

UPI

When homosexuals picketed the White House recently, passersby seemed to regard the demonstration as a joke.

Homosexuality: changes on the way

As old stereotypes are gradually dispersed, the need for basic research is being recognized

by Lawrence Massett

At the beginning of this century, most experts believed homosexuality a strictly constitutional disorder. Since it was possible to induce sexual aberrations in animals by implanting sex glands from animals of the opposite sex, homosexuality in humans was likewise regarded as a glandular imbalance.

As recently as 1952, Dr. Franz Kallman published a study of male homosexual twins, in which he reported that twins born from a single zygote were significantly more similar in their patterns of homosexual behavior than were fraternal twins. His study has been criticized, but not refuted; no one else has undertaken a comparable study.

Dr. Kallman's findings, nevertheless, do not imply that a constitutional factor is a prerequisite to the development of homosexuality. Generally, scientists interpret such evidence to mean that an inherited physical disposition can play a role in the cultural shaping of a homosexual. "If a boy happens to look effeminate, or a girl happens to look masculine," says Dr. John Adams of the National Institute of Mental Health in Chevy Chase, Md., "they may be treated as if they were homosexual, and of course the way they are treated

will influence their development."

It is now orthodox to believe that homosexuality is a mental rather than a physical disease. Freud defined mental health partly in terms of normal sexual functioning; abnormal sexuality was by definition evidence of emotional sickness. The psychological investigation of homosexuals would, he felt, invariably uncover unrealistic fears and anxieties originating in early childhood experiences, which blocked heterosexual growth.

The most exhaustive psychiatric survey of homosexuals that has so far been performed was done by Dr. Irving Bieber and other members of the Society of Medical Psychoanalysts between 1952 and 1957. It supports the Freudian notion of homosexuality as a mental illness.

The families of children who later became homosexuals were strikingly different from normal families, according to the survey. The mothers of homosexual sons managed to be seductive and antisexual at the same time; they made confidants of their sons and openly preferred them to their husbands, while simultaneously crushing any signs of ordinary masculine inde-



Nancy Tucker

Protesting prejudice in Philadelphia.

pendence. The fathers of male homosexuals either ignored their sons or competed with them for the mothers' affections, the result naturally being to discourage the children from identifying with their fathers. The survey concluded that homosexuals in truth were latent heterosexuals, whose parents had frightened them away from the ordinary course of development.

The Freudian hypothesis, nevertheless, remains unproved. The Bieber survey included only 106 male homosexuals, all from the New York area. The survey questionnaires were filled out, not by the homosexuals, but by

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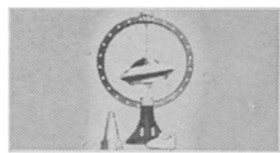
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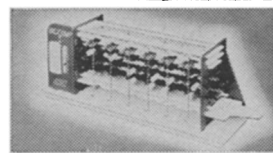
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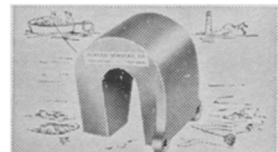
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... homosexuality

their psychoanalysts. The very questions asked may well have assumed the validity of orthodox theories.

What is more important, the survey's conclusions are contradicted by other research. In a series of studies during the last decade, Prof. Evelyn Hooker of the University of California at Los Angeles found no difference between the mental health of a group of well-adjusted homosexuals and that of a comparable group of heterosexuals. In different persons, she argued, homosexuality has different meanings, which may include fear of the opposite sex, hatred for the same sex, fear of responsibility, autoerotic flight from reality and destructiveness. Sometimes, she says, homosexuality "may not be characterized by any demonstrable pathology."

Since the evidence is inconclusive, it seems just as premature to label homosexuality a mental illness as it was to call it a degenerative physical disease. The British Wolfenden Commission, in its classic report on homosexuality, decided that the term "disease" was altogether inapplicable. Homophile organizations like Mattachine justly assert that "mental illness" is often corrupted to mean the same thing as "sin."

On the other hand, the contention of the more militant homophile groups that homosexuality is merely a question of taste, rather like a preference for jazz as opposed to classical music, is an oversimplification; although the evidence accumulated thus far does not show that homosexuality is always a pathology, neither does it show that the trait is a problem in social prejudice alone.

The meaning of homosexuality would not be such a problem to psychologists were it not so necessary for purposes of treatment.

No form of therapy has yet proved to be clearly effective in treating homosexuality. According to the report of the National Institute of Mental Health's Task Force on Homosexuality, released last month (SN: 10/25, p. 373), roughly one-fifth of the completely homosexual patients who seek help achieve some degree of heterosexual functioning.

Dr. Michael Miller, a Washington, D.C., psychiatrist, claims success in treating homosexuals with conditioning therapy. Conditioning therapy analyzes behavior in terms of learned responses, conditioned according to the classic Pavlovian system of pleasurable and painful stimuli. Theoretically, a homosexual can be reconditioned to associate homosexuality with unpleasant rather than pleasant experiences, just as a cigarette smoker can be taught

an aversion for the odor and taste of cigarettes.

Orthodox Freudians claim that the removal of a symptom by such means (and the means often include hypnosis) will merely result in the production of a new symptom to take place of the old one, since the symptom's basic meaning has been ignored. In practice, Dr. Miller mixes conditioning therapy with more traditional forms of treatment.

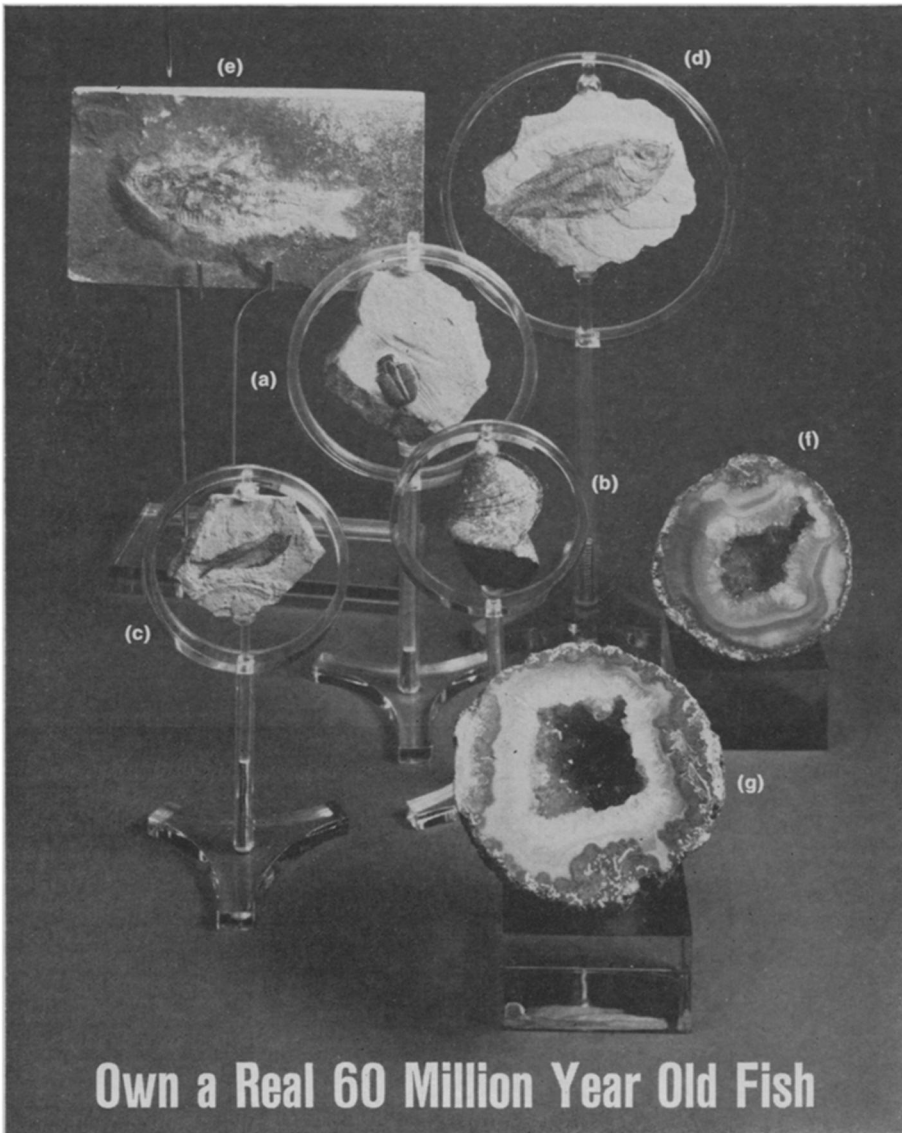
The knowledge that homosexuality is possibly a psychological and conceivably a physical problem or nonproblem of disputed etiology, uncertain incidence and doubtful cure, is not as absurd a piece of knowledge as it might sound. While scientists have not arrived at the answers, chiefly because research into sexual behavior has been an impolitic endeavor, they have thoroughly arrived at the questions. The National Institute of Mental Health has proposed a list of research projects into all aspects of homosexuality, and has funded the Kinsey Institute for Sex Research to do a study of 5,000 homosexuals in the San Francisco Bay area, as a start. It will be the largest such study ever attempted.

In the absence of a scientific consensus regarding the nature of homosexuality, it is difficult for the public to replace its long-held stereotypes with more appropriate ideas. According to a Louis Harris poll released last month, more than 60 percent of the population still considers homosexuality a threat to the American way of life. The entertainment industry continues to treat homosexuality as an unsafe (although profitable) issue.

Meanwhile, official policies toward homosexuality may be moving in advance of popular attitudes.

More than 10 years ago the American Law Institute, in its model code, recommended that private homosexual acts between consenting adults be legalized; at present Illinois and Connecticut have adopted and New York is considering similar legislation. The NIMH Task Force proposals endorse that kind of approach.

There is also a possibility that employment practices, which discriminate against homosexuals at present, will be modified by the recent Federal Court ruling which held that the Government cannot fire an employe without proving that his homosexuality impairs his efficiency. No one, the ruling and the policy proposals presume, has anything to lose by encouraging homosexuals to live as productive members of society, whether or not there is a solid scientific understanding of homosexuality. □



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