THE PSYCHOANALYTIC MODEL
OF MALE HOMOSEXUALITY:
A HISTORICAL AND THEORETICAL CRITIQUE

Robert M. Friedman

INTRODUCTION

In this paper I shall critique the psychoanalytic model of male homosexuality—focusing, in particular, on its central thesis that homosexuals suffer a pathological condition caused by a disturbed upbringing and developmental arrest. Although a comprehensive review of this subject would be book length, the fundamental concepts and propositions utilized by psychoanalysts in studying sexual orientation are surprisingly few. The underlying model was adumbrated by Freud early in the 20th century, and was then elaborated without major revision by analysts during Freud's lifetime. The model went essentially unchallenged until the 1940s when simplifications introduced by Sandor Rado effected greater internal consistency and enabled the theory to consolidate in its "classical" form. Since the 1960s, parts of the theory have been updated with concepts of gender development, but otherwise, little has been added or changed.

Psychoanalysts have often claimed that their model of male homosexuality is based on well-established scientific data, and on "absolute standards" of sexual behavior independent of cultural conventions (Panel, 1954, p. 336). As I will show, however, this sanguine assumption is justified neither by the history of psychoanalysis nor by the verdict of the other empirical sciences. As Kuhn (1962) demonstrated clearly, every scientific model or "paradigm" has historical origins and a heuristic value relative to the changing interests of the research community. The psychoanalytic model of male homosexuality, in particular, prevailed among researchers, virtually eclipsing the more liberal ideas of Havelock Ellis and Magnus Hirschfeld,
because it rested on a core of reasonably consistent facts and concepts, all clinically based, and fitting in well with the highly successful Freudian theory of psychopathology. The analytic schema of pathogenesis, however, never provided a specific explanation for any individual's sexual preferences, nor a general theory of homosexuality as an historical or cross-cultural phenomenon. In the period since the 1950s, meanwhile, the other sciences have begun to marshal a considerable body of evidence that by now seems incompatible with the psychoanalytic viewpoint of homosexual pathology—apparently demanding major revisions or extensions within a larger, multifactorial model (Hooker, 1968). Thus far analysts have hardly responded to this interdisciplinary challenge, and in fact, often seem unaware of important findings directly relevant to their clinical interests. As a result, psychoanalysis has entrenched itself in a theoretical position that is out of touch with the field of empirical research and with the therapeutic needs of its homosexual patients.

The critics of psychoanalysis have argued repeatedly that its theory of homosexuality has been burdened by the antihomosexual bias that long dominated European history. In fact, it would have been virtually impossible for psychoanalysis—rooted as it was in 19th century thinking and values—not to have been colored by the traditional intellectual, religious, and moral views toward male homosexuals. As is well known, Western Europe had shown extreme intolerance toward homosexuality since the beginning of the Christian era, or at least, as Boswell (1980) argued, since the urban renewal of the late Middle Ages. Religious and secular laws had sought to prevent or control homosexuality by means of censure and legal penalties, and although the 19th century brought many humanitarian reforms, condemnation of sexual deviation had not appreciably diminished. Given these facts, it was inevitable that Freud would have approached the study of homosexuality with an unexamined normative bias. As Murphy (1984) put it, “a guiding image of man and what he should be—a set of moral assumptions, in other words—pervades Freud’s understanding of homosexuality” (p. 75).

Psychoanalytic theorizing concerning homosexuality, I also believe, cannot be understood out of the historical context of recent decades (Bayer, 1981). As is widely known, social and professional attitudes toward homosexuals began to be seriously reconsidered only after World War II, during the era of post-Kinsey sex research, role changes for women, and gay political activism. Initially concil-
iatory, the homophile movement quickly joined the mainstream of social protest and launched its controversial assault on psychoanalysis and medical psychiatry. Gay ideologists spoke out loudly, declaring that "homosexuality is not a sickness, disturbance, or other pathology in any sense but is merely a preference, orientation, or propensity on a par with, and not different in kind from, heterosexuality" (The Mattachine Society of Washington. See Bayer, 1981, p. 88). It is possible here only to allude to the subsequent radicalization of gay protest in the late 1960s, and to the dramatic events leading to the American Psychiatric Association's decision in 1973 to declassify ego-syntonic homosexuality as a mental illness. When it was all over, the outcome was indecisive, with no clear consensus in the psychiatric community and its training institutes.

Although psychoanalysis tried to insulate itself from these social and professional upheavals, its thinking on homosexuality was influenced significantly by the extreme ideological polarization of this period. Just when popular and scientific attitudes were moving toward greater reform, the usually liberal psychoanalytic school began to assume a more right-wing stance. On one side were gay thinkers loosely allied with social scientists whose research seemed congenial—and on the other side, conservative psychiatry and especially psychoanalysts professionally identified with the thesis of homosexual pathology (See the Symposium debates, in Stoller et al., 1973). In this climate the arguments were polemical, sometimes truculent, and a truly nonpartisan opinion was hardly possible. Some pro-gay researchers rejected developmental thinking outright, in the mistaken belief that any discussion of the origins of homosexuality was automatically a concession of pathology. As Mitchell (1978) showed, this obsolete assumption, shared by many psychoanalysts as well as their critics, has been surpassed by modern ego psychology, and yet is still found in these particular disputes. In the meantime, psychoanalytic doctrine unfortunately became more defensive, as though any theoretical revisions regarding homosexuality would capitulate to gay ideology and damage the orthodox analytic position.

As a result of this intellectual and professional polarization, psychoanalysts studying male homosexuality since the 1950s have been rather isolated from other research scientists. In an address to the American Psychoanalytic Association, Wiedeman (1974) deplored the fact that a flood of publications were appearing on sexuality, but that in general, "members of one discipline are frequently
unaware of the research conducted in other disciplines and, at times, utilize material from another scientific field that is antiquated, primitive, or simply misunderstood” (p. 651). Since 1974 this psychoanalytic neglect of other empirical viewpoints has continued, as shown by any cursory glance at analytic bibliographies. Moreover, as Wiedeman again pointed out, “it cannot be denied that in the last 30 years, with notable exceptions, the contributions by analysts to the problem of homosexuality have been less than abundant” (p. 652). Or as Robert Stoller openly acknowledged, “It is really surprising—I do not know why it happened—that homosexuality . . . has not been discussed more in the analytic literature. . . . The subject has not stirred much new thinking” (1978, p. 541). This pattern of dwindling interest and originality has become only more evident in the last ten years when psychoanalytic studies on homosexuality have slowed to a trickle (See Panel, 1977).

To summarize my argument, psychoanalytic thinking on male homosexuality has gradually become more dogmatic, less productive, and for at least a decade now, has simply been in the doldrums. Current analytic research in this whole area is in a conspicuous crisis where the old theoretical model, and especially its thesis of homosexual pathology, has to be reevaluated with frank open-mindedness. As Richard Green (1972) stated it, orthodox thinkers have tried to impose a “premature closure and premature order” on the issue of homosexuality before we possess the elementary facts or a sufficient overview. “It is again time for inquiry and questioning of accepted, comfortable givens” (p. 95). And finally, to cite Alan Bell (1975, p. 422), we have reached the point when clinicians and sex researchers from all disciplines need to take stock of each others' methodologies, theoretical models, and conclusions. We need to pause, and then go “back to the drawing board.”

Before proceeding, a few words might be said concerning the delimitation of this paper to homosexual men as opposed to homosexuality in general. Strictly speaking, everything I state below will pertain to males alone, except insofar as I summarize authors who themselves ignore this distinction. Whether or not these points might apply equally to women is an issue that I shall not address—not only to circumscribe an already sprawling and complex subject area, but because there is no reason prima facie that male and female sexual preferences would have similar meanings or developmental roots. On the contrary, it has been suggested that homosexual wom-
en may have more in common with other women than they do with homosexual men. In any case, a final point is that the model of male homosexuality—a theory based on the psychoanalysis of men almost entirely by other men—may very well reflect special aspects of male interaction that have not entered necessarily into their theorizing about females.

THE FREUDIAN THEORY OF MALE HOMOSEXUALITY

The linchpin of Freud's theory of homosexuality was his concept of innate bisexuality. The roots of this theory derived from 19th century biologists who had already discovered traces of embryological hermaphroditism, and from the ideas of Fliess, to whom Freud wrote in 1899, "I am accustoming myself to regarding every sexual act as an event between four persons" (1923, p. 33). Already in the Three Essays bisexuality had emerged as a basic developmental postulate (1905, pp. 141, 220). In particular, during the oedipal period a little boy not only desires his mother, "but at the same time he also behaves like a girl and displays an affectionate feminine attitude toward his father" (1923, p. 33). It is then only "the relative strength of the masculine and feminine dispositions" that determines the predominant oedipal identification. During the later years, Freud believed, the libido would still oscillate (1920, p. 158), or be distributed either in latent or manifest fashion, over objects of both sexes (1937, p. 244). The healthy person, however, will largely repress his homosexuality, where it may be incorporated in his character traits, or be sublimated in friendship and love (1911, p. 61).

Freud discovered very early what seemed to be the most common developmental patterns underlying future homosexuality. He believed that each homosexual man had passed through an initial phase of intense mother love, but then identified with his mother, and taken himself as a sexual object. In effect, the adult homosexual still seeks a sexual partner to love narcissistically (1905, p. 145). In cases that Freud considered more feminine, the mother identification led to a negative oedipal desire for sexual submission to the father. Various factors may favor homosexuality in the boy, including the relative strength of anal fixations, phallic narcissism, castration fears, or even an intense brother rivalry (1922, p. 231). Freud also implicated typical family patterns as pathogenic. In relation to the
mother, excess attachment, seductiveness, or traumatic observations of female genitalia all could conspire toward incest fears and a flight from women. In relation to the father, exaggerated oedipal fears could result in a wholesale withdrawal from heterosexual competition.

Although Freud did not consider homosexuality an outright illness, his theory was a product of its age and always took for granted that sexual deviation was somehow pathological. Unlike those medical predecessors who stigmatized homosexuals with an inherited nervous disease, Freud stated unequivocally that homosexuality is found in people with no other abnormalities, “and who are indeed distinguished by specially high intellectual development and ethical culture” (1905, p. 139). A Viennese newspaper cited him as saying flatly that homosexuals are not sick people; and in his oft-quoted “Letter to An American Mother” (Freud, 1951) he reiterated that homosexuality “is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness.” Even more tellingly, Freud twice argued that homosexuals might qualify for psychoanalytic societies unless excluded for other sufficient reasons (See Marmor, 1980, p. 394). While Freud's attitude was thus remarkably objective and humane, he always assumed that heterosexuality was the guiding telos of development, and ultimately the only “correct decision” (1910, p. 99). After a certain amount of fumbling, as he put it wryly, “one of the tasks implicit in object-choice is that it should find its way to the opposite sex” (1905, p. 229). Theoretically an inherent arrest of psychosexual maturation does occur in all homosexuals: Erotic love between men, therefore, would always be stunted and colored by autoeroticism and narcissism, while homosexual identity would be an unnatural choice unconsciously determined by intrapsychic pathology.

While the psychoanalytic theory of homosexuality constituted a huge scientific advance, Freud himself never overestimated either its completeness or certainty (1910, p. 100). He himself emphasized the cardinal problem that absolutely nothing is specific in the background or intrapsychic complexes of homosexuals, and that many people exposed to exactly the same etiological factors become strictly heterosexual (1905, p. 140). As Freud put it, when we analyze an adult homosexual, we may feel we have obtained a satisfactory reconstruction, but when we proceed from childhood forward, this
impression evaporates and we cannot predict the final outcome (1920, p. 167). It was for this reason that Freud ruled out a purely environmental theory of sexual development and hypothesized a congenital homosexual predisposition. "To cover the majority of cases we can picture what has been described as a 'complementary series,' in which the diminishing intensity of one factor is balanced by the increasing intensity of the other" (1905, p. 239). The innate bisexual potential is molded through interaction with external factors—early family dynamics, later seductions or chance happenings, and other forces—so that the final sexual orientation may not consolidate until after puberty.

Another persistent problem in Freud's theory of male homosexuality was his tendency to confound the issue of sexual orientation or object-choice with the related, but distinct issues of sexual identification. Freud was well aware that homosexual men are not as a rule feminine, and that sexual preference is surprisingly independent from other personality traits (1905, p. 142). Despite this caveat Freud explained male homosexuality in terms of identification with both parents, or as he called it, the mixture of masculinity and femininity. In this manner, the issue of sexual object choice was transformed surreptitiously into a larger and poorly delineated set of problems concerning sex differences. Freud's difficulty was then further compounded when he defined masculinity-femininity in terms of active and passive (1933, p. 115), a conventional but admittedly dubious distinction that did nothing whatever to clarify the original problem of homoeroticism. It was not surprising, therefore, that Freud would often equivocate (1930, p. 106), and finally declared,

It is not for psychoanalysis to solve the problem of homosexuality. It must rest content with disclosing the psychical mechanisms that resulted in determining the object-choice, and with tracing back the paths from these to the instinctual dispositions. There its work ends, and it leaves the rest to biological research. (1920, p. 171)

THE "CLASSICAL" PSYCHOANALYTIC MODEL
OF MALE HOMOSEXUALITY

During Freud's lifetime his dominant theory of homosexuality provided a developmental schema within which a wide variety of psychodynamic causes and mechanisms were delineated. Contributions
during these decades explored early oral elements in homosexuality, envy of the mother's body, as well as the dynamics of aggression, guilt, and masochism found in homosexual patients. Varying attempts were made to fit the homosexual into the existing diagnostic frameworks: Since homosexuality, by definition, was not merely neurotic, it was grouped faute de mieux with the true perversions and impulse disorders where ego development is characteristically quite primitive or impaired (Fenichel, 1945). Despite these additions, Freudian analysts were in basic agreement that homosexuality derived from innate bisexuality, was a form of psychosexual arrest, and could be explained psychodynamically. They differed in their weighing of constitutional factors, which dynamics they emphasized, and in the extent to which they thought it could be cured (for standard reviews, see Saul & Beck, 1961; Wiedeman, 1962).

It was not until the post-war period that Sandor Rado and his adaptational school began a major revision in the psychoanalytic theory and treatment of homosexuality. In two short but decisive papers Rado challenged the basic Freudian axiom of bisexuality and set about establishing what was to become the new “classical” psychoanalytic position. Rado (1940) first chastised psychoanalysts for adhering to a Freudian concept of bisexuality that was based on long-outdated embryological facts and riddled with ambiguity. This concept, he claimed, had ceased to generate any useful empirical hypotheses, and yet “it has been relied on as if it were the outcome of research which in reality has never been made or even attempted” (p. 148). Rado (1949) next spelled out unequivocally that human beings have no innate desire for persons of the same sex. In terse language often repeated by later analysts, he stated that male–female sexuality “is not only anatomically outlined but, through the marital order, is also culturally ingrained and perpetuated in every individual since childhood” (p. 205). Exclusive homosexuality, in contrast, is a reparative substitute caused by the fearful avoidance of heterosexuality, arising from excessive parental intimidation of sexual behavior or masculine assertiveness. “Only men incapacitated for the love of women by their insurmountable fears and resentments become dependent for gratification upon the escape into homogeneous pairs” (p. 207). Rado also claimed that the original desire for women remained preserved in all homosexual men under their rationalizations. Persons forced to take a same-sexed mate, therefore, would
simulate standard male-female role patterns, and in this spurious fashion, achieve orgasmic gratification via "the illusion of heterosexuality" (p. 206).

Rado's views on homosexuality received clinical elaboration from the 1950s onward by analysts associated with the Columbia University Institute. In several papers Ovesey and his coworkers (Ovesey, 1969; Ovesey & Woods, 1980) agreed with the reparative nature of homosexuality, emphasizing also its motivation in non-sexual dynamics related to any failures in masculine role functioning. The most influential contribution, however, was the major research project of the New York Society of Medical Psychoanalysts led by Irving Bieber. In this nine-year clinical study a vast amount of data was compiled on 106 homosexual men in psychoanalysis and 100 heterosexual control patients. It was Bieber's (1962) conclusions that consolidated and gave new authority to the psychoanalytic theory of homosexuality as a pathological disorder in need of treatment. Explicitly acknowledging his debt to Rado, Bieber's central claim was to have substantiated empirically the biological primacy of heterosexuality and the reparative nature of homosexuality. Prehomosexual boys were all said to have had normal erotic attraction to females that had been inhibited as a defense against anxieties generated within the nuclear family. More specifically, Bieber described a "classical" triangular constellation in which the prehomosexual son was chosen unconsciously as "the interactional focal point upon whom the most profound parental psychopathology was concentrated" (p. 310). The most typical mother of a homosexual was said to be "close-binding," that is, overly close and possessive, as well as emotionally over-intimate and sexually seductive. The typical father, in turn, was found to be openly or covertly hostile—as shown by cruelty, humiliation, and rejection—or else he was simply detached and/or absent. The marriage itself was usually poor, with the mother contemptuous of her husband. In other words, the mother preferred her son, whose father treated him as a hostile rival. These family dynamics all served to bind the boy to his mother, inhibit his masculine assertiveness, and thus steer him toward effeminacy and homosexuality.

Without yet stepping outside its own methodological perspective, the classical psychoanalytic theory of male homosexuality can be subjected to some essential criticisms. Put concisely, the purely psychodynamic concepts of family etiology simply do not provide by
themselves any necessary nor sufficient explanation for sexual orientation (Marmor, 1965). Whereas Freud acknowledged this basic limitation, most analysts since Rado have underestimated it. Even if one accepts all the information tabulated in Bieber's study, for example, the so-called "classical family constellation" for male homosexuality is still hardly ubiquitous, but only the roughest of generalizations covering a variety of overlapping and partly incompatible sub-patterns. Specifically, where the data show a statistically significant difference between homosexual patients and the controls, that item is attributed to homosexuals even if it applies to only a small majority or even a minority. To cite just a few instances, Bieber's (1962) report concludes that the homosexual's mother is usually seductive, prefers her prehomosexual son to her husband, and discourages his masculinity—despite the fact that this was found in only 57, 58, and 37 percent respectively of the homosexual sample, as compared to 34, 38, and 16 percent of the control patients (p. 45). Similarly, the homosexuals' fathers are explicitly stereotyped as both detached and hostile, although this combination actually comprised less than half the sample (p. 88), and even despite the fact that on many indicators the homosexuals' fathers did not express significantly more hostility than the control fathers (p. 87). Admittedly, these are all complex matters, but if the classical family background merely increases the likelihood of homosexuality, and cannot explain its own sizeable counter-findings, then the psychodynamic etiology by itself cannot be either very accurate or complete.

Another objection to orthodox analytic theory after Rado applies to its one-sided insistence that homosexuality is purely defensive or repressive. While earlier psychoanalysts also had stressed homosexual mother fixations, only after Rado was the underlying orientation specifically considered a retreat from heterosexuality. Bieber's study claimed to prove this thesis with solid evidence of heterosexual dreams, fantasies, and memories. But while it is true that some prehomosexual boys might have been sexually aroused by maternal seductiveness, and later had erotic feelings toward girls, it is quite tendentious to conclude from such instances that homosexuality is purely repressive. On the contrary, the research evidence and personal testimony of the men themselves show that most exclusive homosexual males distinctively prefer their own sex. It is their early
experience with girls, in contrast, that is recalled overwhelmingly as sexually uninspiring and romantically insipid.

It also can be noted that the alleged primacy of heterosexuality is a hypothesis partly testable by physiological experimentation. Freud himself had claimed that a homosexual man is unconsciously aroused by females, but displaces his libido to males, “and in this manner he repeats over and over again the mechanism by which he acquired his homosexuality” (1905, p. 145; See also Freud, 1910, p. 100). Although such assertions are replete in the psychoanalytic literature, actual research simply does not substantiate them (West, 1977, pp. 24–27). Experimentalists have devised instruments to measure male physiological responses to pornographic photographs and films depicting various combinations of men and women. They have also measured those “aversion effects” of erotic stimuli that extinguish sexual arousal and therefore might indicate unconscious conflicts. As often happens in these matters, the findings are not definitive. But they strongly suggest that homosexual men react to females mostly with bland indifference—and certainly with less aversion than most heterosexuals react toward other males.

RECENT PSYCHOANALYTIC DEVELOPMENTS

During the 1960s and 1970s a final phase in the psychoanalytic investigation of male homosexuality was stimulated by the greatly increased attention to broad issues of normal and abnormal gender psychology. Various cultural influences—especially the women's movement, and then gay political activity—made the subject timely and controversial. Concurrently, psychological researchers attempting to define more objectively the differences between men and women challenged many traditional assumptions concerning masculinity-femininity, arriving overall at a more androgynous view of both sexes (Maccoby & Jacklin, 1974; Pleck, 1982). All these changes had an impact upon psychoanalysis and impelled it to reexamine its own gender paradigms.

Less widely recognized is the fact that the psychoanalysts studying male homosexuality have been sharing with other psychologists, despite their separate backgrounds, a traditional American preoccupation with the “problem of male identity.” As Pleck (1983) showed,
popular worries concerning the feminization of American males had found expression since the 1930s in psychological tests defining personality norms for men and women, that is, distinctive sex roles that were deemed essential for mental health. By the 1950s it was further theorized that the male sex-role identity was particularly vulnerable because of the boy's initial identification with his mother. In this schema, it was believed that the male homosexual had been abandoned by his father, dominated by his mother, and thus ended up with an identity characterized by many feminine traits. Interestingly, the psychoanalytic theory of male homosexuality—itself virtually an American construct—would soon arrive, although by its own route, at rather similar conclusions.

The most immediate impetus to the psychoanalytic study of gender came after 1955 from the pioneer research of John Money and his coworkers at Johns Hopkins University (Money & Erhardt, 1972). Money proposed a normal developmental model in which the appearance of the sex organs at birth initiates sex-typed parent–child interactions, leading to an irreversible gender identity by the age of three or four. The special contribution of Money's work, however, was his studies of intersexual anomalies where a medical decision determined the child's gender of rearing. For example, a genetic male with defective genitals can be surgically reconstructed and then reared successfully as a girl; a genetic female with androgenization syndrome, having a penis and scrotum but internal female organs, can be surgically feminized, and raised as a girl. What analysts derived from Money's work was experimental confirmation of gender acquisition as a psychological product of social learning, and surprisingly independent of physical determinants. Spurred by this research, which seemed to add empirical rigor to their own thinking, psychoanalysts focused attention on the developmental line of gender formation and on gender disturbance (Panel, 1982). The term "core gender identity" was widely accepted to denote the original sense of being a boy or a girl—the basic self-classification normally including like-sex identification and opposite-sex complementarity. In contrast, "gender roles" are acquired gradually, reflect complex social conventions, and keep evolving in later life stages. Both these concepts can be distinguished from sexual partner orientation, usually included by analysts as the third component of gender identity (Tyson, 1982).
Perhaps the best-known psychoanalytic work on gender comes from Robert Stoller (1968, 1974) who studied primarily male transsexuals, but whose account of male homosexuality as a gender aberration is typical of much current thinking. Stoller postulated that all male gender development begins with a "protofeminine" stage of symbiotic identification with the mother. In order to achieve a male gender identity the boy "must separate himself from his mother's female body and femininity and experience a process of individuation into masculinity" (1974, p. 165). The boy can dis-identify successfully if his mother encourages masculine roles; but otherwise he will suffer some degree of gender disorder. Stoller believes that there are extreme cases—rare, but theoretically critical—in which the boy retains the transsexual symbiosis with his mother unconflictedly. Milder, impure forms of gender disorder can then be fitted into this model, with homosexuals and transvestites both suffering some degree of gender conflict. These conditions "occur in boys whose earliest development, however disturbed, allowed some commitment to being a male and to being masculine, because some separation from their mother's bodies and psyches has occurred" (1978, p. 545). Milder conflicts would lead to perverse tendencies and to hypermasculine defenses in otherwise normal individuals (for a criticism, see Person & Ovesey, 1983).

Another influential, rather controversial contribution to the theory of homosexuality was the work of Charles Socarides, who first asserted its primary, preoedipal causation. Socarides (1968, 1978) claimed that the deep pathology of his homosexual patients were evidence of an early developmental failure to separate from the symbiotic mother. In all cases of true or exclusive male homosexuality, consequently, there exists a core identity disturbance manifested by sexual deviation, marked effeminacy, and a host of major psychiatric symptoms. Because these men remain vulnerable to regressive loss of ego boundaries, they become addicted to homosexual activity in desperation to stabilize themselves. Socarides also recognized the milder, oedipal type of homosexuality, with a more neurotic personality structure, in whom separation and heterosexuality had been attained prior to regression. His diagnostic position is quite extreme, however, insofar as he classified approximately half of his homosexual patients as suffering from serious borderline and psychotic-like conditions (1968, p. 90).
Although the study of gender has undoubtedly clarified many aspects of early male development, the psychoanalytic explanation of male homosexuality in terms of gender disturbance suffers several serious internal weaknesses. To begin with, a major problem in the psychoanalytic account is its oversimplified understanding of the parent-child etiology of male homosexuality. In Bieber's model and in most later analytic writings, it is the parental combination of close-binding mother and hostile-detached father that causes both the sexual deviation proper and the emasculation of the prehomosexual boy. It is the father, in particular, who plays "an essential and determining role in the homosexual outcome of his son.... We have come to the conclusion that a constructive, supportive, warmly related father precludes the possibility of a homosexual son" (Bieber, et al, pp. 310–311). Psychoanalysts, however, have been much too eager to establish a simple causality between the parenting and the associated homosexuality and effeminacy. Even when these factors coexist, isolating the parenting as an antecedent cause violates our usual developmental principles of reciprocity in parent-child interactions. As has been argued by many of the nonanalytic authors, ironically, it is perfectly plausible, and even likely, that the poor parenting and especially the negative father relationships of prehomosexual boys is partly the result, as well as the cause of the son's cross-gender predilections. Many of the items, in fact, supposedly distinguishing the fathers of homosexuals in Bieber's study actually seem to reflect the child's own incapacity to accept his father (see p. 86).

Another fundamental problem in psychoanalytic theory, I believe, is its persistent confounding of homosexuality as an atypical object choice with the phenomenon of male effeminacy. By treating these concepts as inextricably related, or even synonymous, psychoanalysis only obfuscates the specific nature and origins of homosexuality as such. It is difficult to document this misunderstanding concisely insofar as it is never expounded by analysts with any real precision. As mentioned above, the tendency to equate male homosexuality and effeminacy already plagued Freud's definitions of bisexuality, although he warned us against it, and has since been part and parcel of the psychoanalytic tradition. For example, several brief but influential papers by Anna Freud (1949, 1951, 1952) explained homosexuality as a deep-seated gender weakness and a con-
sequent compulsion to bolster masculinity through the phallic partner. This idea underlies Bieber's research and finds its ultimate pronouncement in Socarides's formulations (1968, p. 4). In another variation, Ovesey and Person (1973), who consider male homosexuality primarily as a sexual disorder, still conceptualize it secondarily as a gender disturbance falling along a continuous "gradient" of masculinity–femininity. At one end of the gradient are effeminate men who more or less accept their homosexuality, and at the other end, hypermasculine men who basically reject it (p. 62). Finally, consider the following statement by Stoller (1978):

The relationship between femininity and male homosexuality has been known for thousands of years, so those of us working on this subject are probably only tightening the fit of this observation. Here is the hypothesis updated: the more feminine the boy, the more likely will he desire someone of the same sex, the earlier will overt homosexuality begin, and the less likely either the femininity or the homosexuality can be reversed by psychoanalysis. (p. 543)

The alleged concordance between male homosexuality and effeminacy, though certainly the popular belief that Stoller asserts, is not therefore a scientific fact. On the contrary, there is no reason a priori why a homosexual man would have to possess any cross-gender traits or underlying identity problems, other than his atypical sexual taste, along with whatever role conflicts might be superimposed by his culture. To presuppose otherwise, prior to beginning one's research, only clouds the essential issues and introduces bias into the theoretical model and its verification.

INTERDISCIPLINARY RESEARCH SINCE THE 1950s

In the following pages I will provide an overview of some of the major areas of nonpsychoanalytic research on male homosexuality since the 1950s, highlighting those findings clearly relevant to the analytic model and especially its thesis of homosexual pathology. The need for such an interdisciplinary approach should be apparent for some simple methodological reasons. As often noted, clinical research relies on a limited and biased sample of patients already designated as ill, and not necessarily representative of homosexual men in our society or the world at large (Evans, 1969; Marmor, 1980). More specifically, clinical research cannot isolate the patient's
homosexuality itself from the network of his neurotic problems, nor establish whether a disturbed family background is related causally to the homosexual orientation per se. Psychoanalytic methods are also not well suited, as Freud realized, to identify any innate factors underlying sexual preference, which would be interwoven with all later developmental influences, and thus impossible to observe unobscured during treatment. Finally, psychoanalysis cannot explore the full range of homosexual phenomena without borrowing data from other social and historical sciences that can put its own conclusions in cross-cultural perspective.

In retrospect we can see the controversial Kinsey report on men (1948) as the major landmark in the professional and public reappraisal of homosexuality. By the late 1950s a large body of sex research was appearing from scientists who had trained outside psychiatry and who deliberately tried to assume an attitude of cultural relativism (Weinberg & Bell, 1972). Kinsey himself never assumed that sexual orientation existed as an absolute entity, and devised instead a behavioral scale that rated an individual from zero to six depending on the relative balance of his erotic experiences between the same and opposite sex (1948, p. 636). With this definition Kinsey obtained surprising statistics that shattered existing stereotypes of homosexuality as a marginal aberration: Thirty-seven percent of the total male population had at least some homosexual experience in adolescence or later; 25 percent had more than incidental homosexual experience for at least three years after adolescence; and four percent were exclusively homosexual (p. 650). Kinsey himself was convinced that such findings demanded a radical reformulation of our etiological theories: The widespread occurrence of homosexuality, he felt "suggests that the capacity of an individual to respond erotically to any sort of stimulus, whether it is provided by another person of the same or of the opposite sex, is basic in the species" (p. 660). As for the question of homosexual pathology, Kinsey held that such a common behavior could not be sick except as a result of societal condemnation.

In the field of nonclinical research one of the most comprehensive studies on homosexuality after Kinsey was the influential investigation by two psychiatrists, Marcel Saghir and Eli Robins (1971, 1973). This project solicited subjects from gay organizations, interviewing 89 male and 57 female homosexuals matched with unmar-
ried heterosexuals. The results of Saghir and Robins were largely consistent with psychoanalytic findings: associated with the majority of homosexual men were a disturbed family background and, in particular, poor father relationships. A major contradiction to psychoanalytic theory, however, emerged concerning the pathology of male homosexuality where the study found “surprisingly few significant differences” in the incidence of psychopathology between the two groups (1973, p. 130). The homosexual and heterosexual groups had similar types and amounts of all the minor neurotic disorders, but where differences existed, the homosexuals showed the greater incidence. They definitely evidenced an increased tendency toward suicide attempts, alcoholism, and drug abuse, all peaking during the late teens and early twenties. As the authors saw it, “most homosexuals strive painfully against personal and social odds to reach a state of health, usually after long periods of turmoil and conflict” (1973, p. 136). While a large number of these men did remain poorly adjusted to their homosexuality, the vast majority came to terms with their sexual orientation and achieved a healthy life-style.

A major effort of nonclinical research has been devoted to evaluating family background and parental influences as causes of male homosexuality. Numerous studies have matched homosexual with heterosexual patients, or deliberately recruited samples of apparently well-adjusted homosexual and heterosexual volunteers. D. J. West (1977) reviewed this literature, and although the results are somewhat inconsistent, the overall consensus does support the clinical impression that a classical family background with a close binding mother and a distant/hostile father increases vulnerability to male homosexuality (pp. 86–94). Most psychiatric and survey studies confirmed the statistical association of male homosexuality with mothers considered domineering or too loving, and fathers that were unsympathetic, autocratic, or absent. Several dissenting reports, however, found the typical mother to be rejecting and hostile—perhaps not surprisingly, in view of the dynamics of overattachment. Despite the overall uniformity of results, it is the developmental significance of these characteristic family patterns, and the explanation of the many anomalies, that remain open to conflicting interpretations. One major study by Siegelman (1972, 1974) is particularly interesting. He compared the family backgrounds of 307 nonpatient male homosexuals with 138 heterosexual controls using a question-
naire method—but then divided his subjects into subgroups that rated high or low on "neuroticism." When only the less disturbed men were compared, the remaining matched groups showed "complete lack of significant differences in parental background" (p. 15). Siegelman's results, consequently, are often cited as suggesting that disturbed upbringing may be related, in contrast to psychoanalytic theory, more to the neurotic problems of homosexual men than to their sexual orientation itself.

An area of empirical research crucial to psychoanalysis concerns the complex issues of cross-gender identification and male effeminacy. Although personality tests since Terman and Miles (1936) have attempted to identify male homosexuals based on their feminine traits, results have been unreliable, and have failed to account for homosexuals who were hypermasculine or ordinary in their sex typing (West, 1977, pp. 36–41). Much more germane to psychoanalysis are several studies that reconstructed the gender development of prehomosexual boys. Saghir and Robins (1973) found that a clear pattern of "polysymptomatic effeminacy" was recalled by two thirds of the homosexual but almost none of the heterosexual men. In a composite picture, such children had avoided the company of other boys, sought the friendship of girls, and preferred female activities to sports and games (p. 28). It is noteworthy, however, that once again a large minority comprising one third of the homosexuals were typically masculine; and also, contrary to psychoanalytic prediction, the effeminate boys did not as a group have any less-adequate fathering. In a mostly consistent follow-up study, Whitam (1977) distinguished three patterns in homosexual development: effeminate boys who remain this way, effeminate boys who become masculine by their teens, and a smaller group who are masculine all along. Significantly, Whitam's strongest indicator of future homosexuality was none of the effeminate behaviors at all, but rather the early and clearcut enjoyment of sex play with other boys—perhaps reflecting the relative independence of homoeroticism proper from other cross-gender traits.

Another suggestive attempt to understand homosexuality and cross-gender identification was a small-scale study by Friedman and Stern (1980) of well-adjusted homosexual men who had been "sissies" as children, but only in regard to their inordinate fear of physical aggression. Although never effeminate, these prehomosexual boys
had avoided all fighting and rough sports from a terror of getting hurt. As a result they were ostracized, painfully lonely, and may have sexualized their longing for male friends. Although these men were considered sissies as children, the authors speculate, their cross-gender behaviors seemed to be linked more to fears of aggression and peer rejection than to any feminine identifications as such. In other words, this subgroup of homosexual men followed a developmental path to their sexual preference essentially unrelated to cross-gender disturbance.

Another research design has been used to investigate effeminate boys clinically in direct relationship to their families of origin. In one psychiatric interview study, Zuger (1970) studied 25 boys who had been very effeminate since early childhood and most of whom, at follow-up, seemed homosexual. Zuger interviewed and evaluated all the families but could observe no significant differences between the effeminate cases and the controls. Most parents in both groups were rated as fairly warm, the marriages were largely unremarkable, and at least some of the fathers were actively involved. All the boys, however, had gravitated inexorably toward their mothers, even when actively discouraged. In another major longitudinal study currently underway, Richard Green (1980) is following 60 effeminate boys and controls whose future sexual orientation is unknown. Green's observations thus far also do not confirm the psychoanalytic concept of parent-induced effeminacy. He emphasizes the reciprocity of father-son interactions: Although some of the fathers were distant from the start, others tried to engage their sons in masculine activities, but eventually felt rejected and alienated. As Green put it, children are simply not born equal, so that any child with innate cross-gender dispositions would find it difficult to model after his father's role. Any innate factors would thus exacerbate preexisting family pathology, reinforcing the effeminacy, and presumably, contributing to any later homosexual orientation.

By far the largest and most ambitious research projects on homosexuality were undertaken in the 1970s by Alan Bell, Martin Weinberg, and their associates at the Kinsey Institute. Their first work, *Homosexualities: A Study of Diversity Among Men and Women* (Bell & Weinberg, 1978), attempted to challenge the stereotype of homosexual psychopathology by demonstrating how the psychological adjustment of homosexuals was dependent on certain key factors in their
self-acceptance and social life style. This report, unfortunately, was
of limited relevance to analysts, since it suffered serious methodolog-
ic flaws, and had no theoretical foundation related to internal
personality structure or childhood etiology (Person, 1983). It was
only in their second report, *Sexual Preference* (1981), that Bell, Wein-
berg & Hammersmith conducted a vast, in-depth study of homo-
osexual development that merits serious psychoanalytic attention. The
project used a sample population of almost 1,000 homosexual men
and women from the San Francisco area, and a large control group,
all interviewed for three to five hours. Of greatest interest is the
innovative and sophisticated model of “path analysis” used to arrange
the statistical data in longitudinal patterns. Most previous studies
had compared homosexuals to heterosexual controls, but establish-
ing these differences had actually revealed little about the causal
influence of childhood factors on the development of homosexual
orientation itself. The model and techniques of path analysis, how-
ever, control all the intervening variables to determine how they co-
vary and lead to the final sexual outcome. These results are then
represented in path diagrams linking sequentially the initial parental
traits, the early family relationships, and the later childhood and
adolescent factors—all-in-all, a model consistent with the psychoan-
alytic understanding of epigenetic progression (See “Homosexuality
as a Diagnostic Category in Childhood Disorders,” in A. Freud,

The findings of *Sexual Preference* largely confirm earlier clinical
and empirical findings, but give them a very different interpretation.
The classical family and childhood factors do indeed occur dispro-
portionately in prehomosexual boys—but according to path anal-
ysis, their final causal effect depends very heavily on conjunction with
other factors, and even then does not correlate closely with adult
homosexuality. As predictors of sexual outcome, they are virtually
useless. Compared to heterosexual men, for example, homosexuals
tended to be unusually close to their mothers, and then to have felt
more feminine as children, but beyond that point in the path analy-
sis the statistical effects of the mothering almost disappear. Similarly
homosexual men tend to have had either distant or hostile fathers,
and then a weaker father identification, but once again, this paternal
influence had only modest statistical influence on adult sexual orient-
tation. Actually the strongest predictor of homosexuality turned out
to be the pattern of effeminate interests and feelings that these authors call "childhood gender nonconformity" (p. 76). On a variety of measures more than half of prehomosexual boys evidenced female-associated traits, although once again a sizeable minority were typically masculine. According to their interpretation, Bell et al. believe that childhood gender nonconformity greatly increases the likelihood of homosexuality regardless of family background or the sense of parental identification (p. 189).

Two findings about the prehomosexual boy and his fathering are especially relevant to psychoanalysis. First the authors compared the subgroup of homosexual men who had been in psychotherapy to the total group of homosexuals. The one major difference was that these men—presumed more disturbed emotionally—did have the distant/hostile fathering resembling the classical clinical picture (p. 203). This may vindicate clinical impressions, but does not warrant extrapolation into a general law of homosexuality. Second, the authors did a separate path analysis for men considered effeminate based on childhood cross-gender traits and present behavioral style. Broken down this way, the identification problems with fathers turn out to be confined solely to these effeminate men who skewed the total results. The authors point out correctly that the connection between poor fathering and effeminacy remains ambiguous, "i.e. whether a failure to identify with one's father encourages effeminacy, or whether boys who for whatever reason happen to be effeminate find it difficult to identify with their fathers" (p. 199).

The authors of Sexual Preference conclude their research report with the suggestion that there is probably a biological predisposition underlying the development of homosexuality. This hypothesis cannot be proven statistically, but there is a large variance in the path analysis of homosexuality that remains unaccounted for by the sum total of the childhood factors. It is this unexplained, but nonenvironmental residue that can be attributed to unknown biological factors. It was just such reasoning, one might note, that led Freud to his notion of "complemental series." Whatever this inborn disposition might be, it seems to underlie both the gender nonconformity of many prehomosexual boys, as well as later homoerotic arousal patterns. Although these speculations could be confirmed only with biological research, Bell et al. believe that "what the model is telling us is that sexual preference seems to be pretty well-established early
in life, and that Adult Homosexuality simply represents the last stage in the emergence of a deep-seated pattern of homosexual responsiveness" (p. 104).

A new approach to the study of homosexuality was begun in the late 1950s with the pioneer psychological test research of Evelyn Hooker (1957). Previous to her work, few clinicians had ever examined homosexuals outside of mental hospitals, prisons, or other settings that seriously contaminated the findings. With this in mind Hooker obtained a group of subjects from two homosexual rights groups who appeared on the surface well adjusted. Utilizing the Rorschach and two other projective tests, she tested 30 matched pairs of exclusively homosexual and heterosexual men, and then submitted the protocols and detailed profiles “blind” to two judges. Her stated goal was to obtain an unbiased judgment whether the homosexuals exhibited special pathology, or indeed, any characteristic personality traits. Hooker’s conclusions unequivocally challenged prevailing opinion at the time: There were simply no differences in amount of pathology between the two groups, with two thirds of each rating an adjustment of average or better. Moreover, Hooker found that the judges were unable to identify the homosexual profiles any better than pure chance. An exception was only among some disturbed homosexuals with marked anal and/or feminine traits. Otherwise, the variety and richness of homosexual personalities were considered comparable to the controls, the majority being notable mostly for middle-of-the-road ordinariness. It was Hooker’s (1968) opinion, eventually, that homosexuality was not a clinical disorder at all, but an atypical sexual preference in otherwise normal individuals, associated with pathology largely through social intolerance.

The classic papers of Evelyn Hooker have been followed up by three decades of additional test studies—and her principal conclusions have proved quite robust. In a comprehensive review of this literature, Riess (1980) found in the years between 1967 and 1977 alone that Hooker’s results had been replicated in 58 projective and 35 questionnaire studies, none of which successfully delineated any psychodynamic typology or etiology for male homosexuality. Granted that there were methodological problems with the various research designs, the overall consensus in the testing research is still impressive, especially in view of the hostile atmosphere in which the research was conducted (Morin, 1977). It is therefore unfortunate
that psychoanalysts have largely by-passed this area of empirical investigation. The work of Hooker and other psychologists has gained widespread acceptance, and cannot be dismissed, as Socrates once did, as a deplorable handicap to scientific progress in sex research (Stoller, et al., 1973, p. 1212). Other analysts have suggested that projective instruments are simply not sensitive enough to the salient homosexual pathology (Bieber et al., 1962, p. 306). But this ad hoc argument seems quite unconvincing if homosexuals are as deeply and characteristically tainted as analysis has traditionally maintained. Since projective tests are routinely used to confirm other subtle or masked pathologies, the major disparity between the clinical impressions and the testing literature is more likely explained—to underline this once again—by the skewed population seeking psychological help. As Reiss (1980) concluded at the end of his survey:

That large numbers of mental health professionals still, a priori, identify homosexuality as pathology leads one to conclude that professional practice may blind one to the reality of experimentally established fact. (p. 308)

Since the 1950s a widening perspective on male homosexuality has opened with an increasing number of research studies by historians and cross-cultural anthropologists. Although these disciplines inevitably have their own methodological problems, and are usually ambiguous in their psychological import, any theory of homosexuality that is to be taken seriously must be at least consistent with those cross-cultural generalizations that do emerge. The first modern and the most influential such investigation of homosexuality worldwide was Patterns of Sexual Behavior, by Clellan Ford and Frank Beach (1951), which analyzed data on 76 societies and also on non-human primates. This authoritative survey reported that in many repressive cultures like our own, sex between two men was prohibited or discouraged, with formal punishments, contempt, or ridicule. In another group of cultures, however, representing almost two thirds of the total studied, social codes were more permissive, so that at least some homosexual activities were considered normal and acceptable. The data on animals also showed widespread sexual behaviors between males—and since heterosexual mating took place concurrently, there was no evidence that such homosexual-looking behaviors
were merely substitutes. Like Kinsey shortly before them, Ford and Beach were led to conclude that the potential for homosexuality was virtually universal: "... the product of the fundamental mammalian heritage of general sexual responsiveness as modified under the impact of experience" (p. 259). As they added,

men and women who are totally lacking in any conscious homosexual leanings are as much a product of cultural conditioning as are the exclusive homosexuals. ... Both extremes represent movement away from the original, intermediate condition which includes the capacity for both forms of sexual expression. (p. 258)

The cross-cultural and historical literature since the 1950s has continued to document the social determinants and patterning of male homosexuality (see reviews by Carrier, 1980; Karlen, 1980). From ancient to present times diverse homosexual behaviors appear with remarkable vigor, and yet without receiving anywhere sanction as a full sexual alternative. For example, some cultures tolerate homosexual play in children, but not among adults. In others there is allowance for adult homosexuality whenever suitable females are unavailable, for example, when marriage is delayed or men live segregated from women. As often cited, the love of an older man for a pubescent youth was idealized in at least one aristocratic segment of classical Greek culture. In the more exotic societies of Highland New Guinea, homosexual practices are enforced for many years as part of prolonged male initiation rites: in these cults of masculinity, the ingesting of older men's semen is considered prerequisite for turning boys into men (see Lidz & Lidz, this issue, p. 117/521). Finally, a number of American Indian and other societies institutionalize the occasional male transvestite or berdache, allowing him a full female role, including status as the wife of another man. But despite this wide cultural latitude, mankind also shows virtually a universal refusal to accept male homosexuality as fully valid. As Opler (1965) summarized it, with the scattered exceptions of a few special status groups, even the most permissive cultures regard lifelong, exclusive homosexuality as an unsanctioned deviation from majority values (p. 114).

Cross-cultural research on male homosexuality invites psychoanalytic interpretation but does not answer decisively any basic theoretical questions. The ubiquity of homosexual practices is certainly
compatible with Freud's original proposal of innate bisexuality. From this viewpoint, every society has to compromise between a stable nuclear family, the objective favored for self-preservation, and the peremptory urgings of the homosexual drive. Cultural values will then selectively forbid and also permit the underlying homosexual component, whose expression in any person will be shaped by intrapsychic and collective factors (Liebert, 1986). In reply, however, most orthodox psychoanalysts since Rado probably would reaffirm the primacy of heterosexuality, and explain the widespread tolerance of situational homosexual practices as an adaption to economic conditions and other reality constraints, while exclusive homosexuality would still indicate psychopathology. Although this interpretation would plausibly cover some of the cross-cultural findings, it does not seem compatible with institutionalized homosexuality of the ancient-Greek variety, nor the lengthy homosexual apprenticeships mandated by some New Guinea tribes to achieve manhood. Finally, the present psychoanalytic view of homosexuality as purely reparative fails to account for it as an habitual variation between older and younger males. Many societies have apparently considered such arrangements quite normal and, furthermore, no detriment to full virility with the opposite sex.

A final cross-cultural generalization of particular interest to psychoanalysis is the seemingly universal subordination of rules concerning male homosexuality to what are, evidently, the more fundamental distinctions concerning masculine gender roles and core identity. Many cultures define homosexual practices as perfectly normal and manly, so long as they do not violate other role distinctions between the sexes which are deemed sacrosanct. In large areas of the world, for example, it is much more important to avoid effeminacy and passive sexual behaviors than to eschew homosexuality in itself. This is true throughout Latin America, North Africa, and probably the Near and Far East—everywhere that gender roles are sharply dichotomized, and where men enjoy social superiority (Carrier, 1980; Vanggaard, 1974). Active homosexuality, therefore, can be associated with male power and even confer prestige among men, whereas passive homosexuality is equated with female weakness and scorned. Formulated psychoanalytically, males do not seem to be threatened so much by the homosexual contact per se, as by the unconscious female identification that passive homosexuality might
imply. Homosexual practices may then be acceptable, so long as the culture somehow perceives them as an all-male activity that preserves phallic potency. The danger of homosexuality and homophobic reactions would derive not only from the castration complex, but more deeply from an all-or-nothing horror of symbiotic regression, entailing the loss of male identity and selfhood.

In recent decades there has been a resurgence in the basic biological investigations that Freud originally had believed might some day establish physical substrates of homosexuality. The biological perspective has been central in sex research since the 19th century, and gains prominence periodically whenever theoretical or experimental advances offer hard data to augment soft psychological speculations. The scope of this biological research is extremely wide—touching at least endocrinology, genetics, and neurophysiology—while its enormous technical difficulty precludes first-hand evaluation except by specialists. For our purposes, however, only a few of the biological results are really essential to consider.

With the discovery of the endocrine system and the sex hormones, biologists naturally hypothesized that male homosexuality might be due to some subtle glandular deficiency or imbalance, and thus could be treatable by purely physical interventions. In the 1930s and 1940s, however, numerous experiments with androgen therapy all gave disappointing results—although a rise in the level of male hormones may increase the libidinal appetite in homosexual men, it has no effect at all on the direction of sexual object choice (Meyer-Bahlburg, 1977). In the 1950s, a genetic approach to the problem was taken by F. J. Kallman. This research temporarily suggested an almost complete hereditary determination of homosexual orientation, based on the finding of an alleged 100 percent concordance rate for sexual orientation in identical twins. Kallman's results, however, which had serious methodological flaws, were never replicated (Houlé, 1984). And, at the present time, genetic researchers have virtually abandoned the search for specific chromosomes that might directly program sexual orientation of adults (Money, 1980; West, 1977). In the early 1970s widely publicized reports by Kolodny and others initiated efforts to establish an association between male homosexuality and a lowered testosterone level in the blood plasma (as well as a low sperm count). This literature received expert review by Meyer-Bahlburg (1977), West (1977), and Tourne (1980), all of
whom agreed that the published findings were both inconsistent and theoretically confusing. All in all, the available data at the present time make it unlikely that any simple deviations in adult testosterone level are responsible for male homosexuality. But neither does the evidence preclude some type of endocrine involvement, and atypical hormonal states may still be correlated with some types of homosexual behavior.

In recent years, the most promising biological research comes from neuroendocrinologists studying the effects of hormonal factors on the prenatal sexual differentiation of the brain (Money & Erhardt, 1972). It is known that in prenatal development the fetal anlage of genital tissues are initially undifferentiated sexually, and that formation of male reproductive organs is triggered in the third month when the Y chromosome programs the differentiation of male gonads and the secretion of fetal androgens. From then on the level and composition of the circulating hormones regulate male development in various ways. According to the leading hypothesis, there may be a critical prenatal period, after the sex organs are fully formed, when male hormones cause a neurophysiological “masculinization” of the brain to take place. Thereafter, physical characteristics of the male and female brain would mediate all sex-typed behavioral differences. The most active and controversial research in this area is by Gunter Dörner (1975) in E. Germany who claims to have located specific male and female mating centers in the hypothalamus. Supposedly these would cause different neuronal reflexes, and thereby mediate male and female sexual responses, and finally, determine masculine and feminine sex-typed behaviors. According to this theory, male homosexuality would be explained by endocrine abnormality during the critical prenatal period—perhaps due to stress, drugs, or other complications—so that a lower level of circulating androgens would prevent masculinization, and leave the male with a dominant feminine brain center. Dörner believes that the direction of the sex instinct could be completely determined by such a mechanism, and that once established, homosexuality and heterosexuality remain unaffected by further biological or environmental factors (See West, 1977, pp. 70-74).

As suggestive as all these various biological hypotheses appear, experimental research, it seems to me, must be judged to be extremely remote from even a rudimentary explanation for homosexu-
ality as it is defined in humans. The leading theory of prenatal neuroendocrine causation, for example, has been extrapolated by Dörner almost entirely from his experiments on rats, for whom certain critical androgen deficiencies eventually produce female copulatory responses in males. These results are then applied to humans based only on the analogy that apparently a certain "positive estrogen feedback response" to hormone injections purportedly occurs both in experimentally feminized rats and in some homosexual men. In an authoritative review, Meyer-Bahlburg (1977) identified serious methodological problems with this research strategy. More importantly, he emphasized the theoretical point that there is essentially nothing homologous between rodent mating responses and the causation or patterning of homosexual behavior in humans. Overall, he concluded, "the evidence in favor of an endocrine basis for male homosexuality is very weak" (p. 318). Tourney (1980) also underscored the insufficiency of the hormonal approach, unless we can also explain the ways in which the prenatal factors could be mediated by subsequent development in order to produce the final sexual orientation. More adamant still is Hoult (1984), who surveyed a wide range of biological theories and argued that they were all unproven and totally nonspecific without the addition of complementary environmental factors. In other words, modern biology could very well identify predisposing factors to male homosexuality, if they could be integrated compatibly with the other major psychodynamic and cultural factors in one interdisciplinary model of sexual orientation.

CONCLUSION

This conclusion will provide a brief overview and final analysis of the psychoanalytic model of male homosexuality, again emphasizing the fundamental thesis of homosexual pathology. Analysts have expounded at length on this topic, advancing countless allegations of medical illness and psychological inferiority. As D. J. West put it wittily, "Psychoanalysis possesses a considerable repertoire of disagreeable labels, nearly all of them applied sooner or later to homosexuals" (1977, p. 103). The critical discussion just completed, however, casts doubt on this psychoanalytic doctrine. What emerges from the literature review is not really a compelling scientific argument or proof, but rather a legacy of brilliant Freudian ideas, partly
clinical and partly theoretical, that continued to carry with them the implied cultural judgments of the early Freudian era. The model of male homosexuality was then elaborated and slightly revised, not in response to new interdisciplinary findings—which in fact were mostly ignored—but in a legalistic fashion, by reference to supposedly well-established psychoanalytic precedents. Analytic researchers worked in relative isolation, retesting their ideas as Freud had, by reflecting on their work with male homosexual patients. Although this is the usual verification procedure for psychoanalytic conjectures, it should be obvious that this particular subject presents special methodological problems of objectivity. For this reason, among others, Bieber and the New York Society of Medical Psychoanalysts pooled their observations—but, as I have argued, they were still unable to transcend the bias inherent in their guiding theoretical model.

Among the numerous claims supporting the pathology thesis of male homosexuality there seems to be an essential core of four basic propositions. Analysts assert that homosexual men suffer a form of developmental arrest caused by (1) early narcissistic fixations; (2) disturbed family relationships; (3) an underlying disturbance of male gender identity and finally, (4) pathological defenses against a biologically primary heterosexuality. These propositions seem disarmingly simple, but as I have shown, they all conceal logical ambiguity and very dubious theory-laden presuppositions. To the extent that these notions have, in fact, been defined and empirically tested, they have never received more than partial confirmation. Moreover they leave numerous anomalies unexplained, and thus invite further refinement and expansion of the theoretical model. Consider the propositions one-by-one.

The first analytic argument in favor of the pathology thesis is that homosexual men are fixated in a developmental stage of early narcissism, so that even if otherwise normal, their capacity for love relationships would automatically be shallow and deficient. Again and again we hear that homosexuals are arrested in primitive stages of ego development, have never separated from their mothers, and have no self constancy (Panel, 1960). In their love life, it follows, homosexuals cannot be object-related, forming only “neurotic counterfeit” relationships (Bergler, 1951) that are need-dependent, ambivalent, and unstable. These pejorative notions are partly general-
ized from a skewed sample of depressed, borderline, or sexually addicted patients who have been considered, nonetheless, as stereotypical of all homosexual men. This is not just an example of weak methodology. I believe, rather, that psychoanalytic theory has precommitted itself to the idea of homosexual narcissism as a matter of definition. A homosexual, in other words, picks a mate of his own sex not for erotic or affectionate motives really, but because he is basically an immature person in love with himself. How this idea of pathological narcissism is compatible with the otherwise high psychological evolution of many homosexual men, is a paradox never quite confronted. It is a truism, of course, that homosexuals seek partners like themselves, but there is no obvious reason why this gender likeness should necessarily entail any of the selfishness, need for archaic mirroring, or other infantile qualities characteristic of pathological narcissism (Leavy, 1985). Nor can the real nature of homosexual relationships be inferred from a high-level Freudian metapsychology in which the narcissistic stages supposedly precede object-relatedness—especially insofar as this supposition is itself questioned by many analysts and infant researchers (Lichtenberg, 1983).

The second psychoanalytic argument for the pathology of male homosexuals is based on the disturbance of early family relationships in their developmental backgrounds. Freud and many other analysts had reconstructed these pathogenic patterns, while Bieber’s research shaped them into their canonical form. As acknowledged above, this increased incidence of early family pathology among homosexual men has been confirmed on the average by large-scale, statistical studies of nonclinical populations. Nonetheless, and as known all along, the most common background factors apply to only a small majority or minority of homosexuals, leaving all others unexplained. As reviewed above, the recent work of Bell et al. (1981), in particular, is especially persuasive in this regard. As they have shown using sophisticated statistical tools, each specific background dynamic correlates only weakly with final sexual orientation, depending for its effect on summation with various other factors, and having in all little predictive value. Thus, there is simply far too much variability in developmental origins to generalize about the classic, triangular family constellation of the male homosexual. Although many informed psychoanalysts would concede this point, few would accept
the further implication, emphasized by the nonclinical researchers, that neurotic family dynamics could make a boy vulnerable to homosexuality, and even permeate his adult neurosis, without being the principal cause of his sexual orientation itself. Nor, finally, would many welcome the apparent conclusion that homosexual men, whether disturbed or not, might very well have reached their sexual preference by developmental pathways that are essentially nonpathological.

The third argument for the model of homosexual pathology is that all male homosexuals suffer some degree of intrapsychic gender disturbance. As shown above, this argument is found in psychoanalytic writings like a leitmotif, and has been propounded as an explicit thesis at least since the 1950s. Stated succinctly, most analysts simply take for granted that all healthy men are both masculine and heterosexual, so they never take seriously the idea that manly males could really love each other erotically. Despite its apparent logical simplicity, this attempt to equate male homosexuality and effeminacy has proven to be surprisingly recalcitrant to any empirical confirmation. As shown above, the hypothetical gender disturbance is actually a very broad and abstract theoretical construct that must be defined before it can be tested. For example, the concept might be measured behaviorally, except that many homosexual men appear quite ordinary in their overt traits. Effeminacy could be measured by psychological tests, but as discussed, these results have been unreliable, and are irrelevant to the problem of gender disturbance, unless one begs the issue and defines the feminine-typed responses of some homosexual men as a sign of pathology. The concept of male homosexual effeminacy also receives no clear confirmation from the self-descriptions of the men themselves, the majority of whom claim to feel "neither especially masculine or feminine" (Bell et al., 1981, p. 80). And finally, as a hypothesis about child development, the psychoanalytic thesis is again ambiguous, lumping together, as it does, a number of distinct concepts concerning inborn tendencies, processes of psychological identification, and also the exaggerated fears of male aggression which may influence homosexual preference. While the other disciplines try to disentangle these complicated issues, the psychoanalytic model confounds them, so that the decisive research cannot even be contemplated.

In my opinion, it is around this issue of male effeminacy that
psychoanalysts have betrayed, as their critics accuse them, a distinctly anti-homosexual bias that is both censorious and condescending. To give only one example, consider the following typical statement by Bieber: “In general, [male] homosexuals do not have a concept of self ‘as a real man,’ nor do they view other homosexuals as completely masculine. They regard themselves as castrates and speak derisively of other homosexuals” (1965, p. 257). Now, to be sure, there are many reasons, personal and cultural, why a homosexual individual might express this attitude of self-contempt. But once again, it is quite unscientific for psychoanalysts to present this unfortunate outcome as an intrinsic part of homosexual orientation: simply disregarding the growing subgroup of homosexuals who accept their identity as well as all those other cultures where life-long homosexual practices are thought perfectly masculine.

The fourth argument for male homosexual pathology is the claim that sexual deviation is a defense against a biologically primary heterosexuality. Although anticipated by Freud, this argument did not gain ascendancy until analysts questioned their own concept of innate bisexuality. As Rado correctly perceived, any theoretical compromise concerning innateness could only give credence to the homosexual’s belief that he was born this way—and also weaken the main rationale for conversion therapy. Since the 1950s, therefore, the prevailing psychoanalytic model has asserted unequivocally that all normal males are programmed biologically for a mate of the opposite sex. This is formulated in different ways. Analysts often point to the failure of biology to establish any definite hereditary or hormonal causes for homosexuality, and then assume incorrectly that this proves the biological primacy of heterosexuality (See Bieber et al., 1962, p. 173). As I have tried to show, however, the postulation of innate as well as environmental factors in a “complementary series” was originally introduced by Freud precisely as a kind of theoretical place-holder, while we awaited further biological answers. Psychoanalysts since Freud have also asserted the actual existence of an early heterosexual stage in the development of male homosexuals. Although this issue is admittedly complex, the onus is clearly on analysts to establish that such heterosexual origins exist in exclusively homosexual men whose entire history would seem to rule them out. Thus far, the psychoanalytic claim does not appear to be convincing—especially in view of the obvious objection that any purported
instances may never have been exclusively homosexual in the first place. Lastly, the psychoanalytic idea that homosexual men actually inhibit their natural, physiological attraction to women has been shown by experimental studies, if not totally fanciful, at least misleading as a theoretical assertion. To put it simply, since either sexual drive might be employed defensively against the other, there is no validity to the one-sided claim that homosexuals have been proved in analysis to be "latent heterosexuals."

It is also crucial to remember that the psychoanalytic rejection of an inborn predisposition to homosexuality occurred in the period in the 1940s and 1950s when analysts did not fully acknowledge the general importance of constitutional factors in child development. Concerning homosexuality, in particular, psychoanalytic theorizing consolidated at a time when pathogenic family dynamics were overemphasized, and thus, it never benefitted from more recent concepts of constitution as these were worked out later in psychoanalytic infant research. Thus, analysts writing on homosexuality, in effect, are still arguing the absolute priority of "nurture over nature" at a time when contemporary psychoanalysis has long surpassed this dichotomy. Just as concepts of innateness have helped clarify our understanding of other atypical traits, and plain temperamental differences, so too they could contribute to a multifactorial model of homosexuality without jeopardizing the integrity of psychoanalysis.

In this paper I have hoped to demonstrate that the analytic model of male homosexuality is a scientific paradigm with cultural origins and a historical place in the world of sex research that is not absolute. For analysts to assert otherwise, as they sometimes do, is no longer convincing to the scientific community, and can only push psychoanalysis itself into research backwaters where theoretical progress is slow, if not circular. Even more unfortunately, the theoretical model of homosexual pathology guides actual practice so closely that truly unprejudiced clinical observations become impossible. Many analysts have claimed that no one should treat homosexuals if not convinced beforehand that their sexual orientation is a perversion and emotional illness. I cannot enter into the clinical issues that could be raised here, nor try to disentangle the technical problems that would immediately arise concerning psychoanalytic transference and countertransference, resistance and counterresistance. Some of these problems are being reconsidered by analysts.
who do not necessarily accept the pathology viewpoint (e.g., Isay, 1985, 1986; Leavy, 1985; Liebert, 1985). The clinical solutions, however, will have to emerge gradually, and hand-in-hand with conceptual clarification of the underlying theoretical model. Finally, I will not attempt to discuss the many social and ethical issues surrounding the phenomenon of homosexuality. It is hoped, of course, that a more objective theory of sexual orientation will help foster greater social temperance toward homosexual men and women in general.

REFERENCES
