. Concomitantly, he felt more desirable, attractive, and unique dressed in traditional female attire. His comfort at dressing as a female is partially due to a lack of self-esteem and lack of confidence in his masculinity. His grandmother and great aunt would admit in his presence that he had “a beautiful woman’s face, a good figure, and pretty legs.” Surely these physical, stereotypically female attributes — together with his name, often used for a girl’s name — in no small way reinforced the effeminate behavior and dress.

His hairstyle, most strikingly feminine at times, and his fondness for wigs were part of his neurotic obsession with combing and playing with this important, to him, physical feature. This concern or investment of energy in hairstyle and grooming is certainly narcissistic. The concern with hair must be seen, however, in conjunction with other factors operating for Robin and his culture. Like many teen-age boys, Robin prized his hair as that particular part of his body which he could most control and use to express his individuality and uniqueness. Lacking fine or fancy clothes, hair or hairstyle becomes a frontispiece or mark of distinction with major implications of self-esteem, pride, and approval. And from the vantage of transvestism, the hair is the most important bodily characteristic which can be adjusted to convey femininity.

The initial treatment goal for Robin was to attempt to effect a return to school. Understanding the feelings and dilemmas facing a young homosexual in our society, the social worker must try to engage the client and come to terms with the particular milieu that is causing so much conflict and discomfort, and is abetting the truancy situation. In a
beginning interview, the worker simply and pointedly asserted that he believed that homosexuality was a valid lifestyle, not a problem area per se, and that treatment efforts would not be geared toward changing the client’s basic sexual orientation. The worker stressed, however, that he wanted to be helpful in working with Robin to make the client’s life and his surroundings as comfortable as possible. Robin seemed to accept the contract, at least he verbalized such, and he agreed to work on the plan of moving to another part of the city with “Aunt Ruth,” a nonrelative, but long-time friend of the family. Robin then hoped to effect a transfer to a public school in that neighborhood; a plan which his grandmother believed to be inoperative, according to Robin.

Certainly, Robin was not gullible to the worker’s verbal assertions of help and understanding. Three actions of the worker demonstrated to Robin an acceptance of him and his homosexuality:

1. Meeting him at his grandmother’s apartment prior togoing to visit “Aunt Ruth,” Robin was fixing his hairpiece. The grandmother said, “Robin don’t wear that...you can’t wear that while you are with your social worker!” The worker responded, “It’s all right with me for Robin to wear what he wishes.” Here the worker allowed Robin his own choice without endorsing Robin’s taste.
2. Once, when Robin arrived too early for an appointment, the worker took him next door to a local library, sat down with him, and showed him some fashion magazines; Robin had expressed interest in becoming a beautician or fashion designer.
3. Testing the worker, Robin once asked as they were walking back from court if they could look at jewelry in a store window. The worker agreed and Robin pointed out the women’s rings he admired. The worker listened, approved some, but countered with an honest preference for some men’s jewelry.

The major treatment objective as contracted between client and worker concerned Robin’s desire to move to live with “Aunt Ruth,” Mrs. K, in a more rural, outlying part of the city. The worker went with Robin and met Mrs. K, who seemed to be an “Auntie Mame” kind of woman in her early fifties. A widow on public assistance with an attractive two-bedroom apartment in a housing complex of garden apartments, Mrs. K had been a foster parent in earlier years and impressed the worker as being an outspoken, firm, but loving individual with much wit and wisdom. Robin had stayed with her for days in the past, especially during the summer. The worker, Robin, and Mrs. K, drew up a plan for a trial living arrangement. Then a court hearing to sanction the plan was arranged, together with a six-month sentence of probation supervision for continued counseling and concrete services as needed.

Mrs. G, the grandmother who had reared Robin most of his life, not unexpectedly conveyed mixed feelings of resistance, anger, rejection, and withdrawal. At first when the worker came on the scene, she was eager and cooperative in planning visits to her apartment. Transferentially, she saw the worker as “the good young man,” flattering him, his clothes, his manner, and his patience in dealing with Robin. She saw him as an ally in her plan for Robin; to get Robin in school and away from his friends whom she disliked.

Mrs. G used the defenses of intellectualization, displacement, and scapegoating. She verbalized (an intellectualization) a tolerance of homosexuality: “I know many of them...they have fine jobs as hair dressers and dress designers.” This shallow feeling was exposed in her attacks (displacement) on Robin’s dress and particularly his gay friends, who visited a couple of times at her apartment and were told not to return. She scapegoated Robin’s friends by labeling and blaming them: “They are hoodlums!” “Why?” the worker asked. “Because if they were any good they would see to it that Robin went to school.” In one session with her, her sister, and Robin, the worker led Robin to verbalize: “Nanny, I do not go to school...it is my fault—not theirs—they have nothing to do with it.”

Her resistance to Robin’s moving to the home of Mrs. K is seen in comments which convey her upset over her loss of control and feelings of rejection, as well as defenses of projection: “Robin has to learn he cannot have his own way all the time.” “Mrs. K is not in good health...she should not bear my burden.” An interview with Robin, Mrs. G,
and Reverend B was arranged to uncover the feelings. The worker was hoping to use the Reverend B, an ego-ideal of the grandmother, to ease this transition or move away from the grandmother. The worker asked Reverend B what she thought of the move to live with Mrs. K for Robin. She stated, "Well, I know the lady, she is a fine woman . . . and she is not like my sister . . . she is young in attitude . . . I think she can better deal with Robin." The worker knew from this interview that Reverend B would be able to help the grandmother in adjusting to the loss of Robin when the client moved away.

After the court appearance in which all the women, including Mrs. K, were present, the worker arranged a discussion of the negotiation of monies (welfare checks, food stamps, and Medicaid card) which the grandmother would still receive. It was agreed that Robin and his new guardian would come into the city to pick up this mail, thus facilitating a continuing contact between all parties and lessening the feelings of total rejection on the part of the grandmother.

Another treatment area concerned the worker’s openness in engaging Robin in discussing his boyfriend or lover. A clue to Robin’s need for counseling in this regard was his assertion that his lover was not gay because he “had been with women . . . he doesn’t dress up in drag.” Here the social worker can adopt a needed educative role clarifying a stereotypical view of homosexuals that some gays have of themselves as a group; this view is often a manifestation of low self-esteem. The worker also related that he knew gays who liked to dress in jeans, shirts, and traditional men’s clothing. The client’s awareness is here expanded without attacking the client’s own narrow viewpoint.

The court clinic recommended that Robin be seen by a “psychiatrist” (court’s emphasis). A treatment goal in conjunction with the termination process was to prepare Robin for a new mental health worker, assuring him that a facility not bent on trying to change a homosexual’s orientation would be sought. The worker also emphasized to Robin the value in continued supportive therapy to help him adjust to school, career, and a new environment.

A major casework goal was to lessen transvestite tendencies to the extent that Robin could be able to attend school and not provoke community ostracism. This treatment objective was undertaken in a two-fold way. First, the worker would try to dress, when meeting Robin, in clothes that were colorful, but that showed some “in” style, such as blazers, suede coats, hats, some jewelry, and bright shirts and sweaters. Robin occasionally commented on the worker’s appearance and he and the worker would talk about it. The worker would always compliment Robin on his regular clothes, his taste in colors, and was pleased when Robin showed the new clothes his “Aunt Ruth” had bought for him (a black sweater and tan pants).

Robin and Mrs. K were visited weekly in the suburbs to insure that the adjustment continued smoothly. The worker was impressed at Mrs. K’s abilities to handle Robin, to set limits, and to otherwise be open and understanding in dealing with him. Following the worker’s going with Robin to the Board of Education headquarters to facilitate enrollment, Mrs. K took Robin to register for school. The worker received some clues to Robin’s good adjustment in Mrs. K’s home by such actions as Robin, on the occasion of one weekly visit, standing over the kitchen sink scrubbing a pot. This activity, along with Robin’s serving the worker coffee and cleaning up the dishes, shows that Robin felt he was at home, took pride in its appearance, and was able to do for others — a lessening of his own egocentricity. One important development concerned Mrs. K’s mentioning that Robin gave away one of his skirts to a teen-age girl next door with whom he had become friendly. The girl, a college student, had offered to tutor Robin, and was supportive of his lifestyle.

The worker encouraged open discussion of sex which led to the client asking about the worker’s orientation. The worker discussed the ways that he was different from Robin and the ways that they were the same. Such a discussion and sharing allowed the client to know that others, although different from him, could, nonetheless, be accepting and supportive. This attitude is in contrast to a worker asked about his own orientation by a gay client who might respond: “Why do you
ask?" "What do you think?" Or, "Why does it matter?"

Summary

The case of Robin indicates that social workers can work with gays, but perhaps may need to adopt diverse techniques. First, mental health professionals must see the gay client as a nonpsychopathological person, who most often needs supportive casework in adjusting to an often hostile, prejudicial environment. Second, the social worker may need to "use himself" by becoming an advocate or role model of a caring human being who understands and is nondiscriminatory toward homosexuals. Third, environmental manipulation, such as moving a client away from hostile relatives or a hostile milieu, is a viable treatment goal for healthy adjustment by the homosexual. Homosexuals remain a lone minority group in contemporary American society, lacking institutional or formal support systems other than their own peer groupings. The author believes that social workers should utilize their skills in the process of helping to foster the psychosocial adjustment of the gay client.