THE PSYCHOANALYTIC PERSPECTIVE OF ADOLESCENT HOMOSEXUALITY: A REVIEW

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ABSTRACT

Psychoanalytic theory asserts that adolescent homosexuality is the result of unresolved infantile conflict experienced during the Oedipal and pre-Oedipal periods, in which inadequate object relations and identifications with parents predispose the individual to homosexuality in adolescence. Classical psychoanalytic thought emphasizes the importance of drives and defenses in the formation of homosexuality, while more contemporary approaches understand adolescent homosexuality from a psychosocial and early developmental perspective. In addition to childhood predispositions, the various developmental tasks of adolescence influence the degree and course of homosexuality. This article notes the different types of homosexuality that emerge in adolescence which are influenced by different psychodynamic conditions in each stage of adolescence. Changing developmental roles in relation to individuation, object relations, identification, and identity formation are a few of the factors that contribute to adolescent homosexuality.

The psychodynamic approach to understanding adolescence has traditionally been rooted in instinct theory and has emphasized the importance of drives and defenses in adolescent development. Classical psychoanalytic theory characterizes this period as entailing an intense resurgence of libidinal and aggressive forces in which ego functions become attenuated by id impulses that leave the adolescent in a state of inner turmoil. Psychodynamically, adolescence is also characterized by the use of regression as a means of regaining security in the face of anxiety (Adelson, 1980); but regression also brings forth unresolved infantile conflict which intensifies the adolescent’s emotional turmoil.

Although turmoil theory has been largely refuted, adolescence is still noted for its dramatic changes in physical and psychological development, parental relations, self-esteem, identity formation, and cognitive development. It is a time of pervasive adjustment to the vicissitudes of the inner self and the adult world.

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Male Homosexuality

While learning theorists explain homosexuality as the result of conditioning and socialization, centralists maintain that homosexual orientation is the product of innate biological factors. Freud viewed homosexuality as the result of unresolved infantile conflicts and polarities that found expression through manifest homosexual behavior. Although Freud postulated a very succinct and descriptive theory for male homosexuality, his theory on female homosexuality is less descriptive and more ambiguous. He believed that innate constitutional bisexuality as well as psychological attributes were significant factors that influenced the etiology of homosexuality. Freud (1910/1964, 1922/1955) contended that central to the psychological explanation of male homosexuality was unresolved Oedipal conflict. He theorized that the homosexual was a person who could not satisfactorily master the conflicts and demands of the Oedipal period. This was manifested by an intense erotic and emotional attachment to the mother and a distant and detached relationship with the father. These relationships intensify the child's Oedipal conflict with the father and increase the boy's castration anxiety.

Freud speculated that the child's fear of penis loss results in profound disturbance at the thought and sight of the female genitals because this represents his castration fears. The homosexual also unconsciously associates any female love object with his intense and forbidden erotic attachment to his mother. Heterosexual contact would produce guilt and further intensify the forbidden experiences associated with his Oedipal struggles.

Freud (1922/1955) stated that after puberty the homosexual shifts from fixation on to strong identification with his mother and searches for love objects as he assumes she would. The homosexual seeks narcissistic love objects that resemble himself because he unconsciously sees himself as the type of object his mother would prefer. The homosexual places high value on the male organ because it allays castration fears, and renunciation of women avoids rivalry with the father, which permits the male to remain loyal and faithful to his mother.

Freud further hypothesized that male homosexuality may also be due to anal fixation. Anal eroticism and anal stimulation is a salient feature of homosexual relationships. Freud suggested that early experiences producing fixation during the anal stage influence the development of homosexuality. Constitutional predisposition as well as early object relations during the anal period are linked to anal eroticism and the development of homosexual trends. Only a portion of Freud's theoretical perspectives on male homosexuality have been
The preponderance of evidence supports Freud’s core concept that homosexual males are more likely to have had close, intimate, and restrictive relationships with their mothers and more distant, inimical, and negative relationships with their fathers (Terman & Miles, 1936; Bieber et al., 1962; Evans, 1969; Gigi, 1970). Support for the theoretical postulations that homosexuals are characterized by anal eroticism and choose narcissistic love objects is tenuous and thus far inconclusive (Fisher & Greenberg, 1977).

**Female Homosexuality**

Freud (1920/1955) stated that constitutional factors of bisexuality were just as influential in female homosexuality as they were in the etiology of male homosexuality. The girl is also faced with conflict emanating from the Oedipal period. She becomes disillusioned and angry with her mother upon the discovery that she lacks a penis. She feels deeply hurt and perceives herself as inferior to males which she blames on her mother. Freud proposed that at this time, the girl turns to the father as a love object, but experiences intense disappointment and frustration which causes her to defensively identify with him and thereby regress to taking mother and other women as love objects (Fisher & Greenberg, 1977). Freud theorized that the young homosexually predisposed girl encounters such a traumatic experience with the father, she rejects him and all men, defensively substituting mother as a love object. She regressively returns to a previous attachment and close relationship with the mother as a means of overcompensating for the inner hostility she has toward her; this behavior also diminishes the competition between her and her mother for male love objects.

Freud (1920/1955) also attributed female homosexuality to a pronounced masculinity complex and penis envy. Negative attitudes toward the penis are significant in understanding female homosexual orientation. In addition to the envy that the penis elicits, the male organ is also a threat insofar as it is an object that can produce pregnancy as well as body damage and mutilation. Freud’s hypotheses on male and female homosexuality parallel each other in several ways. The Oedipal dilemma appears to be the period in which intense conflicts arise with reference to unsatisfactory object relations with the parents. The female homosexual’s defensive identification with the father due to excessive frustration and disappointment corresponds with the defensive identification with the mother that is attributed to the male homosexual. While the male homosexual experiences disturbance at the sight of the female genitals due to his castration fears, the homosexual female is threatened by the male genitals due to her presumed penis envy. Empirical studies tend to favor Freud’s thesis that female homosexuals experience negative and frustrating relationships with their fathers, but the major aspects of his theory on female homosexu-
uality have received little empirical reinforcement (Bene, 1965; Ken-

Freud theorized that as the girl grows disillusioned with the mother
during the Oedipal crisis, she turns to the father as a love object.
During this time she fantasizes that she will regain her lost penis by
bearing her father's child who symbolically represents her lost phallus.
The young girl is said to experience an unusual amount of frustration
when she turns to the father as a love object, but Freud was vague
about this formulation. Within this context, the author believes that
this excessive disappointment and frustration that occurs at this time
is the result of the female's discovery that she cannot have her father
as a love object or bear his child. The reality of never regaining a penis
equivalent or possessing the father as a love object intensifies her
feelings of inferiority which influences the renunciation of her father
and all men. It is at this time that she regresses to an earlier attach-
ment with the mother and incorporates her mother and women in
general as love objects.

CONTEMPORARY PSYCHOANALYTIC VIEWS ON HOMOSEXUALITY

Within the field of psychoanalysis, there has been a shift away from
viewing homosexuality as deviant or pathological (Lewes, 1988; Gar-
trell, 1981). Walsh (1987) notes that the shift probably began with the
publication of the research conducted by Kinsey and his associates
(Kinsey, Pomeroy, Martin, & Gebhard, 1953; Kinsey, Pomeroy, & Martin,
1948). They demonstrated that homosexuality, along with other
behaviors considered to be abnormal, was fairly widespread. This
change in viewpoint is marked by the reversal of the American Psychi-
atric Association's position, which in 1973 removed "homosexuality
per se" from its list of psychiatric disorders. "Ego-dystonic homosexu-
ality" was established as a new classification in order to categorize
those homosexuals who were either in conflict with, disturbed by, or
wished to change their sexual orientation (Davison, 1976). Walsh
(1987) further reports that in 1986, the Board of Trustees of the APA
eliminated homosexuality completely from the official diagnostic no-

Although today many view homosexuality as an adaptive and normal
process for most homosexual individuals, some professionals still main-
tain that homosexual object choice is a pathological result of early
developmental disturbance (Socarides, 1978, 1981). While Freudian
theory saw homosexuality as a neurotic defense resulting from failure
to resolve the Oedipus complex, more recent perspectives have focused
on pre-Oedipal determinants. The broadest historical movement in
psychoanalytic thinking was a shift in interest from the phallic phase
surrounding the Oedipus complex to the anal and especially the oral

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stage of development (Lewes, 1988). As theory development focused on oral determinants in the etiology of homosexual object choice, analysts were forced to offer pre-Oedipal theories for all forms of homosexuality. The sophistication of psychoanalytic theory eventually led to the renunciation of Oedipal-level homosexual organizations as explications for homosexuality. This was mainly due to the absence of a theory for nonpervasive homosexuality and the lack of corresponding clinical material to support earlier claims.

Socarides (1978, 1981) maintains that homosexuality serves as a defensive maneuver that provides temporary relief from internal anxiety states which threaten the homosexual's psychic equilibrium. Socarides's major contribution was his contention that homosexual object choice is the result of pre-Oedipal disturbance emanating from the separation-individuation phase of childhood. Therefore, the central conflict of homosexuality in some individuals may be primarily due to pathology in object relations rather than structural deficits influenced by the vicissitudes of the drives. Individuals who fail to successfully negotiate the separation-individuation phase of early childhood are therefore unable to attain a healthy sexual identity (Socarides, 1981). Socarides's postulations have received severe castigation by the homosexual and psychological community (Lewes, 1988). In addition, his methods of gathering clinical data have been challenged as well as his clinical objectivity.

Lewes' (1988) *The Psychoanalytic Theory of Male Homosexuality* was one of the first accounts of the psychoanalytic perspective of homosexuality that humanized homosexuality as a normal condition. Lewes points out that the progressive rigidification of psychoanalytic attitudes toward homosexuality was not based on an unbiased, objective approach to scientific investigation. Rather, the psychoanalytic theory of homosexuality was based on historical prejudice, biased clinical data, and unexamined moral and social judgments. According to Lewes (1988), "Analytic goals are understanding and healing, not judgment and conversion. Insofar as analysis settles for the latter, inferior set of goals, it denies both the scientific and humane bases of its privileged position" (p. 241). No longer considered a disease or perversion in itself, homosexuality demonstrates an adaptive and healthy choice in sexual orientation.

**THE STAGES OF ADOLESCENT HOMOSEXUALITY**

Anna Freud (1958) characterized adolescence as a very tumultuous time of development in which myriad libidinal and aggressive impulses seek expression and create conflict. She postulated that adolescents employ an array of different defenses against anxiety aroused by their
infantile object ties, which can take form in normal behavior or psychopathology. Such pathological defenses can involve a sudden and complete withdrawal of libido from the parents rather than a more gradual process of detachment from them. Libidinal impulses may be transferred to parental substitutes or idealized others in an effort to allay the anxiety which accompanies this sudden rejection of the parents. Homosexuality is seen as behavior that is influenced by the unsettling upsurge of instincts and drives which are experienced as overwhelming to the adolescent.

Adolescent homosexuality also may be attributed to the formation of “negative identity” (Erikson, 1954). If the adolescent finds that he cannot successfully master the demands and conflicts of particular roles with which he identifies, he may adopt a more negative role as an attempt to regain mastery and establish a sense of identity. He finds it easier to derive this sense of identity through total identification with feminine roles rather than struggle for mastery over traditional roles which are unattainable for him. The adolescent may adopt a homosexual orientation as a means of assuaging his yearnings for a sense of identity.

Glasser (1977) asserts that adolescent homosexuality should not be regarded in the same way as adult homosexuality, but should be viewed in the context of adolescence as a period of psychosocial development. One of the fundamental tasks of adolescence is to renounce childhood dependency on one's parents and adopt adult autonomy in order to attain emotional maturity (A. Freud, 1958; Blos, 1962). This is a time of intense emotional involvement with members of both sexes, strong commitment to peer group interests, and the capacity to tolerate and adapt to the physiological and intrapsychic changes that are taking place. During early adolescence, which is approximately from the start of puberty to age 14, adolescents gradually move away from emotional dependence on their parents. This withdrawal leads to a deep narcissistic self-absorption. As adolescents turn their attention and emotional investment to their friends, this involvement also has a narcissistic component. The adolescent’s emotional interests are self-centered and friends are chosen to meet certain needs. They may be chosen for real or imagined qualities which the adolescent would like to have. He may compensate for his withdrawal from his parents by establishing a friend as an “alter self” whom he loves as he in turn wishes to be loved.

Homosexual activities are behaviors that are common in adolescence and which may progressively contribute to sexual orientation and identity. Like masturbation, homosexual activity may be a means of experimentation and self-exploration. The fantasies which accompany masturbation allow the adolescent to safely try out sexual possibilities and help him or her manage infantile sexual propensities which re-
surface at this time of development. Early adolescent homosexuality carries this process further to include another person who aids in the process of self-discovery. Within this narcissistic alliance, homosexual activity offers opportunities for comparison, information gathering, experimentation, reassurance, and help in dealing with guilt over infantile wishes (Glasser, 1977).

Normal homosexual behavior in early adolescent boys is distinguished from its counterpart in that there is a preponderance of strong heterosexual interest in the homosexual activity (Glasser, 1977). Homosexual experimentation allows early adolescent boys to imagine what girls are like and how they should be approached sexually. This experimentation also helps them integrate their own feminine identifications into their personality. Another element of normal adolescent homosexual activity is that sexual acts with older men are considered forbidden and taboo. Young boys who experiment with homosexual activities view themselves as very different from adult homosexuals and look upon these men with disdain.

Psychoanalytic theory attributes adolescent homosexuality to vulnerabilities that emanate from unresolved childhood conflict. Homosexual relationships and behavior are manifested in narcissistic gratification not only for pleasurable sensations but as a means of managing intrinsic anxiety. As Freud pointed out, a strong attraction to another boy represents the wish to be that boy and experience the love he wanted to receive from his mother. In addition to the negative relationship most adolescent male homosexuals had with their fathers, on a more unconscious level they harbor intense feelings of resentment toward the mother, believing that she was neglected or used in order to satisfy her own emotional needs. Therefore, homosexual orientation is adopted as a way of protecting the self from strong, repressed impulses that revolve around Oedipal and pre-Oedipal struggles.

During middle adolescence, approximately from age 14 to 17, the boy is establishing a more complex view of himself and the world, but because this view is still not stable, his attitudes and behaviors vacillate. Peer relations shift from a search for support as experienced during early adolescence to a more active attainment of acceptance and approval. As the process of identity formation progresses, the adolescent is faced with the final confrontation of his revived Oedipal conflicts, and the way he resolves it will determine his future functioning. During this time of tension and uncertainty, the adolescent may adopt a homosexual orientation in order to deal with these developmental conflicts.

Castration anxiety can be manifested in the fear of rivalry and authority figures. This can cause some adolescents to adopt a more passive and submissive attitude that may become an integrated part of their personalities. The predisposed adolescent homosexual will not only
adopt this role to fulfill sexual and emotional needs (such as the passive partner in fellatio or sodomy), but he will also conduct his relationships masochistically (Glasser, 1977). Homosexual exploration during this stage may be temporary, followed by a heterosexual orientation after various childhood conflicts and anxieties have been adequately resolved.

Adolescent female homosexuality may largely be the result of the persistent endeavor to deny what they see as anatomical inferiority. In contrast to the effeminate boy who adopts a passive demeanor due to castration fears, the “butch” girl may adopt a more assertive and masculine role in order to compensate for her perceived inferiority. This role may be colored by sadistic tendencies during sexual activities in which more aggressive impulses are played out. Deutsch (1944) posits that a typical feature of overt female homosexuality is the ability of the partners to exchange roles. Because of the ability to easily identify with love objects of the same sex, females can switch between roles characterized by active and sadistic behavior to more submissive and masochistic participation during homosexual acts. The girl’s fear of penetration and the perception of childbirth as being damaging and painful also are possible explanations of adolescent female homosexuality.

As the individual moves into late adolescence, ages 17 to 20, the unresolved turmoil and intrapsychic conflicts of the previous stages start to become more crystallized and stable. This stage is characterized by integration and consolidation. Homosexual activity that took place during early and middle adolescence is abandoned and replaced by a homosexual orientation which becomes established and integrated in a more stable identity (Glasser, 1977). Homosexuality in late adolescence should be considered a permanent part of the adolescent’s personality which will heavily influence adult character formation.

CONCLUSIONS

The classical psychoanalytic perspective of adolescent homosexuality emphasizes a relative developmental failure during the Oedipal period in which inadequate object relations and identifications predispose the individual to homosexuality in adolescence. However, the etiological components differ for males and females. While males experience profound castration anxiety concomitant with an intense attachment and overidentification with the mother during the Oedipal period, females experience feelings of anatomical inferiority. As a result, they turn to the father as a love object, but are intensely disappointed. Thus, they defensively identify with him and regress to taking mother and other women as love objects.
In addition to classical viewpoints on the role of the instincts and object relations, manifest adolescent homosexuality can be understood from a psychosocial as well as psychosexual perspective. In the search for identity, the adolescent may adopt a homosexual orientation as a defense against the inability to master coveted identified roles.

Contemporary psychoanalytic thought concludes that Oedipal-phase homosexual conflict is always superimposed on deeper, basic, pre-Oedipal phase nuclear disturbance. The author believes that homosexuality in itself is not pathological, but rather a healthy and adaptive choice in homosexual individuals. However, as an adaptive strategy, homosexuality is believed to be the result of conflicted libidinal wishes and deficiencies due to early developmental disturbance in object relations. Within this context, homosexual object choice is viewed as a normal outcome of the individual's efforts to master the frustrations and conflicts of intrapsychic, psychosocial, and relational demands in early development.

Homosexual activities and homosexual identity in adolescence should be viewed differently in terms of their consequences. As a person progresses through the various stages of adolescent development, homosexual experimentation can be a means of self-discovery and of ameliorating infantile conflict. Normatively, by the time the person reaches late adolescence, these homosexual tendencies and activities have abated and been replaced with a heterosexual orientation. Homosexuality during late adolescence constitutes an integrated and consolidated sexual identity, and thus a basic component of one's personality.

Whether homosexual identity is in itself pathological is a highly sensitive question. Theories which continue to purport that homosexual behavior is pathological fail to appreciate the adaptive and normal qualities of homosexual experience, as well as perpetuate social prejudice. The extent to which homosexuality creates problems in adolescence will be influenced by the psychological, interpersonal, and psychosocial ramifications it produces. As the struggle to consolidate identity through identification and individuation takes place, homosexuality can be a major factor in adolescent development.

REFERENCES


