Research with adolescents sheds new light on early lesbianism

Psychiatrists drawing on a decade's experience are finding reasons to doubt the classic Freudian explanation of homosexuality among young females

Statistics published by the late Dr. Alfred C. Kinsey over 10 years ago indicated then that female homosexuality was widespread enough to warrant further research. In Kinsey's sample, incidences of female homosexual response reached 28 percent.

But studies in the field of homosexuality, both male and female, have been scarce. Members of homosexual organizations are often willing to be interviewed but, as Dr. Alan Bell of Dr. Kinsey's Institute for Sex Research at Indiana University points out, "the individuals belonging to these groups are not the average homosexuals."

Long overdue research is finally getting underway.

And Drs. Malvina W. Kremer and Alfred H. Rifkin, associated with New York University School of Medicine and the New York Medical College, are finding their early results contradict widely held views on the unresolved Oedipus complex as the cause for homosexuality.

Their conclusions are based on Dr. Kremer's work with adolescent lesbians in New York City junior and senior public high schools.

The unresolved Oedipus complex in a girl would be characterized by an intense attachment to the father. She would then feel hostility toward men because she was never able to possess her father, or she might turn to a woman as a love object, as her father would do.

Drs. Kremer and Rifkin do not believe that the Oedipus complex is the one cause of homosexuality, nor that genetic factors are involved in homosexuality. Their study identifies disruptive and unstable family backgrounds as a major contributing factor to homosexual behavior in these girls. The researchers conclude that homosexuality, and many other psychological disturbances, are final pathways resulting from various early unstable family problems, reinforced by further experiences though the years. The family by the nature of interaction with the growing child influences the child's view of himself with respect to sex identification.

Dr. Kremer has been working voluntarily for 10 years as a resident psychiatrist in a few New York City schools. Through this work and because of her interest in the field of homosexuality she had a unique opportunity to study 25 lesbians between the ages of 12 and 17.

These girls, says Dr. Kremer, "were thought to be homosexual by teachers or guidance staff and were sent for psychiatric consultation because consultation was available." Dr. Rifkin believes more students could be helped with a psychiatrist available to them. "An ideal setup would provide a psychiatrist for every school," he says.

The sexual activities of the girls studied ranged from committed homosexual behavior to exploratory lesbian tendencies. Thirteen of the girls, according to Dr. Kremer, exhibited well-established homosexual patterns.

Drs. Kremer and Rifkin could not conclude that the girls in this study ever went through an Oedipal conflict.

"The Oedipal conflict is not universal and general," says Dr. Rifkin, "even though a fair number of psychoanalysts do attach a great deal of value to the Oedipal phase." With this group of girls it was perhaps possible to have an Oedipal conflict with the substitute parents, but as was usually the case, even the substitute parents were very often unstable and at times there

were no father figures present at all.

None of the girls grew up in an intact family unit that maintained its stability over any length of time during the girls' development. A variety of disturbing experiences, rather than the single Oedipal problem, are at the root of the lesbianism, says Dr. Kremer. Security, although minimal, was provided for these girls by females and thus, the researchers feel, led them to seek female relationships. It was the path of lesser, not least, resistance.

To help these girls, Dr. Kremer encourages therapy to build confidence, establish identity, and achieve a clearer self-image. Both Drs. Kremer and Rifkin try to include the family in therapy whenever possible. "It is often helpful," says Dr. Rifkin, "to bring in the family to help the children. More is accomplished for the child by working with the parents than directly with the children."

Although studies often reflect the nature of the population sample upon which they are based, the researchers draw their conclusions not only from this lower socioeconomic group of lesbians, but from their work with middle and upper class individuals as well.

This study is one of few on homosexuality, and as Dr. Bell believes, the only one dealing with adolescent lesbians. Other studies of homosexuality are now being undertaken. Dr. Bell is a principal investigator for a new three-year study at the Institute for Sex Research. The institute expects to be working with 1,100 homosexuals out of a pool of 5,000 potential respondents in the San Francisco Bay Area in California. Interviewing is planned to begin in October. Another study is also planned to investigate the attitudes of others toward homosexuals. ❖

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