

Psychodynamics, Homosexuality, and the Question of Pathology

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A persistent polarity has existed among theories concerning the origins and the nature of preferred homosexuality. One major group of theories, including most psychoanalytic approaches, stresses early developmental contributions and tends to view homosexuality as psychopathological—a deviation from healthy and fully mature living. The other major group of theories assumes homosexuality *not* to be psychopathological and views homosexuality as either a spontaneous expression of a natural, polymorphous sexuality, or as one possible outcome, among many equally healthy and rewarding outcomes, of social conditioning. Common to both groups of theories is the shared assumption that psychodynamic contributions and etiology imply pathology—a psychodynamic dimension is either accepted and pathology is assumed, or pathology is denied and any possible psychodynamic contribution is debunked. The notion that psychodynamic causes and contributions imply pathology is, as I will show, a historical artifact deriving from Freud's original libidinal fixation theory of neurosis. Such an assumption is not only no longer necessary, but also is inconsistent with a more contemporary psychodynamic understanding of human experience and several important psychoanalytic principles. I

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explore the manner in which this assumption has been responsible for polarization and miscommunication among various contributions in the psychoanalytic, sociological, and political literature on the nature of homosexuality—including the presumption of pathology that is built into the very language and choice of metaphors employed in psychoanalytic discussions of homosexuality. I also suggest an alternative conceptual approach.

In their now classic study of homosexuality, Irving Bieber and his colleagues (1962) survey existing theories of homosexuality and suggest that they fall into two major categories: (1) those assuming adult homosexuality to be a psychopathological state, including all psychoanalytic theories, with their stress on early childhood factors and family constellations; and (2) those assuming homosexuality *not* to be psychopathological, but simply spontaneous expression of a natural polymorphous sexuality. In the 16 years since Bieber's study, this polarization of concepts has remained relatively intact.

Psychoanalytic approaches, employing psychodynamic reasoning and stressing experiential and interpersonal factors, tend to view preferred homosexuality (i.e., object of choice not dictated by circumstances) as, by definition, psychopathological. The homosexual behavior is regarded either as involving gratification of some major pregenital, infantile drive (most often the wish for symbiotic fusion with the mother) or as reflecting a reparative adjustment to a phobic avoidance of oedipally-tinged heterosexuality, based either on the dread of the "close-binding" mother or retaliation from the hostile father (Wiedeman, 1962, surveys these various dynamic formulations). Underlying these various psychodynamic approaches is the shared assumption that adult homosexuality, by virtue of its psychodynamic etiology, is a pathological condition.

The second category of theories that Bieber (1962) noted, those based on the assumption that homosexuality is a non-pathological state, has likewise preserved intact its complementary position. Here there is no place for psychodynamics—homosexuality, if it is to be seen as nonpathological, is held to be a natural and spontaneous expression of sexuality, not at all influenced by early familial constellations, anxiety, or

conflict. More recent authors arguing the nonpathological nature of homosexuality (see Churchill, 1967; Weinberg, 1972; Brown, 1976; McNeill, 1976) tend to debunk the psychodynamic approach in general. These authors take a variety of alternative positions on causation. Churchill argues a social learning theory approach in which positive reinforcement channels constitutional polymorphously perverse, nondirectional sexuality. Others, such as Weinberg and Williams (1974), Simon and Gagnon (1973), and McNeill (1976), take positions that appear to involve a kind of strategic obscurantism—the causal factors are too complex, not knowable, and essentially irrelevant to an understanding of adult homosexual functioning. Other theorists posit an obscure genetic predisposition or embryological hormonal imprinting, despite the paucity of evidence for such a factor. Common to both groups of theories, psychoanalytic concepts of pathology and antipsychoanalytic concepts of “naturalness,” is the shared assumption that psychodynamic causation implies pathology. If a psychodynamic etiological view is posited, pathology is assumed. If one questions whether homosexuality is inevitably psychopathological, possible psychodynamic dimensions are debunked. That implicit yet pervasive assumption that psychodynamic origins imply pathology is a historical artifact, and can be usefully understood within the context of the original development of psychodynamic reasoning.

In his *Introductory Lectures on Psycho-Analysis*, Freud (1916–17) described the “hypothetical” nature of the concept of psychodynamics as follows:

We seek not merely to describe and to classify phenomena, but to understand them as signs of interplay of forces in the mind, as a manifestation of purposeful intentions working concurrently or in mutual opposition. We are concerned with a *dynamic view* of mental phenomena. On our view the phenomena that are perceived must yield in importance to trends which are only hypothetical [p. 67].

The discovery and development by Freud of the psychodynamic point of view occurred within the context of clinical

psychopathology. Freud began with sufferers from various symptom-neuroses and, employing the psychoanalytic method, worked back to uncover underlying, unconscious psychogenic factors. Before 1897, Freud hypothesized the cause of neurosis to be infantile seductions, with psychodynamic “forces in the mind” linking these traumas to the symptoms. This trauma theory was gradually abandoned for the view that infantile sexuality has a natural and unfolding development; neurosis is caused by fixations and conflicts within that development. In classical psychoanalytic theory, psychological health is defined as the attainment of “genital primacy.” Following its natural course of development and, influenced by the natural “attraction of the opposite sex”(Freud, 1905, p. 227) and the need of the species for reproduction, the libido, with its various polymorphously perverse components, becomes organized under the aim of heterosexual intercourse. Deviations from genital primacy are due to conflicts, traumas, anxiety, and constitutional excesses, which have made it impossible for the libidinal components to be subordinated under genitality and hence have created a preoedipal libidinal fixation, constituting a predisposition to psychopathology. The assumption was that the fixation point directly determines all aspects of personality functioning, including the degree of ego development and the quality of interpersonal relations. The attainment of the acme of libidinal development—heterosexual genital primacy—is accompanied by, necessarily, psychological maturity, independence, and the capacity for interpersonal intimacy. Within this early conceptual scheme, homosexuality is understood to be a preoedipal and hence pathological libidinal organization, with the etiological importance of various pregenital psychodynamic trends suggesting serious personality dysfunction. Thus, psychodynamic understanding developed originally from the process of reasoning back from various forms of adult psychopathology to corresponding infantile libidinal fixations; psychodynamics were hypothetical causal mechanisms explaining the connection between these two groups of phenomena.

Subsequent developments in psychoanalytic theory have greatly broadened our understanding and application of

psychodynamic processes beyond the original formulation of them as causal mechanisms in pathological conditions. The psychodynamic point of view has been expanded into a general theory of human development and the workings of the mind, having been enriched by the expansion of the kinds of motives constituting “psychic forces” in the contributions of Sullivan, Fromm, and Horney; the development of the psychoanalytic study of the ego and nonpathological functioning by Hartmann, Rapaport, and others; and the development of the understanding of internal object relations in the seminal work of Klein, Fairbairn, and the British “Object Relations School.” The application of psychodynamic understanding has provided a complex interpretive system of meanings for viewing the textural fabric of human experience. “The interplay of forces in the mind,” to use Freud’s phrase, is now viewed as the underlying context for all mental phenomena, including thinking itself. Psychodynamic origins and processes from all developmental levels are understood to be inextricably woven into healthy as well as pathological functioning (see, e.g., Rapaport, 1960; Fromm, 1964, pp. 74–75; and Klein, 1964). The simple schema of the libidinal fixation theory of neurosis, in which sexual functioning is the centerpiece of personality, determining the level of integration and development, has generally been superseded by a more complex vision of personality functioning in which ego development and richness of object relations may or may not be correlated with sexual functioning. For example, Ross (1970) suggests that “it is no longer possible to maintain that libidinal development and the maturation of the personality are dependent variables. The theory of genital primacy, as originally stated, assumes that they are. A refinement of this theory is necessary. . .” (p. 231). Lichtenstein (1970) notes that in “Freud’s original conceptualization of psychosexual development, the independent variable in the complex processes of human motivation was unquestionably sexuality as it unfolded through the various libidinal stages. Today sexuality or libidinal development is seen as only one among several variables” (p. 305).

Despite the fact that subsequent psychoanalytic developments have expanded psychodynamic understanding from its original

application as a causal mechanism of psychopathology to a general interpretive theory of human experience, in the understanding of the lay public psychodynamic reasoning often mistakenly retains the trappings of its birth within the original medical setting. It is assumed that the discovery of a major dynamic contribution to, or dynamic origin of, a behavior implies the pathology of the behavior. This implied judgment is responsible for much of the unnecessary suspicion in the lay public concerning psychoanalytic formulations in general as if having unconscious motivations per se were a blameworthy or pathological indication. The shared assumption pervading most writing on the nature of homosexuality is a specific case of this more general misunderstanding—the recognition of a psychodynamic contribution to the development of homosexual orientation, or the appreciation of a psychodynamic dimension or meaning in current homosexual functioning, is assumed to imply the pathological nature of the condition. This assumption is, as we have seen, unnecessary within the expanded current view of psychodynamic processes; in addition, it violates two basic and more specific psychoanalytic principles.

The concept of overdetermination was introduced by Freud (1901) very early in the development of psychoanalytic theory in relation to the understanding of dream images. He argued that a specific dream image is not limited to having one meaning, or one psychodynamic source, but tends to be a complex construction linked to many ideas, wishes, and memories.

Each element in the content of a dream is “overdetermined” by material in the dream-thoughts; it is not derived from a *single* element in the dream-thoughts, but may be traced back to a whole number. These elements need not necessarily be closely related to each other . . . They may belong to the most widely separated regions of the fabric of those thoughts. A dream element is . . . the “representative” of all this disparate material. . . [p. 652].

Not only dream images, but all pieces of behavior and experience are overdetermined, or express many different meanings. This principle, however, tends to be lost when applied

to homosexual functioning. The assumption is made that if the homosexual behavior is shown to involve, for example, an active defense against current castration fears, or an expression of symbiotic yearnings, then that motive completely and exclusively accounts for the behavior. What isn't addressed is the possibility of other meanings and motives in the behavior, including feelings and wishes for intimacy on other levels, perhaps more collaborative. This failure to allow for the complexity of homosexual behavior and relationships is particularly limiting if one considers that even extremely pathological behaviors often serve adaptive functions. That is, the behavior has meanings, apart from the psychodynamic conflicts, that might include the adaptive functioning of the ego, mastery of the environment, satisfaction of other needs, varieties of interpersonal contacts, and so forth. Lachmann (1975) suggests applying to homosexual behavior the formulation used by Brenman in viewing masochism: "Homosexual behavior is . . . a complex configuration resulting from the interplay of (1) . . . unconscious drives with (2) defensive processes and (3) adaptive implications" (p. 254). Lachmann suggests that the relative balance of these factors has considerable diagnostic and prognostic implications.

The utility of this conceptual framework is illustrated by the case of Ms. X, who entered treatment out of a sense of paucity and thinness in her relationships with other people, most particularly her boyfriend of several years. During the course of her treatment she began a homosexual relationship that she sustained for several years. This relationship was markedly richer, more intimate, and more sharing, on many levels, than any previous relationships with men or women. The psychodynamic contributions to her constriction with men became clear—men were experienced as narcissistic, self-absorbed, explosive, and generally dangerous creatures with whom one must maintain considerable distance, the original model for this view being the father. There were also elements in the homosexual attachment suggesting old and buried symbiotic yearnings in relation to the mother. Nevertheless, the development of the homosexual relationship seemed clearly reflective of a growth-enhancing, adaptive development, allowing for the expansion of her capacity for interpersonal

intimacy and the enhancement of her sense of self-esteem. Despite the defensive and genetic contributions to this behavior, the expansive and adaptive aspects of the homosexual object-choice at that time took precedence, both in terms of the handling of the choice in the treatment situation and in terms of any evaluation of the pathology of the new relationship. According to the principle of overdetermination, any understanding and evaluation of the behavior must not be limited to a single dynamic dimension.

A second and closely related principle of psychoanalytic theory violated by implicitly equating psychodynamics with pathology is the importance of avoiding the “genetic fallacy”—the equation of a behavior with its origins, or the assumption that a behavior originating out of conflict is inevitably forever linked to conflictual difficulties (Hartmann, 1960, p. 93). A boy who grows up to be a surgeon has early interests in sadistic behavior toward animals, and there is a clear continuity between the early expression of sadism and his career choice. However, it is unwarranted to assume that a sadistic gratification is still operative in his adult functioning. The anger may have been related to a specific developmental problem and outgrown, or may be finding gratification in other areas. The adult surgeon’s behavior, despite its original source, has now become secondarily autonomous—that is, it is now motivated by a desire for mastery, humanistic concerns, etc. With respect to homosexuality, the genetic fallacy is enthusiastically practiced both by psychoanalytic adherents and critics. It is assumed that if homosexual behavior originates in the expression of, or as a defense against, a preoedipal drive, then the behavior is limited forever by its origins. What isn’t allowed for is the possibility that the homosexual orientation may be determined by early psychodynamic factors, including conflict and anxiety, but that as the later relationships of the person develop, the original conflicts and anxieties may no longer be the salient motives for the behavior, which has now become secondarily autonomous.

The case of Mr. Y, who entered treatment at the age of 20, with a homosexual orientation of long standing, illustrates such a possibility. Mr. Y complained initially of severe work inhibitions in his professional career, and of deep depressions.

Although he was not interested in changing his homosexual orientation, he suffered from a lack of satisfaction in the relationships themselves, which were limited to “one-night stands” and brief contacts. Over several years of analytic treatment the central dynamics and etiology of his homosexuality, as well as of his work inhibition and depressions, emerged. These involved an intense fear of his intrusive, demanding, and physically seductive mother and considerable rage at and longing for his absent father. He had begun homosexual relations following a severe and precipitous disillusionment in the father, who had been centrally involved in a well-publicized business scandal. He was attracted toward younger, emotionally dependent men, whom he would “parent” for brief periods of time.

Over the years of treatment, these central dynamic issues were worked through. The work difficulties were resolved, the depression disappeared. Mr. Y dated some women, experiencing some conscious social anxiety. At that point he began a relationship with another man, the quality of which was more intimate and more sharing than any prior relationships. He stated that he felt he could see the possibilities of learning to be sexually and emotionally intimate with a woman, and what it would entail in terms of going through some initial anxiety and discomfort. In a sense, he would need to live through a missed period of adolescent adjustment to the opposite sex. He felt that he could accomplish this, and his analyst largely concurred.

Mr. Y decided, however, that this was not the course he wanted to pursue at that point in his life, an important factor in the decision being his new homosexual relationship. This relationship continued for at least two years longer than any prior relationship. It would be possible, of course, to interpret the new homosexual relationship as a flight from emergent heterosexual feelings. This is a clinical judgment, and, in the estimation of the analyst, the relationship did not constitute a defense or flight from anxiety. At the point of terminating treatment, the dynamic origins of Mr. Y’s homosexuality appeared to be no longer the major motivational force in his choice of partner. Women were no longer seductresses and castrators, and men no longer occasions for vicariously gratifying dependency needs.

What motivated his sexual behavior at this point was predominantly a desire for collaboration and intimacy. Heterosexuality was considered but ran counter to the development of a whole lifetime of tastes, activities, social contacts, experiences, and relationships.

In the cases of Ms. X and Mr. Y, neither the presence of a current psychodynamic motive for the behavior nor the historical origin of the behavior in psychodynamic conflict can be used as an exclusive basis for evaluating the health or pathology of the behavior. The psychodynamic dimension does not exhaust the motivational sources of the behavior. There is a growing body of testimony, mostly from nonpsychoanalytic sources, to the long duration and presence of love and intimacy in many homosexual relationships, despite dynamic meanings and origins (Klein, 1964; Pittenger, 1970; Hooker, 1972; Jones, 1974; Brown, 1976). Unless one begs the question entirely by simply defining homosexuality as pathological, it seems apparent that any determination of pathology must rest not on the presence of psychodynamic factors, nor on the demonstrability of a psychodynamic causation, but on the presence and relative weights of defensive and adaptive aspects in the behavior, the quality of the interpersonal relationships, and the degree of development and integration of the self. Marmor (1973) forcibly makes the point that considerations of pathology must rest on an evaluation of present functioning. To call the outcome pathological because the origins are "pathogenic" is tautological.

There seems to be an assumption . . . that if there is a disturbed parent-child relationship in the background of someone with variant sexual behavior this proves that the disturbed relationship is causally responsible and that the individual with such variant behavior must be mentally ill. . . . *All* personality idiosyncrasies are the result of background developmental differences, and *all* have specific historical antecedents. The concept of illness cannot be extrapolated on the basis of background but must rest on its own merits [p. 1208].

Psychodynamic inquiry and understanding were born within the context of a search for causes of what were understood to be disease entities. At this point in the development of psychoanalytic theory, that context and the connotations of pathology it imparts are acting as unnecessary weight and burden in the psychoanalytic inquiry into the nature of sexual orientation. To argue that the presence of a psychodynamic motivational dimension or etiology does not *necessarily* imply pathology does not, of course, preclude the possibility that all homosexuals experience considerable pathology. It does suggest, however, that any psychoanalytic approach to homosexuality should keep psychodynamic hypotheses and understanding separate conceptually from considerations of pathology.

This separation is not an easy task, since the presumption of pathology is built into the very language and conceptual framework that psychoanalysts employ. If homosexuality is seen as evolving out of the relations with the parents, disease is presumed and parental functioning is condemned. Hooker (1972), in summarizing views within psychoanalytic theory, notes, "with few exceptions . . . pathogenic relations with parents in early childhood are assumed to be the crucial determinants . . ." (p. 12). Socarides (1973) speaks of the "total agreement among members of the task force¹ that the parents, consciously or otherwise, are the primary architects of the homosexual psychic organization . . ." (p. 1212), and that the latter results from a "pathological family constellation." Even psychoanalytic writers questioning the disease model theories tend to speak of factors which "produce homosexuality" (Friedman, 1976, p. 106), as if the latter were, once again, a unified, one-dimensional disease entity. The equation of psychodynamic dimensions with pathology sometimes makes its presence felt in subtle ways, and the process of undoing this implicit connection requires careful attention to the use of language, which often tends to retain the original medical connotations.

¹ Task Force on Homosexuality appointed by the New York County District Branch of American Psychiatric Association.

For example, Clara Thompson (1947) very early argued that the determination of pathology in homosexuality must be based not on behavior but on character and defended the hypothetical possibility of a healthy homosexual relationship. Yet, she still referred to homosexuality as a “symptom.” Szasz (1972) argues in a compelling fashion that the sense of illness and moral condemnation is preserved in such phraseology (p. 112). The choice of analogies, again even among those questioning existing theory, tends to suggest pathology by offering conceptual frameworks for viewing the development of homosexuality that are derived from an understanding of ulcers (Friedman, 1976) or masochism (Lachmann, 1975). The problem is that even if one addresses secondarily adaptive or growth-enhancing aspects of the behavior, one is still employing a paradigm derived from a condition understood to be originally and most basically pathological.

There is a need for new paradigms within psychoanalytic thinking for studying the psychodynamic contributions in the development of homosexual object choice. One might take, for example, the phenomenon of interracial heterosexual object choice as a more apt analogy than various pathological conditions. In interracial relationships one frequently finds psychodynamics involving defense against incestuous oedipal fears, defiance of parental demands, and fantasies of reclaiming through the other dissociated aspects of the self. How does one evaluate, diagnostically, such an object choice? Clearly, the original dynamic motivations are important to our understanding and evaluation, but an awareness of these dynamics is not sufficient. How much is the fear of incest still an active dynamic? In males, for example, how exclusively is the relationship with the mother based on her role as “not-mother” and on viewing her as a symbol of defiance? How constricted or how free and open is the quality of relatedness between them? To what extent is the dissociation of aspects of the self preserved and projected onto the object? No psychoanalyst would claim that all interracial relationships are pathological, yet many (if not all) such object choices contain to some degree oedipal and preoedipal dynamic meanings. Clearly, the dynamics themselves do not imply pathology, nor does a relatively rich and growing

relationship preclude dynamic meanings. Homosexual object choices might be viewed in a similar conceptual context.

The assumed equation of psychodynamic factors with pathology has had an equally constricting effect on theorists who have attempted to argue that nonpathological nature of homosexuality. In the presentation of alternative frameworks not implying pathology, such as the sociological perspective of Simon and Gagnon (1973) and the social learning theory approach of Churchill (1967), any possibility of psychodynamic and interpersonal origins is seen as synonymous with presumptions of pathology. Psychodynamic perspectives are understood to derive homosexuality from the “pathological relations between parents and their children” (Simon and Gagnon, 1973, p. 15). Homosexuality, from a psychodynamic point of view, is seen as “an emotional ailment, and it is attributed to complicated psychodynamic conflicts that arise during childhood” (Churchill, 1967, p. 89).

As descriptive of most psychoanalytic formulations on homosexuality, these statements are accurate; in their assumption that psychodynamic formulations need imply pathology, they err. The acceptance of a psychodynamic approach is equated by various antipsychoanalytic authors not only with a concession of pathology, but also with a condemnation and blaming of parents of homosexuals. Howard Brown (1976), in his moving autobiographical account *Familiar Faces, Hidden Lives*, makes the following statement: “Even the psychiatrists and psychoanalysts who continue to maintain that parents play a principle role in the etiology of homosexuality cannot all agree on the characteristics of homosexual-inducing parents” (p. 86). Martin and Lyons (1972) describe the futile search by one of the authors for dynamic origins of her homosexual orientation. “Nothing in her self-examination, nothing in her reading, convinced Del that her parents were to blame” (p. 51). McNeill (1976) similarly eschews the psychoanalytic attribution of parental fault (p. 33). It is assumed that an inquiry into psychodynamic origins, an appreciation of roots and meanings of sexual behavior in the complexities and struggles of the early relationships with parents, need be a blame-attributing search for an infectious agent.

Clearly, some psychoanalytic treatment of these matters *does* read like a murder mystery in which the culprit is discovered and blame assigned. However, a sophisticated understanding of psychodynamic reasoning does not necessitate an assumption that homosexuality is an entity to be “induced” by a malevolent and culpable parental agent onto a victimized child. Psychodynamic contributions deriving from the complexities of the child’s relationships with significant adults and with his peers can more accurately and usefully be understood within a context of inquiry, not blame, as consisting of a mutual, two-sided process of relatedness, not induction of passive victims. For example, one frequently finds within the determinants of male homosexuality an identification with a father felt to be passive and emasculated, or a dissociation of heterosexual motivation by a son as a way of preserving closeness with a mother who is herself phobic about heterosexuality and about men. To blame the parents seems off the mark—these motives for homosexual object choice might more accurately be understood as a kind of loving sacrifice on the part of the child to preserve the loving aspects of the parent and closeness to him or her. On the other hand, to deny the importance of the early relatedness to the parents in the development of homosexual orientation in an effort to avoid fault-finding is equally off the mark and completely unnecessary.

One of the more unfortunate consequences of the equation of psychodynamics with pathology by antipsychoanalytic theorists, and the consequent debunking of psychodynamic inquiry, is the assumption of anti-intellectual and obscurantist positions. The whole question of the origins of homosexuality is attacked as unimportant (Simon and Gagnon, 1973) and an “obsessive preoccupation” (Weinberg and Williams, 1974, p. 7). The “permanent psychological condition of homosexuality” (McNeill, 1976, p. 40) must be viewed simply as a given—natural and unchangeable; homosexuality is expressive of the “true being” of those people who find themselves in this condition (Pittenger, 1970); homosexuality is to be seen, by definition, as creative and individualistic (Abbot and Love, 1972, p. 161).

Pattison (1974) has warned that the replacement of “Gay is Bad” with “Gay is Good” perpetuates the use of social

stereotyping, a lack of meaningful inquiry, and confusion. In the case of writers like McNeill (1976) and Pittenger (1970), who are arguing for reform in the church's attitudes toward homosexuality, such a position has strategic value. These writers break with traditional ethical theology (as represented, for example, by Harvey, 1971) by arguing that, although homosexuality is part of man's "fallen" state, as is all lust, it is possible to act within the context of that state in an ethical, loving fashion. They argue further that the homosexual condition itself is given and irreversible, and hence in itself is not immoral, since an activity is immoral only if it is possible to have acted morally. If it were possible not to be homosexual altogether, then this would be the moral choice. Given this conceptual framework, the value of viewing homosexuality as a natural, irreversible, unalterable, and monolithic entity, within which one can act responsibly or irresponsibly, is clear—the alternative at this point is condemnation as sin.

However, within a larger intellectual and psychological framework, this and similar lines of thought have backed antipsychoanalytic theorists into a corner. The unnecessary equation of psychodynamic inquiry with the presumption of pathology and culpability has needlessly deprived this group of theorists of a crucial tool for understanding. The baby of psychodynamic truth need not be thrown out with the bathwater of outdated psychoanalytic artifact. It is possible to regard homosexual orientations as psychodynamically derived and possibly reversible (*if* the person is interested in such change) without needing to see them as pathological or sinful.

The presumption of pathology has had a destructive impact on the attempts by the psychoanalytic community to learn about and understand the nature of homosexuality in human experience. The greatest toll has been in terms of personal experiences of some homosexuals in analysis, such as Howard Brown's (1976) disquieting autobiographical account, in which the preoccupation with the "pathology" of the homosexual orientation (in combination, to be sure, with Brown's own guilt and search for redemption) results in a blame-inducing sense of futility and despair. Equally disturbing is the widespread souring of major elements in the gay community toward

psychoanalysis, to the point of declaring psychiatry to be the “Arch-Enemy” of the broadening of civil liberties for homosexuals (Kameny, 1972).

One of the strongest methodological criticisms of psychoanalytic theories of homosexuality is that they are based on an extrapolation of data from a skewed sample of the homosexual community in its entirety. It is argued that only people dissatisfied (either consciously or unconsciously) with their condition and desirous of change would enter into psychoanalysis. The extent to which this sampling problem is significant is difficult to ascertain; however, the language, metaphors, and presuppositions in psychoanalytic theorizing on homosexuality are so infused with the presumption of pathology, it would be difficult to deny what must be the considerable discouraging impact of psychoanalytic thought on any knowledgeable homosexual person, unconvinced about the desirability for change, but seeking an opportunity for open inquiry. The broader range of data available to other disciplines, suggesting the diversity and heterogeneity of homosexual phenomena (Hooker, 1972), is consequently made less available to psychoanalysts. The possibility must be considered that psychoanalytic theorists have become caught in a self-fulfilling cycle of assuming pathology and seeing only a few people who feel themselves to be amenable to and compatible with that assumption. If so, the recent removal of the diagnosis of “homosexuality” per se from the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* was, politically and pragmatically, a step in the direction of correcting this bias. However, the larger theoretical and conceptual issue of the necessity for separating the whole process of diagnosis of pathology from psychodynamic understanding must be clarified as well.

Psychoanalysis, from its earliest beginnings, has been both an instrument for exploration of human experience and a technique for enabling people to transform their lives. These two processes have not always been precisely equal in effectiveness. The danger in the current state of psychoanalytic thought on homosexuality is that an overconcern with designation and cure of “pathology” may be precluding the possibilities of open, unbiased research on the nature of the phenomenon. It may be

significant that the greatest preoccupation and adamancy in this matter seem to come from American theorists, considering that the legal restrictions against homosexuality in American society are among the harshest in the Western world. One wonders about the power of the preoccupation with homosexuality in American culture (cf. Fiedler's, 1960, *Love and Death in the American Novel* for a treatment of this theme in American literature).

It is clear that psychoanalytic work has provided much useful information about the development of sexual orientations and that an appreciation of psychodynamic contributions is essential to understanding these phenomena. It is also clear that there is much we do not know, both about homosexuality and about the development of heterosexuality. The presumption of the pathological nature of homosexuality has, in psychoanalytic thinking, been complemented by the presumption of the "normality" of heterosexuality. The latter presumption has been just as much an obstacle to research as the former. In recent years there has been a growing awareness evidenced in many sources—that heterosexuality is not some sort of pure efflorescence of "Nature," but is powerfully influenced by and can originate in other motivational systems that can become "sexualized"; that what looks like heterosexuality often derives motivationally not from eroticism but from power and dependency strivings (in a fashion analogous to Ovesey's, 1969, concept of "pseudohomosexuality"), and that the whole experience of sexual behavior is thoroughly infused by social values, meanings, and pressures (Fromm, 1956; Simon and Gagnon, 1973). At this point in the development of our understanding of human experience it is essential that the psychodynamic approach break its historical connections with clinical psychopathology so that the varieties of sexual orientation, sexual behavior, and sexual longings can be explored and appreciated.

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