4. My Mother Made Me a Homosexual  
Psychoanalysis and Cure

My mother made me a homosexual…  
If I give her the wool, will she make me one too?

Most of us probably associate psychoanalysis with images of patients lying back on a couch and talking for an hour about their dreams and unhappy childhoods. To a degree, that is true: psychoanalysis does depend very much on symbolism on the one hand and on the other, on uncovering traumas of the past. This is psychoanalysis as a psychotherapeutic technique, an art of the greatest subtlety and patience. How effective it is in “curing” psychiatric illnesses has never really been scientifically tested although many aspects of the psychoanalytic technique have entered main-stream psychiatry and psychology.

I say “mainstream” because these days psychoanalysis does not hold centre stage as it did for much of the last century when it ranked with Darvinian Evolution and Einstein’s $e=mc^2$. Much of it has come to be seen as a highly prejudiced and culturally biased body of pseudo-scientific constructs and beliefs. For example, one of the most respected philosophers of science, Sir Karl Popper, said that Freud’s theories "……..though posing as sciences, had in fact more in common with primitive myths than with science; that they resembled astrology rather than astronomy." ¹

However, we cannot write Freud off as just last century’s man: EM Thornton² summed up Freud’s position when he said:

*Probably no single individual has had a more profound effect on twentieth-century thought than Sigmund Freud. His works have influenced psychiatry, anthropology, social work, penology, and education and provided a seemingly limitless source of material for novelists and dramatists.*

Freud has created a "whole new climate of opinion"; for better or worse he has changed the face of society.

It was Freud who persuaded us to look beneath outward appearances, to question hidden and private meanings and to consider all actions to be meaningful, if only we can find the key. His concepts have not remained only the tools of mental health professionals but have invaded advertising, sports coaching and even TV soaps — where would we be without the “Freudian slip”, without scantily-clad blond teen-age models sensuously wrapping their lips around a Mars Bar, or more seriously, our awareness that cancer patients can often be “in denial”?

The problems with Psychoanalysis is that although we probably think of it as a therapeutic technique which treats the problems caused when Nurture goes wrong, it is actually a biologically-based theory of Mind and as such, belongs in the Nature basket. Freud, after all, was actually a medical doctor, a research neuro-physiologist in his younger days.

He was born in Frickberg, Moravia in 1856 but the family moved to Vienna when he was four years old. In 1873 he enrolled in the medical school in the University of Vienna where he studied under the great Ernst Brücke. He received his medical degree in 1881 but the following year became engaged and consequently found a job at the Vienna General Hospital where he received better pay than he would have got had he followed his bent and stayed on at the University as a research student. He married in 1886 and the marriage proved a very happy one. They had 6 children, one of whom, Anna Freud, became a famous psychoanalyst in her own right. In 1937 the Nazis annexed Austria and Freud, like many other Jews at the time, sought refuge in London. It was in London that he died of cancer in 1939.

Freud was greatly influenced by the science of his day. One of the greatest influences on him was the great physicist, Helmholtz, whose principle of the conservation of energy stated that you cannot destroy energy but only move it around. Another great influence was, of course, his former teacher, Ernst Brücke who had published a book in 1874 in which he argued that all living things are basically energy systems. Freud was the first to make the conceptual leap to viewing human personality as an energy system to which the principle of the conservation of energy applied.

One of the basic problems however, was to find where the energy came from! This is a problem for all theories of personality: we can see that
physical energy is generated by the biochemical processes in our body but that is only understandable at a very microscopic level of analysis, too microscopic to be of use in explaining where, for example, *joie de vivre* comes from. Freud used one of the “energizing” theories of his day, instinct theory. These days we would probably best understand instincts by analogy with computers, they are patterns of behaviour “hard wired” into the human nervous system. A good example of an “instinct” is the way dogs behave when about to lie down on their beds — dogs have evolved as grassland animals and so turn round and round several times, theoretically squashing the grass down to form a bed even when these days Pooche’s pillow is usually more upmarket than a patch of African savannah.

While Freud suggested that there were in fact many instincts, in practice he grouped them into two broad categories which he called Eros and Thanatos. Eros covered all the self-preserving and erotic instincts and Thanatos all those which were self-destructive, aggressive and cruel. Thanatos, of course, means the death instinct. It is interesting to compare Freud’s notion with the Hindu — or more precisely, Shaivistic — concept of the life-giving, creative forces manifest in Shiva, all the destructive, in an incarnation of the same god, this time called Kali and the representation of these opposing forces in the lingam-in-the-yoni sculptures. Freud, of course, would have been familiar with this because he was something of an Orientalist in his day.

Arising in Eros was the libido, the sexual energizing force which, Freud maintained, was the dominant and most pervasive force in adult life. He went on to shock Viennese society and most of the Western world by announcing that children and not only adults were sexual beings. However, we must understand that by “sexual” Freud meant any form of bodily pleasure, not just genital pleasure. Inherent in his theory is the view that we human beings are energized from the moment of birth onwards by the desire to experience or enhance bodily pleasure.

In Freud’s view, children are born “polymorphous-perverse” — that is, their sexual (bodily pleasure) energy can be directed towards any object, and that did not necessarily mean any animate object! Shoe fetishes are an example of an inanimate object toward which the libido might be directed, according to life experiences.

Insofar as homosexuality is concerned, Freud hypothesised that it was not something which had been inherited but had effectively been learned during early childhood and occurred when the child fails to resolve the
Oedipus Complex satisfactorily. Now this is a controversial and complex notion but fundamental to the whole edifice of psychoanalysis. Freud\(^3\) himself said "Every new arrival on this planet is faced by the task of mastering the Oedipus complex; anyone who fails to do so falls a victim to neurosis."

Psychoanalysis has at its core a model of child development, postulating different stages through which a child must pass and each of which poses its own peculiar challenges. First is the Oral stage, during which the child takes in or incorporates the world through its mouth. The second is the famous Anal stage wherein the child is preoccupied with retention and expulsion. The third stage is the operative one for the formation, according to Freud, of homosexuality. This is the Phallic stage.

But rather than try to recount what happens during this phase myself, let me read from an article called *James Dobson Promotes Freud*\(^4\) which is the best plain-English synopsis, if a little heretical, I have seen:

*Freud taught that during the phallic stage of development, every boy desires to kill his father and have sexual intercourse with his mother, and every girl has a desire to kill her mother and have sexual intercourse with her father. Freud attributed these desires to all children between the ages of three and six. According to this theory, both the boy and girl love the mother at the beginning and resent the father because he is a rival for the mother’s attention. This idea persists in the boy until he finally, unconsciously desires the death or absence of his father, whom he considers his rival, and wants to have sexual intercourse with his mother.*

*The system is different for girls, however. Freud said that during a girl’s early development she discovers that the boy has a protruding sex organ while she has only a cavity. According to Freud’s theory, the girl holds her mother responsible for her condition, which causes hostility. She thus transfers her love from her mother to her father because he has the valued organ, which she wants to share with him in sex.*


\(^4\) [http://www.psychoheresy-aware.org/dobson73.html](http://www.psychoheresy-aware.org/dobson73.html)
The madness is not yet complete, for Freud describes how this hostility and sensuousness are resolved. In Freud’s murky and mad story, filled with fantasy and fabrication, the boy resolves the Oedipus complex through fear of castration. The boy, according to Freud, unconsciously fears that his father will cut off his penis as a punishment for his sexual desire for his mother. This fear successfully brings the boy through this stage of development by causing him to give up or retreat from his unconscious lustful desires.

The girl, on the other hand, fears that her mother will injure her genital organ because of her sexual desire directed at her father. But, within Freud’s wild scheme the girl senses that she has already been castrated and thus ends up desiring the male sex organ. The female castration anxiety results in what Freud called "penis envy." According to Freud, every woman is merely a mutilated male who resolves her castration anxiety by wishing for the male sex organ.

Freud further taught that homosexuality resulted from this failure to master the Oedipus complex and he placed the fault on the parents. In his book The Psychological Society, Martin Gross\(^5\) describes Freud’s reasoning:

> Freud and many of his modern successors saw homosexuality as the penalty for the boy child’s failure to win the Oedipal battle against a seductive, overbearing, over-affectionate mother—the classic Mrs. Portnoy. Instead of finally identifying with the hated father at the resolution of the Oedipal rivalry, the child identifies with the mother. Thereafter, the now homosexual male seeks other men as his love object. . . . In the Freudian homosexual model, the penis-adoring child also shows disgust for the penis-less woman. This is coupled with his castration fear at the hands of an angry father-rival.

Freud seems not to have attributed gender characteristics to any inherited or genetic disposition. Further, he appears to have not associated gender behaviour with how a boy or girl resolves their Oedipal conflict. To him,

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whether a boy became a masculinised or a feminised man was not related to the direction of his sexual desire.

Importantly too, Freud did not consider homosexuals as some kind of third or intermediate sex as many of his contemporaries claimed and he disagreed with Richard von Kraft-Ebing who stated in his *Psychopathia Sexualis* that it was a degenerative sickness. He also disagreed with Havelock Ellis who considered homosexuality to be inborn and therefore not a disease (or immoral). Ellis was one of the first sexologists to also contend that homosexuals often made valuable contributions to society.

However, like many others of his colleagues, Freud did call all non-heterosexual sexuality "perversions" and "aberrations" although he took pains to make it clear homosexuality was not “pathological”. Not long before he was forced to flee Austria, in 1935 Freud wrote the famous “Letter to an American Mother”\(^6\) in which he said:

"Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no 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 [your son] 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....".

Although Freud himself took a rather benign view of homosexuality and elsewhere had himself been skeptical that it could be “cured” — he really seems to have held out hope only for a happier adaptation — by mid-century psychoanalysts pretty much had reversed the position and declared it firmly and universally to be an illness. In the 1940s, a psychoanalyst Sando Rado rejected Freud’s assumption that human beings are inherently polymorphous-perversion or “bi-sexual”, declaring

\(^6\) reprinted in Jones, 1957, pp. 208-209, from the American Journal of Psychiatry, 1951, 107, 786
instead that heterosexuality is the norm. (Homosexuality, he said, was simply a phobia about the opposite sex).

In 1956 the famous psychotherapist Sandor Feldman⁷, wrote:

> It is the consensus of many contemporary psychoanalytic workers that permanent homosexuals, like all perverts, are neurotics.

Or consider the remarks of the respected criminologist Herbert Hendin⁸:

> Homosexuality, crime, and drug and alcohol abuse appear to be barometers of social stress... Criminals help produce other criminals, drug abusers other drug abusers, and homosexuals other homosexuals.

Later psychoanalysts argued that homosexuals had not resolved the Oedipal Complex satisfactorily because their family relationships were pathological. Foremost among these were Irving Bieber and his student, later successor, Charles Socarides.

In the early 1950s, Irving Bieber surveyed 106 homosexual men in psychoanalytic therapy in New York. All of them had serious mental problems in addition to being homosexual — 27% were schizophrenic, 29% neurotic and 42% suffering from character disorders. Almost all (91%) of them wanted to be able to hide their homosexuality and 60% wanted to be cured. Strangely enough, the research team never actually interviewed the patients but instead sent questionnaires to be filled in by the psychoanalysts treating the men. There was no control group of either "healthy" homosexuals (because no one believed such men existed) or even of non-homosexual patients matched for diagnosis as we might have expected. This was SERIOUSLY flawed research, yet on the basis of the findings, a generation of homosexuals were to suffer extraordinary and often inhumane treatment by the medical and allied professions.

Bieber maintained that "all psychoanalytic theories share the viewpoint that homosexuality is a sickness". Homosexuality, he contended, was

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⁸ See Kenneth Lewes, The Psychoanalytic Theory of Male Homosexuality (Simon and Schuster, 1988), p. 188.
caused by "a hidden but incapacitating fear" of heterosexual sexual intercourse.

It is important to point out here that psychoanalysts are not necessarily psychiatrists: to be a psychoanalyst one must undergo an analysis yourself with an accredited analyst; psychiatrists, at least by the mid-century, had both a medical degree and specialist training. Irrespective of their standing, however, many psychiatrists, psychologists and others were so strongly influenced by psychoanalysts that by the 1960s they too were holding out hope of cure by this, that or some other means, according to their particular school of thought.

**A Case History**

From 1960 to 1963 I worked in “Frazer House”, a part of the North Ryde Psychiatric Centre, now called the Macquarie Hospital I believe, which had been “degazetted” and established as a “therapeutic community”. This meant that patients had to be voluntary patients, not committed by law, and that they would be taking part in what was essentially a community in which their fellow patients more or less determined their treatment. Treatment regimes were based on a system of group psychotherapy sessions, a large group each morning at which all patients, out-patients and staff attended, followed by small group sessions. These small group meetings were structured along sociological lines — age peers one day, socio-economic class on another, ethnic origins and so on. There were at that time 5 or 6 therapeutic communities in the world but ours was by far the most sociologically based. Patients were not admitted to this 78-bed ward unless their “significant others” — family, friends, even work associates in some cases — also agreed to attend several of these group sessions each week.

One of the patients I remember best was a 15-year-old youth admitted after doing the rounds of several other hospitals because he had been caught having homosexual sex with one of his school mates. His parents, rather austere and somewhat Victorian in their attitudes, had rushed him into psychiatric care where he had been diagnosed “Homosexuality with depressive features”. Once we could get him to trust us not to give him electric shock treatment as he had received in another hospital, he admitted that he was depressed, but because of what had happened to him. His little escapade with his school mate was actually his one and only sexual experience with another person but its consequences had been drastic indeed.
Now, the point is, had homosexuality not been a recognised psychiatric diagnosis, there is no way this young man would have ended up in the mental hospital system and received the shock treatment and drugs he had been given. From our rather radical point of view, “treatment” for him amounted to attempting to liberalise his parents’ attitudes and values while pretty much ignoring his sexuality. His parents were not particularly religious: their drastic action was a response to their beliefs about homosexuality as an illness. In fact, they wanted the best for their son and had tried to get him “cured” so he could achieve his full potential.

I met this guy again, 30 years later, in 1993 when a mutual friend brought him along with him to my house to return a book. By then of course I would not have recognised him had I seen him in the street, but introduced by name and looking like “haven’t we met before”, we both realised the role we had played in each other’s lives many years before. He was certainly not depressed and had not been since he escaped from the clutches of the mental hospital system; but he was definitely gay: we had not “cured” his sexuality, only his persecution.

**Can homosexuality be “cured”?**

One of the men gays and lesbians hate most in America is the psychoanalytic psychiatrist, Charles Socarides. Socarides was a student of Irving Bieber and later succeeded him as clinical professor of psychiatry at Albert Einstein College of Medicine/Montefiore Medical Center in New York. Socarides was also president and co-founder of the National Association for Research and Therapy of Homosexuality. In 1995 Socarides published a paper\(^9\) called "How America Went Gay" which opens thus:

> For more than 20 years, I and a few of my colleagues in the field of psychoanalysis have felt like an embattled minority, because we have continued to insist, against today's conventional wisdom, that gays aren't born that way. We know that obligatory homosexuals are caught up in unconscious adaptations to early childhood abuse and neglect and that, with insight into their earliest beginnings, they can change. This "adaptation" I speak of is a polite term for men going through the motions of mating not with the opposite sex but with one another.

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For most of this century, most of us in the helping professions considered this behavior aberrant. Not only was it "off the track"; the people caught up in it were suffering, which is why we called it a pathology. We had patients, early in their therapy, who would seek out one sex partner after another — total strangers — on a single night, then come limping into our offices the next day to tell us how they were hurting themselves. Since we were in the business of helping people learn how not to keep hurting themselves, many of us thought we were quietly doing God's work.

Doing God's work indeed. In America, the Socarides stance in psychiatry sat well with the Religious Right and spawned a movement now generally known as “Reparative Therapy” which uses a combination of prayer and psychological techniques, such as forms of group therapy. In many ways, these groups are reminiscent of AA meetings for alcoholics and to some degree, operate on similar principles: that is, you confess to an addiction and then through the strength of faith and the mutual support of your colleagues, attempt to refrain from — in this case — the sin.

Socarides however, put his faith in psychiatry and in the paradigm which his mentor, Irving Bieber, had enunciated earlier, that homosexual men are created by family pathology, by “a close binding mother and a distant or absent father.” This view became the received wisdom in psychiatric circles for several decades because Bieber himself wrote the section on homosexuality in the 1967 edition of Kaplan & Freedman’s Comprehensive Textbook of Psychiatry, which was pretty much the standard text in schools of psychiatry throughout the English-speaking world.

The listing of “homosexuality” as a recognized psychiatric diagnosis in the official lists of psychiatric associations around the world, as well as by the World Health Organisation, to a degree protected this view of homosexuality and its so-called “causes”. However, in 1974, after much debate and a much-publicised “sit-in” by gay activists at their annual convention, the American Psychiatric Association removed homosexuality from DMS-III. I remember the same action when it was taken here by the Royal Australian and New Zealand College of Psychiatrists'(RANZCP) a few months later, and their statement, which set many people aback, that homosexuality was a natural variation, similar to left-handedness.
(Actually, the choice of analogy was interesting — there is a small but statistically significant positive correlation between left-handedness and self-identified homosexuality while, in so-called “Gay Speak”, “left-handed”, like “friend of Dorothy”, has been code for homosexual for a long time, long predating the RANZCP declaration or the Kinsey Institute research which turned up that correlation).

Socarides took a less than enthusiastic view of the de-classification:

_Gays said they could "reinvent human nature, reinvent themselves." To do this, these reinventors had to clear away one major obstacle. No, they didn't go after the nation's clergy. They targeted the members of a worldly priesthood, the psychiatric community, and neutralized them with a radical redefinition of homosexuality itself. In 1972 and 1973 they co-opted the leadership of the American Psychiatric Association and, through a series of political maneuvers, lies and outright flim-flams, they "cured" homosexuality overnight — by fiat. They got the A.P.A. to say that same-sex sex was "not a disorder." It was merely "a condition" — as neutral as left-handedness._

_This amounted to a full approval of homosexuality. Those of us who did not go along with the political redefinition were soon silenced at our own professional meetings. Our lectures were canceled inside academe and our research papers turned down in the learned journals. Worse things followed in the culture at large. Television and movie producers began to do stories promoting homosexuality as a legitimate lifestyle. A gay review board told Hollywood how it should deal or not deal with homosexuality. Mainstream publishers turned down books that objected to the gay revolution. Gays and lesbians influenced sex education in our nation's schools, and gay and lesbian libbers seized wide control of faculty committees in our nations' colleges. State legislatures nullified laws against sodomy._

One of the most serious effects of the Bieber/Socarides hypothesis that homosexuality was caused by a “close-binding mother and distant or absent father” was the harm it actually did to family relations and to the mental health of parents, particularly mothers. Remember, the hypothesis

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10 Socarides, ibid.
was founded on seriously flawed research and while there might have been some truth in it in the way things worked in the families of the clinically mentally ill patients who, unbeknownst to them, took part by proxy in the study, thousands of normally loving mothers and fathers were maligned by it, and indeed, frequently ended up very confused, unable to see what they “had done wrong” in bringing up their child.

It was harmful too to many homosexuals. There was an old joke

“My mother made me a homosexual”
“If I give her the wool, would she make me one too?”

But for many men, this was not a joking matter, especially if there had been some difficulties in the family while they were growing up so that this hypothesis fanned old resentments. In other cases, it caused men to re-write their own history to find some examples of how their mother had been too “close binding” or their father “distant”.

In 1992, the National Association for Research and Therapy of Homosexuality (NARTH) was established by Charles Socarides and Joseph Nicolosi. This is supported by very right-wing religious and political organisations in the United States and describes itself as:

*a non-profit, educational organization dedicated to affirming a complementary, male-female model of gender and sexuality."

Basically, NARTH supports the efforts by Southern Baptist, Mormon, Roman Catholic and other religious institutions in America to convert homosexuals to heterosexuality and it believes this is possible because it sees homosexual orientation as a failure by the child during its development to identify with the parent of the same gender.

In 1992, then Vice-President Dan Quayle lent support to such beliefs when he was reported in the New York Times\textsuperscript{11} as saying that homosexuality "is more of a choice than a biological situation.... It is a wrong choice," suggesting that homosexuality is more a matter of conditioning during early life than in any way a product of individual biological make-up.

Aversion Therapy

More clearly resting upon conditioning was a form of treatment aimed at “curing” homosexuality which was offered for some years during the late ‘60s and ‘70s but which fortunately is now in disrepute. This was called “Aversion Therapy” and was a treatment derived from Learning Theory.

Now Learning Theory, a branch of psychology which grew out of the famous experiments by the Russian psychologist Pavlov on his dogs, asserts that if you reward an action often enough, it will become “conditioned” — so for instance, Pavlov rang a bell and then placed food in front of his dogs. They salivated as dogs (and humans) normally do when getting ready to eat. This is a bodily response not under conscious control, a so-called “reflex” action. Soon he found that he did not have to give his dogs food, they salivated when they heard the bell alone.

If a conditioned response, as such learned actions are called, is not rewarded for long enough, it “decays”. Conversely, if an action is punished often enough, it decays… and on this observation, aversion therapy was founded. The best-known example of aversion therapy, in this case intended to “cure” violence, was towards the end of the 1971 Stanley Kubrick movie, “A Clockwork Orange” which was based on the novel by the gay author Anthony Burgess. Less well known was the wide-spread use of aversion therapy to “cure” homosexuality.

Men who sought a “cure” for their homosexuality were shown pictures of attractive men and women; a device attached to their penises indicated if they responded to individual pictures. If they responded to photos of men, they received an electric shock. A variation practiced in Australia was to inject the “patient” with a drug which made him violently ill, vomiting and suffering painful cramps, all the while showing him erotic photos of men.

I wrote an article on Aversion Therapy for one of Australia’s gay magazines, “OutRage” back in the late 1980s some time. For this I interviewed men who had undergone aversion therapy. They unanimously described it as a traumatic experience, some saying it amounted to torture. Torture or no, several confessed that they often had sex with their fellow patients in between treatment sessions, out in the grounds of the Prince Henry Hospital where the therapy was conducted. By the time I interviewed them, 15 years or more after their “treatment”,
none had changed their sexuality but several were now permanently impotent. One of the men\textsuperscript{12} described it thus:

"I feel........like someone whose house has been burgled. You know some things have been stolen straight away but even years later you are still finding others that have gone. You can't be sure of just how much you've been robbed... But worst of all, I feel as though someone else has been through my things and I have nothing private anymore. I feel very dirtied by it all."

Of course my little journalistic piece was not a properly conducted survey, but what the men I interviewed told me was consistent with the trend of proper research. Aversion therapy, at least as a proclaimed cure for homosexuality, has long been discredited.

American religious organizations have founded several “ministries” aimed at “curing” homosexuality. “Love in Action” founded in 1973, and “Exodus” (1976) are the best known of these. The historian, Randolph Baxter\textsuperscript{13}, who himself spent several years participating in “ex-gay” Christian ministries, sums up such organizations thus:

Ex-gay groups prefer the term "preference" to "orientation." They promote "heterosexuality as God's creative intent for humanity" while homosexual "tendencies" are seen as "one of many disorders." Love in Action, for example, promotes "freedom from life-dominating sin," and Exodus advertises "release from sexual brokenness," the latter being a catch-phrase used to define almost all non-marital sexual behavior. "Release" is achieved through "repentance from sin and faith," celibacy, and friendships with heterosexual mentors.

Decreasingly since the 1980s, heterosexual marriage has been touted as the ultimate "proof" of displaced homosexual desires. Same-sex friendships are discouraged for fear of "emotional dependency," which could lead to sexual desire. Suicide attempts are not uncommon among those who "fail"


\textsuperscript{13} http://www.glbtq.com/social-sciences/reparative_therapy.html
to change, especially since ex-gay groups usually ostracize those who "return" to the "homosexual lifestyle" for not having "prayed hard enough" or "fully submitted themselves to God's will."

Conclusion

Sigmund Freud, suggested that psychoanalysis might help the American Mother’s son to lead a more fulfilled and happier life but he was always skeptical that it would “cure” him. These days, most associations of mental health professionals, including the American Psychiatric Association, American Psychological Association, and their British and Australian equivalents, all recommend against attempting to change sexual orientation. Some practitioners argue that it is the patient’s right to try if he or she finds it too intolerable because of their religious or other beliefs, but they all warn such attempts almost universally fail.