Homosexuality as a Cause of Alcoholism: A Historical Review*

S. Israelstam, † MA

S. Lambert, † BA

Addiction Research Foundation
Toronto, Ontario, Canada M5S 2S1

The definitions of homosexuality and of alcoholism have exercised therapists since they first found themselves dealing with the respective behaviors. In both cases, the definition has changed with the change in attitude toward the behavior. Both behaviors have been subject to sanctions of the law. Both have been subdivided into numerous types. Both have social implications that have kept the behaviors “hidden” or “closet.” The definitions of both are still not fixed, the underlying causes not fully understood, with consequent confusion as to what homosexuality and alcoholism are and confusion therefore in how we view and deal with them.

The reason we are looking at these two subjects conjointly is because the psychoanalysts developed a theory that linked alcoholism causally with homosexuality. In this paper we attempt to delineate the various aspects of the theory and review work of psychiatrists and social scientists whose work supported or refuted the idea of a causal relationship.

PSYCHOANALYTIC THEORY

Psychoanalysis (see Note 1) opened up the study of human sexuality. With a fervor matched only by the astigmatism of the convert to a new dogma, psy-

*The views expressed in this article are those of the authors and do not necessarily reflect those of the Addiction Research Foundation.
†Requests for reprints may be directed to S. Israelstam, Research Associate, or Sylvia Lambert, Epidemiology Section, Social Policy Research Department, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.

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century. For example, Smalldon (1933), a British physician, gave physical, environmental, psychogenic, and hereditary points of view in his review of the etiology of alcoholism but did favor the psychoanalytic. The analysts played around considerably with the more dramatic aspects of alcoholism: alcoholic hallucinosis, alcoholic paranoia, alcoholic psychosis, and dipsomania—very much as Bynum (1968) described the “German romantic psychiatrists” of the 19th century who, he said, “although they recognized chronic alcoholism as a cause of disease, were much more interested in the mental states which acute intoxication produced” (p. 163–164). Many early psychoanalysts and psychiatrists (e.g., Kraepelin and Gaupp—see Read, 1920; Riggall, 1923) believed dipsomania (i.e., recurrent and uncontrollable desire for drink) to be closely allied to epilepsy. Several (e.g., L.P. Clark, 1919; Lewis, 1941) built elaborate theories around the etiology of paranoia. Clark (1919), an American physician, for example, stated that alcoholic hallucinations, both acute and chronic, “can be found to be a form of persecution mania arising from unconscious and denied homosexuality” (p. 931). Delirium tremens added grist to their mill. It is accompanied, according to Riggall (1923), a British neurologist and psychoanalyst, “by fear of men and of attacks from men. This fear, of course, is projection of the desire for male companionship” (p. 166). (Whether this applied to women he does not specify.) Clark (1919) said that delirium is accompanied by fear hallucinations not only of men “but animals—well known sex symbols” (p. 931).

Sexual Development and Alcohol

“Homosexuality is a normal instinct and plays an important role in the development of the individual’s heterosexuality” (Wholey, 1918, p. 447). This view seems to follow Freud’s theory of bisexuality (1898) and that of Juliusburger (Jelliffe, 1917) with its subsequent sublimation or repression (Notes 4 and 5) of the sexual attraction to one’s own sex.

How the homosexual becomes involved with alcohol, following upon this viewpoint, is described by Emanuel Miller (1931), who was not only a surgeon and clinical psychologist but also a psychoanalyst (and something of a litterateur).

Every individual, according to the Freudian psychology, passes through a phase of homosexuality in his attempts to deliver himself from the thraldom of his own oedipus complex. In most of us it survives as an aroma of friendships with members of our own sex, and blossoms furiously and momentarily in the exuberances of the taphouse and the bar. But in some who become social pariahs it continues to dominate not only the sexual life, but the whole of the character. Such persons may be happy in their inversion, and continue without overt disturbances of
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The craving for sweets, alcohol or tobacco is often due to the desire to satisfy the erotogenetic zone of the mouth, and it is my experience that such craving very frequently accompanies fellatio, the desire for which has obvious unconscious reference to the mother's nipple, and is only another proof of the large part a mother-fixation can play both in homosexuality and alcoholism. (p. 166)

There was no acknowledgment of the addictive quality of the substance alcohol, nor any explanation why alcohol rather than milk became the homosexual's preferred drink (Note 8).

Bergler, an American psychoanalyst, said in his book *The Basic Neurosis* (1944):

The perversion homosexuality is genetically an oral disease. The homosexual pervert is a person who has failed in overcoming the trauma of weaning. He identifies unconsciously the breast via identification with the penis and escape to man from woman as the source of original disappointment. Thus the homosexual is an oral neurotic. As alcohol addiction has an oral basis too . . . the coincidence of drinking and homosexuality is possible. (p. 466)

However, Bergler (1944) did not see homosexuality as a cause of alcoholism. He considered it a complicated defense mechanism (Note 9):

A person under the influence of alcohol . . . can . . . use that defense mechanism in his alibi in the battle with his inner conscience. Since every orally regressed person fights his losing battle with the image of the preoedipal mother, one of his techniques in denying that conflict can be the formula: "How can I be accused of masochistic submission to the mother, if I'm really interested in the man?" (p. 243)

Bergler (1944) said he would not be understood in his own time. The book was published again in 1977 with an introduction by Toronto psychiatrist Melvyn Iscoy.

Another who discussed oral neurotics and drinking was Esser (1952), a Dutch alcoholism consultant:

Sucking is the most primitive and forceful of all inborn reactions. Oral reflexes can be early conditioned sexually and can not only bring about the drinking habit but can also release sexual infantilisms like sexual oralism, the need of.applying the mouth to the sexual organs, the need for sadomasochistic activities etc. (p. 167)
The desire of these alcoholics is not to be a woman but rather to be a complete man. (p. 52)

When dealing with women, to further confound confusion, Riggall (1923) said that “Such women as drink will frequently show strong homosexual tendencies. Whereas men, however, drink to overcome the repression of natural homosexuality, women are more likely to drink in order to bring out the male side of their bisexuality” (p. 163).

Clark (1919) agreed that “Women who have a strong desire for liquor are likely to prove homosexual” (p. 932). Clark maintained that women’s social teas were sublimated expressions of feminine homosexuality, but that alcohol, formerly reserved for men, was more satisfactory. “The virile component of women is stirred today, and this helps explain the women’s increased turning to alcohol” (p. 931). (See Note 11.)

Abraham (1926) saw alcoholism as mainly a male problem; the psychosexual constitution of women, he claimed, incited them far less to take alcohol. Psychoanalysts and psychiatrists certainly appear to have centered their work on the male (see Comfort, 1967; Homiller, 1980; Leeson and Gray, 1978). Women, and lesbians in particular, even when they were included in the samples, were not usually taken into account in the conclusions regarding alcoholism and homosexuality (see, e.g., Levine, 1955). To be sure, the number of women alcoholic patients was a fraction of the number of male alcoholics. Whether it was their small number, or whether it had to do with a predominant attitude in society that women didn’t “count,” or whether it was too bothersome to come up with separate conclusions drawn from women’s case histories, we do not know.

One American psychoanalyst, Knight (1937), however, found that there were few women alcoholics (presumably because few passed through the gates of the Menninger Clinic where he found his sample of male alcoholics). He accounted for this paucity of female alcoholics by suggesting that women, “although they may have in infancy experienced the same oral pacification and thwarting, have many more socially acceptable ways of indulging their passivity than men do and hence are not driven to drinking as the only solution” (p. 244). However, he adds that “if there is a strong active homosexual component . . . they may drink to emulate masculinity.”

Female alcoholics were seldom looked at as a separate group. The year 1937, however, saw the appearance of two articles on alcoholic women, both by psychiatrists attached to a mental hospital. Although psychoanalysts might see few alcoholic women patients (Landis, 1945), the Psychiatric Division of Bellevue Hospital in New York saw them in considerable numbers. For example, over the year 1935, 1,633 women were admitted because of alcoholism (as compared to 7,506 men) (Curran, 1937). Curran’s study consisted of 50 women aged 17 to 63 of low socioeconomic status, with “very severe alcoholism.” Most (30) of
knows, alcoholics as a group are very jealous" (Wall, 1937, p. 953). He found a homosexual factor in a man's jealousy because, although the jealousy is apparently directed at a woman, "it enables him to preoccupy his mind physically with the man" (p. 953) [a rather difficult feat?].

Another discussant, Dr. Schilder, attempted to indicate a homosexual aspect to women's alcoholism by saying that "One may speak about a homosexual relation between mother and daughter," but he did not develop this theme.

Weijl, an American psychiatrist, some 7 years later (1944), basing his statement on his own perceptions rather than quantitative data, had this to say on the subject:

With the increasing masculinity of women, apparent in the choice of professions, in clothes, and in women's attitudes toward life, we find an increased inclination toward alcohol and drunkenness. (p. 203)

Support and Refutation in the 1950s

In 1944 Weijl summarized what psychoanalysts who came before him had to say about homosexuality and alcoholism. He concluded, like so many others, that the latent homosexual drives are directly connected with the causes of compulsive drinking. In the 1950s analysts such as Tähkä (1954) and Parland (1957) were still in agreement with this stand. Parland (1957) did say, however, that overt homosexuality could emerge in some cases. Levine (1955), a psychiatrist, also supported the theory. He studied the records of 63 male and 16 female (two overt homosexual and one lesbian interest) alcoholics. He found that a decided majority of these patients showed diminished interest in heterosexual relationships. Rather than attempting to determine if this were simply a general loss of sexual appetite, he looked for a change to homosexual interest. This he found, by inference only: 75% exhibited the "strong mother/weak father" syndrome. "With such strong feminine identification the development of a passive homosexual male is understandable" (p. 680). He continued, "This is consistent with the scientific hypothesis [Abraham's] that the alcoholic has a basic homosexual problem" (p. 680). He did not mention whether the females in his sample fitted into this explanation, and he appears to have ignored any findings on them in his conclusions.

Esser (1952) was not so sure of the direct relationship between alcoholism and homosexuality. He wrote:

According to many writers there seems to be a deeper relationship between alcohol and behavior patterns of homosexual character. But it is difficult to know what this relationship is, since there are many theories and probably no single one is fully explanatory. (p. 168)

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Dr. White defended his position by saying:

If we are going to bother about the literal meaning of words, meanings which hark back to infantile ways of thinking, we will not understand.

As far as their expertise in the field of alcoholism is concerned, Landis (1945), a psychologist, pointed out that although “Psychoanalysts attempted to provide a deeper understanding of the true nature of the personality of the alcoholic” (p. 134), they were somewhat hampered by the fact that they seldom saw a true alcoholic. Landis reported that over a period of 10 years (Note 12) the Institute of Psychoanalysis in Chicago saw only 36 persons diagnosed as alcoholism or drug addiction—and of these only four were analyzed. In general the early psychoanalysts mentioned above used very small samples or just one or a few case studies (e.g., Clark, 1919; Reed, 1920; Wholey, 1918). Social scientists such as Landis called for the use of larger samples of alcoholics, objective language, and quantitative methods.

Thus by the 1940s two important things were happening that influenced the homosexuality-alcoholism concept. One was that alcohol addiction was becoming a field of study in itself. The emphasis was on alcoholism as a disease rather than a symptom or a personality defect. It was suggested that there was more than one type of alcoholism, and many branches of science were brought to bear on this study (Browman and Jellinek, 1941). The other was that psychology, as part of a broader trend among the social sciences to objectify and quantify their methods for purposes of prediction, was inspired to find more objective approaches to the study of the individual than psychoanalysis appeared capable of. The immediate result was a spate of psychometric tests for measuring personality, attitudes, and various aspects of individual human behavior.

Psychometric Tests

Although intended to be objective, in fact psychometric tests were often subjective and lacking in reliability and validity. However, the first faulty tests encouraged the formulation of better ones and, more important, encouraged theorists to use more than a few case studies to formulate theories that were meant to apply to a whole group or subculture.

One such test was the Minnesota Multiphasic Personality Inventory (MMPI) masculinity-femininity test (Hathaway and McKinley, 1943), which was considered to be objective as it used quantitative methods to determine what was masculine and what was feminine. Since feminine interest was believed to show homosexuality in the male, the psychologist Hewitt (1943) gave this test to members of Alcoholics Anonymous to test the alcohol-homosexual theory. He concluded that neither latent nor overt homosexuality was typical of the alcoholic. (He pointed out, however, that AA, aware that homosexuals might be
controls, but they were more evident among the alcoholics who had stopped drinking. In attempting to explain, the authors conjectured that the alcoholics who had stopped drinking were less defensive, and so had incorporated their homosexuality into their personality, whereas the alcoholics who were still drinking were able to conceal their homosexuality through their defensive organization to a greater extent. This certainly vindicates Grygier's (1957) scepticism regarding the tests—since the whole point of them is to show up what is hidden.

A paper published the same year in the American Sociological Review (Parker, 1959) made even less sense logically. The author used the M-F Test of Terman and Miles [who gave a most emphatic warning against the assumption "that an extremely feminine score for males or an extremely masculine score for females can serve as an adequate basis for the diagnosis of homosexuality, either overt or latent" (Grygier, 1957, p. 524)] to show that his sample of 50 alcoholics scored more "femininely" than the 50 moderate drinkers. He then carried this information forward to the equivocal conclusion that "the dynamics leading to compulsive drinking can be formulated in such a way that homosexuality and femininity of temperament become functionally equivalent, playing the same role in the addictive processes" (p. 371).

Gibbins and Walters (1960) conducted three experiments to test the following psychoanalytic hypothesis: "The early ontogenetic development of each individual is believed to contain a homosexual component which is, under favourable circumstances, sublimated. In persons who become addicted to alcohol this sublimation has failed to occur and latent homosexual trends remain in the personality" (p. 620). The samples were composed of arrested homosexuals, psychiatric patient alcoholics, and controls from the YMCA. The authors used three tests, a visual recognition test, speed of recognition test, and a test of responses to pictures of symbols of male and female genitalia. In spite of the fact that "the experiment as a whole does not provide strong evidence for the psychoanalytic theory," that the sample was a very biased one (no nonarrested homosexuals and no nonhomosexual psychiatric patients as controls), and that the tests were not known to be reliable or valid, the authors felt that "this theory should not be lightly discarded" (p. 640).

Methodological problems of using psychometric tests for studies of homosexuality and alcoholism were pointed out in a paper by the Canadian psychologist Smart (1959), who also mentioned that many psychoanalytic studies appeared to have been based on single case histories (e.g., Reed, 1920; Rigall, 1923; Robbins, 1935). Smart himself used projective techniques on 12 homosexual prisoners, 12 heterosexual psychology students, and 12 alcoholics. He concluded that "alcoholics and homosexuals do not differ in the frequency of 'homosexual' signs" but added that this result may be due to sampling.

Two sociologists, McCord and McCord (1960), were in favor of discarding the psychoanalytic theory altogether, quoting case studies (e.g., Landis.
to the psychoanalysts, that the framework of psychoanalysis is too complex for a single-factor explanation. It is this complexity that makes the experiments (she mentions those of Smart, 1959, and Gibbins and Walters, 1960) disproving psychoanalytic theory "regrettably" because they have isolated a single factor out of this great complex structure. In her reading of the literature—although she pointed to many writers who believed that the alcoholic is arrested at or regressed to the oral stage of growth—analysts related homosexuality only to the alcoholics fixated at the anal stage.

A third stage discovered through case studies of alcoholics, says Blum (1966), is the phallic-oedipal stage:

These patients have progressed beyond a homosexual love choice to a heterosexual one and have come to grief over the conflicts arising from their very progress. They have not been able to come to terms with the emerging sexual feelings toward their mother. (p. 267)

Blum (1966) summed up by saying "psychoanalytic theory may be seen to have made a very considerable contribution to the developmental theory of alcoholism and to the differential classification of alcoholics" (p. 288), and she predicted a great future for psychoanalysis in cross-disciplinary research and treatment.

Changing Attitudes Toward Homosexuality and Alcoholism

Several interrelated movements incorporating modern psychological models or schools of thought were occurring in society and in the literature of the '60s and '70s which tended to undermine the position of psychoanalysis and the medical model which viewed alcoholism and homosexuality as diseases to be cured. Of major influence was the humanistic model—for example, as expressed in the work of Carl Rogers (1951, 1961), which concentrates on the human potential and the positive side of the human condition, rather than the pathological. Another influence was the existential model, which stresses the uniqueness of the individual and freedom of self-fulfillment. Its most modern proponent is British psychiatrist R.D. Laing (Laing, 1967; Laing and Esterson, 1964).

The emergence of labeling theory in the literature on the sociology of deviance had a great effect as well: Behavior was criminal or sick only insofar as it was labeled such by society (Becker, 1963; Goffman, 1965; Kitsuse, 1962; Schur, 1971; Szasz, 1965).

Another undermining influence was the work of several social scientists and clinicians, many homosexuals themselves, who complained in their writings of the pernicious effects of psychoanalysis on patient and public alike (e.g., Altman, 1971; Churchill, 1967; Lee, 1978; Weinberg, 1972; Ziebold, 1979). The voice
choanalysis related all behavior and all personality characteristics to sex, and built theories on the basis of a small (usually one or a few case studies) sample from middle-class Western cultures. Deviation from the norm of this relatively small group was explained not in terms of cultural or social or biological differences but in relation to the psychoanalytic concepts of stages of sexual development. Homosexuality was first linked with alcoholism at the beginning of the 20th century by Karl Abraham, the first German psychoanalyst. In 1908 he published the paper (English translation, 1926) "The Psychological Relationship between Sexuality and Alcoholism," which was "the first psychoanalytical view of alcoholism, offering the theory of homosexuality on the Freudian [Note 2] basis as the underlying cause. With the passage of time, that paper remains the classical exposition of the subject" (Smaldon, 1933, p. 650). Two statements of Abraham (1926) became basic to much of the psychoanalytic thought which followed: "Alcoholic drinks have an effect on the sexual instinct, for they dispel the resistances present and increase sexual activity" (p. 3). And "To a healthy minded man any kind of tender contact with other men is repugnant.... These feelings are dispelled by alcohol" (p. 4).

As we have indicated, homosexuality is as hard to define as alcoholism. This is partly because of the variations and shades of meaning given the term by analysts and others. For instance, it appeared to be viewed both as something abnormal and perverted, and as a normal type of behavior involving affection between members of the same sex. Thus the psychoanalyst W. H. Gray (1918) wrote: "The suggestion that every social gathering of men is interpreted by us as evidence of homosexuality in a degenerate sense [italics added], is a misinterpretation of our [psychoanalysts'] position" (p. 447).

However they defined or subdivided the term, psychoanalysts of the strict neo-Freudian school appeared to believe that homosexuality caused or was linked to alcoholism. They argued that alcohol caused regression (Note 3) to various levels of psychosexual development—to a level of lewdness, to one where sadistic and masochistic tendencies are released, to a stage where latent (unconscious) homosexuality is released. "According to the amount of alcohol taken, different degrees of regression may occur, and at the level reached different conflicts may be unearthed" (Read, 1920, p. 236).

According to Read (1920), who was a British physician, alcohol is originally taken "to promote the social instincts and alleviate and narcotize the many mental conflicts to which we must all to some extent be victims" (p. 242). However, as we take it to excess "its effect tends to destroy sublimation and aid mental regression... and thus bring into active conflict with the personality different impulses and desires previously more or less successfully repressed. Of these the homosexual impulse is found by analysis to be most frequent" (p. 243).

It seems to have been only the psychoanalysts and, following their lead, psychiatrists who related alcoholism to homosexuality in the first part of this
The importance of the psychoanalysts, especially the earlier ones, regarding this theory rests in how they affected the theorizing and choice of research topics of their peers and those who came after them. It can be seen that a great deal of effort was put into studying the homosexuality-alcoholism connection. Also of importance was how the theory and the research it fostered affected patients in particular and laymen in general. Very little was found on public attitudes or feelings about the theory (e.g., if those who drank worried that they were homosexual). Cory (1951), however, an early advocate of gay liberation in the United States, was of the opinion that the American public associated homosexuality with drunkards. An example of how the homosexuality-alcoholism theory filtered down to the layman is the novel *Lost Weekend* by Charles Jackson (1944) (Note 13). In this book the traditional psychoanalytic association is made between homosexuality and alcoholism. As far as homosexual and alcoholic patients are concerned, whether a therapist would see them as having a personality disorder or not would depend to a large extent on how much the therapist followed the views of the psychoanalysts.

**NEEDED FUTURE RESEARCH**

Although research into homosexuality has expanded since the beginning of the 1970s, there is relatively little on the alcohol problems of the homosexual. Beaton and Guild (1976), Weathers (1976), and Small and Leach (1977) have done some research into therapy; and some research into the nature and extent of the problem has been undertaken by Fifield (1975) and Lohrenz et al. (1978). However, there are no full-scale demographic or epidemiological studies.

Changing attitudes among psychoanalysts and psychiatrists toward homosexuality (Bayer, 1981) and input from psychology, sociology, and related disciplines, together with the accumulation of research material on alcoholism in general, have tended to make obsolete the belief that homosexuality and alcoholism are causally connected through regression to an earlier developmental stage. The only reference we found from the '70s alluding to the connection was in *A Concise Encyclopedia of Psychiatry* (Leigh et al., 1977), which stated that "Some latent homosexuals seek solace in alcohol" (p. 184).

Some researchers in the 1980s (Hudson and Ricketts, 1980; Woodman and Lenna, 1980) are viewing problems of homosexuals within the framework of "homophobia"—fear of homosexuality. Homophobia is a problem found throughout society—in patients, therapists, homosexuals, and heterosexuals alike (Woodman and Lenna, 1980)—and relates to the previously mentioned statement of Leigh et al. (1977). Research exploring the relationship between drinking and homophobia could be conducted using the homophobia scale developed by Hudson and Ricketts (1980).

There has been even less research on the drinking habits and problems of lesbians than on male homosexuals (Diamond and Wilsnak, 1978; Weathers,
behaviour. In others, however, the solution is only partly completed, and the struggle between homosexuality and other urges in the sexual life and in the life of self becomes the source of the deepest unhappiness, if not the incentive to neurosis and even such psychoses as paranoia.

In such apparently blessed anodyne as alcohol the patient, quite unaware of the inner battle between homosexuality and normal sex or the higher manifestations of the self, seeks escape. In this escape the homosexuality may assert itself either in actual invert behaviour or in pseudomasculine truculence with one’s own sex. On the other hand, the normal sexuality with which the patient is endowed wins through and the victim may have sexual successes of transitory character. And, again, the ideal of the self may conquer over both forms of sexuality and emerge in grandiloquence of sublime detachment from all calls of the flesh. Such escapes in alcoholism occur only to the poet and the painter. They are rare amongst ordinary men. (pp. 110–111)

Others (Bigelow et al., 1939; Lewis, 1941; Tabori, 1933; Weijl, 1944) reiterated these viewpoints with variations. Tabori, for example, claimed that the psychic reason for alcohol addiction was the incompletely repressed homosexuality which the id (Note 6) is unable to sublimate.

The American neurologist and psychiatrist Hart (1930), however, was an early dissenting voice. He used a sample of 30 alcoholic patients of whom five were female. In the course of examining them for personality factors he looked at the available facts that might support the psychoanalytic doctrine that homosexuality is an important factor in alcoholism. Only one patient was an “outspoken example of homosexuality,” and he drank less and over a shorter period than the others. However, on the basis of defining homosexuality as “a strong tendency to associate with one’s own sex in preference to the opposite sex,” then 11 persons (two of them women) showed such tendencies. The nine men drank almost exclusively with men or else alone. Three said their desire for women diminished under the influence of alcohol.

Hart did not draw the conclusion that such persons had homosexual tendencies: “On considering the group as a whole, there seemed little evidence of any important [sic. Might he have meant latent?] or overt homosexual tendency” (p. 127).

Oral Eroticism

The most obvious and popular connection between alcoholism and homosexuality made by the psychoanalysts was oral eroticism (Note 7). Thus, according to Riggall (1923):
3. Regression: The partial return to more infantile patterns of reacting.
4. Sublimation: A defense mechanism operating unconsciously by which instinctual drives, consciously unacceptable, are diverted into personally and socially acceptable channels.
5. Repression: The unconscious defense mechanism that banishes unacceptable ideas or impulses from consciousness.
6. Id: That part of the personality which holds the instinctual desires and strivings of the individual.
7. Oral eroticism: Part of the oral phase of infantile psychosexual development lasting from birth to 12 months or longer. It relates to the pleasurable experience of sucking.
8. The psychoanalyst Simon Weil (1944) addressed himself to this question. He claimed that alcohol was a substitute for milk, which in its turn symbolized the mother. "Because the taste of alcohol is so different from milk [but so, surely, is apple juice or coffee] it camouflages the unconsciously desired milk." Weil carries his argument on by saying that a diminution of inebriety goes hand in hand with an acceptance of milk drinking by males. He then points out that in the United States there is much more milk drinking by men than in Europe. With the sublme disregard for facts that seems to be typical of psychoanalysts of the time, he brings no statistics to bear on his case. In fact, inebriety cannot be said to have been diminishing in the United States in 1944 since the number of gallons of absolute alcohol consumed per person aged 15 years and over in the period 1942 to 1946 increased to 2.06 from the period 1936 to 1941 when it was 1.54.
9. Defense mechanism: Unconscious intrapsychic process serving to provide relief from emotional conflict and anxiety.
10. Anal eroticism: The pleasurable part of the anal phase of development—from 1 to 3 years of age. The child has particular interest and concern with the process of defecation and sensations connected with the anus.
11. It is of interest to note that Clark wrote this in 1919, the beginning of an era not dissimilar from the late 1970s in terms of women's rights, women's suffrage (gained in 1920 in the U.S.), and the general emancipation of women, as many began to enter the business and professional worlds.
12. Landis does not say what years the decade spans, but it would have been prior to 1945.
13. The public was not as wide as it might have been, however, as the homosexuality was removed from the movie version of Lost Weekend because of rules of censorship.

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them felt that drinking made them more socially acceptable. Two of the 50 admitted to having had homosexual experiences, one when she was 12, the other when she was 8. Only one “wanted to be a boy.” Twenty felt they had satisfactory heterosexual relations, and in only 10 cases was the sexual desire or pleasure increased by drinking. In hallucinations, homosexual remarks and threats were much less outspoken than in male alcoholics. The author summed up his findings by saying, “The evaluation of homosexuality and promiscuity in men and women differs greatly in our present society” (p. 653).

Wall, an American psychiatrist (1937), studied 50 women patients, the total consecutive admissions over the years 1920 to 1933 of women to the Bloomingdale Hospital, “in which the immediate cause of hospitalization was alcoholic indulgence” (p. 943). This followed a study of 100 men selected over the same period. Findings considered important by the author were that many of the women (32) had frequent temper tantrums in childhood and showed no strong attachment to any family members. Five cases had a history of overt homosexuality, but most said “I like men but I despise women.”

Wall (1936, 1937) found distinct differences between the male and female groups in the field of psychosexual development. The males showed considerable mother attachment and preferred the company of their own sex. The women preferred male society. Wall said:

Concerning the psychosexual development of the alcoholic patient, much emphasis has been placed on homosexuality, particularly in the psychic sense. No one with psychiatric experience doubts its significance, and its manifestations in this group of men throw some light on the problem. (1936, p. 1390)

Beyond the fact that there were 11 cases of overt homosexuality, that most of the patients indicated a preference for male drinking companions, and that those who developed alcoholic psychoses “revealed the homosexual conflict,” it is difficult to ascertain just what light was thrown on the problem. The most significant and interesting finding was the differences between male and female alcoholics: For he found that the women had highly individual problems and that their alcoholism or excessive drinking was more intimately associated with some definite life situation than males (a finding similar to Lisansky’s in 1957; and others: see Homiller, 1980).

Wall’s paper on women alcoholics was read at the 92nd Annual Meeting of the American Psychiatric Association (1936). The discussants appeared eager for information on differences or similarities in behavior and personality characteristics, whereas Wall had made a much more profound observation: that motivation for or cause of alcoholism may be quite different for the two sexes. Dr. Karpman asked what had been learned about jealousy in women, for “As one
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in the '60s (Hoffman, 1969) and '70s (The Body Politic, 1972–). One result of these various forces was that homosexuality began to lose its sickness label. In 1973 the "official" classification of homosexuality by the American Psychiatric Association was changed from "psychiatric disorder" to "sexual orientation disturbance," and Socarides (1978) lamented the fact that homosexuality was not


Gynecologic Care for the Lesbian

Susan R. Johnson, MD
University of Iowa College of Medicine
Iowa City, Iowa

Jefri L. Palermo, MA
University of Iowa
Iowa City, Iowa

This article has three purposes: 1) We provide information about reproductive system problems as experienced by lesbian women and make recommendations for management. Research in this area is limited; so we also point out the gaps in our knowledge. 2) Alcohol abuse is the one health problem that may be more common among lesbians than among heterosexual women. Because the obstetrician-gynecologist may see patients who are concerned about alcohol dependency, we include a section outlining current thinking about alcoholism as it occurs among lesbians. 3) The physician will not know a patient is lesbian unless she chooses to reveal this information. A variety of concerns make the decision to disclose such information difficult. We will review some of these concerns and suggest ways the interested physician can provide an atmosphere that allows patients to comfortably discuss sexual preference. Because information about sexual activity is important in the assessment of many gynecologic complaints, this skill seems particularly important for the obstetrician-gynecologist.

Gynecologic Health

In this section we will review specific gynecologic problems and suggest how management may differ for lesbians. We have relied primarily on our study at the University of Iowa in which 117 lesbians were surveyed. Other relevant studies are cited where appropriate. The reader should recognize the limited generalizability of all these studies due to the (unavoidable) use of volunteer subjects.

Vaginal Infections

Vaginal infections of all types occur even in women who are exclusively homosexual. In our study half of the women had experienced a monilial infection, a figure similar to the expected rate in heterosexuals and consistent with the epidemiology of Candida albicans, which does not require venereal transmission. While Trichomonas

Correspondence: Susan R. Johnson, MD, Department of Obstetrics and Gynecology, University of Iowa Hospitals and Clinics, Iowa City, IA 52242.