Counseling Homosexual Alcoholics

Ten Case Histories

Edward J. Small, Jr.¹ and Barry Leach, Ph.D.²

SUMMARY. The case histories of 10 male homosexual alcoholics are presented, and psychoanalytic theories about the link between homosexuality and alcoholism are reviewed.

TWO MODERN STUDIES of homosexual men, discussed below, suggest a high incidence of alcoholism in that population. Our own clinical experience, moreover, is that almost one-third of the men seeking counseling or treatment for alcoholism are concerned about homosexuality.

For at least two reasons, it seems likely that an increasing number of problem drinkers seeking help in the future will identify themselves as homosexuals: growth of the "Gay Liberation" movement (1), and the American Psychiatric Association’s removal of homosexuality from its official list of mental illnesses.

The case sketches that follow suggest that homosexuality and alcoholism in men are probably independent states, and that homosexuality need not be an obstacle to therapy or recovery from alcoholism under certain conditions.

Homosexuality has been linked to alcoholism or inebriety in theoretical formulations in the psychiatric and psychological literature for decades (2–6). Some of Freud's reinterpreters, linking oral tendencies to homosexuality, proposed that the etiology of alcoholism is homosexuality. Ferenczi (7, 8) and Knight (9) saw in compulsive drinking an attempt to allay anxiety over masculine inadequacy, resulting from an overindulgent mother, traumatic weaning, the father's emotional coldness, and envy of the father's penis. Bergler (10) offered a similar formulation, noting that an

¹ 99 East Fourth St., New York, NY 10003.
² 100 Bank St., New York, NY 10014.
Received for publication: 22 February 1974. Revision: 2 March 1977.
alcoholic's homosexuality is latent. Abraham\(^8\) held that oral frustration resulted in overidentification with the father, amounting to latent homosexuality, and that alcoholics could express their "deviant" urges under the influence of alcohol within the "male" camaraderie of the saloon. Radó (12) declared homosexuality an irrational fear of being heterosexual, presumably dissolved by alcohol. In her extensive review of psychoanalytic views of alcoholism Blum (13) described love relationships established by an alcoholic as "supporting evidence for an oral fixation or regression," but also noted that fixation at the anal stage often results in "love for others, albeit of the same sex."

From many such formulations, it might be inferred that overt homosexuality averts alcoholism, or that no one can manifest both alcoholism and overt homosexuality. The emphasis on orality seems to define homosexuality almost exclusively as a drive to perform fellatio; none of the theories account for the frequency of manual masturbation, anal intercourse, flagellation or any other homosexual (and heterosexual) practices, not to mention observable enduring marriage-type or love relations between homosexuals. Psychoanalytic assertions do not constitute hard evidence, of course, nor do they account for all homosexuals, repressed or overt, who do not become alcoholics, for all women homosexuals, for all women alcoholics, for all heterosexual alcoholics, or for all "gay" male alcoholics who drink outside saloons.

As Saghir and Robbins (14), Madsen (15), and Weinberg and Williams (1) have noted, years of research have not led to agreement on either the definition or the etiology of homosexuality, or even whether there is indeed one such condition, personality type, or pattern of behavior which can be clearly delineated. Nevertheless, some investigators have tried to determine in small samples whether there is an association between alcoholism and what they consider homosexuality.

Landis (16) compared the personalities of 29 drinking and 25 remitted alcoholics and 21 nonalcoholic controls and found no relationships between homoeroticism and alcoholism; nor could Quaranta (17) find such a tie. Machover et al. (18) reported finding what they judged to be homosexual "trends" more in evidence among 29 drinking alcoholics, but did not find the tendencies more prevalent among men alcoholics than among nonalcoholic, pre-

\(^8\) Cited in Fenichel (11).
sumed nonhomosexual, controls. McCord and McCord (19), in their longitudinal retrospective study of alcoholics, found that "overtly homosexual" pubescent boys \(N = 6\) were slightly more likely to become alcoholics than "feminine" boys (those who played with dolls, expressed the wish to be girls, or wore some feminine clothes), contradicting the pseudo-Freudian contention that latent homosexuals have greater vulnerability to alcoholism than overt ones. The McCords concluded that their research "does not support the belief that alcoholics have latent homosexuality“ (19, p. 32). Prout et al. (20) found homosexuality in only 4 of 100 hospitalized men alcoholics. Botwinick and Machover (21), having searched for homosexuality, latent or patent, in alcoholics, concluded that "homosexuality cannot be an essential factor in alcoholism” (p. 272).

Gibbins and Walters (22) tested the psychoanalytic theory that alcoholism is linked to repressed or latent homosexuality, using three perceptual defense experiments on 179 men subjects, of whom 36 were manifest homosexuals ("arrested for homosexual offenses") and 43 were patients in an alcoholism clinic. The 100 controls, presumably neither alcoholic nor prealcoholic, neither overtly nor covertly homosexual, were men who regularly attended YMCA (Young Men's Christian Association) functions. Results of the first two experiments did not afford unequivocal support for the tested theory, the authors reported, and in the third, "responses of alcoholics were intermediate between those of homosexuals and normal subjects" (p. 640).

So, although sexual identity (not homosexuality qua homosexuality) can undoubtedly be a problem for some alcoholics as for some nonalcoholics, there is no clear evidence that alcoholism is caused by homosexuality. Factors which produce one may also sometimes produce the other, but evidence for this is also lacking. The only link or relationship between alcoholism and homosexuality may be their occasional occurrence within the same individual.

Nevertheless, two recent studies suggest there may be a relatively high incidence of drinking-related problems among men homosexuals. Although Barr et al. (23) concluded that recent evidence from studies of homosexuals who are not psychiatric patients suggests that homosexuals are not more neurotic than comparable heterosexuals they found problem drinking among 30% of their homosexual population and in only 20% of the heterosexual controls. Weinberg and Williams (1) studied 2497 male homosexuals (1117
in the United States, 1077 in the Netherlands, and 303 in Denmark) and found no differences in psychological problems between the homosexual and general population samples; they concluded that sexual orientation is not necessarily correlated with psychological problems. But they also noted that 29.4% of their homosexual sample reported "drinking more than they should," i.e., nearly "all the time"; another 31.3%, "pretty often"; and 30.4% reported frequenting a "gay" bar once or more a week. Other Weinberg and Williams findings could also correlate with drinking problems, although no direct relationship is shown. For example, subjects reporting seeing a psychiatrist, suffering from tremors, dizziness, nightmares, sweaty hands, guilt, depression, loneliness, job dissatisfaction and job changes could be revealing alcoholism.

The following case histories are believed to typify the coincidental occurrence of homosexuality in men in contemporary American culture. They appear to illustrate the hypothesis that the two conditions are most likely to coexist circumstantially rather than causatively, but as they do not constitute a representative sample of either condition their worth is only suggestive. The patients are all White men seen by us during a combined total of 15 years of working with alcoholics as an alcoholism counselor in an industrial setting and in a program for drinking drivers, and as a psychotherapist in private practice in association with a psychiatrist.

**Cases**

*Case 1.* J.B., an American-born man, presented for treatment at the age of 27. There was no family history of alcoholism.

He began experimental drinking and homosexual behavior in high school, where he was an athletic star, continuing through 4 years of college and 2 of voice study in Italy, with occasional periods of abstinence and continence. Alcoholism became severe during 3 years of professional singing in New York. He sought psychiatric treatment, convinced that a mental disorder caused the homosexual behavior and that this was at the root of his excessive drinking. During 3 years of group therapy he resisted suggestions to try Alcoholics Anonymous and found homosexuality in himself or others unacceptable. During times of abstinence he refrained from sexual activity, convinced he would "get over" being homosexual, marry and have children. Failure to fulfill a professional engagement because of drunkenness persuaded him to follow group advice and concentrate on abstinence by becoming an A.A. member. After a year of abstinence he began to feel comfortable with other "gay" A.A. members, entered into a homosexual marriage-type relationship with another A.A. member, and maintained continuous
abstinence. The relationship has lasted 3½ years, and J.B. has terminated psychotherapy.

Case 2. J.M., an American-born Jewish advertising writer, at age 58 was referred by a county court to a rehabilitation program for “drinking drivers.” He reported that both his parents were alcoholics.

After 4 weeks in the court program, J.M. announced that he was a homosexual, not an alcoholic. Sexual activity with both men and women had begun at age 14 and continued unabated after his marriage at age 21, which ended in divorce 10 years later. At that time he had never drunk except on ceremonial occasions, but after the divorce he became a heavy solitary drinker, isolating himself except during work hours and about once a month when he would get drunk and participate in homosexual orgies at a Turkish bathhouse. He called himself a “fag baiter and beater” and took elaborate pains to appear aggressively unattractive, masculine and hostile. He said he was stunned by a counselor’s suggestion that he might be both homosexual and alcoholic, both happy and sober. “Being homosexual won’t kill me, but drinking will,” he finally announced. Highly intelligent and well motivated, he accepted referral to a psychotherapist in private practice, to A.A., and to a “gay” social club in which he never developed any interest. After 6 months in the driver program, he was discharged. Two and a half years later he is still abstinent, active in A.A. (in both homosexual and heterosexual groups), and says he leads a promiscuous “gay” sex life outside A.A. He has terminated psychotherapy. In the last year he has had dramatic professional success.

Case 3. R.C., an American-born Roman Catholic priest of Italian parents, was referred for counseling at age 42 by a priest friend after his third suicide attempt. His mother, a physician, became an alcoholic in middle age.

R.C. reported being a heavy user of alcohol and tranquilizers since seminary days. He speaks five languages, has two doctoral degrees and in his youth was considered a promising fiction writer. He was infuriated by the suggestion of alcoholism, saying he drank only because of fury at the superiors of his order who declined to let him practice an openly “gay” ministry. He had read widely about alcoholism, about A.A. and about homosexuality. He insisted he enjoyed being “gay,” but admitted experiencing lengthy depressions. He saw each sexual contact as the start of a sort of “betrothal” which was sure to lead to “marriage,” which would in turn make his homosexual behavior acceptable. He agreed reluctantly to attend “gay” A.A. meetings with another priest, also a homosexual alcoholic. Eight months later they formed a domestic partnership, and R.C. left the priesthood to enter business. He has now been abstinent 28 months, is successful in a highly structured commercial enterprise, is writing fiction again and is active in A.A. He believes his recovery began when he could accept identity first as an alcoholic, then as a homosexual. He believes he will eventually become a communicant in his faith again.
Case 4. G.M., a New York-born Puerto Rican, had begun recovery from alcoholism at age 36 with the aid of A.A. He said his father was a "reformed drunkard" who did not drink.

After 10 months of abstinence G.M. sought counseling through his employer's health program because he had fallen in love with a fellow laborer and was deeply depressed and fearful that he was a "queer." He had been a heavy user of wine and beer in high school, but alcoholism was not diagnosed until his foreman had urged him to go to A.A. He had had sexual experiences with many men and women, beginning in school days, but had been able to reach orgasm only with men. During the last 5 years of his alcoholism, however, he became impotent and said he had decided sex was highly overrated in America. Abstinence had restored his potency. He first described himself as "30% gay, 70% straight," but after 8 months of counseling he reversed the proportions. He is still abstinent, 5½ years after counseling terminated, and says he is content with a "gay" identity but still unhappy at what he feels is the necessity for hiding it. He says he used homosexuality as the excuse for heavy drinking.

Case 5. M.S., an American-born Irishman, at age 43 referred himself to his company's alcoholism program at the urging of A.A. friends.

Orphaned in infancy, M.S. was reared by foster parents who were prohibitionists. He was abstinent until age 29, when he got drunk after the break-up of his third engagement. His drinking has been periodic and pathological ever since. He reported being repeatedly raped by an older man in early childhood, and recalls no other sexual experience except solitary masturbation until after he began to drink, when he also began going to "gay" bars in a search for a homosexual lover, "in bitter resignation," he said. This was revenge for the broken engagements, he feels. At 35 he entered psychiatric treatment, and at 37 joined A.A. Until 8 months ago he had never remained abstinent longer than 2 months, always going on a binge at the break-up of a "love affair." Eight months ago, however, he began taking disulfiram daily, and he now seems delighted that he can have sexual experiences while sober and without emotional involvements. His attitude toward A.A. has become noticeably more positive.

Case 6. F.S., American-born of German parents, referred himself for group therapy at age 37 after a year of sobriety in A.A. There was no family history of alcoholism.

F.S. began intensive homosexual activity and heavy drinking in college, but neither prevented a rapid rise to financial success on Wall Street. At 35, depressed about failure to achieve any enduring homosexual love relationship, he entered a "gay" self-help group. The group persuaded him to go to A.A., but after a year's abstinence he was still unhappy, complaining of hypoglycemia, which no medical examination could confirm, and of migraine headaches. During 2½ years in group therapy he has remained abstinent and has begun to reassess his goals as a homosexual. He has become a leader in the "Gay Liberation" move-
ment and is less concerned about so-called love affairs. He is active in A.A. and his somatic complaints have virtually disappeared.

Case 7. J.P. referred himself at age 45 for outpatient treatment for alcoholism. There was no family history of alcoholism. Born in Kansas, the patient began drinking while working for his doctorate in economics, shortly before marrying a medical student. After 20 years of alcoholism he joined A.A., and after 2 years of abstinence sought psychotherapy. He described himself as asexual and said both he and his wife found sexual activity distasteful. However, after participating in some bisexual orgies, he began to wonder whether he could find a homosexual life satisfying as, he says, his wife now does. After 2% years of group therapy he is still abstinent and says his life is 50% more productive than during drinking days. He has had four homosexual experiences in the past year and a half, but says that he finds A.A. Twelfth Step work and "gay" civil rights activities more important and satisfying than any sexual experiences.

Case 8. P.H., a third-generation Southerner, referred himself at age 34 for treatment for alcoholism. No known forebears were alcoholics. Like his four heterosexual brothers, the patient began drinking in a Methodist college and, like them, was an alcoholic before graduation. All his sexual experiences in college were homosexual, but he married a classmate who was a Roman Catholic and was converted to Catholicism in the belief it would help him lead a heterosexual life. He became an airline pilot and lived a heterosexual life at home but away from home practiced homosexuality. He believes he drank to be able to perform homosexual acts, then used his "queerness" as justification for more drinking. Periodic binges finally led to affiliation with A.A. He became abstinent immediately, but 2 years later was divorced by his wife, who got custody of their daughter. The patient then sought psychotherapy. He has now been abstinent 40 months and is having a romance with a fellow pilot. He says sex still makes him feel sinful, but confession relieves him and he does not have to drink.

Case 9. H.H., a German-born graduate student, was referred at age 25 by a physician for counseling for alcoholism. His father was an alcoholic.

The patient had worked his way to this country at age 15. He says he had always been a heavy drinker and bisexual. In an East Coast university he had an affair with an older woman professor, but was a "gay" activist. He began to use distilled spirits and marihuana. A physician prescribed amphetamines, tranquilizers and barbiturates, and told H.H. that homosexuality was the root of his drinking problem. Upon graduation he became a chef to support further study. He was convinced that the use of drugs was an integral part of the "gay lifestyle," and frequently went to "gay" bars. After a nonproductive year of counseling he was persuaded to enter a hospital for detoxication, then to spend a month in a rehabilitation center for alcoholics. He has now been abstinent for 19 months, takes disulfiram and still uses marihuana.
but is discontented. He works as a chef while pursuing graduate studies, but has not achieved a satisfying social or sex life—that is, one which actualizes his fantasies. He has recently started group therapy.

Case 10. R.T., son of a Jewish father and an Italian mother, at age 55 was referred by his supervisor to his company's program for alcoholic employees. His mother had died of alcoholism.

This patient had begun both pathological drinking and homosexual experiences in high school. A technical writer, he lives with his father in the house where his father was born. Before alcoholism counseling began, his life had consisted only of work, barroom drinking, homosexual experiences in movie theaters, and watching television at home. He was hospitalized when he was 35, 40 and 45 for "nervous breakdowns," each following a painful encounter with his homosexuality. He was certain it caused his excessive drinking. Probably the last two hospitalizations were related in part to alcoholism, although it was not diagnosed. Referred to A.A., R.T. has now been abstinent for 29 months. All his friends and sexual liaisons are homosexual, but he insists he is not "one of those." He has lately begun to profess an interest in "gay" civil rights.

DISCUSSION

None of the patients discussed above fits the stereotype of the male homosexual. None had any urges to transvestism or transsexualism, or appeared in any way feminine. Most are in occupations not commonly associated with homosexuality, and none displayed the mother fixation traditionally associated with male homosexuality. Half of them had no knowledge of parental alcoholism. Their personality types varied widely, as did both their homosexual activities and their drinking patterns.

Nevertheless, a dim pattern seems to emerge from the case histories. Those who were able to accept and live comfortably with the need for abstinence seemed also most likely to achieve relatively successful sexual function (Cases 1, 2, 3, 4, 7, 8, 10). Obversely, patients who had come to terms with their homosexuality seemed to find it easier to accept the diagnosis of alcoholism and the need for abstinence (Cases 5, 6, 9). So the traditional view that homosexuality causes alcoholism, as in Case 1, may well be erroneous, even antitherapeutic. Recovery from pathological drinking seemed to be within reach almost as soon as the patient could view alcoholism as a condition independent of homosexuality. At the least, these homosexual alcoholics responded to treatment for alcoholism when the therapy did not demand that they become heterosexual.

"Gay" alcoholics who insist that the "basic" problem is homo-
sexuality, as in Case 2, may be trying to deflect attention from the drinking—a denial technique, noted by Fox (24), which can postpone the start of abstinence and recovery from alcoholism.

Socially conditioned feelings of discomfort about sexuality are often troublesome to these people, and reinforcement of such feelings by anyone who becomes an “enabler” (25) can exacerbate the unease and help the patient avoid recognition of alcoholism, since nearly all the alcoholics discussed here had used the fact of their homosexuality, or the “homosexual lifestyle,” as a rationalization for drinking.

The 10 cases described here support Weinberg’s (26) contention that many problems attributed to homosexuality are actually due to cultural traditions and society’s reaction to perceived homosexuality. Such problems seem to lose much of their intensity when the homosexual’s human environment is not, in Weinberg’s (26) term, “homophobic.”

Probably this was the case when many of these patients found themselves in the company of other “gay” alcoholics in A.A. The General Service Office of A.A. now lists meetings for such alcoholics in at least 15 cities in 3 countries (although some homosexual alcoholics prefer to attend A.A. meetings not so segregated). In recent years The A.A. Grapevine has carried case histories of several recovered homosexual alcoholics, and A.A. World Services has just published a pamphlet (27) containing such an account.

REFERENCES


*Personal communication, 30 April 1976, from Box 459, New York, NY 10017.*