

Homosexual Panic: A Review of Its Concept*

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This paper traces the origin of the term "homosexual panic" when it was first described in 1920 to the Freudian bisexual theory of sexual development and the concepts of repressed and latent homosexuality, and questions the appropriateness of this term when used to diagnose as well as to describe different situations. Concerns are raised especially when dealing with conditions ranging from violent behaviour to outright psychotic episodes. Homosexual panic is also compared with pseudohomosexuality, and finally correlated with society's homophobic attitudes.

The concept and usage of the term "homosexual panic" have not always been precise or consistent among clinicians. As will be further discussed in this paper, this term is sometimes used to label a distinct clinical entity, to describe a constellation of symptoms of a wide variety, and at other times, it is used psychoanalytically as an explanatory hypothesis to account for certain behaviors in man. However, this concept continues to intrigue, and at times confuse the mental health professionals who may not always agree to the appropriateness of its usage, not to mention the controversy it generates when used as a defence for violent acts towards another individual. This paper will review the history, underlying theories, and explore the current concepts of this term.

Definitions

Unfortunately, there has been a dearth of published information about homosexual panic over the past decade, and consequently, not many new ideas about this topic have really evolved ever since this condition was first described by Kempf in 1920, and medical textbooks would subsequently refer to this acute mental disturbance as Kempf's Disease (1). It was defined as a state of sudden "feverish panic or agitated furore,

amounting sometimes to temporary manic insanity, which breaks out when a repressed homosexual finds himself in a situation in which he can no longer pretend to be unaware of the threat of homosexual temptations" (2,3).

West suggested that homosexual panic may be provoked by intimate situations between men, such as in military settings or penal institutions, and it probably accounts for some curious crimes of violence in which young men allow themselves to be seduced by other men and suddenly turn upon the latter in blind rage and batter them to death. There are times when the unfortunate victim unintentionally arouses the unwanted sexual feelings and consequently suffers the brunt of the outburst. According to West, "the unnecessary fury of these attacks, the absence of material gain, and the reckless disregard of consequences . . . could be a reaction to the intolerable pain caused by the threatened collapse of a heterosexual self-image" (4).

The last three editions (1975, 1980, 1985) of The Comprehensive Textbook of Psychiatry (CTP II, III, and IV respectively) do not differ much in the content and amount of information devoted to this topic. The CTP glossary defines it as a "sudden, acute, onset of severe anxiety, precipitated by the unconscious fear or conflict that one may be a homosexual or act out homosexual impulses" (5,6). Nemiah, in his chapter on "Anxiety Neurosis" ("Anxiety States"), describes people with severe anxiety who are fearful that their drives or impulses might lead them into performing prohibited or unacceptable actions which may be aggressive (such as murder) or sexual (such as homosexual behavior) in nature (7-9). One of the consequences of this is the development of "castration anxiety," wherein one experiences fear of bodily damage or diminution of one's capacities, often associated with homosexual panic. This usually occurs in adolescent or young adult males who have not yet fully consolidated their male identity, and when exposed to close physical contact with other men, may arouse their underlying unconscious homosexual impulses; which in turn threaten their masculine ego, resulting in sudden eruption of violence.

In the CTP chapter dealing with "Psychiatric Emergencies," Linn described homosexual panic as an "adjustment disorder of adult life characterized by delusions and hallucinations that accuse the person in derisive and contemptuous terms of a variety of homosexual practices" (10-12). It typically occurs in

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people with schizoid personality disorders who had protected themselves from intimacy. According to Linn, there may be a history of alcoholism or drug use preceding the acute episode which may result in homicidal behaviour or suicidal acting out. Treatment consists of rescuing the person from the traumatic situation preferably through hospitalization, using major tranquilizers to settle the patient, and having only female staff as therapeutic allies. He also recommended avoidance of unnecessary physical contact (that is, use of needles, suppositories, detailed physical examination or procedures involving intimate parts of the body). If the person is a recruit, discharge from the military service is suggested.

The Diagnostic and Statistical Manual (Third Edition-Revised) does not list homosexual panic as a distinct formal diagnostic entity, although from the above CTP definitions, it can be grouped under the categories of either an Adjustment Disorder or a Brief Reactive Psychosis (13). It appears, therefore, that the term homosexual panic can be used to describe a neurotic or anxiety state as well as a psychotic episode of brief duration.

Case Examples

Although the classic example of homosexual panic as described by Kempf is that of a macho young man who willingly consented to be sexually seduced by a homosexual, but suddenly, in a fit of rage or anxiety, kills him, there are many other instances wherein homosexual panic appears to be part of the clinical picture but in which its etiologic significance cannot be proven.

Case 1

A 22 year old single Caucasian male not known to have any prior history of sexual identity problems was admitted to a Calgary hospital for a psychotic episode following alcohol and street drug abuse while travelling in Mexico. In the psychiatric ward, he was under the delusion that he was a Mexican and was attempting to utter words in Spanish. He also believed that everybody knew he was gay and they were out to kill him. At the same time, he was inappropriately inviting the male nursing staff to go to bed with him. He was treated with chlorpromazine and was discharged twelve days later with complete remission of his psychotic symptoms.

Case 2

A twenty year old single male killed a 42 year old cab driver in a sudden fit. According to this young man, he forgot his wallet and could not pay the fare. The young man recalled later that when the driver assured him it was alright and tapped him on the shoulder, he became extremely anxious, suspecting that the driver was gay and was making sexual advances towards him. He claimed to have lost control of his actions and battered the driver to death.

Case 3

A 25 year old single Caucasian male with a history of ulcerative colitis of ten years' duration had been undergoing psychotherapy for the past two years. He presented himself as a highly anxious patient who had not done well at school since his bowel problems began. He subsequently lost his job and had no friends due to his low self esteem and his inability to trust other people. He was very self conscious, constantly fearful that he might lose control of his bowel, and make a fool of himself in public. He called himself a "loser" and a "low-life." He felt insecure because he was too skinny, and referred to his acne as "warts." He harbored a persistent guilt about masturbation and later disclosed that he cross-dressed to relieve his anxiety and depression. He was constantly fearful that people might discover his secret and conclude that he was gay. During his cross-dressing, he would fantasize about being sexually dominated by females, and sometimes males. He was afraid to use the public washrooms for fear that men might make sexual advances towards him. When his girlfriend subsequently rejected him for another man, he engaged her new boyfriend in a fist fight just to prove to himself that he was still manly enough.

Theories

According to Freud's bisexual theory of sexual development which was derived from mythological sources, histological and comparative biologic studies, homoerotic tendencies are forever present but dormant and may be aroused by instinctual and experiential factors (14, 15). "Normal heterosexuality" depends on the ability of the individual to repress and sublimate the homosexual component of the sexual instinct. Failures of repression or sublimation may allow the emergence of homosexual trends such as if one displays characteristics opposite to or deviant from the inherent male sexual characteristics.

Freud regarded paranoia, passive-submissive attitudes in males, difficulties in heterosexual functioning, and intimacies of a non-sexual nature between individuals of the same sex as examples of failures of repression and evidence of "latent" homosexual impulses. In the "overt homosexual," sexual conflicts are translated into seeking sexual objects of the same sex. When such homosexual conflicts are under repression, the individual is said to have "latent" homosexual problems (16).

A consequence of failure of defences would be that the individual might react to homosexual impulses in himself or others with disgust, rage, or horror, reaching proportions referred to as homosexual panic (17). Furthermore, Freud linked the concept of repressed homosexuality to paranoid psychosis and paranoid schizophrenia on the basis of his analysis of the memoirs (1900-1902) of Dr. Schreber (1842-1911) who believed he was emasculated, for the purpose of sexual abuse, by his physician and imagined tormentor Professor Fleisig (18).

The terms pseudohomosexuality and pseudohomosexual panic were introduced by Ovesey to describe conditions in which basically heterosexual men erroneously feared that they were homosexual on the basis of traits which Freud would have attributed to latent homosexuality. These included failures in self-assertion, power struggles with other men, and real or imagined inadequacies in heterosexual performances (19). To these people, homosexuality symbolizes submission, defeat, and degradation. However, their fantasies are usually unaccompanied by erotic feelings with no evidence of homosexual arousal or behaviour (20). According to Woods, violence in these young men is often precipitated by situations in which they perceive a loss of status particularly if the loss has sexual connotations (17). Therefore, anxieties and subsequent violent acts about being homosexual need not be motivated by sexual issues alone, but are usually symbolic in nature to compensate for one's low self-esteem and inadequacy. The third case described earlier could very well fit this description.

Discussion

Although Freud outlined the theories of sexual development in his Three Essays on the Theory of Sexuality and elaborated the connection between paranoia and repressed homosexuality in his analysis of Dr. Schreber's memoirs, he did not use the term homosexual panic. Kempf, building on the theory of repressed homosexuality, subsequently described his concept of homosexual panic. In addition to being a descriptive as well as a diagnostic entity, it is also considered a symptom of latent homosexuality which is said to occur if a man cannot repress or sublimate his homosexual impulses and fantasies.

However, Freud's bisexual theory has come under heavy criticism. His views of male aggressiveness and female passivity as metaphorically derived from the need for the male to penetrate and aggressively overwhelm the female "passive" receiver during the sex act are no longer acceptable. Moreover, Sherfey (21) used biochemical and anatomical evidences to demonstrate that genetic sex is established upon fertilization and that all embryos are morphologically female (not bisexual) until the effect of the male sex genes is felt during the growth of the gonads (in case of a male fetus). As far as the complex problem of gender role is concerned, a large number of factors need to be considered: (i) sex-chromatin pattern; (ii) gonadal sex by morphology; (iii) hormonal sex which is correlated to the secondary sex characteristics; (iv) the external genital morphology; (v) internal accessory reproductive structures; (vi) sex assignment and rearing; and (vii) the psychological sex or gender role. Hampson and Hampson (1961) conclude that the psychologic sex or gender role appears to be learnt and becomes differentiated during the course of growing up. "In place of a theory of innate constitutional psychologic bisexuality...we must substitute a concept of psychological sexual neutrality in humans at birth" (22).

In regard to the concept of latent homosexuality, even Bieber et al. in their psychoanalytic study on homosexuality (1962), which compared 106 male homosexuals to 100 male heterosexuals, concluded that they were not able to validate the ubiquity of "latent" homosexuality. In 40% of the comparison group, all items tapping this "complex" were answered in the negative. The authors stated, "A constitutional inability to repress and sublimate a universal *perverse* (italics supplied) impulse is a metapsychological hypothesis that our data cannot support" (23).

In addition to these doubts raised on the issues of the bisexual theory of sexual development as well as latent homosexuality upon which the concept of homosexual panic is based, the three case illustrations mentioned earlier will reveal that simply labelling these three people as having "homosexual panic" or "pseudohomosexual panic" would not really help one understand the intricacies behind their behaviours. Gonsiorek (24) mentioned four clinical situations in which one can mistakenly label a person as having homosexual panic if one does not consider the psychosocial, predisposing, and precipitating factors involved:

1. Schizophrenia, especially with paranoid features.
2. Severe sexual identity crisis about one's homosexuality.
3. A genuinely gay person who becomes paranoid due to reality-based traumatic experiences, for example, fear of public exposure.
4. Precipitation of a schizophrenic episode in a schizophrenic individual due to the emergence of homosexual desires.

In dealing with acts of violence attributed to "homosexual panic", one cannot dissociate from how society with contributions from psychiatric, legal, and religious sources, view homosexual behaviour. Churchill (25) divided human societies into two categories: the first, called "homoerotophobic," represents groups in which homosexual behaviour is considered unacceptable for all members of the community; and the second, called "homoerotophilic," represents those groups in which homosexuality is considered acceptable under certain circumstances for some members of the community. He stated that most of the North American youths may have gained the impression that assault and even murder are justifiable if the object of one's hostility is a homosexual. Given that Churchill might have over-emphasized the issue, there is nevertheless considerable animosity towards the homosexual which is presently being potentiated by anxiety regarding the spread of AIDS. According to Churchill, "The ruthless attitude of these youths merely reflects the ruthless attitude of our society... The great need of (our) youth to be tough and aggressive, to seem to go about with a perpetual chip on the shoulder, and to become involved in brawls, street fighting and other forms of antisocial behavior is partly a function of homoerotophobia."

"Homophobia" is a term that was originally used by Weinberg (26) and refers to the fear or rejection of

homosexuality and homosexuals (27). Voeller defines homophobia as an "irrational fear, hatred, or loathing of homosexuals and homosexuality" (28). He believes that this attitude is perpetrated by one's peers, parents, the church, the state, and most medical authorities. There are some psychoanalysts who still view homosexuality as pathological. As recently as 1962 Bieber et al. wrote that "homosexual society...in which membership is attained through individual psychopathology, is neither 'healthy' nor happy" (23). Homosexuality was always considered a mental disorder until 1973 when the American Psychiatric Association (APA) Board of Trustees with a vote of thirteen to zero and two abstentions, moved to delete homosexuality as a mental illness, replacing it as a "sexual orientation disturbance." The furor this caused for a segment of the APA membership led to a referendum for its members the following year, which resulted in 58% favouring the Board's decision (29).

It is our opinion that behaviour such as assault which has been attributed to homosexual panic may in part reflect underlying homophobia rather than repressed or latent homosexual impulses. Legal responsibility for such actions would be the same as that for persons committing acts of violence towards other members of the society because of bigotry, prejudice, hatred, and intolerance. Unfortunately, the victims of this crime cannot live to tell their stories. Many people are quick to condemn the potential victim as the initiator of the aggressive act by "asking for it"; this is analogous to the prevailing social attitudes before the activity of the women's movement wherein the victims of heterosexual rape were often blamed for their suspicious motivations (30).

Conclusion

In summary, the term homosexual panic has been used descriptively to label psychotic episodes, neurotic states, and to explain certain aggressive and violent behaviours. It is a concept based on the bisexual theory of sexual development and on latent homosexuality which are no longer considered tenable (31). The concept of homosexual panic is a result of our medical, social, legal, and religious homophobic attitudes. If society would want to reduce the incidence of outbursts in violent behaviour towards homosexuals, then perhaps one needs to examine these homophobic attitudes.

In conclusion, the term homosexual panic is too vague and too inconsistent; it is no longer viable or utilitarian and may even be detrimental to the patient/offender as well as the victim. The authors agree with Gonsiorek (24) who suggests that the term "homosexual panic" be permanently assigned to the "junkyard of obsolete psychiatric terminology."

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Résumé

Dans cet article, les auteurs font remonter aux années 1920 l'origine de l'expression "panique homosexuelle" lorsque Freud a proposé sa théorie du caractère bisexuel du développement sexuel et ses concepts d'homosexualité latente et réprimée. Ils remettent en question la justesse de cette expression lorsqu'elle est utilisée pour poser un diagnostic ou pour décrire des situations différentes les unes des autres. Ils s'en prennent particulièrement à l'emploi de cette expression pour désigner des situations qui vont des comportements violents jusqu'aux épisodes psychotiques confirmés. Ils comparent la panique homosexuelle à la pseudohomosexualité et ils établissent des liens entre cette panique et les attitudes homophobiques de la société.

