Does Psychoanalysis Really Mean Oppression?

Harnessing Psychodynamic Approaches to Affirmative Therapy with Gay Men

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Freud's attitude toward homosexuals was overwhelmingly progressive for his time. In contrast, during the early forties, psychoanalysis began to adopt a more pessimistic view about the mental health of homosexuals. This article describes a psychodynamic model of affirmative psychotherapy for gay men. Special note is made of the clinical issues, which arise from antihomosexual attitudes that influence the psychological development of the homosexual male. In particular, the way in which identity formation is affected by heterosexual socialization is discussed. The psychotherapeutic implications associated with these developmental complications are pointed out as well.

PSYCHOANALYSIS AND OPPRESSION: TRUE OR FALSE ACCUSATIONS?

In the past, psychoanalysis has had a reputation for helping homosexual men and women by attempting to change their sexual orientation to heterosexuality. These attempts were based on a theoretical conception of homosexuality as inevitably pathological and, therefore, in need of change. In contrast to Freud's view (1), according to which homosexual drives are universal, the psychoanalytic establishment considered homosexuality as an escape from heterosexuality, which is not in accord with mental health (2). The purpose of this paper is to show how a psychoanalytical approach may help homosexual clients to accept themselves and hence to refute the conception that psychoanalysis is an oppressive force, as being perceived by many homosexual therapists (3) as well as clients.

Most therapists who treat gay clients are well familiar with Freud's "Letter to an American Mother" of 1935, saying:

> Dear Mrs. . . .
>
> I gather from your letter that your son is a homosexual. I am most impressed by the fact that you do not mention this term yourself in your information about him. May I question you, why you avoid it? Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no

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degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and cruelty too. If you do not believe me, read the books of Havelock Ellis.

By asking me if I can help, you mean, I suppose, if I can abolish homosexuality and make normal heterosexuality take its place. The answer is, in a general way, we cannot promise to achieve it. In a certain number of cases we succeed in developing the blighted germs of heterosexual tendencies, which are present in every homosexual, in the majority of cases it is no more possible. It is a question of the quality and the age of the individual. The result of treatment cannot be predicted.

What analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency whether he remains a homosexual or gets changed. . .

Sincerely yours with kind wishes,

Freud. (1)

The contradictions in his voluminous works make Freud's position opaque to the casual, modern reader. "Attempts to find 'the real Freud' are too often motivated by those who seek his agreement with their own point of view. . . . Taken out of the historical context in which he wrote, and depending upon the author's selective citations, Freud can be portrayed as either virulently antihomosexual . . . or as a close friend of gays" (4, p. 21). Rado (2), Bieber et al. (5), and Socarides (6) claimed that homosexuality is to be found only in individuals, whose heterosexuals drives are threatening, and, therefore, does not parallel mental health. They emphasized the role of very pathological relationships between parents and children. It was believed that in the case of male homosexuality, dominant, emotionally suffocating mothers, and detached and hostile fathers, deprive their sons of the opportunity for close identification with their fathers, which is considered to be an essential phase of one's normal psychological development.

CONSTRUCTIVE DYNAMIC APPROACHES FOR THERAPY WITH GAY CLIENTS

A guide to psychotherapy with gay and lesbian clients (7), published in the mid-eighties, includes at least two psychoanalytically oriented articles, to help homosexual clients cope with their own internalized homophobia (8), and to understand the personal meaning of their sexual attraction to

same-gender individuals (9). The possibility of changing one's sexual orientation via psychoanalytic psychotherapy (5-6) has not been proven to be efficient, and if such a change did occur, no evidence for its durability over time can be found (8). Summarizing the possibilities and pitfalls of psychodynamic approaches for the treatment of gay and lesbian clients, Fassinger even points out that the focus of psychodynamic therapies on background and family history may be useful, especially because that kind of analysis can shed light on internal resistance to coming out (10). Investigation into unconscious motives during the process of psychoanalytically oriented psychotherapy may facilitate setting less conformist and more conscious therapeutic targets for homosexual clients (8).

Based on many years of experience of psychodynamic psychotherapy with gay clients of both genders, I am able to testify that clients can manifest nonsexual conflicts through their sexual expression. Some psychoanalysts do consider homosexuality to be motivated by anxiety and to involve a variety of pre-oedipal and oedipal disturbances, such as the inability to distinguish adequately between the self and others, confused gender identity, and disturbances of thinking and perception. However, it is suggested that these problems are not exclusive to homosexuals, nor do they stem from their sexual orientation. The purpose of psychodynamic psychotherapy is to apply a developmental frame of reference for the sake of understanding clients' lives, and developing their insight into their own choices. A major premise in the therapeutic process is that the sexual orientation per se should not be considered one of these choices. All other decisions made by gay clients with respect to both their life, in general, and their homosexual life, in particular, should, however, be considered their own choices, which may be the result of unconscious motivations to be understood in therapy. By using psychoanalysis as a developmental framework to understand the client, and by employing psychoanalytically oriented methods (e.g., verbalizing associations, fantasies, and dreams) to increase the clients' insight into their choices, they may act from greater self-knowledge. In a number of instances an apparently "symptomatic" behavior (e.g., homosexuality) will develop considerable autonomy from its origins. Behaviors that started and even persisted for reasons that could be considered pathological, such as homosexuality born of a fear of the opposite sex, if one insists on adopting the pathology model (2, 5-6), may now exist and ultimately continue for different reasons that could not be labeled pathological. For example, the fear may disappear but the homosexuality may continue because it is enjoyable in itself.

THE CATCH OF GENDER ROLES AND ITS PSYCHODYNAMIC ELABORATION

In doing therapy with individuals, who consider their sexual orientation to be homosexual, we are interested in the various components of their sexual identity. These include biological sex, gender identity, social sex-role, and sexual orientation. The biological sex, usually assigned at birth and conformable to such criteria as genitalia and hormonal secretion, is something about which most clients are quite certain. Gender identity, or the person's conviction that he/she is female or male, should correspond to biological identification, but that is not always the case. Gender identity is formed in the course of the pre-oedipal stage and is usually established by three years of age. Many homosexual clients speak of transient confusion; constant gender-identity confusion, however, appears to be infrequent. In general, homosexual males have a basic sense of maleness, homosexual females a basic identity of femaleness. Social sex-role confusion is more common among homosexual clients, who feel conflicted over conforming to the culturally approved, rather stereotyped behaviors, marking a person as feminine or masculine in society. One of the expressions of this sex-role confusion is the use of cross-sex linguistic terms among male homosexuals. Sex-role confusion is more frequent among homosexual clients, who experience conflicts with respect to conforming to a stereotypical social evaluation of behaviors, which define the individual as masculine or feminine. Most male homosexuals report sex-role reversal during childhood (11). Since homophobic beliefs are a ubiquitous aspect of contemporary social mores and cultural attitudes (12), the socialization of the incipient homosexual individual nearly always involves an internalization of the mythology and opprobrium that characterize current social attitudes toward homosexuality. Internalized homophobic content becomes an aspect of the ego, functioning as both an unconscious introject, and as a conscious system of attitudes and accompanying affects. As a component of the ego, it influences identity formation, self-esteem, and object relations. Homophobic incorporations also embellish superego functioning and, in this way, contribute to a propensity for guilt and intropunitiveness among homosexual males.

Case 1

Mr. A., a 30-year-old successful engineer in a prestigious company, had excelled in his studies, as well as in his military service, and became a valued officer. In his previous therapy he perceived the therapist's expression of empathy as a nonprofessional behavior. "She failed to use my

ability to drive and torture myself until I accomplish my goals." During therapy with me, any expression of unconditioned acceptance also resulted in responses ranging from "so what?" to "therapy is stuck." However, my attempts to play the role this client "designated" for me resulted in his satisfaction. Mr. A. has never fulfilled his sexual attraction to men because of his internalized homophobia. Three years prior to therapy with me, he still had intimate relationships with women, the last one ended up in impotence, which turned out to have no organic basis. During therapy the client's attraction to men became stronger, with random "flashes" of attraction to women, which remained unfulfilled as well. "I have been to a (straight) pub, and after a few drinks I felt a drive to touch the waitress's breast. I was so happy and proud about it. However, this good feeling didn't last for long: When I went out I saw a good looking guy in the street, was sexually aroused by his looks, and immediately felt so sad again." "Rescue me! (of the attraction to men)" was one of his most frequent phrases. The client obviously felt his attraction to men as a major defect. It is important, however, to see it as a specific case of a more general picture: "When I got home, proud of having an A in math, my dad reacted: 'when you get an A plus, you should feel proud.'" Mr. A. described the perfectionism on which he was reared. "I have succeeded to lose 12 kilograms during the last three months," he said, "Why isn't it possible to make use of my strong will power to get rid of my attraction to men?!" A closer look onto the client's wish to abolish his homosexual orientation and to fulfill what was left from his attraction to women revealed a strong ambivalence, which paralyzed him from acting in either one or both directions.

The case of Mr. A. illustrates the intropunitiveness and rigidity of the superego, and of the ideal ego as part of it. The Mr. A.'s internalized homophobia is a specific case of his tyrannical perfectionism. The aim of the therapy in this case was softening the superego for the sake of overcoming the dogmatic socialization to the traditional masculine sex role, hence legitimizing his attraction to men. The therapeutic process with Mr. A. demonstrates how psychoanalytical principles may be applied for helping a homosexual client to accept his sexual orientation rather than changing it, an accusation so often made by homosexual therapists against psychoanalysis (3). Unlike this negativistic attitude of psychoanalytic therapy for homosexual clients, there are homosexual or "pro-homosexual" therapists, who appreciate the contribution of psychoanalysis for helping gay clients to live in peace with their sexual orientation. An understanding of parent-child dynamics also aids the homosexual client

who is experiencing difficulties in achieving intimacy, in seeking or accepting social support, and in understanding ingrained and dysfunctional relationship patterns. A client who cannot seem to break out of a pattern of seeking brief, anonymous sexual encounters in favor of desired intimacy might discover that parental attachment patterns have fostered avoidance. This understanding could lead to focused efforts at over coming dismissive responses to intimate overtures. Similarly, clients who refuse to explore homosexual communities despite an obvious desire to do so might examine the family roots of their "tough it out alone" attitude and thereby overcome internal reluctance to reaching out to others for support (10).

SAME PROBLEMS, SAME THEORIES, SAME HUMAN BEINGS

The highly intellectual psychodynamic approaches to therapy rely on the desire of the client for deep self-understanding based on a complex analysis of family background and dynamics. Behavioral difficulties are thought to be caused by psychological processes gone awry, for example, unsuccessful resolution of a particular stage of development, thwarting of the formation of healthy attachment bonds, or incorporation of an inappropriate object (13-16). Therapeutic goals thus focus on bringing unconscious motivations and conflicts into conscious awareness, interpreting and understanding their connection to current behavioral problems (including understanding the role of defensive strategies in creating difficulties), and working through those issues to strengthen the self and achieve a more stable personality structure (17). In terms of object relation theories, the avoidance-approach pattern is a part of the rapprochement stage, according to Mahler (15). This pattern might be characteristic of homosexual individuals who are not able to accept their sexual orientation. They are in a permanent position of emotional conflict. Once they feel close to another man and start to get to know him, the are joyful, hopeful, and stick to him ("shadowing" in terms of the rapprochement stage). However, once they realize this relationship can succeed, they regress and avoid, since intimacy is threatening for them ("darting away" in terms of the rapprochement stage). During the regression they feel alleviation, take a deep breath, feeling free about the escape from their last complication, but then again they feel lonely and miserable. Being lonely, they are pushed to a new romance with the same disastrous consequences. Sometimes this dynamics takes a cognitive form of always finding some defect in their partners (e.g., a bad lover, too young, too old, too extrovert or introvert). However, the real reason for rejecting potential partners could be self-hatred of the

individual about not being the man his parents (and society) expected him to be.

Case 2

Mr. R. a 33-year-old, successful software engineer, came out of the closet at age 26, too late in his opinion. The coming out occurred simultaneously toward himself and his environment (which are considered separate stages of the coming-out process [18]). He found an easy escape from his intrapsychic conflict by getting intensively involved in the activities of the gay community. Quickly enough, he fell in love with a guy, who, after a very short time, deceived him, forged his signature, and stole his money. Mr. R. immediately looked for consolation in the arms of another young man, who had worked as an escort until he met Mr. R. and, like his former lover, illegally used Mr. R.'s credit card, stole his money, and deceived him in every possible way. At this point in his life, Mr. R. was sent abroad to represent the prestigious firm company he worked for in a senior position. Though deeply hurt by these two relationships, he maintained his high level of professional functioning, but after years of independence far away from his parents' home and frequent travels, he returned to live with his parents. From time to time, he apparently looked for a life partner, but consistently rejects everyone who is willing to accept him and is attracted to those who reject him. An extreme expression of this pattern may be found in his keeping a sexual, as well as social relationship, with the same young guy who had been and escort and had deceived him, and in his physical attraction to very young men, who are far below his sociocultural world. From his parents' home, which clearly serves him as a safe haven, he goes out to wild gay clubs and parties, burning his energy to its bitter end, and then returns to his parents' home.

The case of Mr. R. illustrates the potential of object relations theories for the sake of dyamic developmental understanding of the relations between splitting emotion from sex and the client's lack of acceptance of his sexual orientation. One can only consider the way he chose inappropriate objects who deceived him in a criminal way, as an unconscious homophobia. His self-discovery and the coming-out process occurred simultaneously. (Mr. R. was absorbed into the gay community, which became his whole and only world). In his personal life, however, he chooses destructive objects. Moreover, he is unable to disconnect the relationship with one of them, even after the magnitude of deception was so clear ex post factum, and although the warning had been written on the wall, since the guy had admitted being an escort when they first met. Mr.

R.'s intensive involvement in gay activities created a false impression of accepting his sexual orientation, whereas the behavioral pattern of rejecting those who accept him and being either attracted to those who rejected him or to destructive relationships is a living proof of his inability to accept himself truly. The client developmentally regressed from the independent life he had led prior to his coming out to the protective womb, taking the form of his parents' home, using it as a shelter against the dangers of the gay world, which are the result of his destructive choices.

Therapy with Mr. R., like with many other gay clients, illustrates the difficulty of cracking some defenses, which creates a false self. The gay community offers immediate ideological and practical solutions, a sense of belonging, and an easy-to-hate "common enemy" (the straight society), thus creating a false sense of self-acceptance in those individuals, who prefer a quick and easy solution rather than a deeper coping with their basic inability to accept themselves as homosexuals. From a psychoanalytic point of view, the frequent use of the word "pride" could be considered some kind of reaction formation, since individuals who truly accept themselves, would normally not feel a need to prove it in an exhibitionistic way. Conversely, insecure individuals, who unconsciously still self-doubt their sexual orientation, might perceive themselves as "proud" of their homosexuality by demonstrative public activity, using reaction formation and identification as major defenses. This interpretation is not meant to belittle the importance of public gay liberation activities against discrimination on the macro level. It only suggests that they cannot replace deep inner elaboration of difficulties many homosexuals experience as individuals.

BETWEEN A ROCK AND A HARD PLACE: HOMOPHOBIA, "BIPHOBIA," AND "HETEROPHOBIA"

Another phenomenon, the dynamics of which was explained by Freud, is bisexuality. Freud believed that all of us have the potential of being both homosexual and heterosexual, only that most people repress their sexual attraction to same-gender individuals. According to this conception, the sexual drive per se is disoriented, and its direction develops through the identification processes with the parents during the phallic stage. Practically, a bisexual is defined as an individual who is sexually attracted to both genders—or, in Freud's terms—as an individual, whose sexual attraction to members of both genders is not repressed. Apparently, a bisexual should be considered a psychologically as well as sexually rich individual, as his range of possibilities is wider than that of monosexual individuals,

homosexual or heterosexual. In reality, however, bisexuals individuals (at least those who seek professional help) are often more confused than exclusive homosexuals, and suffer from the disadvantages, rather than enjoy the advantages, of both worlds. Dworkin (19) coined the term "biophobia" to define the fear or dislike of people who do not identify or behave as either homosexual or heterosexual. Bisexuals are marginalized in both the gay and the heterosexual communities, and therefore, are likely to have internalized negative messages from both communities. Generally, gays and lesbians accuse bisexuals of not accepting their "true" gay or lesbian identity, and heterosexuals are unable to accept the same-gender attraction bisexuals have. Many bisexuals, although certainly not all, stretch traditional norms by experimenting with different types of relationships. Bisexual people, who practice polyamory, must fight the cultural idealization of monogamy, which engenders negative judgments from others as well as from their therapists. They often show a pattern of sequentiality, i.e., splitting their lives into heterosexual and homosexuals periods as a means of coping with the pressures of both communities. Hard therapeutic work is needed for the bisexual client to reach the insight that the multi-colored "paradise," in which he lives, is not the hell, dogmas of both communities created out of bisexuality.

Case 3

Mr. G., a man in his early thirties, came for therapy, after ending a long-term close and warm relationship he had had with a woman, a bit younger than he himself. Although being aware of his attraction to men from his early twenties, he has never experienced sex with another man prior to the relationship with his female partner, to whom he presented himself as bisexual when he first met her. Six months prior to his therapy with me, he had started entering gay chat rooms on the net, and started sexual contacts with men. He discovered that he enjoys being passive in anal sexual intercourse. Mr. G. continued to have sex with his girlfriend without satisfaction, although his sexual functioning with her was adequate. A deep emotional bond existed between the two. During his sexual contacts with men the client perceived himself nonetheless as being exclusively homosexual, although no emotional relationship has been developed. Consequently, he left his girlfriend, who took that decision very hard. She tried to convince him that it is only a temporary episode, and she told him that she would be able to put up with his random sexual encounters with men. Confused by the gay world, and full of guilt about the agony he caused his girlfriend, Mr. G. started therapy. He seemed very

intelligent, highly educated, witty, and with cynical sense of humor, which covered a dysthymic mood, accompanied by a pessimistic outlook. Although having grown up in a traditionally oriented oriental, conservative family, his father seemed to be quite flexible compared to his critical and dominant mother. It was quite clear that the client adopted his father's flexibility, although he interpreted it as a weakness, and to some extent, as a defect in his masculinity. The psychodynamic understanding of this identification process was very helpful in the therapeutic process for the sake of increasing the client's self-esteem, in general, and of harnessing his flexibility to accept his sexual duality, in particular. It should be pointed out that Mr. G. showed a flexible attitude in other fields of his life. For instance, right after his military service, he studied mathematics, which was perceived by him as part of his general conformity to the traditional masculine sex role. However, despite his talent and success in this field, he decided to replace it with studies of art, in which he felt a greater level of self-fulfillment. This flexibility, which also characterized his father and was interpreted by the client as weakness, left some room for an optimistic prognosis with respect to the integration between the homosexual and heterosexual aspects in his life. During the process of therapy and experiencing sexual contacts with men, Mr. G. gained an insight that he finds sexual satisfaction only with men, who are—exclusively interested in sex, and does not find any sexual sensation in sex with men, who are interested in emotional relationship. Consequently, he decided to renew his romantic relationship with his ex-girlfriend, while going out occasionally to satisfy his need for the nonemotional kind of sex, which appeared to turn him on with men. During his therapy, I saw his girlfriend for one session, and it seemed that according to the traditional gender stereotypes, she plays the "masculine," "instrumental" sex role in that relationship, is satisfied by it and is looking for a male partner, who will play the "feminine," "affective" sex role (20). Her own life history indicates a strong identification with her father, who practiced a typical "masculine" occupation. As a girl, she even helped him enthusiastically in his work. She also chose a "masculine" career herself (the same profession the client had abandoned), and was deterred by relationships with "masculine" men, in which she missed the sensitivity, which was so characteristic of the client.

Therapy with Mr. G. legitimized the fulfillment of psychological androgyny of both him and his girlfriend, or in Jung's terms (21), the anima in Mr. G.'s personality and the animus in his girlfriend's personality. Mr. G.'s anima helped him being attentive to his girlfriend's needs, and his girlfriend's animus helped her accepting Mr. G.'s sexual encounters with

men. Indeed, bisexuality, being neutralized from the prejudices of both the homosexual and the heterosexual communities, has the potential of fulfilling many emotional and sexual roles. The bisexual male may be fatherly and assertive with women and childish and passive with men. He may be open, happy, and confident, a true partner in a complicated relationship with a woman, and indifferent, anonymous, and beastly with a man. He may be gentle and supportive with a younger guy, and tough and competitive with an older woman. Homosexuality may be saved for long-term relationships, while heterosexuality may take the form of random episodes, or vice versa. Possibilities are multiple, and not all of them require a clear distinction between sexual and emotional reactions. There are bisexual men who integrate "masculine" and "feminine" traits and react similarly to men and women (22). This conception fits Bem's gender-schema theory, who considered psychological androgyny of both genders an ideal of mental health (23).

Beyond the benefit of developing a more flexible attitude toward sex roles, psychodynamic psychotherapy with bisexuals has the potential of increasing their tolerance to ambiguity (24), in general, in response to the pressures put on them by dogmas of both communities. It was Rokeach who argued that dogmatism is not related to the content of attitudes, which may be either conservative or liberal (the latter being the case in the gay community). Individuals differ substantially in their ability to evaluate reality with an open mind, independently of previous information and preconceived notions (25).

EPILOGUE: A NEW BEGINNING

For many years psychoanalysis has been perceived as a major repressor of homosexuality as a legitimate healthy sexual expression. Freud's original attitude toward homosexuality was humanistic and liberal, not only with respect to his era but ours as well. Freud did consider overt homosexuality a result of a fixation in the phallic stage, but this is a relatively progressive stage in the development of personality. Those who may be responsible for the stigmatic psychoanalytic conceptualization of homosexuality as pathology, which should be cured, are Freud's followers, like Bieber et al. (5), Rado (2), and Socarides (6). There is no doubt that understanding the client's social environment is crucial for both diagnosis and therapy, and that psychotherapy with homosexual clients should not be an exception (26). However, during the many years of militant gay liberation activity, homosexuals—laymen as well as therapists—developed dogmatic attitudes of their own (in response to homophobic societal attitudes), which

de-individualize the therapeutic process. To take only one example, lecturing for coming out, which is too often heard from militant self-convinced psychological counselors of gay organizations, may replace individualistic approach, ignoring interpersonal differences, such as introvert vs. extrovert orientation of the individual being consulted. Gay or gay-friendly therapists specifically talk about "hetereophobia" as well as homophobia to present the prejudices homosexuals hold against heterosexuals (19). An extreme expression of this hostile attitude of militant homosexual therapists can be found in the conviction that therapists who work with homosexual clients must be homosexuals themselves, or at least have to be closely supervised by a homosexual peer (27). The message of the present paper is that psychodynamic approaches mean *individualized* attitude to homosexual and bisexual clients, understanding their personal histories and life stories, and overcoming conservative fundamentalist prejudices as well as militant-collectivist gay ideologies, both carrying the same risk of putting homosexuals in a psychosocial ghetto.

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