

Sexual Orientation and Psychoanalysis: Sexual Science and Clinical Practice

(Richard C. Friedman and Jennifer I. Downey: New York: Columbia University Press, 2002).

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In this text, Columbia University scientists/psychoanalysts Richard Friedman and Jennifer Downey attempt to build bridges between science and psychoanalysis as they address issues related to homosexuality.

The book is divided into two parts. The first addresses the scientific and theoretical aspects of homosexuality, and the second focuses on clinical aspects of homosexuality, primarily from a psychoanalytic perspective.

Science and Psychoanalysis

Although for the most part, the authors address the scientific issues accurately, they engage in a revisionist treatment of psychoanalysis. They characterize themselves as “modern psychoanalysts,” yet the authors take license to select parts of psychoanalytic thought and theory, and to discard others. (p. 290).

Ironically, the science and the authors’ revisionist psychoanalysis prove incompatible. For example, they conclude that homosexuality is neither biologically determined nor unchangeable:

“At clinical conferences one often hears...that homosexual orientation is fixed and unmodifiable. Neither assertion is true...The assertion that homosexuality is genetic is so reductionistic that it must be dismissed out of hand as a general principle of psychology.” (P. 39)

Yet, the authors ignore the plethora of case studies (i.e., the primary method of research in psychoanalysis) and more than 100 years of psychoanalytic thought on sexual orientation and change. The authors attempt to discredit reparative therapy—which they are unable to do without discrediting psychoanalysis, because reparative therapy is rooted in the psychoanalytic tradition.

Friedman and Downey admit that the political climate makes the discussion of homosexuality difficult, and that healthy, scholarly discussion is plagued by “heat-

ed, ideological and political debate.” (P. 41). Then, they proceed to engage in the same kind of narrow politics about which they complain.

Homosexuality and Science

Though the authors give preferential treatment to Hamer’s “gay gene” study, they do acknowledge research that contradicts his results. They reluctantly conclude,

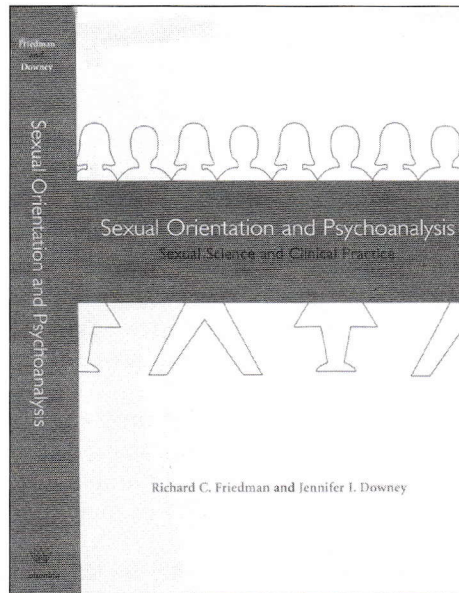
“Hamer (1999) and Rice (1999) have debated the significance of their studies, but as of the time of writing of this volume, the conclusion that male homosexuality is even sometimes determined as a result of X-linked transmission cannot be accepted as valid.” (p. 55)

They essentially discount Simon LeVay’s “gay brain” research in an apologetic way by focusing on providing a sympathetic view of its flaws:

“LeVay’s research was difficult to carry out and, as is common with exploratory projects, had a number of important limitations

in design. For example, hardly any biographical information was known about the subjects including information about their sexual histories. The study included no (known) homosexual women, and some of the subjects had AIDS. Moreover, although statistically significant differences between experimental and control groups were present, some presumed heterosexual men had small brain nuclei in the critical area, and some presumed homosexual men had nuclei large enough to be within the heterosexual range.” (p. 67)

Without clearly stating the obvious, Friedman and Downey suggest that the LeVay study was fatally flawed, should have never been published, and certainly should not have been billed as a biological determination of homosexuality!



Further interpreting the science, they conclude the following:

"It seems that theory-building about the origins of any type of sexual orientation requires a multi-factorial model—with biological, psychological and social factors exerting influences at different times and in different degrees." (P.58)

"Sexual orientation is usually not determined by biological factors alone. Biological influences are significant, however, and the way in which they act in concert with psychological and social influences to shape sexual orientation are crucial for psychologists and psychiatrists to be aware of." (P. 59)

"What causes homosexuality? It is apparent that biological, psychological, and social factors interacting in complex and various ways, shape human sexual orientation." (P. 61)

Homosexuality and the Animal World

Regarding homosexuality in the animal kingdom, they succinctly summarize the research, which finds no preferential, same-sex erotic pair bonding in other mammals:

"Although sexual activity between same-sexed individuals occurs throughout the animal kingdom, there is no nonhuman mammalian species in which predominate or exclusive homosexuality occurs in the way it does in humans. For example, among the primates, only humans may form meaningful, lengthy, sexual affectionate relationships between members of the same sex and not seek sexual activity with members of the opposite sex. Moreover, sexual behavior in humans is greatly influenced by gender identity, a psychological construct that influences behavior in a way for which there is no animal model" (P. 62).

Dean Hamer, activist researcher and author of the "gay gene" study, provides an interesting descriptive difference. He notes,

"Pigs don't date, ducks don't frequent stripper bars, and horses don't get married." (*Science of Desire*, P. 213.)

Functionalism Causes Structuralism

Providing support for the "functionalism causes structuralism" model, Friedman and Downey cite PET Scan

research:

"The PET scan is a brain imaging technique that studies the functional activity of the brain via use of radioactive isotopes. When the subjects became sexually aroused as a result of exposure to erotic films, certain areas of the brain became activated. These included cortical visual association areas, other areas involved in integrating sensory input with emotional states, and yet another area of the cortex ("left anterior cingulate cortex") involved in the higher regulation of the autonomic and endocrine nervous systems.

"The investigators suggested that different areas of the cerebral cortex were involved in integrating psychological processes including labeling visual stimuli as sexual, assimilating these stimuli with other emotions so that they were experienced as meaningful for motivation, and integrating these with physiological responses involved in sexual response." (Stoleru et al, 1999:17) (P. 63)"

The PET Scan research is quite supportive of the peer-reviewed study conducted by Dr. Mark Breedlove. Commenting on the role of the brain in sexual behavior, Breedlove, a researcher at the University of California at Berkeley, demonstrated that sexual behavior can actually change brain structure. Referring to his research, Breedlove states,

"These findings give us proof for what we have theoretically know to be the case—that sexual experience can alter the structure of the brain, just as genes can alter it. It is possible that differences in sexual behavior cause (rather than are caused) by differences in the brain." (Breedlove, 1997, p. 801).

Such research provides evidence for what many clinicians and theoreticians have long known to be true: functional change causes structural change in the brain.

No Way to Determine of Sexual Orientation, and Change of Orientation Only Occurs in a Minority?

Friedman and Downey note "there is no biological test that discriminates between people on the basis of their sexual orientation," (P. 83). At the same time, they declare that

"...a particular man's sexual orientation may indeed change if he happened to be one of the minority who appears to retain the capacity for sexual plasticity rather than rigid crystallization

of sexual fantasies." (P. 18).

Thus the authors conclude, in essence, that there is no way to conclusively determine a person's sexual orientation...yet there is a group of men who they list as "minority" who seem to be able to change their sexual orientation? If these men cannot even be *identified* as homosexual, how can they be classified as minority of homosexuals?

The Ethics of Conducting Research on Homosexuality

Friedman and Downey provide an exceptional argument in favor of the study of homosexuality.

"We believe that it is ethical to investigate genetic influences on homosexuality (or other controversial areas such as intelligence, for example) with appropriate ethical scientific guidelines in place...Even the most well-intentioned social policy makers slide down a slippery slope when advocating censorship of scientific investigation."(49).

"The more information that can be acquired about the origin of homosexual orientation, the more will be learned about bisexuality and heterosexuality." (P. 50)

Unwitting Support For Reparative Therapy

Although Friedman and Downey's refusal to legitimize reparative therapy comes as no surprise, they unwittingly provide tremendous support for the premise that social and emotional variables affect gender identity—which, in turn, determines sexual orientation (the same assumption underlying reparative therapy). Consider the following conclusions which provide support for reparative therapy.

"Fantasies may (temporarily) REPAIR (emphasis added) the more profound damage that occurs to self as a result of severe trauma. Fantasies may also soothe, enhance security, and bolster self-esteem or REPAIR (emphasis added) a sense of having been abandoned or rejected." (P. 6)

"Sexual fantasies," they conclude, "occur most frequently in people with high rates of sexual activity and little sexual satisfaction." (P. 11)

They quote from Robert Stoller: "The hostility of eroticism is an attempt, repeated over and over, to undo childhood traumas and frustrations that threaten the

development of one's masculinity or femininity." (P. 36)

On gender nonconformity (which reparative therapists view as a precursor of homosexuality) where prevention of homosexuality is focused, they note from the research:

"Not only did they [Bailey, Dunne and Martin] find that childhood gender nonconformity was far greater among homosexual than heterosexual subjects, they also observed that the degree of gender nonconformity was related to the degree of adult homosexual orientation. They note that the positive relationship between gender nonconformity and homosexual orientation is one of the most robust associations in the behavioral sciences." (P. 53)

"Of the many behaviors that are a part of a gender non-conformity pattern of boys on the gay developmental track, one of the most common is aversion during late childhood to rough-and-tumble play. Data from this observation are substantial and come from diverse sources, including studies of patients and nonpatients alike." (P. 82)

"The most important aspect of Bem's theory is that the awareness of being different from same-sex peers...produces heightened physiological arousal...[that] is subsequently transformed into erotic attraction." (P. 85)

"Core gender identity is the sense of being male or female. Gender identity is a psychological construct, yet influenced by constitutional biological factors, cognitive development, and psychosocial learning." (P. 97)

"With regard to the development of gay youth, their temperamental aversion to RTP [rough and tumble play] is often part of a more general tendency toward cross-gender sex stereotypic interests. Fathers often react to this by withdrawing from them or attempting to change their temperaments, with unfortunate consequences for the father-son relationship." (P. 107)

The authors note the occurrence of peer abuse and focus on peers' intolerance of cross-gender behavior in boys (P. 118):

"...the father-son relationship is likely to be problematic among gay youth....problems are extremely common, particularly rejection-

either overt or subtle—by the father.” P. 219

“...poor fit between son and father.. A son may require greater emotional contact than a father can supply for practical and/or emotional reasons...youngsters who hunger for closeness to fathers who are well-intentioned and caring but work hard and long and are temperamentally not in touch with their feelings or expressive. Even though such a father may feel positively about his son, he still may be unable to meet his son’s specific needs for parenting. The situation may be compounded when the son projects angry feelings onto his father and then experiences his father’s withdrawing as motivated by hostility.” (P. 220)

As far as the relationships between prehomosexual boys and their mothers, the authors note, boys are “...likely to have more interests in common with their mothers” (P. 220). As they explain,

“...a triangular situation evolves, with the mother and son becoming allies and excluding the father.” P. 221.

Hooker, Spitzer, Schidlo and Schroeder: Convenience Samples Differentially Treated

Without being critical of the Hooker research, Friedman and Downey describe the non-representative, convenience samples used in her studies of homosexual men: “Through word of mouth, Hooker recruited highly functional, socially well-integrated homosexual men.” (P. 235)

In spite of the non-representative nature of the samples, the authors uncritically accept Hooker’s research as being scientifically valid.

A Blatant Example of Bias: Schidlo Study

Yet they are very critical of Spitzer’s similar use of convenience samples. And they completely ignore the use of convenience samples by Schidlo and Schroeder. For example, Schidlo and Schroeder’s solicitation of those who were “harmed by reparative therapy” was a blatant example of bias. (P. 270-271).

Consider the following advertisement for participants in the Schidlo study:

“Help Us Document the Damage of Homophobic Therapies: In association with the National Lesbian and Gay Health Association, we are conducting research on the outcome of treatments that claim to ‘cure’ homosexuality.

“Our purpose is to document the damage that we believe occurs when a lesbian, gay or bisexual client receives psychological help from a provider who promises to change a person’s sexual orientation. We are looking for individuals who have experienced such a program and who are willing to talk about it confidentially by telephone, email or by filling out a written survey.”

It is interesting that Schidlo and Schroeder changed the title of their study from “Homophobic Therapies: Documenting the Damage” to “Changing Sexual Orientation: Does Counseling Work?” because some of their study participants actually reported that there were benefits—and, in some instances, change in sexual orientation.

Homophobia and Heterosexism

The clinical half of the authors’ text unfortunately focuses almost exclusively on homophobia and heterosexism, terms that have activist connotations more so than clinical value. Though they admit that both terms have limitations from a psychoanalytic perspective, they justify their use because they have come to be accepted in the mental health literature (“Everybody does it.”)

They criticize homophobic parents, blaming them for internalized homophobia of their children:

“Because children who ultimately become homosexual adults are raised in heterosexual and homophobic settings, their socialization leads to internalization of negative attitudes and beliefs about homosexuality.” (P.177)

Gay-Affirmative Therapy

According to Friedman and Downey,

“the basic premise of a gay-affirmative perspective is that the deleterious effects of biased socialization may be lessened and even largely eliminated with corrective therapeutic experiences that facilitate and support self-actualization and a sense of pride in being gay” (P. 184.)

The authors provide an endorsement of Gay Affirmative Therapy (GAT) without acknowledging that there is no research regarding the efficacy of GAT. For example, in *Psychotherapy*, 2001, 38, 4, Winter, P. 482, authors A. G. Lam and S. Sue conclude: “While there has been recent literature discussing the potential benefit of gay affirmative therapy, we could locate no empir-

continued

ical research on the effectiveness of this therapy in treating LGB individuals."

Clarifications and Contradictions

To their credit, Friedman and Downey offer accurate data on the prevalence of homosexuality in the population:

"2.4 per cent of the population ...exclusively attracted to men with an additional 0.7 per cent mostly so" (P. 18). "...1.5% of the female population consider themselves to be homosexual" (P. 55)

They cite the recent population-based studies that report increased psychopathology among gay men and lesbians—but their narrow politicism only allows for consideration of homophobia as the cause. In the *Archives of General Psychiatry* (1999, Vol. 56 883-884), J. Michael Bailey offered an extensive criticism of these population-based studies. In his commentary on the research on homosexuality and mental illness, Bailey concluded,

"These studies contain arguably the best published data on the association between homosexuality and psychopathology, and both converge on the same unhappy conclusion: homosexual people are at a substantially higher risk for some forms of emotional problems, including suicidality, major depression and anxiety disorder."

These 1999 studies were corroborated by a large well-conducted study from The Netherlands (*Archives of General Psychiatry*, 2001) which does not provide support to the "homophobia" hypothesis as the source of the higher level of mental-health problems, because Dutch society is recognized as one of the most gay-affirming and gay-tolerant societies in the world, and yet the risk for mental illness among those who engage in homosexuality in Holland remains high, and significantly higher than among heterosexuals in that country.

Bailey—unlike Friedman and Downey—offers alternative hypotheses for the data associating mental illness with homosexuality. He suggests that homosexuality may be a "developmental error," "representing a deviation from normal development and is associated with other such deviations that may lead to mental illness." Bailey also suggests another hypothesis ignored by Friedman and Downey—that "increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orienta-

tion...such behavioral risk factors associated with male homosexuality such as receptive anal sex and promiscuity."

Cavalier Rejection of Reparative Therapy

Friedman and Downey's cavalier rejection of reparative therapy, and of Dr. Joseph Nicolosi in particular, resembles more of a political attack than a careful analysis. They accuse Dr. Nicolosi of being psychoanalytically uninformed and failing to maintain therapeutic neutrality. Ironically, Friedman and Downey themselves are not neutral at all about reparative therapy!

Even activist Andrew Sullivan provides a more balanced assessment of the reparative model. Referring to reparative therapy, Sullivan concludes,

"As an elaborate and total theory, it certainly cannot be dismissed as an improvised rationalization of bigotry, because its nuances are too refined and its observations too acute." (*Love Undetectable*, P. 120)

Although Friedman and Downey allude to the relationship between politics and reparative therapy, they fail to acknowledge the narrow politicism that governs their own views about it.

Science and Morality

The value of Friedman and Downey's book lies in the authors' assessment—for the most part accurate—of what science has to say about homosexuality. But their preoccupation with condemning homophobia and heterosexism colors their views in the second part of the book.

The authors fail to recognize two important points—first, that science is actually quite supportive of the treatment of homosexuality; and second, that their condemnation of "heterosexism" (which is the belief that heterosexuality is the norm, with homosexuality an abnormal variant) is not a scientifically neutral conclusion.

As gay-activist researcher Simon LeVay points out (2000, p. 12):

"First, science itself cannot render judgments about human worth or about what constitutes normality or disease. These are value judgments that individuals must make for themselves, while possibly taking scientific findings into account." ■