

LIFE STYLE, GENDER ROLE, AND THE SYMPTOM OF HOMOSEXUALITY¹

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The history of homosexuality, interesting as it may be, is beyond the scope of this paper. I only wish to stress that most historical analogies to today's homosexuality are invalid, because the social scene and the social forces prevalent at any other time are so different from what they are today.

I shall also not go into refutations of organic and endocrine theories of homosexuality, since I deem it unnecessary for this audience.

From a sociological aspect, it seems clear that homosexuality brings an additional dimension of strife and hostility into the community not only because of its divisive, separatist and isolationist aspects, but also because within the homosexual group itself, fellowship and social interest are at an extremely low level. As Adler pointed out, the sexual problem is a social problem; it cannot be solved by an egotist, or one who is indifferent to mankind.

Sexuality is very generally considered a social issue, because the form it takes determines to a large extent the mode by which people live with each other and by which their children will live; in addition, it involves the obvious question of procreation, and economic, philosophical, moral, and religious issues. Most people therefore reject homosexuality and feel revolted by it—although the human tendency to depreciate others in order to feel superior oneself, unfortunately enters their judgment and dilutes the validity of their attitude.

This view is, however, quite different from that found in Freudian literature which maintains that revulsion against homosexuality only betrays a defense and battle against one's own secret homosexual drives and desires. Should this statement be valid it would follow logically that a revulsion against sex with chickens, for instance, would only betray a defense and battle against one's own drive and desire for sex with chickens. The only difference between the two statements is that the latter has so far not been needed to support a theory of psychosexual development that includes a chicken stage,

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while the former was needed in support of the Freudian theory of psychosexual development that included a homosexual stage.

SEXUAL FUNCTION AND LIFE STYLE

The facts of life, however, are that human beings are endowed with sexual organs and sexual functions, among the many other organs and functions they possess, and that it greatly depends on the individuals' goals and styles of life, how they will use their sexual and other organs and functions. This means that people's thoughts and feelings about themselves, others, and their relationships with others will determine the use of their organs and functions, including the sexual ones.

This fact may be seen by every therapist in his daily practice. He observes in his patients—both homosexual and heterosexual—that they use their sexual organs and functions for domination, humiliation, revenge, making money, evading other responsibilities, a sense of victory, etc. It is then always our task as therapists to help the patient change or modify his thoughts and feelings about himself, others, and his relationships with others, generally and sexually, so that friendship rather than hostility, cooperation rather than competition, trust rather than suspicion, equality rather than domination and exploitation, closeness rather than distance, become more prominent in his thinking, feeling, and acting.

Our experience has taught us that life is primarily social; and that mental health, satisfaction, and a genuine self-esteem, are only derived from a mode of thinking, feeling, and acting where self-interest is to the highest possible degree in accord with the common, human, or social interest. It is not a question of the patient repressing asocial or antisocial wishes or drives, but of realizing, emotionally and intellectually, that his private interest is most effectively served when it is integrated with, and runs parallel to, the common interest. It is probably no accident that this maxim is also the basis for all true morality.

All human functions are first developed for the satisfaction of self-interest, private bodily needs—or drives, if you will—and are then modified or supplanted by more social forms of expression, though always according to the individual's goals and style of life.

The sexual function, too, developing from its infantile precursors, such as tickling sensations, tumescence, and semiorgastic feelings, enters its first functional stage, pollution and masturbation, in the

service of pure self-interest. There is no oral, anal, Oedipal, phallic, or homosexual stage in Adlerian psychosexual development. The mature heterosexual stage develops from the pollutional and masturbatory stage, if a sufficient amount of social interest, courage, and ability to cooperate is present. All sexual failures are due to a lack of social interest and ability to cooperate, and are therefore all considered masturbatory in nature, be they homosexual or heterosexual, fetishistic, sado-masochistic, or of any other form.

Since the sexual function arrives at its first functional stage so much later in life than the other functions, i.e., at puberty, its forms and uses by the individual are influenced in their development by a fixed and socialized style of life. The hiding of masturbatory activities, the presence of people in the sexual dreams and fantasies, reveal the social influences on this otherwise self-serving activity. All character traits and attitudes mold the feeling, thinking, and use of this function. In no way can it be considered autonomous. The total personality uses all functions in line with its goal and the developed unique style of life.

DEVELOPMENT OF GENDER ROLE

A development in childhood along the opposite gender role² is guided by the goals and attitudes of the child; this begins at an age when sexuality plays no part at all. The only issue for the child is how he considers and feels about the social role of a man or a woman, and which of his parents he should emulate. Uncertainty or doubt about the sex to which he belongs, is easily induced in a child by such statements as: "She looks like a boy," or "He is pretty, like a girl." The child's uncertainty and confusion is then further abetted when people who make such perverted statements also treat the child as if he were of the other sex. In such cases, as you

²The term "gender role" is attributed by Stoller (5, p. 198) to Money *et al.*, from whom he quotes the following definition: "By the term, gender role, we mean all those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman, respectively. It includes, but is not restricted to sexuality in the sense of eroticism. A gender role is not established at birth, but is built up cumulatively through experiences encountered and transacted through casual and unplanned learning, through explicit instruction and inculcation, and through spontaneous putting two and two together to make four and sometimes, erroneously, five" (3).

Regarding the term "gender," Stoller says further: It "connotes psychological aspects of behavior related to masculinity and femininity . . . 'Sex' is biological, 'gender' social. . . . sex and gender may be independent of each other" (5, p. 197).

see, it is the face, not the sexual organs, that brings the earliest confusion about his gender role into the child's mind. Such early confusion is probably necessary for any further opposite gender development which facilitates the eventual development of homosexuality. On the other hand, it is hard to see how a child who is absolutely certain about his sex, can develop even the idea of training for the opposite role—although presumably anything is possible.

Since the child uses his parents as his guiding picture, and constructs his life plan in such a way as to overcome the discrepancy between himself and his parents, it is only natural that using his meager experience and feeble judgment, he will attempt to arrive at a position of superiority, whatever that may mean to him. Where a father, for instance, plays a subordinate role and occupies a humiliating position to a domineering mother, a boy may easily decide that there is no advantage in becoming a man, and that a man can never equal a woman in power and pre-eminence. But, a boy may become equally disenchanted by an overly domineering father who stresses his own omnipotence, thus discouraging the boy from all hope of ever becoming a man like his father. In his hopelessness, frustration, and rage, he may well hit on the brilliant strategy of defeating such a father, who always admonishes him depreciatingly "to be a man," by training himself to become anything *but* a man, whatever the cost to himself. The same, of course, holds true for girls in their respective situations.

In general then, it is the role of the man and the role of the woman that attract or frighten the child into denying his own anatomical sex and training for the opposite role. Only much later, in pre-puberty and puberty, is the actual sexual function included and integrated with this now already fixed pattern of denial of one's own sex and training for the opposite role. And only then do we find erotic dreams and fantasies of the same sex and actual homosexual activities.

Sexual activities with the same sex, however, in prepuberty and puberty, do not by themselves indicate homosexuality. In this masturbatory stage, the reasons for choosing the same sex rather than the opposite sex can be manifold. It may occur because it is easier for members of the same sex to be undisturbed and undetected by watchful adults; it may be because threats of punishment for activity with the other sex are too great. Then, also, sexual activity is new for this group; they feel untrained and unsure about it; and

some might more easily expose their lack of knowledge to equal novices than to members of the other sex whose sophistication they may overestimate. Some are introduced by others on a dare, or are led by their desire to be in the "in-group." Of course, some in these groups are individuals who have for a long time trained entirely along homosexual lines; but for the others it constitutes only training for future heterosexual relations.

Even individuals who have trained themselves since early childhood to deny their own gender role and have trained intensely for the opposite role may, possibly due to more favorable and encouraging influences later on, exclude the actual sexual function from the role of the opposite gender. They may develop entirely along heterosexual lines, including their erotic dreams and fantasies. We do see people who betray quite clearly, in demeanor and expressive movements, that their early training had been for the opposite gender role, but who have not become homosexuals, certainly not in the sexual sense. As surprising as this outcome seems, it does happen. All we can say is that such individuals have overcome or aborted their early development along opposite-gender lines. They are not even latent homosexuals, if this term has any meaning. I have never seen any one of them turn to homosexuality, even after great disappointment or humiliation by the opposite sex.

His own estimation of his body in comparison with other children, may urge a child into giving up developing his own gender role. But this also happens only if he has been confused about his gender. A frail or clumsy body in a boy, or a weaker constitution, aside from adding to the feeling of inadequacy generally, may serve to convince him that he can never become a real man. As he stops participating and training with other boys, he may concentrate on activities that are considered "feminine" instead, and the distance from other boys becomes increasingly hopeless to bridge. Also such things as un-gainly birthmarks, supranumerary nipples, too thin legs or arms, facial asymmetries, the size and shape of the genitals, or for that matter any defect or deficiency, may affirm to the child, that he will remain irrevocably inferior to members of his own sex and never make the grade with the other sex. Here, of course, the trouble is the child's total social atmosphere, which is steeped in a psychology of possession instead of a psychology of use. By this I mean, that the value system by which the child grows up is one in which the possession of money, beauty, a family tree, a large penis, or a high

IQ is given priority over the much more important question of how all these are used.

But none of these conditions will inevitably cause a child to develop the opposite gender role or homosexuality. We can find scores of men and women with misshapen sex organs, distorted facial features and hunchbacks, as well as those with domineering mothers or overpompous fathers, who nevertheless develop entirely their own gender role and find their way to heterosexuality without any remarkable difficulties.

In a very illuminating paper on this subject R. J. Stoller (6) reported a study of two boys born without penises. He found that, since the parents never doubted the maleness of the boys, neither did the boys; they developed entirely in a masculine way, although aware of their anatomical defects. Stoller concluded, that the penis, while contributing to the sense of maleness, is not essential to it; and that the certainty of the sex to which one belongs is firmly fixed between the ages of 3 and 5, and therefore long before the Freudian, so-called phallic stage. We can only wonder about the fate of the castration complex and penis envy now.

A CASE

The sibling relations must also not be forgotten, when one searches for factors which may have discouraged a child from pursuing his proper gender role. One boy's earliest memory was that his twin sister, in their double perambulator, used to crawl over to his side and beat him. We know, of course, that a memory may not correspond to the facts; however, in any case this was his estimation of his sister, of himself and of the relationship between them. His features and body build were very delicate. His mother was extremely domineering. Being disenchanted with her athletic and masculine daughter, she treated the son like a girl. His father played a subordinate role. The patient came to me at the age of 28. After four years of psychoanalysis, five times a week, his psychoanalyst had declared him unanalyzable and transferred him to a colleague for supportive treatment. When the latter became sick, I inherited the patient. He had been a promiscuous homosexual since the age of 18, and had never even dated a girl, which, with such an earliest memory, we can well understand. Aside from establishing a friendly, trusting relationship, which he needed very badly, I directed his treatment mainly at his false notions about his irrevocable infer-

iorities, generally and sexually, in comparison to other men, and at his firm conviction of the superiority of women. He had greatly reduced his homosexual activities by the sixth month of treatment, had started to work, and even cagely dated some girls.

Then he had the following dream: "I was trying to prove, that somebody was a bigamist. Nobody wanted to believe me, but I felt I had to prove it. I was on a train and was wearing two coats; one under the other. I pulled them apart, to show them as proof. The men around me got very angry and wanted to throw me off the train; but I resisted them successfully. Then I woke up." The patient said he felt anxious and fearful only when the men tried to throw him off the train, but felt triumphant, when he managed not to be thrown off. He did not understand the dream. When the interpretation was given to him that he was contemplating a bisexual (bigamist) solution to his problem, was afraid the homosexual group would not stand for it and throw him out, yet feels he can pull off this trick and succeed, he admitted that these had been exactly his thoughts and endeavors in the past month.

The patient, soon stopped homosexual activities with but a few exceptions, and went out with girls and even necked with them. (Many homosexual patients become asexual before they switch to heterosexuality.) He moved away from his mother and became moderately successful as an artist. He then said he wanted a very feminine girl.

How much he was still afraid of women, and how much homosexuality still served him as an escape hatch from them, is shown in a dream he had after 14 months of treatment. "I was on a train, standing outside on the platform. Another train came in the same direction; it was on fire; it looked like a meteor. I jumped inside my train, as the other train passed. After it had gone, I came out on the platform again. Two policemen looked at me with suspicion; but then they left, and I woke up." He said he had had strong fear when the other train came.

He interpreted his dream himself, with very little help on my part. "The other train is heterosexuality. I am afraid as it approaches me, and jump into my train, homosexuality, where I had only been an outsider, a bystander before. As soon as the threat of heterosexuality passes, I get out of homosexuality and am an onlooker of it again. I avoid heterosexuality by going for a moment, as long as it threatens, into homosexuality. The policemen are my guilt and fear of homosexuality and its activities."

Not all homosexuals, however, have trained in their childhood for the opposite, or have denied their own, gender role, although I believe there must have been some confusion about their sex identity. They may be so frightened in puberty of women and heterosexuality, that they decide on an escape into homosexuality. Such a solution is strongly suggested by the mere fact that if one excludes *one* sex as a possible solution, this leaves only the *other* sex (as long as one is sufficiently socially inclined to insist on human beings). This statement, by the way, is very effective in the treatment of homosexuals, when they insist that they are so attracted by their own sex and wonder why this should be so.

HOMOSEXUALITY AS PART OF A SYNDROME

So far I have stressed that men and women who develop along homosexual lines do so, each for his own reason; each uses homosexuality to safeguard his personality ideal, in pursuit of his unique goal. Yet there are certain types of homosexuals who, with exceptions of course, have specific traits in common. I should like to point out in the following that what they really have in common is the particular neurosis, psychosis or personality disorder of which their homosexuality is a symptom.

Sociopathy. One example of such a type are the male homosexual prostitutes. I have found most of them to be bisexual in their activities. Their erotic fantasies and daydreams are of money, an easy life, and exploitation of people. Many of them would prostitute themselves equally with women, had they the opportunity. Some are not homosexual at all, despite their homosexual activities. Reiss (4) has described a group of delinquent youths, who go through a period of allowing themselves to be used for money by adult fellators, but who neither define themselves as homosexuals, nor continue their homosexual relationships as they move into adulthood.

The treatment of homosexual prostitutes has to be directed primarily at prostitution and their whole hostile, sociopathic world outlook, their lack of self-confidence and fear of responsibility. To direct treatment at their homosexuality would make no sense at all, even in those who have developed along purely homosexual lines.

Schizoid personality. Another type are those men who are caught in homosexual activities in public washrooms, in parks, etc., and are sent for treatment by the court, as a condition for probation (at

least in New York). Many of them at first complain loudly about the unfairness of being persecuted for their "natural," "biological" nature. I tell them quite sharply, that they are not entitled to any complaint on that account, because, had they been apprehended in a public washroom in sexual activities with a woman, the judge would have been much more severe with them. This point is usually effective; they become more willing to listen.

Their treatment has to be directed at their inability to form meaningful relations, their promiscuity, their lack of self-esteem generally and sexually and, of course, their gross lack of social interest. They are usually diagnosed as schizoid personalities, if not as schizophrenics. Most of them quit treatment as soon as the court permits, though sometimes, if you can form a good enough relationship with them before that happens, they continue it.

It is interesting to note that homosexuals as well as schizoids and schizophrenics so frequently say they feel irrevocably different from other people and have felt so since early childhood.

Compulsion neurosis. There is, however, another group of men, who show quite similar outward manifestations, in that they also seek out public washrooms for promiscuous homosexual relations; but they are rarely caught, and they come to treatment on their own volition. Their chief complaint is their inability to resist or control their impulses for homosexual adventures. They are usually married, have children, and are often in high social positions. To all outward appearances, they have at least fairly satisfactory relations with their wives. Their erotic fantasies and daydreams are mostly of women, but sometimes of men. On careful examination of the events that preceded each irresistible homosexual impulse, one will always find a real or imagined rejection by a woman, usually the wife. One university professor would regularly seek out a homosexual washroom adventure whenever his wife, because of menstruation, a cystitis, a fight they had had, or for whatever reason would not or could not have intercourse with him. It also happened twice after his mother, who lived in another town, had criticized him in a letter.

His treatment was mainly directed at his lack of self-confidence as a man, his fear of authority, his notion of the superiority of women and their rejecting attitude toward men, his passive-aggressive revenge against women, and his cowardly evasion of responsibility for his actions by invoking irresistible impulses, or compulsions, to replace volition. Unless these men are caught, their wives never

know of these activities. To cure them of their homosexual activities is not too difficult or lengthy, but the treatment of their compulsion neurosis is another matter.

The question of homosexuality has been discussed by many authors. Erwin O. Krausz, an Adlerian, considers it a compulsion neurosis, whereas Otto Fenichel, a Freudian, considers it an impulse neurosis. From the Adlerian point of view of goal-directedness and the use of safeguarding devices, we can, I believe, easily see that just as the phobic will say, "I cannot," when he lacks the courage to say, "I don't want to," so the compulsive will say, "I must," when he lacks the courage to say, "I want to." Both are attempting to avoid responsibility for their action or inaction, to safeguard their goals or protect them from defeat.

The homosexual's actions are designed to protect him from anticipated failure with the other sex and in competition with the same sex. He has a particularly great need to substitute compulsion for volition because he has to deny such obvious facts as his anatomical sex, defy the judgment of the entire community, set himself in opposition to common and social sense, and live as an outcast by choice. For such irrational and asocial attitudes and actions it is of course much more comfortable to have the excuse of compulsion, than to take the responsibility of intention and volition. Furthermore it would seem quite obvious that obsessive concentration of thoughts and feelings is necessary for the intensive self-training in homosexuality, in opposition to the total social scene surrounding him. In fact, a disproportionately large number of homosexuals manifest rather severe obsessive-compulsive traits, which can nearly always be traced to childhood.

Furtiveness, suspicion and paranoid attitudes are characteristic of some homosexuals. We can easily understand this. All people who isolate themselves from the community, fear and feel hostile towards others, and do not feel at home on this earth, are likely to show suspicion and paranoid attitudes. Homosexuals on the whole certainly belong in this group.

It would appear then that homosexuality can be a symptom of any neurosis, psychosis, or personality disorder. The obsessive-compulsive homosexual will elevate his homosexuality to great importance and be obsessively pre-occupied with it, so that thoughts and feelings about the other sex are totally excluded. The revulsion of some other homosexuals against the opposite sex will have a

definitely phobic flavor. Psychotic homosexuals may paint anything in their minds, from the vagina dentata to the phallic dagger, in order to stress to themselves the dangers of heterosexuality, and thus evade it. And sociopathic homosexuals may simply expound on the lesser responsibility and the greater freedom that homosexuality offers as compared to heterosexuality.

The neurosis of which homosexuality is a part and symptom may be mild or severe; and the homosexuals themselves may be active or passive people. No two homosexuals are alike.

CONCLUSION

In concluding we should like to point out that in 1917 Adler (1, p. 5) wrote: "Homosexuality, by itself, has many meanings, and can be comprehended in its significance only with regard to time and the individual." (*Die Homosexualität ist an sich vieldeutig, und kann in ihrer Bedeutung nur zeitlich und individuell erfasst werden.*) Writing in 1965, Judd Marmor said of homosexuality very similarly: "We are probably dealing with a condition that is not only multiply determined by psychodynamic, sociocultural, biological, and situational factors but also reflects the significance of subtle temporal, qualitative, and quantitative variables" (2, p. 5).

In the present paper we stated the general view that it is not sexuality which determines the personality, but rather that the total personality, the style of life, determines the form of sexual as well as other behavior. What is specific about the homosexual symptom, aside from a prolonged uncertainty as to gender identity in childhood, is fear of the opposite sex, or fear of indaequacy in one's proper sex role, or both. This may have started in childhood with aversion against one's own gender role, and with emulation of the opposite role, or, less frequently, in puberty when sexuality became a problem. We should like to note that Marmor essentially concurs in this when he states that for homosexuality actually to occur there must be "impaired gender-identity" and "a fear of intimate contact with members of the opposite sex." To this he adds as a third, ecological condition, the opportunity for homosexual behavior (2, p. 5).

The type of excuse homosexuals use to establish their distance from the opposite sex and to deny their own sex depends not on their homosexuality as such, but on the type of neurosis, psychosis or personality disorder from which they are suffering. The fact that they are ready in their way of living to accept the necessity of putting

themselves outside the mainstream of mankind shows their private logic in opposition to common logic and common sense, shows their attitude to mankind as negativistic and hostile or irresponsible. In sexuality, as in all other tasks of life, the crucial issue is to bring self-interest into agreement with the common, human interest; to bring closeness, sexual gratification, and family life into line with social interest, namely with the heterosexuality of the community of man.

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